

# Graduation Benchmarks Assessment Tool for Orphans and Vulnerable Children Programs

## Instructions for Graduation Benchmarks Assessment:

The caseworker should complete this form with each household to assess whether the household is ready to graduate from the program for orphans and vulnerable children (OVC). **Before meeting with the primary caregiver or other members of the household, the caseworker should first go through the questionnaire below and pre-fill it with information already gathered and available in the household’s casefile.** Throughout the document, instructions to the caseworker are given in **bold type**. Caseworkers can also use a one-page scoring sheet (Appendix 1) to reduce printing costs.

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

Benchmarks	Beneficiaries					Households
	All ages	HIV +	10–17 yrs	0–4 yrs	School age	
Known HIV status (or test not required)	✓					
Adherent / Virally suppressed		✓				
Knowledgeable about HIV prevention			✓			
Not malnourished				✓		
Financially stable						✓
No violence reported						✓
Not in a child-headed household						✓
Children in school					✓	

The

benchmarks apply to individuals and households as follows:

## Cover Sheet

Date of assessment: \_\_\_\_\_ Name of CBO: \_\_\_\_\_

Name of caseworker conducting assessment: \_\_\_\_\_

Household (HH) ID: \_\_\_\_\_ Date HH enrolled in project: \_\_\_\_\_

Has HH been previously assessed for graduation? No  Yes  on date(s): \_\_\_\_\_

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, adolescent, or youth	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 members 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 caseworker 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, adolescent, or youth	Age	Gender (M/F)	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"/>

Benchmark 1 (1.1.1): Known HIV status (or test not required)	
Question	Response
<p><b>Answer the following questions using the casefile:</b></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>1.2. 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>1.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>1.2. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
If Questions 1.1 and 1.2 are answered Yes, Benchmark 1 has been met.	<p><b>Has Benchmark 1 been met?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Benchmark 2 (1.2.1): Virally suppressed	
Question	Response
<p><b>If there is no child, adolescent, youth, or primary caregiver in the household living with HIV, skip this section. Tick Not Applicable (N/A) and proceed to Benchmark 3.</b></p> <p><b>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 whether viral load testing results have been documented in the casefile.</b></p>	<p>N/A <input type="checkbox"/></p> <p>Beneficiary’s ID:</p> <p>_____</p>
<p><b>Option (a): Complete this section if viral load testing results are documented in the casefile. Answer the following question using the casefile.</b></p> <p>2.1. Has this beneficiary been documented as virally suppressed (&lt;1,000 copies/mL) for the past 12 months?</p>	<p>2.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Option (b): Complete this section if viral load testing results are not documented in the casefile. Answer the following question using the casefile.</b></p> <p>2.2. In the past 12 months, has this beneficiary been regularly attending ART appointments and picking up ART pills on schedule? <i>This means that the casefile shows that at <u>every</u> monthly or quarterly visit in the past 12 months, the beneficiary was regularly attending ART appointments and picking up ART pills on schedule.</i></p> <p>2.3. In the past 12 months, has this beneficiary been taking antiretroviral therapy (ART) pills as prescribed? <i>This means that the casefile shows that at <u>every</u> monthly or quarterly visit in the past 12 months, the beneficiary was taking ART pills as prescribed.</i></p>	<p>2.2. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.3. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Option (a):</b> If Question 2.1 is answered Yes, the beneficiary has met Benchmark 2.</p> <p><b>Option (b):</b> If Questions 2.2 and 2.3 are answered Yes, the beneficiary has met Benchmark 2.</p>	<p><b>Has Benchmark 2 been met for this beneficiary?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Benchmark 3 (1.3.1): Knowledgeable about HIV prevention	
Question	Response
<p><b>If there is no adolescent ages 10–17 in the household, skip this section. Tick N/A and proceed to Benchmark 4.</b></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 by 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><b>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?”</b></p> <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”)</p> <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><b>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?”</b></p> <p><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> <p><b>This section involves open-ended questions that will require you to make a judgment regarding whether Benchmark 3 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.</b></p>	<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>
<p>If Questions 3.1 <u>and</u> 3.2 are answered Yes, this beneficiary has met Benchmark 3.</p>	<p><b>Has Benchmark 3 been met for this beneficiary?</b>  Yes <input type="checkbox"/>      No <input type="checkbox"/></p>

Benchmark 4 (1.4.1): Not undernourished	
Question	Response
<p><b>If there are no children &lt;5 years of age in the household, skip this section. Tick N/A and proceed to Benchmark 5.</b></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? <input type="checkbox"/></p> <p>4.2. Is the child free of any signs of bipedal edema? <input type="checkbox"/></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 and 4.2 are answered Yes (for a child ages 6-59 months), the child has met Benchmark 4.</p> <p><b>If a child under the age of 6 months looks undernourished according to your judgment, tick No.</b></p>	<p><b>Has Benchmark 4 been met for this beneficiary?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**Benchmark 5 (2.1.1): Improved financial stability**

Question	Response
<b>The following questions should be asked of one primary caregiver as defined by the project.</b>	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 a 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 or grant 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.	<b>Has Benchmark 5 been met?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Benchmark 6 (3.1.1): No violence</b>	
<b>Question</b>	<b>Response</b>
<p><b>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.</b></p>	<p>Primary caregiver's ID:</p> <hr/>
<p><b>Read to caregiver:</b> 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><b>Has Benchmark 6 been met?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b>Benchmark 7 (3.1.2): Not in a child-headed household</b>	
<b>Question</b>	<b>Response</b>
<b>Answer the following question using the casefile and your knowledge of the household. A stable adult caregiver is defined as an adult who has cared for and lived in the same household as the child or adolescent for at least the past 12 months.</b>	
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.	<b>Has Benchmark 7 been met?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Benchmark 8 (4.1.1): Children in school</b>	
<b>Question</b>	<b>Response</b>
<b>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.</b>	N/A <input type="checkbox"/>
<b>The following questions should be asked of the primary caregiver as defined by the project (one caregiver only). Review available records if possible.</b>	
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.	<b>Has Benchmark 8 been met?</b> 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: Is the household ready to graduate?

<b>Benchmark 1</b> (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"/>
<b>Benchmark 2</b> (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"/>
<b>Benchmark 3</b> (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"/>
<b>Benchmark 4</b> (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"/>
<b>Benchmark 5</b> (2.1.1): Improved financial stability	
Has Benchmark 5 been met for the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Benchmark 6</b> (3.1.1): No violence	
Has Benchmark 6 been met for the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Benchmark 7</b> (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"/>
<b>Benchmark 8</b> (4.1.1): Children in school	
Has Benchmark 8 been met for all school-age children and adolescents in the household?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Have all applicable benchmarks been met?</b> (Benchmarks 1–8 ticked Yes or N/A)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If all applicable benchmarks have been met, congratulate the household.  
They are ready to graduate!**

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

DRAFT UNDER REVIEW

## BENCHMARK 2: ADDITIONAL PAGE

Benchmark 2 <sup>(1.2.1)</sup> : Virally suppressed	
Question	Response
<p><b>If there is no child, adolescent, youth, or primary caregiver in the household living with HIV, skip this section. Tick N/A and proceed to Benchmark 3.</b></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 whether viral load testing results have been documented in the casefile.</p>	<p>N/A <input type="checkbox"/></p> <p>Beneficiary's ID: _____</p>
<p><b>Option (a): Complete this section if viral load testing results are documented in the casefile. Answer the following question using the casefile.</b></p> <p>2.1. Has this beneficiary been documented as virally suppressed (&lt;1,000 copies/mL) for the past 12 months?</p>	<p>2.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Option (b): Complete this section if viral load testing results are not documented in the casefile. Answer the following question using the casefile.</b></p> <p>2.2. In the past 12 months, has this beneficiary been regularly attending ART appointments and picking up ART pills on schedule? <i>This means that the casefile shows that at <u>every</u> monthly or quarterly visit in the past 12 months, the beneficiary was regularly attending ART appointments and picking up ART pills on schedule.</i></p> <p>2.3. In the past 12 months, has this beneficiary been taking antiretroviral therapy (ART) pills as prescribed? <i>This means that the casefile shows that at <u>every</u> monthly or quarterly visit in the past 12 months, the beneficiary was taking ART pills as prescribed.</i></p>	<p>2.2. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.3. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Option (a):</i> If Question 2.1 is answered Yes, the beneficiary has met Benchmark 2.</p> <p><i>Option (b):</i> If Questions 2.2 <u>and</u> 2.3 are answered Yes, the beneficiary has met Benchmark 2.</p>	<p><b>Has Benchmark 2 been met for this beneficiary?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## BENCHMARK 3: ADDITIONAL PAGE

<b>Benchmark 3</b> <sup>(1.3.1)</sup> : Knowledgeable about HIV prevention															
Question	Response														
<p style="color: red; margin: 0;"><b>If there is no adolescent ages 10–17 in the household, skip this section. Tick N/A and proceed to Benchmark 4.</b></p> <p style="margin: 0;">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><b>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?”</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Early sex (starting sex young)</td> <td style="width: 50%;"><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 (transactional sex, having a “sugar daddy”)</td> </tr> <tr> <td><input type="checkbox"/> Sex with a partner who has multiple partners</td> <td></td> </tr> </table> <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><b>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?”</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Having one sexual partner</td> <td style="width: 50%;"><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><b>This section involves open-ended questions that will require you to make a judgment regarding whether Benchmark 3 has been met. The criterion is that the adolescent demonstrates understanding of HIV risk and prevention, not that he or she gives an answer matching the questionnaire word for word.</b></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 (transactional sex, having a “sugar daddy”)	<input type="checkbox"/> Sex with a partner who has multiple partners		<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 (transactional sex, having a “sugar daddy”)														
<input type="checkbox"/> Sex with a partner who has multiple partners															
<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 <u>and</u> 3.2 are answered Yes, this beneficiary has met Benchmark 3.</p>	<p><b>Has Benchmark 3 been met for this beneficiary?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														

## BENCHMARK 4: ADDITIONAL PAGE

<b>Benchmark 4</b> (1.4.1): Not undernourished	
Question	Response
<p style="color: red; margin: 0;"><b>If there are no children &lt;5 years of age in the household, skip this section. Tick N/A and proceed to Benchmark 5.</b></p> <p style="margin: 0;">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 style="margin: 0;">The following assessment should be done for <u>each</u> child ages 6- 59 months.</p> <p style="margin: 0;">Use additional pages if necessary.</p>	<p>N/A <input type="checkbox"/></p> <p>Child's ID:</p> <hr style="width: 80%; margin-left: 0;"/>
<p style="margin: 0;"><b>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.</b></p> <p style="margin: 0;">4.1. Is the child's MUAC more than 12.5 cm?</p> <p style="margin: 0;">4.2. Is the child free of any signs of bipedal edema?</p>	<p style="margin: 0;">4.1. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin: 0;">4.2. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p style="margin: 0;">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 style="color: red; margin: 0;"><b>If a child under the age of 6 months looks undernourished according to your judgment, tick No.</b></p>	<p style="margin: 0;"><b>Has Benchmark 4 been met for this beneficiary?</b></p> <p style="margin: 0;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

# APPENDIX 1. Graduation Benchmarks Assessment Scoring Sheet

HH ID: \_\_\_\_\_

Benchmark 1 <sup>(1.1.1)</sup> : Known HIV status (or test not required)					
ID: _____	ID: _____	ID: _____	ID: _____	ID: _____	ID: _____
1.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	1.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	1.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	1.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	1.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	1.1. Yes <input type="checkbox"/> No <input type="checkbox"/>
2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>
If Questions 1.1 and 1.2 are answered Yes for all members of the HH, Benchmark 1 has been met for the household (HH). Has Benchmark 1 been met for the HH? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
Benchmark 2 <sup>(1.2.1)</sup> : Virally suppressed					
ID: _____	ID: _____	ID: _____	ID: _____	ID: _____	ID: _____
2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.1. Yes <input type="checkbox"/> No <input type="checkbox"/>
2.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.2. Yes <input type="checkbox"/> No <input type="checkbox"/>
2.3. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.3. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.3. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.3. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.3. Yes <input type="checkbox"/> No <input type="checkbox"/>	2.3. Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Option (a):</i> If Questions 2.1 is answered Yes, the beneficiary has met Benchmark 2. <i>Option (b):</i> If Questions 2.2 and 2.3 are answered Yes, the beneficiary has met Benchmark 2. <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></span> Each HIV+ beneficiary must meet Benchmark 2 through Option (a) or Option (b) for Benchmark 2 to be met for the HH. Has Benchmark 2 been met for the HH? <span style="float:right">N/A if no HIV+ in HH</span>					
Benchmark 3 <sup>(1.3.1)</sup> : Knowledgeable about HIV prevention					
ID: _____	ID: _____	ID: _____	ID: _____	ID: _____	ID: _____
3.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.1. Yes <input type="checkbox"/> No <input type="checkbox"/>
3.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	3.2. Yes <input type="checkbox"/> No <input type="checkbox"/>
If Questions 3.1 and 3.2 are answered Yes for all adolescents ages 10-17 in the HH, Benchmark 3 has been met for the household. Has Benchmark 3 been met for the HH? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></span> N/A if no ages 10-17 in HH					
Benchmark 4 <sup>(1.4.1)</sup> : Not undernourished					
ID: _____	ID: _____	ID: _____	ID: _____	ID: _____	ID: _____
4.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.1. Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2. Yes <input type="checkbox"/> No <input type="checkbox"/>
If Questions 4.1 and 4.2 are answered Yes for all children ages 6 - 59 months in the HH, and no children under the age of 6 months appear undernourished according to caseworker judgment, Benchmark 4 has been met for the HH. Has Benchmark 4 been met for the HH? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></span> N/A if no <5 years in HH					
Benchmark 5 <sup>(2.1.1)</sup> : Improved financial stability					
5.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	5.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	5.3. Yes <input type="checkbox"/> No <input type="checkbox"/>	5.4. Yes <input type="checkbox"/> No <input type="checkbox"/>	5.5. Yes <input type="checkbox"/> No <input type="checkbox"/>	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 all answered Yes, Benchmark 5 has been met for the HH. Has Benchmark 5 been met for the HH? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
Benchmark 6 <sup>(3.1.1)</sup> : No violence					
6.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	6.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	6.3. Yes <input type="checkbox"/> No <input type="checkbox"/>	6.4. Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Questions 6.1, 6.2, 6.3, and 6.4 are all answered No, Benchmark 6 has been met for the HH. Has Benchmark 6 been met for the HH? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
Benchmark 7 <sup>(3.1.2)</sup> : Not in a child-headed household					
7.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	If Question 7.1 is answered Yes, Benchmark 7 has been met for the HH. Has Benchmark 7 been met for the household?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Benchmark 8 <sup>(4.1.1)</sup> : Children in school					
8.1. Yes <input type="checkbox"/> No <input type="checkbox"/>	8.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	8.3. Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Questions 8.1, 8.2, and 8.3 are answered Yes, Benchmark 8 has been met for the HH. Has Benchmark 8 been for the HH? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></span> N/A if no school-age in HH					
Have all applicable benchmarks been met?					
(Benchmarks 1–8 ticked Yes or N/A)					Yes <input type="checkbox"/> No <input type="checkbox"/>

**If all applicable benchmarks have been met, congratulate the household. They are ready to graduate!**

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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TL-18-21

