### MEASURE Evaluation: Child Questionnaire, Ages 10‒17 Years

## IDENTIFICATION DATA

|  |  |  |
| --- | --- | --- |
| **001** | QUESTIONNAIRE IDENTIFICATION NUMBER |  |
| **002** | PROVINCE OR STATE |  |
| **003** | DISTRICT OR LOCAL GOVERNMENT AREA |  |
| **004** | CONSTITUENCY |  |
| **005** | WARD |  |
| **006** | TYPE OF LOCATION***Circle*** | UrbanRural | 12 |
| **007** | TOWN/VILLAGE |  |
| **008** | NEIGHBORHOOD |  |
| **009** | GPS READINGS | A) Latitude S \_\_ \_\_.\_\_ \_\_ \_\_ \_\_ºB) Longitude E \_\_ \_\_.\_\_ \_\_ \_\_ \_\_º |

## INTERVIEW LOG

|  |  |  |  |
| --- | --- | --- | --- |
|  | VISIT 1 | VISIT 2 | VISIT 3 |
| DATE (day/month/year) |  |  |  |
| INTERVIEWER COMMENTS  |  |  |  |

**Interview comment codes**: Interview completed: 1; Appointment made for later today: 2; Appointment made for another day: 3; Refused to continue and no appointment made: 4; Other (Specify): 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **010** | INTERVIEWER | 1. CODE
 |  | 1. NAME
 |  |
| **011** | DATE INTERVIEW COMPLETED (day/month/year) |  |
| **012** | START TIME | [\_\_|\_\_|:[\_\_|\_\_] |

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(dd/mm/yyyy)

|  |
| --- |
| **Comments** |

## SECTION 1: CHILD HEALTH AND PROTECTION

Let’s start by you telling me a little about yourself.

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
| **101** | **Record /Confirm the child’s name**What is your name? |  |  |
| **102** | Record the child’s line number from the Caregiver’s list of children (Caregiver Questionnaire Q105a) |  |  |
| **103\*** | Record /Confirm the child’s sex (Caregiver Questionnaire Q105b) | FemaleMale | 12 |  |
| **104** | Do you have a birth certificate?  | YesNoDon’t know | 1288 | **If No or DK: 106** |
| **105** | Could you please show me your birth certificate?  | Seen /confirmedNot seen /not confirmed | 12 |  |
| **106** | In what month and year were you born?**If the birth certificate is seen/confirmed, use the date from the birth certificate.** | Month[\_\_|\_\_]Year[\_\_|\_\_|\_\_|\_\_] |  |
| **107** | Remind me, how old were you at your last birthday?**Confirm with 106 and adjust if necessary. Do not leave blank. If unknown (and birth certificate not seen/verified), ask the child to estimate.**  | [\_\_|\_\_] Years |  |
| **108** | Who takes care of you? **Do not read the responses out loud. Record one primary response only.**  | Mother and/or fatherSister and/or brotherAunt and/or uncleGrandmother and/or grandfatherOther relativeNeighbor FriendNo one/I take care of myselfOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1234 567866 |  |
| **109** | At any point in the last 2 weeks, have you been too sick to participate in daily activities?  | YesNo | 12 |  |
| **110** | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? | \_\_\_\_\_\_\_ Number of daysNoneDon’t know/Not sure | [\_ \_]088 |  |
| **111** | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | \_\_\_\_\_\_\_ Number of daysNoneDon’t know/Not sure | [\_ \_]088 |  |
| **112** | Filter: If the responses to Q110 and Q111 are both “None”, skip to 114. |
| **113** | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as school, work, or recreation? | \_\_\_\_\_\_\_ Number of daysNoneDon’t know/Not sure | [\_ \_]088 |  |
| **114** | Do you have a disability that makes it difficult for you to participate in daily activities? | YesNo | 12 | **If No: End section** |
| **115** | How would you describe your disability? | Blind or partially blindDeaf or partially deafI have difficulties learningPhysicalOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 123466 |  |

**―END OF SECTION―**

## SECTION 2: EDUCATION

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
| **201** | Are you currently enrolled in school?  | Yes No | 12 | **If No: 206** |
| **202** | In the last school month, did you miss 4 or more days of school for any reason? | Yes No | 12 |  |
| **203** | During the last school week (that was not an exam week), did you miss any school days for any reason?  | Yes No | 12 | **If No: 205** |
| **204** | Why did you miss school days during the last school month?**Do not read the responses out loud. Circle one primary response.** | No money for school materials, transportI am too sick to attend schoolSchool is too far away /no schoolI have to work to help my familyI have to care for sick household membersParent/guardian does not want me to go to schoolI don’t like schoolSchool was not in sessionOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1234567866 |  |
| **205** | What grade/form/year are you in now? | [\_\_|\_\_] | **All: 208** |
| **206** | Why are you not enrolled in school?**Do not read the responses out loud. Circle one primary response.** | No money for school materials, transportI am too sick to attend schoolSchool is too far away /no schoolI have to work to help my familyI have to care for sick household membersParent/guardian does not want me to go to schoolI don’t like schoolSchool was not in sessionOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1234567866 |  |
| **207** | Have you ever attended school?  | Yes No | 12 | **If No: 301** |
| **208** | Were you enrolled in school during the previous school year? | YesNo | 12 | **If No: 210** |
| **209** | What grade/form/year were you in during the previous school year? | [\_\_|\_\_] | **All: 301** |
| **210** | What is the highest grade/form/year that you have completed? | [\_\_|\_\_] |  |

**―END OF SECTION―**

## SECTION 3: CHORES & WORK

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
|  | Now I would like to ask about any work you may do. Since last (day of the week), did you do any of the following activities, even for only one hour? |
|  | Did you do any work or help on your own with the household’s plot, farm, food garden, or look after animals? For example, growing farm produce, harvesting, or feeding, grazing, or milking animals? | YesNo | 12 |  |
|  | Did you help with a family business or a relative’s business with or without pay, or run your own business? | YesNo | 12 |  |
|  | Did you produce or sell articles, handicrafts, clothes, food, or agricultural products?  | YesNo | 12 |  |
|  | Since last (day of the week), did you engage in any other activity in return for income in cash or in kind, even for only one hour? | YesNo | 12 |  |
|  | Check 301‒304:  | At least one ‘Yes’All answers are ‘No’ | 12 | **If No: 315**  |
|  | Since last (day of the week), about how many hours did you engage in (this activity/these activities) in total?**If less than one hour, record ‘00’.** | Number of hours[\_\_ \_\_] |  |
|  | (Does the activity/do these activities) require carrying heavy loads? | YesNo | 12 |  |
|  | (Does the activity/do these activities) require working with dangerous tools, such as knives and similar tools or operating heavy machinery? | YesNo | 12 |  |
| How would you describe the work environment of your work? |  |
|  | Are you exposed to dust, fumes, or gas? | YesNo | 12 |  |
|  | Are you exposed to extreme cold, heat, or humidity? | YesNo | 12 |  |
|  | Are you exposed to loud noise or vibration? | YesNo | 12 |  |
|  | Are you required to work at heights? | YesNo | 12 |  |
|  | Are you required to work with chemicals, such as pesticides, glues, and similar chemicals, or with explosives? | YesNo | 12 |  |
|  | Are you exposed to other things, processes, or conditions that are bad for your health or safety? | YesNo | 12 |  |
|  | Since last (day of the week), did you fetch water or firewood for household use? | YesNo | 12 | **If No: 317** |
|  | In total, how many hours did you spend fetching water or firewood for household use since last (day of the week)?**If less than one hour, record ‘00’.** | Number of hours[\_\_ \_\_] |  |
| Since last (day of the week), did you do any of the following?  |  |
|  | Shopping for the family? | YesNo | 12 |  |
|  | Cooking? | YesNo | 12 |  |
|  | Washing dishes or cleaning the dwelling? | YesNo | 12 |  |
|  | Washing clothes? | YesNo | 12 |  |
|  | Caring for children?  | YesNo | 12 |  |
|  | Caring for someone who is old or sick? | YesNo | 12 |  |
|  | Other tasks? | YesNo | 12 |  |
|  | Check 317‒323: | At least one ‘Yes’All answers are ‘No’ | 12 | **If 305= No and 324= No skip to 401** |
|  | Since last (day of the week), about how many hours did you engage in (this activity/these activities) in total?**If less than one hour, record ‘00’.** | Number of hours[\_\_ \_\_] |  |
|  | What do you do with the money you get? Anything else? **Multiple responses are possible. Circle all responses that are mentioned. Probe with response categories, if necessary.** | Give to parents /guardiansPay for my school expenses Pay for school expenses of others Buy food for myself Buy food for others Buy other things for myself Save itOther:\_\_\_\_\_\_\_\_ | 123456766 |  |
|  | How often does work or chores interfere with your school? | AlwaysSometimesNeverDon’t know | 12388 |  |
|  | How often does work or chores interfere with your sleep?  | AlwaysSometimesNeverDon’t know | 12388 |  |

**―END OF SECTION―**

## SECTION 4: FOOD AND ALCOHOL CONSUMPTION

Next, I would like to ask you about what you eat and drink.

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
| **Placeholder for Optional Module 1: Individual Dietary Diversity**  |
|  | In the past four weeks, did you have to eat a smaller meal than you felt you needed because there was not enough food? | YesNo | 12 | **If No: 403** |
|  | How often did this happen?**Read response options out loud.** | Rarely (once or twice in the past four weeks)Sometimes (three to ten times in the past four weeks)Often (more than ten times in the past four weeks) | 123 |  |
|  | In the past four weeks, did you have to skip a meal because there was not enough food? | YesNo | 12 | **If No: 405** |
|  | How often did this happen?**Read response options out loud.** | Rarely (once or twice in the past four weeks)Sometimes (three to ten times in the past four weeks)Often (more than ten times in the past four weeks) | 123 |  |
|  | In the past four weeks did you go to sleep at night hungry because there was not enough food to eat? | YesNo | 12 | **If No: 407** |
|  | How often did this happen?**Read response options out loud.** | Rarely (once or twice in the past four weeks)Sometimes (three to ten times in the past four weeks)Often (more than ten times in the past four weeks) | 123 |  |
|  | In the past four weeks did you go a whole day and night without eating anything because there was not enough food to eat? | YesNo | 12 | **If No: 409** |
|  | How often did this happen?**Read response options out loud.** | Rarely (once or twice in the past four weeks)Sometimes (three to ten times in the past four weeks)Often (more than ten times in the past four weeks) | 123 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Have you ever consumed a drink containing alcohol, including beer, spirits – that is, a whole glass or drink, not just a taste? | YesNo | 12 | **If No: 501** |
|  | When was the last time you consumed a drink containing alcohol? **Read the response options out loud.** | Yesterday /a few days ago About a week ago More than a week ago | 123 |  |
|  | How often do you drink to the point of getting drunk? **Read the response options out loud.**  | At least once a weekAt least once a month, but not every weekA few times per yearOnce per yearLess than once per year | 12345 |  |
|  | In the past 30 days, have you used any drugs, such as marijuana, pills, ecstasy, or sniffed any chemical, such as petrol or glue? | YesNo | 12 |  |

**―END OF SECTION―**

## SECTION 5: SOCIAL SUPPORT

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
|  | People sometimes look to others for companionship, assistance, or other types of support.Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? | YesNo | 12 |  |
|  | Do you have someone in your life to take you to the doctor if you need it?  | YesNo | 12 |  |
|  | Do you have someone in your life who shows you love and affection?  | YesNo | 12 |  |
|  | Do you have someone in your life to do something enjoyable with? | YesNo | 12 |  |
|  | Has anyone ever talked to you or taught you about how children grow and develop?**Prompt: how children’s bodies change over time (puberty changes)** | YesNo | 12 | **If No: Section 6** |
|  | Who talked to you about how children grow and develop? Anyone else?**Multiple responses are possible. Circle all that are mentioned.** | Teacher Family / household memberFriend Healthcare workerHome visitor/case manager/social workerSexual partnerOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ABCDEF X |  |

**―END OF SECTION―**

## SECTION 6: TESTING, KNOWLEDGE, AND ATTITUDES ABOUT HIV AND AIDS

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
|  | Now I would like to talk about something else. Have you ever heard of HIV or AIDS? | YesNo | 12 | **If No: 701** |
|  | Who has ever talked to you or taught you about HIV or AIDS? Anyone else?**Multiple responses are possible. Circle all that are mentioned.****If No One is selected, then no other options should be circled.** | TeacherFamily / household memberFriend Healthcare workerHome visitor/case manager/social workerSexual partner Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No One | ABCDE FXY |  |
|  | What exactly did they discuss with you? **Multiple response are possible. Circle all that are mentioned.** | Importance of abstaining from sexImportance of being faithfulImportance of using condoms Importance of testing for HIVOther (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ABC DX |  |
|  | HIV is the virus that can lead to AIDS. Can people reduce their chances of getting HIV by having just one uninfected sex partner who has no other sex partners? | YesNoDon’t know /Not sure | 1288 |  |
|  | Can people get HIV from mosquito bites? | YesNoDon’t know /Not sure | 1288 |  |
|  | Can people reduce their chances of getting HIV by using a condom every time they have sex? | YesNoDon’t know /Not sure | 1288 |  |
|  | Can people get HIV by sharing food with a person who has HIV?  | YesNoDon’t know /Not sure | 1288 |  |
|  | Can people get HIV because of witchcraft or other supernatural means?  | YesNoDon’t know /Not sure | 1288 |  |
|  | Is it possible for a healthy-looking person to have HIV? | YesNoDon’t know /Not sure | 1288 |  |
|  | Can HIV be transmitted from a mother to her baby:1. During pregnancy?
2. During delivery?
3. By breastfeeding?
 |  | Yes | No | DK |  |
| 1. During pregnancy
 | 1 | 2 | 8 |
| 1. During delivery
 | 1 | 2 | 8 |
| 1. By breastfeeding
 | 1 | 2 | 8 |
|  | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YesNoDon’t know /Not sure/Depends | 1288 |  |
|  | Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YesNoDon’t know /Not sure/Depends | 1288 |  |
|  | Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV? | YesNoDon’t know /Not sure/Depends | 1288 |  |
|  | Do people talk badly about people living with HIV or who are thought to be living with HIV? | YesNoDon’t know /Not sure/Depends | 1288 |  |
|  | Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | YesNoDon’t know /Not sure/Depends | 1288 |  |
|  | Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV. | AgreeDisagreeDon’t know /Not sure/Depends | 1288 |  |
|  | Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV? | YesNoRespondent says that he/she has HIVDon’t know /Not sure/Depends | 12388 |  |
|  | I have a few more questions about HIV. If you don’t want to answer, that is all right.Do you know of a place where people can go to get an HIV test?  | YesNo | 12 |  |
|  | Have you ever been tested for HIV? | YesNoDon’t know | 1288 | **If No or DK: Optional Module 2 or end section** |
|  | How many months ago was your most recent HIV test?  | Months \_\_\_ \_\_\_Two or more years | 95 |  |
|  | Did you get the results of your test? | YesNoDon’t knowNo response | 128899 | **If No: Optional Module 2 or end section** |
|  | I would like to know the results of your most recent HIV test so that we can find out more about how people living with HIV and AIDS are receiving medical care and treatment. You do not need to tell me the result of your most recent test if you don’t want to, but if you do tell me, please know that I won’t tell anyone in your family or in this community. Was the result of your last test positive, negative, or would you prefer not to say?  | HIV positiveHIV negativeUnknown/IndeterminateDid not receive resultsDon’t know/Refused | 123499 |  |
|  | Do your caregivers know the results? | YesNoDon’t knowNo response | 128899 |  |

**―END OF SECTION―**

SECTION 7: SEXUAL BEHAVIOR AND CONTRACEPTION

These next questions ask you about sexual intercourse, or sex. By sex I mean vaginal, oral, or anal sex or the insertion of an object into your vagina or anus. These questions may be awkward to answer. If you do not want to answer, you do not have to. Please just say PASS. If you do choose to answer, please be as honest as you can. The information you provide will help us improve our programs to meet the needs of children like you. Everything that you tell me will be held in strict confidence.

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
|  | Has anyone ever talked to you or taught you about sexual intercourse, sex, or sexual behavior? | YesNoDon’t know / No response | 1299 | **If No, DK/NR: 703** |
|  | Who talked to you about sexual intercourse, sex, or sexual behavior?Anyone else?**Multiple responses are possible. Circle all responses that are mentioned.** | TeacherFamily / household memberFriend Healthcare workerHome visitor/case manager/social workerPartner/boyfriend/girlfriendOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ABCDE FY |  |
|  | What is your current marital status? | MarriedCohabiting (but not married)Never been marriedDivorced or separatedWidowedOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1234566 |  |
|  | Have you *ever* had sex? | YesNoDon’t know /No response | 1299 | **If NO & FEMALE: 719****IF NO & MALE: 726** |
|  | How old were you when you had sex the first time?**If unknown, ask respondent to estimate. If NR, record 99.** | AGE (YEARS) | [\_\_|\_\_] |  |
|  | The first time you had sex, was it because you wanted to or because you were forced to? | Wanted to Forced to Don’t know /No response | 1299 |  |
|  | The first time you had sex, was a female or male condom used? | YesNoDon’t know /No response | 1299 |  |
|  | How old was the person with whom you first had sex?**If unknown, ask respondent to estimate. If NR, record 99.** | AGE (YEARS) | [\_\_|\_\_] |  |
|  | Was this person older than you, younger than you, or about the same age as you? | OlderYoungerAbout the same ageDon’t know /No response | 12399 | **IF 2, 3, 99: 711** |
|  | Would you say this person was ten or more years older than you or less than ten years older than you? | Ten or more years olderLess than ten years olderOlder, unsure by how muchDon’t know /No response | 12399 |  |
|  | In total, how many different people have you had sex with in your lifetime?**If unknown, ask respondent to estimate. If NR, record 99.** | NUMBER | [\_\_|\_\_] |  |
|  | When was the last time you had sex? | Less than 1 week ago1‒4 weeks ago1‒2 months ago3‒12 months agoMore than 1 year agoDon’t know /No response  | 1234599 | **If 5 or DK/NR: 714** |
|  | In total, with how many different people have you had sex in the last 12 months? **If unknown, ask respondent to estimate. If NR, record 99.** | NUMBER | [\_\_|\_\_] |  |
|  | Thinking about the last time you had sex, did you or your partner use a condom? | YesNoDon’t know /No response | 1299 |  |
|  | Some people receive food, favors, or gifts in exchange for sex. For example, good grades, employment, or transportation. Have you ever received food, favors, or gifts in exchange for sex? | YesNoDon’t know /No response | 1299 | **If No or DK: 717** |
|  | Have you received food, favors, or gifts in exchange for sex in the past 6 months? | YesNoDon’t know /No response | 1299 |  |
|  | **FILTER** | FemaleMale | 12 | **If Male: 724** |
|  | Are you pregnant now?  | YesNoDon’t know /No response | 1299 | **If Yes: 721** |
|  | Are you currently doing something or using a method to delay or avoid getting pregnant? | YesNoNo response | 1299 | **If No or NR: 721** |
|  | Which method(s) are you using?Any others? **Multiple responses are possible. Circle all responses that are mentioned.**  | Oral contraceptive pill Intrauterine device (IUD) InjectablesImplants Condom (male or female)Diaphragm Foam/Jelly Sterilization (male or female)PatchVaginal ringSpongeLactational amenorrhea method (LAM) Standard Days Method (SDM)WithdrawalOther (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No response | ABCDEFGHIJKLMNXY |  |
|  | Do you know a place where you can get a modern method of family planning, such as oral contraceptive pills or injectables? | YesNoNo response | 1299 | **If No or NR: 723** |
|  | Where is that place? Any other place?**Multiple responses are possible. Circle all responses that are mentioned.**  | Health facilityPharmacyCommunity workerCommunity organization ShopOther (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No response | ABCDEXY |  |
|  | If you wanted to, could you begin using a family planning method to prevent pregnancy? | YesNoDon’t know/No response | 1299 |  |
|  | Do you know a place where you can get male condoms? | YesNoDon’t know/No response | 1299 | **If No or DK/NR: 726** |
|  | Where is that place? Any other place?**Multiple responses are possible. Circle all responses that are mentioned.**  | Health facilityPharmacyCommunity workerCommunity organization ShopOther (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No response | ABCDEXY |  |
|  | If you wanted to, could you get male condoms? | YesNoDon’t know/No response | 1299 |  |
| **Placeholder for Optional Module 2: HIV Treatment and Disclosure** |

**―END OF OPTIONAL MODULE―**

SECTION 8: VIOLENCE

We are nearly done.

**Read to adolescent:** Sometimes people, even children, experience violence or abuse in their households or in 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 witnessed or experienced violence and abuse. All of your answers are confidential, and I will not tell anyone what you said. If you have been mistreated, it is not your fault.

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
|  | In the past 6 months, how many times did you see or hear your mother/caregiver getting punched, kicked, or beaten up? | NeverOnceFewManyDon’t know/Refused | 123488 |  |
|  | In the past 6 months, has anyone ever ridiculed you or put you down, for example to say that you were stupid or useless?   | YesNoDon’t know/Refused | 1288 |  |
|  | In the past 6 months, have you been punched, kicked, or beaten by anyone? | YesNoDon’t know/Refused | 1288 |  |
|  | Girls and women may experience unwanted sexual contact by people they know well, such as a romantic partner, family member or friend, or by strangers. In the past 6 months, has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts. | YesNoDon’t know/Refused | 1288 |  |
|  | 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 they tried but did not succeed in making you have sex. | YesNoDon’t know/Refused | 1288 |  |
|  | In the past 6 months, has anyone forced you to have sex with them by sexually assaulting or raping you? | YesNoDon’t know/Refused | 1288 |  |
|  | CHECK 801-806: | At least one ‘Yes’No ‘Yes’ responses | 12 | If 2, skip to 901. |
|  | Did you receive any help for any of these experiences from a hospital/clinic, helpline, social welfare, or legal office?  | YesNoDon’t know/Refused | 1288 | If no, don’t know, or refused, skip to 901. |
|  | What kind of help did you receive? Select all that apply.  | Post-exposure prophylaxisMedical examCounseling by a professionalSession with police or local child protection authorityPlacement in emergency shelter care/facilityLegal assistance Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t know/Refused | 1234 5 66688 |  |

## SECTION 9: PROGRAM SERVICES RECEIVED

We have arrived at the last section of the questionnaire. We are almost finished. Thank you very much for your participation so far.

| **No.** | **Questions** | **Coding Categories** |
| --- | --- | --- |
| **Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.** I am going to read a list of items and services. Please tell me if you received or accessed any of these items or services in the last 12 months from [insert the name of the community-based organization]. This could include receiving the item(s) or service(s) * at home
* at a community event/space
* completing a referral for the item/service
* being transported/accompanied to a facility that provides the item/service.

**Read each item(s)/service(s). Circle the final responses.** [ADD /DELETE ITEMS AS RELEVANT TO THE PURPOSE] |
|  |  | **Y** | **N** | **DK** |
|  | Individual health insurance coverage or health access card | 1 | 2 | 8 |
|  | Insecticide treated mosquito net  | 1 | 2 | 8 |
|  | Age-appropriate HIV treatment literacy for children living with HIV | 1 | 2 | 8 |
|  | Age-appropriate counseling and HIV disclosure support  | 1 | 2 | 8 |
|  | HIV adherence support | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain HIV-related testing (HIV testing services, early infant diagnosis, TB testing, CD4 viral load) | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain HIV (or related opportunistic infection) treatment and care | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain sexually transmitted infection treatment | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain routine healthcare | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain emergency healthcare | 1 | 2 | 8 |
|  | Structured support group for people living with HIV and AIDS | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain age-appropriate HIV prevention support, including pre-exposure prophylaxis, condoms, and/or voluntary medical male circumcision  | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain age-appropriatewomen’s health counseling and/or products, including condoms | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain substance abuse support by a trained provider | 1 | 2 | 8 |
|  | Safety plan  | 1 | 2 | 8 |
|  | Structured family group conferencing to prevent occurrence/reoccurrence of child abuse, exploitation, or neglect | 1 | 2 | 8 |
|  | Post-violence trauma-informed counseling from a trained provider  | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain post-violence medical care  | 1 | 2 | 8 |
|  | Session with a child protection officer, the police, or another local child protection authority | 1 | 2 | 8 |
|  | Project-filed report of suspected abuse to a child protection office, the police, or another local authority | 1 | 2 | 8 |
|  | Emergency shelter/care facility or kinship care placement and monitoring for children | 1 | 2 | 8 |
|  | Legal assistance related to maltreatment, gender-based violence, trafficking, or exploitation | 1 | 2 | 8 |
|  | Structured safe spaces intervention  | 1 | 2 | 8 |
|  | Evidenced-based intervention on preventing HIV and violence, and inreducing and avoiding sexual risk | 1 | 2 | 8 |
|  | Received regular assistance/ support with homework (e.g., homework club participation) | 1 | 2 | 8 |
|  | Received school uniform, books, or other materials | 1 | 2 | 8 |
|  | Received bursary, tuition, school fees, or fee exemption | 1 | 2 | 8 |
|  | Received assistance for re-enrollment (i.e., for drop-outs or teen mothers) | 1 | 2 | 8 |
|  | Regularly participated in a market-linked economic strengthening activity, such as:1. financial literacy training
2. business skills training
3. entrepreneurship training and support
4. agribusiness training
5. women's economic empowerment
6. savings groups
7. linkages to formal financial institutions (banks, credit unions, microfinance institutions, etc.)
8. numeracy training
9. soft skills training (job readiness, borrower training, career planning, etc.)
10. small business support (business planning, market linkages, etc.)
 | 1 | 2 | 8 |

**―END OF SECTION―**

|  |  |  |
| --- | --- | --- |
| **No.** | **Question** | **Coding Category** |
| **013** | Is there anything you would like to add or ask us?**Record questions or comments.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for participating in this interview!

|  |  |  |
| --- | --- | --- |
| **014** | END TIME | [\_\_|\_\_|:[\_\_|\_\_] |



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