

WELLBEING ASSESSMENT

Case Worker _____

Household Unique ID _____

Date _____

Child-headed household?

- YES
 NO

ASSETS

Household receives any income from any of these sources:

- Cash transfer
- Gifts or donations
- Loans
- Begging
- Remittances
- Other :

Productive assets?

- YES
 NO

- Tools
- Utensils
- Livestock
- Other :



STRENGTHS

Have savings?



- YES
 NO

Belong to a SILC group?



- YES
 NO

Can regularly meet all of children's needs?

Food
Housing
Clothing
Schooling
Medical

- YES
 NO

Uses other program or government services?

- YES
 NO

Which ones?

- Cash transfer
- Food support
- Medical
- Education
- Agriculture
- Social protection

NUTRITION



Family eats 2 meals each day?

- YES
 NO

Foods served at least 2 times in the last few days?

- Energy foods
- Body building foods
- Protective foods



Productive kitchen garden?

- YES
 NO

HEALTH

At least one person does not participate in everyday activities?

- YES
 NO

SCHOOLING

Knows attendance for all children?



- YES
 NO

Knows progress of each child?



- YES
 NO

ASSETS

Tick all that apply

Help your family

- Provide money
- Look after children
- Help with house chores
- Work in fields
- Collect water or wood
- Tend to animals
- Bring or make food
- Other : _____

Earnings

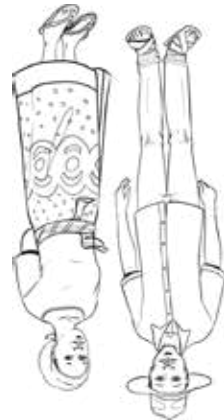
- Crop farming
- Seasonal agricultural work
- Selling goods
- Casual labor
- Fishing Mining
- Small business
- Formal employment
- Other : _____

Household Unique ID _____

Age _____

MALE

FEMALE



NOTES ABOUT THIS PERSON

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PARENTING

Concerns about any child's behavior? YES NO

Needs or wants parenting support? YES NO

Meets needs of children?

- Never or rarely
- Sometimes
- Almost always

PSYCHOSOCIAL

Group participation? Not in a group

- Women's or Men's group
- Mother's group
- Mosque/church (religious) group
- Parent's or caregiver's group
- Savings group
- Trade or business group
- Farming group
- Political group
- Other : _____

Sad, withdrawn or struggling emotionally? YES NO

Has social/emotional support?

- Self-support group
- Close friend or family member
- Faith leader
- No one Other : _____

SAFETY

Violence? YES NO

Recent? YES NO N/A

Needs referral? YES NO

Sexual abuse? YES NO

Recent? YES NO N/A

Needs referral? YES NO

Feels safe? YES NO

HIV (a)

Tested?

No test needed

At risk, not tested

Tested, results not known

Tested, status known

Last test date?

HIV+

HIV-

HIV (b)

N/A, is HIV-

Taking ART? YES NO

Taking ART since?

Adhering? YES NO



IMPORTANT! HIV status is private information. Ask each person in private. Keep this information private.

HIV (c)

N/A, is HIV- (this whole section)

Viral load?

High

Low

Undetectable

Don't know

Facility name or location?

Facility why?

Easy access

Close to home

Stigma or disclosure issue

Good care Only option

Other :

Disclosed? YES NO

Children

Spouse

Friend or neighbor

Family member

Boyfriend/girlfriend

Faith leader

Other:

Facing stigma? YES NO

Attends HIV support group? YES NO

HEALTH (a)

3 days too sick or weak? YES NO

Signs of sickness? YES NO

Seeks treatment when sick? YES NO

HEALTH (b)

N/A (MALE)

Pregnant? YES NO

Attending ANC? N/A YES NO

SCHOOLING

Supports school for all children? YES NO

**DISABILITY**

Disability or long-term illness (other than HIV)? YES NO

If yes, what?

Hearing Sight Mental

Speech Physical Albinism

Other :

Receiving services? N/A YES NO

PREVENTION

Knows about HIV? YES NO

Knows how to prevent HIV? YES NO

<input type="radio"/> YES <input type="radio"/> NO	Earn extra money?	<input type="radio"/> YES <input type="radio"/> NO	Time to play?	<input type="checkbox"/>	Hours each day doing these things?
<input type="checkbox"/> Other : _____ <input type="checkbox"/> Work in fields <input type="checkbox"/> Tend to animals <input type="checkbox"/> Take care of other's younger children or child? <input type="checkbox"/> Bring or make food <input type="checkbox"/> Help with house chores <input type="checkbox"/> Collect water or wood					
Help your family					

Household Unique ID _____ *Tick all that apply* **ASSETS**

<input type="radio"/> YES <input type="radio"/> NO	Birth certificate or national ID?
Age _____	<input type="radio"/> GIRL <input type="radio"/> BOY



NOTES ABOUT THIS PERSON

PARENTING

Caregiver interacts lovingly with child?  YES
 NO

PSYCHOSOCIAL

Someone close outside household? YES
 NO

If yes, who? _____

Sad, withdrawn or unusual behavior? YES
 NO

SAFETY

Violence?

YES NO

Recent? N/A

YES NO

Services?

YES NO

Sexual violence?

YES NO

Recent? N/A

YES NO

Services?

YES NO



Signs of violence?

YES

NO



Referral needed for:

Social protection Positive parenting None needed

HIV (a)



Tested?

- No test needed
- At risk, not tested
- Tested, results not known
- Tested, status known

Last test date?

HIV+

HIV-



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HIV (b)

N/A, is HIV- (this whole section)

Taking ART?

YES NO



Adhering?

YES NO

Taking ART since?

Viral load?



High

Low

Undetectable

Don't know

Facility name or location?

Facility why?

Same as caregiver

Easy access Close to home

Stigma or disclosure issue

Good care Only option

Other :

Is disclosure to the child age appropriate?

YES

NO

Any other family members know child's status?

YES

NO

Child experiencing stigma?



YES

NO

NUTRITION

Eating at least 2 meals each day?

YES NO

Eating well? Nourish body?

YES NO

DISABILITY



Disability or long-term illness (other than HIV)?

YES

NO

If yes, what?

Hearing

Sight

Mental

Speech

Physical

Albinism

Other :

Receiving services?

N/A

YES

NO

HEALTH

3 days too sick or weak?

YES NO

Seeks treatment when sick?

YES NO

Signs of sickness?



YES NO

Complete vaccinations?

YES NO

Enrolled in NHIF?

YES NO

SCHOOLING

Enrolled?

YES NO

Attends regularly?

N/A YES NO

Ever attended?

YES NO

Enrolled no longer attending?

YES NO

School uniform?

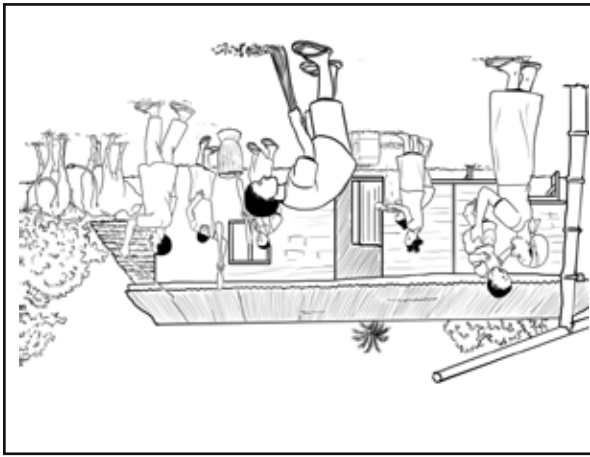
N/A YES NO

School books?

N/A YES NO

Progressing?

N/A YES NO



YES
 NO

Does this child have time to play?

YES
 NO

Does this child do any chores?

ASSETS

YES
 NO

Birth certificate or national ID?

GIRL
 BOY

Age



Household Unique ID



USAID
FROM THE AMERICAN PEOPLE



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

4Children
Coordinating Comprehensive Care for Children

NOTES ABOUT THIS PERSON

PARENTING

Caregiver interacts lovingly with child?



YES
 NO

PSYCHOSOCIAL

Someone close outside household?

YES
 NO

If yes, who?

Sad, withdrawn or unusual behavior?

YES
 NO

SAFETY

Violence?

YES NO

Recent? N/A

YES NO

Services?

YES NO

Sexual violence?

YES NO

Recent? N/A

YES NO

Services?

YES NO



Signs of violence?

YES

NO



Referral needed for:

Social protection Positive parenting None needed

HIV (a)



Tested?

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Last test date?

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YES NO



Adhering?

YES NO

Taking ART since?

Viral load?



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Undetectable

Don't know

Facility name or location?

Facility why?

Same as caregiver

Easy access Close to home

Stigma or disclosure issue

Good care Only option

Other :

Is disclosure to the child age appropriate?

YES

NO

Any other family members know child's status?

YES

NO

Child experiencing stigma?



YES

NO

NUTRITION

Eating at least 2 meals each day?

YES NO

Eating well? Nourish body?

YES NO

MUAC measurement

Greater than 12.5 cm?

YES NO

Visible signs of malnourishment?



YES

NO

DISABILITY



Disability or long-term illness (other than HIV)?

YES

NO

If yes, what?

- Hearing Sight Mental
 Speech Physical Albinism
 Other :

Receiving services?

N/A

YES

NO

HEALTH

3 days too sick or weak?

YES NO

Seeks treatment when sick?

YES NO

Signs of sickness?



YES NO

Complete vaccinations?

YES NO

Enrolled in NHIF?

YES NO



Child is 0-6 months old

Child is 6+ months (N/A)

Receiving post-natal care?

YES NO

Only fed breastmilk?

YES NO