

MODULE 8:

Monitoring and Evaluating Orphan and Other Vulnerable Children Programs

Monitoring HIV/AIDS Programs

A FACILITATOR'S TRAINING GUIDE

A USAID RESOURCE FOR PREVENTION, CARE AND TREATMENT







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Monitoring HIV/AIDS Programs: A Facilitator's Training Guide

A USAID Resource for Prevention, Care and Treatment

Module 8: Monitoring and Evaluating Orphan and Other Vulnerable Children Programs

September 2004

Family Health International









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MODULE 8:

Monitoring and Evaluating Orphans and Other Vulnerable Children Programs

This Monitoring and Evaluation series is based on the assumption that Core Module 1 (Introduction to Monitoring and Evaluation) is always the first module, that it is followed directly by Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), which is followed by one or more of the optional technical area modules (Modules 4 through 10), and that in all cases the final module is Core Module 3 (Developing a Monitoring and Evaluation Plan). The specified sequence is shown below:

- 1. Core Module 1: Introduction to Monitoring and Evaluation
- 2. Core Module 2: Collecting, Analyzing, and Using Monitoring Data
- 3. Optional Technical Area Modules 4 through 10
- 4. Core Module 3: Developing a Monitoring and Evaluation Plan

Learning Objectives

The goal of the workshop is to build participants' skills in monitoring orphans and other vulnerable children (OVC) programs and in planning program evaluations with emphasis on the objectives of OVC programs.

At the end of this session, participants will:

- Understand the key contextual issues of monitoring and evaluating OVC programs
- Have increased knowledge and skills required to monitor various aspects of planning and implementing orphans and other vulnerable children programs
- Be able to formulate monitoring and evaluation questions for OVC programs and use these to develop process indicators for program monitoring
- Develop data collection and reporting tools as required for OVC children programs
- Analyze and use OVC data for program improvement
- Plan and implement evaluation of program-specific OVC interventions (as required, with technical assistance)

Session Overview and Schedule

TIME		TOPIC	TRAINING METHOD
8:30-8:40	10 min	A. Welcome and Introductions	Facilitator Presentation
8:40-9:00	20 min	B. Setting the Stage: Dynamic Model	Group Exercise 1
9:00-9:10	10 min	C. Defining Orphans and Vulnerable Children	Facilitator Presentation
9:10-9:25	15 min	D. Monitoring OVC Programs	Group Discussion
9:25-10:00	35 min	E. What to Monitor	Group Exercise 2
10:05-10:20	15 min	BREAK	
10:20-10:35	15 min	F. Developing Goals and Objectives	Facilitator Presentation,
			Group Discussion

Session Overview and Schedule

TIME		TOPIC	TRAINING METHOD
10:35-10:45	10 min	G. Developing M&E Questions	Facilitator Presentation, Group Discussion
10:45-10:55	10 min	H. Developing Indicators	Facilitator Presentation, Group Discussion
10:55-12:00	70 min	I. Developing Objectives, Monitoring Questions, and Indicators	Group Exercise 3
12:00-1:00	60 min	LUNCH	
1:00-1:30	30 min	J. Monitoring Methods and Tools	Facilitator Presentation, Group Exercise 4A
1:30-2:15	45 min	K. Data Analysis	Facilitator Presentation, Group Exercise 4B
2:15-2:30		BREAK	
2:30-3:15	45 min	L. Data Use	Group Discussion, Group Exercise 4C
			·
3:15-3:35	20 min	M. Evaluating Orphans and Vulnerable Children Programs	Facilitator Presentation, Group Discussion
			_
3:35-4:00	25 min	N. Wrap-Up	Group Exercise 5

Materials

- Flipchart and paper
- Markers
- Pens or pencils
- Tape or Blue-Tac
- Evaluation Form
- Household Category clips
- Household Situation clips
- Child Location clips
- Child Situation clips

- Handout: Dynamic Model: Where We Find OVC
- Handout: OVC Task Force Definition of OVC
- Handout: USAID Definition of OVC
- Handout: Data Collection Methods and Tools (from Core Module 1)
- Handout: Group Exercise 4: Hypothetical "Child Hope" Case Study
- Handout: Exercise 4A—Monitoring Tool
- Handout: Exercise 4B—Data Analysis
- Handout: Exercise 4C-Data Use

Note: Due to their length, the following documents are not included in the module. The facilitator must download them from the Internet.

- Handout: Expanded Response Core Indicator Guide (available at http://www.usaid.gov/our_work/global_health/aids/TechAreas/monitoreval/expandresponse.pdf)
- Handout: Ethical Guidelines for Gathering Information from Children and Adolescents (available November 2004 from www.popcouncil.org/horizons)
- Handout: Care for Orphans, Children Affected by HIV/AIDS, and Other Vulnerable Children: A Strategic Framework (FHI) (available at http://www.fhi.org/en/HIVAIDS/Publications/Stratgies/index.htm)

A. Welcome and Introductions

8:30-8:40 10 min A. Welcome and Introductions	Facilitator Presentation
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8:30-8:40 (10 min)

1. Welcome Participants and Group Introductions

Thank participants for arriving on time and remind them in a humorous way that anyone who arrives late from breaks will be subject to embarrassment, such as having to sing to the group.

Because this module is being delivered after Core Module 1 (Introduction to Monitoring and Evaluation) and Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), participants will be familiar with each other. Therefore, each morning during this time the facilitator can take about 15 minutes to review with the participants the material they learned in the preceding modules. This provides an excellent opportunity to generate energy among the group by asking the participants to quiz each other. This review activity can be light, energetic, and even humorous. Encourage participants to stand up or do something else physical as they ask or answer their questions.

B. Setting the Stage: Dynamic Model

8:40-9:00	20 min	B. Setting the Stage: Dynamic Model	Group Exercise 1
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Materials

- Handout: Dynamic Model: Where We Find OVC
- Household Category clips
- Household Situation clips
- Child Location clips
- Child Situation clips

Facilitator Preparation:

- Cut out the categories of the Dynamic Model (see appendix).
- Post the headings of households and the sub-categories on the wall. Make sure that there is sufficient space between the headings to avoid crowding of the participants, since they will be asked to assemble in front of their chosen household heading.
- Post the outcome headings (e.g., children in public places) and the sub-categories on another wall, preferably one that is opposite the wall with the household headings. Make sure there is sufficient space between the headings.

8:40-9:00 (20 min)

Group Exercise 1: Setting the Stage

Facilitator should instruct the participants in the following:

- I would now like to conduct a small exercise that will set the stage for today's training session.
- On the wall, I have posted five pieces of paper, each with the name of a household *category* written on it. Beneath those household categories are several smaller clips of paper, each with a different household *situation* written on it.

- I would like all of you to walk up to the wall and select one of the smaller clips (i.e., those with the household situation) and stick it on your chest.
- Once you have done that, please stand in front of the household category from which you selected the clip so that it is clear in which household you belong.

Facilitator Note: There may be some confusion and crowding in the beginning as participants select their clips. The facilitator should make sure that the participants are properly aligned once the clips have been selected.

After all the participants have selected a clipping, placed it on their chest, and aligned themselves in front of the household category, the facilitator turns to the group standing in front of the first household category, and asks each participant the following question:

"So, you are a child living in a household that faces extreme demands. Tell me a bit about yourself and about the situation in which you find yourself."

Each participant will then briefly describe an imagined family situation. For example,

"My father died a few months ago and my mother is all alone taking care of me and my four younger siblings. My father's parents are not talking to us because they say that my father had AIDS and that my mother infected him. I don't know what AIDS is but it must be something bad because the people in our village are also not talking to us, and the other children tease and bully my siblings and me all of the time. I don't really understand why. We have very little food, we kids are always hungry, my mother cries all the time, and she is sick a lot. I stopped going to school because I'm now the man of the family, but the job I found pays very little. I don't know what will happen to all of us."

When all participants have told their stories, point to the opposite wall and explain that there are five clippings posted on the wall, each of which represents a location (environment or situation) where a child may end up after running away or being forced from home.

All of the participants should select one of the smaller clippings posted below each of the types of environment and post it on their chest.

The facilitator will ask each participant:

"So, tell me, what has happened to you? Where are you living now?

Each participant then briefly describes the type of situation they currently find themselves in. For example,

"My mother also died a few weeks ago ... the job I had did not bring in enough money to feed my siblings. So, I decided to put my siblings in an orphanage and take a job on a farm. I don't like it there, however. I do get food, but I get beaten a lot for not working fast enough or some other reason. I don't know how long I will stay at that farm because I can't take the abuse much longer. A friend told me the other day that I could make some good money on the street."

After all participants have told their story, ask the entire group:

"What was the purpose of this exercise?"

Facilitator Note: This exercise is supposed to illustrate the numerous causes of child vulnerability, of which parental death from HIV/AIDS is only one, and that such vulnerability can lead to different outcomes.

This exercise was taken from the World Bank's Dynamic Model, which maps the causes and effects of child vulnerability. It is important to keep these multiple causes and effects in mind when designing and monitoring OVC interventions because our programs may not reach all of the vulnerable children (e.g., because the intervention targets only children who are in orphanages or in households with at least one parental death).

C. Defining Orphans and Vulnerable Children

9:00-9:10	10 min	C. Defining Orphans and Vulnerable Children	Facilitator Presentation
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Materials

• Handout: OVC Task Force Definition of OVC (Gaborone, April 2003)

Facilitator Preparation: Post the flipchart with the international definition of OVC on the wall.

Definitions of Orphans and Other Vulnerable Children

As you saw in the previous exercise, childhood vulnerability has many causes, and not all are related to HIV/AIDS. Unfortunately, our resources are limited and we cannot reach every vulnerable child in our community with our interventions. Therefore it is important to specify which vulnerable children will receive our services so that we can design interventions, monitor our programs, and measure how many children have been reached.

Unfortunately, defining an OVC can be difficult because vulnerability and orphanhood is culturally relative, meaning that it depends on local conditions and, therefore, varies between and within communities and countries. Each community and country will, in fact, use different criteria to define their orphans and vulnerable children.

The international community has tried for some time to establish a common definition of OVC.

Let's take a look at some OVC definitions that illustrate the difficulty of describing OVC both specifically enough to allow comparisons between programs and generally enough for programs to be designed according to local conditions:

- International definition (UNICEF/UNAIDS, Gaborone, April 2003): A child under 18 years who has lost one or both parents or lives in a household with an adult death in the past 12 months or who lives outside family care. [Facilitator should note that this definition is still under discussion and may be revised further.]
- National definitions: Ask participants if they can provide an example of a national definition of OVC.
- Communities may also have their own definitions of orphans and vulnerable children, which may be much more inclusive than the international or national definitions.

The facilitator should ask participants if anyone has an example of a community-derived definition of OVC.

In summary, many different definitions of OVC are being used. Some are difficult to measure and do not adequately capture how OVC programs are designed (i.e., programs provide services to more children than the definition specifies).

D. Monitoring OVC Programs

9:10-9:25	ns Group Discussion
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1. Define Monitoring

During the first day of our training workshop, we discussed the purposes of program monitoring.

Ask participants: What are some of the reasons why we monitor our programs?

Facilitator Note: The main purposes of monitoring are to report to donors and other stakeholders and to track: implementation of activities, how well services or activities are being implemented or delivered, how many people we are reaching, and the quality of the services we deliver.

Monitoring and implementing OVC programs involves unique challenges because these programs work with a special target population whose needs and requirements are often difficult to determine and because there is emotional involvement on the part of program staff. OVC programs require two kinds of monitoring: programmatic monitoring and monitoring of the health and wellbeing of OVC.

2. Key Issues in Monitoring OVC Programs

The facilitator should ask participants: What are some of the main challenges program managers and M&E officers face when monitoring OVC programs?

Some of the following issues should emerge:

- Double stigmatization (of being an orphan and being affected by HIV/AIDS)
- Sensitivity of collecting information from children
- Double-counting (a child may receive more than one service from the same organization or receive services from several different organizations)
- Multisectoral approaches to addressing OVC and HIV/AIDS issues
- Different OVC program approaches being used

E. What to Monitor

9:25-10:00	35 min	E. What to Monitor	Group Exercise 2

Facilitator Preparation:

- Prepare several flipcharts, one for each table.
- Make two columns on each flipchart. Head each column with one of the categories of interventions. (Note: It is not necessary to use all 14 categories. The facilitator should select the most appropriate categories.)
- Place one flipchart on each table.

Materials

• Categories of OVC Interventions

9:25-9:50 (25 min)

Group Exercise 2

- Assemble participants into groups, and give each group one of the prepared flipcharts.
- Ask each group to identify 2-4 interventions for each category and write the interventions on the flipchart under the appropriate column heading.
- Give each group five minutes for this exercise.
- Then ask the group to move to the next table, leaving their flipchart behind. Have them review the interventions that the previous group identified and add at least one additional intervention for each category.
- The groups should continue to move around the room until each group returns to its original table.
- Ask each group to post their flipchart on the wall.

9:50-10:00 (10 min)

Group Discussion

- Post the flipchart with all of the 14 categories on the wall.
- Reassemble the whole group.
- Point out the large range of interventions.

10:00-10:15	15 min	BREAK	
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F. Developing Goals and Objectives

10:15-10:30	15 min	F. Developing Goals and Objectives	Facilitator Presentation,
			Group Discussion

Goals and Objectives for OVC programs

In this session, we will discuss establishing goals and objectives for OVC programs.

Recall from the first day of training that a goal is a change (in our case, a change in health status) that we desire to bring about over a longer period of time (e.g., 5-10 years).

Ask participants: Can anybody give me an example of a goal for an OVC program?

(An example of an OVC goal: To improve the emotional and physical well-being of OVC.)

Now let's take a look at establishing objectives:

• Objectives, as you remember, are the more immediate results that a program aims to achieve. Unlike a goal, which is broad, abstract, and often intangible, an objective is narrow, precise, tangible, and can be validated. Objectives should be specific, measurable, achievable, relevant, and time-bound (SMART).

Ask participants: Can anybody give me an example of two objectives that will fit under the goal that we just identified?

Facilitator Note: Write the goal and objectives on one flipchart so that they are together and participants can refer to them later in the day.

G. Developing M&E Questions

10:30-10:40	10 min	G. Developing M&E Questions	Facilitator Presentation,
			Group Discussion

Monitoring Questions

We have identified our program goal and objectives. The next step is to decide what kind of monitoring questions will help us determine if our program is on track, if our services are delivered efficiently and are meeting certain quality standards, and how many people we are reaching.

Ask participants: What are some monitoring questions we can ask, given these two objectives that we identified earlier?

Facilitator Note: Write the questions on the flipchart and place them under the appropriate objective.

H. Developing Indicators

10:40-10:50	10 min	H. Developing Indicators	Facilitator Presentation,
			Group Discussion

The next step is to select the indicators that will be used to measure the monitoring questions. Ask the participants to take 3 or 4 of the monitoring questions that we developed earlier and identify some indicators for each.

Facilitator Note: Write the indicators that the participants come up with on the flipchart and fit them under the appropriate monitoring question. This exercise should not be too lengthy because after this session participants do an exercise involving the same process of identifying objectives, monitoring questions, and indicators for a specific program.

You should be aware that OVC programs are required to report some core indicators. These core indicators are listed in the additional materials distributed by the facilitator.

I. Developing Objectives, Monitoring Questions, and Indicators

10:50-12:00	70 min	I. Developing Objectives, Monitoring Questions, and	Group Exercise 3
		Indicators	

Materials

Handout: Developing Objectives, Monitoring Questions, and Indicators (includes 5 worksheets)

10:50-11:30 (40 min)

Group Exercise 3

Arrange participants into five groups.

Give each group one of the worksheets (Education, Nutrition, Psychosocial Support, Protection, or HIV Risk [Health]).

Each group should discuss how to present its work back to the entire group using some innovative method (e.g., groups may enact a role-play between a journalist and the program director and other staff, or enact a TV advertisement, write a song, or draw an illustration). Everybody in the group should be involved in presenting the work to the entire group.

11:30-12:00 (30 min)

Group Presentations

Ask each group to briefly present their work. Then ask for comments from the entire group.

Facilitator Note: Encourage applause for each group.

12:00-1:00	60 min	LUNCH	
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J. Monitoring Methods and Tools

1:00-1:30	30 min	J. Monitoring Methods and Tools	Facilitator Presentation,
			Group Exercise 4A

Materials

- Handout: Data Collection Methods and Tools (from Core Module 1)
- Handout: Hypothetical "Child Hope" Case Study
- Handout: Exercise 4A—Monitoring Tool

Facilitator Preparation: Post the data collection methods and tools on the wall using the same handouts used in Core Module 1: Introduction to Monitoring and Evaluation.

1:00-1:15 (15 min)

Group Discussion

Point to any of the methods or tools and ask who has experience using this method.

Ask the participants who do have experience to come up to the handout on the wall and describe his or her experiences using that method.

1:15-1:25 (10 min)

Group Exercise 4A

Divide participants into groups and give each group the Hypothetical "Child Hope" Case Study handout.

Ask the groups to complete the first exercise (Monitoring Tool).

1:25-1:30 (5 min)

Group Discussion

Ask the entire group for comments/questions on the tool (How would they improve it? What additional information would they add or delete?) Write comments/answers on a flipchart.

K. Data Analysis

1:30-2:15	45 min	K. Data Analysis	Facilitator Presentation,
			Group Exercise 4B

Materials

- Handout: Hypothetical "Child Hope" Case Study
- Handout: Exercise 4B—Data Analysis
- Facilitator Reference: Exercise 4B

1:30-1:35 (5 min)

1. Data Analysis

Facilitator should remind participants: On the second day of our training workshop, we discussed how to analyze the data.

Then ask the participants: What are some of the things we look for when we analyze our information?

Data analysis:

- Comparison of current achievements with program targets
- Comparison of current achievements over time (trend analysis)
- Comparison of current achievement between geographical areas and between different project sites

1:35-2:05 (30 min)

Ask participants to return to their groups.

Hand out Exercise 4B—Data Analysis, and ask each group to complete the exercise.

Suggest that each group identify a person to present their findings to the entire group, or open the floor for comments.

2:05-2:15 (10 min)

Group Discussion

Reassemble the whole group and each of the small groups to present their findings.

2:15-2:30	15 min	BREAK
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L. Data Use

2:30-3:15	45 min	L. Data Use	Group Discussion,
			Group Exercise 4C

Materials

• Handout: Hypothetical "Child Hope" Case Study

Handout: Exercise 4C—Data Use
Facilitator Reference: Exercise 4C

2:30-2:40 (10 min)

Group Discussion

We have analyzed our data, but now we need to use it. Otherwise our analysis will be of no value.

Ask participants: What are some different uses for the data? What are some challenges that you have encountered, and how have you overcome them?

2:40-2:55 (15 min)

Group Exercise 4C

Ask participants to reassemble into the same groups that were formed during the previous session.

Ask each group to complete Exercise 4C—Data Use in the Child Hope Case Study.

2:55-3:15 (20 min)

Group Presentation

Ask each group to present its role-play in front of the entire group.

Ask for comments from the entire group after each role-play.

M. Evaluating Orphans and Vulnerable Children Programs

3:15-3:35	20 min	M. Evaluating Orphans and Vulnerable Children	Facilitator Presentation,
		Programs	Group Discussion

Facilitator Presentation

The purpose of this training module is to orient you to monitoring OVC programs. We have not spent any time so far looking at how to evaluate OVC programs because effectiveness evaluations require rigorous research design and considerable skills and resources that many programs do not have.

However, the international community and donors often call for such evaluations.

Let us look at some of the special challenges we face when evaluating OVC programs:

- Obtaining a reliable answer from children
- Presenting information in a child-friendly manner to inform children
- Adhering to strict HSC guidelines on interviewing children
- Finding a comparison group that is as similar in characteristics to the intervention group as possible
- Providing the children in the comparison group with an intervention after the evaluation has been completed (ethics)

Ask participants: What are some additional challenges that you may have encountered?

N. Wrap-Up

3:35-4:00 25 min N. Wrap-Up	Group Exercise 5
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Materials

• Handout: Evaluation Form

Group Exercise 5

Ask each table to discuss what they learned in today's training session and draw up their findings on paper. Tell them to not use words to describe their findings, but rather to use pictures or graphs.

Thank all the participants for attending the workshop.

Distribute the Evaluation Form on the workshop and ask participants to fill it out and submit it before leaving the classroom.

Appendix

Module 8: Monitoring and Evaluating Orphans and Other Vulnerable Children Programs

Household Category Clips (Dynamic Model Exercise)	1
Child Location Clips (Dynamic Model Exercise)	
Household Situation Clips (Dynamic Model Exercise)	
Child Situation Clips (Dynamic Model Exercise)	
Group Exercise 3 (Worksheet)	
Group Exercise 4: Hypothetical "Child Hope" Case Study (Handout)	
Exercise 4A-Monitoring Tool (Handout)	
Exercise 4B-Data Analysis (Handout)	
Exercise 4C-Data Use (Handout)	
Facilitator Reference (Facilitator Notes)	
Dynamic Model: Where We Find OVC (Handout)	20
JSAID Definition of OVC (Handout)	
DVC Task Force Definition of OVC (Handout)	

HOUSEHOLD ZEBRA

in extreme distress/ poverty/ crisis

HOUSEHOLD HORSE

unable to cover child's special needs

HOUSEHOLD RHINO

neglecting/ abusive/ ignorant

HOUSEHOLD GIRAFFE

affected by war or natural disaster

HOUSEHOLD MOUSE death of parents

in the street or other public place

CHILD'S LOCATION 2

child labor

CHILD'S LOCATION 3

institutions

CHILD'S LOCATION 4

abusive, neglecting household

CHILD'S LOCATION 5

household unable to cover child's needs

Zebra	Horse
Hunger	Child disabled
Conflict	Child traumatized
Desperation	Parental limitations
Parental illness	Extreme demands
Mental illness	

Rhino	Giraffe
Alcohol/drugs	Displacement
Ignorance	Refuge
Violence	Migration
Step-parenthood	

Mouse
AIDS
War
Maternal death
Other cause

Location 1	Location 2
Car stations	Mines
Markets	Domestic servitude
Street lights	Brothels
	Armed forces
	Abusive farms

Location 3	Location 4
Orphanages	Foster care
Jails	Child domestic
	servitude
Shelters	
Juvenile detention	
SOS village	

Location 5
Elderly relatives
Too many children
Child traumatized
by parental death

Categories of Interventions

Group 1: Education

Your program pays school fees and provides scholastic materials.

Step 1: Develop a goal and SMART objectives

Step 2: Generate monitoring questions

Step 3: Develop process indicators

Using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

Group 2: Nutrition

Your program teaches people and provides support in vegetable gardening.

Step 1: Develop a goal and SMART objectives

Step 2: Generate monitoring questions

Step 3: Develop process indicators

Using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

Group 3: Psychosocial Support

Your program is a support group for orphaned teenage girls.

Step 1: Develop a goal and SMART objectives

Step 2: Generate monitoring questions

Step 3: Develop process indicators

Using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

Group 4: Protection

Your program provides skills training in will preparation and advocacy on issues related to wills, inheritance, and property grabbing.

Step 1: Develop a goal and SMART objectives

Step 2: Generate monitoring questions

Step 3: Develop process indicators

Using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

Group 5: HIV Risk (Health)

Your program provides and supports voluntary counseling and testing.

Step 1: Develop a goal and SMART objectives

Step 2: Generate monitoring questions

Step 3: Develop process indicators

Using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

Hypothetical "Child Hope" Case Study

Background

A fictitious NGO, "Child Hope," has been implementing an HIV/AIDS care and support program for OVC for three years. Program components include:

- Reintegration of orphans into extended and foster families
- Psychosocial support
- Nutritional supplements
- Temporary shelter
- Support for school attendance, including counseling and school materials
- Linkages with health services (regular, free medical care is provided for OVC at the shelter)
- Linkages with vocational training programs for older children
- HIV/AIDS education
- Anti-stigma and anti-discrimination activities, including IEC materials

Child Hope has scaled up from two target districts at the beginning of the program to five target districts in year two. The number of staff has remained stable at seven (one director, one program officer, three counselors, a finance and administrative officer, and a cleaner). Most of the OVC are living in target communities, with the most vulnerable orphans residing at the project shelter and receiving a full range of services. Counselors do home visits to OVC and counsel those staying at the shelter. The year three budget is 15 percent higher than the budget for year one. The NGO has a policy to provide all counselors with training (refresher or new skills) each year.

Exercise 4A-Monitoring Tool

Please review the monitoring tool shown below and provide comments on how the tool can be modified in terms of its format and usefulness.

For example, what information is not necessary and/or what additional information should be provided that will strengthen project monitoring?

The main M&E tool used by Child Hope is the Quarterly Report Form shown below.

Child Hope	Quarterly	Report	Form
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Report period _____

A. Quantitative

- 1. Number of OVC in target areas
- 2. Number of OVC receiving counseling
- 3. Number of OVC receiving nutritional supplements
- 4. Percentage of OVC in target areas attending school
- 5. Number of OVC receiving HIV/AIDS education
- 6. Number of IEC materials distributed
- 7. Number of OVC residing in project shelter
- 8. Number of OVC residing in project shelter for longer than six months
- 9. Number of counselors receiving capacity-building training

B. Qualitative

- 10. What kind of problems have staff encountered? How have the problems been solved?
- 11. Improvements or additions to child welfare services
- 12. Changes in community support/involvement

Exercise 4B—Data Analysis

Using the information obtained from the project background and previous reports (see below), what do you think is happening?

List positive and negative points.

The following graph and table were created from data compiled from previous reports.

Coverage of OVC with Care and Support Services

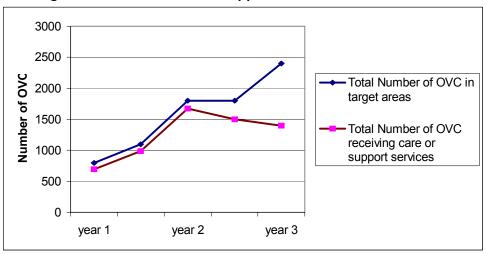


Table of Selected Indicators

Indicator	Year 1	Year 2	Year 3
Number of OVC receiving counseling	600	1,500	1,200
Number of OVC reintegrated into extended/foster families	40	85	100
Number of OVC staying at project shelter	30	45	65
Number of OVC staying at project shelter for longer than six			
months	8	28	13
Number of counselors receiving training	3	2	1
Percentage of OVC attending school	30	35	45

Exercise 4C—Data Use

Practice using the same data for different purposes and different audiences.

All members of each group should participate.

Role-Play

Role-Play 1: Project Director discussing how to improve the project with staff

Role-Play 2: Project staff discussing the OVC situation and project progress with USAID

Role-Play 3: Project staff using the data for fundraising

Role-Play 4: Project staff discussing the OVC situation and project with a journalist

Facilitator Reference

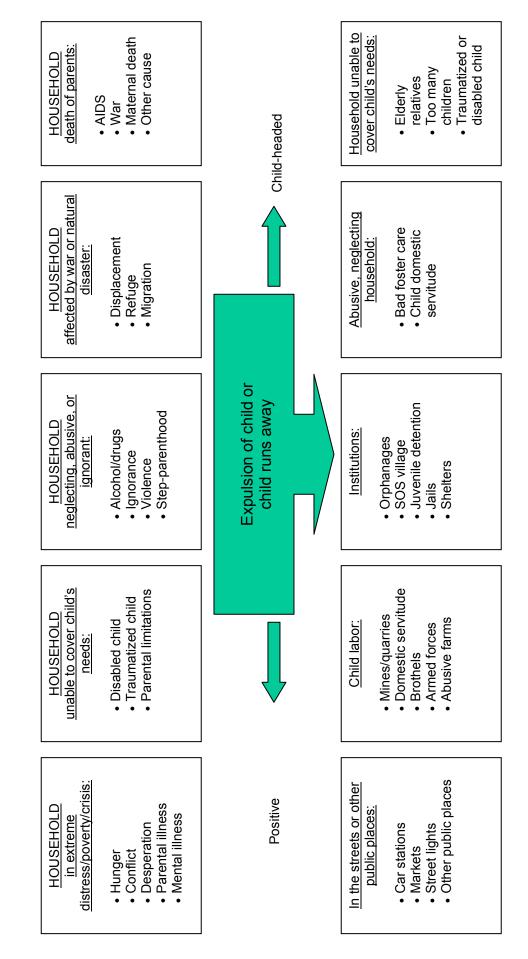
Exercise 4B—Data Analysis

- The project has more than doubled the number of project sites, but the budget has increased only 15 percent and the number of staff has remained the same.
- Insufficient funds and the increasing number of OVC staying at the shelter has restricted the ability of counselors to conduct home visits.
- Insufficient training for counselors compared to the plan may be a result of the tight budget or poor commitment to training from the director, and it affects the counseling activity.
- Counselors are doing a good job reintegrating orphans into extended/foster families; however, the increasing number staying at the shelter indicates that the number of OVC in the communities is increasing faster than mitigation efforts. Reintegration efforts are also reflected in the decrease in the number staying at the shelter for longer than six months in year three.
- Staff has done a good job increasing the number of OVC attending school. The percentage change may be small, but the numerical increase is quite large.

Exercise 4C—Data Use

- Using the Data for Program Management. After learning this interpretation, the Project Director realizes that the number of OVC in the target area is too large for the current budget. Additional funds and staff are needed to maintain program quality, or failing that, a reduction in the number of activities or target districts is needed. A third possibility may be to link with another organization that can help meet the increasing demands for services in the shelter or in the community. The Project Director realizes the importance of explaining the increasing OVC burden to donors and community leaders.
- Revising the Quarterly Report. Ask groups if they got enough information from the Quarterly Report to speak to USAID about the project or to make project management decisions? Did they get any new ideas? What additional information do they need?

Dynamic Model: Where We Find OVC



Source: OVC Thematic Group, World Bank

USAID Definition of OVC

Age 0-18 years

Maternal, paternal, double orphan

Children living in communities severely affected (economically and socially) by HIV/AIDS

FHI, USAID

Children living in households with terminally ill family member

Internally displaced

Children in emotionally and financially distressed households

OVC Task Force Definition of OVC

(Gaborone, April 2003)

Age 0-18 years

Maternal, paternal, double orphan

Children living in household with an adult death (18-59 years) in past 12 months

Children living outside of family care

UNAIDS, UNICEF (Gaborone, April 2003)



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