MASTER CONTROL NUMBER [_____]

Instrument Code [_____]

EXIT INTERVIEW – SCORECARD
Measuring Quality of Services for Key Populations in Papua New Guinea
Community-Led Monitoring (CLM) Tool
Key Population Advocacy Consortium
Version **6.0**.2022.09.05 (CLM 3 Tool)
Version 7.**0**.2025.08.29 (CLM 3 Tool)

Important: *After properly introducing yourself and the objectives of the CLM, ensure you get the consent of the respondent to participate. Consent was given:* **0) No 1) Yes**

Time Started [_____]

BACKGROUND INFORMATION

Code	Indicator	Response
	1. Date OF LAST ACCESS (TODAY)	DD/MM/YYYY: Dei/Mun/Yia
	2. Province	
	3. District	
	4. Name of Facility	
	5. First visit or not	Have you ever received any service from this facility in the past (before today)? (Yu bin kisim sampela sevis lo ples blo kisim helpim bipo or tete u bin kisim sevis?) 0. **No** 1. **Yes**
	6. Main Service Availed Specify ONLY ONE (Raunim wanpla answa tasol na givim detail lo reason lo visit blo u tete lo ples blo kisim helpim)	What was the main reason for your visit today? 1. **HIV:** Specify 2. **STI:** Specify 3. **TB:** Specify 4. **GBV:** Specify 5. **COVID-19:** Specify 6. **Others** (specify):
	7. Additional services availed Multiple responses – Tick as many as applicable (Tickim hamas pela sevis u bin kisim tete lo ples blo kisim helpim na givim detail blo ol sevis)	What other services have you availed/received today? 0. **NO OTHER SERVICE WAS RECEIVED** 1. **HIV:** Specify 2. **STI:** Specify 3. **TB:** Specify 4. **GBV:** Specify 5. **COVID-19:** Specify 6. **Others** (specify):
	8. Sex	What is your SEX at birth (Mama karim yu olsem) 1. **Male** (Man) 2. **Female** (Meri) 3. Prefer not to say (No inap lo tokaut)
	9. Gender Identity *More of male or female?*	What is your current identity? **More of male or female?** (Nau yu lukim yu yet olsem wanem? Yu lukim yu yet moa olsem) 1. More **Male** (Man) 2. More **Female** (Meri) 3. In the middle (both equally) (Or yu lukim yu yet olsem namel tupela wantaim)

Code	Indicator	Response
		4. Does not identify as male or female or both (No inap luksave olsem man o meri o tupela wantaim) 5. Prefer not to say (No inap lo tokaut)
	10. Gender Expression *More masculine or more feminine?*	How do you describe the way you dress, look, and behave? **More masculine or more feminine?** (Bai u describim how yu save bilas olsem wanem?) 1. More **Masculine** (Bilas olsem man) 2. More **Feminine** (Bilas olsem meri) 3. Both masculine and feminine (Bilas olsem man na meri lo wankain taim) 4. Prefer not to say (No inap lo tokaut)
	11. Gender Preference *More attracted to Male or female?*	To whom are you more attracted or prefer to have sex with? Male or female? (Yu save eye gris or laik kuap wantaim Man, o Meri?) 1. Attracted to or Prefers **Male** (Wantaim Man) 2. Attracted to or Prefers **Female** (Wantaim Meri) 3. Both (Wantaim Man na Meri) 4. Prefer not to say (Bai yu no inap lo tokaut)
	12. Key Population Group	Which of the following key population group **best describes you**? (Wanem kain grup blong ol man meri wei em best lo describim yu olsem?) (Tick as many as applicable) (Na tickim plenti wei u filim em orait lo u) 1. **MSM** – Gay men or other Men who have sex with Men (Man, kuap wantaim man) 2. **SW** - Sex Worker (Man na Meri save salim kok na kan lo kuap wantaim ol narapela man na meri) 3. **TG** – Transgender (Man save kuap wantaim man na meri) 4. **PWID** – People who inject drugs (Pipol husait save injectim drug sut) 5. Others (Narapela):
	13. Age	Age as of last birthday (las krismas wei dei mama karim u long en)
	14. Birth Month Mun	MM:
	15. Birth Year Yia	YYYY:

Continue to the scorecard in the next page.

HEALTH SERVICES SCORECARD

Code	No	Measurement of Quality	0	1	2	3	4
A. Awareness							
	1	You had information on the service before going to the facility (Yu bin kisim toksave lo sevis bipo yu kam long ples bilong kisim helpim)	0	1	2	3	4
	2	You were given more information on the service when you were at the facility. (Yu bin kisim moa toksave lo sevis taim yu bin stap long ples bilong kisim halivim)	0	1	2	3	4
B. Accessibility							
	3	You did not wait for more than 1 hour before being served at the facility. (Yu no bin wait long pela hour before ol wokman/wokmeri servim u lo ples blo kisim helpim)	0	1	2	3	4
	4	You did not delay going to this facility the moment you felt that you needed the service. (Yu no surukim taim long go long ples bilong kisim helpim taim yu laik kisim sevis)	0	1	2	3	4
C. Availability							
	5	You were provided with the service you intended to avail in the facility. (Yu bin kisim sevis yu laikim lo ples long kisim helpim istap long en)	0	1	2	3	4
	6	You were given information on how or where to avail for services that were not available in the facility. (Yu bin kisim toktok moa lo how na wei u ken kisim sevis ino stap lo ples blo kisim helpim)	0	1	2	3	4
D. Affordability							
	7	You were not asked to pay for the services availed to you. (Ol no askim yu long biam sevis yu bin kisim)	0	1	2	3	4
	8	You were not expected to use your personal money to spend on items (medicines, etc) related to the service availed to you. (Ol no expectim yu long baim marasin na sevis wei yu kisim helpim lo en.)	0	1	2	3	4
E. Appropriateness							
	9	You were provided with at least one service specific to your need as KP (Oli bin givim u onepela sevis wei u bin laikim long em) *A:as **MSM**	B:as **SW**	C:as **TG**	D:as **PWID**	E: as **Others** (specify):*	0	1	2	3	4
	10	You were provided with at least one service specific to my need as a Young Person (<25yo) (Ol bin givim yu sevis yu laikim long em olsem yangpla man or meri lo krismas blo u mak lo 25 igo daun)	0	1	2	3	4
F. Acceptability							
	11	You did not feel stigmatized or discriminated at the facility. (Yu no pilim olsem ol wokman/wokmeri lo ples blo kisim helpim no bagarapim o rausim yu)	0	1	2	3	4
	12	You did not feel afraid to avail of the service as you did not worry that someone may learn your status (as KP or PLHIV). (Yu no poret na wari olsem ol narapela bai luksave olsem yu em onepela KP or yu gat binatang bilong HIV taim u kam long kisim helpim isi turu)	0	1	2	3	4
G. Accountability							
	13	You were aware of a mechanism or a person to make complaints related to the services at the facility (Yu being kisim toktok lo wanem rot u ken puttim complain o report lo husait wok man o wok meri wei u being kisim helpim ino gutpela na givim tingting lo sanis kamap taim u kam ken lo kisim moa helpim)	0	1	2	3	4
	14	You fully understand the information provided at the facility (Yu nau understandim gut ol toktok wei ples blo kisim helpim givim lo u.)	0	1	2	3	4

*SCORES GUIDE

0- Not Applicable	1- Strongly Disagree	**2- Disagree**	3- Agree	**4- Strongly Agree**

ADDITIONAL NOTES

*a. **You scored low on the following, could you help explain more?***
*If there are responses in the scorecard that indicate 1. **Strongly Disagree** or 2. **Disagree**; probe/ask for further explanation or examples. Indicate codes of the 14 indicators of quality above (1, 3, 11, 13, etc)*

*b. **Is there any other services you would <u>need</u> to avail?** Ask further if there are services s/he needs to avail as a member of the key population community (as MSM, TG, SW, PWID, etc). Please specify (legal, other health/medical, etc). Yu stap insait long kumuniti grup, inap yu toksave long ol arapela servis yu ting olsem yu bai gat laik long kisim helpim long en?*

Time Ended [_____]

- END -

Data Collection Management

Instrument Code	Same as code in page 1:
Data collected by:	CLM Monitor Name and Signature:
Date of data collection:	DD/MM/YYYY:
Checked by:	CLM TEAM LEADER Name and Signature:
Date:	DD/MM/YYYY:
Checked by:	CLM SUPERVISOR Name and Signature:
Date:	DD/MM/YYYY:
Coded by:	CLM Coder Name and Signature:
Date:	DD/MM/YYYY:
Encoded by:	CLM Encoder Name and Signature:
Date:	DD/MM/YYYY: