 

**MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT**

**HOUSEHOLD VULNERABILITY ASSESSMENT TOOL (HVAT) – Adapted for FARE Project**

The Household Vulnerability Assessment tool (HVAT) is for assessment of families selected through the vulnerability prioritization process. This adapted tool helps to obtain in-depth baseline information about a family’s level of vulnerability to family-child separation, which will be used for monitoring progression of FARE beneficiary families’ vulnerability to family-child separation. The tool should be used with only households identified and prioritized using the Household Vulnerability Prioritization Tool (HVPT), and it should be administered only to families who will be supported. The tool should be applied after enrolment of families, at the end of 6 months, at the end of 12 month and at the end of 18 months or end of FARE Project.

**SECTION 0: BACKGROUND INFORMATION**

**INSTRUCTIONS**: Please administer this tool to the head of household (spouse or child in case of a child headed household). Provide background information for the household. Indicate all the required information on the members of the household, the required contact details and the Temporary HH Number assigned by A FARE project staff as indicated on the Household Vulnerability Prioritization Tool (HVPT). For each of the vulnerability categories, tick under Yes or No or Not Applicable (NA) as applicable. For Sex, indicate whether Male (M) or Female (F). For immunization and birth registration, check for immunization and birth registration certificates; while for date of birth, indicate the date, month and year. In the event that the two certificates are not available, take the information that is given. If the dates are not known, write not known. For HIV status, indicate unique codes of Positive (+), Negative (-) or Don’t Know (DK).

**SECTION I: HOUSEHOLD INFORMATION**

**INSTRUCTION:** Ask each question and circle the appropriate response option. After circling the response, please write in the corresponding score to the far right hand column (labeled SCORE). At the end of each Core Program Area (CPA), add the scores for all questions and write them down under

―CPA TOTAL‖ row.

Finally, **score all questions except 7.0.** Add up all relevant scores within each CPA and enter them under CPA Total. Compute the average SCORE for the Household by considering the scores under the different CPAs and indicate them in the table at the end accordingly.

**SECTION 0: BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| 0.1 District……………………………………………………………….. | 0.2 Sub-county/division/town council…………………………………............................................................. |
| 0.3 Date of interview………………………………………………………………..………………………………….…………………………… | 0.4 Name and mobile contact number of HH head……………………………………………………………………....………………………………………………………………………. |
| 0.5 Parish/ward……………………………………………………………… | 0.6 Village/zone………………………………………………………………..……… |
| 0.7 Name of IP………………………………………………………………. | 0.8 Name of interviewer………………………………………………………………... |
| 0.9 Name & contact of sub-county CDO……………………………………………………………….………………………………………………………………. | 0.10 HH Number……………………………………………………………………….………………………………………………….……………………. |

|  |  |  |
| --- | --- | --- |
| 0.11 Age of HH head………………………………………………………………. | 0.13 Phase of HVAT administration1. 1st
2. 2nd
3. 3rd
4. 4th
 | 0.14 Sex of HH head1. Male
2. Female
 |
| 0.12 Number of non-biological children to the caregiver/head of HH………………………………………………………………. |

|  |  |  |
| --- | --- | --- |
| 0.15 **Marital status****of HH head**1. Single
2. Married/ cohabiting
3. Widowed
4. Separated/ divorced
5. NA (if child)
 | 0.16 **Education level of HH****head**1. None
2. Primary
3. Secondary
4. Tertiary
 | 0.17 **Number of people in the HH by age group** |
| **Age group (yrs)** | **Male** | **Female** |
| Under 1 |  |  |
| 1-4 |  |  |
| 5-9 |  |  |
| 10-14 |  |  |
| 15-17 |  |  |
| 18-24 |  |  |
| 25+ |  |  |
| 0.18 If HH is reintegrating a child through FARE, is child stillresident in HH? (skip if prevention HH)1. Yes
2. No, explain

If NO: Is child still connected to the HH?1. Yes
2. No
 | 0.19 Was there any change on the HH roster that indicates a child ismissing from the HH?1. Yes
2. No

If Yes, explain ………………………………………………………………………………………………………………………………… |

**Household summary**

Total people:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0.20 Name of child** | **0.21 Sex (M/F)** | **0.22 Age** | **0.23 Date of birth (DD/MM/ YY)** | **0.24 Biological child to caregiver/HH head?** | **0.25Living in HH 6 of 12 last months?** | **0.26 Household member? Apply PPI rules** | **0.27 Out of school (Yes/No/NA)** | **0.28 Enrolled in school (Yes/No/NA)** | **0.29 Child whose 1 or both biological parents are dead (Orphan)****(Yes/No/DK)** | **0.30 Disabled (Yes/No)** | **0.31 Chronically Ill (Yes/No)** | **0.32 Immunized (Yes/No/DK)** | **0.33 HIV Status (+/-?DK)** | **0.34 In HIV Care (Yes/No/NA)** | **0.35 Birth Registration. (Yes/No/DK)** |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of adult (18 +) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# of children 5-17:

# of children 5-17 currently in school:

Total HH members (PPI criteria): # of children 6-12 currently in school:

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**SECTION I: HOUSEHOLD (HH) ASSESSMENT**

**CPA 1: ECONOMIC STRENGTHENING**

|  |  |  |
| --- | --- | --- |
|  | **Questions and Responses** | **SCORE** |
| **1.1** | **Who pays for most of the HH expenses?** |  |
| Option | a) Childyears) | (6-17 | b) Grand/elderlyparent | c) Relative | d) Mother | e) Father |
| Score | 4 | 3 | 2 | 1 | 0 |  |
| **1.2** | **What is the MAIN source of household income?** |  |
| Option | a) None | b) Remittance s Pension, gratuity, donations | c) Casual laborer | d) Informal job / employm ent | e) Peasantry farming / Hiring out labour onother farms/garden | f)Petty busines s | g) Formal business | h) Commerci al farming | i) Formal job/employme nt |
| Score | 4 | 3 | 2 | 2 | 2 | 1 | 0 | 0 | 0 |  |
| **1.3** | **What is the current monthly HH income? (express amount in Uganda Shillings, then score according****to range)** |  |
|  | Uganda Shillings |
| Option | a) Less than50,000 | b) | 50,000-100,000 | c) | 100,000-150,000 |  |  | d) | 150,000-200,000 | e) Above 200,000 |  |
| Score | 4 | 3 | 2 | 1 | 0 |  |  |
| **1.3A** | **How much money does the household have in savings?** |  |
|  | Uganda Shillings |
| Option | a) Less than30,000 | b) | 30,000-60,000 | c) | 60,000-90,000 |  |  | d) | 90,000 –120,000 | e) Above 120,000 |  |
| Score | 4 | 3 | 2 | 1 | 0 |  |  |
| **1.4** | **Do these statements apply to this HH? (Yes/No)** |  |
|  | 1) | Any member of the HH owns an electronic gadget (radio, phone, TV) | **Yes** | **No** |
|  |  |
| 2) | Any member of the HH has a functional transport means (bicycle, motor cycle, boat) |  |  |
| 3) | At least one member of the HH has vocational/apprenticeship/professional skills |  |  |
| 4) | At least one member of the HH has formal employment, is self-employed, or has a business |  |  |
| 5) | At least one member of the HH belongs to any financial savings and lending group |  |  |
| 6) | HH has access to land for agriculture |  |  |
| Option | a) If 4 ormore are No | b) If 3 are No | c) If 2 are No | d) If 1 is No | e) If more than 4are yes or NA |  |
| Score | 4 | 3 | 2 | 1 | 0 |  |  |
| **1.5A.** | **In how many of the last three months have you consistently been able to pay for the following items****without having to sell HH productive assets like land, bicycle or borrowing at very high rates of interest (more than 30%)?** |  |
|  | **Number of months (0 – 3)** |
|  | 1) Food, Shelter, and Water |  |
|  | 2) Health care |  |
|  | 3) Education |  |
|  | **Add total months (1+2+3)**  |  |
| Option | a) Total = 9 | b) Total = 8 | c) Total = 7 | d) Total = 4-6 | e) Total = 0-3 |
| Score | 0 | 1 | 2 | 3 | 4 |  |

|  |  |  |
| --- | --- | --- |
|  | **Questions and Responses** | **SCORE** |
| **1.5B** | **If you had an unexpected shock, like a death in the family, happen tomorrow, how would you handle****the expenses? (tick all that apply)** |  |
|  | Option (do not read the options below, wait for the response and then tick those thatcorrespond) | Tick allthat apply | Circlehighest score |
|  | **1)** Pay with cash on hand/savings |  | 0 |
|  | **2)** Seek contributions/gifts from friends, relatives, community members church help etc |  | 1 |
|  | **3)** Request help from a charitable organization, CBO, NGO |  | 1 |
|  | **4)** Borrow from a friend or relative or savings group and pay back later |  | 1 |
|  | **5)** Look for another source of income near my home |  | 1 |
|  | **6)** Reduce household spending a little |  | 2 |
|  | **7)** Reduce household spending a lot |  | 3 |
|  | **8)** Sell small livestock, household goods or items used in the household |  | 3 |
|  | **9)** Migrate for work |  | 4 |
|  | **10)** Borrow from moneylender at high interest |  | 4 |
|  | **11)** Sell bicycle, land, tools or other items that help produce income |  | 4 |
|  | **12)** Break up the household—send children to others to care for |  | 4 |
|  | **13)** Go without food |  | 4 |
|  | **14)** Engage in transactional sex or illegal activities |  | 4 |
| Score |  |  |
|  | **CPA 1 TOTAL:** |  |

|  |  |  |
| --- | --- | --- |
|  | **CPA 2: FOOD SECURITY AND NUTRITION** |  |
|  | **Questions and Responses** |  | **SCORE** |
| **2.1.** | **Over the past [12 months (baseline)/6 months (subsequent)], what has been the MAIN****source of food consumed by your HH?** |  |  |
| Option | a) Donated | b) Given in return forwork only | c) Bought from themarket | d) Home grown |  |  |
| Score | 4 | 2 | 1 | 0 |  |  |  |
| **2.2.** | **What does the family usually eat? (at least 3 times a week)** | **Yes** | **No** |  |
|  | **1)** Energy foods; potatoes, banana, oils, posho, millet, rice, maize, bread, cassava |  |  |
|  | **2)** Body building foods; beans, meat, soya, peas, milk, eggs, chicken, fish |  |  |
|  | **3)** Protective and regulative foods; greens, tomatoes, oranges, pawpaw, mangoes,pineapples |  |  |
| Option | a) None | b) One foodgroup | c) Two food groups | d) All food groups |
| Score | 4 | 3 | 1 | 0 |  |
| **2.3.** | **How many meals does the HH have in a day?** |  |  |
| Option | a) Some days nomeal | b) One meal | c) 2 meals per day | d) 3 or more meals per day |
| Score | 4 | 3 | 1 | 0 |  |
|  | **CPA 2 TOTAL:** |  |

 **CPA 3: HEALTH, WATER, SANITATION AND SHELTER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Questions and Responses** | **Yes** | **No** | **N/A** | **SCORE** |
| **3.1** | **Do the following apply to this HH? Indicate (Yes/No) (observe for yourself where****applicable)** |  |  |  |  |
|  | **1)** Does the HH have access to safe water within 30 minutes (half an hour) or harvestsrain water for domestic use? |  |  |  |
|  | **2)** Does the HH have a clean compound ? |  |  |  |
|  | **3)** Does the HH have access to a public health facility within 5 kilometers ? |  |  |  |
|  | **4)** Does the HH have a drying rack for HH utensils ? |  |  |  |
|  | **5)** Does the HH have a garbage pit or dust bin? |  |  |  |
|  | **6)** Does the HH have a separate house for animals? |  |  |  |
|  | **7)** Does the HH have clean water and soap for hand washing ? |  |  |  |
|  | **8)** Do all HH members sleep under a mosquito net? |  |  |  |
| Option | a) If 4 or more areNo | b) If 3 are No | c) If 2 are No | d) If 1 is No | e) If all are Yesor N/A |
| Score | 4 | 3 | 2 | 1 | 0 |  |
| **3.2** | **Does the caregiver know the HIV status of children in the HH? If yes, how many are known?** |  |
| Option | a) None known | b) Less than 50% (less thanhalf) of the children’s status known | c) 50% or more (more than half)of the children’s status known | d) Yes, all known |
| Score | 4 | 3 | 2 | 0 |  |
| **3.3** | **Are all eligible children who are known to be HIV positive and or have TB on treatment** |  |
| Option | a) None of thechildren on care or treatment | b) Less than 50%(less than half of children) are on care or treatment | c) 50% (half ofchildren) are on care or treatment | d) All are on careor treatment | e) No eligiblechildren known to be HIV positive or have TB |
| Score | 4 | 3 | 2 | 0 | 0 |  |
| **3.4** | **Does the household have a stable shelter that is adequate, safe and dry (observe yourself)** |  |
| Option | a) No stable shelter,adequate or safe place to live | b) Shelter is notadequate, needs major repairs | c) Shelter needs some repairsbut is fairly adequate, safe and dry | d) Shelter is safe,adequate and dry |
| Score | 4 | 3 | 1 | 0 |  |
| **3.5** | **What is the type of a latrine/toilet facility used by members of your HH? (observe yourself** or ask ifnecessary**)** |  |
| Option | a) Bush/None | b) Publictoilet for pay | c) Privateneeds some repair/risky state | d) Private, but shared by morethan one HH | e) Safe, adequateand dry |
| Score | 4 | 3 | 2 | 1 | 0 |  |
|  | **CPA 3 TOTAL:** |  |

|  |
| --- |
| **CPA 4: EDUCATION** |
|  | **Questions and Responses** | **SCORE** |
| **4.1** | **How many children aged 5-17 years in this HH are not going to school or miss school regularly?** |  |
| Option | a) No childrenattend regularly | b) Less than 50%(less than half) attend school regularly | c) 50% or more(more than half) attends school regularly | d) All attendschool regularly | e) Children agedunder 5 only |
| Score | 12 | 9 | 4 | 0 | 0 |  |
|  | **CPA 4 TOTAL:** |  |

|  |
| --- |
| **CPA 5: PSYCHOSOCIAL SUPPORT AND BASIC CARE** |
|  | **Questions and Responses** | **SCORE** |
| **5.1** | **In the past 6 months (STATE MONTH ), how often has****someone in your household felt so troubled that it was necessary to consult a spiritual, faith or traditional healer, counselor or health worker?** |  |
| Option | a) More than 5times | b) 3-4times | c) 2 times | d) Once | e) Never |
| Score | 4 | 2 | 2 | 1 | 0 |  |
| **5.2** | **Are there any children in this HH who are withdrawn or consistently sad, unhappy or depressed,****not able to participate in daily activities including playing with friends and family? (Yes/No) If yes, how many?** |  |
| Option | a) All children | b) Less than 50%(less than half) | c) 50% or more (more than a half) | d) None |
| Score | 4 | 3 | 2 | 0 |  |
| **5.2A** | **In times of need, who can you approach outside the household for emotional support? (count those****mentioned)** |  |
| Option | a) Nobody | b) 1 person | c) 2 people | d) 3 or morepeople |
| Score | 8 | 4 | 1 | 0 |  |
| **5.2B** | **In times of need, who can you approach outside the household for material support, such as food or****money? (count those mentioned)** |  |
| Option | a) Nobody | b) 1 person | c) 2 people | d) 3 or morepeople |
| Score | 4 | 3 | 1 | 0 |  |
|  | **CPA 5 TOTAL:** |  |

|  |  |
| --- | --- |
| **CPA 6: CHILD PROTECTION AND LEGAL SUPPORT** |  |
|  | **Questions and Responses** | **SCORE** |
| **6.1** | **What would you do if any of your children experienced or became a victim of child abuse or****violence?** |  |
| Option | a) Nothing/negotiatewith offender | b) Talk toneighbor/family only | c) Report to LC/Police/Probation, court, child protectioncommittee, CDO, Human rights office, CSO, para social worker and VHT |
| Score | 4 | 1 | 0 |  |
| **6.1A** | **Do all children in this household have a birth certificate? (Yes/No) If no, how many do have a****certificate?** |  |
| Option |  | a) No, Less than 50% ofchildren have a birth certificate (0-49%) | b) No, 50% or more ofchildren have a birth certificate | c) Yes, All children |
| Score |  | 4 | 2 | 0 |  |
| **6.1B** | **In the past three months, have you or another caregiver used the following****method of discipline with any child in your house?** | Yes | No |  |
|  | **1)** Punched, kicked or hit a child with any object |  |  |
|  | **2)** Withheld a meal to punish a child |  |  |
|  | **3)** Used abusive words/language toward the child |  |  |
| Option | a) If two or more of the methodsare checked | **b)** If at least one of the methodsis checked | **c)** If all No |
| Score | 8 | 4 | **0** |  |
| **6.1C** | **Are there any children of this household, under 18 years, who are not currently****living here or have not lived with you at some point during the past 6 months?** | Yes | No |  |
|  |  |
| **6.1D** | **If yes, why are they not living in the household?** |
| Option | a) If the child went to work/fora job, ran or was chased away, or caregiver doesn’t know where the child is | b) If the child does notlike staying in this house | c) If the child is living withrelative because family cannot support him | d) If thereason is child went to school |
| Score | 4 | 3 | 2 | **0** |  |

|  |  |  |
| --- | --- | --- |
|  | **Questions and Responses** | **SCORE** |
| **6.2A** | **Since the last assessment (STATE****MONTH ), has any****child in the HH had the following happen to them, in or outside of the HH?**[Ask ―In the last12 months‖ at baseline and ―Since last assessment‖ on follow- ups][Note: if you see an obvious issue of abuse, or you already know about it, then indicate yes and follow appropriate reporting.]Check Yes/No |  | **Yes** | **No** |  |
| **1)** Repeated physical abuse |  |  |
| **2)** Involved in child labour |  |  |
| **3)** Sexually abused, defiled, raped, forced into sex |  |  |
| **4)** Stigmatized/discriminated due to illness,disability or otherwise |  |  |
| **5)** Neglected |  |  |
| **6)** Been in conflict with the law |  |  |
| **7)** Child abused alcohol or drugs |  |  |
| **8)** Witnessed regular adult abuse of alcohol ordrugs |  |  |
| Option | a) If 4 or moreare Yes | b) If 3 areYes | c) If 2 are Yes | d) If 1 is Yes | e) If all are No |
| Score | 20 | 16 | 12 | 8 | 0 |  |
|  | **CPA 6 TOTAL:** |  |

**[PLEASE DO NOT SCORE QUESTION 7]**

|  |  |
| --- | --- |
|  | **Questions and Responses** |
| **7.0** | **In the last 6 months, has the household purchased any of the following assets (tick all that apply):** |
|  | **Tick if yes** |  |
|  | **a)** House (to live in) |  |
|  | **b)** Residential plot |  |
|  | **c)** Household items (TVs, radios, jewelry, furniture, clothing etc.) |  |
|  | **d)** Agricultural land |  |
|  | **e)** Business capital (tools and equipment) |  |
|  | **f)** Rental property |  |
|  | **g)** Other  |  |

**Thank you for your time!**

|  |  |  |  |
| --- | --- | --- | --- |
| **To be completed later…****Core Program Area** | Maximumpossible score **(A)** | **HH Performance per CPA** | **Priority Action** |
| CPAScore **(B)** | Percent CPAScore (**C=B/A\*100)** | CPARank |
| **1. Economic strengthening** | **28** |  |  |  |  |
| **2. Food and nutrition security** | **12** |  |  |  |  |
| **3. Health, water, sanitation and shelter** | **20** |  |  |  |  |
| **4. Education** | **12** |  |  |  |  |
| **5. Psychosocial support/basic care** | **20** |  |  |  |  |
| **6. Child protection and legal support** | **40** |  |  |  |  |
| **HH TOTAL SCORE:** | **132** |  |  |  |  |

Economic vulnerability classification for this household:

**Assessor’s comments:**

**PPI ® for Uganda 2012**

**Important:** A PPI score must be converted into a poverty likelihood using the PPI Look-Up Table.

|  |  |  |
| --- | --- | --- |
| **Indicators** | **Responses** | **Score** |
| **1.** How many members does the householdhave? | A. Nine or more | 0 |
| B. Eight | 3 |
| C. Seven | 4 |
| D. Five or Six | 6 |
| E. Four | 8 |
| F. Three | 12 |
| G. Two | 21 |
| H. One | 28 |
| **2.** Are all household members ages 6 to 12currently in school? | A. No | 0 |
| B. Yes | 2 |
| C. No one ages 6 to 12 | 5 |
| **3.** Can the (oldest) female head/spouse read andwrite with understanding in any language? | A. No | 0 |
| B. No female head/spouse | 0 |
| C. Yes | 3 |
| **4.** What type of material is mainly used forconstruction of the wall of the dwelling? | A. Un-burnt bricks with mud, mud andpoles, or other | 0 |
| B. Un-burnt bricks with cements, wood,tin/iron sheets, concrete/stones, burnt stabilized bricks, or cement blocks | 4 |
| **5.** What type of material is mainly used forconstruction of the roof of the dwelling? | C. Thatch, or tins | 0 |
| D. Iron sheets, concrete, tiles, asbestos, orother | 5 |
| **6.** What source of energy does the householdmainly use for cooking? | A. Firewood, cow dung, or grass (reeds) | 0 |
| B. Charcoal, paraffin stove, gas, biogas,electricity (regardless of source), or other | 6 |
| **7.** What type of toilet facility does thehousehold mainly use? | A. No facility / bush / polythene bags/bucket, etc. or other | 0 |
| B. Uncovered pit latrine (with or withoutslab), Ecosan (compost toilet), or covered pit latrine without slab | 4 |
| C. Covered pit latrine with slab | 6 |
| D. VIP latrine, or flush toilet | 11 |
| **8.** How many mobile phones do members ofyour household own? | A. None | 0 |
| B. One | 7 |
| C. Two | 12 |
| D. Three or more | 22 |
| **9.** Does any member of your household own aradio? | A. Yes | 0 |
| B. No | 7 |
| **10.** Does every member of your household haveat least one pair of shoes? | A. No | 0 |
| B. Yes | 9 |
|  | **Total Score:** |  |