

M&E: ORGANISATION QUESTIONNAIRE

FORM I

\_M&E5number:

Questionnaire processing dates:  
 Corrections completed   
 Data entered

QUESTIONNAIRE IDENTIFICATION

Q001 District: Makoni  1 NB Separate form for each district.  
 Mutasa  2  
 Nyanga  3

Q002 Organisation name: \_\_\_\_\_

Q003 Respondent name (first, last): \_\_\_\_\_

Q004 Respondent's job title: \_\_\_\_\_

Q005 Contact information:  
 Telephone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_

INTERVIEWER VISIT 1 2 3

Q006 Date: \_\_\_\_\_

Q007 Time: \_\_\_\_\_

Q008 Interviewer: \_\_\_\_\_

Q009 Result\*:

CHECKED BY SUPERVISOR

Q010 Signature: \_\_\_\_\_

Q011 Date: \_\_\_\_\_

- \*RESULT CODES
- |                          |   |
|--------------------------|---|
| Completed                | 1 |
| Respondent not available | 2 |
| Refused                  | 3 |
| Partially completed      | 4 |
| Other (specify) _____    | 8 |

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																																																																																														
Q101	<p><b><u>Record type of organisation.</u></b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Government - central</td><td style="text-align: right;">1</td><td style="width: 20px;"><input type="checkbox"/></td></tr> <tr><td>Government - council</td><td style="text-align: right;">2</td><td><input type="checkbox"/></td></tr> <tr><td>Parastatal</td><td style="text-align: right;">3</td><td><input type="checkbox"/></td></tr> <tr><td>NGO - faith-based</td><td style="text-align: right;">4</td><td><input type="checkbox"/></td></tr> <tr><td>NGO - other</td><td style="text-align: right;">5</td><td><input type="checkbox"/></td></tr> <tr><td>Mission / church</td><td style="text-align: right;">6</td><td><input type="checkbox"/></td></tr> <tr><td>Community (non-church, non-NGO)</td><td style="text-align: right;">7</td><td><input type="checkbox"/></td></tr> <tr><td>Private sector (for profit)</td><td style="text-align: right;">8</td><td><input type="checkbox"/></td></tr> <tr><td>Other (specify)</td><td style="text-align: right;">9</td><td><input type="checkbox"/></td></tr> <tr><td>Don't know</td><td style="text-align: right;">98</td><td><input type="checkbox"/></td></tr> </table>	Government - central	1	<input type="checkbox"/>	Government - council	2	<input type="checkbox"/>	Parastatal	3	<input type="checkbox"/>	NGO - faith-based	4	<input type="checkbox"/>	NGO - other	5	<input type="checkbox"/>	Mission / church	6	<input type="checkbox"/>	Community (non-church, non-NGO)	7	<input type="checkbox"/>	Private sector (for profit)	8	<input type="checkbox"/>	Other (specify)	9	<input type="checkbox"/>	Don't know	98	<input type="checkbox"/>																																																																																																	
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Q102	<p><b><u>Which of the following services does your organisation provide?</u></b></p> <p><b><u>Ask for the number of facilities at which each service is provided. Tick all boxes that apply. Count a mobile service as a single facility.</u></b></p> <p><b><u>Ask how many specialist trained staff they have dedicated to each service. Include 1/2s; exclude admin/drivers staff.</u></b></p> <p><b><u>Then ask whether each service is provided for: adults, children &amp; people with HIV.</u></b></p> <p><b><u>Finally, ask whether there is a charge for the service.</u></b></p> <p><b><u>Codes for charges:</u></b> 1. Commercial, 2. Social marketing, 3. Free.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Facilities</th> <th style="text-align: center;">Staff</th> <th style="text-align: center;">Adults</th> <th style="text-align: center;">Children</th> <th style="text-align: center;">HIV+</th> <th style="text-align: center;">Charges</th> </tr> </thead> <tbody> <tr><td>Behaviour change</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Condom distribution</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>VCT</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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Q103	<p><b><u>Which of the following methods do you use to promote your services?</u></b></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>TV advertising</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Radio advertising</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Newspaper advertising</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Posters or leaflets</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Community meetings</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Community vols / peer eds</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>School visits/talks</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">1 <input type="checkbox"/></td><td style="text-align: center;">2 <input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	TV advertising	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Radio advertising	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Newspaper advertising	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Posters or leaflets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Community meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Community vols / peer eds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	School visits/talks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other (specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																																																																																				
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Q104	<p><b><u>List all facilities from which services are provided in the district.</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"><b><u>Facility name &amp; location</u></b></th> <th style="width: 10%;"><b><u>GPS</u></b></th> </tr> </thead> <tbody> <tr><td>1.</td><td style="text-align: center;">Alt</td></tr> <tr><td></td><td style="text-align: center;">Lat</td></tr> <tr><td></td><td style="text-align: center;">Long</td></tr> <tr><td>2.</td><td style="text-align: center;">Alt</td></tr> <tr><td></td><td style="text-align: center;">Lat</td></tr> <tr><td></td><td style="text-align: center;">Long</td></tr> <tr><td>3.</td><td style="text-align: center;">Alt</td></tr> <tr><td></td><td style="text-align: center;">Lat</td></tr> <tr><td></td><td style="text-align: center;">Long</td></tr> <tr><td>4.</td><td style="text-align: center;">Alt</td></tr> <tr><td></td><td style="text-align: center;">Lat</td></tr> <tr><td></td><td style="text-align: center;">Long</td></tr> <tr><td>5.</td><td style="text-align: center;">Alt</td></tr> <tr><td></td><td style="text-align: center;">Lat</td></tr> <tr><td></td><td style="text-align: center;">Long</td></tr> </tbody> </table> <p><b><u>Record any others on a follow-on sheet.</u></b></p>	<b><u>Facility name &amp; location</u></b>	<b><u>GPS</u></b>	1.	Alt		Lat		Long	2.	Alt		Lat		Long	3.	Alt		Lat		Long	4.	Alt		Lat		Long	5.	Alt		Lat		Long	<p><b><u>Include head office if provides services direct.</u></b></p> <p><b><u>Contact name</u></b></p> <p><b><u>Phone number</u></b></p> <p><b><u>Visit details</u></b> Appt. <input type="checkbox"/> Done <input type="checkbox"/></p> <p><b><u>Follow-on sheet?</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Yes</td><td style="text-align: right;">1</td><td><input type="checkbox"/></td></tr> <tr><td>No</td><td style="text-align: right;">2</td><td><input type="checkbox"/></td></tr> </table>	Yes	1	<input type="checkbox"/>	No	2	<input type="checkbox"/>																																																																																									
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