



The Nambale Magnet School Assessment Form

P.O BOX 374-50409, Nambale Kenya

Tel: 254-71400943, 254-734012842

Serial no:

Please read through carefully before completing the form. Photocopies will not be acceptable

SECTION A: CHILD DETAILS					
A1. Name of Child	A2. Gender	A3. Age		A5. Baptism Cert	A6. Birth Cert
	Male <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	Female <input type="checkbox"/>	A4. Date of Birth			
A7. Education Level					
None <input type="checkbox"/>	Nursery <input type="checkbox"/>	Primary <input type="checkbox"/>		Other <input type="checkbox"/>	
Name of previous School					

SECTION B: PARENTS DETAILS			
B1. Father's Name	Alive <input type="checkbox"/>	Dead <input type="checkbox"/>	
	B2. DOB		B5. Date of Death
	B3. ID NO		B6. Death Cert No.
	B4. Occupation		B7. Burial Permit No.
B8. Mother's Name	Alive <input type="checkbox"/>	Dead <input type="checkbox"/>	
	B9. DOB		B12. Date of Death
	B10. ID NO.		B13. Death Cert No.
	B11. Occupation		B14. Burial Permit No.

SECTION C: CARE GIVER'S DETAILS			
C1. Name	C2. Gender M <input type="checkbox"/> F <input type="checkbox"/>	C3. ID NO.	
C4. Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
C5. DOB or Age	C6. Occupation		
C7. Relationship With Child			

SECTION D: VULNERABILITY ASSESMENT							
D1. Childs vulnerability level			1	2	3	4	SCORE
D1.1	Education Level	Define the level of education	Not been to school or dropout <input type="checkbox"/>	Nursery <input type="checkbox"/> Primary <input type="checkbox"/>	Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/>	University <input type="checkbox"/>	
D1.2	Health Status	Define the health status of the child	Sickly, on treatment <input type="checkbox"/>	Sickly, no treatment <input type="checkbox"/>	Unknown <input type="checkbox"/>	Healthy <input type="checkbox"/>	
D1.3	Orphan Status	Define the orphan status of child	Double <input type="checkbox"/>	Mama dead <input type="checkbox"/> Papa dead <input type="checkbox"/>	Both Parents Sickly <input type="checkbox"/>	One Parent Sickly <input type="checkbox"/>	
D2. General Related Vulnerability							

D2.1	HH Size	What is the size of HH where the child resides	Above 10 members <input type="checkbox"/>	7-10 HH members <input type="checkbox"/>	4-6 HH members <input type="checkbox"/>	1-3 HH members <input type="checkbox"/>	
D2.2	Number of OVC (<18 yrs) in the HH	How many OVC reside in the HH. Record on the back page	7 and above OVC in the HH <input type="checkbox"/>	5 to 6 OVC in the HH <input type="checkbox"/>	3 to 4 OVC in the HH <input type="checkbox"/>	1 to 2 OVC in the HH <input type="checkbox"/>	
D2.3	Ages of HH members	Group ages of children living in the HH	10 and above below 18 years <input type="checkbox"/>	7-9 below 18 years <input type="checkbox"/>	4-6 below 18 years <input type="checkbox"/>	1-2 below 18 years <input type="checkbox"/>	
D2.4	Ages of care givers	Group ages of care giver(s)	Below 24 years & above 55 years <input type="checkbox"/>	45 to 54 years <input type="checkbox"/>	35 to 44 years <input type="checkbox"/>	25 to 34 years <input type="checkbox"/>	
D2.5	Gender	State number of women living in HH	7 and above in HH <input type="checkbox"/>	5 to 6 in HH <input type="checkbox"/>	3 to 4 in HH <input type="checkbox"/>	1 to 2 in HH <input type="checkbox"/>	
D2.6	Caregivers relationship with OVC	Define the relationship between the child and caregiver	Child headed household <input type="checkbox"/> None or Sympathizer <input type="checkbox"/>	Grandparents >55 years or distant relatives <input type="checkbox"/>	Aunt, uncles, Step parents, Grandparents <55years <input type="checkbox"/>	Mother or Father <input type="checkbox"/>	
D3.Family Economic Status							
D3.1	Occupation	Assess HH members occupation	No HH member involved in economic activity <input type="checkbox"/>	1 HH member involved in casual trade <input type="checkbox"/>	At least 1 HH member in small scale business <input type="checkbox"/>	At least 1 HH member in salaried job <input type="checkbox"/>	
D3.2	Property	Assess the worth of property owned by the family	No land, no livestock, no poultry <input type="checkbox"/>	No land, livestock/poultry worth below KES 20,000 <input type="checkbox"/>	Land size less than 1 acre, Livestock poultry worth KES 20,000-50,000 <input type="checkbox"/>	Land size more than 1acre, livestock/ poultry worth over KES 50,000 <input type="checkbox"/>	
D3.3	Source of food	Assess the source of food for OVC	No reliable source <input type="checkbox"/>	Relatives / friends <input type="checkbox"/>	Sells in market <input type="checkbox"/>	Major farming <input type="checkbox"/>	
D4 Shelter							
D4.1	Building structure	Assess the living structure	Dilapidated or no house <input type="checkbox"/>	Temporary structure <input type="checkbox"/>	Semi-permanent house <input type="checkbox"/>	Permanent structure <input type="checkbox"/>	
D5 Nutrition and Food Security							
D5.1	Food availability	Assess the nutrition support	Sometimes go without food <input type="checkbox"/>	1 meal a day <input type="checkbox"/>	2 meals a day <input type="checkbox"/>	3 meals a day <input type="checkbox"/>	
D5.2	Nutritional components	Compare OVC food composition	100% carbohydrate <input type="checkbox"/>	Mixture of carbohydrates and protein <input type="checkbox"/>	Mixture of carbohydrates, protein and fat <input type="checkbox"/>	Mixture of carbohydrates, protein, fat and vitamins <input type="checkbox"/>	
D6 Health Status Water and Sanitation							
D6.1	Health status	Assess frequency of illness	Sickly (every 1 to 2 months) <input type="checkbox"/>	Frequently sick every 3 months <input type="checkbox"/>	Rarely sick every 6 months <input type="checkbox"/>	No health issue in the past 1 year <input type="checkbox"/>	
D6.2	Health seeking behavior	Access to treatment	Mostly wait to heal <input type="checkbox"/>	Visits herbalist/ Faith healing <input type="checkbox"/>	No consultation but buys drugs over the counter <input type="checkbox"/>	Can consult and buy drugs <input type="checkbox"/>	

D6.3	Water source	Access to safe drinking water	Open pond, run offs <input type="checkbox"/>	Lakes, rivers <input type="checkbox"/>	Protected well <input type="checkbox"/>	Tap water <input type="checkbox"/>	
D6.4	Water treatment	Assess how water is treated	Do not treat at all <input type="checkbox"/>	Sometimes treat <input type="checkbox"/>	Boil/ put chlorine <input type="checkbox"/>	Treated tap water <input type="checkbox"/>	
D6.5	Sanitation	Assess the level of sanitation and hygiene	No latrine, rubbish pit <input type="checkbox"/>	Have 1 of the facilities <input type="checkbox"/>	Have at least 2 of the facilities <input type="checkbox"/>	Have all the facilities <input type="checkbox"/>	
D7 Psychological Status							
D7.1	Mental health	Assess the HH mental health	Sickly (every 1 to 2 months) <input type="checkbox"/>	Frequently sick every 3 months <input type="checkbox"/>	Rarely sick every 6 months <input type="checkbox"/>	All HH members are well <input type="checkbox"/>	
D7.2	Resilience	Assess level of resilience	No friends, fearful torture marks, wets bed <input type="checkbox"/>	Absent minded, wets bed, stigmatized <input type="checkbox"/>	Easily irritable, likes to fight <input type="checkbox"/>	Child is happy, calm joyful, not irritable <input type="checkbox"/>	
D8 Education							
D8.1	Access to education	Assess how regularly the child accesses education	Misses school more than once a week. Has no uniform <input type="checkbox"/>	Misses school more than once a week. Has tattered uniform <input type="checkbox"/>	Attends school daily but has tattered uniform <input type="checkbox"/>	Attends school daily has uniform <input type="checkbox"/>	
D9 Protection Status							
D9.1	Protection rights	Assess vulnerability level, protection or abuse of rights	Disinherited Child headed HH <input type="checkbox"/>	Temporarily sheltered/ abandoned child <input type="checkbox"/>	squatter <input type="checkbox"/>	Own land has no title deed <input type="checkbox"/>	
D9.2	Exposed to abuse	Assess child's vulnerability to direct abuse	Torture marks, denied shelter <input type="checkbox"/>	Shares bed with teens or adult of opposite sex <input type="checkbox"/>	Often denied food, faces physical abuse <input type="checkbox"/>	Faces verbal abuse sometimes denied food <input type="checkbox"/>	
TOTAL SCORE							

SCORE ANALYSIS			
Group 1: Most Vulnerable	Group 2: Vulnerable	Group 3 Needy	Group 4: Least Needy
25 to 44	45 to 63	64 to 82	83 to 100

The Nambale Magnet School: A WIKS Project- "A Beacon of Hope and a Symbol of Development"

Approved for support <input type="checkbox"/>	Approved for support <input type="checkbox"/>	Approved for support <input type="checkbox"/>	Not approved for support <input type="checkbox"/>
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DETAILS OF OTHER CHILDREN IN THE FAMILY							
Ser. No	Name	OVC No.	Age	Sex	Relationship	Name of School	Class
1							
2							
3							
4							
5							
6							
7							
8							
9							

APPROVAL AND CERTIFICATION OF THE AUTHENTICITY OF THE DATA			
	Name	Signature	Date
Caregiver			
Data collected by			
Data reviewed by			
Data approved by			

Notes