

Graduation Sustainability Assessment Tool for Orphans and Vulnerable Children Programs

Instructions for the Graduation Sustainability Assessment:

The interviewer should complete this form with each household 6–12 months after the household is graduated. It is assumed that the information in this survey *may have changed* since the household was deemed ready to graduate, and that household members therefore may not give the same responses to this survey as they did when assessed by a caseworker and deemed ready to graduate.

Before meeting with the primary caregiver or other members of the household, the interviewer should first review information available in the household's casefile and most recent graduation assessment. This information should *not* be used to fill out this survey, but the interviewer should be aware of how the household was assessed at the time of graduation so that he or she can verify any changes in this information. This survey should be filled out based on information provided by members of the household to the interviewer *at the time of the interviewer's assessment*. Throughout the document, instructions to the interviewer are given in **bold type**.

All applicable benchmarks must be assessed for all children, adolescents, and youth in the household and all primary caregivers (maximum two caregivers per child). For the household to meet the benchmarks for graduation, all applicable benchmarks must be met for all primary caregivers, all children and adolescents ages 0–17, and all youth ages 18–20 and still in secondary school.

The interviewer *must* obtain informed consent from each member of the household who is included in the survey before carrying out the survey. The benchmarks apply to individuals and households as follows:

Benchmarks	Beneficiaries					Household
	All ages	HIV+	10-17 years	0-4 years	School age	
1. Known HIV status (or test not required)	✓					
2. Virally suppressed		✓				
3. Knowledgeable about HIV prevention			✓			
4. Not malnourished				✓		
5. Improved financial stability						✓
6. No violence						✓
7. Not in a child-headed household						✓
8. Children in school					✓	

Cover Sheet

Date of assessment: _____ Name of CBO: _____

Name of interviewer conducting assessment: _____

Household (HH) ID: _____ Date HH assessed for graduation: _____

Household address: _____

Primary caregiver 1 ID: _____ Primary caregiver 2 ID: _____

Primary caregiver 1 gender: Female ☐ Male ☐ Primary caregiver 2 gender: Female ☐ Male ☐

Primary caregiver 1 age: _____ Primary caregiver 2 age: _____

Please list below all children and adolescents ages 0–17 years and all youth ages 18–20 years and still in secondary school that are living in the household

	Full name of child	Age	Gender (M/F)	Unique ID	Registered in this OVC program?
1.					Yes <input type="checkbox"/> No <input type="checkbox"/>
2.					Yes <input type="checkbox"/> No <input type="checkbox"/>
3.					Yes <input type="checkbox"/> No <input type="checkbox"/>
4.					Yes <input type="checkbox"/> No <input type="checkbox"/>
5.					Yes <input type="checkbox"/> No <input type="checkbox"/>
6.					Yes <input type="checkbox"/> No <input type="checkbox"/>
7.					Yes <input type="checkbox"/> No <input type="checkbox"/>
8.					Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: If there are more than two primary caregivers or more than eight children, adolescents, or youth in the household, please attach additional Cover Sheets with data on additional primary caregivers and childrenmembers of the household. There may be up to two primary caregivers per child or adolescent.

Cover Sheet (additional members of the HH)

Date of assessment: _____ Household ID: _____

Name of interviewer conducting assessment: _____

Primary caregiver 3 ID: _____ Primary caregiver 4 ID: _____

Primary caregiver 3 gender: Female ☐ Male ☐ Primary caregiver 4 gender: Female ☐ Male ☐

Primary caregiver 3 age: _____ Primary caregiver 4 age: _____

Please list below all children and adolescents ages 0–17 years and all youth ages 18–20 years and still in secondary school that are living in the household

	Full name of child	Age	Gender (M/F)	Child unique ID	Registered in this OVC program?
9.					Yes <input type="checkbox"/> No <input type="checkbox"/>
10.					Yes <input type="checkbox"/> No <input type="checkbox"/>
11.					Yes <input type="checkbox"/> No <input type="checkbox"/>
12.					Yes <input type="checkbox"/> No <input type="checkbox"/>
13.					Yes <input type="checkbox"/> No <input type="checkbox"/>
14.					Yes <input type="checkbox"/> No <input type="checkbox"/>
15.					Yes <input type="checkbox"/> No <input type="checkbox"/>
16.					Yes <input type="checkbox"/> No <input type="checkbox"/>
17.					Yes <input type="checkbox"/> No <input type="checkbox"/>
18.					Yes <input type="checkbox"/> No <input type="checkbox"/>
19.					Yes <input type="checkbox"/> No <input type="checkbox"/>
20.					Yes <input type="checkbox"/> No <input type="checkbox"/>

Informed Consent

Instructions: Informed consent must be obtained from each member of the household who will be asked questions as part of this survey. Each respondent must sign individually on a separate page. Respondents who are illiterate and not able to sign their names can sign with a thumbprint.

Hello. My name is _____ and I am working with [research organization] here in [country] on behalf of [lead organization] and USAID/[country]. We are part of the team that works with communities on programs that support the health and well-being of orphans and vulnerable children. We are visiting your community to conduct a survey of beneficiary households so that we can understand and document the services that you receive from [CBO name]. We will use this information to improve our programs and would appreciate your participation. The survey will not take long to complete. Whatever information you provide will be kept strictly confidential and will not be shared with [CBO name].

Participation in this survey is voluntary. If you participate, you can choose not to answer any questions you do not wish to answer. You can stop the survey at any time. If you do not participate, this will not have any effect on your relationship with [CBO name]. However, your views are important, and we hope that you will participate in this survey.

Will you participate in this survey? At this time, do you want to ask me anything about the survey?

Signature of respondent _____ Date _____

Print name of respondent _____ Respondent's age _____

Signature of interviewer _____ Date _____

☐ RESPONDENT AGREES TO BE INTERVIEWED

If respondent agrees to participate, continue with the questionnaire.

☐ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED

If respondent does not want to participate, thank the person and do not include them in the survey.

Benchmark 1 ^(1.1.1) : Known HIV status (or test not required)	
Question	Response
<p>Assess <u>each child</u> in the household using an HIV risk assessment tool:</p> <p>1.1. Has <u>each child, adolescent, and youth</u> in the household been documented as “HIV status positive,” “HIV status negative,” or “test not required based on risk,” according to an HIV risk assessment?</p>	<p>1.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Assess <u>each primary caregiver</u> in the household using an HIV risk assessment tool:</p> <p>1.2. Has <u>each primary caregiver</u> in the household been documented as “HIV status positive,” “HIV status negative,” or “test not required based on risk,” according to an HIV risk assessment?</p>	<p>1.2. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If Questions 1.1 <u>and</u> 1.2 are answered Yes, Benchmark 1 has been met.</p>	<p>Has Benchmark 1 been met?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Benchmark 2 ^(1.2.1) : Virally suppressed	
Question	Response
<p>If there is no child, adolescent, youth, or primary caregiver in the HH living with HIV, skip this section. Tick Not Applicable (N/A) and proceed to Benchmark 3.</p> <p>Answer the following questions for <u>each</u> child, adolescent, youth, or primary caregiver in the household living with HIV, using additional pages if needed. Use Option (a) or (b) based on availability of data.</p>	<p>N/A <input type="checkbox"/></p> <p>Beneficiary's ID:</p> <p>_____</p>
<p>Option (a): Complete this section if viral load testing results are available at the health facility treating the HIV+ beneficiary or if the beneficiary can produce a record of a recent viral load test.</p> <p>2.1. Has this beneficiary been documented as virally suppressed (<1,000 copies/mL) for the past 12 months?</p>	<p>2.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Option (b): Complete this section if viral load testing results are not available. Assess antiretroviral therapy (ART) adherence using the following questions. Caregivers should answer these questions for younger children who cannot self-report.</p> <p>2.2. On how many days in the past month did you miss taking your ART?</p> <p>2.3. In how many months in the past year did you miss taking your ART on three or more days?</p> <p>2.4. Over the past 12 months, how many ART appointments have you missed?</p> <p>2.5. Over the past 12 months, how many times have you not picked up ART medication?</p>	<p>2.2. _____ days Is the number more than 2? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.3. _____ months Is the number more than 0? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.4. _____ appointments Is the number more than 0? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.5. _____ times Is the number more than 0? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Option (a): If Question 2.1 is answered Yes, the beneficiary has met Benchmark 2.</p> <p>Option (b): If Questions 2.2, 2.3, 2.4, and 2.5 are <u>all</u> answered No, the beneficiary has met Benchmark 2.</p>	<p>Has Benchmark 2 been met for this beneficiary?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Benchmark 3 (1.3.1): Knowledgeable about HIV prevention															
Question	Response														
<p>If there is no adolescent ages 10–17 in the household, skip this section. Tick N/A and proceed to Benchmark 4.</p> <p>Ask the following questions of <u>each</u> adolescent ages 10–17 in the household. Each adolescent should be interviewed separately in a private location where no one else can hear, and using a separate page. If the adolescent's statements are not clear, request more information using probes such as, "I am not sure I understand. Can you tell me more about that?" Tick the box next to <u>each</u> item that the adolescent mentions. Do not read the list of HIV risks or HIV prevention strategies to the adolescent. His or her responses should be unprompted.</p>	<p>N/A <input type="checkbox"/></p> <p>Adolescent's ID: _____</p>														
<p>3.2. Can you tell me how a young person your age living in your community might become infected with HIV?</p> <p>The adolescent must describe <u>two</u> risks to meet Benchmark 3. If he or she has described only <u>one</u> HIV risk listed below, ask, "Can you tell me any other ways a young person in your community might become infected with HIV?"</p> <table border="0"> <tr> <td><input type="checkbox"/> Early sex (starting sex young)</td> <td><input type="checkbox"/> Sex without a condom</td> </tr> <tr> <td><input type="checkbox"/> Sex with an older partner</td> <td><input type="checkbox"/> Being sexually abused or raped</td> </tr> <tr> <td><input type="checkbox"/> Sex with multiple partners</td> <td><input type="checkbox"/> Sex for money or gifts</td> </tr> <tr> <td><input type="checkbox"/> Sex with a partner who has multiple partners</td> <td>(transactional sex, having a "sugar daddy")</td> </tr> </table> <p>3.3. Can you tell me how a young person your age living in your community might help protect himself or herself from becoming infected with HIV?</p> <p>The adolescent must describe <u>one</u> prevention strategy to meet Benchmark 3. If he or she has not described any of the strategies below, ask, "Can you tell me any other ways a young person might help protect himself or herself against HIV?"</p> <table border="0"> <tr> <td><input type="checkbox"/> Having one sexual partner</td> <td><input type="checkbox"/> Delaying sex or abstinence</td> </tr> <tr> <td><input type="checkbox"/> Having a sexual partner who is HIV negative</td> <td><input type="checkbox"/> Using a condom during sex</td> </tr> <tr> <td><input type="checkbox"/> Having a partner who does not have other sexual partners</td> <td><input type="checkbox"/> Not having sex for money or gifts, or transactional sex</td> </tr> </table> <p>This section involves open-ended questions that will require you to make a judgment regarding whether the benchmark has been met. The criterion is that the adolescent demonstrates an understanding of HIV risk and prevention, not that he or she gives an answer matching the questionnaire word for word.</p>	<input type="checkbox"/> Early sex (starting sex young)	<input type="checkbox"/> Sex without a condom	<input type="checkbox"/> Sex with an older partner	<input type="checkbox"/> Being sexually abused or raped	<input type="checkbox"/> Sex with multiple partners	<input type="checkbox"/> Sex for money or gifts	<input type="checkbox"/> Sex with a partner who has multiple partners	(transactional sex, having a "sugar daddy")	<input type="checkbox"/> Having one sexual partner	<input type="checkbox"/> Delaying sex or abstinence	<input type="checkbox"/> Having a sexual partner who is HIV negative	<input type="checkbox"/> Using a condom during sex	<input type="checkbox"/> Having a partner who does not have other sexual partners	<input type="checkbox"/> Not having sex for money or gifts, or transactional sex	<p>3.1. Has the adolescent identified at least <u>two</u> HIV risks? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3.2. Has the adolescent identified at least <u>one</u> HIV prevention strategy? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<input type="checkbox"/> Early sex (starting sex young)	<input type="checkbox"/> Sex without a condom														
<input type="checkbox"/> Sex with an older partner	<input type="checkbox"/> Being sexually abused or raped														
<input type="checkbox"/> Sex with multiple partners	<input type="checkbox"/> Sex for money or gifts														
<input type="checkbox"/> Sex with a partner who has multiple partners	(transactional sex, having a "sugar daddy")														
<input type="checkbox"/> Having one sexual partner	<input type="checkbox"/> Delaying sex or abstinence														
<input type="checkbox"/> Having a sexual partner who is HIV negative	<input type="checkbox"/> Using a condom during sex														
<input type="checkbox"/> Having a partner who does not have other sexual partners	<input type="checkbox"/> Not having sex for money or gifts, or transactional sex														
<p>If Questions 3.1 and 3.2 are answered Yes, this beneficiary has met Benchmark 3.</p>	<p>Has Benchmark 3 been met for this beneficiary? Yes <input type="checkbox"/> No <input type="checkbox"/></p>														

Benchmark 4 (1.4.1): Not malnourished	
Question	Response
<p>If there are no children <5 years of age in the household, skip this section. Tick N/A and proceed to Benchmark 5.</p> <p>For a child under the age of 6 months, do not assess the MUAC and bipedal edema. Visually assess any child under the age of 6 months. If the child looks undernourished according to your judgment, the child has not met Benchmark 4.</p> <p>The following assessment should be done for <u>each</u> child ages 6-59 months. Use additional pages if necessary.</p>	<p>N/A <input type="checkbox"/></p> <p>Child's ID: _____</p>
<p>Assess the child's MUAC and bipedal edema if you have been trained in how to conduct these assessments. If you have not received this training, request that the MUAC be measured by a health worker or caseworker who has been trained in assessing the MUAC and bipedal edema.</p> <p>4.1. Is the child's MUAC more than 12.5 cm?</p> <p>4.2. Is the child free of any signs of bipedal edema?</p>	<p>4.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4.2. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If Questions 4.1 <u>and</u> 4.2 are answered Yes (for a child ages 6-59 months), the child has met Benchmark 4.</p> <p>If a child under the age of 6 months looks undernourished according to your judgment, tick No.</p>	<p>Has Benchmark 4 been met for this beneficiary?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Benchmark 5 (2.1.1): Improved financial stability	
Question	Response
The following questions should be asked of one primary caregiver as defined by the project.	Primary caregiver's ID: _____
5.1. Were you or another caregiver in the household able to pay school fees for the last school year for all children and adolescents in your household under the age of 18?	5.1. Yes <input type="checkbox"/> No <input type="checkbox"/>
5.2. Were you able to pay these school fees without using cash transfer, grant, or scholarship from [name of CBO or OVC project]?	5.2. Yes <input type="checkbox"/> No <input type="checkbox"/>
5.3. Were you able to pay for these school fees without selling something used to generate income that you did not plan or want to sell, such as livestock, land for agriculture, tools, or equipment for a business?	5.3. Yes <input type="checkbox"/> No <input type="checkbox"/>
5.4. Were you (or another caregiver in the household) able to pay all medical costs in the past 6 months for all children and adolescents in your household under the age of 18? Medical costs include medicine, clinic fees, and transport to medical appointments.	5.4. Yes <input type="checkbox"/> No <input type="checkbox"/>
5.5. Were you able to pay for these medical costs without using a cash transfer, grant, or scholarship from [name of CBO or OVC project]?	5.5. Yes <input type="checkbox"/> No <input type="checkbox"/>
5.6. Were you able to pay for these medical costs without selling something used to generate income that you did not plan or want to sell, such as livestock, land for agriculture, tools, or equipment for a business?	5.6. Yes <input type="checkbox"/> No <input type="checkbox"/>
If Questions 5.1, 5.2, 5.3, 5.4, 5.5, and 5.6 are <u>all</u> answered Yes, Benchmark 5 has been met.	Has Benchmark 5 been met? Yes <input type="checkbox"/> No <input type="checkbox"/>

Benchmark 6 (3.1.1): No violence	
Question	Response
<p>The following questions should be asked of a female primary caregiver (one primary caregiver only). If there is only a male primary caregiver in the household, and there are no female primary caregivers, the male primary caregiver should be asked Questions 6.1, 6.2, and 6.3, but not Question 6.4. If there is any record or evidence that a member of the household has been referred to the police, child protection services, or another social services organization because of violence in the past six months, Benchmark 6 is not met. In this case, skip this section and proceed to Benchmark 7.</p>	<p>Primary caregiver's ID:</p> <hr/>
<p>Read to caregiver: Sometimes people, even children, experience violence or abuse in their households or other places outside of the household. I want to ask you some questions about violence and abuse. I will ask you some questions about whether you yourself have experienced violence and abuse, and I will also ask you to tell me whether any children in your household have experienced violence and abuse. All of your answers are confidential, and I will not tell your spouse or partner, or anyone else in your household, what you said during this part of the interview. Please tell me about any violence or abuse you or children in your household have experienced, whether it happened in your household or outside your household, and whether the person who mistreated you or your children was a family member or someone else. If you or your child have been mistreated, it is not your fault.</p>	
<p>6.1. In the past 6 months, have you been punched, kicked, choked, or beaten by a spouse or partner or any other adult?</p> <p>6.2. In the past 6 months, are you aware of any child adolescent, or youth in your household being punched, kicked, choked, or beaten by an adult?</p> <p>6.3. In the past 6 months, are you aware of any child adolescent, or youth in your household being touched in a sexual way or forced to have sex against his or her will? Touching in a sexual way could include fondling, pinching, grabbing, or touching a child adolescent, or youth on or around his or her sexual body parts.</p> <p>6.4. In the past 6 months, has anyone tried to make you have sex against your will? Please answer "yes" even if this person was a spouse or partner, and even if he tried but did not succeed in making you have sex.</p>	<p>6.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6.2. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6.3. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6.4. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If Questions 6.1, 6.2, 6.3, <u>and</u> 6.4 are all answered No, Benchmark 6 has been met.</p> <p>If the primary caregiver refuses to answer a question, this should be taken as evidence of possible violence or abuse, and Benchmark 6 is not met. If you see any signs of violence or abuse in the household or suspect such violence or abuse may be happening, even if denied by the members of the household, Benchmark 6 is not met.</p>	<p>Has Benchmark 6 been met?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Benchmark 7 (3.1.2): Not in a child-headed household	
Question	Response
The following question should be asked of the primary caregiver, as defined by the project (one caregiver only). A stable adult caregiver is defined as an adult who has cared for and lived in the same household as the child/adolescent for at least the past 12 months.	
7.1. During the past 12 months, have all children and adolescents in the household been under the care of a stable adult caregiver?	7.1. Yes <input type="checkbox"/> No <input type="checkbox"/>
If Question 7.1 is answered Yes, Benchmark 7 has been met. If you have any evidence that the household has been child headed during the past 12 months, Benchmark 7 is not met.	Has Benchmark 7 been met? Yes <input type="checkbox"/> No <input type="checkbox"/>

Benchmark 8 (4.1.1): Children in school	
Question	Response
If there are no children or adolescents ages 6–17 years in the household, skip this section. Tick N/A and proceed to the Final Assessment.	N/A <input type="checkbox"/>
The following questions should be asked of the primary caregiver as defined by the project (one caregiver only). Review available records if possible.	
8.1. Are all children and adolescents in the household ages 6–17* enrolled in school?	8.1. Yes <input type="checkbox"/> No <input type="checkbox"/>
8.2. Have all children and adolescents in the household ages 6–17* attended school regularly over the past year (at least 4 days a week on average)?	8.2. Yes <input type="checkbox"/> No <input type="checkbox"/>
8.3. Did all children and adolescents in the household ages 6–17* progress to the next level or grade, from last school year to this school year? (In other words, no child or adolescent had to repeat a level or grade this year.)	8.3. Yes <input type="checkbox"/> No <input type="checkbox"/>
If Questions 8.1, 8.2, <u>and</u> 8.3 are answered Yes, Benchmark 8 has been met.	Has Benchmark 8 been met? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Note:* The minimum and maximum ages at which children and adolescents must be enrolled in school to meet Benchmark 8 may be modified according to country guidelines or national policy. For example, if national policy is that children and adolescents are required to attend school only between the ages of 7 and 15, the age range specified in Questions 8.1, 8.2, and 8.3 may be changed to 7–15 years. The maximum age cannot be increased to more than 17 years. Do not ask about youth in the household aged 18-20 who are still in secondary school, even if they are program beneficiaries.

Final Assessment

Instructions: Answer the following questions based on today's evaluation.		Does this response match the response given when the HH was graduated?
Benchmark 1 ^(1.1.1) : Known HIV status (or test not required)		
Has Benchmark 1 been met for all members of the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benchmark 2 ^(1.2.1) : Virally suppressed		
Has Benchmark 2 been met for <u>each</u> beneficiary who was assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benchmark 3 ^(1.3.1) : Knowledgeable about HIV prevention		
Has Benchmark 3 been met for <u>each</u> beneficiary who was assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benchmark 4 ^(1.4.1) : Not undernourished		
Has Benchmark 4 been met for <u>each</u> beneficiary who was assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benchmark 5 ^(2.1.1) : Improved financial stability		
Has Benchmark 5 been met for the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benchmark 6 ^(3.1.1) : No violence		
Has Benchmark 6 been met for the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benchmark 7 ^(3.1.2) : Not in a child-headed household		
Has Benchmark 7 been met for the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benchmark 8 ^(4.1.1) : Children in school		
Has Benchmark 8 been met for all school-age children and adolescents in the HH?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
As of today, have all applicable benchmarks been met? (Benchmarks 1–8 ticked Yes or N/A)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**IF BENCHMARKS 2, 3, OR 4 REQUIRE ASSESSING
MORE THAN ONE MEMBER OF THE HOUSEHOLD,
USE THE FOLLOWING ADDITIONAL PAGES AS NEEDED**

BENCHMARK 2: ADDITIONAL PAGE

Benchmark 2 ^(1.2.1) : Virally suppressed	
Question	Response
<p style="color: red;">If there is no child adolescent, youth, or primary caregiver in the HH living with HIV, skip this section. Tick N/A and proceed to Benchmark 3.</p> <p>Answer the following questions for <u>each</u> child, adolescent, youth, or primary caregiver in the household living with HIV, using additional pages if needed. Use Option (a) or (b) based on availability of data.</p>	<p>N/A <input type="checkbox"/></p> <p>Beneficiary's ID: _____</p>
<p>Option (a): Complete this section if viral load testing results are available at the health facility treating the HIV+ beneficiary or if the beneficiary can produce a record of a recent viral load test.</p> <p>2.1. Has this beneficiary been documented as virally suppressed (<1,000 copies/mL) for the past 12 months?</p>	<p>2.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Option (b): Complete this section if viral load testing results are not available. Assess ART adherence using the following questions. Caregivers should answer these questions for younger children who cannot self-report.</p> <p>2.2. On how many days in the past month did you miss taking your ART?</p> <p>2.3. In how many months in the past year did you miss taking your ART on three or more days?</p> <p>2.4. Over the past 12 months, how many ART appointments have you missed?</p> <p>2.5. Over the past 12 months, how many times have you not picked up ART medication?</p>	<p>2.2. _____ days Is the number more than 2? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.3. _____ months Is the number more than 0? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.4. _____ appointments Is the number more than 0? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.5. _____ times Is the number more than 0? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Option (a): If Question 2.1 is answered Yes, the beneficiary has met Benchmark 2.</p> <p>Option (b): If Questions 2.2, 2.3, 2.4, and 2.5 are <u>all</u> answered No, the beneficiary has met Benchmark 2.</p>	<p>Has Benchmark 2 been met for this beneficiary?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

BENCHMARK 3: ADDITIONAL PAGE

Benchmark 3 ^(1.3.1) : Knowledgeable about HIV prevention	
Question	Response
<p>If there is no adolescent ages 10–17 in the household, skip this section. Tick N/A and proceed to Benchmark 4.</p> <p>Ask the following questions of <u>each</u> adolescent ages 10–17 in the household. Each adolescent should be interviewed separately in a private location where no one else can hear, and using a separate page. If the adolescent's statements are not clear, request more information using probes such as, "I am not sure I understand. Can you tell me more about that?" Tick the box next to <u>each</u> item that the adolescent mentions. Do not read the list of HIV risks or HIV prevention strategies to the adolescent. His or her responses should be unprompted.</p>	<p>N/A <input type="checkbox"/></p> <p>Adolescent's ID: _____</p>
<p>3.1. Can you tell me how a young person your age living in your community might become infected with HIV?</p> <p>The adolescent must describe <u>two</u> risks to meet Benchmark 3. If he or she has described only <u>one</u> HIV risk listed below, ask, "Can you tell me any other ways a young person in your community might become infected with HIV?"</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Early sex (starting sex young) </div> <div style="width: 45%;"> <input type="checkbox"/> Sex without a condom </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sex with an older partner </div> <div style="width: 45%;"> <input type="checkbox"/> Being sexually abused or raped </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sex with multiple partners </div> <div style="width: 45%;"> <input type="checkbox"/> Sex for money or gifts (transactional sex, having a "sugar daddy") </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sex with a partner who has multiple partners </div> </div> <p>3.2. Can you tell me how a young person your age living in your community might help protect himself or herself from becoming infected with HIV?</p> <p>The adolescent must describe <u>one</u> prevention strategy to meet Benchmark 3. If he or she has not described any of the strategies below, ask, "Can you tell me any other ways a young person might help protect himself/herself against HIV?"</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Having one sexual partner </div> <div style="width: 45%;"> <input type="checkbox"/> Delaying sex or abstinence </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Having a sexual partner who is HIV negative </div> <div style="width: 45%;"> <input type="checkbox"/> Using a condom during sex </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Having a partner who does not have other sexual partners </div> <div style="width: 45%;"> <input type="checkbox"/> Not having sex for money or gifts, or transactional sex </div> </div> <p>This section involves open-ended questions that will require you to make a judgment regarding whether the benchmark has been met. The criterion is that the adolescent demonstrates an understanding of HIV risk and prevention, not that he or /she gives an answer matching the questionnaire word for word.</p>	<p>3.1. Has the adolescent identified at least <u>two</u> HIV risks?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3.2. Has the adolescent identified at least <u>one</u> HIV prevention strategy?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If Questions 3.1 <u>and</u> 3.2 are answered Yes, this beneficiary has met Benchmark 3.</p>	<p>Has Benchmark 3 been met for this beneficiary?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

BENCHMARK 4: ADDITIONAL PAGE

Benchmark 4 ^(1.4.1) : Not malnourished	
Question	Response
<p>If there are no children <5 years of age in the household, skip this section. Tick N/A and proceed to Benchmark 5.</p> <p>For a child under the age of 6 months, do not assess the MUAC and bipedal edema. Visually examine any child under the age of 6 months. If the child looks undernourished according to your judgment, the child has not met Benchmark 4.</p> <p>The following assessment should be done for <u>each</u> child ages 6- 59 months. Use additional pages if necessary.</p>	<p>N/A <input type="checkbox"/></p> <p>Child's ID: _____</p>
<p>Assess the child's MUAC and bipedal edema if you have been trained in how to conduct these assessments. If you have not received this training, request that the MUAC be measured by a health worker or caseworker who has been trained in assessing the MUAC and bipedal edema.</p> <p>4.1. Is the child's MUAC more than 12.5 cm?</p> <p>4.2. Is the child free of any signs of bipedal edema?</p>	<p>4.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4.2. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If Questions 4.1 <u>and</u> 4.2 are answered Yes (for a child ages 6-59 months), the child has met Benchmark 4.</p> <p>If a child under the age of 6 months looks undernourished according to your judgment, tick No.</p>	<p>Has Benchmark 4 been met for this beneficiary?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

MEASURE Evaluation

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