

\*Required to create an assessment

ASSESSMENT COVERSHEET

1. **ASSESSOR INFORMATION (***Repeat for each Assessor***)**

\*ID (agency-specific login ID):

\***Name**:

**\*Type:** ☐ USG Staff ☐ 3rd Party ☐ IP **Team Lead:** ☐ Yes ☐ No

1. **ASSESSMENT INFORMATION**

\*Assessment ID #:

**\*Tool Type**: ☐ Site

**\*Assessment Type:** ☐ Comprehensive ☐ Follow-up ☐ Concentrated

**\*Assessment Approach**: ☐ Remote ☐ In-Person

\***Assessment Reasons** *(Does not apply to Follow-up assessments, select all that apply)***:**

* + Performance (site/SNU or IP)
  + New Partner (indigenous or otherwise)
  + New Site
  + Scaling an Activity
  + Other evidence or known gap(s)

\*Assessment Context (*Only applicable to Concentrated assessments):*  \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Assessment Date:

\*Assessment Start Time:

\*Assessment End Time:

* 1. **SITE INFORMATION**

Assessment Point Name:

* 1. **DATIM LOCATION INFORMATION (select to lowest appropriate geopolitical level)**

\*Organizational Level 3 (OU):

\*Organizational Level 3 DATIM UID:

|  |  |
| --- | --- |
| **\*Org Level 4:** | **\*Org Level 4 DATIM UID:** |
| **\*Org Level 5:** | **\*Org Level 5 DATIM UID:** |
| **\*Org Level 6:** | **\*Org Level 6 DATIM UID:** |
| **\*Org Level 7:** | **\*Org Level 7 DATIM UID:** |
| **\*Org Level 8:** | **\*Org Level 8 DATIM UID:** |
| **\*Org Level 9:** | **\*Org Level 9 DATIM UID:** |

* 1. **GPS Latitude:**
  2. **Site Considerations ☐ Key Population**

GPS Longitude:

D. PARTNER INFORMATION

\*HQ Implementing Mechanism Name:

\*HQ Implementing Mechanism UID:

E. SET SELECTION

|  |  |
| --- | --- |
| ***SITE***  *(Select all that apply, see Data Dictionary or SIMS Site Tool for Required and Supportive CEE selection)*  ***Set Name*** | ***Set # v4.2*** |
| * All Sites – General | Set 1A |
| * All Sites – Commodities Management | Set 1B |
| * All Sites – Data Quality | Set 1C |
| * All Sites – Infection Prevention Control | Set 1D |
| * Care & Treatment – General Population (Non-Key Pops Facilities) | Set 2A |
| * Care & Treatment for HIV – Infected Children | Set 2B |
| * Key Populations – General | Set 3A |
| * Care & Treatment – Key Populations (KP) | Set 3B |
| * Preventing Mother to Child Transmission (PMTCT), Antenatal Care (ANC), Postnatal, and Labor and Delivery (L&D) | Set 4A |
| * HIV Exposed Infants (HEI) | Set 4B |
| * Voluntary Medical Male Circumcision (VMMC) | Set 5 |
| * Adolescent Girls and Young Women (AGYW) and Gender-based Violence (GBV) | Set 6 |
| * HIV Testing Services (HTS) | Set 7 |
| * Tuberculosis (TB) Treatment Service Point | Set 8 |
| * Methadone or Buprenorphine Medication Assisted Treatment (MAT) | Set 9 |
| * Laboratory | Set 10 |