



Promoting Learning in East Africa

Twaweza East Africa
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Uwezo Uganda Learning assessment Survey Tool 2017 (Adapted to Refugee Contexts)

Enumeration Area (EA):				
Is the EA located in a refugee settlement?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what is the name of the refugee settlement?				
District:				
Volunteers		SEX		Telephone Number
		Male	Female	
1.				
2.				

EA Code: (FILLED BY THE DC/ Co- Trainer/VC)					
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Received on Date: ____/____/____	DD/ MM /YY
Scrutinized by DC/Co-Trainer/ VC Name: _____	
Signature: _____	

Secretariat (For use at the Data centre)

Received on Date: ____/____/____	DD/ MM /YY
Scrutinized by: _____	Signature : _____

Date of Entry: ____/____/____	DD/ MM /YY	Sch ()
		Vill ()
Signature: _____		HH ()

Cross Check Date: ____/____/____	DD/ MM /YY	Sch ()
		Vill ()
Signature: _____		HH ()

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SURVEY BOOKLET

ENUMERATION AREA SHEET

- Do not leave any question unanswered, where numbers are required and there is nothing please put 0.
- Where numbers are not required and the response is not applicable insert 999.

V01 Date: / /					V02 Start time: _____:					Ask the LC Chairperson/ Member or Village Elder/ Refugee welfare Council (RWC) Leader					
V03 Name of Respondent							V06 Position		LC/ RWC Chairperson			LC/ RWC Member			
V04 Age of Respondent			V05 Sex		Male <input type="checkbox"/>		Female <input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			
V07 Telephone							V08 Permission to use Tel:			Yes <input type="checkbox"/>		No <input type="checkbox"/>			
V09 Enumeration Area Name					V10. Is the E.A located in a refugee settlement?				Yes <input type="checkbox"/>		V11. If yes, what is the name of the settlement? _____				
									No <input type="checkbox"/>		12. Block name: _____				
V13. Parish:					V14. Sub- county:					V15. District:					

V100 Education Support Services in the EA	V101.	Is there a village education committee/ Education working group in the EA?	Yes <input type="checkbox"/>		No <input type="checkbox"/>						
	V102.	Number of ECD Centres/ Nursery schools									
	V103.	Number of primary schools									
	V104.	Number of secondary schools									
	V105.	Number of vocational/ technical schools									
	V106.	Does the community have access to functional Adult literacy classes? (if no, skip to V201)					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
	V107.	Where do the classes take place? (Tick all that apply)	1.Adult Education centre <input type="checkbox"/>		2.Nearby school <input type="checkbox"/>		3.Community Social Hall <input type="checkbox"/>				
		4.Church/ Mosque <input type="checkbox"/>		5.Under a tree <input type="checkbox"/>		6.Somebodys' house <input type="checkbox"/>					
		7. Others (Specify) <input type="checkbox"/>		_____							

V200. Water and Sanitation	V201. What is the main source of water for the EA?(Tick one option)										
	Main Source			Currently Available							
				Yes		No					
	<input type="checkbox"/> 1.Borehole			<input type="checkbox"/>		<input type="checkbox"/>					
	<input type="checkbox"/> 2.Piped			<input type="checkbox"/>		<input type="checkbox"/>					
	<input type="checkbox"/> 3.Covered well/ spring			<input type="checkbox"/>		<input type="checkbox"/>					
	<input type="checkbox"/> 4.Open well/ spring			<input type="checkbox"/>		<input type="checkbox"/>					
	<input type="checkbox"/> 5.Rain water			<input type="checkbox"/>		<input type="checkbox"/>					
	<input type="checkbox"/> 6.Dam			<input type="checkbox"/>		<input type="checkbox"/>					
	<input type="checkbox"/> 7.Water Trucking			<input type="checkbox"/>		<input type="checkbox"/>					
<input type="checkbox"/> 8.River/ Lake/ Stream			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 9.No water source			<input type="checkbox"/>		<input type="checkbox"/>						
V202. What are the other sources of water for the EA? (Tick all that apply)											
Other Sources			Currently Available								
			Yes		No						
<input type="checkbox"/> 1.Borehole			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 2.Piped			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 3.Covered well/ spring			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 4.Open well/ spring			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 5.Rain water			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 6.Dam			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 7.Water Trucking			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 8.River/ Lake/ Stream			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 9.No other water source			<input type="checkbox"/>		<input type="checkbox"/>						
V203. Is water from the main source typically available throughout each year?					Yes (Always) <input type="checkbox"/>		Mostly (unavailable less than 30 days in total) <input type="checkbox"/>		3. No (unavailable more than 30 days in total) <input type="checkbox"/>		
V204. Is there a water and sanitation committee in the EA?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		End the interview here		

End time: _____:

[Not to be asked by the Volunteer, Question to be filled by the DC/Co-trainer/VC after counting the number of bottles with water turned black after the incubation period of 48 hours]

V205. Out of the 5 households in which a water quality test was carried out, how many had presence of bacteria?_____
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SCHOOL DATA SHEET

2017



INSTRUCTIONS

- Visit one school (government/ private/ community) with classes1-7, that serves the community most.
- Meet the Headteacher of the school but in case he/she is absent meet the Deputy Headteacher or the teacher left in-charge. Explain the purpose of the visit and request for an interview and documents if needed.
- Do not leave any question unanswered, where numbers are required and there is nothing please put 0.
- Where numbers are not required and the response is not applicable insert 999.

STEP 1

GO TO THE HEADTEACHER’S OFFICE

S01.	District	
S02.	Sub-county	
S03.	Parish	
S04.	EA name	

S05. Date: / /		S06. Time of Arrival: :	
S07. Position of the person Answering Questions (Tick)	Headteacher	Deputy Headteacher	Teacher left in- charge
S08. School Name		S09. EMIS No.	
S10. Tel:			
S11. School Location:	Urban <input type="checkbox"/>	Rural	<input type="checkbox"/>
S12. Headteacher’s Name			
S13. Respondents’ Tel:			
S14. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		S15. Permission to use the telephone Yes <input type="checkbox"/> No <input type="checkbox"/>	

Note:
Ask all questions to the Headteacher/ Deputy Headteacher/ Teacher left in-charge

S100 School Details			
S 101. Type of school (tick one)	1. Government <input type="checkbox"/>	S 102. Does the school have an ECD / Nursery section? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2. Private <input type="checkbox"/>		
	3. Community <input type="checkbox"/>	S 103. Number of streams Nursery <input type="checkbox"/> Pri. 1 <input type="checkbox"/> Pri. 2 <input type="checkbox"/> Pri. 3 <input type="checkbox"/> Pri. 4 <input type="checkbox"/> Pri. 5 <input type="checkbox"/> Pri. 6 <input type="checkbox"/> Pri. 7 <input type="checkbox"/>	
S 104. Does the school have a double shift system for teaching? Yes <input type="checkbox"/> No <input type="checkbox"/>			
S 105a. Does the school have a special needs unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		S 105 b. Does the school enrol children with severe special needs/ disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
S 106 a. Is the school located within a refugee sttlement? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, skip to S107a</i>			
S 106 b. If yes, what is the name of the refugee settlement?			
S 107a. Are there refugee children enrolled in this school? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, skip to S200</i>			
S 107 b. If yes above, what is the total number of refugee children enrolled? Male <input type="text"/> Female <input type="text"/>			

S300. Primary school teachers/ staff

		Male	Female
S301.	Total numberof teachers		
S302.	Total number of teachers present on the day of visit		
S303.	Number of teachers appointed by the District Service Commission (Applicable to Gov’t schools only)		
S304.	Other trained teachers employed by parents, sponsors, NGOs, etc.		
S405.	Other untrained teachers employed by parents, sponsors, NGOs, etc.		
S406.	Number of teachers trained on special needs education		

S400. Other services in the school	Yes	No
S401 Is there a school feeding program for pupils?	<input type="checkbox"/>	<input type="checkbox"/>
S402 Is there a school feeding program for teachers?	<input type="checkbox"/>	<input type="checkbox"/>
S403 Is there a school library?	<input type="checkbox"/>	<input type="checkbox"/>

S200. Children’s Enrollment 2017

		Nursery	P.1	P 2	P 3	P 4	P 5	P 6	P 7
S201. Children’s enrollment (Take from register)	Boys								
	Girls								

S500. Sexual Reproductive Health (SRH) and Other Health Services		Yes	No	
S501	Is there a senior woman teacher in the school?	<input type="checkbox"/>	<input type="checkbox"/>	
S502.	Is there a senior man teacher in the school	<input type="checkbox"/>	<input type="checkbox"/>	
S503.	Is there a private room for girls in their menses?	<input type="checkbox"/>	<input type="checkbox"/>	
S504.	Are there staff trained in first aid?	<input type="checkbox"/>	<input type="checkbox"/>	
S505.	Are the following emergency health supplies available?	a. sanitary pads	<input type="checkbox"/>	<input type="checkbox"/>
		b. medicines	<input type="checkbox"/>	<input type="checkbox"/>
		c. stocked first aid kit	<input type="checkbox"/>	<input type="checkbox"/>

S600. Water and Sanitation

S601a.What is the main source of water for the school? (Tick one option)	Main Source	Currently Available		Used for drinking	
		Yes	No	Yes	No
	<input type="checkbox"/> 1.Borehole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2.Piped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 3.Covered well/ spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 4.Open well/ spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5.Rain water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 6.River/ Lake/ Stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 7.Dam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 8.Water Trucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9.Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 10.No water source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S602.	In the previous two weeks, was water from the main source available at the school throughout each school day?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
S603.	Is water from the main source typically available throughout each school year?		Yes (Always) <input type="checkbox"/>	Mostly (unavailable less than 30 days total) <input type="checkbox"/>	No (unavailable more than 30 days total) <input type="checkbox"/>
S604.	How is water made safe for drinking? (Tick all that apply)		1.Boiling <input type="checkbox"/> 2.Filter <input type="checkbox"/> 3.Chlorine/ water guard / Aqua safe <input type="checkbox"/> 4.None <input type="checkbox"/>		
S605.	Is there presence of bacteria in the water? (Do a water test on the main drinking water point)		Yes <input type="checkbox"/> No <input type="checkbox"/>		

S601b. What are the other sources of water for the school? (Tick all that apply)

Other Sources	Currently Available		Used for drinking	
	Yes	No	Yes	No
<input type="checkbox"/> 1.Borehole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2.Piped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3.Covered well/ spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4.Open well/ spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5.Rain water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6.River/ Lake/ Stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7.Dam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8.Water Trucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9.Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10.No other water source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2

RANDOMLY SELECT ONE PRIMARY TWO CLASSROOM/ STREAM

S700. Classroom observation and interactions (Primary Two)				
S701.	Class and Stream	Class:	Stream:	
<i>Tick the appropriate</i>				Yes No
S702.	Are there any children sitting on the floor?			<input type="checkbox"/> <input type="checkbox"/>
S703.	Do the majority of children (75%) have a book to write on? (Ask them to show you their exercise books for that lesson)			<input type="checkbox"/> <input type="checkbox"/>
S704.	Do the majority of children (75%) have a pencil or something to write with? Ask them to show you			<input type="checkbox"/> <input type="checkbox"/>
S705.	Is there a usable writing board (Chalkboard)?			<input type="checkbox"/> <input type="checkbox"/>
S706.	Is the class timetable displayed in the classroom? If No, Skip to S708			<input type="checkbox"/> <input type="checkbox"/>
S707.	Is the timetable being followed in this particular lesson?			<input type="checkbox"/> <input type="checkbox"/>
S708.	Are there charts and/ or other supplementary materials like readers displayed in the classroom? (Observe)			<input type="checkbox"/> <input type="checkbox"/>



- Ask S800 to a P.2 classteacher or the teacher who regularly teaches the class

S800. Learning materials and language of instruction in lower primary.				
S801.	Total number of children in the selected P.2 class		Don't Know	
S802.	How many text books are available for the pupils for the following subjects during lessons?	1. Local language		
		2. English		
		3. Maths		
		4. In braille for	English ____	Maths ____
S803.	What is the language of instruction in lower primary? (Tick all that is applicable)	1. English <input type="checkbox"/> 2. Local Language <input type="checkbox"/> 3. Kiswahili <input type="checkbox"/> 4. Sign Language <input type="checkbox"/> 5. Arabic <input type="checkbox"/> 6. Other (specify) _____		



- Do not leave any question unanswered, where numbers are required and there **is nothing please put 0.**
- Where numbers are not required and the response is not applicable insert 999.

STEP 3

DO A HEAD COUNT AND OBSERVE TEACHER PRESENCE IN CLASS

S900. Head Count																		
S901. Children's attendance. (Do a head count per stream)	Stream	Nur		P.1		P.2		P.3		P.4		P.5		P.6		P.7		
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
	A																	
	B																	
	C																	
D																		
S902. Was the teacher present in the classroom? if yes ✓ if no ✗	A																	
	B																	
	C																	
	D																	

STEP 4

Observe the school

S1000. Primary School facilities				
S1001.	Is the school connected to electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S1002.	Does the school have a playfield?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S1003.	Is the school compound fenced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S1004.	Total number of usable and safe classrooms in the school?	_____		
S1005.	Number of classrooms accessible (with Ramps) to those with limited mobility and vision?	_____		
S1006.	What type of pupil toilets/latrines are at the school? (Tick one - most common) 1. No toilets or latrines <input type="checkbox"/> 2. Flush/pour toilets <input type="checkbox"/> 3. Pit latrines with slab <input type="checkbox"/> 4. Pit latrines without slab <input type="checkbox"/> 5. Hanging latrine (hole over water) <input type="checkbox"/> 6. Bucket Latrine <input type="checkbox"/> 7. Composting toilet <input type="checkbox"/>			
State the number (If nothing put 0)		Male	Female	Shared
S1007.	Number of usable pupil toilet stances in the school			
S1008.	Number of usable staff toilet stances in the school			
S1009.	Is there at least one usable toilet/latrine that is accessible to those with limited mobility or vision? (with a ramp and handles)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S1010.	Is there at least one usable toilet/latrine that is accessible to the smallest children at the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S1011.	Is there a functional hand washing facility at the school? If no, skip to end the interview	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
S1012.	Are both water and soap currently available at the handwashing facility?	1. Water and soap <input type="checkbox"/>	3. Soap only <input type="checkbox"/>	
		2. Water only <input type="checkbox"/>	4. Neither <input type="checkbox"/>	

Thank the Head Teacher and record the end time.

School Survey end time ____:____



HOUSEHOLD SURVEY SHEET

2017

H01. EA List No.	H02. HH No.
H03. Name of school surveyed	



- Have with you the list of the 20 sampled households.
- As much as possible, record information in section H100 - H103 based on observation, where it cannot be observed, please ask the respondent.
- Do not leave any question unanswered, where numbers are required and there is nothing please put 0.
- Where numbers are not required and the response is not applicable insert 999

H04. Date of Interview		____/____/____		H05. Start time ____:____	
H06. Name of Household Head				H07. Residence Status: National <input type="checkbox"/> Refugee <input type="checkbox"/>	
H08. If refugee, state the nationality		_____		H09. If refugee, when did the household settle in Uganda? Month ____ Year ____	
H10. Sex of Household Head		1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>		H11. Age of Household Head	
H12. Household head's Level of Education		1. Pri. <input type="checkbox"/> 2. Sec. <input type="checkbox"/> 3. Tertiary. <input type="checkbox"/> 4. Univ. <input type="checkbox"/> 5. None <input type="checkbox"/> 6. Don't know <input type="checkbox"/>			
H13. Household Head's Tel:				H14. Permission to use Tel Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ask Questions H15 - H20 if the respondent is not the Household head					
H15. Name of Respondent					
H16. Relationship to the Household head		1. Spouse <input type="checkbox"/> 2. Other Adult <input type="checkbox"/>			
H17. Sex of the Respondent		1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>		H18. Age of Respondent	
H19. Respondent's Tel:				H20. Permission to use Tel Yes <input type="checkbox"/> No <input type="checkbox"/>	
H21. What is the main source of income for the Household?					
		Farming <input type="checkbox"/>		Mining <input type="checkbox"/>	
		Fishing <input type="checkbox"/>		Salary Earner <input type="checkbox"/>	
		UNCHR Stipends <input type="checkbox"/>		Trading/ Business <input type="checkbox"/>	
Remittances from relatives abroad <input type="checkbox"/>		Other (Specify) <input type="checkbox"/>			

H100. Number of household members (who eat from the same pot and live regularly together)			H101. what kind of walls does the main house have? (observe and tick)					H102. Main source of lighting used in the household					H103. How many of these do you have as a household? (write numbers)									
Total	1. Male	2. Female	1.Mud/stick	2.Polythene	3.Iron sheet	4.Timber	5.Stone/ Bricks	1. Electricity	2. Solar	3.Lantern	4.Wick lantern (Tadooba)	5.Other (Specify) <input type="checkbox"/>	1.TV	2.Radio	3.Computer	4.Mobile Telephone	5.Vehicle	6.Motor Cycle	7.Bicycle	8.Cattle	9.Sheep/ Goats	10. Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H200. Nutrition									
H201	How many meals are eaten in the HH per day?			1 meal <input type="checkbox"/>		2 meals <input type="checkbox"/>		3 or more meals <input type="checkbox"/>	
H202.	How many times are fruits and vegetables eaten in the household in a day?			a. fruits		Not at all <input type="checkbox"/>		Once <input type="checkbox"/>	
						Twice <input type="checkbox"/>		More than twice <input type="checkbox"/>	
				b. vegetables		Not at all <input type="checkbox"/>		Once <input type="checkbox"/>	
						Twice <input type="checkbox"/>		More than twice <input type="checkbox"/>	
H203.	How often is milk taken in the household in a day?			Not at all <input type="checkbox"/>		Once <input type="checkbox"/>			
				Twice <input type="checkbox"/>		More than twice <input type="checkbox"/>			

H300. Water, Sanitation and Hygiene (WASH)	H301a. What is the main source of water for the Household? (Tick one option)				H301b. What are the other sources of water for the Household? (Tick all that apply)							
	Main Source		Currently Available		Used for drinking		Other Sources		Currently Available		Used for drinking	
			Yes	No	Yes	No			Yes	No	Yes	No
	<input type="checkbox"/> 1.Borehole		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.Borehole		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2.Piped		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2.Piped		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 3.Covered well/ spring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3.Covered well/ spring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 4.Open well/ spring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4.Open well/ spring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5.Rain water		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5.Rain water		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 6.River/ Lake/ Stream		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6.River/ Lake/ Stream		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 7.Dam		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7.Dam		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8.Water Trucking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8.Water Trucking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 9.Bottled water		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9.Bottled water		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 10.No water source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10.No other water source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

H302.	Is the main source of water within the compound? Yes <input type="checkbox"/> If yes, skip to H304 No <input type="checkbox"/>		
H303.	If no above, what is the average time to the main water source in minutes?		0 - 10mins <input type="checkbox"/> 10 - 20mins <input type="checkbox"/> 20 - 30mins <input type="checkbox"/> 30+ mins <input type="checkbox"/>
H304.	In the previous two weeks, was water from the main source available at the Household throughout each day? Yes <input type="checkbox"/> No <input type="checkbox"/>		
H305.	Is the water from the main source typically available throughout each year?	Yes (Always) <input type="checkbox"/>	Mostly (unavailable less than 30 days total) <input type="checkbox"/> No (unavailable more than 30 days total) <input type="checkbox"/>
H306.	How is water made safe for drinking? 1.Boiling <input type="checkbox"/> 2.Filter <input type="checkbox"/> 3.Chlorine/ water guard/ Aqua safe <input type="checkbox"/> 4.None <input type="checkbox"/> (Tick all that apply)		
H307.	(If the household is out of the refugee settlement, do a water quality test on the main drinking water point) Have you done a water quality test on the main drinking water point? Yes <input type="checkbox"/> No <input type="checkbox"/>		
H308.	What type of toilet/latrine does the Household have? 1.Flush/pour toilets <input type="checkbox"/> 2. Pit latrines with slab <input type="checkbox"/> 3. Pit latrines without slab <input type="checkbox"/> 4. Composting toilets/ Eco sun <input type="checkbox"/> 5. Hanging latrine <input type="checkbox"/> 6. Bucket latrine <input type="checkbox"/> 7. No toilets or latrines <input type="checkbox"/> (hole over water) (If no toilet/latrine, end the interview here)		
H309.	Does the Household have a hand washing facility for use after using the latrine/ toilet? Yes <input type="checkbox"/> No <input type="checkbox"/>		
H310.	Are both water and soap currently available at the handwashing facility? (Observe)		1.Water and soap <input type="checkbox"/> 2. Water only <input type="checkbox"/> 3. Soap only <input type="checkbox"/> 4. Neither <input type="checkbox"/>



- Where numbers are not required and the response is not applicable insert 999



Yes		No	
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Time of Departure _____:



Total number of households surveyed	
Total number of locked Households	
Total number of "No response households"	
Total number of Volunteers	
Date	____/____/____

H400. HOUSEHOLD Bio data	
Name of Household head	
Serial No	
	Sex
	Age
H500.	How many years of pre-sch did child attend?
H600. Does the child have difficulty in:- (Total number)	
a. seeing, even if wearing glasses?	b. hearing, even if using a hearing aid?
c. walking or climbing steps?	d. remembering of concentration?
e. (with self care such as) washing all over or dressing?	f.communicating for example understanding or being understood?
No - no difficulty	Yes - some difficulty
Yes - a lot of difficulty	Cannot do at all
No - no difficulty	Yes - some difficulty
Yes - a lot of difficulty	Cannot do at all
No - no difficulty	Yes - some difficulty
Yes - a lot of difficulty	Cannot do at all
No - no difficulty	Yes - some difficulty
Yes - a lot of difficulty	Cannot do at all
No - no difficulty	Yes - some difficulty
Yes - a lot of difficulty	Cannot do at all
No - no difficulty	Yes - some difficulty
Yes - a lot of difficulty	Cannot do at all
No - no difficulty	Yes - some difficulty
Yes - a lot of difficulty	Cannot do at all
D	Ever gone to school?
Yes	No
Don't know	If yes, what class
Age of the biological mother	Don't know
Class	
Government	Private
Community	Accelerated Learning Programme (ALP)
Non- formal education	Does the child attend the surveyed school?
Yes	No
P. 7	S. 4
Never enrolled	Drop out
If dropped out, in what Class	
Sample of test used to assess the child	
Non- reader	Letter
Word	Paragraph
Story	Can do
Cannot do	Can do
Cannot do	Non-numerate Matching
Num Rec. 10 - 99	Addition
Subtraction	Multiplication
Division	Ethno Math
Q1	Q2
Q1	Q2
Q3	Q3
Bonus Question	