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4Children
Coordinating Comprehensive Care for Children



HOUSEHOLD NUMBER (PROJECT USE ONLY): _____

South Sudan OVC Household Vulnerability Prioritization Tool

The South Sudan Orphans and Other Vulnerable Children (OVC) Household Vulnerability Prioritization Tool (HVPT) 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 clinic community coordinators, ART and PMTCT center staff (i.e., counselors, expert clients, medical staff), community leaders, quarter council and area council members, social workers, Boma health committees, home health promoters, case care workers, SILC agents, and PLHIV group leaders using the pre-identification criteria 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.

STAFF INTRODUCTION: Start the interview process with:

- Greeting and introducing yourself, the 4Children project, partners (e.g., MOH, MGCSW) and the purpose of the assessment. *“This survey is designed to assess vulnerability across a number of areas and asks for sensitive information on household finances, food, school enrollment, health and HIV, psychosocial well-being and child protection. It should take 15-20 minutes to complete.”*
- Asking for permission to conduct the assessment. Ensure that the interviewee is clear that the assessment will not result in enrollment and services for the household. *“Participation in this survey does not guarantee enrollment in the project, but enables the project to identify and prioritize vulnerable households for support.”*
- Stating that information shared is confidential and will only be used by project staff for determining enrollment of the household and needed referral(s).

INSTRUCTIONS FOR EMERGENCY ACTION:

If the following conditions are identified within the household assessed, refer for immediate assistance:

- ! **Child abuse:** escort to social worker based at local police station or hospital
- ! **Child is seriously ill without access to treatment:** escort to nearest health facility and alert social worker on site
- ! **Child is visibly malnourished:** escort to nearest health facility and alert social worker on site



Please confirm if the household is located in Munuki, Kator, Juba Town Blocks or Rajaf Payam and 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 K.

A. NAME OF PERSON ADMINISTERING:	
B. PHONE NUMBER OF PERSON ADMINISTERING:	
C. DATE OF INTERVIEW:	DD/MM/YYYY ____/____/____
D. NAME OF REFERRING ENTITY:	
E. TYPE OF REFERRING ENTITY: (Facility, PLHIV group, Community)	
F. NAME OF INTERVIEWEE (HH Head/ Primary Caregiver)	
G. PHONE NUMBER OF INTERVIEWEE:	
H. TOWN BLOCK/PAYAM:	
I. BOMA/RESIDENTIAL AREA:	
J. NUMBER OF PEOPLE AGES 18 YEARS AND ABOVE CURRENTLY LIVING IN HOUSEHOLD	Male.....Female.....
K. 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 4Children 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? The head of household is under 18.	Yes, No	
2.	Has the household had at least one member who has been employed, self-employed or receiving financial support on a consistent basis over the last 6 months?	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	
Economic Strengthening Vulnerable? (if #1 or #4 is “Yes”, or #2 or #3 is “No”, circle “Yes”)		Yes, No	

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			

This tool, co-developed by the Ugandan Ministry of Health and MEASURE Evaluation—with support from the U.S. Agency for International Development (USAID) and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)—has been adapted with permission from MEASURE Evaluation. For more information on the project, see www.measureevaluation.org

7.	Does this household have regular access to water for domestic use (either water fetched from within half an hour or purchased)?	Yes, No	
8.	Is there anyone in this household who is HIV-positive? <i>If you already know the status, then check "Yes." Indicate number of adults and/or children.</i>	Adults: _____ Children: _____	Yes, No DK
9.	Does the caregiver know the HIV status of ALL children in the household? <i>Skip if don't know status of anyone in the household.</i>	Yes, No	
Health, Water, Sanitation, and Shelter? (if #7, or #9 is "No", or #8 is "Yes", check "Yes")		Yes, No	
EDUCATION			
10.	Are there any children ages 6 to 17 years in this household who are not enrolled in school?	Yes, No NA	
11.	Are there any children ages 6 to 17 years in this household who are enrolled in school and have missed school for two weeks or more in the last school term?	Yes, No NA	
Education? (if #10 or #11 is "Yes", check "Yes")		Yes, No NA	
PSYCHOSOCIAL SUPPORT AND BASIC CARE			
12.	Are there any children in this household who are consistently sad, unhappy, or withdrawn, and not able to participate in daily activities including playing with friends and family?	Yes, No	
Psychosocial support and basic care (if #12 is "Yes", check "Yes")		Yes, No	
CHILD PROTECTION			
13.	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." <i>(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.)</i>	<ul style="list-style-type: none"> • Repeated physical abuse • Child labor (that interferes with health or education) • Neglect • Early marriage, pregnancy or parent (under 18) • Sexual abuse 	Yes, No
14.	Is there any orphan in this household?	Yes, No	
Child Protection? (if any of the responses to #13, #or #14 is "Yes", check "Yes")		Yes, No	
Assessor's Comment:			