***FAMILY ASSESSMENT TOOL***

**Background information.**

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| **Date** |  | | | | |
| District | Sub-County | | Parish | | Village |
| Name of Household Head | Gender of HH head   1. Male 2. Female | | Name of area CDO | | Contacts of the CDO |
| Age of HH head: | |
| Contacts of the household head | | Name of area PSWO | | Contacts of the area PSWO |
| Number of adult household members with a disability:  Type of disability? | | | | | |
| Number of children in the household with a disability:  Type of disability? | | | | | |
| Name of area L.C 1 Chairperson | Contacts of area L.C 1 Chairperson | | Name of Para-social worker | | Contacts of the para-social worker |
| Number of People in the Household: | | | | | |
| Names of household members | Age | Relationship to the household head | | Occupation | |
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| **Household Economic situation of the child’s household (caregivers)** | | | | | | |
| How many people in this household earn income? | | 1. Only one 2. Two 3. Three 4. Four 5. Five 6. More than five 7. None | | | | |
| Does the household/primary caregiver have a reliable source of livelihood? | | 1. Yes 2. No | | | | |
| What is the main source of income for the household? | | 1. Formal employment 2. Informal employment/self-employment 3. Household/personal business 4. Other (specify) | | | | |
| Are you or any member of this household a member of a savings group or association? | | 1. Yes 2. No | | | | |
| How much have you saved in the last three months**?** (Expressed in Uganda Shillings) | | 1. Less than 100,000/= 2. Between 100,001/= and 200,000/= 3. Between 200,001/= and 300,000/= 4. Between 300,001/= and 400,000/= 5. Between 400,001/= and 500,000/= 6. Between 500,001/= and 600,000/= 7. Between 600,001/= and 700,000/= 8. Between 700,001/= and 800,000/= 9. Between 800,001/= and 900,000/= 10. Between 900,001/= and 1,000,000/= 11. Above 1,000,000/= | | | | |
| **What is the current monthly HH income?** (Expressed in Uganda Shillings) | | 1. Less than 100,000/= 2. Between 100,001/= and 200,000/= 3. Between 200,001/= and 300,000/= 4. Between 300,001/= and 400,000/= 5. Between 400,001/= and 500,000/= 6. Between 500,001/= and 600,000/= 7. Between 600,001/= and 700,000/= 8. Between 700,001/= and 800,000/= 9. Between 800,001/= and 900,000/= 10. Between 900,001/= and 1,000,000/= 11. Above 1,000,000/= | | | | |
| Does the household own the following? | Item | | Yes (1) | | No (2) | |
| Domestic animals (e.g., cow(s), goat(s), sheep, chicken(s), pig(s)) | | 1 | | 2 | |
| HH owns land | | 1 | | 2 | |
| Stock that can be easily liquidated (sold off) | | 1 | | 2 | |
| A functional means of transport (e.g., Bicycle, motorcycle, boat) | | 1 | | 2 | |
| Is the household/primary caregiver able to pay the child’s school fees and other requirements? | | 1. Yes 2. No | | | | |
| Is the household/primary caregiver able to meet the child’s basic needs at school? | | 1. Yes 2. No | | | | |
| Is the household/primary caregiver actually paying the child’s school fees and other requirements? | | 1. Yes 2. No | | | | |
| What economic opportunities within the community can the household tap into? | | 1. Available market for household produce 2. Dense population, evening markets that can offer market for petty businesses e.g., food items 3. Proximity to schools that can offer markets 4. Other (specify) | | | | |
| What is your rating of the primary caregivers’ commitment to cover the child’s school dues and child’s personal requirements? | | 1. Very committed 2. Somehow committed 3. Not committed at all. 4. Don’t know | | | | |
| How would you rate the economic situation of the child’s household? | | 1. Economically stable 2. Somewhat struggling 3. Critically vulnerable 4. Destitute | | | | |
| **Survival and health** | | | | | | |
| What is the main source of food consumed by the members of your HH? | | 1. Own garden (produced by the household) 2. Bought from the market/shop 3. Both from own garden and the market 4. Aid/donations 5. Other (specify) | | | | |
| How many meals does the HH have in a day? | | 1. One meal 2. Two meals 3. Three meals 4. Four meals 5. Other (specify) | | | | |
| In the past month [state the month], has any member of the HH gone a whole day and night without eating anything at all due to lack of food? | | 1. Yes 2. No | | | | |
| Does the household have a latrine/toilet facility used by the members of the HH? | | 1. Yes 2. No | | | | |
| Is the latrine/toilet accessible by members of the household with a disability? | | 1. Yes 2. No | | | | |
| **Do the following apply to this HH?** [Observe for yourself where applicable] |  | | | Yes (1) | | No (2) |
| HH harvests rain water or has access to safe water within 30 minutes (half an hour) for domestic use | | | **1** | | **2** |
| HH has access to a public health facility within 5 kilometers | | | **1** | | **2** |
| All HH members sleep under a mosquito net | | | **1** | | **2** |

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| **Education and Development** | | | | | | | | | | |
|  | Are all the children aged 6–17 years in this HH enrolled in school, vocational training or apprenticeship | | | 1. Yes 2. No | | | | | | |
|  | Do all the children aged 6–17 years that are in school attend school, vocational training or apprenticeship regularly (At least 4 days a week on average)? | | | 1. Yes 2. No 3. Sometimes | | | | | | |
|  | Are all children aged 3-5 years in this HH enrolled in Pre-School? | | | 1. Yes 2. No | | | | | | |
|  | Have the children/child successfully progressed from one level to another at school, vocational training or  apprenticeship compared to last academic year? | | | 1. Yes 2. No | | | | | | |
| **Care and protection** | | | | | | | | | | |
|  | In the past 12 months, have all the children in this HH been under the care of and lived with an adult Caregiver? | | | 1. Yes 2. No | | | | | | |
|  | In the past 6 months, are there any children in this HH who have been withdrawn or consistently sad, unhappy, or depressed, and not able to participate in daily activities, including playing with friends and family? | | | 1. Yes 2. No | | | | | | |
|  | What would you do if any of your children experienced or became a victim of child abuse or violence? | | | 1. Report to the primary caregiver 2. Report to another family member (than the primary caregiver) 3. Report to a neighbour 4. Report to a community leader 5. Report to police 6. Report to an authority at the sub county/district 7. Other (specify) 8. Nothing | | | | | | |
|  | **In the past 6 months, has any child in this/your HH experienced any of the following in or outside the HH?** | | | | | | | | | |
|  | **Experience** | | | | | | | **Yes (1)** | | **No (2)** |
| Physical abuse that caused body harm | | | | | | | 1 | | 2 |
| Sexually abused, defiled, or forced to have sex. | | | | | | | 1 | | 2 |
| A meal withheld to punish him/her | | | | | | | 1 | | 2 |
| Involved in child labour | | | | | | | 1 | | 2 |
| Stigmatised/discriminated against due to illness, disability, or for other reasons. | | | | | | | 1 | | 2 |
| Someone touched him/her in a bad way (sexual manner) | | | | | | | 1 | | 2 |
| Someone made inappropriate comments about his/her body. | | | | | | | 1 | | 2 |
| Made to commit (used in the commission of) crime | | | | | | | 1 | | 2 |
|  | **Where did any of these experiences happen to you?** | | | | | | | | | |
|  | **Experience** | | | | **At home (1)** | **In the community (2)** | | | **At school (3)** | |
| Physical abuse that caused body harm | | | | 1 | 2 | | | 3 | |
| Being sexually abused, defiled, or forced to have sex. | | | | 1 | 2 | | | 3 | |
| A meal being withheld to punish me | | | | 1 | 2 | | | 3 | |
| Being involved in child labour | | | | 1 | 2 | | | 3 | |
| Being stigmatised/discriminated against due to illness, disability, or for other reasons. | | | | 1 | 2 | | | 3 | |
| Being touched me in a bad way (sexual manner) | | | | 1 | 2 | | | 3 | |
| Someone making inappropriate comments about my body. | | | | 1 | 2 | | | 3 | |
| Made to commit (used in the commission of) crime | | | | 1 | 2 | | | 3 | |
|  | Do all children in this HH have a birth certificate? | | | * + - 1. Yes, all with long birth certificate       2. Yes, all with short birth certificate       3. Yes, some with short and others with long birth certificate       4. No.       5. Don’t know | | | | | | |
|  | Has the care giver personally experienced any of these forms of sexual and gender-based violence in the past 6 months? |  | Yes (1) | | | | No (2) | | | |
| Sexual Violence | 1 | | | | 2 | | | |
| Physical violence that caused body harm | 1 | | | | 2 | | | |
| Emotional violence | 1 | | | | 2 | | | |
| Economic violence | 1 | | | | 2 | | | |
|  | **Family Functioning** | | | | | | | | | |
|  | How strong is the relationship between caregivers/parents? | | 1. Very strong 2. Fairly strong 3. Weak 4. Poor | | | | | | | |
|  | Do the caregivers/parents have a healthy relationship with other members of the family? | | 1. Yes 2. No | | | | | | | |
|  | Is there any family member with alcohol misuse, drug misuse, and mental health issues? | | 1. Yes 2. No | | | | | | | |
|  | Does the primary caregiver have any problems with alcohol misuse, drug misuse, and mental health? | | 1. Yes 2. No | | | | | | | |
|  | Are any household members experiencing open distress? | | 1. Yes 2. No | | | | | | | |
|  | Does the household receive any support from extended family members? | | 1. Yes 2. No | | | | | | | |
|  | What is the nature of support received by the HH from extended family members? | | 1. Food 2. School fees 3. Psychosocial support 4. Other (specify) | | | | | | | |
|  | Is there any history of child abuse, neglect, exploitation or violence in the home? | | 1. Yes 2. No | | | | | | | |
|  | Is there at least one consistent adult caregiver for the child? | | 1. Yes 2. No | | | | | | | |
|  | **COMMUNITY and SOCIAL CONNECTIONS** | | | | | | | | | |
|  | Does the family have access to community services? | | 1. Yes 2. No | | | | | | | |
|  | What community services does the family have access to? | | 1. Education (schools) 2. Church 3. Water 4. Security 5. Protection by authorities from crime, land grabbing, etc. 6. Other (specify) | | | | | | | |
|  | Is the family connected to community leaders, church, neighbours, schools, etc.? | | 1. Yes 2. No | | | | | | | |
|  | Is the family accepted within the community? | | 1. Yes 2. No | | | | | | | |
|  | Are community risks evident (e.g., high crime, drug use, prostitution)? | | 1. Yes 2. No | | | | | | | |

Date of Assessment:

Assessor’s Name:

Title:

Signature:

Contact: