**MEASURE Evaluation: Questionnaire for Children (Ages 0 to 9) of Female Sex Workers (Administered to the FSW Caregiver)**

IDENTIFICATION DATA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | QUESTIONNAIRE IDENTIFICATION NUMBER |  | | | |
|  | PROVINCE OR STATE |  | | | |
|  | DISTRICT OR LOCAL GOVERNMENT AREA |  | | | |
|  | WARD |  | | | |
|  | TYPE OF LOCATION  *Circle* | Urban | | 1 | |
| Rural | | 2 | |
|  | TOWN/VILLAGE |  | | | |
|  | NEIGHBORHOOD |  | | | |
|  | GPS READINGS | Latitude | | S \_\_ \_\_.\_\_ \_\_ \_\_ \_\_º | |
| Longitude | | E \_\_ \_\_.\_\_ \_\_ \_\_ \_\_º | |
|  | Name of community-based/civil society organization |  | | | |
|  | Date of registration | Month  [\_\_|\_\_] | Day  [\_\_|\_\_] | | Year  [\_\_|\_\_|\_\_|\_\_] |
|  | Name of supervisor |  | | | |
|  | Program Identification Number |  | | | |

**INTERVIEW LOG**

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

Interviewer comments 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | INTERVIEWER | CODE |  | NAME |  |
|  | DATE INTERVIEW COMPLETED (day/month/year) | | |  | |
|  | START TIME | | | [\_\_|\_\_|:[\_\_|\_\_] | |

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Comments: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Data entered by:** |  | **Date (dd/mm/yyyy)** |  |

SECTION 1: BACKGROUND INFORMATION

I am now going to ask you a few questions about [insert child’s name].

| **No.** | **Question** | **Coding Categories** | | | **SKIP** |
| --- | --- | --- | --- | --- | --- |
|  | **Record / Confirm Child’s Name** |  | | |  |
|  | **Record Child’s Line Letter from FSW Caregiver Questionnaire** |  | | |  |
|  | **Record / Confirm Child’s Sex** | Female | | 1 |  |
| Male | | 2 |
|  | In what month and year was [NAME] born?  **Record 98 in Month and 9998 in Year for don’t know.** | Month  [\_\_|\_\_] | Year  [\_\_|\_\_|\_\_|\_\_] | |  |
|  | Remind me, how old was [NAME] at his/her last birthday?  Confirm with 104 and adjust if necessary. Do not leave blank. If unknown, ask caregiver to estimate. | [\_\_|\_\_] years | | | **If ages 10‒17, administer adolescent question-naire. If ages >17, END SURVEY.** |
|  | Does [NAME] have a disability that makes it difficult for him/her to participate in daily activities? | Yes | | 1 | **If no, skip to 108.** |
| No | | 2 |
|  | How would you describe [NAME’s] disability? | Blind or partially blind | | 1 |  |
| Deaf or partially deaf | | 2 |
| Difficulties learning | | 3 |
| Physical | | 4 |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 66 |
|  | Does [NAME] have a birth certificate or other valid form of identification? | Yes | | 1 | **If no or don’t know, skip to 110.** |
| No | | 2 |
| Don’t know | | 88 |
|  | Could you please show me [NAME’s] birth certificate or other valid form of identification? | Seen / confirmed | | 1 |  |
| Not seen / not confirmed | | 2 |
|  | Where does [NAME] most frequently sleep? | Streets or public spaces | | 1 | **If age is less than 5 years old, skip to 112.** |
| Shelter (residential center) | | 2 |
| Divide time between street and shelter/home | | 3 |
| Alone in rented accommodation | | 4 |
| Rented accommodation with friends | | 5 |
| In relative’s home (i.e., with family of origin) | | 6 |
| In rented accommodation with caregiver | | 7 |
| In own home (with caregiver) | | 8 |
| Other (specify) | | 66 |
|  | In the past 30 days, has [NAME] been too sick to work, attend school, study, do chores, or participate in daily activities? | Yes | | 1 |  |
| No | | 2 |
| Don’t know/refused | | 88 |
|  | Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons, and have to leave young children.  On how many days in the past week was [NAME] left alone for more than one hour? | [\_\_ \_\_] days | | | **If 00, skip to 114.** |
|  | On how many days in the past week was [NAME] left in the care of another child (that is, someone less than 10 years old) for more than an hour? | [\_\_ \_\_] days | | |  |
|  | Does [NAME] have regular contact with a social worker, community volunteer, or other kind of community worker? | Yes | | 1 |  |
| No | | 2 |

**―END OF SECTION―**

SECTION 2: CHILD EDUCATION AND WORK

| **No**. | **Questions** | **Coding Categories** | | | **SKIP** |
| --- | --- | --- | --- | --- | --- |
|  | Age of child | 5 years or older | | 1 | **If 2, skip to 212. If 3, skip to 401.** |
| 3‒4 years | | 2 |
| 0‒2 years | | 3 |
|  | I now have some questions for you about [NAME’s] schooling | | | |  |
|  | Is [NAME] currently enrolled in school? | Yes | | 1 | **If no, skip to 207.** |
| No | | 2 |
|  | In the last school month, did [NAME] miss four or more days of school for any reason? | Yes | | 1 | **If no, skip to 206.** |
| No | | 2 |
|  | During the last school week (that was not an exam week), did [NAME] miss any school days for any reason? | Yes | | 1 | **If no, skip to 206.** |
| No | | 2 |
|  | Why did [NAME] miss school days during the last school week?  **Do not read responses. Circle one primary response.** | No money for school fees, materials, transport | | 1 |  |
| Child is too sick to attend school | | 2 |
| School is too far away / no school | | 3 |
| Child has to work to help family | | 4 |
| Child needs to care for sick household members | | 5 |
| Child does not like school | | 6 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 66 |
|  | What grade/form/year is [NAME] in now? | [\_\_ \_\_] | | | **All, skip to 209.** |
|  | Why is [NAME] not enrolled in school?  **Do not read responses. Circle one primary response.** | No money for school fees, materials, transport | | 1 |  |
| Child is too sick to attend school | | 2 |
| School is too far away / no school | | 3 |
| Child has to work to help family | | 4 |
| Child needs to care for sick household members | | 5 |
| Child does not like school | | 6 |
| Child is too young to attend school | | 7 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 66 |
|  | Has [NAME] ever attended school? | Yes | | 1 | **If no, skip to 213.** |
| No | | 2 |
|  | Was [NAME] enrolled in school during the previous school year? | Yes | | 1 | **If no, skip to 211.** |
| No | | 2 |
|  | What grade/form/year was [NAME] in during the previous school year? | [\_\_ \_\_] | | | **All, skip to 213.** |
|  | What is the highest grade/form/year that [NAME] has completed? | [\_\_ \_\_] | | | **All, skip to 213.** |
|  | Does [NAME] attend any organized or early childhood education program, such as a private or government facility, including kindergarten or community child care? | Yes | | 1 | **All, skip to 301.** |
| No | | 2 |
|  | Now I would like to ask about any work [NAME] may do. Since last (day of the week), did [NAME] do any of the following activities, even for only one hour? | | | | |
|  | Did [NAME] do any work or help on (his/her) own on the household’s plot, farm, food garden, or look after animals? For example, growing farm produce, harvesting, or feeding, grazing or milking animals? | Yes | | 1 |  |
| No | | 2 |
|  | Did [NAME] help in a family business or a relative’s business with or without pay, or run (his/her) own business? | Yes | | 1 |  |
| No | | 2 |
|  | Did [NAME] produce or sell articles, handicrafts, clothes, food, or agricultural products? | Yes | | 1 |  |
| No | | 2 |
|  | Since last (day of the week), did [NAME] engage in any other activity in return for income in cash or in kind, even for only one hour? | Yes | | 1 |  |
| No | | 2 |
|  | **Check 213‒216:** | At least one “Yes” | | 1 | **If no, skip to 228.** |
| All answers are “No” | | 2 |
|  | Since last (day of the week) about how many hours did [NAME] engage in (this activity/these activities), in total?  **If less than one hour, record “’00”** | Number of hours  [\_\_ \_\_] | | |  |
|  | Where did [NAME] carry out his/her main work during the past week? | At family dwelling | | 1 |  |
| Formal office | | 2 |
| Factory/workshop | | 3 |
| Farm/garden | | 4 |
| Construction site | | 5 |
| Mine/quarry | | 6 |
| Brothel | | 7 |
| Shop/kiosk | | 8 |
| Restaurant/hotel/café/bar | | 9 |
| Different places (mobile) | | 10 |
| Fixed, street, or market stall | | 11 |
| Pond/lake/river | | 12 |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 66 |
| Don’t know/refused | | 88 |
|  | (Does the activity/Do these activities) require carrying heavy loads? | Yes | | 1 |  |
| No | | 2 |
|  | (Does the activity/Do these activities) require working with dangerous tools, such as knives and similar tools, or operating heavy machinery? | Yes | | 1 |  |
| No | | 2 |
|  | How would you describe the work environment for [NAME]? | | | |  |
|  | Is (he/she) exposed to dust, fumes, or gas? | Yes | | 1 |  |
| No | | 2 |
|  | Is (he/she) exposed to extreme cold, heat, or humidity? | Yes | | 1 |  |
| No | | 2 |
|  | Is (he/she) exposed to loud noise or vibration? | Yes | | 1 |  |
| No | | 2 |
|  | Is (he/she) required to work at heights? | Yes | | 1 |  |
| No | | 2 |
|  | Is (he/she) required to work with chemicals, such as pesticides, glues, and similar chemicals, or explosives? | Yes | | 1 |  |
| No | | 2 |
|  | Is [NAME] exposed to other things, processes, or conditions that are bad for (his/her) health or safety? | Yes | | 1 |  |
| No | | 2 |
|  | Since last (day of the week), did [NAME] fetch water or firewood for household use? | Yes | | 1 | **If no, skip to 230.** |
| No | | 2 |
|  | In total, how many hours did [NAME] 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 [NAME] do any of the following? | | | |  |
|  | Shopping for the family? | Yes | 1 | |  |
| No | 2 | |
|  | Cooking? | Yes | 1 | |  |
| No | 2 | |
|  | Washing dishes or cleaning the dwelling? | Yes | 1 | |  |
| No | 2 | |
|  | Washing clothes? | Yes | 1 | |  |
| No | 2 | |
|  | Caring for children? | Yes | 1 | |  |
| No | 2 | |
|  | Caring for someone old or sick? | Yes | 1 | |  |
| No | 2 | |
|  | Other tasks? | Yes | 1 | |  |
| No | 2 | |
|  | **Check 230‒236:** | At least one “Yes” | 1 | | **If 217 is no and 237 is no, skip to 301.** |
| All answers are “No” | 2 | |
|  | Since last (day of the week), about how many hours did [NAME] engage in (this activity/these activities), in total?  **If less than one hour, record “00”** | Number of hours  [\_\_ \_\_] | | |  |
|  | What did [NAME] do with the money (he/she) gets? Anything else?  **Circle all responses mentioned. Probe with response categories, if necessary.** | Give to parents / guardians | 1 | |  |
| Pay for his/her school expenses | 2 | |
| Pay for school expenses of others | 3 | |
| Buy food for him/herself | 4 | |
| Buy food for others | 5 | |
| Buy other things for him/herself | 6 | |
| Save it | 7 | |
| Other:\_\_\_\_\_\_\_\_ | 66 | |
|  | How often does work or chores interfere with [NAME’s] school? | Always | 1 | |  |
| Sometimes | 2 | |
| Never | 3 | |
| Don’t know/refused | 88 | |
|  | How often does work or chores interfere with [NAME’s] sleep? | Always | 1 | |  |
| Sometimes | 2 | |
| Never | 3 | |
| Don’t know/refused | 88 | |

**―END OF SECTION―**

SECTION 3: CHILD MENTAL WELL-BEING

**If the child is less than 2 years of age, skip to 401.** For the next series of questions, please respond Not True, Somewhat True, or Certainly True regarding [NAME]. It would help us if you answered all items as best you can. Please give your answers on the basis of the child's behavior over the past six months.

| **No**. | **Questions** | **Coding Categories** | | **SKIP** |
| --- | --- | --- | --- | --- |
|  | Considerate of other people’s feelings. | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Restless, overactive, cannot stay still for long | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Often complains of headaches, stomachaches, or sickness | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Shares readily with other children, for example toys, treats, pencils | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Often loses temper | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Rather solitary, tends to play alone | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Generally well behaved, usually does what  adults request | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Many worries, often seems worried | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Helpful if someone is hurt, upset, or feeling ill | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Constantly fidgeting or squirming | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Has at least one good friend | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Often fights with other children or bullies them | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Often unhappy, downhearted, or tearful | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Generally liked by other children | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Easily distracted; concentration wanders | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Nervous or clingy in new situations; easily loses confidence | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Kind to younger children | Certainly true | 1 | If age is  2–4, skip  to 319. If age is 4–9, continue. |
| Somewhat true | 2 |
| Not true | 3 |
|  | Often lies or cheats | Certainly true | 1 | Skip to 320. |
| Somewhat true | 2 |
| Not true | 3 |
|  | Often argumentative with adults | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Picked on or bullied by other children | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Often offers to help others (parents, teachers, other children) | Certainly true | 1 | If age is  2–4, skip  to 324. If age is 4–9, continue. |
| Somewhat true | 2 |
| Not true | 3 |
|  | Thinks things out before acting | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Steals from home, school, or elsewhere | Certainly true | 1 | Skip to 326. |
| Somewhat true | 2 |
| Not true | 3 |
|  | Can stop and think things out before acting | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Can be spiteful to others | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Gets along better with adults than with  other children | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Many fears; easily scared | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |
|  | Good attention span, sees work through to  the end | Certainly true | 1 |  |
| Somewhat true | 2 |
| Not true | 3 |

**―END OF SECTION―**

SECTION 4: HIV/AIDS PREVENTION, STATUS, AND TREATMENT

We are nearly done. Now we will ask a few questions about [NAME]’s health. Remember that everything that you say will be confidential. You can ask to skip any question that you do not want to answer.

| **No.** | **Questions** | **Coding Categories** | | **SKIP** |
| --- | --- | --- | --- | --- |
|  | I would now like to ask you some questions about HIV testing. | | |  |
|  | **Check female sex worker questionnaire 514:** | HIV positive | 1 | **If 2, skip to 403.** |
| HIV negative, refused, unknown, did not receive results | 2 |
|  | Was [NAME] tested for HIV by 18 months of age?  **Read response options. Circle all that apply.** | Yes, between 0‒2 months | A |  |
| Yes, between 2‒18 months | B |
| No | C |
| Don’t know/refused | X |
|  | When was [NAME]’s most recent HIV test?  **Read response options. Circle all that apply.** | In the last 12 months | A | **If never tested, don’t know, or refused, skip to 501.** |
| More than 12 months ago | B |
| Never tested | C |
| Don’t know/refused | X |
|  | I would like to know the result of [NAME’s] 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 his/her 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 [NAME’s] last HIV test positive, negative, or would you prefer not to say? | HIV positive | 1 | **If not HIV positive (2‒4, 88), skip to 501.** |
| HIV negative | 2 |
| Unknown/indeterminate | 3 |
| Did not receive results | 4 |
| Don’t know/refused | 88 |
|  | Has [NAME] ever received HIV medical care from a doctor, clinical officer, or nurse? | Yes | 1 |  |
| No | 2 |
| Don’t know/refused | 88 |
|  | Antiretrovirals (ARVs) are medications that reduce the multiplication of the virus in an HIV-infected person and make it possible for them to live longer with HIV. Has [NAME] ever taken ARVs, that is, antiretroviral medications to treat (his/her) HIV infection? | Yes | 1 | **If no, don’t know, or refused, skip to 501.** |
| No | 2 |
| Don’t know/refused | 88 |
|  | Is [NAME] currently taking ARVs, that is, antiretroviral medications?  By currently, I mean that [NAME] may have missed some doses but is still taking ARVs? | Yes | 1 | **If no, don’t know, or refused, skip to 501.** |
| No | 2 |
| Don’t know/refused | 88 |
|  | When did [NAME] start taking ARVs? Estimate month and year. | Month  [\_\_ \_\_] | Year  [\_\_ \_\_ \_\_ \_\_] |  |
|  | Has [NAME] taken ARVs during the past six months? | Yes | 1 |  |
| No | 2 |
| Don’t know/refused | 88 |
|  | Has [NAME] ever missed an appointment for a blood test, or to pick up (his/her) medication during the past six months? | Yes | 1 |  |
| No | 2 |
| Don’t know/refused | 88 |
|  | Has [NAME] ever stopped taking antiretroviral drugs since (he/she) started taking them during the past six months? | Yes | 1 | **If no, don’t know, or refused, skip to 501.** |
| No | 2 |
| Don’t know/refused | 88 |
|  | What are the reasons why [NAME] stopped taking antiretroviral drugs?  **Circle all responses mentioned.** | They made him/her sick | 1 |  |
| They did not work | 2 |
| I could not afford them | 3 |
| Distance to get them is far | 4 |
| He/she was feeling better and did not need them | 5 |
| A doctor/nurse told him/her to stop taking them | 6 |
| The pharmacy ran out of medicine | 7 |
| Other (specify) | 66 |
|  | People sometimes forget to take their ARVs. In the past 30 days, how many days has [NAME] missed taking any of (his/her) ARV pills?  **Code “00” If None** | [\_\_ \_\_] Number of days | |  |
| Don’t know/refused | 88 |

**―END OF SECTION―**

SECTION 5: 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** | | | | | **SKIP** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **501.** | **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 and/or your child(ren) received or accessed any of these items or services in the past three 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/community 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 | |  |
|  | Family health insurance coverage or health access card | 1 | 2 | | 8 | |  |
|  | Insecticide-treated mosquito net | 1 | 2 | | 8 | |  |
|  | HIV treatment literacy | 1 | 2 | | 8 | |  |
|  | Counseling and HIV disclosure support | 1 | 2 | | 8 | |  |
|  | HIV adherence support  **Define adherence as necessary:** Adherence means that the patient is taking drugs correctly. It involves taking the right drug, in the right dose, with the right frequency, at the right time. It also means that the patient attended all scheduled clinic appointments, lab tests, and prescription refills.  **Provide examples as necessary:** Examples of adherence support include visits from health workers to discuss treatment adherence, education and advice about tools to increase adherence, and referral to support services as needed. | 1 | 2 | | 8 | |  |
|  | Completed a referral for or was facilitated to obtain HIV testing services | 1 | 2 | | 8 | |  |
|  | Completed a referral for or was facilitated to obtain HIV testing for infant at 4–6 weeks of age | 1 | 2 | | 8 | |  |
|  | Completed a referral for or was facilitated to obtain testing for tuberculosis | 1 | | 2 | | 8 |  |
|  | Completed a referral for or was facilitated to obtain CD4 and viral load testing | 1 | | 2 | | 8 |  |
|  | Completed a referral for or was facilitated to obtain HIV treatment and care | 1 | | 2 | | 8 |  |
|  | Completed a referral for or was facilitated to obtain treatment for an HIV-related opportunistic infection such as tuberculosis, hepatitis B, or hepatitis C | 1 | | 2 | | 8 |  |
|  | Completed a referral for or was facilitated to obtain treatment for sexually transmitted infection(s) such as hepatitis B, herpes, genital warts, chlamydia, gonorrhea, or syphilis | 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 | 1 | | 2 | | 8 |  |
|  | Supplementary or therapeutic foods based on moderate or severe acute malnutrition status (per assessment, e.g., mid-upper arm circumference) for child under 5 | 1 | | 2 | | 8 | **CHILD <5 ONLY** |
|  | Completed a referral for or was facilitated to obtain immunization for child under 5 | 1 | | 2 | | 8 | **CHILD <5 ONLY** |
|  | Regularly tracked developmental milestones in child under 5 | 1 | | 2 | | 8 | **CHILD <5 ONLY** |
|  | Completed referrals for developmental support for child under 5 | 1 | | 2 | | 8 | **CHILD <5 ONLY** |
|  | Household hygiene counseling and messaging on water, hygiene, and sanitation | 1 | | 2 | | 8 |  |
|  | Safety plan [as defined in context] | 1 | | 2 | | 8 |  |
|  | Structured family group conferencing to prevent occurrence/reoccurrence of child abuse, exploitation, or neglect | 1 | | 2 | | 8 |  |
|  | Structured psychosocial support related to family conflict mitigation and family relationships | 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 other local child protection authority | 1 | | 2 | | 8 |  |
|  | Project-filed report of suspected abuse to a child protection office, the police, or other local authority | 1 | | 2 | | 8 |  |
|  | Emergency shelter/care facility | 1 | | 2 | | 8 |  |
|  | Kinship care placement and monitoring for child | 1 | | 2 | | 8 |  |
|  | Legal assistance related to maltreatment, gender-based violence, trafficking, or exploitation | 1 | | 2 | | 8 |  |
|  | Participated in an early childhood intervention with a trained provider, such as [include list of context specific interventions] | 1 | | 2 | | 8 |  |
|  | Participated in a parenting intervention to prevent and reduce violence and/or sexual risk of their children, such as [include list of context-specific interventions] | 1 | | 2 | | 8 |  |
|  | Received regular assistance/support with homework (e.g., homework club participation) | 1 | | 2 | | 8 |  |
|  | Received a school uniform, books, or other materials | 1 | | 2 | | 8 |  |
|  | Received bursary, tuition, school fees, or fee exemption | 1 | | 2 | | 8 |  |
|  | Received assistance for reenrollment (i.e., for dropouts or teen mothers) | 1 | | 2 | | 8 |  |
|  | Legal & other administrative fees related to guardianship, civil registration, or inheritance | 1 | | 2 | | 8 |  |
|  | Succession plan to ensure inheritance and financial security of family members | 1 | | 2 | | 8 |  |
|  | Cash transfer or another social grant | 1 | | 2 | | 8 |  |
|  | Short-term emergency cash support | 1 | | 2 | | 8 |  |
|  | Evidenced-based food security intervention | 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 |  |
|  | Safe shelter-related repair or construction | 1 | | 2 | | 8 |  |

**―END OF SECTION―**

**I have come to the end of my questions.**

|  |  |  |
| --- | --- | --- |
| **016.** | Is there anything you would like to add or ask us?  **Record questions or comments.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for participating in this interview!

|  |  |  |
| --- | --- | --- |
| **017.** | END TIME | [\_\_|\_\_|:[\_\_|\_\_] |

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