



Government of Malawi – National AGYW Screening tool V1 May 2023

GUIDANCE NOTE ON USING AGYW ASSESSMENT TOOL

About the Tool: This is a screening tool to identify and assess specific risks and vulnerability for Adolescent Girls and Young Women AGYW in Malawian contexts. The tool aims to identify risk factors applicable to specific AGYW by planning and executing an effective service-layering package affecting their wellbeing and quality of life. It is a gateway to comprehensive referral services and linkages. The tool will also re-assess risks and vulnerability at regular intervals for AGYW already enrolled in different interventions to ensure continuum of services and best outcomes. Trained peer educators (community volunteers), social workers or public health workers will use these findings to coordinate, secure and plan related interventions / services for AGYWs. Individual AGYWs will use the tool to conduct **a self-risk assessment** at a time and place convenient to them. Designated peer educators or matron will motivate and guide individual AGYW to conduct a self-assessment and link the outputs to relevant structures to facilitate planning of targeted services for an AGYW. The focus will be to help each AGYW to understand the importance of honest assessment.

The tool is applicable to AGYW aged 10 – 24 years in the community or in institutions including schools and health facilities. Authorized users shall always comply with principles of **right to privacy, informed consent and confidentiality**. All data from the assessment shall be kept safe and used for intended purposes only.

For further clarification, please contact your nearest District Youth Office.

Guidelines to Use the Tool

- The tool has seven (7) domains of risk and vulnerability based on Malawi contextual vulnerabilities for AGYW.
- Make sure AGYW understands each question and responds accordingly.
- Complete response for each question (see response in the last column and choose based on response from an AGYW)
- Identify risk and vulnerability factors that will inform referrals and linkages for each AGYW. Complete risk and vulnerability assessment and document in the column provided based on responses by an AGYW to individual risk prompts.
- There is the colour coding for indicators please pay attention to details.
 - If the indicator has a red coloured column in the response column– It is a serious risk that requires urgent referral and attention (same day).
 - All risks identified by a “Yes” in the “risk column response” must be followed up by an active referral.
- While using digital electronic devices colour codes are automated in the system
- Make a case plan for each AGYW based on the scores using the space provided at the end of the assessment.
- For self-administered risk assessments, a case officer or designate will make a case plan based on the findings and records
- The ultimate result of the assessment is to determine risks and vulnerabilities for individual AGYW, make a case plan and initiate referrals
- The tool shall be used alongside referral slips and referral registers



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GOVERNMENT OF MALAWI - NATIONAL SCREENING TOOL FOR SUPPORTING ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) WELL-BEING				
Name of Assessor	Position	District	T.A.	Village
AGYW Unique Identifier Code (UIC)		AGYW Date of birth		
Name of CBO/ Club / School/Facility		Current Location (Landmark)		
<p>Confidentiality Statement and Consent for AGYW: My name is _____ I am a _____ (name the position) with _____ (name of agency / organization). I would like to chat with you about your life for about 15 minutes. The purpose is to support your health and wellbeing and explore the need for us to refer you to other services and support. Some questions might be sensitive or uncomfortable for you but they are important so that you get the necessary support. What we discuss is confidential, will not be shared unless I am concerned about your safety, and will not do so without talking with you first. Should you feel like stopping at any time please feel free. Please sign your name and signature as a sign that you have consented to this chat. If an AGYW is less than 18 please seek consent of a caregiver NAME (AGYW / Caregiver) _____ Signature _____ Date _____</p>				
	Questions	Response (Yes / No)	Referral Outcome ¹ (if any risk is identified Mark "Yes , No)	Response Options
Domain 1: Education				
1.1	Are you currently enrolled in school? If "Yes" skip to 1.3			Yes, No
1.2	If not, why did you drop out of school?			1 Lack of school fees, 2 Lack of support for supplies, 3 - pregnancy, 4 Distance to school, 5 Drug alcohol addict, 6 Forced by circumstances, 7 others___ (specify) Score 1 if any factors relate to vulnerability
1.3	Are there any challenges that negatively impact your schooling?			Yes, No
1.4	How far did you go with school?			1. No formal school, 2 Lower Primary, 3 Upper primary, 4 Junior Secondary, 5 Senior Secondary (MSCE) 6 Tertiary (non-scoring question)
Education - # Referrals Needed				
Domain 2: Social Protection & Support				
2.1	Are your biological parents alive?			Yes, No
2.2	Do you feel sad / stressed?			Yes, No
2.3	What makes you feel sad, stressed or hurt?			(open ended, Record Yes or No depending on risk identified)
2.4	Have you ever thought of hurting yourself?			Yes, No
2.5	Have you ever thought of ending your life?			Yes, No
2.6	Do you know where you can get support?			Yes, No ²
2.7	Do you regularly have food and necessities at home?			Yes, No
# Risks Identified & Referrals Needed				
Domain 3: Knowledge About HIV and SRHR				
3.1	Do you know how HIV is transmitted? (Probe: Tell me how you think HIV is passed from person to Person?)			Yes, No (Blood or other bodily fluids transmission from someone living with HIV i.e. through

¹ from Response Column Indicate ("Yes") for referral
 Markers of high risk are bolded. Any "Yes" response in these shall mean **urgent need** for referrals.

² Yes if secure, No if not food secure



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				unprotected sex, needle sharing, during childbirth and breastfeeding)
3.2	Do you know how to prevent yourself from contracting HIV or STI's or becoming pregnant? (Probe: If person only indicates prevention methods, then ask: Do you know any other prevention method/s?)			Yes, No (use of condoms, one sexual partner, knowing status your HIV status, starting ART if found to be HIV positive, PrEP, oral contraception
3.3	Do you know where to access HIV, STI and pregnancy prevention methods?			Yes, No
	# Risks Identified & Referrals Needed?			
Domain 4: Uptake of SRH and HIV Services				
4.1	Have you ever been tested for HIV? If no, skip to question 4.4			Yes , No
4.2	When was your last HIV test?			1) < 3months, 2) 3-5 months, 3). 6 -12 months, 3). > one year
4.3	Are you currently using any method of family planning (FP)? I.e. oral or injectable contraception, condoms etc.			Yes , No
4.4	Have you ever been treated for an STI?			Yes , No
4.5	In the last 6 months, have you had any of the following symptoms? <i>Painful urination, vaginal itching, vaginal burning, foul smelling discharge, rash and/or blisters in or on the vagina? Lower abdominal pain?</i>			Yes , No
	#Risks Identified - Referrals Needed			
Domain 4 Risk Taking Behaviours				
5.1	Have you ever had sex? Record "Yes" if ever had sex, if no skip to Domain 6			Yes , No
5.2	How many sexual partners have you had in the last 6 months?			Yes if more than 1 sexual partner, No if one or less
5.3	Have you ever had sex with someone in exchange for gifts or favours, payment, or help you in other ways?			Yes , No
5.4	How often do you use condoms?			Always = No , Sometimes / Never = Yes
5.5	Are any of your sexual partners in the past 6 months -			
5.5.1	Older than you by 5 or more years?			Yes , No; Don't know
5.5.2	Uncircumcised?			Yes , No; Don't know
5.5.3	Have an HIV positive status?			Yes , No; Don't know
5.6	Have you ever been or are you currently pregnant?			Yes , No; Don't know
5.7	Do you have children? If No, skip to 5.8			Yes If had children, No if has No children
5.7.1	How many children do you have?			Specify the ages of all children
5.7.2	If currently pregnant, are you attending ANC services?			Yes , No
5.8	Are you currently married, or in a union?			Yes , No
	# Risks Identified - Referrals Needed			
Domain 6: Experience of Violence				
6.1	Have you experienced any form of violence, abuse or sexual exploitation?			Yes , No
6.2	Do you feel safe at home or where you live or work?			Yes , No



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6.3	In the last 6 months, has anyone pushed you, shaken you, slapped/punched/beaten you, hit you with something, tried to choke you or thrown something at you that could hurt you?			Yes , No	
6.4	In the last 6 months, has anyone physically forced or coerced you to perform sexual acts that you did not want to?			Yes , No	
6.5	Do you experience any sexual violence (against your will) by older people, teachers, duty bearers or anyone else?				
6.6	Do you know where to report any form of violence, abuse or exploitation?			Yes , No	
# Risks identified and Referrals needed					
Domain 7 Alcohol & Drug abuse					
7.1	Do you drink or have you ever drunk alcohol? If "No" skip to 7.4			Yes , No	
7.2	Do you regularly drink alcohol?			Yes , No	
7.3	Does your alcohol use cause you any problems?			Yes , No	
7.4	Have you ever used any recreational drugs?(Probe for drug abuse marijuana, cocaine)			Yes , No	
# Risks Identified and referrals needed					
Eligibility Criteria based on Vulnerability Assessment					
1	Final outcome of assessment			Yes At Risk & Vulnerability (refer to services and linkages); NO - Not at Risk and Not vulnerable (Encourage to maintain status)	
Case Plan and Referrals					
Domain	Major Areas of Risk and Vulnerability	Facility Referred to	Date Referred	Outcome and Details	Date of Outcome
1	Education				
2	Social Protection & Support				
3	Knowledge About HIV and AIDS				
4	Risk Taking Behaviours				
5	Uptake of SRH and HIV Services				
6	Experience of Violence				
7	Alcohol and Drug abuse:				