



## 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 Male <input type="checkbox"/>	A3. Age		A5. Baptism Cert Y <input type="checkbox"/> N <input type="checkbox"/>	A6. Birth Cert 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	Dead	
	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"/>	
<b>D3.Family Economic Status</b>							
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"/>	
<b>D4 Shelter</b>							
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"/>	
<b>D5 Nutrition and Food Security</b>							
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"/>	
<b>D6 Health Status Water and Sanitation</b>							
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"/>	
<b>D7 Psychological Status</b>							
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"/>	
<b>D8 Education</b>							
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"/>	
<b>D9 Protection Status</b>							
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"/>	
<b>TOTAL SCORE</b>							

<b>SCORE ANALYSIS</b>			
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  | Approved for support  | Approved for support  | Not approved for support

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*