

## MEASURE Evaluation: Questionnaire for Street Children and Children Working in Mines, Ages 0 to 13 (Administered to the Person Most Knowledgeable or the Caregiver)

### IDENTIFICATION DATA

001.	QUESTIONNAIRE IDENTIFICATION NUMBER			
002.	PROVINCE OR STATE			
003.	DISTRICT OR LOCAL GOVERNMENT AREA			
004.	WARD			
005.	TYPE OF LOCATION <i>Circle</i>	Urban	1	
		Rural	2	
006.	TOWN/VILLAGE			
007.	NEIGHBORHOOD			
008.	GPS READINGS	Latitude	S _____._____°	
		Longitude	E _____._____°	
009.	NAME OF COMMUNITY-BASED/CIVIL SOCIETY ORGANIZATION			
010.	DATE OF REGISTRATION	Month	Day	Year
		[__]	[__]	[__][__][__]
011.	NAME OF SUPERVISOR			
012.	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

013.	INTERVIEWER	CODE		NAME	
014.	DATE INTERVIEW COMPLETED (day/month/year)				

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<b>015.</b>	START TIME	[ ][ ]:[ ][ ]
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**CHECKED BY TEAM LEADER: Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<u>Comments:</u>          
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<b>Data entered by:</b>		<b>Date (dd/mm/yyyy)</b>	
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**SECTION 1: BACKGROUND INFORMATION**

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

No.	Questions	Coding Categories	SKIP
101.	Record / Confirm Child's Name		
102.	Record / Confirm Child's Sex	Female 1 Male 2	
103.	In what month and year was [NAME] born? <b>Record 98 in Month and 9998 in Year for don't know.</b>	Month [ ][ ] Year [ ][ ][ ][ ]	
104.	Remind me, how old was [NAME] at their last birthday?  <b>Confirm with 103 and adjust if necessary. Do not leave blank. If unknown, ask caregiver to estimate.</b>	[ ][ ] years	If ages 14 to 17, administer the adolescent questionnaire. If age >17, end survey.
105.	Does [NAME] have a disability that makes it difficult for him/her to participate in daily activities?	Yes 1 No 2	If no, skip to 107.
106.	How would you describe [NAME's] disability?	Blind or partially blind 1 Deaf or partially deaf 2 He/she has difficulties learning 3 Physical 4 Other _____ 66	
107.	Does [NAME] have a birth certificate or other valid form of identification?	Yes 1 No 2 Don't know 88	If no or don't know, skip to 109.
108.	Could you please show me [NAME's] birth certificate or other valid form of identification?	Seen/confirmed 1 Not seen/not confirmed 2	

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No.	Questions	Coding Categories	SKIP
109.	Who takes care of [NAME]?  <b>Do not read the responses. Circle one primary response only.</b>	<div>Mother and/or father 1</div> <div>Sister and/or brother 2</div> <div>Aunt and/or uncle 3</div> <div>Grandmother and/or grandfather 4</div> <div>Other relative 5</div> <div>Neighbor 6</div> <div>Friend 7</div> <div>No one/self 8</div> <div>Other: _____ 66</div>	
110.	Is [NAME'S] biological mother living with them?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
111.	Is [NAME'S] biological mother still alive?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
112.	Is [NAME'S] biological father living with them?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
113.	Is [NAME'S] biological father still alive?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	<b>If age is less than 5 years old, skip to 117.</b>
114.	Does [NAME] support anyone financially?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
115.	If yes, how many people does [NAME] support?	[ ][ ] (number of dependents)	

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No.	Questions	Coding Categories	SKIP
116.	How many of these people are children that [NAME] cares for?	[__ __] (number of children)	
117.	Where does [NAME] most frequently sleep?	<div>Streets or public spaces 1</div> <div>Shelter (residential center) 2</div> <div>Divide time between street and shelter/home 3</div> <div>Alone in rented accommodation 4</div> <div>Rented accommodation with friends 5</div> <div>In relative's home (i.e., with family of origin) 6</div> <div>In rented accommodation with caregiver 7</div> <div>In own home (with caregiver) 8</div> <div>Other (specify) 66</div>	If age is less than 5 years old, skip to 119.
118.	In the past 30 days, has [NAME] been too sick to work, study, do chores, or participate in daily activities?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If age is greater than 10 years old, skip to 121.
119.	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 121.
120.	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 one hour?	[__ __] days	
121.	Does [NAME] have regular contact with a social worker, community volunteer, or other kind of community worker?	<div>Yes 1</div> <div>No 2</div>	

—END OF SECTION—

## SECTION 2: CHILD EDUCATION AND WORK

No.	Questions	Coding Categories	SKIP
201.	Age of child	5 years or older      1 3–4 years              2 0–2 years              3	If 3, skip to 301. If 2, skip to 212.
	I now have some questions for you about [NAME's] schooling		
202.	Is [NAME] currently enrolled in school?	Yes      1 No        2	If no, skip to 207.
203.	In the past school month, did [NAME] miss four or more days of school for any reason?	Yes      1 No        2	If no, skip to 206.
204.	During the past school week (that was not an exam week), did [NAME] miss any school days for any reason?	Yes      1 No        2	If no, skip to 206.
205.	Why did [NAME] miss school days during the past school week?  <b>Do not read the responses. Circle one primary response.</b>	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	
206.	What grade/form/year is [NAME] in <u>now</u> ?	[    ]	All, skip to 209.
207.	Why is [NAME] not enrolled in school?  <b>Do not read the responses. Circle one primary response.</b>	No money for school materials, transport      1 Too sick to attend school                              2 School is too far away / no school                              3 Have to work to help family                                  4	

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No.	Questions	Coding Categories	SKIP
		<div>Have to care for sick household members 5</div> <div>Parent/guardian does not want them to go to school 6</div> <div>Doesn't like school 7</div> <div>School was not in session 8</div> <div>Other: _____ 66</div>	
208.	Has [NAME] <u>ever</u> attended school?	<div>Yes 1</div> <div>No 2</div>	If no, skip to 213.
209.	Was [NAME] enrolled in school during the previous school year?	<div>Yes 1</div> <div>No 2</div>	If no, skip to 211.
210.	What grade/form/year was [NAME] in during the <u>previous school year</u> ?	[ ] [ ]	All, skip to 213.
211.	What is the highest grade/form/year that [NAME] has <u>completed</u> ?	[ ] [ ]	All, skip to 213.
212.	Does [NAME] attend any organized or early childhood education program, such as a private or government facility, including kindergarten or community child care?	<div>Yes 1</div> <div>No 2</div>	
	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?		
213.	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?	<div>Yes 1</div> <div>No 2</div>	
214.	Did [NAME] help in a family business or a relative's business with or without pay, or run (his/her) own business?	<div>Yes 1</div> <div>No 2</div>	
215.	Did [NAME] produce or sell articles, handicrafts, clothes, food, or agricultural products?	<div>Yes 1</div> <div>No 2</div>	
216.	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?	<div>Yes 1</div> <div>No 2</div>	

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No.	Questions	Coding Categories	SKIP
217.	<b>Check 213–216:</b>	At least one “Yes” 1 All answers are “No” 2	<b>If No, skip to 228.</b>
218.	Since last (day of the week) about how many hours did [NAME] engage in (this activity/these activities), in total?  <i>If less than one hour, record “00”</i>	Number of hours [ _ _ ]	
219.	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	
220.	(Does the activity/Do these activities) require carrying heavy loads?	Yes 1 No 2	
221.	(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 of [NAME]?		
222.	Is (he/she) exposed to dust, fumes, or gas?	Yes 1 No 2	



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No.	Questions	Coding Categories	SKIP
223.	Is (he/she) exposed to extreme cold, heat, or humidity?	Yes 1 No 2	
224.	Is (he/she) exposed to loud noise or vibration?	Yes 1 No 2	
225.	Is (he/she) required to work at heights?	Yes 1 No 2	
226.	Is (he/she) required to work with chemicals, such as pesticides, glues, and similar chemicals, or explosives?	Yes 1 No 2	
227.	Is [NAME] exposed to other things, processes, or conditions bad for (his/her) health or safety?	Yes 1 No 2	
228.	Since last (day of the week), did [NAME] fetch water or firewood for use?	Yes 1 No 2	If no, skip to 230.
229.	In total, how many hours did [NAME] spend fetching water or firewood for 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?		
230.	Shopping for the family?	Yes 1 No 2	
231.	Cooking?	Yes 1 No 2	
232.	Washing dishes or cleaning the dwelling?	Yes 1 No 2	
233.	Washing clothes?	Yes 1 No 2	
234.	Caring for children?	Yes 1 No 2	

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No.	Questions	Coding Categories	SKIP
235.	Caring for someone old or sick?	<div>Yes 1</div> <div>No 2</div>	
236.	Other tasks?	<div>Yes 1</div> <div>No 2</div>	
237.	<b>Check 230–236:</b>	<div>At least one “Yes” 1</div> <div>All answers are “No” 2</div>	<b>If 217 is no and 237 is no, skip to 301.</b>
238.	<p>Since last (day of the week), about how many hours did [NAME] engage in (this activity/these activities), in total?</p> <p><b>If less than one hour, record “00”</b></p>	<p>Number of hours</p> <p>[ _ ]</p>	
239.	<p>What did [NAME] do with the money (he/she) gets? Anything else?</p> <p><b>Circle all responses mentioned. Probe with response categories, if necessary.</b></p>	<div>Give to parents /guardians 1</div> <div>Pay for his/her school expenses 2</div> <div>Pay for school expenses of others 3</div> <div>Buy food for him/herself 4</div> <div>Buy food for others 5</div> <div>Buy other things for him/herself 6</div> <div>Save it 7</div> <div>Other:_____ 66</div>	
240.	How often does work or chores interfere with [NAME’S] school?	<div>Always 1</div> <div>Sometimes 2</div> <div>Never 3</div> <div>Don’t know/refused 88</div>	

**Questionnaire for Children (Ages 0 to 13), Street Children and Children Working in Mines, Version 1.0**

No.	Questions	Coding Categories	SKIP
241.	How often does work or chores interfere with [NAME'S] sleep?	<div>Always 1</div> <div>Sometimes 2</div> <div>Never 3</div> <div>Don't know/refused 88</div>	

—END OF SECTION—

**SECTION 3: FOOD SECURITY**

Now I have a few questions about [NAME's] food consumption.

No.	Questions	Coding Categories		SKIP
301.	In the past four <u>weeks</u> , was there ever no food to eat of any kind for [NAME] because of a lack of resources to get food?	Yes	1	If no, skip to 303.
		No	2	
302.	How many times did this happen? <b>Read the responses.</b>	Rarely (1–2 times in the past 4 weeks)	1	
		Sometimes (3–10 times in the past 4 weeks)	2	
		Often (more than 10 times in the past 4 weeks)	3	
303.	In the past four <u>weeks</u> , did [NAME] go to sleep hungry at night because there was not enough food?	Yes	1	If no, skip to 305.
		No	2	
304.	How many times did this happen? <b>Read the responses.</b>	Rarely (1–2 times in the past 4 weeks)	1	
		Sometimes (3–10 times in the past 4 weeks)	2	
		Often (more than 10 times in the past 4 weeks)	3	
305.	In the past four <u>weeks</u> , did [NAME] go a whole day and night without eating anything because there was not enough food?	Yes	1	If no, skip to 401.
		No	2	
306.	How many times did this happen? <b>Read the responses.</b>	Rarely (1–2 times in the past 4 weeks)	1	
		Sometimes (3–10 times in the past 4 weeks)	2	
		Often (more than 10 times in the past 4 weeks)	3	

— END OF SECTION —

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### SECTION 4: CHILD MENTAL WELL-BEING

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
401.	Considerate of other people's feelings	Certainly true	1	
		Somewhat true	2	
		Not true	3	
402.	Restless, overactive, cannot stay still for long	Certainly true	1	
		Somewhat true	2	
		Not true	3	
403.	Often complains of headaches, stomachaches, or sickness	Certainly true	1	
		Somewhat true	2	
		Not true	3	
404.	Shares readily with other children, for example toys, treats, pencils	Certainly true	1	
		Somewhat true	2	
		Not true	3	
405.	Often loses temper	Certainly true	1	
		Somewhat true	2	
		Not true	3	
406.	Rather solitary; prefers to play alone	Certainly true	1	
		Somewhat true	2	
		Not true	3	
407.	Generally well behaved, usually does what adults request	Certainly true	1	
		Somewhat true	2	
		Not true	3	

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No.	Questions	Coding Categories		SKIP
408.	Many worries; often seems worried	Certainly true	1	
		Somewhat true	2	
		Not true	3	
409.	Helpful if someone is hurt, upset, or feeling ill	Certainly true	1	
		Somewhat true	2	
		Not true	3	
410.	Constantly fidgeting or squirming	Certainly true	1	
		Somewhat true	2	
		Not true	3	
411.	Has at least one good friend	Certainly true	1	
		Somewhat true	2	
		Not true	3	
412.	Often fights with other children or bullies them	Certainly true	1	
		Somewhat true	2	
		Not true	3	
413.	Often unhappy, downhearted, or tearful	Certainly true	1	
		Somewhat true	2	
		Not true	3	
414.	Generally liked by other children	Certainly true	1	
		Somewhat true	2	
		Not true	3	
415.	Easily distracted; concentration wanders	Certainly true	1	
		Somewhat true	2	
		Not true	3	

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No.	Questions	Coding Categories		SKIP
416.	Nervous or clingy in new situations; easily loses confidence	Certainly true	1	
		Somewhat true	2	
		Not true	3	
417.	Kind to younger children	Certainly true	1	If age is 2–4, skip to 419. If age is 4–13, continue.
		Somewhat true	2	
		Not true	3	
418.	Often lies or cheats	Certainly true	1	Skip to 420.
		Somewhat true	2	
		Not true	3	
419.	Often argumentative with adults	Certainly true	1	
		Somewhat true	2	
		Not true	3	
420.	Picked on or bullied by other children	Certainly true	1	
		Somewhat true	2	
		Not true	3	
421.	Often offers to help others (parents, teachers, other children)	Certainly true	1	If age is 2–4, skip to 424. If age is 4–13, continue.
		Somewhat true	2	
		Not true	3	
422.	Thinks things out before acting	Certainly true	1	
		Somewhat true	2	
		Not true	3	
423.	Steals from home, school, or elsewhere	Certainly true	1	Skip to 426.
		Somewhat true	2	
		Not true	3	

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No.	Questions	Coding Categories	SKIP
424.	Can stop and think things out before acting	<div>Certainly true 1</div> <div>Somewhat true 2</div> <div>Not true 3</div>	
425.	Can be spiteful to others	<div>Certainly true 1</div> <div>Somewhat true 2</div> <div>Not true 3</div>	
426.	Gets along better with adults than with other children	<div>Certainly true 1</div> <div>Somewhat true 2</div> <div>Not true 3</div>	
427.	Many fears; easily scared	<div>Certainly true 1</div> <div>Somewhat true 2</div> <div>Not true 3</div>	
428.	Good attention span, sees work through to the end	<div>Certainly true 1</div> <div>Somewhat true 2</div> <div>Not true 3</div>	

—END OF SECTION—



**SECTION 5: 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.			
501.	When was [NAME]'s most recent HIV test? <b>Read the response options. Circle all that apply.</b>	In the past 12 months	A	<b>If never tested, don't know, or refused, skip to 601.</b>
		More than 12 months ago	B	
		Never tested	C	
		Don't know/refused	X	
502.	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 their 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	<b>If not HIV positive (2–4, 88), skip to 601.</b>
		HIV negative	2	
		Unknown/indeterminate	3	
		Did not receive results	4	
		Don't know/refused	88	
503.	Has [NAME] ever received HIV medical care from a doctor, clinical officer, or nurse?	Yes	1	
		No	2	
		Don't know/refused	88	
504.	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 antiretroviral drugs to treat (his/her) HIV infection?	Yes	1	<b>If no, don't know, or refused, skip to 601.</b>
		No	2	
		Don't know/refused	88	
505.	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	<b>If no, don't know, or refused, skip to 601.</b>
		No	2	
		Don't know/refused	88	
506.	When did [NAME] start taking ARVs? Estimate the month and year.	Month [ ] [ ]	Year [ ] [ ] [ ] [ ]	

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No.	Questions	Coding Categories		SKIP
507.	Has [NAME] taken ARVs during the past six months?	Yes	1	
		No	2	
		Don't know/refused	88	
508.	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	
509.	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 511.
		No	2	
		Don't know/refused	88	
510.	What are the reasons why [NAME] stopped taking antiretroviral drugs?	They made him/her sick	1	
		They did not work	2	
		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	
511.	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? <b>CODE "00" IF NONE</b>	[__ __] Number of days		
		Don't know/refused	88	

—END OF SECTION—

**SECTION 6: DRUG AND ALCOHOL USE**

If the child is less than 5 years of age, skip to 801.

No.	Questions	Coding Categories		SKIP
601.	In the past 30 days, on how many days did [NAME] drink alcohol to the point that he/she became drunk?	0	1	If 0, don't know, or refused, skip to 603.
		1–30	2	
		Don't know/refused	88	
602.	Does [NAME] want to stop using alcohol, but feels unable to do so?	Yes	1	
		No	2	
		Don't know/refused	88	
603.	In the past 30 days, has [NAME] ever used drugs, such as marijuana, pills, or ecstasy, or sniffed any chemical, such as petrol or glue?	Yes	1	If no, don't know, or refused, skip to 701.
		No	2	
		Don't know/refused	88	
604.	Does [NAME] want to stop using drugs but feels unable to do so?	Yes	1	
		No	2	
		Don't know/refused	88	

—END OF SECTION—

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### SECTION 7: VIOLENCE

If the child is less than 5 years of age, skip to 801. Sometimes people, even children, experience violence or abuse in their households or in other places outside the household. I want to ask you some questions about violence and abuse. I will ask you some questions about whether [NAME] has witnessed or experienced violence and abuse. All your answers are confidential, and I will not tell anyone what you said.

No.	Questions	Coding Categories	SKIP
701.	In the past six months, are you aware of [NAME] seeing or hearing anyone getting punched, kicked, or beaten up?	Never 1 Once 2 Few times 3 Many times 4 Don't know/refused 88	
702.	In the past six months, are you aware of any adult ridiculing or putting down [NAME], for example, saying that he/she was stupid or useless?	Yes 1 No 2 Don't know/refused 88	
703.	In the past six months, are you aware of [NAME] being punched, kicked, or beaten by an adult?	Yes 1 No 2 Don't know/refused 88	
704.	In the past six months, are you aware of [NAME] being touched in a sexual way or forced to have sex against his/her will? Touching in a sexual way could include fondling, pinching, grabbing, or touching a child on or around his or her sexual body parts.	Yes 1 No 2 Don't know/refused 88	
705.	<b>CHECK 702–704:</b>	At least one “Yes” 1 No “Yes” responses 2	<b>If 2, skip to 801.</b>
706.	In the past six months, did [NAME] receive any help for any of these experiences from a hospital/clinic, helpline, social welfare, or legal office?	Yes 1 No 2 Don't know/refused 88	<b>If no, don't know, or refused, skip to 801.</b>

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No.	Questions	Coding Categories	SKIP
707.	What kind of help did [NAME] receive?	Post-exposure prophylaxis 1	
		Medical exam 2	
		Counseling by a professional 3	
		Session with the police or local child protection authority 4	
		Placement in emergency shelter care/facility 5	
		Legal assistance 6	
		Other:_____ 66	
		Don't know/refused 88	

—END OF SECTION—

## SECTION 8: PROGRAM SERVICES RECEIVED

No.	Questions	Coding Categories	SKIP
801.	<p><b>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</b></p> <p>I am going to read a list of items and services. Please tell me if you and/or [NAME] received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> <li>• at home</li> <li>• at a community event/community space</li> <li>• completing a referral for the item/service</li> <li>• being transported/accompanied to a facility that provides the item/service.</li> </ul> <p><b>Read each item(s)/service(s). Circle the final responses.</b></p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
		Y N DK	
01.	Individual health insurance coverage or health access card	1 2 8	
02.	Family health insurance coverage or health access card	1 2 8	
03.	Insecticide-treated mosquito net	1 2 8	
04.	HIV treatment literacy	1 2 8	
05.	Counseling and HIV disclosure support	1 2 8	
06.	<p>HIV adherence support</p> <p><b>Define adherence as necessary:</b> 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.</p> <p><b>Provide examples as necessary:</b> 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.</p>	1 2 8	
07.	Completed a referral for or was facilitated to obtain HIV testing services	1 2 8	
08.	Completed a referral for or was facilitated to obtain HIV testing for infant at 4–6 weeks of age	1 2 8	
09.	Completed a referral for or was facilitated to obtain testing for tuberculosis	1 2 8	
010.	Completed a referral for or was facilitated to obtain CD4 and viral load testing	1 2 8	

**Questionnaire for Children (Ages 0 to 13), Street Children and Children Working in Mines, Version 1.0**

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<b>801.</b>	<p><b>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</b></p> <p>I am going to read a list of items and services. Please tell me if you and/or [NAME] received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> <li>• at home</li> <li>• at a community event/community space</li> <li>• completing a referral for the item/service</li> <li>• being transported/accompanied to a facility that provides the item/service.</li> </ul> <p><b>Read each item(s)/service(s). Circle the final responses.</b></p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
011.	Completed a referral for or was facilitated to obtain HIV treatment and care	1 2 8	
012.	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	
013.	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	
014.	Completed a referral for or was facilitated to obtain routine healthcare	1 2 8	
015.	Completed a referral for or was facilitated to obtain emergency healthcare	1 2 8	
016.	Structured support group for people living with HIV	1 2 8	
017.	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	
018.	Completed a referral for or was facilitated to obtain immunization for child under 5	1 2 8	
019.	Regularly tracked developmental milestones in child under 5	1 2 8	
020.	Completed referrals for developmental support for child under 5	1 2 8	
021.	Completed a referral for or was facilitated to obtain pre-exposure prophylaxis	1 2 8	
022.	Completed a referral for or was facilitated to obtain condoms and/or lubricant	1 2 8	
023.	Completed a referral for or was facilitated to obtain voluntary medical male circumcision	1 2 8	<b>MALE CHILD ONLY</b>

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024.	Completed a referral for or was facilitated to obtain women's health counseling and/or products, including condoms	1    2    8	
025.	Completed a referral for or was facilitated to obtain substance abuse support by a trained provider	1    2    8	
026.	Household hygiene counseling and messaging on water, hygiene, and sanitation	1    2    8	
027.	Safety plan [as defined in context]	1    2    8	
028.	Structured family group conferencing to prevent occurrence/reoccurrence of child abuse, exploitation, or neglect	1    2    8	
029.	Structured psychosocial support related to family conflict mitigation and family relationships	1    2    8	
030.	Post-violence trauma-informed counseling from a trained provider	1    2    8	
031.	Completed a referral for or was facilitated to obtain post-violence medical care	1    2    8	
032.	Session with a child protection officer, the police, or other local child protection authority	1    2    8	
033.	Project-filed report of suspected abuse to a child protection office, the police, or other local authority	1    2    8	
034.	Emergency shelter/care facility	1    2    8	
035.	Kinship care placement and monitoring for children	1    2    8	
036.	Legal assistance related to maltreatment, gender-based violence, trafficking, or exploitation	1    2    8	



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037.	Structured safe spaces intervention, such as [include list of context-specific interventions]	1    2    8	
038.	Participated in intervention on preventing HIV and violence, and in reducing and avoiding sexual risk, such as [include list of context-specific interventions]	1    2    8	
039.	Received regular assistance/support with homework (e.g., homework club participation)	1    2    8	
040.	Received a school uniform, books, or other materials	1    2    8	
041.	Received bursary, tuition, school fees, or fee exemption	1    2    8	
042.	Received assistance for reenrollment (i.e., for dropouts or teen mothers)	1    2    8	
043.	Legal & other administrative fees related to guardianship, civil registration, or inheritance	1    2    8	
044.	Succession plan to ensure inheritance and financial security of family members	1    2    8	
045.	Cash transfer or another social grant	1    2    8	
046.	Short-term emergency cash support	1    2    8	
047.	Evidenced-based food security intervention	1    2    8	
048.	<p>Regularly participated in a <u>market-linked</u> economic strengthening activity, such as:</p> <ul style="list-style-type: none"> <li>a. financial literacy training</li> <li>b. business skills training</li> <li>c. entrepreneurship training and support</li> <li>d. agribusiness training</li> <li>e. women's economic empowerment</li> </ul>	1    2    8	

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	<p>f. savings groups</p> <p>g. linkages to formal financial institutions (banks, credit unions, microfinance institutions, etc.)</p> <p>h. numeracy training</p> <p>i. soft skills training (job readiness, borrower training, career planning, etc.)</p> <p>j. small business support (business planning, market linkages, etc.)</p>		
049.	Safe shelter-related repair or construction	1    2    8	

—END OF SECTION—

I have come to the end of my questions.

No.	Question	Coding Category
016.	<p>Is there anything you would like to add or ask us?</p> <p><b>Record questions or comments.</b></p>	<hr/> <hr/> <hr/> <hr/>

Thank you for participating in this interview!

017.	END TIME	[ ]:[ ]:[ ]
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