HIV/AIDS MONITORING INSTRUMENT

School……
Zone……
Ward……
Constituency……
Headteacher's name……
Ts No……
School HIV/AIDS focal person's name……
Ts No……
School enrolment:……boys ……Girls

1. Does the school run HIV/AIDS programmes?
Yes [ ] No [ ]
2. If yes to question 1, which clubs are at this school?
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Does the school have a youth friendly corner?
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