



## Lesotho Vulnerable Household Identification Tool

The Lesotho Vulnerable Household Identification Tool is intended to assist service providers in prioritizing households for enrollment in programs/support. This tool should be applied to all households listed by community leaders, child protection committees, social workers, support group members, village health workers, secondary caregivers, nutritionists, teachers, Village Assistance Committees, and others.

For further information on how to administer this tool and prioritize households for enrollment, refer to the [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 INTERVIEWER:		B. PHONE NUMBER OF INTERVIEWER	
C. ORGANIZATION NAME:			
D. DATE OF INTERVIEW: Day/Month/Year    ____/____/____			
E. DISTRICT:			
F. COMMUNITY COUNCIL:			
G. VILLAGE:			
H. HOUSEHOLD CODE/NUMBER:			
I. NAME OF INTERVIEWEE:		Is this the primary caregiver or Head of Household? Yes   No If no, relationship of interviewee in family? If no, J. NAME OF PRIMARY CAREGIVER:	
K. PHONE NUMBER OF INTERVIEWEE			
L. NUMBER OF PEOPLE AGED 18 YEARS AND ABOVE CURRENTLY LIVING IN HOUSEHOLD		MALE #	FEMALE #
M. NUMBER 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.

**STAFF INTRODUCTION:** Start the interview process with:

- Greet and introduce yourself, the project, partners, MoSD 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."*
- Ensure that the interviewee is clear that the assessment will not automatically 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 the most vulnerable households for support."*
- State that the information they provide is confidential and will only be used by project staff for determining potential enrollment of the household and to facilitate referral if indicated.
- Ask for permission to conduct the assessment. Ask the caregiver, *"Now that you know about the interview, do you agree to participate?"*

**INSTRUCTIONS FOR EMERGENCY ACTION:**

If the following conditions are identified, immediately meet with the social worker for assistance in making a referral:

- ! Sexual abuse or severe physical abuse: report to local police station or hospital and notify chief
- ! Child is seriously ill without access to treatment: report to nearest health facility
- ! Child is visibly malnourished: report to nearest health facility

		Response	
<b>ECONOMIC STRENGTHENING</b> (circle answer)			
1.	Is this a child-headed household? (Primary caregiver is less than 18 years)	Yes No	
2.	In the last 6 months, has there been at least any one member of the household who has steadily 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), was there someone in the household who 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	
<b>FOOD SECURITY AND NUTRITION</b> (circle answer)			
5.	Have all children in the household eaten at least 1 meal a day, every day, for the last month? (In case of visibly malnourished child, check "No" and refer)	Yes No	
<b>HEALTH AND SHELTER</b> (circle answer)			
6.	Does the household have a stable shelter that is adequate, safe, and dry? (Can observe)	Yes No	
7.	Do you know the HIV status of all or some of the children? If yes, how many are positive?	# children HIV+ _____ Yes No	
<b>EDUCATION</b> (circle answer)			
8.	Are there any children ages 6 to 17 years in this household who are not enrolled in school?	Yes No NA	
9.	Are there any children ages 6 to 17 years in this household who are enrolled in school and have missed school for about 15 days in the last school term?	Yes No NA	
<b>PSYCHOSOCIAL SUPPORT</b> (circle answer)			
10.	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	
<b>CHILD PROTECTION</b> (circle answer)			
11.	In the past period, from now to 12 months ago (since: <u>state month</u> ) 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.)	• Physical abuse	Yes No
		• Child marriage or teenage parent	Yes No
		• Teenage pregnancy	Yes No
		• Neglected	Yes No
		• Sexual abuse	Yes No
		• Child labor	Yes No
12.	Is there any child in this household who does not have a birth certificate?	Yes No	
13. You must make an immediate referral if you identify a child who is seriously ill or malnourished, or has been sexually abused. Please note here if child or caregiver is already receiving a service for this problem. Also indicate from where service is being received.			
14. Assessor's Comment:			