

Uganda OVC Vulnerability Index Tool

The Uganda OVC Vulnerability Index (VI) is intended for the selection of vulnerable households into OVC programs. The tool helps to determine a household's level of vulnerability (slight, moderate, and critical) based on individual and household level questions you will ask across all core program areas.

PRE-SELECTION CRITERIA

INSTRUCTIONS: Please use the following indicators to pre-select households where the VI tool will be administered. Pre-selection of vulnerable households requires the participation of community members and community workers. This ensures that the selection process is conducted in an efficient and transparent manner if critically and moderately vulnerable are to be identified.

HOUSEHOLD HEALTH STATUS			
		Yes	No
1.	Does the household have ANY adult member who has been very sick for at least three months during the past 12 months? <i>(By very sick, I mean that the household head or any adult member was too sick to work or do normal activities around the house for at least three of the past 12 months)</i>		
2.	Does the household have ANY severely disabled person? <i>(Applies to both children and adult household members)</i>		
CHILD EDUCATION STATUS			
		Yes	No
3.	Does the household have children not currently enrolled in school? <i>(Children between the ages of 6-17)</i>		
HOUSEHOLD ORPHANHOOD STATUS			
		Yes	No
4.	Does the household have or care for any orphans?		

DECISION: If you selected “Yes” for **at least ONE** of the pre-selection criteria questions above, please proceed to administer the remainder of the tool at this household.

HOUSEHOLD INFORMATION

INSTRUCTIONS: Please administer this section to heads of households, spouses, or to OVC in case of child-headed households. Ask each question and circle the appropriate response option. After circling the response, please write in the corresponding score to in the far right-hand column (labeled “SCORE”).

At the end of each CPA, please add up the scores for all questions and write them down under the “CPA TOTAL” row. Finally, add up all CPA scores, and enter them under “HOUSEHOLD TOTAL SCORE”.

CPA 1: ECONOMIC STRENGTHENING										SCORE
1.	Who is the MAIN household income earner?									
Option	Children (6 – 17 years)		Grand or Elderly Parents		Relatives		Mother		Father	
Score	4		3		2		1		0	
2.	What is the MAIN SOURCE of household income? (emphasis is main source only)									
Option	None	Remittances	Causal Labourer	Informal Employment	Peasantry/hiring out labour on other farms / gardens	Petty Business	Formal Business	Commercial Farming	Formal Employment / Wage	
Score	4	3	2	2	2	1	0	0	0	
3.	Does this household have access to land?									
Option	Does not own, not able to access land		Does not own, but able to access land			Owns but not able to access land		Owns and able to access land		
Score	4		2			1		0		
4.	In the last 12 months (MENTION THE MONTH), did the household experience any adverse event that led to an economic loss? (e.g. job loss, death in household, migration, loss of property, etc.)									
Option	Yes				No					
Score	4				0					
CPA 1 TOTAL →										
CPA 2: FOOD SECURITY AND NUTRITION										SCORE
5.	Over the past month (MENTION THE MONTH), what has been the MAIN source of food consumed by your household?									
Option	Donated		Given in return for work			Bought from the market		Home grown		
Score	4		2			1		0		
6.	Over the past month, did anyone in the household ever go without food for a whole day because there wasn't enough?									
Option	Yes, more than 5 times a month		Yes, 1 – 4 times a month				Never			
Score	4		1				0			
CPA 2 TOTAL →										
CPA 3: HEALTH, WATER, SANITATION AND SHELTER										SCORE
7.	What is the distance (in Km) to the health care facility your household often uses?									
Option	More than 5 Km or miles		2 – 5 km or 1 – 2 miles				Less than 2 km or 1 mile			
Score	4		1				0			

			SCORE
8.	Does the household head or caregiver have any form of disability that's severe enough to affect their daily activities? (e.g., physical, speech, visual, hearing, or mental handicap?)		
Option	Yes	No	
Score	4	0	
9.	What is the main source of water for members of your household?		
Option	River, Stream, Lake, Pond, Unprotected well / spring	Public taps, Bore hole, Rainwater, Protected spring/well, Gravity flow scheme	Private Connection
Score	4	1	0
10.	How long does it take to collect water for domestic use from the main source? (Time in minutes) Consider time TO & FROM the source of water, INCLUDING waiting time.		
Option	More than 30 minutes	16 – 30 minutes	15 minutes or less
Score	4	1	0
11.	What is the MAIN type of dwelling?		
Option	Temporary (mud, grass and wattle)	Semi-permanent (mud, iron sheet)	Permanent (Sand brick cement)
Score	4	1	0
12.	What is the type of a latrine/toilet facility used by members of your household?		
Option	Bush	Pit Latrine / Public toilet	Functional flush toilet, VIP
Score	4	1	0
CPA 3 TOTAL →			
CPA 5: PSYCHOSOCIAL SUPPORT AND BASIC CARE			
			SCORE
13.	In the last year, how often have you felt so troubled that you felt you needed to consult a spiritual, faith or traditional healer, counselor or health worker?		
Option	Most of the time	Sometimes	Never
Score	4	1	0
CPA 5 TOTAL →			
CPA 6: CHILD PROTECTION AND LEGAL SUPPORT			
			SCORE
14.	What would you do if any of your children experienced or became a victim of any form of child abuse or violence?		
Option	Nothing	Talk to neighbour / family only	Report to LC/Police/Probation, CDO, Human rights office
Score	4	1	0
15.	In the past 12 months (STATE MONTH), have you or another adult in the household used the following method of discipline with any child in your household? (Please select all the methods that apply)		
	<input type="checkbox"/> Punched, kicked or hit a child <input type="checkbox"/> Withheld a meal to punish a child <input type="checkbox"/> Using abusive words/language towards the child		
Option	If TWO or MORE of the methods are checked	If at least ONE of the methods is checked	If NONE of the methods are checked
Score	4	1	0
CPA 6 TOTAL →			
HOUSEHOLD TOTAL SCORE (ALL CPAs) →			

INDIVIDUAL INFORMATION

INSTRUCTIONS: Please administer this section to each child in the household. In particular, please interview the caregiver if the child is 12 years of age or below. Children who are 13 years and above should answer for themselves. Ask each question and write in the corresponding score for each child under his/her respective column (labeled "SCORES").

At the end of each CPA, please add up the scores for all questions and write them down under the "CPA TOTAL" row for **each** child. Finally, add up all CPA scores, and enter them under "INDIVIDUAL TOTAL SCORE" for **each** child.

					SCORES					
					Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Child's Name										
Child's Identification Number										
Child's age (in years)										
CPA 2: FOOD SECURITY AND NUTRITION										
1.	How many meals (including breakfast) has (Name) had in the past 24 hours? (SKIP if child is breast feeding)									
Option	None	One meal	Two meals	Three meals or more						
Score	4	3	1	0						
2.	What does the child usually eat? Write down "Yes" or "No" for each type of food consumed by the child. Instructions: <ul style="list-style-type: none"> • Applicable to children of all age brackets (Breast feeding children take all the food values) • "Usually" means at least 3 times a week • Ask the parent/guardian and then a child where applicable (13 -17 yr.) to double check 									
	a. Energy foods: (potatoes, banana, oils, posho, millet, rice, maize, bread, cassava)									
	Yes		No							
	b. Body building foods: (beans, meat, soya, peas, milk, eggs, chicken, fish)									
	Yes		No							
	c. Protective and regulative foods: (tomatoes, oranges, pawpaw, mangoes, pineapple)									
	Yes		No							
Option	ALL of the options are selected as "No"		One or Two of the options are selected as "No"		All options are selected as "Yes"					
Score	4		2		0					
CPA 2 TOTAL →										
CPA 3: HEALTH, WATER, SANITATION AND SHELTER										
3.	Last night, did (Name) sleep under an Insecticide Treated mosquito Net (ITN)?									
Option	Yes		No							
Score	0		4							
4.	Has (Name) been very sick for at least three months during the past 12 months? (By very sick, I mean that (Name) was too sick to go to school, play or do normal activities around the house for at least three of the past 12 months)									

Option	Yes	No						
Score	4	0						
			SCORES					
			Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
5.	Has (Name) received the required immunization at his/her age? (Applicable to 0-5 yrs ONLY and ask for the immunization card/book)							
Option	Yes	No						
Score	0	4						
CPA 3 TOTAL →								
CPA 4: EDUCATION								
6.	If the child is enrolled, what is his/her school attendance status? (Children aged 6; Days can be non-consecutive within the week)							
Option	Misses school 3 or more times per week or NOT in enrolled in school	Misses school twice per week	Attends school regularly (attends 4 or more days per week)					
Score	4	2	0					
CPA 4 TOTAL →								
CPA 5: PSYCHOSOCIAL SUPPORT AND BASIC CARE								
7.	How many set (s) of clothing does (NAME) own? (Exclude school uniform)							
Option	Owns at least two sets	Owns one set of clothes	Owns no piece of cloth OR child is walking naked OR has tattered clothing					
Score	0	1	4					
8.	How often does (Name) feel sad, worried, withdrawn, or hopeless?							
Option	Often	Sometimes	Never					
Score	4	1	0					
9.	Over the past 3 months (STATE MONTH), how often have you seen someone in the your household being kicked, beaten, slapped, hit with a fist, threatened with a stick, had something thrown at, or being shouted at? (13-17 years)							
Option	Most of the time	Sometimes	Never					
Score	4	1	0					
CPA 5 TOTAL →								
CPA 6: CHILD PROTECTION AND LEGAL SUPPORT								
10.	Does (Name) have a birth registration certificate?							
Option	Yes	No						
Score	0	4						
11.	Has (Name) ever been into marriage? (10-17)							
Option	Yes	No						
Score	4	0						
12.	Has (Name) been sexually active in past 12 months (STATE MONTH)? (10-17)							
Option	Yes	No						

Score	4	0						
-------	---	---	--	--	--	--	--	--

					SCORES						
					Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	
13.	In the past 3 months, how often has (NAME) drunk alcohol? (age 5-17)										
Option	Everyday	Minimum of once a week	Less than once a week	On special occasions	Never						
Score	4	3	2	1	0						
14.	Has (Name) experienced any form of the following child abuses in the last 30 days? Please CHECK ALL that apply to the child. Probe or observe for any types or signs of abuse.										
	a) Denial of socialization with other children				a						
	b) Denial of legal rights/access to justice				b						
	c) Stigma & discrimination due to illness or disability				c						
	d) Physical violence/abuse inflicting pain or injuries <i>bruises, scratches, wounds</i>				d						
	e) Emotional abuse (e.g. shouting at the child, public humiliation)				e						
	f) Sexual abuse (<i>forced sex, raped, defiled..</i>)				f						
	g) Denial of food				g						
Option	If THREE or MORE behaviours are selected	If ONE or TWO of the behaviours are selected	If NONE of the behaviours is selected								
Score	4	2	0								
CPA 6 TOTAL →											
INDIVIDUAL TOTAL SCORE →											
GRAND TOTAL SCORE (HOUSEHOLD + INDIVIDUAL SCORE) → (USE THIS SCORE TO DETERMINE LEVEL OF VULNERABILITY)											

DETERMINE THE VULNERABILITY LEVEL

INSTRUCTIONS: After totaling all the scores under “GRAND TOTAL”, look at the table below and determine **WHERE** that child’s GRAND TOTAL score falls in the score range below.

LEVEL OF VULNERABILITY	GRAND TOTAL SCORE
Critically Vulnerable	90 – 116 points
Moderately Vulnerable	50 – 89 points
Slightly Vulnerable	Less than 50 points

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
WRITE DOWN EACH CHILD’S VULNERABILITY LEVEL →						

Write the level of vulnerability for each child below.