



ASSESSMENT COVERSHEET

*Required to create an assessment

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

*ID (agency-specific login ID): _____

*Name: _____

*Type: USG Staff 3rd Party IP

Team Lead: Yes No

B. ASSESSMENT INFORMATION

*Assessment ID #: _____

*Tool Type: Site Above Site

*Assessment Type: Comprehensive Assessment Follow-up

*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 Date: _____

*Assessment Start Time: _____

*Assessment End Time: _____

C.1 SITE INFORMATION

Assessment Point Name: _____

C.2 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: _____

C.3 GPS Latitude: _____

GPS Longitude: _____

C.4 Site Considerations Key Population

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 Elective CEE selection)		Set # v4.1
Set Name		
<input type="checkbox"/> All Sites – General		Set 1A
<input type="checkbox"/> All Sites – Commodities Management		Set 1B
<input type="checkbox"/> All Sites – Data Quality		Set 1C
<input type="checkbox"/> Care & Treatment – General Population (Non-Key Pops Facilities)		Set 2A
<input type="checkbox"/> Care & Treatment for HIV – Infected Children		Set 2B
<input type="checkbox"/> Key Populations – General		Set 3A
<input type="checkbox"/> Care & Treatment Key Populations		Set 3B
<input type="checkbox"/> PMTCT-ANC, Postnatal, and L&D		Set 4A
<input type="checkbox"/> HIV Exposed Infants (HEI)		Set 4B
<input type="checkbox"/> Voluntary Medical Male Circumcision (VMMC)		Set 5
<input type="checkbox"/> AGYW, GBV, and OVC		Set 6
<input type="checkbox"/> HTS		Set 7
<input type="checkbox"/> TB Treatment Service Point		Set 8
<input type="checkbox"/> Methadone or Buprenorphine Medication Assisted Treatment (MAT)		Set 9
<input type="checkbox"/> Laboratory		Set 10A
<input type="checkbox"/> Blood Safety		Set 10B

ABOVE SITE (Select all that apply)		
Set Name	Set # v4.1	
<input type="checkbox"/> HIV Planning, Coordination, and Management – Health	Set 1	Elective
<input type="checkbox"/> OVC/Social Services	Set 2	Elective
<input type="checkbox"/> Guidelines and Policies	Set 3	Elective
<input type="checkbox"/> Private Sector Engagement and Advocacy	Set 4	Elective
<input type="checkbox"/> Human Resources for Health	Set 5	Required
<input type="checkbox"/> Commodities	Set 6	Required
<input type="checkbox"/> Quality Management	Set 7	Elective
<input type="checkbox"/> Laboratory and Blood Transfusion Support	Set 8	Required
<input type="checkbox"/> Strategic Information: Surveillance, Surveys, and Evaluation	Set 9	Required
<input type="checkbox"/> Protecting Life in Global Health Assistance	Set 10	Elective