The Republic of Uganda

Ministry of Gender, Labour and Social Development

Orphans and Other Vulnerable Children Household Vulnerability Prioritization Toolkit

December 2015

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Cover photo shows two orphans letting a goat out for grazing at the Adonai Center, an orphanage and primary school serving 275 children in the rural village of Namugoga, Uganda. © 2013 Alissa Zhu, courtesy of Photoshare.

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For God and My Country –

PIUS BIGIRIMANA
Permanent Secretary

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Abbreviations and Acronyms

CBO	Community-Based Organization
CDO	Community Development Officer
CPA	Core Program Areas
CSO	Community Service Organizations
DCDO	District Community Development Officer
HH	Household
HVPT	Household Vulnerability Prioritization Tool
ID	Identification Number
IP	Implementing Partner
M&E	Monitoring and Evaluation
MIS	Management Information System
MUAC	Mid-Upper Arm Circumference
NSPPI	National Strategic Program Plan of Intervention for OVC
OVC	Orphans and Other Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PSWO	Probation and Social Welfare Officer
TOT	Training of Trainers
USAID	United States Agency for International Development
VAT	Vulnerability Assessment Tool
VBA	Visual Basic for Applications
VI	Vulnerability Index

Chapter 1. Guidelines for Administering the Orphans and Vulnerable Children Household Vulnerability Prioritization Tool

Brief Background

Government and donor-funded Orphans and Other Vulnerable Children (OVC) programs operate throughout Uganda, offering services to vulnerable households and children according to the National OVC Policy (NOP) and National Strategic Program Plan of Intervention for OVC (NSPPI). Programs have used different methods or tools to identify and prioritize the households they will enroll. Without a standardized national approach for prioritizing households, it is unclear to local government and community members why certain households are selected over others and there is no guarantee that households selected are in accordance with Uganda government priorities. By creating a national tool to facilitate prioritization of household enrollment, a standardized approach will be used to select households, and community members will be aware of and actively involved in the prioritization process.

In 2013, the ministry and partners developed the vulnerability index (VI) tool for identification, monitoring, and graduation of OVC households. An assessment of the VI tool done in 2013-2014 found some challenges with the tool's ability to identify the most vulnerable households.[1] Based on that report the ministry convened a VI technical working group meeting in June 2015 in Kampala to clarify the purpose of the VI in the most critical types of household vulnerability that would lead a program to enroll a household.[2] Based on this meeting, it was agreed that the identification and prioritization role be separated from the other roles, because not all households interviewed will be eligible for enrollment. Hence the need for a short and precise tool. The VI tool has been revised and the identification and prioritization role included in the *OVC Household Vulnerability Prioritization Tool*. It is intentionally designed to be a short tool, as it will be administered to people who may or may not be enrolled in the program. Spending a long time in a household and asking many detailed questions in one where you may not provide services can create expectations of household members that may not be fulfilled.

A simple Excel database has been developed to simplify the process of prioritizing the households. This guidance document includes: the purpose of the tool; what the tool should not be used for; the process of administering the tool; detailed definitions of each question; how to use information generated from the tool and instructions for using the database at the local level to assist with the prioritization process.

Purpose of the Tool

The Uganda OVC Household Vulnerability Prioritization Tool (HVPT) is intended to assist OVC service providers in objectively prioritizing households for enrollment in OVC programs.

[1] Uganda Vulnerability Index Assessment Results (2014). Chapel Hill, NC: MEASURE Evaluation. Available at: http://www. cpc.unc.edu/measure/publications/sr-14-93.

[2] Revising the Vulnerability Index Tool Workshop Report (Forthcoming). MEASURE Evaluation.

While this tool could assist with determining graduation of households from program support, it has limitations if it is to be the only tool for this purpose. Re-administering the tool will inform a program if conditions for enrollment still exist or have ceased, but it will not provide sufficient information to make a determination. For example, if a household had a malnourished child in it, the follow-up administration of the tool might indicate that members of the household now have eaten two or more meals per day in the last month, but there could still be children malnourished. Only a detailed nutrition assessment or checking mid-upper arm circumference (MUAC) would let the program know if the child is no longer malnourished. In other words, this household may be on the path to improvement, yet not quite ready to graduate. Case management notes and household economic strengthening case notes may also assist with graduation decision making.

If a program wishes to check if the conditions for enrollment (i.e., responses from the HVPT) have changed, they could re-administer the tool to the same household and preferably to the same person who responded the first time to see if those conditions still exist or not. If this is done, the tool could be re-administered on an annual basis from the time it was first administered. A program should only re- administer the tool in a household where interventions have been received.

This tool is *not appropriate* for the following purposes:

- The HVPT alone is not appropriate for determining which services to provide to a household or children within the household. While this tool can point the program in the direction of what services a household may need, additional types of assessment will likely be needed to tailor services to specific households and children within the household.
- The HVPT is not appropriate for monitoring the well-being of children in the household over time. To adequately assess whether children are faring better or have other issues that need to be addressed, case management tools[3] and regular home visitation should occur so progress can be tracked for individual children in the household.
- The HVPT is not appropriate for evaluating outcomes or overall program performance. Evaluation of OVC programs should not include the use of this tool for several reasons: evaluation should use a standardized research tool and formal protocol; evaluation should be administered by professional data collectors (direct service providers may be biased); and evaluation should involve sampling households and select beneficiaries at intervention and comparison groups to assess program attribution. For PEPFAR-supported programs, PEPFAR has developed standard evaluation guidelines and tools that can be adapted for local context.[4]

Process of Administration

This tool should be applied to all households listed by village leaders on the household identification register as potentially vulnerable and in need of OVC program services from either: a) referrals from health facilities, schools, social services, police, or other institutions; b) a list of households generated by community leaders using the four factor criteria (orphanhood, disability, out of school, and chronically ill); or c) the community mapping process. Once an organization or district uses this tool, it will generate a list of prioritized households for enrollment, based on the enrollment targets.

[3] Child-level case management tools such as the Child Well-Being Tool or the Child Status Index: http://www.cpc.unc.edu/ measure/tools/child-health/child-status-index/child-status-index. Household case management tools are currently being developed by another PEPFAR global implementing partner.

[4] MEASURE Evaluation's OVC survey toolkit is available at: http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program- evaluation-tool-kit.

Once a household is enrolled, household assessment and the case management process will begin to ensure that the family receives the support it needs, and that individual children will be supported by para social workers and others.

When You Get to the District

When starting enrollment for programs or expanding program reach, staff should contact the local government authorities (starting with the chief administrative officer, the district community development officer [DCDO], the probation and social welfare officer [PSWO], and the sub-county community development officers [CDOs]) to inform and involve them in the process. This is an important step, particularly if there are multiple implementing partners delivering services in the same location: the local government is there to coordinate the exercise among implementing partners. Local government staff have been trained on the tool and will be able to provide technical support to programs in administration of the tool.

When You Get to the Community

- Work with community members (e.g., village health teams, community health workers, local councils, opinion leaders, para social workers) to develop a list of all potentially vulnerable households (i.e., through mapping, use of four criteria selection, or referrals from entities previously mentioned). This should be under the guidance of the sub-county CDO and program staff and must be entered in the National OVC Pre-identification Register and Registration Form (see page 16). This tool can be sent ahead of the exercise to save time. Once the list is developed, items A through M on the cover sheet of the HVPT should be completed for each household on the community list.
- Depending on the program, para social workers, community service organization (CSO) staff, community health workers, village health teams, community resource personnel, and/or local government staff, such as CDOs who have been trained to administer the HVPT, will administer the tool to households. All individuals administering the tool should be thoroughly familiar with the HVPT, the definitions for each of the questions in the tool, and guidance on how to administer it.

When You Get to the Household

- The trained individual will administer the HVPT to the head of household or his/her designee (see page 17).
- The HVPT should be administered in the household and out of earshot of other community members, workers, and minors to protect the confidentiality of respondents.
- When starting, the purpose of the tool should be explained and the person administering the tool should indicate in a sensitive way that participating in this brief assessment does not mean their household will automatically receive services.
- After completing the HVPT, the person administering it will check that all questions have been answered and correct any errors in documentation.[5] They will also be certain to note on the form where a referral is needed. In the case of severe issues (e.g., a child in danger or who has experienced a child protection issue such as severe physical abuse or sexual abuse), the situation should be reported immediately to the appropriate authorities (e.g., a local organization, a local council, or in the case of child protection, a legal entity or to the toll-free national child help line: 116).

[5] The respondent's answer should not be challenged unless there is good reason to; if this happens, please make a note in the assessor's comment.

- Completed HVPT forms will then be returned to designated officers (e.g., CSO staff or to CDOs where they are directly carrying out the activity) where the prioritization of households will occur. People who directly administer the tool should NOT make decisions about enrollment.

Cautions

- The questions should be read as stated and not be modified in any way that changes the meaning or intent of the question. Further, no additional criteria should be added and none should be deleted, as this is a national tool.
- Below, the process for prioritizing households is described. This is the appropriate way to use the information collected in the HVPT. It is NOT acceptable to find other ways to "analyze" the data for other purposes, such as counting the total number checked. When additional analyses occur, the result often can be that the information is misused. The main purpose of this tool is to assist programs in prioritizing households for enrollment into support.
- All forms should be stored in a locked cabinet and protected according to the National Data Protection Act. In addition, the database storing this information should be password-protected and access allowed only to designated officers.

Prioritization Process

- The designated officer will collect all of the HVPT forms for a given community. They will enter the forms in a simple Excel database provided to them (see Chapter 3 for database instructions).
- As staff enter data, they should check that any areas marked "referral needed" are appropriately followed up and a referral provided.
- The Excel file will generate a list of households using a three-step prioritization process. However, it is important to understand how this process works should a CSO experience challenges with the database and need to do the process manually.

  Step 1. Prioritize Households with Any Child Protection Issue: Question 14 refers to several different types of child protection situations. A household experiencing any of these will be prioritized first, and households will be listed in the order of the number of child protection issues to which they responded "yes."

  Step 2. Prioritize Households with High Vulnerability Indicators: Child-headed households ("yes" response to question 1); households where any child went a whole day in the last month without eating anything, because there wasn't enough to eat ("yes" response to question 6); households that have someone living there who is HIV+ ("yes" response to question 9); and households that have any children ages 5 to 17 years not enrolled in school ("yes" response to question 11) indicate a "highly vulnerable" situation and will be prioritized next. However, if a program has more households with the presence of high vulnerability indicators than it can enroll, households will be prioritized by the number of "high vulnerability" indicators existing and what the program is able to address. For example, one household may have one high vulnerability indicator, such as it is a child-headed household; whereas, another household might have three high vulnerability indicators—no eligible children enrolled in school, child- headed household, and who is HIV+. In this case, the household with three high vulnerability indicators would be prioritized first. If a program is not able to enroll a household with a high vulnerability indicator it should be referred right away.

Step 3. Prioritize Number of Thematic Areas: After prioritizing the households with child protection issues (a response of "yes" to any of the question 14 items) and high vulnerability indicators, the remaining households will be prioritized based on the number of core program areas for which a household has vulnerability. For example, if economic strengthening; health, water, shelter, and sanitation; and child protection are identified as "yes" (indicating vulnerability), then that indicates three vulnerability areas as "yes." If another household has economic strengthening and psychosocial support as "yes," then that indicates two vulnerability thematic areas as "yes." Households with three vulnerabilities would be prioritized over households with two vulnerability areas. A program will also have to keep in mind what it is able to address with its program services.

Illustrative Example

In this example, there were 14 households where the HVPT was administered, but the program only had enough funds to enroll eight households now. To determine which households to enroll now, the forms were submitted to the CSO officer, where they were entered into the Excel file that automates the selection process. After all information was entered, three types of prioritization occurred: 1) child protection issues; 2) high vulnerability indicators; and 3) thematic areas.

Step 1. Child Protection Prioritization

The first table lists households with a child protection issue (a "yes" response to any of the items in question 14), high vulnerability indicators present in that household, thematic areas where the household was vulnerable, documentation that a referral was needed, or in the case of a recent or urgent issue, a referral was made, and whether or not the program is able to address the household's situation (see Table 1). This household will be the first household prioritized for enrollment, because it has a child protection issue and the program is able to address the situation.

Table 1. Example 1: How to Use the Child Protection Criteria for Prioritization

	Enrollment Based on High Vulnerability Indicators				
HH ID	Child protection issue(s) (question 14)	High vulnerability indicator(s) (questions 1, 6, 9, and 11)	Vulnerable thematic areas	Referral needed/ report to child helpline*	Is our program able to address this household's situation?
HH ID #532	• Repeated physical abuse • Child marriage or teen parent • Teen pregnancy	• Child-headed HH (Q1) • Any child went a whole day or night without eating (Q6)	None	Yes	Yes

*HH ID: household Identification number; #: number; * referral should not be limited only to child helpline.*

Step 2. High Vulnerability Indicator Prioritization

The second table lists five households with high vulnerability indicators, in order of the number of vulnerability indicators each household has, which high vulnerability indicators each household has, thematic areas where each household is vulnerable, whether or not a referral is needed, and whether or not the program is able to address a given household's situation (see Table 2). The program would then enroll the households in that order, taking 789, followed by 874, 544, 3,365, and 112. Note: if a household later refuses to be enrolled, the program would take the next household on the prioritized list. Since the program can enroll eight households now, they will enroll all five of these households.

Table 2. Example 1: How to Use the Automatic Enrollment Criteria for Prioritization

	Enrollment Based on High Vulnerability Indicators			
HH ID	High vulnerability indicator(s) (questions 1, 6, 9, and 11)	Vulnerable thematic areas	Referral needed	Is our program able to address this household's situation?
HH ID # 789	• Child-headed HH (Q1) • Any child went a whole day or night without eating (Q6) • Child not enrolled in school (Q11) • HIV+ (Q9)	ED, HSS	No	Yes
HH ID # 874	• Child-headed HH (Q1) • HIV+ (Q9) • Any child went a whole day or night without eating (Q6)	ES, ED	Yes for 6	Yes
HH ID # 544	• Any child went a whole day or night without eating (Q6) • Child not enrolled in school (Q11)	ED	No	Yes
HH ID # 3365	• HIV+ (Q9)	HWSS, PSS	Yes	Yes
HH ID # 112	• Child not enrolled in school (Q11)	HSS	Yes	Yes

HH ID: household Identification number; #: number.

Step 3. Thematic Area Prioritization

We have now prioritized six households and can enroll two additional households. We will use a three-step prioritization process to do this. The database will then create a list of remaining households (i.e., those that did not have a child protection issue or presence of any high vulnerability indicators—eight households in this example), and for each, indicate the number of thematic areas that had a response of "yes" (see Table 3). Importantly, this does not include each individual indicator, but just the "yes" for the total thematic areas (e.g., economic strengthening, health, water, sanitation, and shelter).

- Each of the thematic areas has multiple vulnerability indicators. In some cases, a child protection issue or presence of one or more of the high vulnerability indicators. If those priority indicators are the only ones selected in the thematic area, it would not be included in this listing—if it were included, the same household would be picked up more than once. Therefore, it is important to do the following:
  a. If a child-headed household is the only economic strengthening vulnerability indicator in this thematic area, exclude it from this list, because it is already catered to under high vulnerability indicator prioritization (Step 2).
  b. If the response to "In the past *month*, did any child in the household go a whole day without eating anything because there was not enough food to eat?", is "yes" and is the only food security indicator of vulnerability in this thematic area, exclude it from this list, because it is already catered to under high vulnerability indicator prioritization (Step 2).
  c. If the response to "Is there anyone in the household who is HIV+?" is "yes" and this is the only indicator of a health, water, sanitation, and shelter vulnerability, then eliminate it from this list, because it has already been catered to under high vulnerability indicator prioritization (Step 2).
  d. If "Are there any children aged 5 to 17 years in this household who are not enrolled in school?" is the only education indicator in this thematic area, exclude it from this list, because it is already catered to under high vulnerability indicator prioritization (Step 2).
  e. If any of the child abuse responses (question 14) are "yes" and the only indicator representing a child protection vulnerable situation, eliminate it from this list, because it has already been catered to under child protection prioritization (Step 1).

Table 3. Example 1: How to Use the Number of Thematic Areas Criteria for Prioritization

HH ID	Thematic areas listed as "Yes"	Referral needed?	Is our program able to address this household's situation?
HH ID # 22222	ES, HWSS, PSS, ED	Yes – PSS	Yes
HH ID # 88888	ES, HWSS, PSS, CP	Yes – PSS	No
HH ID # 77777	HWSS, CP, PSS	Yes – PSS	Yes
HH ID # 33333	ES, PSS	Yes – PSS	Yes
HH ID # 66666	ES, HWSS, ED	No	No
HH ID # 44444	ES, HWSS		Yes
HH ID # 99999	PSS, FSN		Yes
HH ID # 55555	HWSS		Yes

ES: economic strengthening; FSN: food, security, and nutrition; HWSS: health, water, sanitation, and shelter; ED: education; PSS: psychosocial support and basic care; CP: child protection; HH ID: household identification number; #: number.

After removing any households that the program is unable to support (in this example, there are two— 88888, 666666—because a faith-based organization is already providing support), we select the first two on the list (#22222; 7777). The remaining households on the list would be reconsidered at another time should funds avail. For those remaining households not enrolled, if they have PSS checked, they must receive a referral.

Reporting to the Government within the District

i. Following the OVC prioritization activity, programs will register households and report the necessary indicators to the district for entry in the OVC management information system using the approved ministry tool. For example, the # of households enrolled and # of children enrolled will be reported.

ii. A list of the households enrolled, with the key vulnerabilities addressed, will be provided to the CDO as well as another list of all households where a referral was needed. The database will automatically generate these lists, which can then be printed and handed over.

Repeating HVPT Administration

i. The HVPT should be administered when a program is ready to enroll new beneficiaries. However, often programs may want to enroll additional beneficiaries during the same year in: a) the same communities; or b) different communities. The program may also want to enroll additional beneficiaries in subsequent years.

ii. Enrolling additional beneficiaries in the same year:
   a. If a program is enrolling additional beneficiaries in the same year, they would look at households that were not in the initial prioritized list and select the next households in the order they were prioritized.
   b. If new referrals come from clinics or a new family moves into the community and is identified as highly vulnerable, the HVPT could be applied to determine where in the list of prioritized households it would "fit" in terms of enrollment.

c. If a program needs to administer the HVPT to many additional households, it can administer the tool to the new households and run the prioritization for those additional households to determine whom to enroll.

d. Note: once a household is enrolled, there is no need to re-administer the HVPT to the same household, unless it is being used as a part of the graduation process.

iii. Enrolling additional beneficiaries in the next year:

- If you had administered the HVPT in a community in the first year but want to add more beneficiaries in the community in year 2, the program should start the identification process again, by reviewing the household listing with the community leaders and identifying any additional households that should be on the list. Then the HVPT would be re-administered to all *non-enrolled* households and prioritize them, including those from year 1 that were not enrolled.
- If the HVPT is administered in a community, and all of the households on the list can be enrolled.

Definitions for Each Question Included in the OVC Household Vulnerability Prioritization Tool

A. Name of IP
Please enter the name of the implementing partner.

B. Name of CBO
Please enter the name of the community-based organization.

C. District
Enter the name of the district where the interview is being conducted.

D. Sub-county/Division
Enter the name of the sub-county where the interview is being conducted.

E. Parish/Ward
Enter the name of the parish where the interview is being conducted.

F. Village/Zone
Enter the name of the village where the interview is being conducted.

G. Household number
Enter the household number given to you by the program officer.

H. Name of person administering the tool
Record the name of the person administering the tool.
Write the name of the head of household or his/her designee.

I. Interviewer phone number
Enter the telephone number of the person administering the tool.

J. Date of interview
Record the date when you conduct the interview; include the day, month, and year.

K. Name of interviewee
Please enter the name of the household head or his/her designee who provided responses to the questions.

L. Number of people ages 18 years and above currently living in household
Enter the total number of adults ages 18 years and above currently living in the household, this should be disaggregated by sex (male and female).

M. Total number of children below 18 years of age currently living in household
Please enter the total number of children below 18 years of age currently living in the household; this should be disaggregated by sex (male and female).

Household Vulnerability Prioritization Tool Questions

Thematic Area 1: Economic Strengthening

1. **Is this a child-headed household?**
   A child-headed household refers to a household where the household head is below 18 years of age. If there are no grandparents, parents, or adults over the age of 18 in the household, and one of the children is economically responsible, as well as responsible for everyone in the household, you would select "**Yes**."
2. **In the last six months, has there been at least one member of the household who has consistently had formal or informal employment, is self-employed, has a business, or is engaged in an economically productive activity?**
   Households could be vulnerable if there is no member of the household who has a steady source of income. If, in the last six months, no one has been formally or informally employed or not engaged in any other economically productive activity that has led to consistent income (i.e., cash to cover household expenses coming in at least monthly), you would select "**No**."
   Ultimately this question is trying to understand if the household has a regular source of income. If a household practices subsistence farming and has no other source of income, you would select "no," as such households are more vulnerable than those with a regular source of income.
3. **The last time there was an unexpected urgent household expense (e.g., emergency medical expense or house repair), was someone in the household able to pay?**
   This is an indication of a household's ability to meet its emergency or acute basic needs and reduces the risk of a child having to work outside of the home. Basic needs for the purposes of this tool include being able to pay for unexpected medical bills, since this will influence access to health care, and for adequate shelter, as this will protect children from the harsh environment.
   If response is "No"—i.e., they could not pay—select "**No**"; *else select "Yes."*
4. **Does the household head or spouse or guardian have any form of severe disability (e.g., physical, speech, visual, hearing, or mental handicap?) that prevents them from taking part in economically productive activities?**
   This question aims to establish if the household head or guardian has any severe disability, or several disabilities, that limit their ability to engage in economically productive activities. Disability refers to any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being. Examples include, but are not limited to, blindness, hearing impairment, physical disability, and mental disability.
   If the answer is "Yes," i.e., the household head, spouse, or guardian has any form of severe disability, select "**Yes**"; *else select "No."*

Economic Strengthening Vulnerability? If the response to 1 and/or 4 is "Yes," or the response to 2 and/or 3 is "No," please check "Yes"; otherwise select "No."

Thematic Area 2: Food Security and Nutrition

5. **Have all children in the household eaten at least 2 meals a day, every day, for the last month?**
   This question is assessing food security in the households. The question seeks to determine the household's ability to get food when they need it, either produced at home or bought. Lack of resources is defined as food not being available through usual means of providing food (such as barter, garden, field, storage structures, income, etc.).

   If response is "No"—i.e., they have not eaten—select "**No**"; *otherwise select "Yes."*

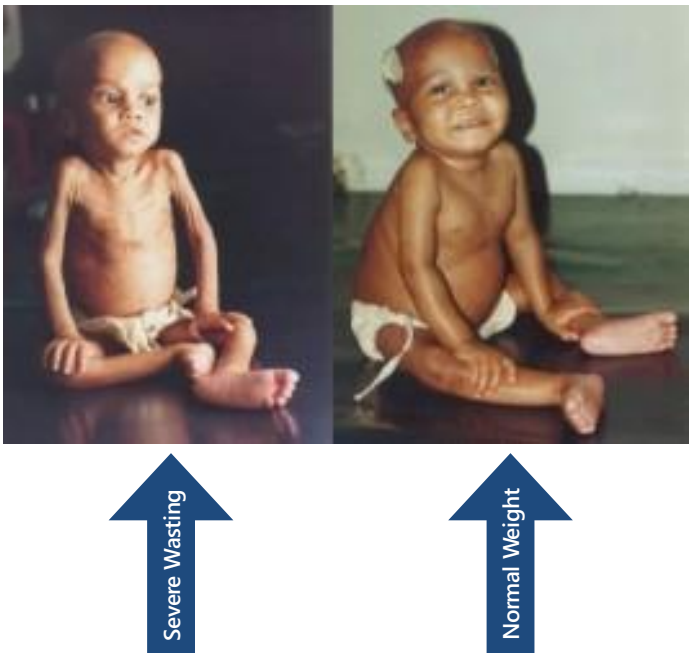
6. In the past month, did any child in the household go a whole day without eating anything because there wasn't enough to eat?

This question is also assessing food security, but is more sensitive and likely to pick up severe cases. If response is "Yes"—i.e., they have gone a day without eating—select "Yes"; *else select "No."*

If you are in the household and see a child living there who is malnourished, with distended belly and orange-like hair, or a child who has acute malnutrition issues, then also circle this as "Yes," and provide a nutrition referral immediately.[6]

Suggestive signs for severe acute malnutrition

According to the World Health Organization (WHO), severe acute malnutrition is defined by a very low weight for height (below -3z scores of the median WHO growth standards), by visible severe wasting, or by the presence of nutritional oedema.



Visible severe wasting on the left, compared with a normal growing child on the right. Source: http://www.who.int/nutrition/topics/malnutrition/en/

Nutritional oedema: Source images for malnutrition edema, WHO.
Source: https://commons.wikimedia.org/wiki/File:Plasmodium_falciparum_nephrosis_edema_PHIL_3894_lores.jpg

Food Security Vulnerability? If the response to 5 is "No" or the response to 6 is "Yes," please check "Yes"; *else select "No."*

[6] http://www.unicef.org/uganda/IMAM_Guidelines_final_version.pdf.

Thematic Area 3: Health, Water, Sanitation, and Shelter

7. Does the household have a source of water for domestic use where they can fetch it to/from within half an hour?

This question aims to assess whether or not children may be subject to hard labor or reasons for missing school due to time spent collecting water far from the household. This question may also indicate vulnerability for children who may experience abuse when drawing water from locations far from the household.

If a household does not have a source of water for domestic use where they can safely fetch water to/from within half an hour, please select "**No**"; *else select "Yes."*

8. Does the household have a stable shelter that is adequate, safe, and dry? [Please observe.] This question aims to assess whether or not children have proper shelter to keep them safe and dry. Adequate shelter is essential to provide much-needed stability for children. For children to beand feel safe, they need to know that where they live is protected from danger (whether environmental or human).

If the household does not have a stable shelter that is adequate, safe, and dry—i.e., response is "No"—please select "**No**"; else *select "Yes."*

9. Is there anyone in this household who is HIV positive?

This question intends to identify if there are any adults or children in the household who have HIV. This may be a sensitive question to ask, but assure the person to whom you are asking the question that you do not need to know the names of people living with HIV, but rather the number of adults and number of children. If this household was referred by a clinic and you already know there is an HIV+ person living in the household, check "Yes." Be sure to indicate the number of children and adults in the space provided.

If there is any family member who is HIV+, i.e., the answer is "Yes," please select "**Yes**"; *else select "No."*

This information is confidential and should be handled carefully. Please do not collect patient- identifying information such as name or telephone number.

10. Does the caregiver know the HIV status of all children in the household?

This question intends to find out if the primary caregiver knows the HIV status of all children in the household. If a child's HIV status is unknown to their caregiver, the child will not have access to life-saving care, treatment, and support interventions.

If the caregiver does not know the HIV status of all children in the household—i.e., the answer is "No"—please select "**No**"; else *select "Yes."*

Health, Water, Sanitation, and Shelter Vulnerability? If response to questions 7, 8, or 9 is "No," or question 10 is "Yes," please check "Yes"; *else select "No."*

Thematic Area 4: Education

11. Are there any children ages 5 to 17 years in this household who are not enrolled in school? This question aims to establish whether or not all children eligible for school are enrolled. If you are interviewing when school is out of session, ask about the last term prior to this interview. Please note that some children may be enrolled in vocational/apprenticeship institutions and this is considered school. If there are no school-age children in the household, mark "notapplicable."

If there are any children ages 5 to 17 years who not currently enrolled in school—i.e., the answer is "Yes"—please select "**Yes**"; *else select "No."*

12. Are there any children ages 5 to 17 years in this household who are enrolled in school and have missed school for about 30 days in the last school term?

This question seeks to know if any school-enrolled child in the household is regularly attending school. If they are not, they are more likely to drop out or not progress. The child must have missed school on a frequent basis in the most recent school term. The person administering the tool should probe and ensure that the days when the child was absent from school are all represented. If you are enrolling when school is out of session, ask about the last term prior to this interview. If there are no children enrolled in school, mark "notapplicable."

If there are any children ages 5 to 17 years in the household who are enrolled in school and have missed school for about 30 days in the last school term—i.e., answer is "Yes"—please select "**Yes**"; *else select "No."*

Education Vulnerability? If the response to questions 11 or 12 is "Yes," please check "Yes"; *else select "No."*

Thematic Area 5: Psychosocial and Basic Support and Care

13. Are there any children in this household who are withdrawn or consistently sad, unhappy, or depressed and unable to participate in daily activities, including playing with friends and family?

Stigma is a mark of disgrace that sets a person apart. When a person is labelled by their illness, they are seen as part of a stereotyped group. Negative attitudes create prejudice, which leads to negative actions and discrimination. This may prevent a child from daily activities. Daily activities should be defined and interpreted by the caregiver according to the respondent's specific situation. If there are any children in the household who are too stigmatized to participate in daily activities—i.e., answer is "Yes"—please check **"Yes"**; *else select "No."*

Psychosocial and Basic Support and Care Vulnerability? If response to question 13 is "Yes," please check "Yes"; *else select "No."*

14. In the past 12 months (STATE MONTH), has any child in the household had the following happen to them, either in or outside of the household? (Check any of the items.) If any item is checked, click "Yes."

This question intends to determine if any child in the household has been a victim of abuse or neglect.

- **Repeated physical abuse:** While any form of physical abuse is not acceptable, for the purpose of automatic enrollment this tool aims to identify children who are in a pattern of abuse and need immediate assistance and the household requires intervention.
- **Child marriage or parent:** Child marriage includes both formal and informal unions of partners of

different sex orientation. This covers boys and girls who are below 18 years of age and are in marriage.

- **Child pregnancy:** This covers girls who are below 18 years of age and pregnant, whether or not they are married.
- **Child neglect** is the failure *(whether or not by conscious choice)* of a parent, guardian, or other caregiver to provide for a child's basic needs. Child neglect may be: physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision), medical (e.g., failure to provide necessary medical or mental health treatment), educational (e.g., failure to educate a child or attend to special education needs), and emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs).
- **Sexual abuse** means any occurrence of inappropriate or illegal sexual abuse of a male or female child, including rape, incest, inappropriate touching, molestation, or other forms of such sexual abuse.

Please tick the observed or reported form of abuse(s), and if there is any form of abuse, please select "**Yes**"; *else select "No."*

15. Is there any orphan in this household?

This question aims to understand whether or not any child in the household is living without his or her biological parent. This may include double orphans (both biological parents are dead), maternal orphans (mother is dead), or paternal orphans (father is dead).

If there is any orphan in the household—i.e., answer is "Yes"—please check "**Yes**"; *else select "No."*

16. Is there any child in this household who: 1) was not registered at birth; or 2) does not have a birth certificate?

Birth registration is regulated by the Birth and Death Registration Act Cap 309 Laws of Uganda. Birth registration is compulsory and registration of all live births should take place within three months of the event. However, the same law also allows for late registration: Declarant registers the birth with the health facility authorities, subcounty chief, or town clerk, depending on the place where the birth occurred. After declaring a birth event, the declarant will be issued a short birth certificate as proof of registration, and can later apply for a proper birth certificate.

Birth certificate or birth registration cards are defined as the official in-country identification documents (that often facilitate access to services like education). The children should have birth certificates as supportive documents that may be required by the state for legal support: for example, acknowledging them as beneficiaries of deceased parents (biological or legal), or guardians' estates, as explained in the National Succession Act, which relates to inheritance of property in case of death of their parents/guardians.

If there is any child in the household who does not have either a birth registration certificate or official birth certificate—i.e., response is "Yes"—please check "**Yes**"; *else select "No."*

Child Protection Vulnerability? If any of the responses to questions 14, 15, or 16 is "Yes," please select "Yes"; *else select "No."*

For question 14, if there is a recent or severe type of abuse, you must report the incident right away to the appropriate authorities and check that a referral was made.

Assessor's comment: This section requires the interviewer to give his or her perceived and personal impression of the household regarding its vulnerability. Give comments if they are useful for decision making and have not been captured by the main tool.

OVC Pre-Identification and Registration Form

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

This form should be filled before the assessment by village leaders under the guidance of CDO and/or project staff.

District..... Subcounty..... Parish.....

Village ..... Date .....

(Please note that all household on this list should have at least one child 0-17 years)

#	Name of the household head	Tel. contact (can be for neighbor or child or LC/ VHT)	HH has children 5-17 years not currently enrolled or irregularly attending school	HH has severely disabled person	HH has member who has been very sick for at least 3 months during the past 12 months	HH has children living under abusive caregivers or conditions likely to violate their rights	HH lives under dangerous shelter	HH has no easy access to basic needs like food, water, etc.	HH has any child, mother or father/ child-headed HH	HH cares for any orphan
1										
2										
3										
4										
5										
6										
7										
8										

Community members present (VHT member, LC member, para social worker, religious leader, elder):

1. Name ..... Title .....
2. Name ..... Title .....
3. Name ..... Title .....
4. Name ..... Title .....

Uganda Orphans and Other Vulnerable Children Household Vulnerability Prioritization Tool

Uganda Orphans and Other Vulnerable Children Vulnerability Prioritization Tool

The Uganda Orphans and Other Vulnerable Children (OVC) Household Vulnerability Prioritization Tool (+VPT) is intended to assist OVC service providers in prioritizing households for enrollment in OVC programs/support. This tool should be applied to all households listed by community leaders, child protection committees, para social workers, VHT members, or LCs using the "four-factor" criteria[1] or community mapping. It can also be applied to households coming from referrals.

For further information on how to administer this tool and prioritize households for enrollment, refer to the OVC Household Vulnerability Prioritization Tool Guidelines.

Please confirm if there is at least one child less than 18 years of age living in the household by checking this box (If "Yes," please administer the tool. If not, do not proceed and visit the next household on the list).

BACKGROUND INFORMATION: Please complete items A through M.

A. NAME OF IMPLEMENTING PARTNER:	
B. NAME OF COMMUNITY-BASED ORGANISATION:	
C. DISTRICT:	
D. SUBCOUNTY/DIVISION/TOWN COUNCIL:	
E. PARISH/WARD:	
F. VILLAGE/ZONE:	
G. HOUSEHOLD NUMBER:	
H. NAME OF PERSON ADMINISTERING:	
I. PHONE NUMBER OF PERSON ADMINISTERING:	
J. DATE OF INTERVIEW:	Date, Month, Year____/____/____
K. NAME & TELEPHONE OF INTERVIEWEE (HH Head or Primary Caregiver)	
L. NUMBER OF PEOPLE AGES 18 YEARS AND ABOVE CURRENTLY LIVING IN HOUSEHOLD	Male.....Female.....
M. TOTAL OF CHILDREN BELOW 18 YEARS OF AGE CURRENTLY LIVING IN HOUSEHOLD	Male.....Female.....

INSTRUCTIONS: Please administer this section to heads of households or his/her designee. Ask each question and circle the appropriate response option. If there is a situation where a referral is needed, put an "x" for "needs referral." Upon completion, return the form to the assigned program officer where household prioritization will occur. After program officers determine households for enrolment, household assessments and case management will begin at the household level.

	THEMATIC AREAS	Response	Needs Referral (insert "x")
ECONOMIC STRENGTHENING			
1.	Is this a child-headed household?	Yes No	
2.	In the last 6 months, has there been at least one member of the household who has consistently had formal or informal employment or is self-employed; or has a business; or is engaged in an economically productive activity?	Yes No	
3.	The last time there was an unexpected urgent household expense (e.g., emergency medical expense or house repair), someone in the household was able to pay for that expense?	Yes No NA	
4.	Does the household head, spouse, or guardian have any form of severe disability that prevents him/her from engaging in economically productive activities? (e.g., physical, speech, visual, hearing, or mental handicap)?	Yes No	
ES Vulnerable? if #1 or #4 is "Yes," or #2 or #3 is "No," circle "Yes")		**Yes No**	

[1] **1.** Out of school; **2.** Orphan; **3.** Chronically ill; **4.** Disability.

THEMATIC AREAS			Response	Needs Referral (insert "x")
FOOD SECURITY AND NUTRITION				
5.	Have all children in the household eaten at least 2 meals a day, every day, for the last month?		Yes No	
6.	In the last month, did any child in the household go a whole day without eating anything because there wasn't enough to eat? (In case of visibly malnourished child, check "Yes" and refer)		Yes No	
Food Security Vulnerable?(if #5 is "No," or #6 is "Yes," check "Yes")			**Yes No**	
HEALTH, WATER, SANITATION, AND SHELTER				
7.	Does the household have a source of water for domestic use where they can fetch it to/from within half an hour?		Yes No	
8.	Does the household have a stable shelter that is adequate, safe, and dry? (please observe)		Yes No	
9.	Is there anyone in this household who is HIV-positive? *If you already know the status, then check "Yes." Tick if adults and/or children.*	*Adults:*_____ *Children:*_____	Yes No DK	
10.	Does the caregiver know the HIV status of ALL children in the household?		Yes No	
Health, Water, Sanitation, and Shelter? (if #7, #8, or #10 is "No," or #9 is "Yes," check "Yes")			**Yes No**	
EDUCATION				
11.	Are there any children ages 5 to 17 years in this household who are not enrolled in school?		Yes No NA	
12.	Are there any children ages 5 to 17 years in this household who are enrolled in school and have missed school for about 30 days in the last school term?		Yes No NA	
Education? (if#11 or#12 is "Yes," check "Yes")			**Yes No NA**	
PSYCHOSOCIAL SUPPORT AND BASIC CARE				
13.	Are there any children in this household who are withdrawn or consistently sad, unhappy, or depressed, and not able to participate in daily activities including playing with friends and family?		Yes No	
Psychosocial support and basic care (if#13 is "Yes," check "Yes")			**Yes No**	
CHILD PROTECTION				
14.	In the past 12 months (since:_____), has any child in the household had the following happen to him/her, in or outside of the household? If any item is checked, circle "Yes." (Note: If you see an obvious issue of abuse or you already know about it, then you may check type of issue and check "Yes" in the response column.)	• Repeated physical abuse • Child marriage or teenage parent • Teenage pregnancy • Neglected • Sexually abused	Yes No	
15.	Is there any orphan in this household?		Yes No	
16.	Is there any child in this household who: 1) has not been registered at birth; or 2) does not have a birth certificate?		Yes No	
Child Protection? (if any of the responses to #14, #15, or #16 is "Yes," check "Yes")			**Yes No**	
Assessor's Comment:				

Chapter 2. Training of Trainers Manual

Introduction

The Uganda OVC Household Vulnerability Prioritization Tool (HVPT) assists OVC service providers to objectively prioritize households for enrollment into OVC programs. The HVPT Training of Trainers (TOT) Manual includes information about conducting HVPT training, including an introduction to the training modules and TOT curriculum, sample agendas, learning objectives for each module, and notes and slides for each module.

Introduction to the Training Modules and TOT Curriculum

This training manual has two primary modules and one optional module, presented on the following page in Table 1. Module 1 presents information on how to administer the HVPT. It is designed for community workers and others who administer the HVPT at the household level, or supervise those administering the tool. Optional Module 1A provides an opportunity for participants to practice using the HVPT with households in the field. Though not required, it is recommended for those attending Module 1 who lack experience in administering household-level instruments (see box).

> **Field Practice:** Field practice is an important way to reinforce classroom learning with real-world application. Interviewing households using the HVPT can raise issues not immediately apparent when practicing in a controlled environment among training participants. It can also strengthen interviewing skills of participants such as being able to make a respondent comfortable during the interview or to explain questions that might not immediately be clear. It can also familiarize the participant with processes such as approaching a household, asking for an interview, and finding a place to conduct it. These skill sets are all better reinforced in a real-world setting, and this module provides participants the opportunity to discuss and problem-solve based on their experiences in the field.

Module 2 focuses on how to use the HVPT database and prioritize households for program enrollment. This module is designed for data entry clerks and their supervisors. Individuals who are responsible for administering the HVPT at the household level should not participate in this module. The household prioritization is an independent process to avoid community worker bias in household selection.

Table 1. HVPT Training Modules and Learning Objectives

Training Module	Learning Objectives	Target Audience
1. Administering the HVPT	• Articulate the purpose of the HVPT • Understand the pre-identification process • Effectively administer the HVPT • Administer the tool in an ethical manner	• Volunteers, para-social workers, village health teams, staff
1A. Field Practice (optional)	• Administer the HVPT to prospective beneficiaries • Respond to different challenges in the field when administering the HVPT	
2. HVPT Database	• Become familiar with the HVPT database • Practice using the HVPT database • Use advanced functions of HVPT database • Prioritize households for enrollment • Generate a list of households needing referrals • Know how to use the database for future rounds of enrollment	• Data entry clerks, local government, and CSO leadership

This manual suggests a cascade approach for the TOT whereby national and sub-national government and project staff implement the TOT that will then be cascaded down to the target participants (Table 2). A separate slide deck for TOT trainings is included. The TOT can last up to two and a half days, as these trainers will be trained in both Module 1 and Module 2. When the trainers roll the training out to target participants, the training will be split as follows:

- Up to two days of training on administering the tool (Module 1 and 1A);
- Half a day of training on entering data into the HVPT database and using the database functions to prioritize households for enrollment.

Table 2. Training Cascade Options

Type of Training	Number of Days	Modules	Potential Participants
National/Subnational TOT	1.5 days *or* 2.5 days	Modules 1, 2 Modules 1, 1A, 2	IP staff, government trainers
Administering the HVPT Training	*1* day *or* 2 days	Module 1 Modules 1, 1A	Volunteers, para-social workers, village health teams staff
HVPT Database	0.5 days	Module 2	Data entry clerks, local government and CSO leadership

Sample TOT Agenda

Target Audience: TOT Trainers
Modules: 1, 1A, 2
Number of Days: 2.5

Day 1, Module 1: OVC Household Vulnerability Prioritization Tool (HVPT) Training

No.	Time	Session	Activities
	8:00 – 8:30	Participant registration	• Sign-in sheet • Material distribution
	8:30 – 9:00	Participant and facilitator introductions, introduce training	• Ice breaker • Review agenda
	9:00 – 9:15	Introducing training of trainer curriculum	• Plenary
1A	9:15 – 10:15	Introducing the HVPT • Background and purpose of the HVPT • Introduction of the HVPT process	• Plenary
	10:15 – 10:30	Tea break	
1B	10:30 – 12:00	Getting to Know the HVPT	• Plenary
1C	12:00 – 13:00	Practice Using the HVPT	• Partner activity
	13:00 – 14:00	Lunch	
1C	14:00 – 15:00	Practice Using the HVPT (cont.)	• Partner activity
1D	15:00 – 15:30	Report Back on HVPT Practice	• Plenary
1E	15:30 – 16:00	Ethical Use of HVPT	• Plenary
	16:00	Closing	

Day 2, Module 2: The HVPT Database

No.	Time	Session	Activities
	8:00 – 8:15	Review of previous day	• Quiz of key points
2A	8:15 – 9:15	What is the HVPT Database?	• Laptop work in plenary
2B	9:15 – 10:15	Practice Using the HVPT Database	• Laptop work in plenary
	10:15 – 10:30	Tea break	
2B	10:30 – 11:30	Practice Using the HVPT Database (cont.)	• Laptop work in plenary
2C	11:30 – 12:00	Advanced Functions of HVPT Database	• Plenary and discussion

No.	Time	Session	Activities
2D	12:00 – 12:30	Prioritizing Households	• Plenary
2E	12:30 – 13:00	Referrals	• Plenary
	13:00 – 14:00	Lunch	
1A.1	14:00 – 15:00	Field Practice Preparation (*recommended but optional*)	
	16:00	Closing	

Day 3, Module 1A: Field Practice (recommended but optional)

No.	Time	Session	Activities
1A.2	8:00 – 12:00	Field Practice	• Field work
1A.3	12:00 – 13:00	Debrief on Field Practice	• Plenary
	13:00 – 14:00	Lunch	
	14:00	Closing	

Module 1. Administering the HVPT

Welcome to Module 1 of the HVPT Training of Trainers Manual. Module 1 presents information on how to administer the HVPT. It is designed for community workers and others who administer the HVPT at the household level, or supervise those administering the tool. In this training, participants are expected to learn to: (1) articulate the purpose of the HVPT; (2) understand the pre-identification process; (3) effectively administer the HVPT; and (4) administer the tool in an ethical manner.

As a facilitator, it is important that you are very familiar with this manual, as well as the accompanying slides, the HVPT, and the Guidelines on Administering the HVPT throughout the training. A well-planned agenda (see "Sample Agendas" section) will also help to ensure a successful training.

Module 1A, which provides an opportunity for participants to practice using the HVPT with households in the field, is recommended to reinforce this module, although it is not required. Please refer to the introduction for a description on why field practice is important for effective training.

Module 1 is organized into sections that are labeled and match the sample agendas provided. The sections correspond to slides on the accompanying slide deck and the Guidelines on Administering the HVPT.

Learning Objectives

- Articulate the purpose of the HVPT
- Understand the pre-identification process
- Effectively administer the HVPT
- Administer the tool in an ethical manner

Materials Required

- Projector
- Laptop
- PowerPoint slides
- Flip charts and markers
- Pens, notebooks
- Print-outs for all participants of the HVPT training
- Print-outs for all participants of "Definitions for Each Question included in the OVC Household Vulnerability Prioritization Tool" (pages 9-15) from the Guidelines for Administering the OVC Household Vulnerability Prioritization Tool
- Print-outs of the OVC Pre-Identification and Registration Form

Participant and Facilitator Introductions, Training Introduction

Time: 30 minutes
Activities: Ice breaker of your choice (suggestions made in slide)
Slides: 1-4 or Training of Trainers slides, if relevant

Use this time to get to know your participants and help them become comfortable and engaged through an ice-breaker exercise. This is also where you introduce yourself and explain more about the specific training they are participating in.

If you are doing a Training of Trainers, introduce participants first to the Training of Trainers (there is a separate slide deck for this), and then move to the Module 1 slides, introducing the content for the day.

Session 1A. Introducing the HVPT

Time: 1 hour
Activities: None
Slides: 5-13

This section introduces the HVPT to participants, and explains how it will be used, and how it was created. This introduction and background will frame the understanding participants have of the tool throughout the training. As you see in the slides, it starts by discussing the history of the HVPT, which is important because many participants will be familiar with the Vulnerability Index (VI) or other vulnerability assessment instruments like the Vulnerability Assessment Tool (VAT), and they will need to understand how this tool is different.

As such, clearly explaining the purpose of the HVPT is essential. The slides indicate when the HVPT should and should not be used.

You will then move into the process of administering the HVPT. A three-step process is included in the slides (following the guidelines) and should be explained using the slide talking points and your familiarity as a facilitator of the Guidelines on Administering the HVPT.

This section is primarily lecture-based because it is introducing new content. However, we would advise engaging participants by asking them what experiences they have using the HVPT or other tools, and by giving ample time for questions and asking one or more participants to paraphrase what you have been discussing regarding the HVPT.

IMPORTANT: Please be sure you are intimately familiar with sections "Brief Background," "Purpose of the Tool," "Process of Administration," and "Cautions" in the Guidelines for Administering the HVPT located on pages 1-4.

Session 1B. Getting to Know the HVPT

Time: 1 hour and 30 minutes
Activities: Reading and interpretation
Slides: 14-23

This portion of the training introduces participants to the HVPT in detail. It is essential that all participants understand how to administer the form and the meaning and intent of each of the questions. In this section of the training, if you have fewer than 15 participants, we suggest you work through each section as a group. If you have more than 15 participants, you can split into groups of 15 and have other facilitators to guide these participants.

The slides are organized by the key sections of the HVPT form: Instructions; Household Information; Economic Strengthening; Food Security and Nutrition; Health, Water, Sanitation, and Shelter;

Education; Psychosocial Support and Basic Care; and Child Protection. Spend time on each of these sections, referring to the section, "Definitions for Each Question Included in the OVC Household Vulnerability Prioritization Tool" (pages 9-15) of the Guidelines for Administering the OVC Household Vulnerability Prioritization Tool.

One way to engage participants is to have everyone take a turn reading and interpreting a question in the HVPT. Hand out copies of the HVPT to the participants and follow the sections listed above from the slides. Then, talk through each section—ask participants to read out questions and interpret them. Clarify any uncertainty and ask them to refer to the reference guide.

As a facilitator, you need to ensure that everyone clearly and correctly understands all questions in the HVPT form. For instance, for question 1 under "Economic Strengthening" ("Is this a child-headed household?"), you could have a participant read the question and then ask him or her to explain what a child-headed household would look like. You could probe by asking: "what is a child?" "what does it mean to be child-headed household?" etc. You can also pose scenarios that might arise, such as "What if the household head does not know his or her age?"

There are various techniques you can employ to ensure adequate participation—whether it be random or intentional selection of less-engaged participants. You can also **use games**, such as throwing a ball around to indicate whose turn it is to read a question from the tool. The facilitator would throw a (soft) ball to a participant. Once that participant is done reading and interpreting, it is their turn to throw the ball to a new participant (who has not yet read and interpreted a question).

Once you have finished the session, be sure to provide the section, "Definitions for Each Question included in the OVC Household Vulnerability Prioritization Tool" from the Guidelines on Administering the HVPT to participants, and remind them they can use it as they practice and learn the tool.

Referrals

During the process of meeting with a head of household and administering the HVPT, community workers may come across situations where they judge—based on their own training and understanding of services provided in the community—that a household requires follow-up on a specific condition or issue. After each question, the HVPT allows for the community worker to check a box on whether a referral is needed. By checking this box, this household—regardless of whether it is enrolled to receive services—will be included on a list of households generated through the HVPT database. This list will be provided to local government officials who can then follow up with the households on the list.

Urgent Situations

In the case of severe issues (e.g., a child in danger or who has experienced a child protection issue such as severe physical abuse or sexual abuse), the situation should be reported immediately to the appropriate authorities (e.g., a local organization, a local council, or in the case of child protection, a legal entity or to the toll-free national child help line: 116). A note should also be made on the HVPT form.

Session 1C. Practice Using the HVPT

Time: 2 hours
Activities: Partner practice
Slide: 24

During this time, participants will have the opportunity to become more familiar with the HVPT by practicing using it. This will help improve not only participants' familiarity with the tool, but also their

interviewing skills. By role-playing, they will also better understand how questions may be perceived by beneficiaries, as well as what challenges interviewees might face.

Partner Practice with the HVPT

- Break participants up into pairs in whatever manner you prefer.
- From each pair, one participant will role-play the head of a potential beneficiary household, while the other will be the interviewer (para social workers or other).
- Participants will then have 10 minutes to prepare.
  - "Interviewers" can review the tool in detail and prepare how they will introduce themselves to the household.
  - "Beneficiaries" should think through the profile of their "family" so they are able to answer the interviewer questions.
- Interviewers are allowed 15-20 minutes to interview a beneficiary head of household.
- Time allowing, ask them to then switch roles (so now the interviewer becomes the head of household of a beneficiary family) and conduct the interview again.
- Each group will be responsible to note all questions they have on the tool and will be asked to share them and their experiences with the group in the next session.

Session 1D. Report Back on HVPT Practice

Time: 30 minutes
Activities: Group discussion
Slides: 25-26

This session is intended to allow for detailed report-back from participants on their role-playing partner practice using the HVPT.

There are different ways to elicit feedback from participants. One method you may want to try is to set up three flip charts in the classroom. Label them "What went well;" "What was challenging;" and "Other Questions/Clarifications." Then, pass out several sticky notes to each participant and ask them to write down their experiences based on these three categories. Participants will go to each flip chart and post their sticky note onto it. Once all participants have finished, go to each of the flip charts and read through the responses. Engage with your audience. Ask for more explanations on certain comments and make sure you address all the areas that were challenging and any questions, and provide clarifications. This will also allow you to clearly see commonalities and differences between responses and where some aspects of the HVPT may need to be better reinforced.

Potential Situations that May Arise and How to Deal with Them

- Beneficiary cannot answer a question

If a beneficiary cannot answer a question, it can be left blank. Before you leave it blank, however, try to rephrase the question, make sure they understand the meaning of all of the words, and provide definitions if they do not. If they still cannot answer a question, then leave it blank and move onto the next question.

- Beneficiary answers question in one way, but there is evidence to suggest the opposite

There may be situations when a beneficiary answers a question a certain way but there may be visible evidence to suggest otherwise. For instance, question 4 asks about severe disabilities of the head of household—these can be physical, speech, visual, hearing, or mental handicap. When you are interviewing the head of household or his/her designee, he/she may say that he/she has no disabilities. However, if there are clear signs of a disability, it is in the best interest of the family to mark the answer as yes—so they will be recognized as vulnerable and prioritized as such. If you are confident that the beneficiary response is inaccurate and that you know the appropriate response, respond based on what you see as being true.

- Beneficiary provides an unclear answer

When speaking with a head of household or his/her designee, you may find that his/her answers are not as clear-cut as the tool requires. For example, for a question like question 5 ("*Have all children in the household eaten at least 2 meals a day, every day, for the last month*?"), a household head may have trouble answering the question—he/she may struggle to conceive of the time frame of the past month or may have been traveling outside of the home during the past month. That can lead to answers like "maybe" or "I don't remember." When receiving responses like this, it is the role of the interviewer to support the household head to answer the question accurately by asking additional questions. For example, help them conceive of the past month by thinking about the cycle of the moon, or thinking back to something that happened in the news in the past month. If they were traveling during the past month, ask them about the weeks they were home and what their best guess is. Essentially, guide them in answering the question and then use your best judgment based on their answers to record your response.

Session 1E. Ethical Use of the HVPT

Time: 30 minutes
Activities: None
Slide: 27

This module focuses on ensuring that the HVPT is used in an ethical manner. It highlights the importance of confidentiality and privacy when conducting interviews and storing HVPT forms.

To engage the participants, you may want to start by asking them to think about a time when someone shared something personal about themselves that they did not want others to know about. With this experience in mind, ask for volunteers to answer why they think that those interviewed might want to keep the information they are sharing private. After a short discussion on this, talk through the difference between confidentiality and privacy and why they are both important to ensure accurate information is collected from beneficiaries, and to uphold the reputation of the institution administering the HVPT.

Key talking points (also included on the slide) are:

Information provided is confidential: Confidentiality entails not disclosing any of the information you learn about a family you interview for the HVPT to anyone for purposes other than direct delivery of services (i.e., through referrals).

Conduct interview privately: Interviews are considered private when they are out of earshot of other family members, neighbors, or others in the community. This ensures that the information they provide will be truthful and that the interviewee will have confidence that their information will also be treated confidentially.

Safely store HVPT forms: Because household personal information is stored on the HVPT forms and we are committed to keeping their information confidential, it is important that these forms are stored away from others who should not have access to them.

An interview does not guarantee service delivery: The HVPT was intentionally designed to be short, as long interviews tend to build up expectations among potential beneficiaries about future receipt of services. It is also important to make clear to the households you interview that an interview does not guarantee immediate service provision.

Module 1A. Field Practice

Welcome to Module 1A of the HVPT Training of Trainers Manual. Module 1A provides an opportunity for participants to practice using the HVPT with households in the field. It is recommended to reinforce Module 1, although it is not required for those attending Module 1.

It is important to note that field practice is an important way to reinforce classroom learning with real-world application. It can also strengthen the interviewing skills of training participants—for example, how to make a household head feel comfortable during the interview, or how to explain questions that might not immediately be clear to the household heads. It can also ensure the training participant has enough practice in how to approach a household, ask for an interview, and find a place to conduct it. These skillsets are all better reinforced in a real-world setting, allowing the opportunity to discuss and problem solve based on their experiences in the field.

Module 1A provides guidance on how to practice administering the HVPT in a field setting. The specific learning objectives for this section are for training participants to be able to: (1) administer the HVPT to household heads; and (2) respond to different challenges in the field when administering the HVPT.

The Module is organized into sections that are labeled and match the sample agendas provided.

Learning Objectives

- Administer the HVPT to beneficiaries
- Respond to different challenges in the field when administering the HVPT

Materials Required

- Pens, notebooks
- Print-outs for all participants to administer the HVPT 4-5times
- Print-outs for all participants of "Definitions for Each Question included in the OVC Household Vulnerability Prioritization Tool" (pages 9-15) from the Guidelines for Administering the OVC Household Vulnerability Prioritization Tool
- Flip charts and markers

Session 1A.1. Field Practice Preparation

Time: 1 hour

During this session, the facilitator should spend 10 minutes describing the purpose of the field practice and an additional 20 minutes explaining how the field practice will work in the field. Then, assign participants into their groups and provide them with their field practice location and list of beneficiaries. Finally, make sure that all participants have the appropriate materials (pens, copies of the HVPT, a notebook or clipboard) for their interviews, a list of households they will be visiting, and contact information for you and your co-facilitators, and ensure that all of their questions are answered prior to traveling to the field. They should also have a clear understanding of the expectations in terms of time frame of the fieldpractice activity.

Purpose of Field Practice

Field practice is an important way to reinforce classroom learning with real-world application. It can also strengthen the interviewing skills of training participants, such as being able to make a household head feel comfortable during the interview or to explain questions that might not immediately be clear to the household heads. It can also familiarize the training participant with processes such as approaching a household, asking for an interview, and finding a place to conduct it. These skill sets are all better reinforced in a real-world setting and provide training participants an opportunity to discuss and problem-solve based on their experiences in the field.

Field Practice Format

Before this field practice preparation session, facilitators will need to have liaised with local government and community-based organizations in a certain area to set up the field practice portion of the curriculum. This means working with these stakeholders to come up with a list of households that could be interviewed for the training. Ideally, this would be households already enrolled in the program who would be willing to spend a few moments speaking with the training participants.

Interviews will occur in groups of twos, with the expectation that each participant will conduct one to two interviews, and participate in a total of two to four. The number of interviews conducted will vary based on location of households, availability of beneficiaries to participate, and transportation.
It is best to prepare a list of households that is double the number of interviews you expect each group to conduct. This will account for difficulties locating households, availability of household members, and other eventualities.

Finally, consider including a budget in the training for small payments for community workers' and beneficiaries' time supporting the field practice. Regardless of whether this compensation is budgeted for or not, the final decision should be applied consistently for all stakeholders participating in the field practice.

> Depending on how and where the field practice is rolled out, we suggest asking the community-based organization or local government liaison to designate a community worker to accompany each group with their interviews. The community worker will guide participants to the households and introduce the households to the participants (and vice versa), but will not be present during the interview itself. This will ensure that participants can find the households, and the introduction from the community worker will ease entrée into the household.
>
> If the training participants are also the community workers, another community worker or local government official would not be needed to identify and introduce participants to households.

Session 1A.2. Field Practice

Time: 3-4 hours

During this portion of the training, participants will travel to the field site to conduct interviews. They will be accompanied by facilitators who will check in with each pair several times during the 3-4 hour period. This may mean phone conversations and/or visiting the groups where interviews are being held. Before leaving the field, facilitators should ensure that all participants have had the opportunity to practice asking questions with at least one household.

Session 1A.3. Discussion of Field Practice

Time: 1 hour

This is the time to allow participants to share experiences and get answers to questions they may have noted during their practice.

Ask participants to look through their notes from their field practice and organize them into a few categories: 1) "what went well;" 2) "what was a challenge;" and 3) "what questions I have." Give them five minutes to note comments in each of these sections in their notebook or on a sheet of paper.

Then organize participants into pairs (you may want to pair more experienced participants with less experienced ones). Ask them to share their experiences in these three categories with each other for about 15 minutes.

Then ask each partner to share the experiences of their partner with the group. As each group reports back, you can note what they say on flip charts organized into the three categories outlined above. This should take 15 minutes.

The remaining time (25 minutes) can be devoted to answering questions they have, problem-solving challenges, and eliciting best practices from participants. Make sure to also refer them to the Guidelines on the HVPT and encourage them to keep it on hand as they administer and/or teach others how to administer the HVPT.

Module 2. HVPT Database

Welcome to Module 2 of the HVPT Training of Trainers Manual. Module 2 presents information on how to use the HVPT database. This module is designed for data entry clerks, M&E officers, community-based organization staff, and government officials to prioritize households for enrollment and generate a list of households in need of a referral. In this training, participants will: (1) become familiar with the HVPT database; (2) practice using the HVPT database; (3) use advanced functions of the HVPT database; (4) prioritize households for enrollment; (5) generate a list of households needing referrals; and (6) learn how to use the database for future rounds of enrollment.

As a facilitator, it is important that you are very familiar with the Guidelines on Administering the HVPT, the tool itself, and of utmost importance for this module is the HVPT Database User Guidelines. You will use this manual, as well as accompanying slides, the HVPT and the Guidelines on Administering the HVPT (see Chapter 1), throughout the training. A well-planned agenda (see "Sample Agendas" section) will also help to ensure a successful training.

The module is organized into sections that are labeled and match the sample agendas provided. The sections also correspond to slides on the accompanying slide deck and the Guidelines on Administering the HVPT.

Learning Objectives

- Become familiar with the HVPT database
- Practice using the HVPT database
- Use advanced functions of HVPT database
- Prioritize households for enrollment
- Generate a list of households needing referrals
- Know how to use the database for future rounds of enrollment

Materials Required

- Projector
- Laptops for all participants, with Microsoft Excel installed
- PowerPoint slides (Module 2)
- Printouts of PowerPoint slides
- Database available on flash drive and database password, "OVC Tool"
- Flip charts and markers
- Pens, notebooks
- Database User Guidelines for all participants
- HVPT Guidelines and Tool
- HVPT Reference Guide with explanations of questions
- "Dummy" HVPT forms to practice data entry with

Session 2A. What Is the HVPT Database?

Time: 1 hour
Activities: None
Slides: 5-14

In this introductory session on the HVPT database, trainers will demonstrate how to download, save, and open the HVPT database. They will also teach participants how to navigate the database, understanding all of the Excel tabs and their purposes.

This is a guided section, which means that participants will need to have databases downloaded and their laptops opened as they will be using them throughout this session.

> If you find some participants are much faster than others, you can have them serve as mentors for other participants.

Step 1 (slide 5): Ensure that all participants install the HVPT database on their computers with the flash drives you will have already installed with the database (listed above in "Materials Needed"). This may take longer than might be expected, so allow 10-15 minutes to complete.

Step 2: Guide participants in opening the database by clicking on the file and then entering the password: "OVC Tool" (follow the steps in slide 5). Give participants 10 minutes to play around with and review the database to become familiar with it and how it is organized.

Step 3: Go to slide 6 and explain to them that there are many tabs in the database. Clarify what tabs are to any participants less familiar with Excel.

Step 4: From there, move through the slide deck, explaining what they will navigate to within the database and then assisting them in looking through the tabs in the database.

For instance, move to slide 7, labeled "Intro Tab," and then ask participants to find that tab and read through it. You can explain that it gives instructions on how to use the database. Be prepared to be patient with your participants and also recognize that some will be more computer-savvy than others. We recommend you print out the slides for participants so they can follow along.

Continue this way, moving through the slide deck while walking around the room (and engaging co-facilitators as well) to make sure all participants are following and able to navigate the database. You should also have the database open on the laptop projecting the slides. That way you can show participants who may be lost how to move to the next tab or show other aspects of the database.

Session 2B. Practice Using the HVPT Database

Time: 2 hours
Activities: Hands-on use of HVPT database
Slides: 15-16

This session is designed to promote hands-on learning with the database. Give participants print-outs of completed HVPT forms (using false names and information). Using your computer (and projecting what you are doing to the participants), demonstrate how to enter one form in the database. Then, ask

them to follow the instructions on the "Intro" tab of the tool to practice entering in the database and working through all of the tabs, until they have a final list of qualified households and referrals.

As a facilitator, make sure you and your co-facilitators are moving around the room supporting the participants. Of course, be mindful that the help you provide does not default to you doing the exercise for them.

Allow time at the end of the session to discuss challenges encountered during the practice session with demonstrations walking through how to solve them. You can also solicit demonstrations from participants to share what they did in specific instances with the group.

Session 2C. Advanced Functions of HVPT Database

Time: 30 minutes
Activities: None
Slides: 17-23

This is the point in this module where you will move away from the mechanics of operating the HVPT database and toward thinking through how to understand and use it for prioritizing households. The "Key Fields" are all essential to ensuring that the households enrolled are those that can benefit from the services offered by the organization. Data storage and security is also crucial.

Is Our Program Able to Address the Household's Issues?

Understanding what services an organization can provide will involve engaging program staff to support data entry clerks operating the database. This may be a discussion with a program person to create a list of services provided by the organization, based on the fields in the database. This is important because it will determine whether a household will be enrolled in the program. It is important to be realistic, as enrolling a household that has needs an organization cannot serve may not be ethical.

Total Households Limit

Another ongoing discussion that data entry clerks must have with programming staff is around how many beneficiaries a program can enroll at a given time.

They may, for instance, administer the HVPT to a large number of households, but they may only be able to enroll a limited number at a specific period of time. The HVPT tool is well designed to prioritize households based on an organization's ability to provide services to them. However, it is important that organizations have an internal discussion to understand how many households they can serve at a given time. Please refer to the Database User Guidelines (see Chapter 3).

Services Provision Options

- ES = Economic Strengthening
- FSN = Food, security, and nutrition
- HWSS = Health, water, sanitation, and shelter
- ED = Education
- PSS = Psychosocial support and basic care
- CP = Child Protection

Enroll and Lock Households

Once a household is enrolled according to the HVPT database, it will not be included in subsequent processing of the tool (when additional households are added or when the organization is able to take on more beneficiaries). However, not enrolling a household immediately will not remove it from future processing of the tool. Once an organization has the capacity to take on additional beneficiaries, they can redo the process to prioritize previous households that were not enrolled, along with any new households that were recently administered the HVPT. Please refer to pages 38-39 of the Database User Guidelines.

Data Storage and Security

Data storage is an important part of the HVPT database process. Once forms are entered into the database, they must be stored in a locked cabinet and protected according to the National Data Protection Act.

The HVPT database is password protected. It is essential that all organizations continue to use a password and only allow designated officers access to the database. Please refer to page 4 in the Guidelines for Administering the HVPT.

Important Notes

Please refer to page 36 in the HVPT Database User Guidelines.

Session 2D. Prioritizing Households

Time: 30 minutes
Activities: None
Slides: 24-25

Depending on who is attending your training, this may be a good time to bring in program staff from the organizations represented. This session focuses on ensuring participants comprehend the outputs the HVPT database provides them.

Refer back to the exercise done in Session 2B (slide 12). From this exercise, participants should have generated a list of prioritized households. Divide participants into groups of three and have them work together for 10 minutes to understand how the households were prioritized for enrollment. Tell them they can refer to the Guidelines for Administering the HVPT and the slide deck.

Engaging Government

If you have more time and are able to bring in the government to ensure their understanding of the tool, you could ask one or two well-versed participants to explain the tool to them, and then discuss with them in more detail how each of the two lists (qualified households and referrals) was generated. In such a meeting, explaining each of the prioritization factors (child protection, high vulnerability, and thematic areas) will be important to ensure clarity about how the database prioritizes households.

It will also be important to review the HVPT tool together and explain how referrals are done during its administration. The referrals can then be followed up by the relevant local government representative.

Ask a group to volunteer to explain the three-step process for prioritizing households. Refer to the "Prioritization Process" on pages 4-7 of the guidelines to make sure it is clear to all participants Emphasize that in addition to the three-step process (prioritization by any child protection issue, prioritize by high vulnerability indicators, prioritize by number of thematic areas), prioritization occurs based on the services an organization can provide and the numbers of households it can enroll at a given time.

Session 2E. Generating Referrals

Time: 30 minutes
Activities: None
Slides: 26-27

During the process of administering the HVPT, community workers may come across situations where they judge—based on their own training and understanding of the services provided in the community —that a household requires follow-up on a specific condition or issue. If this is the case, they will check a box indicating that a referral is needed.

The database generates a list of all of the households marked for referral as a separate tab. Households are included regardless of whether they are enrolled in the program. This list can be provided to local government officials who can then follow up with the households on the list.

Chapter 3: Database UserGuidelines

OVC HVPT Database User Manual

1. Introduction

The Uganda Orphans and Other Vulnerable Children (OVC) Household Vulnerability Prioritization Tool (HVPT) is intended to help OVC service providers prioritize households for enrollment in OVC programs/support. This manual is meant to accompany the HVPT database, to ensure correct use of the prioritization process. Program officers, district officials, monitoring and evaluation (M&E) staff, data managers—or others who are entering data from the HVPT forms in the HVPT database—should review this HVPT database manual.

2. Important Notes

Please take note of the following points, which are paramount to the correct operation of this database.

- Do not change the naming schema of the spreadsheets, because the VBA code behind the document uses these specific names to filter the correct information.
- Do not change the layout of the columns on any of the spreadsheets: removing, adding, or editing column layouts will cause the tool to relay incorrectly filtered information.
- Households that do not have a household number are not processed; the number is a required field. If there is no household number scheme, insert another unique identifier for each household.

Abbreviations and Codes in the Database

Child Protection Legend	Thematic Areas Legend
A = Repeated physical abuse B = Child marriage or teenage mother/ father C = Teenage pregnancy D = Neglected E = Sexually abused	ES = Economic strengthening FSN = Food, security, and nutrition HWSS = Health, water, sanitation, and shelter ED = Education PSS = Psychosocial support and basic care CP = Child protection

3. Detailed Instructions to Database

3.1. Intro Sheet

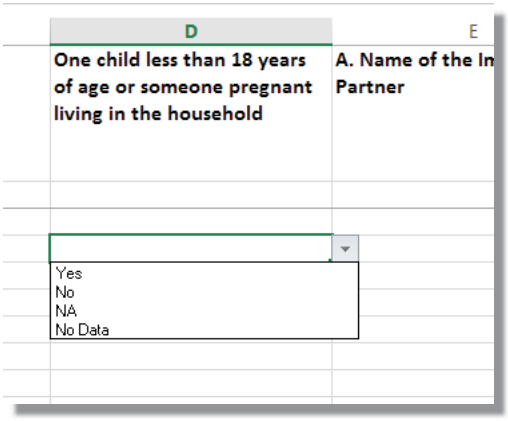
The welcome page of the OVC HVPT database will always be displayed first when the tool is opened. This page includes the same instructions offered here.

3.2. Data Capture Sheet

The primary data for each household are logged on this sheet. If the layout of this sheet is changed in any way, it will create incorrect results for the filtering processes on the other sheets.

All of the information from a household's HVPT form will be entered on this sheet. Each question on the form has an associated column on the Data Capture Sheet. For each household, please transfer the information for each household from the HVPT form to the appropriate columns.

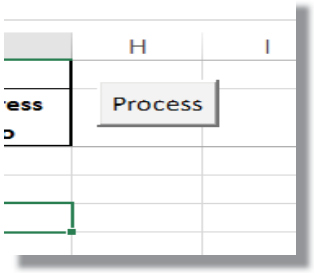
Most of the columns have a drop-down list of options. For those that do not have a drop-down list for data entry, enter either text or a number (depending on the question).



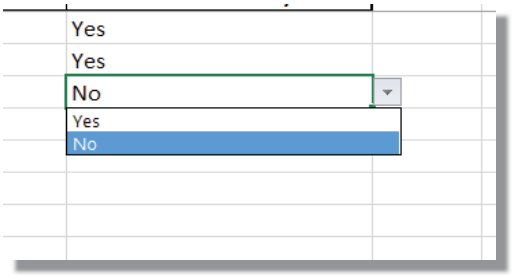
33. Processing the Levels of Prioritization

Once the Data Capture Sheet is filled out, the information should be processed in the following order: (1) child protection; (2) high vulnerability indicators; and (3) thematic areas. Following this process for each household builds the list of all prioritized households. The Data Capture Sheet is also the place to note whether any given household's needs can be addressed.

- Click on the tab labelled "1. Child Protection Issues." Clicking the "**Process**" button pulls all the households with child protection issues from the Data Capture Sheet and displays them in their correct order of priority.



Once this button is clicked, you will be required to further filter this list, by filling out the column with the heading, **"Is our program able to address this household's issues?"** This column will give you the option of "Yes" or "No." It is important to discuss within your organization what services can be provided before filling out this column.



Note: If "No" is selected for a given household, that household will not be pulled through to the final sheet: "Qualified Households."

- Next, move to the High Vulnerability Indicators Sheet and follow the same process. (Please note that the households with child protection issues will not be displayed here, because they

have already been captured.)

- Next, move to the Thematic Areas Sheet and follow the same process as for the previous two sheets. (Please note that the households with child protection issues and high vulnerability indicators will not be displayed here, because they have already been captured.)

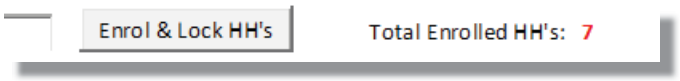
34. Qualified Households

After filling out the Data Capture Sheet and the Child Protection, High Vulnerability Indicator, and Thematic Areas sheets, go to the Qualified Households Sheet to display the list of households that qualify in order of their priority, based on the filtering process that was completed on the previous sheets.

At the top of the Qualified Households Sheet, you will notice buttons and boxes (where "households" has been abbreviated to "HHs"). Here you can enter the following information:

Boxes and Buttons Explained:

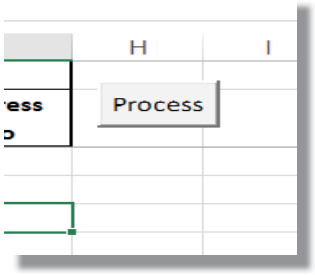
- Total Households Limit: This allows you to enter the number of households you are able to select at this time given the resources and targets your project has set.
- Process Qualified Households button: Clicking here will process the information from the sheets listed below that have been individually processed. This process starts with the records that have been selected from "1. Child Protection Issues" and moves on to sheets "2. High Vulnerability Indicators" and "3. Thematic Areas," depending on the numerical value that is set within the Total Households Limit text box. The households will be listed in order of priority.
  - 1. Child Protection Issues
  - 2. High Vulnerability Indicators
  - 3. Thematic Areas
- Enrollment Date: This allows you to enter the date when a household is listed, so that filtering can be done by date.
- Enroll and Lock Households: Clicking this button processes and locks the households listed on the "Qualified Households" sheet, as follows:
  - A new sheet called "Enrollment {Enrollment date selected}" is created.
  - The qualified households are then moved to this sheet, locking them in as qualified so they will not be processed again.
  - "Qualified Households" sheet is cleared and the "Total Enrolled Households" indicator is updated, as seen below on the "Qualified Households" sheet.



- Households that were not enrolled for that period will remain on the Data Capture Sheet. When you are ready to enroll additional households, follow the same steps as above (but do not process any of the households already selected for enrollment). If you have administered additional HVPT forms, those can be added to the Data Capture Sheet and processed along with the list of remaining households.
  - Creating a new sheet called "Household Enrollment [Enrollment date selected]."

35. Referrals

The Referrals tab lists households according to the services for which a referral was needed during the HVPT administration process. This is done by clicking the "**Process**" button. This list can be printed and provided to a district officer for follow-up.



When the households are ready to be enrolled, click on the button "Enroll and lock referrals" at the top of the referrals tab. This will generate a new tab with the day's date and list all households that were assessed and needed a referral. Households needing referral, yet not currently enrolled, will still be eligible for qualification in subsequent rounds of prioritization. Each household needing a referral will only be listed at one point in time, when the HVPT is administered and the process is run.

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