

Joint Education Sector School Needs Assessment

A. General information											
Date of assessment(dd/mm/yy): _____ / _____ / _____				School Name: _____							
District: _____ Chiefdom: _____				School Code: / / / / / /							
Town: _____ Village: _____				Key informant name: _____							
Name(s) of assessor(s): _____				Designation: _____							
				Telephone: _____							
ID01. Locality of Learning: 1=Urban <input type="checkbox"/> 2=Rural <input type="checkbox"/>				ID02. Is the school accessible by a vehicle? 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No							
ID03. Level of learning centre: 1=Pre-Primary <input type="checkbox"/> 2=Primary <input type="checkbox"/> 3=JSS <input type="checkbox"/> 4=SSS <input type="checkbox"/>				ID04. Type of learning centre: 1=Public/Govt Owned <input type="checkbox"/> 2=Gov Assisted <input type="checkbox"/> 3=Community <input type="checkbox"/> 4=Private <input type="checkbox"/>							
				Pre-Primary		Primary		JSS		SSS	
				M	F	M	F	M	F	M	F
ID05. Number of learners enrolled for 2013-2014 school year											
ID06. Number of learners who contracted Ebola and survived											
ID07. Number of learners who contracted Ebola and died											
ID08. Number of learners with someone in household contracting Ebola											
ID09. Number of teachers registered for 2013-2014 school year											
ID10. Number of teachers who contracted Ebola and survived											
ID11. Number of teachers who contracted Ebola and died											
ID12. Number of teachers with someone in household that contracted Ebola and died/survived											
ID13. How many of the following do you have in this school that are usable?				a. Benches: _____ b. Chairs: _____ c. Desks: _____							
B. Use of school facilities during the State of Emergency (June 2014 to present):											
Q1. Has the school ever been used for the following purposes at any point during this Ebola crisis?						a. Treatment Centre 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No b. Holding Centre 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No c. Quarantine Centre 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No d. Community Care Center 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No e. Housing for armed forces 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No f. Other Ebola related purposes 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No Specify Other: _____					
C. School Feeding											
Q2. Has the school benefited from the school feeding programme before Ebola outbreak? 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No											
Q3. Does the school have the following to facilitate cooking at school level? <i>Please insert (v) in appropriate boxes.</i> 1= <input type="checkbox"/> Cooking stoves Number _____ 2= <input type="checkbox"/> Cooking utensils (Pots, Spoons, Cups) Number _____ 3= <input type="checkbox"/> Cooks Number _____ 4= <input type="checkbox"/> Other, specify: _____ 5= <input type="checkbox"/> None of the above						Q4. Does the school have a place to store food, if yes, where: 1= <input type="checkbox"/> No storage facility 2= <input type="checkbox"/> Store-room at school 3= <input type="checkbox"/> Head Teacher's House 4= <input type="checkbox"/> Community Store 5= <input type="checkbox"/> SMC Chairman's House 6= <input type="checkbox"/> Other, specify: _____					
D. Psychosocial Support											
Q5. Does the school have the following psychosocial counselling facilities in place?						a. A Counsellor 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No b. PSS Referrals 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No c. Integrated PSS into instruction 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No d. Activities to make sure children feel better 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No e. Safe Counselling/ Guided & Counselling Room for 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No					
Q6. How many teachers have received in-service training in providing PSS?						Male: _____ Female: _____					
E. Health and WASH Facilities											
Q7. Is there a Health Facility close to the school (walking distance)						1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No					
Q8. What are the number of functional toilet/latrines at the school?						Number of Drop Holes/Compartments For Students			Number of Drop Holes/Compartments For Teachers		
						Male _____ Female _____			Male _____ Female _____		
Q9. OBSERVE: Status of the toilet/latrines facilities used at the school						a. Doors can open and close? 1= <input type="checkbox"/> Yes-All 2= <input type="checkbox"/> Yes-Some 3= <input type="checkbox"/> No b. Doors are not damaged? 1= <input type="checkbox"/> Yes-All 2= <input type="checkbox"/> Yes-Some 3= <input type="checkbox"/> No c. Toilets are not full? 1= <input type="checkbox"/> Yes-All 2= <input type="checkbox"/> Yes-Some 3= <input type="checkbox"/> No d. Toilets/Latrines are usable? 1= <input type="checkbox"/> Yes-All 2= <input type="checkbox"/> Yes-Some 3= <input type="checkbox"/> No					

Q10. Are the following accessible by children living with disabilities?	a. Toilet facilities 1= <input type="checkbox"/> Yes-All 2= <input type="checkbox"/> Yes-Some 3= <input type="checkbox"/> No b. Water facilities 1= <input type="checkbox"/> Yes-All 2= <input type="checkbox"/> Yes-Some 3= <input type="checkbox"/> No										
Q11. Is there a source for safe drinking water available in the school compound or within 500m radius from school?	1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No If yes, is it functional 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No										
Q12. What is/are the current water sources used for drinking at the school?	1= <input type="checkbox"/> None 2= <input type="checkbox"/> Pipe 3= <input type="checkbox"/> Boreholes 4= <input type="checkbox"/> Wells 5= <input type="checkbox"/> River 6= <input type="checkbox"/> Sea, 7= <input type="checkbox"/> Other, specify: _____										
Q13. Is water available from the source at the following time periods...	a. During Dry Season? 1= <input type="checkbox"/> Yes-All time 2= <input type="checkbox"/> Yes-Sometimes 3= <input type="checkbox"/> No b. During Wet Season? 1= <input type="checkbox"/> Yes-All time 2= <input type="checkbox"/> Yes-Sometimes 3= <input type="checkbox"/> No										
Q14. Did this school have School Health/WASH Clubs for students in the last school term in 2014?	1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No										
Q15. In this school, who are usually engaged in maintenance of WASH facilities?	1= <input type="checkbox"/> None 2= <input type="checkbox"/> School Management 3= <input type="checkbox"/> SMCs 4= <input type="checkbox"/> CTA 5= <input type="checkbox"/> BoG 6= <input type="checkbox"/> Other (specify) _____										
F. Other Education Support Areas											
Q16. Indicate if the school has the following? <i>Please indicate (v) in the appropriate box</i>	a. First aid kit 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No b. Contact details of nearest health facility 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No c. Contact details of all parents/guardians 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No d. A teacher who received health training during Ebola period 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No e. An isolation room 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No f. Thermometers 1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No										
Q17. Does the school have the following and are they active?	<table border="0"> <tr> <td>Available?</td> <td>Active?</td> </tr> <tr> <td>1= <input type="checkbox"/> School Management Committee</td> <td>1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No</td> </tr> <tr> <td>2= <input type="checkbox"/> Board of Governor</td> <td>1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No</td> </tr> <tr> <td>3= <input type="checkbox"/> Community Teachers Association</td> <td>1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No</td> </tr> <tr> <td>4= <input type="checkbox"/> Mother's Club</td> <td>1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No</td> </tr> </table>	Available?	Active?	1= <input type="checkbox"/> School Management Committee	1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No	2= <input type="checkbox"/> Board of Governor	1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No	3= <input type="checkbox"/> Community Teachers Association	1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No	4= <input type="checkbox"/> Mother's Club	1= <input type="checkbox"/> Yes 2= <input type="checkbox"/> No
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Other Comments: _____

Thank you!!!!