



Ministry of Gender, Labour and Social Development

Household Vulnerability Assessment Tool (HVAT) for Caregivers [OVCMIS FORM 007A]

The Household Vulnerability Assessment Tool (HVAT) is for assessment of households (HHs) selected through the vulnerability prioritization process. The tool that was revised in 2018 helps to target and obtain additional in-depth information about a HH’s level of vulnerability and is used to monitor the progression of vulnerability. The tool should be only used with HHs identified and prioritized using the Household Vulnerability Prioritization Tool (HVPT), and it should only be administered to HHs who will be supported. The tool should be applied at assessment, at the end of 12 months, at the end of a support programme, and/or as it may be required. It is recommended that the interviewer finds additional information and/or validates critical information from other sources like schools, health facilities, OVC service providers, community leaders, village health team members, and para-social workers, among others.

SECTION I: BACKGROUND INFORMATION

INSTRUCTION: Please provide background information for the HH. Fill in all required information on the members of the HH, the required contact details, and the HH number as indicated on the Household Vulnerability Prioritization Tool (HVPT). For each of the vulnerability categories, enter Yes (Y), No (N), or Not Applicable (NA). For sex, indicate Male (M) or Female (F). For immunization and birth registration, check for immunization card and birth registration certificate. For date of birth, indicate the day, month, and year. For HIV status, indicate unique codes if the use of positive (+), negative (-), or do not know (DK) could compromise confidentiality.

SECTION II: HOUSEHOLD ASSESSMENT

INSTRUCTION: Please administer this section to the head of the HH (spouse or child in the case of child-headed HHs). Ask each question and circle the appropriate response option. After circling the response, please write in the corresponding score in the far right-hand column (labelled “SCORE”). At the end of each programme area (PA), add the scores for all questions and write them down under the “PA TOTAL” row. Finally, add up all PA scores and enter them under “HH TOTAL SCORE”

SECTION I: BACKGROUND INFORMATION

Date:				
District:	Sub-County/Division/ Town Council	Parish/Ward:	Village/Zone/Cell:	
Name/Tel Contact of HH Head:	Name/Tel Contact of Service Provider:	Name/Tel Contact of Sub-County Community Development Officer (CDO)		
HH Number:	NIN of the HH head	Age of HH Head:		
Phase of Administration 1. 1st 2. 2nd 3. 3rd 4. 4th 5. Other, please specify:				
Sex of HH Head 1. Male 2. Female				
Marital Status of HH Head 1. Single 2. Married/Cohabiting 3. Widowed 4. Separated/Divorced 5. NA (If child)				
Education Level of HH Head 1. None 2. Primary 3. Secondary 4. Tertiary				
Number of people in the HH	Age group	Male	Female	
	Under 1 year			
	1–4 years			
	5–9 years			
	10–14 years			
	15–17 years			
	18–24 years			
25+ years				

HOUSEHOLD SUMMARY INSTRUCTION (Use additional paper if necessary for HHs)

	Name of child	NIN	Sex (M/F)	Age	Date of birth (DD/MM/YY)	Out of school (Yes/No/NA)	Orphan (Yes/No)	Disabled (Yes/No)	Chronically ill (Yes/No)	Immunised (Yes/No/NA)	HIV status (+/-/Don't know (DK))	On HIV care/ART (Yes/No/NA)	*Child <5 years is malnourished	Has birth registration cert. (Yes/No)
1).														
2).														
3).														
4).														
5).														
6).														

*Note: Before filling this column, use a MUAC tape or bipedal edema test to confirm malnutrition status of each child.

SECTION II: HOUSEHOLD ASSESSMENT

HH ASSESSMENT						
PRIORITY AREA I: ECONOMIC STABILITY AND SECURITY						
I.1 Who pays for most of the HH expenses?						
OPTION	Child (6–17 years)	Grandparent or Elderly Parent	Other Relative	Mother	Father	SCORE
SCORE	4	3	2	1	0	

I.2 What is the main source of HH income?										
OPTION	None	Remittances (Pension, Gratuity, Donations)	Casual Labour	Informal Job/ Employment	Peasant/ Farming	Petty Business/ Boda-Boda	Formal Business	Commercial Farming	Formal Job/ Employment	
SCORE	4	3	2	2	2	1	0	0	0	

I.3 Are you a member of a savings group or association?		
OPTION	No	Yes
SCORE	1	0

I.4 How much have you saved in the last three months? (expressed in Uganda Shillings)					
OPTION	Nothing	Less than 50,000	50,000 - 150,000	150,000 - 300,000	300,000 and above
SCORE	4	3	2	1	0

I.5 Do you or any HH member benefit from any of the following programs?						SCORE
1) Cash transfer 2) Food support; 3) School bursaries 4) Youth Livelihood Program (YLP); 5) Uganda Women Entrepreneurship Programme (UWEP) 6) Social Assistance Grants for Empowerment (SAGE) 7) Disability grant 8) Others (specify).....						
OPTION	If none	If any one	If any two	If any three	If any four or more	
SCORE	4	3	2	1	0	

1.6 What is the current monthly HH income? (expressed in Uganda Shillings)					
OPTION	Less than 50,000	50,000–100,000	100,000–150,000	150,000–200,000	Above 200,000
SCORE	4	3	2	1	0

1.7 What kinds of material goods or assets do you have?						Yes	No
1) HH has an electronic gadget (Radio, Phone or TV)							
2) Any member of the HH has a functional means of transport (e.g. Bicycle, motorcycle, 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 a savings group or association							
6) HH has domestic animals (e.g. cow(s), goat(s), sheep, chicken(s), pig(s))							
7) HH owns land							
8) HH has access to land for agriculture/hire							
OPTION	If yes to any two or less or NA	If yes to any three	If yes to any four	If yes to any five	If yes to any six or more		
SCORE	4	3	2	1	0		

1.8 If the HH incurred any of the following expenses in the past 12 months, was it able to pay without using cash transfer, grant, scholarship, borrowing or without selling HH permanent assets like land or bicycle?							
1) Health-related expenses (Yes/No/NA)							
2) Education (school)-related expenses (Yes/No/NA)							
3) Food-related expenses (Yes/No/NA)							
OPTION	If all are No	If two are No	If one is No	If all are Yes/NA			
SCORE	4	3	2	0			
ECONOMIC STABILITY AND SECURITY TOTAL							

PRIORITY AREA 2: SURVIVAL AND HEALTH						
2.1 Over the past month [state the month], what has been the main source of food consumed by the members of your HH?						SCORE
OPTION	Donated	Given in return for work only	Bought from the market	Homegrown supplemented with given in return for work	Homegrown	
SCORE	4	3	2	1	0	
2.2 What does the family usually eat (at least 3 times a week)?						
1). Energy foods: potatoes, bananas, oils, posho, millet, rice, maize, bread, cassava						
2). Body-building foods: beans, meat, soya, peas, milk, eggs, chicken, fish						
3). Protective and regulative foods: tomatoes, oranges, paw paw, mangoes, pineapples						
OPTION	None	One food group	Two food groups		All food groups	
SCORE	4	3	1		0	
2.3 How many meals does the HH have in a day?						
OPTION	Some days, no meal	One meal per day	Two meals per day	Three or more meals per day		
SCORE	4	3	1	0		

2.4 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?							
OPTION	Yes			No			
SCORE	1			0			
2.5 Do children in the HH have any of the following signs of malnutrition?							
1) MUAC<2.5cm 2) Bi-pedal Edema 3) Emaciated, with dry skin 4) Dry hair / Brown-coloured hair 5) Looking very tired / Not playing 6) Extremely thirsty							
OPTION	If Yes to 1 or 2	If Yes to 3	If Yes to 4 or 5	If Yes to 6	Yes		
SCORE	4	3	2	1	0		
2.6 Do the following apply to this HH? [Observe for yourself where applicable]						Yes	No
1). HH harvests rain water or has access to safe water within 30 minutes (half an hour) for domestic use							
2). HH has access to a public health facility within 5 kilometers							
3). All HH members sleep under a mosquito net							
4). HH has a latrine/toilet facility used by the members of the HH							
5). HH has a handwashing facility							
6). HH has a separate house for a kitchen							
OPTION	If yes to two or less or none	If yes to any three	If yes to any four	If yes to any five	If yes to all six		
SCORE	4	3	2	1	0		
2.7 Does the HH have a person with a disability?							
OPTION	Yes			No			
SCORE	1			0			
2.8 Does any person in the HH have a long - term illness?							
OPTION	Yes			No			
SCORE	1			0			
2.9 Have all children in need of health services for chronic illnesses and/or disability been referred for and are receiving the necessary treatment?						SCORE	
OPTION	None of the chronically ill and/or disabled children have been referred for and are receiving treatment	Less than 50% (less than half) of the chronically ill and/or disabled children have been referred for and are receiving treatment	50% or more (half or more than half) of the chronically ill and/or disabled children have been referred for and are receiving treatment	All chronically ill and/or disabled children have been referred for and are receiving treatment/NA			
SCORE	4	3	2	0			
2.10 Does the caregiver know the HIV status of all members in the HH in the last six months? Note: For all members including the caregiver with unknown HIV status, refer for HTS.							
OPTION	Knows None	Knows Less than 50% (less than half) of the members status	Knows 50% (half) of the members status	Knows more than 50% (more than half) of the members status	Knows status of All		
SCORE	4	3	2	1	0		
2.11 Are all eligible HH members who are HIV+ and/or have tuberculosis on care or treatment? Yes/No/NA (If Yes, request ART/Health card)							
OPTION	None of the eligible HH members are on care or treatment	Less than 50% (less than half) of the eligible HH members are on care or treatment	50% (half) of eligible HH members are on care or treatment	More than 50% (more than half) of eligible HH members are on care or treatment	All eligible HH members are on care or treatment/NA		
SCORE	4	3	2	1	0		

2.12 Are all the HH members who are HIV+ adhering to treatment as prescribed?						
OPTION	None of the HIV+ members are adhering	Less than 50% (less than half) of HIV+ members are adhering	50% (half) of the HIV+ members are adhering	More than 50% (more than half) of the HIV+ members are adhering	All HIV+ adhering	
SCORE	4	3	2	1	0	

2.13 Have all the eligible HH members had a blood test called viral load (VL) in the last twelve (12) months?						
OPTION	None of the eligible HH members have done a VL test	Less than half (50%) of the eligible HH members have done a VL test	Half (50%) of eligible HH members have done a VL test	More than half (50%) of eligible HH members have done a VL test	All eligible HH members have done a VL test/NA	NB: If eligible and not tested, refer for Viral load test
SCORE	4	3	2	1	0	

2.14 Is the viral load for all the HH members who are HIV+ suppressed?						
OPTION	None of the eligible HH members have a suppressed VL	Less than 50% (less than half) of the eligible HH members have a suppressed VL	50% (half) of eligible HH members have a suppressed VL	More than 50% (more than half) of eligible HH members have a suppressed VL	All eligible HH members have a suppressed VL/NA	
SCORE	4	3	2	1	0	

2.15 Does the HH have a stable shelter that is adequate, safe, and dry? [Observe for yourself]						SCORE
OPTION	No stable shelter/ no adequate, safe, dry place to live	Shelter is not adequate, needs major repairs	Shelter needs some repairs but is fairly adequate	Shelter is fairly adequate, safe, and dry	Shelter is safe, adequate, and dry	
SCORE	4	3	2	1	0	

SURVIVAL AND HEALTH TOTAL

PRIORITY AREA 3: EDUCATION AND DEVELOPMENT

3.1 Are all the children aged 6–17 years in this HH enrolled in school, vocational training or apprenticeship [Score 0 if Not Applicable, i.e., the children are 1–5 years old]

OPTION	No	Yes	
SCORE	1	0	

3.2 Have all the children aged 6–17 years in this HH attended school, vocational training or apprenticeship regularly (At least 4 days a week on average) in the past 12 months

OPTION	No	Yes	
SCORE	1	0	

3.3 How many children aged 3-5 years in this HH are not enrolled in Pre-School or have missed Pre-School 3 or more times a week? [Score 0 if not applicable, i.e., the children are 0–2 years old]

OPTION	All children are not enrolled or have missed school 3 or more times	Less than 50% (less than half) of children are enrolled or have not missed school 3 or more times	50% (half) of children are enrolled or have not missed school 3 or more times	More than 50% (more than half) of children are enrolled or have not missed school 3 or more times	All children are enrolled or have not missed school 3 or more times/ NA	
SCORE	4	3	2	1	0	

3.4 Have the children/child successfully progressed from one level to another at school, vocational training or apprenticeship compared to last academic year?
 Not applicable (No child/children were in school in the previous year) Yes No
 Reason(s) for not progressing (see codes below): _____

Use the following code(s) for the reason(s) why the child is not progressing at school: (1) Inability to pay school fees; (2) Inability to pay for school materials; (3) Sick/Fever; (4) Exhaustion; (5) Housework; (6) Fear of the school or other children at school; (7) Fear of the walk to school

No					Yes & Not applicable
OPTION	If any 4 or more	If any 3	If any 2	If any 1	If Yes or NA
SCORE	4	3	2	1	0

EDUCATION AND DEVELOPMENT TOTAL

PRIORITY AREA 4: CARE AND PROTECTION **SCORE**

4.1 In the past 12 months, have all the children in this HH been under the care of and lived with the same adult primary Caregiver?

OPTION	No	Yes
SCORE	1	0

4.2 In the past 6 months, are there any children in this HH who are withdrawn or consistently sad, unhappy, or depressed, and not able to participate in daily activities, including playing with friends and family?

OPTION	All children	50% or more (half or more than half) of children	Less than 50% (less than half) of children	None
SCORE	4	3	2	0

4.3 What would you do if any of your children experienced or became a victim of child abuse or violence?

OPTION	Nothing/ negotiate with offender/ revenge	Talk to neighbor/ family only	Report to: Local Council, Police, Probation And Social Welfare Officer (PSWO), Child Helpline – SAUTI 116, Court, Child Protection Committee, Community Development Officer (CDO), Human Rights Office, Civil Society Organization (CSO), Para-Social Worker, or Village Health Team
SCORE	4	1	0

4.4 In the past 6 months, has any child in the HH had the following happen to them, in or outside the HH? [Note: If you see an obvious issue of abuse or you already know about it, then indicate yes]. Indicate Yes / No

	Yes	No
1) The child experienced physical abuse that caused body harm.		
2) A meal was withheld to punish the child.		
3) The child was involved in Child Labour.		
4) The child was sexually abused, defiled or forced to have sex.		
5) The child was stigmatized/discriminated against due to illness, disability, or other reasons.		
6) Abusive words/language were used against the child.		
7) The child has no birth certificate. - If child has no birth certificate select “Yes”		
8) The child was in contact/conflict with the law.		

OPTION	If any of 1, 4, or 5 are Yes	If any of 2, 3, or 6 are Yes	If any of 7 or 9 are Yes	If 8 is Yes	If all are No
SCORE	4	3	2	1	0

4.5. Has the care giver personally experienced any of these forms of sexual and gender-based violence in the past 6 months? Yes/ No

Yes	No
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1. Sexual Violence						
2. Physical violence that caused body harm.						
3. Emotional Violence						
4. Separation						
5. Economic Violence						
OPTION	If any 3 are Yes	If any 2 are Yes	If any 1 is Yes	If all are No		
SCORE	4	3	1	0		
CARE AND PROTECTION TOTAL						

SUMMARY SCORE PER PRIORITY AREAS

PRIORITY AREAS	Maximum Possible Score (A)	HH Performance Per PA			Priority areas (list all indicators that scored a 4 or 3, e.g., 1.2, 1.3, etc.)
		PA score (B)	Percent PA score (C) = B/A X 100	PA Rank	
1. Economic Stability and Security	29				
2. Survival and Health	51				
3. Education and Development	10				
4. Care and Protection	20				
HH TOTAL SCORE	110				
Average Percentage = Percent PA score (Total for C) divided by 4 PAs					

Can graduate: 0–24%, Slightly Vulnerable: 25–49%, Moderately Vulnerable: 50–74%, and Critically Vulnerable: 75–100%

Date of Assessment: _____

Assessor's Name: _____

Title: _____

Signature: _____

Contact: _____

Assessor's Observations (a requirement for all assessments): _____
