

# WELLBEING ASSESSMENT

## GUIDANCE FOR CASE WORKERS ON CONDUCTING THE INTERACTIVE WELLBEING ASSESSMENT



The Wellbeing Assessment in this booklet is based on the Standard Operating Procedures for Case Management developed in partnership by USAID, PEPFAR, and 4Children. The toolkit for implementation—which includes the Wellbeing Assessment Records referenced in this booklet—is based on the same Standard Operating Procedures for Case Management and was developed in partnership by USAID, PEPFAR, CRS, and Picture Impact.



### *A note to the Case Worker:*

Select a blank record sheet per person in the household you will visit. Also select 1 blank household record.

Example:

If the household has a mother with 2 daughters ages 15, 9, and a niece age 2, then you will need:

- ▶ 1 Caregiver record
- ▶ 1 Adolescent Female record
- ▶ 1 Child 6-9 record
- ▶ 1 Child 0-5 record
- ▶ 1 Household record

*TIP: Bring a few extra, in case household membership has changed.*

*TIP: In the following guide, if your household does not have a child or does not have an adolescent, simply skip that instruction and continue.*



*At the top of the Household's Wellbeing Assessment Record, write:*

- *Your name*
- *The unique household ID #*
- *Today's date*

*Tick whether or not this household is child-headed.*

# Doing the Wellbeing Assessment

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## *A note to the Case Worker:*

The whole household should be present for this assessment. Children under age 10 may wander in and out. Children need to feel included.

The assessment is best as a conversation. You are gathering the information you will need to make a good case plan. The information will also help the family set goals and take action. It will tell you the family's strengths and needs.

The Wellbeing Assessment Record sheets are meant to be easy to read and mark. It is okay if the family sees these. It is okay if they participate in marking them. Encourage this. It is information about them. They have a right to know what is being recorded.

The Wellbeing Guide is meant to be easy to use. Anything in **bold** is intended to be read aloud.



# Beginning the Assessment

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Welcome.

**Today we'll be answering a lot of questions together. This will help us connect you to services. Answering these questions will help us focus our work together.**

**I will begin with questions that everyone can answer together. Yes, even the children!**

**Then I will have a one-on-one conversation with each caregiver and about each child.**

**Then I will have one-on-one conversations with each adolescent.**

**You notice I have 1 record sheet for each of you and one for the whole household. I will be making marks after each question. This is to help me remember your answers. The part that is folded over is private for each person. Please do not look at any sheet that is not yours.**

**There are no names on any of these sheets. There is only a number the program knows for your household. I will take these sheets and lock them in a file. They will be confidential and safe.**

**Do you have any questions?**

**May we begin?**

# Household Record

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Find the household record. You will begin here.

Talk to the whole family, together.

 Mark the household record.

Let's start with questions about your entire household.

 **ASSETS**  
Mark the assets section on the household record.

**Does your household receive income from any of these?**  
Referring to the list on the Wellbeing Assessment Record, tick all that apply. Specify other.

**What productive assets does your family have? What things do you own which help you or could help you earn money? Let's look around together.** If the household has at least 1 productive asset, tick yes. Referring to the list on the Wellbeing Assessment Record, tick all that apply. Specify other.

# Household Record

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## STRENGTHS

Mark the strengths section on the household record.

Now I'm going to ask you some questions about your family's strengths and ways you cope with challenges.

Do you have any savings? Tick yes or no.

Do you belong to a SILC group? Tick yes or no.

Are you able to regularly meet the needs of your children? Think about their food, housing, clothing, schooling, and medical expenses. Tick yes or no.

Do you benefit from any of the following programs? If the household benefits from any outside program, tick yes. Referring to the list on the Wellbeing Assessment Record, tick all that apply. Specify other.

Discuss:

If today you had an unplanned expense for the family, how would you respond in meeting this need?



Counseling Card 15 "Stability through Finances."



## NUTRITION

Mark the nutrition section on the household record.

Let's move on to the next section. I am going to ask your family questions about food and nutrition.

Ask everyone all together, have them discuss and arrive at an answer.

Does your family eat at least 2 cooked meals a day? Tick yes or no.

Which food groups do you regularly serve and eat at least twice a week? Tick all that apply.

- Energy foods like ugali (maize), potatoes, bananas, oil, millet, sorghum, rice, cassava
- Body-building foods like beans, meat, soya beans, peas, milk, eggs, chicken, fish, ndengu
- Protective foods like pineapples, mangoes, pawpaw, oranges, tomatoes, avocados, guavas, bananas, vegetables

Do you have a productive kitchen garden that helps feed your family? Tick yes or no.



Counseling Card 13 "Nutrition."



## HEALTH

Mark the health section on the household record.

Is there anyone who does not participate in everyday activities with the family? Tick yes or no.



## SCHOOLING

Case worker, pause here. You will fill this box in later in the assessment.

This completes the household record for now. You will return to the household record at the end of the assessment. Now it is time to move on to the first caregiver record.

## Caregiver Record

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Find a caregiver record and select 1 caregiver to go first.

Talk to the whole family together. The conversation is not private. Questions should be asked about 1 caregiver at a time.



Mark the caregiver record but not under the flap yet!

Tick male or female.

Now I am going to ask questions about this caregiver.

What is your age? Write in the answer.



### ASSETS

Mark the assets section on the caregiver record.

What is your role in the family? What tasks do you do?

Referring to the list on the Wellbeing Assessment Record, tick all that apply. Specify other.

How do you earn money for your family? Referring to the list on the Wellbeing Assessment Record, tick all that apply. Specify other.

## Caregiver Record

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### HEALTH (a)

Mark the health (a) section on the caregiver record.

In the last month, have you been too sick or tired for daily activities on more than 3 days? Tick yes or no.

Think about the last time you were sick. Did you seek treatment? Tick yes or no.



Observe (do not ask): Do you see any signs of illness? Tick yes or no.



### DISABILITY

Mark the disability section on the caregiver record.

A disability may be related to hearing, speech, sight, your physical body, your mental functioning, or genetic, like albinism. Do you have a disability or long-term illness? Tick yes or no.

If yes: **What?** all that apply. Specify other.

If there is a disability: **Are you receiving services?** Tick yes or no.

## Caregiver Record



### HEALTH (b)

*ONLY IF FEMALE. Mark the health (b) section on the caregiver record. If male tick N/A.*

**Are you pregnant?** *Tick yes or no.*

*If yes: Are you attending ANC? Tick N/A, yes or no.*



*Counseling Card 19 "Pregnancy."*



### SCHOOLING

*Mark the schooling section on the caregiver record.*

**Do you support the children in your care in their school work?**  
*Tick yes or no.*



*Counseling Card 18 "School."*

## Caregiver Record



### PREVENTION

*Mark the prevention section on the caregiver record.*

**Have you ever heard of HIV or AIDS?** *Tick yes or no.*

**Do you know how to prevent transmission of the disease?**  
*Please give me an example. Tick yes or no.*



### PARENTING

*Mark the parenting section on the caregiver record.*

**Do you have any concerns about a child's behavior?** *Tick yes or no.*

**Do you want any parenting support or information?** *Tick yes or no.*

**If your children express a need, how often can they depend on you to meet that need? Your child may express a need when they are hungry, wet, tired, upset, or scared. Referring to the list on the Wellbeing Assessment Record, tick one.**

**If rarely or never, why? Some reasons might be too tired, busy or sick.**



*Counseling Card 12 "Positive Parenting."*



### PSYCHOSOCIAL

*Mark the psychosocial section on the caregiver record.*

**Tell me some of the organizations or community groups you participate in.** *If the caregiver participates in at least 1 group tick yes. Referring to the list on the Wellbeing Assessment Record, tick all that apply. Specify other.*

**Have you felt sad or withdrawn recently, are you struggling with your feelings?** *Tick yes or no.*

**Who do you trust and feel that you can talk to about any problems that you may face?** *Referring to the list on the Wellbeing Assessment Record, tick all that apply. Specify other.*



*Counseling Card 9 "Psychosocial Support."*

**Thank you all for answering these questions together. It's nice to get to know you a little better.**

**There are still some things I'd like to know more about to be sure I can connect you with the right services.**

**The next questions are more personal, so I'll speak with you one-on-one for the rest of this activity.**

*Note to the Case Worker:*

*The next sections should be a private conversation.*

*You will speak individually with each caregiver first. They will answer for themselves.*

*It is important that these conversations are private and not overheard by other family members. Be sensitive to how loudly you speak and where you are sitting.*



**IMPORTANT! HIV status and other sensitive topics are private information.**

*Ask each person in private. Be sure to keep their information private by keeping the records folded.*

## Caregiver Record (PRIVATE)

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*IMPORTANT! HIV status and other sensitive topics are private information.*

*Ask each person in private.*

*Be sure to keep their information private by keeping the records folded.*

The next sections are about very private topics.

I want to remind you, I have been trained about keeping confidentiality.

Your answers will be kept private. They will only be used to make sure your family receives the services you need to live a healthy life.

May I ask you some questions about sensitive subjects? Remember, you can refuse to answer any question.

I am going to ask you questions about physical violence, sexual violence, and HIV. May I proceed?

## Caregiver Record (PRIVATE)

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### SAFETY

*Mark the safety section on the caregiver record. It is under the flap. Remember to keep this area hidden when other family members are present.*

**Families sometimes experience violence. Have you or any adult in your house ever experienced violence at home? Violence can include being punched, kicked, choked or beaten by a spouse, partner, or other adult? Tick yes or no.**

*If yes: Was this in the last 6 months? Within 6 months is considered recent. Tick yes or no. Tick N/A if there has been no violence in the last 6 months.*

*If violence was recent: Did you receive or are you currently receiving any services to help with this problem? Tick yes or no.*

*Ask ONLY female caregivers:*

**Have you ever experienced sexual violence? Sexual violence means sexual harassment, inappropriate touching or someone has tried to make you have sex against your will—even your spouse. Tick yes or no.**

*If yes: Was this in the last 6 months? Tick yes or no.*

*If yes: Did you receive or are you currently receiving any services to help with this problem? If there has been violence tick yes or no. Tick N/A if there has been no violence in the last 6 months.*

*Ask all caregivers:*

**Do you feel safe on a daily basis? Tick yes or no.**

## Caregiver Record (PRIVATE)



### HIV (a)

Mark the HIV (a) section on the caregiver record. It is under the flap. Remember to keep this area hidden when other family members are present.



Counseling Card 4 "HIV Testing"

Now I'm going to ask some questions about HIV. Have you ever been tested for HIV? Do you know the results of your test?



Observe (do not ask). Make your best judgement. Has this person been tested? Use your best judgement and tick the best response.

When was the last time you were tested for HIV? Write in the date.

Would you share your HIV test result with me? If they shared their status, tick HIV+ or HIV-.



**STOP!** For any caregivers who are HIV- or do not know their status, you are finished with their record.

You can move on to the next caregiver record or the children records.

If the caregiver shared with you that they are HIV+, continue.

## Caregiver Record (PRIVATE)



### HIV (b)

Mark the HIV (b) section on the caregiver record. It is under the flap. Remember to keep this area hidden when other family members are present.



Counseling Card 5 "Antiretroviral Treatment (ART)."

Do you take medication for HIV called ART? Tick yes or no.

If yes, ask:

When did you start taking ART? Write in the date.

Do you take it every day? Tick yes or no.

Do you take it around the same time each day? Tick yes or no.

Have you ever stopped for a period of time? Even 1 week matters. Tick yes or no.



Is this person adhering to treatment? Do not ask. Make your best judgement. Remember: adherence means taking ART every day at the same time for at least 6 months, no stopping. Consider what they reported and mark the record.

## Caregiver Record (PRIVATE)

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### HIV (c)

Mark the HIV (c) section on the caregiver record. It is under the flap. Remember to keep this area hidden when other family members are present.



Counseling Card 6 “Viral Load.”

**Have you ever heard of a blood test called viral load?**

**Have you had your viral load tested?** *If they have not been tested, mark viral load as unknown.*

*If yes: Do you know your result?* *If they don't know their result, mark unknown.*

*If the result is known: Can you tell me the number or if it was high, low, or undetectable?* *If they know the number, you can make a note of it. Tick high, low or undetectable.*

**Which health facility or service do you visit?** *Write in the name of the facility.*

## Caregiver Record (PRIVATE)

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**Why did you choose this facility?** *Pause. You will mark only 1 response. Use the prompts below to determine the response that best fits.*

*Are they going to a facility because it is close, easy, has good care, or is the only place they can get treated. Tick 1 of these if that is the case. If they did not answer with a clear response, ask the following questions:*

**Sometimes people choose to go to a facility outside their area because they are afraid that family or neighbors will learn their status. Is this the case for you?** *Tick 1 of these if that is the case.*

**Sometimes people don't go to a facility that is close to them because they are not treated well. Is this the case for you?** *Tick this if that is the case.*



Counseling Card 8 “Disclosure.”

Counseling Card 9 “Psychosocial Support.”

## Caregiver Record (PRIVATE)

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**Have you told anyone other than me your HIV status? This is called disclosure.** *Tick yes or no.*

*If yes, ask:*

**Who did you tell?** *Referring to the list on the Wellbeing Assessment Record, tick all that apply.*

**What is their attitude towards you?** *Listen.*

**Do you feel like people treat you differently because you are HIV+?** *Listen.*



*Is this person experiencing stigma? Do not ask. Make your best judgement. Tick yes or no.*

**Remember, you can live a long, healthy life with HIV and contribute a lot to your community and family.**

**Sometimes it is still helpful to have a source of support for the difficult times. How do you receive support when you need it?**



*Does this person attend an HIV support group? Do not ask. Make your best judgement. Tick yes or no.*



**STOP!** *You are done with this caregiver's record.*

*Go on to the next caregiver's record or the first child's record.*

## Child 0-5 Record

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*Find a child 0-5 record and ask a caregiver about 1 child.*

*Talk to the caregiver with the child present. Children can answer questions if they are old enough. Encourage this.*



*Mark the child 0-5 record.*

*Tick if the child is male or female.*

**How old is this child?** *Write in the answer.*

**Does this child have a birth certificate or national ID?** *Tick yes or no.*



**ASSETS**

*Mark the assets section on the child 0-5 record.*

**Does this child do any chores?** *Tick yes or no. Record any details in the notes area.*

**Does this child have time to play each day?** *Tick yes or no. Record any details in the notes area.*



## NUTRITION

Mark the nutrition section on the child 0-5 record.

Is this child regularly eating at least 2 meals each day? Tick yes or no. Record any details in the notes area.

Think about the food they eat. Are they eating well? Will the food nourish their body? Tick yes or no. Record any details in the notes area.

Request to take a MUAC measurement. Record the measurement on the child record. Is the measurement greater than 12.5 cm? Tick yes or no.



Observe (do not ask). Make your best judgement. Do you see any signs of malnourishment? Tick yes or no.



Counseling Card 13 "Nutrition"



## DISABILITY

Mark the disability section on the child 0-5 record.

A disability may be related to hearing, speech, sight, your physical body, your mental functioning, or genetic, like albinism. Does this child have a disability or long-term illness? Tick yes or no.

If yes: **What?** Tick all that apply. Specify other.

If there is a disability: **Are you receiving services?** Tick yes or no.



## HEALTH

Mark the health section on the child 0-5 record.

In the last month, has this child been too sick or tired for daily activities on more than 3 days? Tick yes or no.

Think about the last time this child was sick. Did you seek treatment for their illness? Tick yes or no.



Observe (do not ask). Make your best judgement. Do you see any signs of illness? Tick yes or no.

**Are the child's vaccinations complete and up to date?** *Tick yes or no.*

**Is the child enrolled in the national health plan?** *Tick yes or no.*

*The next question is only for children ages 0-6 months. Tick the record as N/A if the child is older than 6 months.*

**Is this child receiving post-natal care?** *Tick yes or no.*

**Is this child only fed breastmilk?** *Tick yes or no.*



### PARENTING

*Mark the parenting section on the child 0-5 record.*



*Observe (do not ask). Make your best judgement. Have you seen the caregiver interacting lovingly with the child? Tick yes or no.*



### PSYCHOSOCIAL

*Mark the psychosocial section on the child 0-5 record.*

**Does your child have someone they are close to outside the household?** *Tick yes or no.*

*If yes: Who? Make a note.*

**Have you noticed any unusual behavior? Are they sad or withdrawn recently?** *Tick yes or no.*

## Child 0-5 Record (PRIVATE)

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*Talk to the caregiver in private.*



*IMPORTANT! HIV status and other sensitive topics are private information.*

*Ask each person in private.*

*Be sure to keep their information private by keeping the records folded.*



*Mark the child 0-5 record in the section under the flap.*

**The next sections are about very private topics.**

**I want to remind you, I have been trained about keeping confidentiality.**

**Your answers will be kept private. They will only be used to make sure your family receives the services you need to live a healthy life.**

**May I ask you some questions about sensitive subjects? Remember, you can refuse to answer any question.**

**I am going to ask you questions about physical violence, sexual violence, and HIV for this child. May I proceed?**

## Child 0-5 Record (PRIVATE)

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### **SAFETY**

*Mark the safety section on the child 0-5 record.*



*Counseling Card 11 "Child and Adolescent Protection."*

**Sometimes adults beat, slap or hit children. Has anyone ever beaten, slapped or hit this child with a belt, a stick or something hard? Tick yes or no.**

*If yes: Was this in the last 6 months? Within 6 months is considered recent. Tick yes or no. Tick N/A if there has been no violence in the last 6 months.*

*If violence was recent: Did this child receive or are they currently receiving any services to help with this problem? Tick yes or no.*

**Has the child ever experienced sexual abuse? This includes emotional violence, rape sexual harassment, inappropriate touching and verbal abuse. Tick yes or no.**

*If yes: Was this in the last 6 months? Within 6 months is considered recent. Tick yes or no. Tick N/A if there has been no violence in the last 6 months.*

*If sexual abuse was recent: Did this child receive or are they currently receiving any services to help with this problem? Tick yes or no.*

## Child 0-5 Record (PRIVATE)



*Observe (do not ask). Are there any signs of violence? These could include marks of physical abuse, child seeming afraid of caregiver, caregiver being indifferent, mean or cruel towards the child. Tick yes or no.*

*Is a referral needed?*

*PAUSE: If any violence or abuse is present for the child, mark what kind of referral is the most appropriate in this situation.*

- If abuse is severe, mark “social protection”*
- If it is abusive, but a common parenting style, mark “positive parenting”*
- If the violence is resolved or in the past, mark “none”*

## Child 0-5 Record (PRIVATE)



**HIV (a)**

*Mark the HIV (a) section on the child 0-5 record.*



*Counseling Card 4 “HIV Testing.”*

**Let’s move on to the next section. I’m going to ask some questions about HIV. Has the child ever been tested for HIV? Do you know the results?**



*Observe (do not ask). Make your best judgement. Has this person been tested? Use your best judgement and tick the best response.*

**When was the last time they were tested for HIV? Write in the date.**

**Would you share their HIV test result with me? If they shared their status, tick HIV+ or HIV-.**



***STOP!** For any child who is HIV- or if the caregiver does not know their status, you are finished with their record.*

*Move on to the next child or adolescent.*

*Continue in this section only if the caregiver has shared with you an HIV+ status for this child 0-5.*

## Child 0-5 Record (PRIVATE)

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### HIV (b)

Mark the HIV (b) section on the child 0-5 record.



Counseling Card 5 “Antiretroviral Treatment (ART).”

**Does the child take medication for HIV called ART?** *Tick yes or no.*

*If yes, ask:*

**When did the child start taking ART?** *Write in the date.*

**Do they take it every day?** *Tick yes or no.*

**Does the child take it around the same time each day?** *Tick yes or no.*

**Have they ever stopped for a period of time? Even 1 week matters.** *Tick yes or no.*



*Is this child adhering to treatment? Do not ask. Make your best judgement. Remember: adherence means taking ART every day at the same time for at least 6 months, no stopping. Consider what they reported and mark the record.*

## Child 0-5 Record (PRIVATE)

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Counseling Card 6 “Viral Load.”

**Has the child had their viral load tested?** *If they have not been tested, mark viral load as unknown.*

*If yes, ask:*

**Do you know their result?** *If they don't know their result, mark unknown.*

*If the result is known, ask:*

**Can you tell me the number or if it was high, low, or undetectable?** *If they know the number, you can make a note of it. Tick high, low or undetectable.*

## Child 0-5 Record (PRIVATE)

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**Where does your child receive treatment?** *Write in the name of the facility.*

**Why did you choose this facility?** *Pause. You will mark only 1 response. Use the prompts below to determine the response that best fits.*

*Are they going to a facility because it is close, easy, has good care, or is the only place they can get treated. Tick 1 of these if that is the case. If they did not answer with a clear response, ask the following questions:*

**Sometimes people choose to go to a facility outside their area because they are afraid that family or neighbors will learn their status. Is this the case for your child?** *Tick 1 of these if that is the case.*

**Sometimes people don't go to a facility that is close to them because they are not treated well. Is this the case for your child?** *Tick this if that is the case.*

## Child 0-5 Record (PRIVATE)

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*Counseling Card 8 "Disclosure."*

*Counseling Card 9 "Psychosocial Support."*

**Telling children about their HIV status is called disclosure. Disclosure with children is a process with different steps for different ages.**

**Partial disclosure should begin between ages 6-9. During this time children should learn about chronic illness and taking medication and eating well to stay healthy.**

**It is also important to teach children that having a chronic illness does not mean they are dirty or unclean. Children need to know they can live a normal life and do things other children can do.**

**Is the disclosure to the child age-appropriate?** *Tick yes or no.*

**Has the child's status been shared with any other family members?** *Tick yes or no.*

**How was the status received by other family members? Were they encouraging, neutral/no reaction, or did they reject the child?**



*Is this child experiencing stigma? Do not ask. Make your best judgement. Tick yes or no.*



**STOP!** *You are done with this child's record.*

*Go on to the next child or adolescent.*

Find a child 6-9 record.

Ask 1 child to answer the questions about themselves with a caregiver present. Children can answer questions themselves. Encourage this.

 Mark the child 6-9 record.

Tick if the child is male or female.

How old are you? Write in the answer.

Do you have a birth certificate or national ID? Tick yes or no.

 **ASSETS**  
Mark the assets section on the child 6-9 record.

**What is your role in the family? What tasks do you do?**  
Referring to the list on the Wellbeing Assessment Record, tick all that apply.

**How many hours each day do you spend doing these tasks?**  
Write in the answer.

**Do you have time to play during the day?** Tick yes or no. Record any details in the notes area.

**Do you earn money?** Tick yes or no.

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 **NUTRITION**  
Mark the nutrition section on the child 6-9 record.

**Are you regularly eating at least 2 meals each day?** Tick yes or no. Record any details in the notes area.

**Think about the food you eat. Are you eating well? Will the food nourish your body?** Tick yes or no. Record any details in the notes area.

 Counseling Card 13 "Nutrition"

 **DISABILITY**  
Mark the disability section on the child 6-9 record.

**A disability may be related to hearing, speech, sight, your physical body, your mental functioning, or genetic, like albinism. Do you have a disability or long-term illness?** Tick yes or no.

If yes: **What?** all that apply. Specify other.

If there is a disability: **Are you receiving services?** Tick yes or no.

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### HEALTH

Mark the health section on the child 6-9 record.

In the last month, have you been too sick or tired for daily activities on more than 3 days? *Tick yes or no.*

Think about the last time you were sick. Did you get treatment for your illness? *Tick yes or no.*



Observe (do not ask). Make your best judgement. Do you see any signs of illness? *Tick yes or no.*

Are your vaccinations complete and up to date? *Tick yes or no.*

Are you enrolled in the national health plan? *Tick yes or no.*



### SCHOOLING

Mark the schooling section on the child 6-9 record.

Are you enrolled in school? *Tick yes or no.*

If yes: **Do you attend regularly?** *Tick N/A if they are not enrolled in school. If enrolled, tick yes or no.*

If not enrolled in school: **Have you ever attended school?** *Tick yes or no.*

If the child is not attending school now: **Are you enrolled but no longer attending?** *Tick N/A if they are attending school regularly. If they are not attending school regularly, tick yes or no.*

Do you have a school uniform to wear? *Tick yes or no.*

Do you have books for school? *Tick yes or no.*

Are you making progress like other students in your class? *Tick yes or no.*



### PARENTING

Mark the parenting section on the child 6-9 record.



Observe (do not ask). Use your best judgement. Have you seen the caregiver interacting lovingly with the child? *Tick yes or no.*

## Child 6-9 Record

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### PSYCHOSOCIAL

Mark the psychosocial section on the child 0-5 record.

**Do you have someone you are close to outside the household?**

*Tick yes or no.*

*If yes: **Who?** Make a note.*

**Have you been sad or withdrawn recently? Have you been doing unusual things lately?** *Tick yes or no.*

## Child 6-9 Record (PRIVATE with child)

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*Talk to the child in private.*



**IMPORTANT!** HIV status and other sensitive topics are private information.

*Ask each person in private.*

*Be sure to keep their information private by keeping the records folded.*



Mark the child 6-9 record in the section under the flap.

**The next sections are about very private topics.**

**I want to remind you, I have been trained about keeping confidentiality.**

**Your answers will be kept private. They will only be used to make sure your family receives the services you need to live a healthy life.**

**May I ask you some questions about sensitive subjects? Remember, you can refuse to answer any question.**

**I am going to ask you questions about physical violence, sexual violence, and HIV for you. May I proceed?**

## Child 6-9 Record (PRIVATE with child)



### SAFETY

Mark the safety section on the child 6-9 record.



Counseling Card 11 "Child and Adolescent Protection."

**Sometimes adults beat, slap or hit children. Has anyone ever beaten, slapped or hit you with a belt, a stick or something hard?** Tick yes or no.

*If yes: Was this in the last 6 months? Within 6 months is considered recent. Tick yes or no. Tick N/A if there has been no violence in the last 6 months.*

*If violence was recent: Did you receive or are you currently receiving any services to help with this problem?* Tick yes or no.

**Have you ever experienced sexual abuse? This includes emotional violence, rape, sexual harassment, inappropriate touching and verbal abuse.** Tick yes or no.

*If yes: Was this in the last 6 months? Within 6 months is considered recent. Tick yes or no. Tick N/A if there has been no violence in the last 6 months.*

*If sexual abuse was recent: Did you receive or are you currently receiving any services to help with this problem?* Tick yes or no.

## Child 6-9 Record (PRIVATE with child)



*Are there any signs of violence? Observe (do not ask). These could include marks of physical abuse, child seeming afraid of caregiver, caregiver being indifferent, mean or cruel towards the child. Tick yes or no.*

*Is a referral needed?*

*PAUSE: If any violence or abuse is present for the child, mark what kind of referral is the most appropriate in this situation.*

- If abuse is severe, mark "social protection"*
- If it is abusive, but a common parenting style, mark "positive parenting"*
- If the violence is resolved or in the past, mark "none"*

## Child 6-9 Record (PRIVATE with caregiver)

*IMPORTANT! Children ages 6-9 should be in a process of partial disclosure. This means they may not know that they are HIV+. Please ask the caregiver about the child in private.*



### HIV (a)

Mark the HIV (a) section on the child 6-9 record.



Counseling Card 4 "HIV Testing"

Let's move on to the next section. I'm going to ask some questions about HIV. Has the child ever been tested for HIV? Do you know their results?



Observe (do not ask). Make your best judgement. Has this person been tested? Use your best judgement and tick the best response.

When was the last time the child was tested for HIV? Write in the date.

Would you share their HIV test result with me? If they shared their status, tick HIV+ or HIV-.



STOP! For any child who is HIV- or if the caregiver does not know their status, you are finished with their record. Move on to the next child or adolescent.

Continue in this section only if the caregiver has shared with you an HIV+ status for this child 6-9.

## Child 6-9 Record (PRIVATE with caregiver)



### HIV (b)

Mark the HIV (b) section on the child 6-9 record.



Counseling Card 5 "Antiretroviral Treatment (ART)."

Does the child take medication for HIV, called ART? Tick yes or no.

If yes, ask:

When did the child start taking ART? Write in the date.

Do they take it every day? Tick yes or no.

Does the child take it around the same time each day? Tick yes or no.

Have they ever stopped for a period of time? Even 1 week matters. Tick yes or no.



Is this child adhering to treatment? Do not ask. Make your best judgement. Remember: adherence means taking ART every day at the same time for at least 6 months, no stopping. Consider what they reported and mark the record.

## Child 6-9 Record (PRIVATE with caregiver)

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Counseling Card 6 “Viral Load.”

**Has the child had their viral load tested?** *If they have not been tested, mark viral load as unknown.*

*If yes, ask:*

**Do you know your result?** *If they don't know their result, mark unknown.*

*If the result is known, ask:*

**Can you tell me the number or if it was high, low, or undetectable?** *If they know the number, you can make a note of it. Tick high, low or undetectable.*

## Child 6-9 Record (PRIVATE with caregiver)

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**Where does your child receive treatment?** *Write in the facility name.*

**Why did you choose this facility?** *Pause. You will mark only 1 response. Use the prompts below to determine the response that best fits.*

*Are they going to a facility because it is close, easy, has good care, or is the only place they can get treated. Tick 1 of these if that is the case. If they did not answer with a clear response, ask the following questions:*

**Sometimes people choose to go to a facility outside their area because they are afraid that family or neighbors will learn their status. Is this the case for your child?** *Tick 1 of these if that is the case.*

**Sometimes people don't go to a facility that is close to them because they are not treated well. Is this the case for your child?** *Tick this if that is the case.*

## Child 6-9 Record (PRIVATE with caregiver)



Counseling Card 8 "Disclosure."

Counseling Card 9 "Psychosocial Support."

Telling children about their HIV status is called disclosure. Disclosure with children is a process with different steps for different ages.

Partial disclosure should begin between ages 6-9. During this time children should learn about chronic illness and taking medication and eating well to stay healthy.

It is also important to teach children that having a chronic illness does not mean they are dirty or unclean. Children need to know they can live a normal life and do things other children can do.

Is the disclosure to the child age-appropriate? *Tick yes or no.*

Has the child's status be shared with any other family members? *Tick yes or no.*

How was the status received by other family members? Were they encouraging, neutral/no reaction, or did they reject the child?



*Is this child experiencing stigma? Do not ask. Make your best judgement. Tick yes or no.*



**STOP!** You are done with this child's record.

Go on to the next child or adolescent.

## Adolescent 10-17 Record

Talk to the adolescent with the caregiver present. Adolescents can answer questions themselves. Encourage this.

*NOTE: You will use the appropriate record for the adolescent's gender, MALE or FEMALE. There are some sections of the adolescent record that only apply to their gender. These sections are clearly marked.*



*Mark the adolescent record.*

*If the adolescent is FEMALE, use that record.*

*If the adolescent is MALE, use that record.*

**How old are you?** *Write in the answer.*

**Do you have a birth certificate or national ID?** *Tick yes or no.*

# Adolescent 10-17 Record



## ASSETS

Mark the assets section on the adolescent record.

**What is your role in the family? What tasks do you do?**  
*Referring to the list on the Wellbeing Assessment Record, tick all that apply.*

**How many hours each day do you spend doing these tasks?**  
*Write in the answer.*

**Do you have time to be with friends each day?** *Tick yes or no.*  
*Record any details in the notes area.*

**Do you earn money?** *Tick yes or no*



## NUTRITION

Mark the nutrition section on the adolescent record.

**Are you regularly eating at least 2 meals each day?** *Tick yes or no. Record any details in the notes area.*

**Think about the food you eat. Are you eating well? Will the food nourish your body?** *Tick yes or no. Record any details in the notes area.*



*Counseling Card 13 "Nutrition"*

# Adolescent 10-17 Record



## HEALTH

Mark the health section on the adolescent record.

**In the last month, have you been too sick or tired for daily activities on more than three days?** *Tick yes or no.*

**Think about the last time you were sick. Did you get treatment for your illness?** *Tick yes or no.*



*Observe (do not ask). Use your best judgement. Do you see any signs of illness? Tick yes or no.*



## DISABILITY

Mark the disability section on the adolescent record.

**A disability may be related to hearing, speech, sight, your physical body, your mental functioning, or genetic, like albinism. Do you have a disability or long-term illness?** *Tick yes or no.*

*If yes: What? all that apply. Specify other.*

*If there is a disability: Are you receiving services? Tick yes or no.*

## Adolescent 10-17 Record

---



### SCHOOLING

Mark the schooling section on the adolescent record.

**Are you enrolled in school?** *Tick yes or no.*

*If yes: Do you attend regularly? Tick N/A if they are not enrolled in school. If enrolled, tick yes or no.*

**What type of school do you attend?** *Referring to the list on the Wellbeing Assessment Record, tick 1.*

*If the adolescent is not enrolled in school now, ask **Have you ever attended school?** Tick yes or no.*

*If the adolescent is not attending school now, ask **Are you enrolled but no longer attending?** Tick N/A if they are attending school regularly. If they are not attending school regularly, tick yes or no.*

**Do you have a school uniform to wear?** *Tick yes or no.*

**Do you have books for school?** *Tick yes or no.*

**Are you making progress like other students in your class?** *Tick yes or no.*

### GIRLS (FEMALES) ONLY

**Do you have the sanitary supplies you need to attend school?**  
*Tick yes or no.*

## Adolescent 10-17 Record

---



### PREVENTION

Mark the prevention section on the adolescent record.

**Have you ever heard of HIV or AIDS?** *Tick yes or no.*

**Do you know how to prevent transmission of the disease?**  
**Please give me at least 1 example.** *Tick yes or no.*



*Counseling Card 10 "Adolescent HIV Prevention."*



*Talk to the adolescent in private.*

*If there is more than 1 adolescent in the household, interview 1 adolescent at a time and ask all the remaining questions. Then return to this page and start again with the next adolescent.*

*Only female CHVs should ask these questions of female adolescents. A male CHV should never be alone with a female adolescent.*

*Sensitive questions for male adolescents may be asked by the female CHV only if the adolescent is comfortable. If the male adolescent is uncomfortable answering any of these questions to a female CHV, she should have a male colleague visit this household to ask these questions.*



**IMPORTANT!** HIV status and other sensitive topics are private information.

*Ask each person in private.*

*Be sure to keep their information private by keeping the records folded.*

**I'd like to ask you some questions on your own. I will not share any of your answers with your caregiver or other people in your family, it is just between you and I.**

**You can always choose not to answer any question and we can just go onto the next one.**

**May we continue?**

## Adolescent 10-17 Record (PRIVATE)



Mark the adolescent record in the sections under the flap.



### HEALTH (b)

Mark the health (b) section on the adolescent record.



Counseling Card 10 "Pregnancy."

### GIRLS (FEMALES) ONLY

Are you pregnant? *Tick yes or no.*

Do you have reason to think you might be pregnant? *Tick yes or no.*

Are you attending ANC? *Tick yes or no.*

Did you know that if you are HIV+ it is possible to receive special care to prevent your baby from getting HIV? This is called PMTCT. *Tick yes or no.*

## Adolescent 10-17 Record (PRIVATE)

### BOYS (MALES) ONLY

Do you know what male circumcision is? *Tick yes or no.*

Are you circumcised? *Tick yes or no.*

Male circumcision can reduce the risk of HIV. Would you like to know more about this? *Tick yes or no.*



### PSYCHOSOCIAL (a)

Mark the psychosocial (a) section on the adolescent record.

Who are the members of your household that have an encouraging attitude and help you? *Does this adolescent have someone in the family who encourages them? Tick yes or no. Record any details in the notes area.*

Do you feel that you can go to your caregiver for help and advice with problems and they will listen to you and help you to solve them? *Tick yes or no.*

When you have a problem, who do you talk to for help outside of your household? *Does this adolescent have someone outside of the family who encourages them? Tick yes or no. Record any details in the notes area.*

When things get tough, do you feel that you can cope? Have you felt sad or withdrawn recently, are you struggling with your feelings? *Tick yes or no.*

## Adolescent 10-17 Record (PRIVATE)

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The next sections are about very private topics. I want to remind you, I have been trained about keeping confidentiality.

Your answers will be used to ensure that your family receives services that may be needed to live a healthy life.

May I ask you some questions about sensitive subjects? Remember, you can refuse to answer any question.



### PSYCHOSOCIAL (b)

Mark the psychosocial (b) section on the adolescent record.



Counseling Card 10 "Adolescent HIV Prevention."

Do you have a boyfriend or girlfriend? *Tick yes or no.*

*If yes, ask: Is your boyfriend/girlfriend older than you? Tick yes or no.*

Have you ever had sex? *Tick yes or no.*

Are you currently sexually active? *Tick yes or no.*

Do your older friends ever buy or give you things? *Tick yes or no.*

Do you drink alcohol or use drugs? *Tick yes or no.*

## Adolescent 10-17 Record (PRIVATE)

---



### SAFETY

Mark the safety section on the adolescent record.



Counseling Card 11 "Child and Adolescent Protection."

Sometimes adults beat, slap or hit children. Has anyone ever beaten, slapped or hit you with a belt, a stick or something hard? *Tick yes or no.*

*If yes: Was this in the last 6 months? Within 6 months is considered recent. Tick yes or no. Tick N/A if there has been no violence in the last 6 months.*

*If violence was recent: Did you receive or are you currently receiving any services to help with this problem? Tick yes or no.*

Have you ever been touched by anyone on your body in a way you did not like? Have you ever been pressured to do something sexual against your will? *Ask females only: Has a boyfriend ever hit you or forced you to do something sexual against your will? Tick yes or no.*

*If yes: Was this in the last 6 months? Within 6 months is considered recent. Tick yes or no. Tick N/A if there has been no violence in the last 6 months.*

*If sexual abuse was recent: Did you receive or are you currently receiving any services to help with this problem? Tick yes or no.*

Do you feel safe on a daily basis? *Tick yes or no.*

## Adolescent 10-17 Record (PRIVATE)



Are there any signs of violence? Observe (do not ask). These could include marks of physical abuse, child seeming afraid of caregiver, caregiver being indifferent, mean or cruel towards the child. Tick yes or no.

Is a referral needed?

**PAUSE:** If any violence or abuse is present for the adolescent, mark what kind of referral is the most appropriate in this situation.

- If abuse is severe, mark “social protection”
- If it is abusive, but a common parenting style, mark “positive parenting”
- If the violence is resolved or in the past, mark “none”



**HIV**

Mark the HIV section on the adolescent record.

**IMPORTANT!** Adolescent should know their HIV status. Continue asking these questions in private with only the adolescent present.



Counseling Card 4 “HIV Testing.”

Now I’m going to ask some questions about HIV. Have you ever been tested for HIV? Do you know the results of your test?

## Adolescent 10-17 Record (PRIVATE)



Observe (do not ask). Make your best judgement. Has this person been tested? Use your best judgement and tick the best response.

**When was the last time you were tested for HIV? Write in the date.**

**Would you share your HIV test result with me? If they shared their status, tick HIV+ or HIV-.**



**STOP!** For any adolescents who are HIV- or do not know their status, you are finished with their record.

You can move on to the next adolescent or complete the assessment.

Continue in this section only if there are adolescents who have shared their HIV+ status with you.



Counseling Card 5 “Antiretroviral Treatment (ART).”

**Do you take medication for HIV, called ART? Tick yes or no.**

If yes:

**When did you start taking ART? Write in the date.**

**Do you take it every day? Tick yes or no.**

## Adolescent 10-17 Record (PRIVATE)

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Do you take it around the same time each day? *Tick yes or no.*

Have you ever stopped for a period of time? Even 1 week matters. *Tick yes or no.*



*Is this adolescent adhering to treatment? Do not ask. Make your best judgement. Remember: adherence means taking ART every day at the same time for at least 6 months, no stopping. Consider what they reported and mark the record.*



*Counseling Card 6 "Viral Load."*

Have you ever heard of a blood test called viral load?

Have you had your viral load tested? *If they have not been tested, mark viral load as unknown.*

*If yes: Do you know your result? If they don't know their result, mark unknown.*

*If the result is known: Can you tell me the number or if it was high, low, or undetectable? If they know the number, you can make a note of it. Tick high, low or undetectable.*

## Adolescent 10-17 Record (PRIVATE)

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Which health facility or service do you visit? *Write in the name of the facility.*

Why did you choose this facility? *Pause. You will mark only 1 response. Use the prompts below to determine the response that best fits.*

*Are they going to a facility because it is the same one that their caregiver uses, is close, easy, has good care, or is the only place they can get treated. Tick 1 of these if that is the case. If they did not answer with a clear response, ask the following questions:*

**Sometimes people choose to go to a facility outside their area because they are afraid that family or neighbors will learn their status. Is this the case for you? Tick 1 of these if that is the case.**

**Sometimes people don't go to a facility that is close to them because they are not treated well. Is this the case for you? Tick this if that is the case.**



*Counseling Card 8 "Disclosure."*

*Counseling Card 9 "Psychosocial Support."*

**Have you told anyone other than me your HIV status? This is called disclosure. Tick yes or no.**

*If yes: Who did you tell? Referring to the list on the Wellbeing Assessment Record, tick all that apply.*

**What is their attitude towards you?**

## Adolescent 10-17 Record (PRIVATE)

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Do you feel like people treat you differently because you are HIV+?



*Is this person experiencing stigma? Do not ask. Make your best judgement. Tick yes or no.*

Remember, you can live a long, healthy life with HIV and contribute a lot to your community and family.

Sometimes it is still helpful to have a source of support for the difficult times.

Who are the members of your household or community that have an encouraging attitude toward you and help you?

How do you receive support when you need it?



*Does this adolescent attend an HIV support group? Do not ask. Make your best judgement. Tick yes or no.*



**STOP!** You are done with this record.

*Go on to the next adolescent record or complete the assessment.*

## Completing the assessment

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Now I'm going to quickly review the records to make sure I haven't missed anything. This will just take a moment.

*Before you leave, make sure to review the records and make sure you haven't missed anything.*

*Pull out the household record.*



### SCHOOLING

*Mark on the household record*



*Observe (do not ask). Think about the schooling questions from all of the children and adolescents ages 6-17.*

*Does the caregiver know the school attendance for all children? Do not ask. Make your best judgement. Tick yes or no.*

*Does the caregiver know the progress of each child in school? Do not ask. Make your best judgement. Tick yes or no.*

**Thank you for your time and honesty. Remember I will keep your information confidential and safe.**



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