 SONKARLAY NUAHN GLOBAL AID FOUNDATION

 (SONGAF-LIBERIA)

 SACLEPEA HIGH WAY, GANTA CITY, NIMBA COUNTY

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 **SONGAF-Liberia Children and Youth School Enrollment Rapid Assessment**

INTRODUCTION AND ADDITIONAL CONSENT

Please seek consent of interviewee before starting survey using all persuasive methods before the conduct of interview.

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|  |  My name is (interviewer name) I work for SONKARLAY NUAHN GLOBAL AID FOUNDATION **(SONGAF-LIBERIA),** I have come to ask you some basic questions about your Child/children. Do you agree for me to talk to you? This Interview will take about 5-10 minutes to finish.  |
| IDENTIFICATION |
| Interview Date(dd/mm/yy):\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_Name of SONGAF-LIBERIA Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contacts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contacts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child/Children Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Community:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**BEGIN INTERVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| # | QUESTION | RESPONSE CODES | ANSWER |
| 1 |  Sex of respondent? | 1-Male 2-Female  |   |
| 2 | Title of Respondent?  | 1. Married 2) Devoiced 3) Single 4) Other Specify:
 |  |
| 3 | How many children do you have? | 1. 1 2) 2 3) other Specify:
 |  |
| 4 | Are they all in School? | 1. Yes 2) No 3) Other specify:
 |  |
| 5 | If yes, what is the source of support for the child/children? | 1. Petty business 2) farming 3) Daily Hire 4) hustling 5) Other specific:
 |  |
| 6 | If No, why are they not in School? | 1. No source of support 2) Single parent 3) No job 4) Other Specify:
 |  |
| 7 | If No, do you want them go to School as other children? | 1. Yes 2) No 3) Other Specify:
 |  |
| 8 | How do you feel like in this community? | 1. Not apart 2) Not included in activities 3) Over looked 4) other specify:
 |  |
| 9 |  Gender of beneficiary? | 1-Male 2-Female  |  |
| 10 | Age of beneficiary?  | 1. 3yrs 2) 4yrs 3) 5yrs 4) 6yrs 5) Other specify:
 |  |
| 11 | Class/Grade? | 1. ABC 2) K-1 3) K-2 4) Grade One 5) Other Specify:
 |  |
| 12 | What do you usually sit on in class? | 1. Arm-chair 2) Desk 3) Beach 4) Hard Bricks 5) Other Specify:
 |  |
| 13 | Is this child suffering from any sickness, please let me know as we will want to know? | If “Yes” Explain:If “No” Skip to next question |  |
| 14 | What is your child’s Uniform Color? |  |
| 15 | What is your child’s size in shoes? |  |
| 16 | What is your child’s size in uniform? | Weight: Height: School ID No:   |
| 17 | How much do you pay for your child/children as School fees Yearly? |  |
| 18 | Besides the School fees, do you pay extra fees for your child/children? | 1. Yes 2) No 3) I don’t know
 |  |
| 19 | If Yes, what kinds of Fees do you pay? | 1. Sports 2) Volunteer Teachers Compensation 3) DEO fees 4) other Specify:
 |  |
|  | Community Key Informant Questionnaires |  |
| 20 | What is the Community total population? | 1. 50 2) 70 3) 90 4) 100 5) other specific:
 |  |
| 21 | How many Female? | 1. 20 2) 30 3) 40 4) 50 5) other specific:
 |  |
| 22 | How many Male? | 1. 20 2) 30 3) 40) 4 50 5) other specific:
 |  |
| 23 | How many children? | 1. 5 2) 10 3) 15 4) 20 5) other specific:
 |  |
| 24 | Community leader’s Name: Contacts: |
| Private/Public School |
| 25 | Name of Private/Public School |  |
| 26 | Are School uniforms set, shoes, and Book-bag all sold on this campus? | 1. YES 2) No 3) other specific:
 |  |
| 27 | If No, where do you normally get them? | 1. Same Community 2) Nearby City 3) other specific:

  |  |
| 28 | Has these children already enrolled in your school? | 1. YES all 2) YES some 3) No 4) other specific:
 |  |
| 29 | If some or not at all, what do you think are the major challenges for the parent/guardian?  | 1. No Source of income 2) Born parents not alive 3) other specific:
 |  |
| 30 | What is your total enrollment this year? |  |  |
| 31 | How many male & Female? | 1. Male: 2) Female:
 |
| 32 | What is total Teaching Staff here? |  |
| 33 | How many Male & Female? | 1. Male: 2) Female:
 |
| 34 | How many are GoL paid? | 1. Male: 2) Female:
 |
| 35 | How many are Volunteers or Paid from other sources? | 1. Male: 2) Female:
 |
| 36 | How much do you collect as school fees per student? |  |
| 37 | Besides the school fees, do they pay any other fees?  | 1. Yes 2) No
 |
| 38 | If Yes, what other fees and how much? |  |
| 39 | Was the Survey Completed? | 1. Yes 2) No
2. If No, why:
 |
| 40 | School Principal’s Name: Contacts:  |
| 41 | **Enumerator only:** Do you think information provided is correct? 1) Very Correct 2) Somewhat Correct 3) Not Correct 4) other specific:  |

|  |
| --- |
| **Thank Respondent**: Thank you very much for your time and the information you provided for me today.This information will be used to inform my NGO and other decision-makers. Do you have any question for me? Answer any question you know but do not impress respondent at any time. Say, thank you again and leave. |