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**Child Status Assessment Form**

**Building Local Capacity for Delivery of HIV Services in Southern Africa Project**

**Child Name:** \_\_\_\_\_

**Child Age:** \_\_\_\_\_

**Child Code:** \_\_\_\_\_

**Household Composition:** \_\_\_\_\_

**Name of Household Head:** \_\_\_\_\_

**Age of Household Head:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Number of People in Household:** \_\_\_\_\_

**Food Security and Nutrition**

#	Questions	Yes	No	Don't Know
1	Does your household grow any food crops?			
2	How many meals did your household have yesterday?	1 meal 2 meals 3 meals		
3	What type of food did they eat?			

**Economic Strengthening**

#	Questions	Yes	No	Don't Know
4	Does this household receive income from salaried work?			
5	Does this household receive income from casual labour?			
6	Does this household receive income from gifts/donations/charity?			
7	Does this household receive income from self-employed business?			
8	Does any member of the household get assistance from the government (e.g. public assistance and child grants)?			

9	Specify other means of income sources			
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**Legal Protection - Child**

#	Questions	Yes	No	Don't Know
10	Since your parents died, have you had any property stolen or forcibly taken from you?			
11	Did your parents make a will before they died?			
12	Were you the beneficiary of the will?			
13	Do you have a passport?			
14	Do you have a birth certificate?			

**Legal Protection - Caregiver**

#	Questions	Yes	No	Don't Know
15	By law, do you know whether a woman has a right to her husband's property after he dies if there is no will?			
16	Do you know whether a woman has a right to her husband's property after he dies if there is a will specifying her as a beneficiary?			
17	Are you aware of the legal procedures that you have to take if your property is stolen or forcibly taken from you or children under your care?			

**Health - Child**

#	Questions	Yes	No	Don't Know
18	Would you say [Child's] health is very good, good, fair, or poor?	Very Good 1 Good 2 Fair 3 Poor 4		
19	How many times has [Child] visited a health center or health practitioner in the past month due to a health problem?		_____ times	
20	How many times has [Child] been hospitalized in the past two months?		_____ times	
21	Does [Child] have an immunization card?			

22	Does [Child] need any health services he/she is not receiving?			
23	What type of health services does [Child] need?	Healthcare <input type="checkbox"/>	Medicine <input type="checkbox"/>	Immunizations <input type="checkbox"/>
		Other: _____		
24	If the answer to question 22 above is YES: Why isn't [Child] receiving the health services he/she needs?	Caregiver doesn't have enough money <input type="checkbox"/>	No transportation <input type="checkbox"/>	Other: _____

### Health - Caregiver

#	Questions	Yes	No	Don't Know
25	WOMEN ONLY Are you pregnant?			
26	WOMEN ONLY Are you breastfeeding?	Yes	No	
27	In general, would you say your health during the past year has been very good, good, fair, or poor? <b>RECORD ONLY ONE RESPONSE</b>	Very Good 1 – Skip to 29 Good 2 – Skip to 29 Fair 3 Poor 4		
28	In the next 6 months, do you expect your health to improve, stay the same or decline? <b>Please explain why</b>	Yes	No	
29	In the past year, have you had any difficulty caring for the children in this household due to health problems?	Yes	No	
30	When you were sick, did you need help with any of your daily activities?	Yes	No	
31	Did you receive any help?	Yes	No	
32	From whom did you receive help?	Adult household member <input type="checkbox"/>	Child household member <input type="checkbox"/>	Other: _____

### Psychosocial - Child

#	Questions (Does the child....)	Yes	No	Don't Know
33	...cry a lot?			
34	...refuse to eat?			
35	...get in many fights?			
36	...act mean to other children?			
37	...wet the bed?			
38	...act unhappy, sad, or depressed most of the time?			
39	...act withdrawn, preferring to be alone?			
40	How does the child behave generally around other children and adults?	Please write answers in this column:		
41	How is the child's performance at school? If the child's performance is good/bad, please give reasons.	Please write answers in this column:		

### Psychosocial – Caregiver

#	Questions	Yes	No	Don't Know
42	Do you have any worries now about your responsibilities as a guardian for these children?	Yes		No
43	What worries you the most?  RECORD ALL MENTIONED	Money to send children to school/day care <input type="checkbox"/> Money for food <input type="checkbox"/> Money for clothes <input type="checkbox"/> Housing or money for housing <input type="checkbox"/> Other financial concerns <input type="checkbox"/> Caring for a child who is sickly <input type="checkbox"/> My own poor health or old age, physical limitations <input type="checkbox"/> Other: _____		

### Education

#	Questions	Yes	No	Don't Know
44	Does [Child] attend school or pre-school or any organized learning or education program?	Yes		No
45	What obstacles do you foresee which may prevent you from sending the child to primary school?	Unable to afford school fees <input type="checkbox"/> Need child labour at home <input type="checkbox"/> No interest <input type="checkbox"/> School too far <input type="checkbox"/> None <input type="checkbox"/> Other: _____		

### Special Needs

#	Questions	Yes	No	Don't Know
46	Is the child/caregiver physically or mentally ill? <b>If yes, please explain</b>	Yes	No	
47	Does the child/caregiver have any other special needs? <b>Please explain</b>			

Comments:

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Assessor Signature: ..... Date: .....





**Service Provision Form**  
**Building Local Capacity for Delivery of HIV Services in Southern Africa Project**

1. Surname of data collector:		2. First name of data collector:	
3. Surname of beneficiary:		4. First name of beneficiary:	
5. Beneficiary's gender: <i>(Put X where applicable)</i>	1= Male	2= Female	

6. Beneficiary unique code:	<i>Organization</i>	<i>District code</i>	<i>Beneficiary type</i>	<i>Surname</i>	<i>Year born</i>	<i>Cumulative number</i>
7. Household unique code:	<i>Village code</i>	<i>District code</i>	<i>Community council code</i>	<i>GPS coordinates</i>	<i>Cumulative number</i>	

*Fill a separate service received form for each new child and caregiver reached. Allocate each beneficiary with a unique code number. These unique code numbers must run cumulatively for children, with another series for caregivers.*

*For instance: CIL-F-CHN-PUL-96-0001, created as follows:*

*- Organization code (three unique letters) e.g. CIL*

*- District code e.g. F for Mofale's hoek*

*- Beneficiary type e.g. CHN representing a child [For caregivers this will be CGV]. Remember that in Lesotho, a child is defined as 0-17 years. Once they celebrate their 18th birthday, they are no longer a child.*

*- Surname (first three letters of the individual's surname) e.g. PUL for Pule, or PHO for Phori*

*- Year of birth (four digits) e.g. 1996*

*- Number (four digits) e.g. 0001 for the first child reached, 0022 for the 22nd reached, and 0100 for the 100th child reached*

**8. Frequency and type of service provided**

Date of service provision	Nutritional services	Shelter and caregiving	Health care referral	Education/vocational training	Protection or legal aid services	Psychological, social or spiritual	Financial/economic strengthening

Describe specific services provided:



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**OVC and Caregivers Referral Form**  
**Building Local Capacity for Delivery of HIV Services in Southern Africa Project**

Name of Organization Referring: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

First and Last Name of Beneficiary: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

District Name: \_\_\_\_\_ Community Name: \_\_\_\_\_

Village Name: \_\_\_\_\_ Unique Code: \_\_\_\_\_

Referred to (Name of the Facility): \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Referral made by (Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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