



MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

OVC MIS SERVICE PROVIDER PROCEDURE MANUAL

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Foreword

In June 2011, Government of Uganda through the Ministry of Gender, Labour and Social Development (MGLSD) launched its second National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children (NSPPI-II) to enhance response to child care and protection. Orphans and other Vulnerable Children (OVC) service providers including State and non-State actors have since then domesticated the plan by sieving relevant interventions that meet contemporary needs of OVC.

The Ministry desires that all OVC service providers not only collect relevant and functional information on a routine basis to monitor the NSPPI indicators but also use this information to plan and make decisions to improve service delivery. To enable this, MGLSD developed a Management Information System (OVCNIS) whose functionality calls on service providers to report through it in order to aggregate data on total reach and measure the Country's progress towards achieving the goal of NSPPI.

In order to improve management and governance of OVCNIS data by service providers, this procedure manual provides a set of sequential actions necessary for OVC service providers to use OVCNIS tools including registers and reporting tools during vulnerability identification, registration, data collection, planning and decision making to establish an organized body of information.

The Ministry hopes that this manual will enhance collection and reporting of data from service points by making available desired tools that are instrumental for governance of OVCNIS data. It lists tools for discovery (identification and classification of vulnerability and needs); designing (planning and strategy development); delivery processes of monitoring, supervision, recording, reporting and entry) and; utilization of data.

The Ministry is grateful to the National Monitoring and Evaluation Technical Working Group for developing this manual. We equally greatly thank the United States Agency for International Development for its support through the Monitoring and Evaluation of Emergency Plan Progress (MEEPP) Project for enhance OVCNIS functionality.

Pius Bigirimana,
PERMANENT SECRETARY
MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

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The Ministry is deeply indebted to MEEPP for facilitating the formulation of this manual. The Ministry also acknowledges the invaluable contributions made by Implementing Partners, without which this manual that clearly indicates appropriate tools for OVC identification, prioritization, enrolment, assessment, and OVC-service-provision reporting would not have been realized.

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Abbreviations

ART	Antiretroviral Therapy
CB	Capacity Building
CBO	Community Based Organisation
CBSD	Community Based Services Department
CDO	Community Development Officer
CPA	Core Programme Area
CSO	Civil Society Organization
DCDO	District Community Development Officer
DEC	District Executive Committee
DEO	District Education Officer
DHO	District Health Officer
DOVCC	District OVC Coordination Committee
EID	Early Infant Diagnosis
HCT	Human Immunodeficiency Virus (HIV) Counselling and Testing
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HVAT	Household Vulnerability Assessment Tool
HVPT	Household Vulnerability Prioritisation Tool
ICCM	Integrated Community Case Management
IEC	Information, Education and Communication
IPT	Intermittent Presumptive Treatment
LC	Local Council
LG	Local Government
LLG	Lower Local Government
LLITNS	Long-lasting Insecticide Treated Bed Nets
M&E	Monitoring and Evaluation
M&ETWG	Monitoring and Evaluation Technical Working Group
MGLSD	Ministry of Gender, Labour and Social Development
MoLG	Ministry of Local Government
NGO	Nongovernmental Organisation
NGO	Nongovernmental Organisation
NIU	National Implementation Unit
NOP	National Orphans and other Vulnerable Children Policy
NOSC	National Orphans and other Vulnerable Children Policy Steering Committee
NSPPI	National Strategic Plan and Program of Intervention
ORT	Oral Rehydration Treatment
OVC	Orphans and other Vulnerable Children
OVCNIS	Orphans and other vulnerable children Management Information System
PEP	Post Exposure Prophylaxis
PSWO	Probation and Social Welfare Officer
ROSCAs	Rotating Savings and Credit Association
SACCOs	Savings and Credit Cooperatives
SMC	School Management Committee
SOPs	Standard Operating Procedures
SOVCC	Sub county OVC Coordination Committee
SS	Support Supervision
TB	Tuberculosis
TPC	Technical Planning Committee
TWG	Technical Working Group
USAID	United States Agency for International Development
VHT	Village Health Team
VSLA	Village Savings and Loans Association

PMTCT	Prevention of mother to child transmission.
STIs	Sexually transmitted diseases.
NAADS	National Agricultural Advisory services.
IGA	Income Generating Activities.
PSS and BC	Psychosocial support and Basic Care
HWSS	Health, water, Sanitation services
CP and LS	Child Protection and Legal services

Structure of the OVC Service Provider Manual

Section I presents the background and introduction to the manual, particularly how it is hinged onto the Orphans and other Vulnerable Children Management Information System (OVC MIS) as a monitoring and evaluation tool for measuring performance of the National Strategic Programme Plan of Interventions (NSPPI). This section further presents the purpose of the manual general dimensions of data quality.

Part II presents procedures and templates for OVC MIS action planning, management of meetings and handling OVC MIS support supervision processes. It details the objective of each tool, the time when it is meant to be used, number of copies of each tool, the roles and responsibility of a user and the procedures for using the tool.

Part III presents guidelines for providing OVC services detailing the interventions under each core programme area, a hint on the dimensions of quality of service for OVC,

Part IV presents primary and secondary tools including the Integrated OVC Register, indicators that are tracked quarterly and OVC MIS Quarterly Data Collection Tool.

Part V is the annex with assortment of tools including the service provider registration tool, local government assessment tool, household vulnerability prioritisation tool, household vulnerability assessment tool and child enrolment and monitoring card.

Definition of Key Concepts¹

Caregiver	The individual, who takes primary responsibility for the physical, mental and emotional needs and well-being of a child.
Basic care	Provision of basic physical, cognitive and psycho-social needs of OVC and their caregivers.
Capacity building and resource mobilization	A process by which the ability of individuals, households, community and organizational capacity is improved in order to deliver adequate care, support and services to orphans and other vulnerable children.
Child	A person who is below the age of 18 years.
Community	A group of people, usually living in an identifiable geographical area, who share a common culture, and are arranged in a social structure that allows them to exhibit some awareness of a common identity as a group, often referred to as a village and administratively categorized as local council (LC1). In this document community is also used in reference to a group of villages in parish (LC2) or a sub-county (LC3). These two levels represent a functional basis for OVC programme development, for example; through Parish Development Committee, Sub county Council and the sub-county development programme.
Child protection and legal protection	Ensuring that all OVC are safe from risk and hazard resulting from violation of their rights; and that any infringement on such rights is promptly recognized, reported, stopped and punished.
Core Programme Areas	These are programme areas that have been identified during the NOP and NSPPI development process as being essential to the well-being of OVC. They include economic strengthening; food and nutrition security; health, water, sanitation and shelter; education; psychosocial support and basic care; child protection and legal support and; legal, policy and institutional mechanisms.
Disability	Substantial functional limitation of daily life activities of an individual caused by physical, sensory or mental impairment and environmental barriers.
Education	Ensuring that OVC access primary and secondary education, and appropriate business, technical and vocational training to enable them realize full productive potential.
Functional OVC MIS	Refers to timely collection of accurate data that is accurate, reliable, precise, complete with utmost integrity and confidentiality, reported through OVC MIS and used for planning and decision making in favour of improving access to comprehensive and quality services among OVC households.

¹ Adopted from the Ministry of Gender, Labour and Social Development (2010): National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children in Uganda and, National Quality Standards

Health	Ensuring that all OVC have access to the Uganda National Minimum Health Care Package as provided for in the national health policy
Food and nutrition security	All households have necessary capacity to produce or procure adequate and appropriate foods and, all household members have a balanced diet at all times
Household	A group of people who normally live and eat together in one spatial unit and share domestic functions and activities.
Orphan	A child below the age of 18 years who has lost one or both parents.
OVC stakeholders	The different categories of people, institutions, agencies and groups with an interest in the well-being of OVC. Such parties exist at different levels such as community, district, national or global. The interest and contribution to OVC welfare are usually different for each stakeholder, and may change with time and/or different kinds of vulnerability.
Psychosocial support	Ensuring that families and communities are enabled to provide necessary emotional and social support to OVC as an integral element in all child care and development services. All actions that enable orphans and other vulnerable children to foster resilience and reach their full potential in life.
Quality	In the context of OVC services, quality refers to the degree to which the cluster of services provided to children, families, and communities maximizes benefits and minimizes risks, so that children may grow and develop. Quality care means that children, families, and the community receive all needed services and no unnecessary services. Quality care implies the correct mix of services for each child, family, and community and is based on current best practices and indigenous and expert knowledge. Children, families, and communities play a leadership role in decisions about the care and services they receive.
Economic strengthening	Ensuring that all families living with OVC have the necessary resources to cater for the needs of all OVC and other household members
Vulnerability	A state of being in which a person is likely to be in a risky situation, suffering significant physical, emotional and/ or mental harm that may result in their human rights not being fulfilled.

1.0 Background to the OVC MIS Service Provider Procedure Manual

1.1 Introduction

Over the years, many partners have developed tools that suit their interests or fulfil own data needs. To avert this trend, the Ministry of Gender, Labour and Social Development (MGLSD) has worked with these partners to harmonise tools and prohibit development of independent data minded tools. It is a requirement that all OVC service providers use these tools as minimum standards.

The OVC MIS is one of the key instruments for effecting implementation of the National Strategic Programme Plan of Interventions for orphans and other vulnerable children (NSPPI). OVC MIS involves a scientific way of collecting; processing, storing and communicating information relating to the OVC interventions, implemented by OVC service providers, to the various levels of local and central government so that they are facilitated in discharging their mandate in respect to policy adjustment and management decisions that lead to increased access to quality, integrated and comprehensive services by OVC and their caregivers.

The OVC MIS is intended to measure progress towards achieving the goal of NSPPI and it has the following specific objectives;

- i. To provide quick and timely OVC data to stakeholders for effective decision making for expanded access to child care and protection services.
- ii. To generate OVC service provision reports to track performance.
- iii. To generate information, which OVC service providers and stakeholders can use to make compare actual performance with the set performance standard;
- iv. To obtain information to use in judging program efficiency and effectiveness.

The OVC MIS acts as a central hub for OVC related data. It provides the only consolidated source of information showcasing OVC project progress at OVC service provision level. Some of the expected benefits of utilisation of the OVC MIS include;

- i. It provides evidence of OVC service use, effectiveness, and demand in order to justify the need for further funding and support.
- ii. It generates analysed reports that contribute to transparency and accountability, and allows for lessons to be shared more easily.
- iii. It reveals mistakes and offers paths for learning and improvements.
- iv. It provides a basis for questioning and testing assumptions in OVC programme interventions.
- v. It provides a means for agencies seeking to learn from their experiences and to incorporate them into policy and practice.
- vi. It adds to the retention and development of institutional memory.
- vii. It provides a stronger basis for raising funds and influencing policy and creating affirmative action that favour OVC.

In order to improve management and governance of OVC MIS data by service providers, this procedure manual was developed to provide a set of sequential actions necessary for OVC service providers to use OVC data management tools including primary and secondary tools for vulnerability assessment, recordkeeping, data collection and reporting, planning and decision making to establish an organized body of information.

This manual will improve the management of data from all OVC service points by providing all the instruments for overall governance of OVC MIS data. It is a directory of tools for discovery (that is; identification and classification of vulnerability), tools for designing pertinent responses (that is; planning and strategy development), tools for delivery processes of implementation, monitoring, supervision, recording, reporting and entry and; guidance on utilization of data. A couple of these tools can be accessed through the OVC MIS website; <https://ovcmis.mglsd.go.ug>

1.2 Purpose of the OVC MIS Service Provider Procedure Manual

The purpose of this manual is to guide systematic use of OVC MIS data collection tools to generate quality data to aid informed decision making. And the specific objectives are as follows;

- i. To provide instructions on completing data collection tools.
- ii. To provide a quick guide on important resource materials.
- iii. To equip OVC service providers with knowledge on systematic collection of OVC data that is accurate, reliable, precise, complete, timely and of high integrity.

1.3 Users of the OVC MIS Service Provider Procedure Manual

The intended users of this manual include direct implementers and supervisors of OVC programmes. Direct implementers who are the primary users are expected to ensure appropriate tools are utilised during service delivery while the secondary users, who are the supervisors are expected to institute mechanisms that promote compliance and adherence to tools. The data acquisition teams are instrumental in the follow-up of data quality assurance issues and functionality of OVC MIS².

The primary users include; OVC service providers, namely;

- Civil Society Organisations (CSOs) whether local, national and/or international – Nongovernmental Organisations (NGOs) and Faith Based Organisations (FBOs) and Community Based Organisations (CBOs),
- Child care and protection institutions and,
- Community Based Service Department staff; Community Development Officer at Sub County and Probation and Social Welfare Officer (PSWO) at district.

² refer to the OVC MIS Data Acquisition Plan; a guide on roles and responsibilities of data governance and management structures

While the secondary users include; OVC MIS data governance and management structures at various levels including,

- National OVC Steering Committee (NOSC),
- National Monitoring and Evaluation Technical Working Group (M&E TWG),
- National NGO Board, District and Sub County NGO Monitoring Committee
- Local Council V, III, II and I (Executive Committees),
- District and Sub County OVC Coordination Committees (DOVCC and SOVCC),
- District and Sub county Technical Planning Committee (TPC),
- Parish Development Committee.

1.4 Data Quality Dimensions in Respect to OVC Information Products

The purpose of developing uniform tools is to ensure generation of quality OVC data. The following dimensions are key to delivery of quality data: accuracy, completeness, timeliness and validity. Therefore, it is incumbent that service providers are oriented, support supervised, coached and mentored to adhere to the dimensions and achieve quality data. Under each dimension, the following are expected;

Accuracy; To ensure accuracy of OVC MIS information, data must be collected using standard methods, correctly following procedures for compiling, continuously crosschecking to identify and eliminate errors and making corrections where necessary and storing data in a format ready for analysis at any time.

Timeliness; Data is timely when they are up-to-date (current), and when the information is available on time. To ensure timeliness of OVC MIS information, OVC service providers should comply with agreed upon deadlines for OVC MIS reporting. In addition to the OVC MIS systems, all OVC service providers are encouraged to record and monitor aggregated information in one central place.

Completeness; This quality element means that an information system from which the results are derived is appropriately inclusive. It represents the complete list of eligible persons or units and not just a fraction of the list. Service providers should report complete information on the services they provide to vulnerable children.

Validity; Data is considered correct when it measures what it intended to measure. To achieve quality, data should be collected consistently using approved tools. Data collection should be based on protocols and procedures that do not change according to who is using them and when or how often they are used.

Integrity; Data generated should be protected from deliberate bias or manipulation for any reasons whatsoever.

Confidentiality; Personal data should not be disclosed inappropriately and, data that is kept in hardcopy or electronic form should be secured in locked cabinets and in password protected files.

2.0 Procedures and Templates for OVC MIS Action Planning, Management of Meetings and Support Supervision

2.1 Tool for Planning

Proper interventions for OVC needs proper planning to guide implementation. OVC service providers need to note that District Planning Unit is mandated to lead planning processes and thus has custody of guidelines for planning.

MGLSD recommends that during OVC planning processes, service providers need to utilise information registered (data contained) in OVC databases at service unit, sub county, district and on the national databases particularly (OVC MIS database) to guide responses and interventions to child vulnerability.

In so doing, data users will appreciate the importance of collecting quality data for planning and measuring progress towards attainment of planned goals. This module on planning should be in relation to other superseding guidelines for preparing annual work plans as developed by the Ministry of Local Government (MoLG). OVC service providers should seek for guidelines which can be accessed from district planning units in order to develop work plans for easy integration in government development programmes.

OVCMIS Form 001: Work Plan Format

- Objective:** This form is intended to record in a chronological manner; the activity, timelines for implementation, resource requirements and person.
- Timing:** Beginning of quarter, financial year and/ or during any action planning phase.
- Copies:** Three sets. A copy remains at service provider's office. Duplicate copy is sent to sub county and triplicate copy is sent to District Community Based Service Department (CBSD). Note that copy to the district should be addressed to the Chief Administrative Officer.
- Responsibility:** Work plan should be shared by the service provider (person with authority).
- Procedure:** Table 1 provides the format for developing a work plan for a service provider. It comprises of four parts; action point with targets, timeline, responsible person (person/organization that will be responsible for accomplishing task) and resources (required in order to achieve task).

OVC MIS FORM 001: Work Plan Format

Name of OVC Service Provider: _____

District: _____ **Sub counties of operation:** _____

Quarter: _____ **Financial Year:** _____

Activity	Time line (indicate specific month/dates for certain category of activities, for example, data entry should be completed by a certain date)			Responsible person/ Agency	Resources (include technical and logistical requirements, budget and source of funds if deemed necessary)	Source(s) of funding
	Month	Month	Month			

2.2 Tool for Documenting OVC Service Provider Record of Management Meetings

Better management of OVCMIS requires regular meetings. It is during these meetings that OVC issues are discussed, actions generated and decisions made among other benefits. There is a need for OVC service provider to always document and keep inventory of minutes for all management meetings particularly those where data is discussed and there should be adequate evidence in the minutes that data was discussed. This will help track effectiveness of OVCMIS data governance and management committees in improving functionality of OVCMIS and use of data to support decisions.

Objective: To monitor and maintain the quality and standard of delivering OVC services at service provision level.

Timing: Whenever a meeting is held.

Copies: One copy which is kept at service provision point.

Responsibility: Person of authority within the service provision unit.

Procedure:

- i. Invite participants to a meeting early enough; at least eight (8) days before.
- ii. Circulate agenda to proposed participants to have their input in the agenda
- iii. Compile final agreed upon agenda and send back to proposed participants so that they adequately prepare for the meeting.
- iv. Compile the minutes with action points, people responsible and attach the list of participants at the end of the meeting before filing.
- v. A record of these meetings should be recorded in the OVC service providers Record of Management Meetings.

OVC MIS FORM 002: OVC Service Provider Record of Management Meetings

Name of service provider:

Financial Year:

Date:

Table 1: Catalogue of Management Meetings Held by OVC Service Provider

Date	Type of Meeting (CSO review meetings, SOVCC, DOVCC, TPC and District joint OVC service providers' meetings, etc.)	OVC(MIS) related Actions Generated	OVC(MIS) related Actions Acted Upon/Implemented

Note: For every meeting held, copies of the respective minutes must be filed

2.3 Support Supervision

The Ministry of Gender, Labour and Social Development and partners have developed checklists for support supervision. These checklists are flexible depending on circumstances, a user/partner can add requirements as guided by the purpose of supervision.

Support supervision as a process of guiding, helping and encouraging staff to improve performance to meet the defined standards of performance

It is one of the ways of determining the root cause of gaps within the OVC MIS and collectively coming up with solutions to improve functionality of the system.

Note that support supervision should be done using approved tools and the MGLSD is encouraging stakeholders to use standard checklists.

OVC MIS FORM 003: SUPPORT SUPERVISION CHECKLIST

Objective: To monitor and maintain quality and standard of delivering of OVC services at service provision level.

Timing: Supervision should be done as when needed. Quarterly visit is recommended.

Copies: One copy which is kept at service provision point database. Supervisor should endeavour to share a copy with supervisee.

Responsibility: Person of authority within service unit.

Procedure:

- i. As a pre-support supervision activity; supervision team reviews previous supervision follow-up actions as indicated by previous supervision reports, data analysis, cleaning and validation recommendations and/ or quarterly OVC MIS reports.
- ii. Supervision team agrees on the purpose and objectives of the support supervision.
- iii. The Supervision team shares support supervision checklist so as to enable the supervisee prepare. The team should use standard tool or add necessary requirements.
- iv. During support supervision event; the supervision team reviews OVC MIS data management tools, practices and adherence to protocols among other elements. Discussion can also be on measures to achieve timeliness, completeness of reporting, record of other supervision visits and actions taken and accuracy of reporting among others.
- v. The team agree on measures to correct, improve and deal with identified data quality elements.
- vi. After field supervision, the team compiles a report with action points, people responsible and attach the list of participants who took part in the supervision event. Compile support supervision report and share with all stakeholders with a role to play.
- vii. In subsequent follow-up visits, ensure to cross check if action points stated above were implemented appropriately.

OVC MIS Form 003: Checklist for OVC MIS Support Supervision

One of the ways of improving OVC MIS functionality is through support supervision. Support supervision has been noted as a key element in improving quality of data and quality of service delivery. Note that a checklist should always be tailored to existing need, gaps or issues of interest to the supervisee or supervisor. The items or indicators to be measured can differ according to demand. What is provided/ suggested in the table below is a generic template with elements appropriate for a supervision event involving a sub county CDO and CSO service units.



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FORM 003: OVCMIS SUPPORT SUPERVISION CHECKLIST

Name of OVC Service Provider Organisation:		
Name of sub county of Operation:	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	
	13.	
	14.	
	15.	
Name of District:		
Date(s) of Support Supervision:		
Supervisors(Name & Title):	Name	Title
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
Supervisee(s) (Name & Title):	Name	Title
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	
	13.	
	14.	
15.		

Category	List Positive Findings	List Weaknesses	Comments e.g. Action Taken, Actions to be taken, person responsible etc..
Section A: OVC MIS			
1. Filing and Record Keeping:			
1.1 Is the OVC Service Provider aware about OVC MIS?			
1.2 Confirm availability of OVC MIS data collection tools e.g. OVC Registers, OVC MIS quarterly reports etc.			
1.3 Check for completeness of the available OVC MIS data tools and if standard tools as recommended by MGLSD are the ones being used and if tools are up-to-date			
1.4 Does the Organisation have file(s) where OVC MIS reports and other documents are filed?			
1.5 Observe filing of the previous quarterly OVC MIS reports at least for the last four quarters			
1.6 In case copies of the OVC MIS reports are available, ask for them and check if the following were well captured; i. Reporting period ii. All sections of the Reports were properly Completed			

Category	List Positive Findings	List Weaknesses	Comments e.g. Action Taken, Actions to be taken, person responsible etc..
iii. If all the reports were signed by the respective Organizational Representatives iv. Check if the reports are separated according to their respective quarters and financial years (logical arrangement/filing of reports)			
1.7 Compare data in the OVC registers and the figures in the respective OVC MIS quarterly reports			
2. OVC MIS Reporting:			
2.1 Availability of MGLSD OVC MIS Reporting Forms			
2.2 Assess Timelines for submission of OVC MIS Reports to the District/Sub-county (before 15 th of the month following the end of the quarter)			
2.3 Assess Completeness of OVC MIS Reporting to the District/Sub-county (confirm if all copies of the OVC MIS reports for the last four quarters were submitted to the District/Sub-county)			

Category	List Positive Findings	List Weaknesses	Comments e.g. Action Taken, Actions to be taken, person responsible etc..
3. Planning for OVCNIS Activities:			
3.1 Are OVCNIS activities included in the Organization's Work plan e.g. procuring of OVCNIS registers/reports, transport to submit OVCNIS reports etc.?			
3.2 Are funds availed to implement OVCNIS activities?			
4. Support Supervision on OVCNIS:			
4.1 Is there any OVCNIS support supervision being carried-out either internal or external in the Organisation? (Check for evidence of OVCNIS related support supervision that took place)			
5. Feedback on OVCNIS:			
5.1 Check if there is any feedback on OVCNIS being provided within the Organisation (can be feedback to staff or other organizational committees)			
5.2 Verify if there are any internal review meetings taking place on OVCNIS data/reports before or after submission of OVCNIS reports to the sub-county and/or district			
5.3 Confirm if the Organisation is receiving any feedback on OVCNIS from the sub-county and/or district			

Category	List Positive Findings	List Weaknesses	Comments e.g. Action Taken, Actions to be taken, person responsible etc..
6. Utilisation of OVC MIS Data:			
6.1 Probe for use of OVC MIS data in planning, M&E etc.			
6.2 Look for graphs and/or OVC MIS reports to confirm use of available OVC MIS data			
6.3 Check if Organisation is calculating OVC indicators regularly			
7. Availability and Functionality of OVC MIS Equipment:			
7.1 Are there any Computers available for OVC MIS data management and are they adequate?			
7.2 Is there office space available for OVC MIS staff and OVC MIS records?			
7.3 Describe the status and availability of other OVC MIS related equipment(s) e.g. internet, backup, etc.			

Category	List Positive Findings	List Weaknesses	Comments e.g. Action Taken, Actions to be taken, person responsible etc..
8. OVC Service Provider Mapping:			
8.1 Does the Organisation have an updated list of OVC Service Providers where they can refer OVC for additional services which they may not be in position to provide? (Y/N) (Please compare the list with that in the OVCMIS Database)			
9. OVC Mapping:			
9.1 Did the Organisation conduct and/or participate in any OVC mapping within the district? (Yes/No)			
9.2 In case the district conducted a mapping exercise of its OVC, has the Organisation accessed this data and how has it utilized this OVC mapping data?			
10. Other OVCMIS related issues			
10.1 List challenges hindering or likely to hinder OVCMIS functionality within the organisation, sub-county and/or district.			
10.2 Please state any other issues you discussed with the district staff during your visit			

SUMMARY OF KEY FINDINGS AND ACTION POINTS

POSITIVE FINDINGS

(Also acknowledge actions taken following the last supervision recommendations)

WEAKNESS/GAPS OBSERVED

ACTION POINTS

RESPONSIBLE PERSON

Table 1: OVCMIS Support Supervision Reporting Format

Support Supervision Reporting Format			
Name of the organisation/institution/District/Sub-County/community:			
Date			
Supervisor/s			
Supervisee/s			
Positive findings (Include all actions that were taken as a result of the last supervision + best practices)	Areas requiring improvement/ gaps/ lessons/ best practices observed		
Recommendations Action(s) to be taken	Who to take action?	When to take action?	Expected outcome(s)

Source: MGLSD (2009), Support Supervision Guide

Note: For all support supervision events conducted, be it external or internal, a report must be kept on file specifically dedicated to support supervision and an inventory record on using the matrix on table 4 above.

3.0 Guidelines for Providing OVC Services

3.1 OVC Interventions under Each CPA

OVC service providers are expected to report on the services provided to vulnerable children using approved national tools. The National OVC Policy (NOP) provides a framework for responding to concerns and desires of vulnerable children and indigent communities. The policy is operationalized by the National Strategic Programme Plan for interventions. It is an articulation of interventions that are considered to be central to child care and protection including proper growth and development and, transformation from a critical vulnerability status to a level where they are empowered to make decisions and have capacities to influence their rights and achieve aspirations. Table 2 below is a catalogue of key essential interventions per CPA³ as adopted from the NSPPI-II.

Table 2: OVC services per CPA according to NSPPI II

Core program area	Essential Services
1) Economic strengthening	Enhance asset growth for OVC and their households
	Promote asset ownership and growth for OVC households
	Promote Savings among OVC households to enhance savings and acquisition of assets
	Support group based saving schemes for OVC households (e.g. VSLAs, ROSCAs and SACCOs)
	Improve access to and utilization of microfinance savings, loans and credit services for OVC households
	Enhance income growth for OVC , their caregivers and households
	Identify local employment needs and provide relevant vocational and/or non-formal training to OVC and their caregivers to improve their skills in entrepreneurship
	Provide funding to support small business activities for older OVC and their caregivers to generate income
	Support access to business financial services for OVC households through microfinance agencies
	Facilitate access to market information for OVC households to help them sell their products
	Provide grants to purchase equipment and tools for OVC and their caregivers who are setting up small-scale enterprises
Establish 'tools bank' (a set of tools shared and maintained by community members) to enhance access to and utilization of these tools	

³ MGLSD (2010). National Strategic Programme Plan of Interventions for OVC

Core program area	Essential Services
2) Food and Nutrition Security	Provide social assistance to OVC households to address hunger and malnutrition
	Implement a national cash transfer programme to increase access to and utilization of food
	Provide food aid to critically vulnerable OVC and their households
	Promote increased agricultural production and livelihood diversification for OVC households to strengthen their food security
	Provide high quality agricultural inputs/tools, seeds/plantings and stocking materials
	Provide household labour-saving devices and support for drip-kit irrigation and use of drought-resistant crops for gardens maintained by child/elderly-headed households
	Link vulnerable children to relevant agricultural programmes such as NAADS, and advocate for their targeting to enable them access agricultural advice
	Promote commercial agriculture for OVC households to enable them generate income and meet their diversified dietary needs
	Support livelihoods diversity programmes for OVC households
	Promote proper nutrition for OVC in homes, schools, and other institutions
	Promote diet diversification, supplementation and fortification for children in households and institutions (children's homes, schools)
	Support Community education and sensitization programs on proper nutrition for children including training in food handling, preparation and storage
	Train communities, VHT and other duty bearers in nutrition monitoring and basic health care practices
Promote breast feeding among lactating mothers except where it is not medically recommended	
3) Health, Water, Sanitation and Shelter	Scale up HIV and AIDS preventive services among vulnerable infants, children and adolescents
	Improve access to and utilization of HIV and AIDS care and treatment services for HIV positive children within the communities where they live.
	Enhance provision of HCT and Early Infant Diagnosis (EID) services to OVC
	Promote abstinence and life skills amongst in and out of school OVC
	Increase access to and utilization of HIV and AIDS information services for OVC
	Provide information for HIV prevention and care among children and adolescents
	Promote free and accessible safe male circumcision for OVC
	Promote friendly PMTCT services for teenage mothers/ fathers

Core program area	Essential Services
	Promote access to and utilization of Post Exposure Prophylaxis (PEP) services by sexually abused children at primary health care level
	Improve access to and utilization of HIV and AIDS Care and Treatment services for HIV positive children within the communities where they live.
	Enhance access to and utilization of free ART and prophylaxis (including cotrimoxazole) /treatment for opportunistic infections including TB by HIV positive OVC
	Promote the establishment of functional support and referral systems for children on ART in institutions and communities (including home based care, peer support groups, post-test clubs for children and care givers)
	Scale up palliative care for children including nutritional support
	Promote targeting of OVC and their households in interventions for malaria prevention, treatment and care
	Raise awareness amongst stakeholders to specifically target OVC with malaria interventions
	Target OVC households to access free long lasting Insecticide treated nets (LLITNs) and promote indoor residual spraying according to national guidelines
	Target heads of OVC households with health education on malaria in the context of Integrated Community Case Management (ICCM)
	Improve access to and utilization of adolescent sexual and reproductive health information and services for in and out of school vulnerable adolescents
	Develop, package and disseminate relevant sexual and reproductive health information
	Disseminate national guidelines for provision of basic adolescent friendly reproductive health services
	Increase access to STI screening and treatment services for adolescents
	Ensure availability of contraceptive services (including emergency contraceptives), post abortion care and support services for OVC at health facilities
	Increase uptake of intermittent presumptive treatment for malaria (IPT) amongst pregnant adolescents
	Strengthen community mechanisms that ensure all children in vulnerable households access timely immunization, de-worming, ORT and Vitamin A supplementation services
	Establish VHT in places where they do not exist
	Mobilize and support community mechanisms (e.g. VHTs and child protection committees) to ensure that OVC in the community access timely immunization, de-worming, ORT and Vitamin A supplementation services
	Advocate making OVC a key priority and target group for Village Health Teams and Community Case Management(CCM)

Core program area	Essential Services
Water	Scale up access to and utilization of safe water and sanitation facilities by OVC at household, community and institutional (schools, children's homes) levels
	Install safe water sources in communities and schools, with clear systems for sustainable maintenance
	Advocate for waiving user fees for OVC and their households in areas where safe water sources have been installed
	Provide safe water vessels and water treatment kits to OVC households
	Promote construction of environmentally friendly pit latrines and hand washing facilities with maintenance mechanisms.
Shelter	Support establishment of low cost, descent, durable and secure shelter
	Provide and support maintenance of low cost, descent, durable and secure shelter for OVC (especially those affected by armed conflict and other disasters)
	Strengthen caregivers' capacity to construct and maintain low cost, descent, durable and secure shelter
4) Education	Equip teachers, school management committees with skills to provide guidance and support to Vulnerable Children
	Advocate for and support curriculum review for teacher training to include issues of OVC
	Support refresher courses for teachers, SMCs and other significant players to equip them with skills to identify, guide, follow-up and support OVC, (including the skills to tackle stigma and discrimination)
	Provide information about HIV and AIDS to school heads, teachers and parents.
	Promote increased access and retention of vulnerable children in schools to realize equal education opportunities for all children
	Promote campaigns for enrolment of all vulnerable groups such as working children and encourage caregivers to help children stay in school
	Support reintegration of children affected by armed conflict in schools and promote their retention
	Promote a supportive and caring school environment, where children feel safe and secure
	Provide OVC with scholastic materials, uniforms and school fees
	Provide appropriate assistive devices, (based on assessed needs) to OVC with special needs
5) A) Psychosocial Support	Provide expert counselling services for OVC, their caregivers and communities
	Create and provide age appropriate recreational programs, facilities, equipment and therapeutic activities for children with disabilities, formerly abducted children and those chronically ill
	Provide opportunities for peer to peer support

Core program area	Essential Services
	<p>Provide life skills training to children and caregivers in succession planning (will making, and writing memory books) in preparation for ill-health and the death of parents</p> <p>Provide training to caregivers and service providers to offer psychosocial support services</p> <p>Dialogue with OVC, parents and other caregivers to help them understand and respond to their own psychosocial support needs</p> <p>Strengthen family, traditional and emerging social support networks to provide psychosocial support intervention</p> <p>Explore traditional and emerging social support mechanisms and identify and promote those that protect children</p> <p>Raise community awareness on their role in providing psychosocial support</p> <p>Support communities to keep sibling orphans and vulnerable children together after parental death</p> <p>Address stigma and discrimination of children living with HIV/ AIDS</p> <p>Mobilize parent-teacher associations and school management committees to support OVC affected by HIV/AIDS in the school</p> <p>Provide counselling for children to help them share their feelings and positively deal with stressful situations</p> <p>Establish peer counselling and child-to-child programmes in schools and out of school</p> <p>Provide information to children and adults on the need to care, love and support vulnerable children</p>
B) Care and Support	<p>Mobilize and train communities, service providers and other stakeholders to support OVC and their households with basic necessities</p> <p>Support community mechanisms for sustaining child headed households (e.g. identify adult mentors, relocating to adult relatives for short periods or getting an adult relative to move in on an occasional basis)</p> <p>Raise community awareness and mobilize community action in providing basic necessities for OVC</p> <p>Support the provision of emergency basic necessities to children affected by war, natural disasters, those in extreme poverty, their caregivers and households</p> <p>Provide appropriate alternative care (temporary care, foster care, guardianship, adoption and residential/institutional care) for OVC</p> <p>Sensitize communities and encourage their involvement in foster care and other appropriate alternative care for OVC</p> <p>Provide guidelines for a whole continuum of alternative care available to OVC</p> <p>Improve supervision of alternative care arrangements to ensure adherence to national standards</p>

Core program area	Essential Services
6) Child Protection and Legal Support	Undertake direct provision of legal and child protection services for Vulnerable Children
	Support service providers (e.g. Child and Family Protection Unit of police, Probation and Social Welfare Officers and Family and Children Courts) to manage cases of child rights violations
	Provide legal services (counselling, representation, preparing for court sessions, and follow-up of cases in the justice system) to OVC and their households
	Implement programmes for prevention and response to child abuse and neglect.
	Withdraw and provide appropriate rehabilitation and reintegration services to street children and other children who are experiencing abuse and exploitation
	Protect children in post conflict situations from discrimination and provide appropriate rehabilitation and reintegration services
	Raise awareness about the dangers of engaging children in hazardous work and implement programmes for their withdrawal, rehabilitation and reintegration in the community
	Support succession planning and will writing to equip families to protect their children’s rights to property, land and other assets
	Promote birth registration and encourage parents to pass on birth certificates and title deeds to their children
	Promote innovative programmes to protect property (land) rights of children in post conflict situations
	Provide children with a child friendly mechanism for reporting incidents of abuse by making the national child helpline operational
	Provide legal education and increase awareness of rights of OVC, available services, and reporting mechanisms
	Strengthen community mechanisms for protection of children
	Support community groups and informal actors at village level to monitor and protect children at risk (of neglect, child labour, sexual exploitation and other forms of abuse)
	Strengthen enforcement of child protection laws at community level
	promote appropriate mechanisms for handling children who are in contact with the law
Support initiatives aimed at diversion of children from the formal justice system	
Provide appropriate rehabilitation and reintegration services to children in contact with the law	
Promote and support the institution of fit persons and Community Based Interventions as alternatives to incarceration of children in contact with the law	

Core program area	Essential Services
	Promote and build capacity of community justice systems to handle minor cases in accordance with provisions of the law
	Promote child participation and strengthen children's capacity to protect themselves
	Empower children with knowledge and skills to enable them prevent and/or report violence, abuse and exploitation
	Promote peer support approaches among children to foster child to child protection
	Promote child participation schemes initiated by children or adults
7) Strengthening Legal, Policy and Institutional Framework (Training)	Training staff and volunteers in existing policy and legal provisions and institutional frameworks relating to OVC
	Training staff and volunteers in child care and protection
	Training staff and volunteers in data quality assurance, application and utilization of data collection tools, SOPs, Data analysis and reporting.
	Training staff and volunteers in resource mobilization for OVC, utilization and accountability
	Disseminate national quality standards at all levels
	Provide training to implementers in technical skills for handling children

Source: MGLSD (2010). NSPPI-II

3.2 Dimensions of Quality for Interventions/Services Offered to OVC

It is important for all OVC service providers to observe and adhere to dimensions of quality for OVC services during implementation of the NSPPI proposed interventions. These dimensions are a yardstick to quality OVC programming and quality OVC service provision for better outcomes for OVC and their households. The extent of “Better outcomes for OVC” are measured based on these dimensions of quality.

Operational definitions for dimensions of quality for OVC services⁴

Dimension of quality	Interpretation
1. Safety	The degree to which risks related to care are minimized: do no harm
2. Access	The lack of geographic, economic, social, cultural, organizational, or linguistic barriers to services
3. Effectiveness	The degree to which desired results or outcomes are achieved.
4. Technical Performance	The degree to which tasks are carried out in accord with programme standards and current professional practice.
5. Efficiency	The extent to which the costs of achieving the desired results are minimized and the reach and impact of programmes are maximized.
6. Continuity	Delivery of on-going and consistent care as needed, including timely referrals (as may be necessary), and effective communication among providers.
7. Compassionate Relations	It is the establishment of trust, respect, confidentiality, and responsiveness achieved through ethical practice, effective communication, and appropriate socio-emotional interactions.
8. Appropriateness	The adaptation of services and overall care to needs or circumstances based on gender, age, disability, community context, culture, or socio-economic factors.
9. Participation	It is the participation of caregivers, communities, and children in the design and delivery of services and in decision-making regarding their care.
10. Sustainability	It is the degree to which the service is designed so that it can be maintained at the community level, in terms of direction and management as well as procuring resources, in the foreseeable future.

⁴ Adapted from the Guidelines for interpreting and applying national OVC quality standards for Uganda

4.0 Integrated OVC Register

MGLSD and partners have developed many registers. However, these registers have had challenges in terms of clarity and ease of understanding their use, duplication of efforts and cost of printing among others. Thus an Integrated OVC Register that merges all the other registers has been developed to ease data tracking, management and streamline issues of parallel reporting.

Data required for completing the Integrated OVC Register is obtained from Household Vulnerability Prioritization Tool, Household Vulnerability Assessment Tool, Child Enrolment and Monitoring Card, OVC Activity Reports and Distribution Lists, OVC Case Management Book and OVC Referral Form.

All OVC are registered in the Integrated OVC register at the time of enrolment into the OVC programme and relevant columns from 1 – 10 are completed. For every service provided to the OVC the respective services provided codes are captured under the Services Provided Column for the respective quarter. When the OVC is exiting, all the required exist details are captured under the exit column in the same register.

4.1 OVCMIS FORM 004: Integrated OVC Register

Objective: To register all OVC and document services received.

Copies: One copy which is kept at the OVC service provision facility.

Responsibility: Head of the OVC Service Provider Organisation/Institution.

Procedure:

- i. Write the name of OVC service provider, Institution/ Organisation, district of operation, date the register is opened, and date the register is closed on the front cover of the Integrated OVC Register.
- ii. Before entering OVC data in the OVC Integrated Register make sure that information is captured in activity reports, beneficiary lists, enrolment cards and other primary records.
- iii. Indicate the date when the child was registered and the period when s/he started receiving services.
- iv. Much as there are no national identification numbers (IDs), service providers are required to issue unique IDs for the children they offer a service. Thus, ensure that the OVC unique identification number captured in the Integrated OVC Register is similar to the OVC number which was captured in the OVCMIS FORM 008: CHILD ENROLMENT AND MONITORING CARD during the enrolment exercise.
- v. In case the child is under the care of another Caregiver different from the Parent /Guardian recorded in the CHILD ENROLMENT AND MONITORING CARD, record the names of the current Caregiver in this Register.
- vi. Because the information recorded in this register is sensitive and confidential it's important that this Register is kept in a secure place and strictly accessed by authorized persons only.
- vii. Use data captured in the activity reports, beneficiary distribution forms and other related OVC documents to identify services provided to the OVC during the period under review and then use this data to complete the services provided sections.

OVC MIS FORM 004: INTEGRATED OVC REGISTER

Volume: _____

Name of OVC Service Provider: _____

District of operation: _____

REGISTRATION								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
2cm	2cm	4cm	2cm	4cm	4cm	5cm	1cm	2cm
Date of Registration	OVC's Unique Identity No.	Name of the Child (OVC)	Child's Age	Care-giver	Residence of OVC	Vulnerability/Referral Status	Child's HIV Status ⁵	Service(s) Required ⁶
	Household Number/ID		Child's Date of Birth					
			Child's Sex (M/F)					
Day/Month/Year	0000/MM/YYYY	Surname	Age	Surname	District	Types ⁷	Code	
	HH NO./ID	First Name	Date of Birth	Age	Sub county			
			Child's Sex (M/F)	Relationship with the child ⁹	Parish/Ward	Village/LC I/Cell		
Day/Month/Year	0000/MM/YYYY	Surname	Age	Surname	District	Types	Code	
	HH NO./ID	First Name	Date of Birth	Age	Sub county			
			Child's Sex (M/F)	Relationship with the child	Parish/Ward	Village/LC I/Cell		
Day/Month/Year	0000/MM/YYYY	Surname	Age	Surname	District	Types	Code	
	HH NO./ID	First Name	Date of Birth	Age	Sub county			
			Child's Sex (M/F)	Relationship with the child	Parish/Ward	Village/LC I/Cell		

⁵ Child's HIV Status (1) Positive (2) Negative (3) Unknown

⁶ Service(s) Required (1) Economic strengthening (2) Food and Nutrition (3) Health, Water, Sanitation and shelter (4) Education support (5) PSS (6) Child Protection and Legal Support

⁷ Types (1) Orphan (2) Disabled (3) Abused (4) In contact with law (5) HIV+ (6) In child headed family (7) Living on Street (8) Out of School (9) Poverty stricken (10) Under elderly/disabled care giver (11) Other

⁸ Level of vulnerability (1) Critically (2) Moderately

⁹ Relationship with the child (1) Father (2) Mother (3) Uncle (4) Aunt (5) Grandparent (6) Brother (7) Sister (8) Other

OVC MIS Form 004: Integrated OVC Register

Name of OVC Service Provider: _____

District of Operation: _____

(10) Services Provided (Use Codes at Bottom of the Page)

YEAR:						YEAR:						
OVC's ID	Jan - Mar Quarter	Apr - Jun Quarter	Jul-Sept Quarter	Oct-Dec Quarter	Exit	OVC ID	OVC AGE	Jan-Mar Quarter	Apr-Jun Quarter	Jul-Sept Quarter	Oct-Dec Quarter	Exit
HH No./ID						HH No./ID						
Vuln. Level						Vuln. Level						
OVC's Unique ID/ Name	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit	OVC ID	OVC AGE	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit
	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security				Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	
HH No./ID	Health, Water, Sanitation & shelter	Health, Water, Sanitation & shelter	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit	HH No./ID		Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit
	Education	Education	Education	Education				Education	Education	Education	Education	
Vuln. Level	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Services Provided	Vuln. Level		Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Services Provided
	Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support				Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support	
OVC's Unique ID/ Name	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit	OVC ID	OVC AGE	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit
	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security				Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	
HH No./ID	Health, Water, Sanitation & shelter	Health, Water, Sanitation & shelter	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit	HH No./ID			Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit
	Education	Education	Education	Education				Education	Education	Education	Education	
Vuln. Level	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Services Provided	Vuln. Level			Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Services Provided
	Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support				Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support	
OVC's Unique ID/ Name	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit	OVC ID	OVC AGE	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit
	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security				Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	
HH No./ID	Health, Water, Sanitation & shelter	Health, Water, Sanitation & shelter	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit	HH No./ID			Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit
	Education	Education	Education	Education				Education	Education	Education	Education	
Vuln. Level	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Services Provided	Vuln. Level			Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Services Provided
	Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support				Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support	Child Protection & Legal Support	

1-Economic Strengthening:
1a = Provide with IGA
1b = Business Skills
1c = Vocational Training/Apprenticeship
1d = Start-up Kits / Capital
1e = Microfinance & Credit
1f = Referred for Economic Strengthening/ Organisation

2-Food and Nutrition Security:
2a = Agricultural & Farming Inputs
2b = Agric-Advisory Services
2c = Nutrition Education & Supplements
2d = Food Assistance
2e = Referred for Food & Nutrition Services/Organisation

3-Health, Water, Sanitation & shelter:
3a = Assisted to access safe water
3b = provided with shelter
3c = Supported to access health care services
3d = OVC supported to access HIV Services
3e = Health Information Services
3f = Provided with Insecticide Treated Net
3g = Referred for HWSS Services/Organisation

4-Education:
4a = Provided with School Fees
4b = Scholastic Materials & Uniforms
4e = Referred for Education Support/Organisation

5-Psychosocial Support (PSS) & Basic Care:
5a = Counselling Services
5b = Palliative Care for HIV+
5c = Assistive Devices for Disabled
5d = Clothing & Beddings
5e = Will & Memory Book Writing
5f = Recreation Activities
5g = Referred for PSS & BC /Organisation

6-Child Protection & Legal Support:
6a = Re-integrated with Family
6b = Withdrawn from Child Labour
6c = Assistance to handle Child Abuse & Neglect Cases
6d = Fostering & Adoption
6e = Assisted to Register Birth
6f = Referred for CP & LS /Organisation

Reasons for Exit:
T = Transferred
D = Died
N = No Longer Vulnerable (Graduated)
L = Lost to follow-up (Not seen for 6months)
R = Reduced funding
P = Program /Project winding-up

Child's ID/Age/HH No./Vuln. level:
 Record child's ID, Age, HH No. and Vuln. Level at the beginning of every year

OVCMS Form 004: Integrated OVC Register

Name of OVC Service Provider: _____

District of Operation: _____

Services Provided (Use Codes at Bottom of the Page)

YEAR: _____							YEAR: _____						
OVC ID	OVC AGE	Jan - Mar Quarter	Apr - Jun Quarter	Jul-Sept Quarter	Oct-Dec Quarter	Exit	OVC ID	OVC AGE	Jan-Mar Quarter	Apr-Jun Quarter	Jul-Sept Quarter	Oct-Dec Quarter	Exit
HH No./ID								HH No./ID					
Vuln. Level								Vuln. Level					
3cm	2cm	2cm	2cm	2cm	2cm	2cm	3cm	2cm	2cm	2cm	2cm	2cm	2cm
OVC's Unique ID/ Name	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit	OVC ID	OVC AGE	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit	
	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security				Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security		Food and Nutrition Security
HH No./ID	Health, Water, Sanitation & shelter	Health, Water, Sanitation & shelter	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit	HH No./ID	Health, Water, Sanitation & shelter	Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit	
	Education	Education	Education	Education			Education	Education	Education	Education			
Vuln. Level	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Services Provided	Vuln. Level	Psychosocial support & Basic Care	Psychosocial support	Psychosocial support	Psychosocial support	Psychosocial support	Services Provided	
	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support			Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support		
OVC's Unique ID/ Name	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit	OVC ID	OVC AGE	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit	
	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security				Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security		
HH No./ID	Health, Water, Sanitation & shelter	Health, Water, Sanitation & shelter	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit	HH No./ID	Health, Water, Sanitation & shelter	Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit	
	Education	Education	Education	Education			Education	Education	Education	Education			
Vuln. Level	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Services Provided	Vuln. Level	Psychosocial support & Basic Care	Psychosocial support	Psychosocial support	Psychosocial support	Psychosocial support	Services Provided	
	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support			Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support		
OVC's Unique ID/ Name	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit	OVC ID	OVC AGE	Economic Strengthening	Economic Strengthening	Economic Strengthening	Economic Strengthening	Date of Exit	
	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security				Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security	Food and Nutrition Security		
HH No./ID	Health, Water, Sanitation & shelter	Health, Water, Sanitation & shelter	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit	HH No./ID	Health, Water, Sanitation & shelter	Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Health, Water, Sanitation	Reason for Exit	
	Education	Education	Education	Education			Education	Education	Education	Education			
Vuln. Level	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Psychosocial support & Basic Care	Services Provided	Vuln. Level	Psychosocial support & Basic Care	Psychosocial support	Psychosocial support	Psychosocial support	Psychosocial support	Services Provided	
	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support			Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support	Child Protection & Legal support		

1-Economic Strengthening:
1a = Provide with IGA
1b = Business Skills
1c = Vocational Training/Apprenticeship
1d = Start-up Kits / Capital
1e = Microfinance & Credit
1f = Referred for Economic Strengthening/ Organisation

2-Food and Nutrition Security:
2a = Agricultural & Farming Inputs
2b = Agric-Advisory Services
2c = Nutrition Education & Supplements
2d = Food Assistance
2e = Referred for Food & Nutrition Services/Organisation

3-Health, Water, Sanitation & shelter:
3a = Assisted to access safe water
3b = provided with shelter
3c = Supported to access health care services
3d = OVC supported to access HIV Services
3e = Health Information Services
3f = Provided with Insecticide Treated Net
3g = Referred for HWSS Services/Organisation

4-Education:
4a = Provided with School Fees
4b = Scholastic Materials & Uniforms
4e = Referred for Education Support/Organisation

5-Psychosocial Support (PSS) & Basic Care:
5a = Counselling Services
5b = Palliative Care for HIV+
5c = Assistive Devices for Disabled
5d = Clothing & Beddings
5e = Will & Memory Book Writing
5f = Recreation Activities
5g = Referred for PSS & BC /Organisation

6-Child Protection & Legal Support:
6a = Re-integrated with Family
6b = Withdrawn from Child Labour
6c = Assistance to handle Child Abuse & Neglect Cases
6d = Fostering & Adoption
6e = Assisted to Register Birth
6f = Referred for CP & LS /Organisation

Reasons for Exit:
T = Transferred
D = Died
N = No Longer Vulnerable (Graduated)
L = Lost to follow-up (Not seen for 6months)
R = Reduced funding
P = Program /Project winding-up

Child's ID/Age/HH No./Vuln. level:
 Record child's ID, Age, HH No. and Vuln. Level at the beginning of every year

Description of Columns

Fill in all relevant columns during registration of the OVC into the OVC program (columns 1-10), whenever the OVC is provided services fill the services provided column under the respective services and quarter while for the OVC exiting the OVC program fill the exit column under the respective exit year. These columns should be completed as described in the column descriptions below;

(1) **Date of Registration:**

Enter the date when the child is enrolled into OVC programme **(Day/Month/Year)** as indicated in the Child Enrolment and Monitoring Card.

(2) **OVC Unique Identity (ID) Number/Household Number/ID:**

In the upper row enter the unique identification number of the OVC, the MGLSD recommends that the unique OVC ID should specify 4 digit child number, two digits for the month of registration and four digits for year of registration for example **0000/MM/YYYY** but if the organization has its own unique way of allocating OVC IDs, then they should use theirs.

In the lower row enter the Household Number/ID as entered in OVC MIS FORM 008: CHILD ENROLMENT AND MONITORING CARD

(3) **Name of the Child:**

Enter the surname and the first name of the child in full as indicated on the Child Enrolment and Monitoring Card.

(4) **Child's Age, Child's date of birth and Child's sex (M\F):**

In the upper row, enter the child's age in complete years if the child is 1 year or greater than 1 year and, write the child's age in month if the child is less than 1 year.

In the Middle row enter the date of birth of the child (Date/Month/Year) as indicated on the birth registration certificate, immunization card or as reported by caregiver

In the last row enter the sex of the child as M for Male and F for Female.

(5) **Caregiver:**

Enter the caregiver's surname and first name in full, his/her age in complete years and the code for the option that best describes his/her relationship with the child for example Father, Mother, Uncle, Aunt, Grandparent, Brother or Sister.

(6) **Residence of OVC:**

Enter the District, Sub-county, Parish/Ward and Village/LC.I/ Cell where the child currently stays.

(7) **Vulnerability/Referral Status:**

In this column enter the code representing the type of vulnerability in the upper row as indicated in the Child Enrolment and Monitoring Card (Orphan, Disabled, Abused, In contact with law, HIV+, in child headed family, living on Street, Out of School, Poverty stricken, under elderly/disabled care giver),

In the second row enter the status of child's vulnerability level as critically or moderately vulnerable as recorded on the child enrollment and monitoring card.

In the third/last row enter the name of the Organisation where the OVC was referred from in case the OVC was referred from another OVC Service Provider Organisation to this Organisation. Data on the referral status can be obtained from the OVC Referral Form or any other related referral document.

(8) **Child's HIV status:**

Enter the code for the child's HIV status, "1" if child is HIV Positive, "2" if the child is HIV Negative and "3" if the child's status is not known.

(9) **Service(s) Required:**

In this column enter the respective unique CPA number representing the services required by the child e.g. 1-Economic Strengthening Services, 2-Food and Security Services, 3-Health, Water, Sanitation & shelter, 4-Education, 5-Psychosocial Support (PSS) & Basic Care, and 6-Child Protection & Legal Support, these should be the services required to positively change the vulnerability status of the child.

SERVICES PROVIDED SECTION

Unlike the old format, this format requires that a service provider indicates the services provided to a child until exit. Under this, indicate the OVC Unique ID as it appears in column 2, write the actual year in the upper row of the page in the register where there is YEAR, this should also be done in the follow-on years on the next 2 pages of the register.

Document at the end of each quarter, the services provided to each OVC using the codes provided at the bottom of this register (the information on services provided to OVC within the respective quarter can be obtained from other OVC related source documents used for capturing services provided to the OVC for example OVC activity reports, distribution lists etc.).

Note:

1. For OVC referred to other Service Providers for specific services, please use the referral codes under the respective CPA and also indicate the Organization where the OVC has been referred to.
2. For the OVC exiting a program within any quarter of current year, exit details are captured in the last column "EXIT" under the respective year. Details captured on exit include: 1-Date of exit, 2-Reason of exit (use the codes for reasons for exit at the bottom of the register) and services provided on exit.
3. For services provided during exit, use the respective unique CPA number representing the services provided to the child during exit e.g. 1-Economic Strengthening Services, 2-Food and Security Services, 3-Health, Water, Sanitation & shelter, 4-Education, 5-Psychosocial Support (PSS) & Basic Care, and 6-Child Protection and Legal Support.

4.2 Indicators Reported Quarterly from the Integrated OVC Register

Number of OVC HHs who received economic strengthening support
Number of OVC supported to attain vocational/apprentice skills
Number of OVC provided with toolkits/startup kits
Number of OVC HHs that received agricultural/farm input
Number of OVC HHs provided with food
Number of OVC provided with Nutritional support
Number of OVC HHs that received agric. advisory services
Number of OVC HHs supported to access safe water
Number of OVC supported to receive health services
Number of OVC provided with Insecticide Treated Nets
Number of OVC HHs provided with shelter
Number of OVC supported to access education
Number of OVC provided with PSS
Number of OVC provided with basic care
Number of OVC re-integrated with their families
Number of OVC removed from child labour
Number of OVC assisted to register births
Number of child abuse & neglect cases handled
Number of Individual OVC Served in the quarter Under 1 Year
Number of Individual OVC Served in the quarter 1 - 4 Years
Number of Individual OVC Served in the quarter 5 - 9 Years
Number of Individual OVC Served in the quarter 15 – 17 Years,
Number of Individual OVC Served in the quarter 18 – 24 Years
Number of Individual OVC Served in the quarter 25+ Years
Number of OVC supported with 3 or more CPAs
Number of OVC referred for other services
Number of HIV+ children supported
Number of Sensitization Activities/Events Conducted
Number of Newly Enrolled Individual OVC served in the quarter Under 1 Year
Number of Newly Enrolled Individual OVC served in the quarter 1 - 4 Years,
Number of Newly Enrolled Individual OVC served in the quarter 5 - 9 Years,
Number of Newly Enrolled Individual OVC served in the quarter 10 – 14 Years,
Number of Newly Enrolled Individual OVC served in the quarter 15 – 17 Years,
Number of Newly Enrolled Individual OVC served in the quarter 18 – 24 Years and
Number of Newly Enrolled Individual OVC served in the quarter - 25+ Years
Number of individual children graduated in the quarter
Number of OVC supported to access HIV services (testing, care/treatment services) Under 1 Year
Number of OVC supported to access HIV services (testing, care/treatment services) 1 - 4 Years,
Number of OVC supported to access HIV services (testing, care/treatment services) 5 - 9 Years,
Number of OVC supported to access HIV services (testing, care/treatment services) 10 – 14 Years,
Number of OVC supported to access HIV services (testing, care/treatment services) 15 – 17 Years,
Number of OVC supported to access HIV services (testing, care/treatment services) 18 – 24 Years and
Number of OVC supported to access HIV services (testing, care/treatment services) 25+ Years)

4.3 OVC MIS Form 004a: OVC Tally Sheet

The tally sheet is meant to help data focal persons at service provision unit to count and summarize data from the OVC integrated register.

Objective: To record numbers of OVC and OVC households provided services

Copies: One copy kept at OVC Service Provider Office/Institution

Responsibility: Head of OVC Service Provider Organisation/Institution

Procedure:

Copies of the OVC tally sheet should be located at the OVC Service Provider Office/Institution where services are being provided from. The Integrated OVC Register should be updated before using this tally sheet to tally data from it.

OVC MIS Form 004a: OVC Tally Sheet

OVC Service Provider Name: _____ Quarter: _____ Year: _____

District: _____ Sub-County: _____

Category	Male	Female	Total
1. ECONOMIC STRENGTHENING SUPPORT			
Number of OVC HHs who received economic strengthening support	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Number of OVC supported to attain voc./apprentice skills	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Number of OVC provided with toolkits/start-up kits	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
2. FOOD AND SECURITY SERVICES			
Number of OVC HHs that received agricultural/farm input	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Number of OVC HHs provided with food	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Number of OVC provided with nutritional support	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Number of OVC HHs that received agric. Advisory services	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
3. HEALTH, WATER, SANITATION AND SHELTER			
Number of OVC HHs supported to access safe water	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Number of OVC supported to receive health services	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Number of OVC provided with insecticide treated nets	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Number of OVC HHs provided with shelter	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
4. EDUCATION SUPPORT			
Number of OVC supported to access education	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	

Category	Male					Female					Total	
5. PSYCHOSOCIAL SUPPORT (PSS) AND BASIC CARE												
Number of OVC provided with psychosocial support	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
Number of OVC provided with basic care	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
6. CHILD PROTECTION AND LEGAL SUPPORT												
Number of OVC re-integrated with their families	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
Number of OVC removed from child labour	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
number of OVC assisted to register births	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
Number of child abuse & neglect cases handled	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
7. LEGAL, POLICY AND INSTITUTIONAL FRAMEWORK												
Number of staff trained in OVC programming	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
Number of community volunteers trained	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
Number of Sensitization Activities/Events Conducted	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
8. CROSS CUTTING												
Number of individual OVC served this period:	Under 1 Year	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	1 - 4 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	5 - 9 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	10 – 14 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	15 – 17 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	

Category		Male					Female					Total
	18 – 24 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	25+ Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
Number of OVC supported with 3 or more CPAs:		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
Number of OVC referred for other services:		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
Number of newly enrolled individual OVC served:	Under 1 Year	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	1 - 4 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	5 - 9 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	10 – 14 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	15 – 17 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	18 – 24 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	25+ Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
Number of individual children graduated		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
Number of OVC supported to access HIV services (HIV testing, care and/or treatment services)	Under 1 Year	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	1 - 4 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	5 - 9 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	10 – 14 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	15 – 17 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	18 – 24 Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	25+ Years	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	

4.4 OVC Form 004b: Quarterly Summary Table

The OVC quarterly summary table is a tool for recording quarterly services provided to OVC and other crosscutting data. It is a summary of data from the OVC integrated register and other program records generated using the tally sheet. Data from this table (section 1-8) is summarized onto the OVC MIS Quarterly Report (OVC MIS summary tool, Form 100) for quarterly reporting and entry on OVC MIS database.

OVC MIS FORM 004b: OVC Quarterly Summary Table

Name of OVC Service Provider: _____ District: _____ Sub-county: _____ Financial Year: _____

Category	Indicator	Jul - Sept			Oct - Dec			Jan - mar			Apr - Jun		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Economic Strengthening Support	Number of OVC HHs who received economic strengthening support												
	Number of OVC supported to attain voc./apprentice skills												
	Number of OVC provided with toolkits/start-up kits												
Food and Security Services	Number of OVC HHs that received agricultural/farm input												
	Number of OVC HHs provided with food												
	Number of OVC provided with nutritional support												
Health, Water, Sanitation and Shelter	Number of OVC HHs that received agric. Advisory services												
	Number of OVC HHs supported to access safe water												
	Number of OVC supported to receive health services												
	Number of OVC provided with insecticide treated nets												
Education Support	Number of OVC HHs provided with shelter												
	Number of OVC supported to access education												
Psychosocial support (PSS) and basic care	Number of OVC provided with psychosocial support												
	Number of OVC provided with basic care												
Child Protection and Legal Support	Number of OVC re-integrated with their families												
	Number of OVC removed from child labour												
	Number of OVC assisted to register births												
	Number of child abuse & neglect cases handled												

Category	Indicator	Jul - Sept			Oct - Dec			Jan - mar			Apr - Jun		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Legal, Policy and institutional framework	Number of staff trained in OVC programming												
	Number of community volunteers trained												
Cross cutting	Number of individual served this period:	Under 1 Year											
		1 - 4 Years											
		5 - 9 Years											
		10 - 14 Years											
		15 - 17 Years											
		18 - 24 Years											
		25+ Years											
	Number of individual children graduated												
	Number of OVC supported with 3 or more CPAs:												
	Number of OVC referred for other services:												
	Number of newly enrolled individual OVC served:	Under 1 Year											
		1 - 4 Years											
		5 - 9 Years											
		10 - 14 Years											
		15 - 17 Years											
		18 - 24 Years											
		25+ Years											
	Number of OVC supported to access HIV services (testing, care and/or treatment services)	Under 1 Year											
		1 - 4 Years											
		5 - 9 Years											
10 - 14 Years													
15 - 17 Years													
18 - 24 Years													
25+ Years													

4.5 OVC MIS Quarterly Report – Report Form (OVC MIS FORM 100)

Objective: Reports quarterly numbers of OVC and OVC households provided services

Timing: Due 15th October, 15th January, 15th April, 15th July

Copies: Three Copies. One sent to sub county, another copy sent to District Community based services department for entry onto OVC MIS and one retained at the OVC service provider unit

Responsibility: Head of OVC Service Provider Organisation/Institution

Procedure:

1. All OVC Service Provider Organisation/Institution must compile and submit the OVC MIS Quarterly Report (OVC MIS Form 100). The Report consists of 8 sections as follows;

Section 1: Shows a summary of economic strengthening support provided to OVC, this includes; IGA's (piglets, goats, seeds etc.), special microfinance credit, market linkages among others.

Section 2: Summarizes the agricultural and nutritional support provided to OVC and OVC households

Section 3: Gives a summary of OVC and OVC households supported to access safe water, health services and shelter

Section 4: Summarizes the education support provided to OVC, this support includes; School fees and other scholastic materials (pens, books, uniform etc.)

Section 5: Summarizes psychosocial and basic care support provided to OVC within the quarter. Psychosocial support includes counseling, recreation activities for OVC, will and memory book writing while basic care support includes clothing and beddings, assistive devices for disabled and palliative care for HIV+ children

Section 6: Gives a summary of protection and legal aid provided to OVC.

Section 7: Summarizes the number of staff trained in OVC programming e.g. training in psychosocial support services, M&E, Child protection, proposal writing, coordination and referral etc. This section also reports the number of community volunteers trained, these volunteers include paralegals, child protection committees, child rights advocates, child mediators etc.

Section 8: This section is used to summarize data on the total number of OVC served in the quarter, OVC newly enrolled in the quarter, number graduated in the quarter, number of sensitization activities/events conducted and additional services provided to OVC.



**MINISTRY GENDER LABOUR AND SOCIAL DEVELOPMENT
OVC MIS FORM 100: OVC MIS QUARTERLY REPORT**

DISTRICT:NAME OF OVC SERVICE PROVIDER.....
REPORTING PERIOD: FY 20...../20..... Q1 (Jul-Sep) Q2 (Oct-Dec) Q3 (Jan-Mar) Q4 (Apr-Jun)

SECTION /CPA	Name of Sub county:											
	Activity	M	F	M	F	M	F	M	F	M	F	
1	# of OVC HHs who received economic strengthening support											
	# Of OVC supported to attain voc./apprentice skills											
	# of OVC provided with toolkits/start-up kits											
2	# of OVC HHs that received agricultural/farm input											
	# of OVC HHs provided with food											
	# of OVC provided with Nutritional support											
3	# of OVC HHs that received agric. advisory services											
	# of OVC HHs supported to access safe water											
	# of OVC supported to receive health services											
4	# of OVC provided with Insecticide Treated Nets											
	# of OVC HHs provided with shelter											
	# of OVC supported to access education											
5	# OVC provided with Psychosocial Support.											
	# OVC provided with basic care											
6	# of OVC re-integrated with their families											
	# of OVC removed from child labour											
	# of OVC assisted to register births											
7	# of child abuse & neglect cases handled											
	# of staff trained in OVC programming											
	# of community volunteers trained											
8	# of OVC supported with 3 or more CPAs:											
	# of OVC referred for other services:											
	# of HIV+ children supported:											
	# of individual children graduated:											
	# of Sensitization Activities/Events Conducted											
	# of Individuals Served this period:	Under 1 Year										
		1 - 4 Years										
		5 - 9 Years										
		10 – 14 Years										
		15 – 17 Years										
		18 – 24 Years										
	# of Newly Enrolled Individuals Served:	25+ Years										
		Under 1 Year										
		1 - 4 Years										
		5 - 9 Years										
10 – 14 Years												
15 – 17 Years												
# of OVC supported to access HIV services (HIV testing, care and/or treatment services)	18 – 24 Years											
	25+ Years											
	Under 1 Year											
	1 - 4 Years											
	5 - 9 Years											
	10 – 14 Years											

Compiled by: Name: _____ Title: _____ Tel: _____ Signature: _____
 Verified by: Name: _____ Title: _____ Tel: _____ Signature: _____

----- (District Community Development Office use only) -----

Date Received	
Received by 15 th after end of quarter	Yes <input type="checkbox"/> No <input type="checkbox"/>
Checked by (Name & Telephone)	
Date Entered in OVC MIS	
Data Entered by (Name & Telephone)	

ANNEX I: OVCMIS FORM 005: OVC PRE-IDENTIFICATION AND REGISTRATION FORM



MINISTRY OF GENDER LABOUR AND SOCIAL DEVELOPMENT

Form 005: UGANDA OVC PRE-IDENTIFICATION AND REGISTRATION FORM

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

District: _____ Sub-county: _____ 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 neighbour or child or LC/VHT)	HH has children 5-17 years not currently enrolled or irregularly attending school (Yes/No)	HH has severely disabled person (Yes/No)	HH has member who has been very sick for at least 3 months during the past 12 months? (Yes/No)	HH has children living under abusive caregivers or conditions likely to violate their rights (Yes/No)	HH live under dangerous shelter (Yes/No)	HH has no easy access to basic needs like food, water etc. (Yes/No)	HH has any child mother or father/child headed HH (Yes/No)	HH cares for any orphan (Yes/No)
1										
2										
3										
4										
5										
6										
7										
8										

Community members present (Para-Social Worker VHT member, LC member, Religious leaders and Elder):

1. Name Title Tel:..... 4. Name Title..... Tel:.....
 2. Name Title Tel:..... 5. Name Title..... Tel:.....
 3. Name Title Tel:..... 6. Name Title..... Tel:.....

ANNEX II: OVCMIS FORM 006 UGANDA OVC VULNERABILITY PRIORITIZATION TOOL (HVPT)



Uganda OVC Vulnerability Prioritization Tool (HVPT)

The Uganda OVC Vulnerability Prioritization Tool (HPVT) is intended to assist OVC service providers in prioritizing households for enrolment in OVC programs/support. This tool should be applied to all households listed by community leaders, child protection committees, para social workers, VHT members, LCs) using the “four factor” criteria¹⁰ or community mapping. It can also be applied to households coming from referrals.

For further information on how to administer and enrol children, refer to the OVC 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).

HOUSEHOLD INFORMATION: Please complete items A through J.

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. NUMBER OF PEOPLE AGED 18 YEARS AND ABOVE CURRENTLY LIVING IN HOUSEHOLD	Male..... Female.....
I. TOTAL OF CHILDREN BELOW 18 YEARS OF AGE CURRENTLY LIVING IN HOUSEHOLD	Male..... Female.....
J. NAME & TELEPHONE OF INTERVIEWEE {HH Head or primary caregiver}	

OTHER INFORMATION: Please complete items K through N.

K. NAME OF PERSON ADMINISTERING:	
L. TITLE OF PERSON ADMINISTERING:	
M. PHONE NUMBER OF PERSON ADMINISTERING	
N. DATE OF INTERVIEW:	Day , Month, Year ____/____/____

¹⁰ 1. Out of School 2. Orphan 3. Chronically ill 4. Disability

INSTRUCTIONS: Please administer this section to heads of households or his/her designee. Ask each question and circle the appropriate response option. Upon completion, turn the form into the assigned program officer. 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	
FOOD SECURITY AND NUTRITION			
5.	Has 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? <i>If you already know the status, then check yes.</i>	Yes No Don’t Know	
10.	Does the caregiver know the HIV status for 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 aged 5 to 17 years in this household who are not enrolled in school?	Yes No NA	
12	Are there any children aged 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	

THEMATIC AREAS		Response	Needs Referral (insert "x")
PSYCHOSOCIAL SUPPORT AND BASIC CARE			
13	Are there any children in this household who are withdrawn or consistently sad, unhappy or depressed, not able to participate in daily activities including playing with friends and family?	Yes No	
CPA Psychosocial support and basic care (if #13 is "yes", check "yes") →		Yes No	Yes No
CHILD PROTECTION			
14	In the past 12 months (since _____), has any child in the household had the following happen to them, 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 yes].	<input type="checkbox"/> Repeated physical abuse <input type="checkbox"/> Child marriage or teenage mother/ father <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> Neglected <input type="checkbox"/> 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	Yes No

Assessor's Comment:

ANNEX III: OVCMIS FORM 007: HOUSEHOLD VULNERABILITY ASSESSMENT TOOL (HVAT)



HOUSEHOLD VULNERABILITY ASSESSMENT TOOL (HVAT)

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

SECTION I: BACKGROUND INFORMATION

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

SECTION II: HOUSEHOLD (HH) INFORMATION

INSTRUCTION: Please administer this section to the head of a HH (spouse or child in case of child-headed HHs). Ask each question and circle the appropriate response option. After circling the response, please write in the corresponding score to the far right-hand column (labeled "SCORE"). At the end of each core programme area (CPA), add the scores for all questions and write them down under the "CPA TOTAL" row. Finally, add up all CPA scores and enter them under "HOUSEHOLD TOTAL SCORE" and compute the average SCORE per CPA as indicated on the table for computation of CPA SCORE. Pay attention to scores per CPA a basis for support.

SECTION I: BACKGROUND INFORMATION

District:		Sub County/ Division/ Town Council		Parish/ Ward:		Village/ Zone:	
Date of Interview:		Name and Contact of HH Head:		Name/ Contact of Service Provider:		Name/Contact of Sub County CDO	
HH Number:	Phase of Administration 1. 1 st 2. 2 nd 3. 3 rd 4. 4 th 5. Other specify...	Sex of HH Head 1. Male 2. Female	Marital Status of HH Head 1. Single 2. Married 3. Cohabiting 4. Widowed 5. Separated/Divorced 6. NA (If child)	Education Level of HH Head 1. None 2. Primary 3. Secondary 4. Tertiary	Number of people in the HH		
					Age group	Male	Female
Age of HH Head:					Under 1 year		
					1-4 years		
					5-9 years		
					10-14 years		
				15-17 years			
				18-24 years			
				25+ years			

Household Summary

Name of child	Sex (M/F)	Age	Date of birth (Date/Month/Year)	Out of school (Yes/No/NA)	Orphan (Yes/No)	Disabled (Yes/No)	Chronically ill (Yes/No)	Immunized (Yes/No/NA)	HIV status (+/-/Do not know)	In HIV care/ on ART (Yes/No)	Birth registration (Yes/No)
1)											
2)											
3)											
4)											
5)											
6)											

SECTION II: HOUSEHOLD ASSESSMENT

HOUSEHOLD (HH) ASSESSMENT											SCORE
CPA 1: ECONOMIC STRENGTHENING											
1.1 Who pays for MOST of the HH expenses?											
Option	Child (6 - 17 years)			Grand or Elderly Parent			Relative	Mother	Father		
Score	4			3			2	1	0		
1.2 What is the main source of HH income?											
Option	None	Remittances (Pension, Gratuity, Donations)	Causal Labourer	Informal Job/ Employment	Peasantry Farming	Petty Business	Formal Business	Commercial Farming	Formal Job/ Employment		
Score	4	3	2	2	2	1	0	0	0		
1.3 What is the current monthly HH income? (express in Uganda Shillings)											
Option	Less than 50,000		50,000 - 100,000		100,001 - 150,000		150,001 - 200,000		Above 200,000		
Score	4		3		2		1		0		
1.4 Do these statements apply to this HH? (Yes/No)											
	1) Any member of the HH owns an electronic gadget (radio, phone, TV)										
	2) Any member of the HH has a functional transport means (bicycle, motor cycle, boat)										
	3) At least one member of the HH has vocational/apprenticeship/professional skills										
	4) At least one member of the HH has formal employment, is self-employed or has a business										
	5) At least one member of the HH belongs to any financial savings and lending group										
	6) Household has domestic animals (cow(s), goat(s), Sheep, chicken, pig(s))										

HOUSEHOLD (HH) ASSESSMENT						SCORE
	7) HH has access to land for agriculture/hire					
Option	If 4 or more are NO	If Three are NO	If Two are NO	If One is NO	If more than 4 are Yes or NA	
Score	4	3	2	1	0	
1.5 If the HH incurred any of the following expenses in the past three months, was it able to pay without difficulty? E.g. without selling HH permanent assets like land, bicycle or without borrowing, etc.						
	1) Health related expenses (Yes/No/NA)					
	2) Education (school) related expenses (Yes/No/NA)					
	3) Food related expenses (Yes/No/NA)					
Option	If All are NO		If Two are NO	If One is NO	If All are Yes/NA	
Score	4		2	1	0	
						CPA 1 TOTAL →
CPA 2: FOOD SECURITY AND NUTRITION						
2.1	Over the past month (mention month), what has been the MAIN source of food consumed by your HH?					
Option	Donated	Given in return for work only	Bought from the market	Home grown supplemented with given in return for work	Home grown	
Score	4	3	2	1	0	
2.2	What does the family usually eat? (at least 3 times a week), Yes/No					
	1) Energy foods; potatoes, banana, oils, posho, millet, rice, maize, bread, cassava					
	2) Body building foods; beans, meat, soya, peas, milk, eggs, chicken, fish					
	3) Protective and regulative foods; tomatoes, oranges, pawpaw, mangoes, pineapples					
Option	None	One food group	Two food groups	All food groups		
Score	4	3	1	0		
2.3	How many meals does the HH have in a day?					
Option	Some days no meal	One meal	Two meals per day	Three or more meals		
Score	4	3	1	0		
						CPA 2 TOTAL →
CPA 3: HEALTH, WATER, SANITATION AND SHELTER						
3.1	Do the following apply to this HH? Indicate Yes/No/NA [Observe for yourself where applicable]					
	1) Has access to safe water within 30 minutes (half an hour) or harvests rain water for domestic use					
	2) Has a clean compound					
	3) Has access to a public health facility within 5 kilometres					
	4) Has a drying rack for HH utensils					
	5) Has a garbage pit /dust bin					
	6) Separate house for animals					
	7) Hand washing facility					
	8) All HH members sleep under a mosquito net					
Option	If 4 or more NOs		If Three are NO	If Two are NO	If One is NO	If four or more are YES
Score	4		3	2	1	0
3.2	Does the caregiver know the HIV status for all children in the HH?					
Option	No	Less than 50% (less than half) of children		50% or more (more than half) of children		Yes
Score	4	3		2		0
3.3	Are all eligible children who are HIV+ and/ or have TB on treatment?					
Option	None of the children on care or treatment	Less than 50% (less than half) of children on care or treatment	50% or more (more than half) of children on care or treatment		All on care or treatment/NA	
Score	4	3	2		0	
3.4	Does the HH have a stable shelter that is adequate, safe and dry? [Observe for yourself]					
Option	No stable shelter, adequate or safe place to live	Shelter is not adequate, needs major repairs	Shelter needs some repairs but is fairly adequate, safe, and dry		Shelter is safe, adequate & dry	
Score	4	3	1		0	
3.5	What is the type of a latrine/toilet facility used by members of your HH? [Observe for yourself]					
Option	Bush/ None	Public toilet for pay	Private needs some repair/ risky state	Private but shared by more than one HH	Safe, adequate & dry	
Score	4	3	2	1	0	
						CPA 3 TOTAL →

HOUSEHOLD (HH) ASSESSMENT						SCORE	
CPA 4: EDUCATION							
4.1	How many children aged 5–17 years in this HH are not going to school or miss school 3 or more times a week						
Option	More than three children or none attends	Less than 50% (less than half) enrolled or attend school regularly	50% or more (more than half) enrolled and attends school regularly	All enrolled and attends school regularly/NA			
Score	4	3	2	0			
CPA 4 TOTAL →							
CPA 5: PSYCHOSOCIAL SUPPORT AND BASIC CARE							
5.1	In the past 12 months (STATE MONTH), how often has someone in your HH felt so troubled that it was necessary to consult a spiritual, faith or traditional healer, counsellor or health worker?						
Option	More than five times	3-4 times	Two times	Once	Never		
Score	4	3	2	1	0		
5.2	Are there any children in this HH who are withdrawn or consistently sad, unhappy or depressed, not able to participate in daily activities including playing with friends and family? Yes/ No						
Option	All children	50% or more (half or more)	Less than 50% (less than half)		None		
Score	4	3	2		0		
CPA 5 TOTAL →							
CPA 6: CHILD PROTECTION AND LEGAL SUPPORT							
6.1.	What would you do if any of your children experienced or became a victim of child abuse or violence?						
Option	Nothing/negotiate with offender/kill him/her/ Revenge	Talk to neighbour / family only	Report to: LC/Police/Probation/child helpline/Court/Child Protection Committee/CDO/Human rights office/CSO/Parasocial Worker/VHT				
Score	4	1	0				
6.2	In the past 12 months (STATE MONTH), has any child in the HH had the following happen to them, in or outside of the HH? [Note: If you see an obvious issue of abuse or you already know about it, then indicate yes]. Indicate Yes/ No	1) Repeated physical abuse (Yes/No)					
		2) Withheld a meal to punish (Yes/No)					
		3) Involved in Child Labour (Yes/No)					
		4) Family separation (ran away, chased)/Neglected (Yes/No)					
		5) Sexually abused, defiled, raped, forced sex (Yes/No)					
		6) Stigmatised/ discriminated due to illness, disability or otherwise (Yes/No)					
		7) Using abusive words/language (Yes/No)					
		8) Has no birth certificate (Yes/No)					
		9) In contact/conflict with the law					
		Option	If four or more are YES	If THREE are YES	If TWO are YES	If ONE is YES	If All are NO
Score	4	3	2	1	0		
CPA 6 TOTAL →							

SUMMARY SCORE PER CPA

Core Programme Area	Maximum Possible Score (A)	HH Performance Per CPA			Priority Action
		CPA score (B)	Percent CPA score C= B/A*100	CPA Rank	
1.Economic strengthening	20				
2.Food and nutrition security	12				
3.Health, water, sanitation and shelter	20				
4.Education	4				
5.Psychosocial support / basic care	8				
6.Child protection and legal support	8				
HH TOTAL	72				
Average Percentage =HH Total CPA Percent (Total for C) divide by 6 CPAs					

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

ASSESSOR'S COMMENT: _____

ANNEX IV: OVCMIS FORM 008 - CHILD ENROLMENT AND MONITORING CARD



OVCMIS FORM 008 - CHILD ENROLMENT AND MONITORING CARD

The child enrolment and monitoring card provides background information and vulnerability index of an individual child and it should be filled during assessment to justify enrollment for support. Some sections of the tool can help to measure progression of child vulnerability and should be filled during subsequent vulnerability monitoring events. Note that certain vulnerability conditions with asterisk sign (*) for example; orphan hood and disability, may not be considered for successive assessments as the condition is presumed to remain permanent. The tool can be applied concurrently with the Household Vulnerability Assessment Tool (HVAT) at enrolment, after 12 months, at the end of a support programme and/ or as it may be required.

Date of enrollment:	OVC ID No.	HH number (as indicated on HVPT or HVAT if applicable):	
Name of child:	Sex of child:	Age/date of birth:	
Current residence: District:	Sub county:	Parish:	Village:
Name of caregiver:	Sex of caregiver:	Age of caregiver:	
Telephone contact of caregiver:	Relationship with child:	Occupation of caregiver:	
Name of assessor:	Telephone contact of assessor:		
Time of application: (1) 1 st , (2) 2 nd , (3) 3 rd , (4) 4 th , (5) etc.			
Vulnerability type (Tick all that apply to the child); (1) Maternal orphan*, (2) Double orphan*, (3) Paternal orphan*, (4) Child on the street, (5) Child labourer, (6) In child headed HH, (7) Living with elderly/disabled/chronically ill caregiver, (8) Child with disability*, (9) In contact with law, (10) other, specify...			
BASELINE/ FOLLOW-ON CHILD VULNERABILITY INDEX ASSESSMENT			
1.0 ECONOMIC STRENGTHENING			
1.1 Child is an income earner (indicate Yes/No)			
1.2 Child has vocational /apprenticeship skills (indicate Yes/No/ Skip if child is enrolled in formal school or below 12 years)			
1.3 Child who completed vocational/ apprenticeship training has startup kit (indicate Yes/No/ Skip if child is enrolled in school or below 12 years)			
2.0 FOOD SECURITY AND NUTRITION			
2.1 How many meals does the child eat in a day? (circle appropriate option)			
a. Three or more meals a day	b. Two meals a day	c. One meal a day	d. Some days, child has no meal
2.2 Child is fed on a balanced diet regularly (indicate Yes/No and circle the appropriate option A to C)			
Energy foods; potatoes, banana, oils, posho, millet, rice, maize, bread, cassava	Body building foods; beans, meat, soya, peas, milk, eggs, chicken, fish	Protective and regulative foods; tomatoes, oranges, pawpaw, mangoes, pineapples	
a. Eats only one category	b. Eats at least two categories	c. Eats all categories/ breast feeding	
3.0 HEALTH, WATER, SANITATION AND SHELTER			
The following conditions apply to the child (indicate Yes/No/NA)			
3.1 Does not sleep under insecticide treated (mosquito) bed net			
3.2 Frequently sick with minimal access to health care			
3.3 If child is chronically ill (HIV+), child has enrolled on ART (care and treatment)			
3.4 Has not received required immunization for appropriate age (0-5 years only- check for immunization card)			
4.0 EDUCATION			
4.1 Child (5-17 years) is regularly attending school (circle appropriate option)			
a. Never been to school	b. Dropped out of school	c. Irregular school attendance	d. Child regularly attends school
4.2 Child has needed scholastic materials (Yes/No/ skip if child is below schooling going age, dropped out of school /or never been to school)			
4.3 Child is progressing well in school (Yes/No/NA/ skip if child is below schooling going age, dropped out of school /or never been to school)			
5.0 PSYCHOSOCIAL SUPPORT AND BASIC CARE			
5.1 Child has essential/basic requirements (circle appropriate options)			
a. Owns at least a pair of shoes	b. Has at least 2 sets of clothing (excluding school uniform)	c. Has beddings (raised bed, mattress, blanket)	
5.2 Within the last one month, child has regularly felt hopeless, sad, worried, stressed, withdrawn, depressed (Yes/No)			
5.3 Child has at least one adult who provides consistent care, attention and support (Yes/No)			
6.0 CHILD PROTECTION AND LEGAL SUPPORT			
The following conditions apply to the child (indicate Yes/No)			
6.1 Child physically abused within the last 3 months			
6.2 Withheld a meal to punish within the last 3 months			
6.3 Child separated from family (ran away, chased)			
6.4 Child felt neglected within the last 3 months			
6.5 Sexually abused, defiled, shown pornography, raped, forced sex within the last 12 months			

Assessor's Name: _____ Title: _____

Comments: _____

ANNEX V: OVCMIS FORM 010: OVC SERVICE PROVIDER REGISTRATION FORM

MINISTRY GENDER, LABOUR AND SOCIAL DEVELOPMENT
OVC SERVICE PROVIDER REGISTRATION FORM (REVISED MARCH 2015)

District		Name of Institution	
.....		Acronym	
No. of sub counties covered.....		List of sub counties covered in the district.....	
.....		
Year of Reg.....		Reg. No.	
.....		Type of organization.....	
Do you have an MOU with the district: Y/N....		CSO Identification. No.....	
.....		Website.....	
Contact person's name		Title	
.....		Tel:.....	
Alternate Contact person's name		Title	
.....		Tel:.....	
Postal address		Physical Location	
E-mail		Tel: (mob)	
.....		Office	
Specific services offered (Tick all that apply)			
CPA 1: Economic strengthening		CPA2: Food and Nutrition Security	
1. Income Generating Activities (IGA)		5. Agriculture & Farming inputs	
2. Business Skills		6. Agric. Advisory services	
3. Vocational training/ Apprenticeship		7. Nutrition Education & supplements	
4. Start-up kits/capital		8. Food assistance	
CPA3: Health, water, sanitation & shelter		CPA 4: Education	
9. Provision of safe water sources/access		14. School Fees payment/Bursaries	
10. Low cost house/shelter		15. Scholastic Materials & Uniform	
11. Provision of health care services		16. School construction	
12. Payment for health services		17. Provision of school textbooks	
13. Insecticide Treated Mosquito Net		Other Specify.....	
Other, specify.....		CPA 6: Child Protection & Legal Support	
CPA 5: Psychosocial Support & Basic care		24. Child tracing, reintegration and resettlement	
18. Counselling services		25. Withdraw, rehabilitate and reintegrate children	
19. Palliative care for HIV+		26. Legal aid for child abuse & neglect Cases	
20. Assistive Devices for disabled-20		27. Assistance to register birth	
21. Clothing, Beddings & other basic items		28. Child Fostering/Adoption	
22. Training on Will & Memory Book Writing		29. Temporary shelter for abused/neglected children	
23. Recreational Activities		children	
CPA7: Legal, Policy & Institutional Framework			
30. Training/capacity building		32. Funding to partners	
31. Advocacy		Other, specify	

Availability of key resource material			Filled by:.....			
Document	Oriented	Has a copy	Title:		E-mail:	
OVC Policy			Tel:		Date	
NSPPI II			Signature & stamp.....			
Children Act						
National Quality Standards						
Constitution of Uganda						
Child Labour Policy						

ANNEX VI: OVC MIS FORM 101: LOCAL GOVERNMENT OVC CAPACITY ASSESSMENT TOOL



MINISTRY OF GENDER LABOUR AND SOCIAL DEVELOPMENT

Local Government OVC capacity assessment tool

Reporting Period: To

District..... Date

The purpose of this tool is to assist MGLSD, other ministries and donors to determine gaps and make recommendations on how to address them for better delivery of OVC services.

General information

Lower Local governments			Population projections/estimates				
S/Cs	TCs	Divisions	Males	Females	Total	<18 yrs	No. of OVC
Do you have an updated OVC CSO list				# of baby's homes in the district			
When was the OVC CSO list last updated				# of remand homes in the district			
Do you have an updated OVC plan				# of children reception centers in the district			
# of sub CDOs with functioning motorcycles				Number of staff appraised this period			
Oversight, coordination and support supervision							
# of coordination meetings held				# of staff trained/oriented on OVC support supervision guidelines			
# of support supervisions conducted				# of CSOs that have MoUs with the district			
# of organizations/agencies visited				Do you have support supervision checklist			
ICT, Data management and utilization							
# of functioning computers in the CBSD				# of times the OVC MIS has been updated			
Do you have access to internet services				# of data feedback workshops conducted			
# of staff with computer skills to enter and manage OVC data in the CBSD				# of staff trained in computer skills			
Resource Mobilization and Management							
Do you have a resource mobilization TWG in place 1. Yes 2. No				Do you have a resource mobilization action plan in place 1. Yes 2. No			
# of new partners for funding OVC activities				Percentage of district budget committed for OVC activities			

Human Resource: Please fill in the table below the number of staff planned for (P), AC = Number Available and Confirmed, and AG= Number available but in acting capacity.

DCDO			PSWO			APSWO			GO			LO			CDO			ACDO			
P	AC	AG	P	AC	AG	P	AC	AG	P	AC	AG	P	AC	AG	P	AC	AG	P	AC	AG	

PSWO = Probation & Social Welfare Officer, APSWO = Assistant PSWO, = Gender Officer, YO = Youth Officer,

LO = Labor officer, **CDO** = Community development officer, **ACDO** = Assistant CDO

1. In your view how do you rate community involvement in OVC activities

1=very bad,2=bad,3=fair,4=good,5=best	1	2	3	4	5
Planning/programming					
OVCs identification and registration					
Data collection					
Monitoring & evaluation					

Filled by _____ **Title** _____ **Tel.** _____ **Sign:** _____ **Date:** _____

Checked by: _____ **Title:** _____ **Tel.** _____ **Sign:** _____ **Date:** _____

ANNEX VII: OVCMIS FORM 009: REFERRAL FORM FOR OVC



Serial No.

The Republic of Uganda

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT
REFERRAL FORM FOR ORPHANS AND OTHER VULNERABLE CHILDREN (REVISED DECEMBER 2014)

1. DETAILS OF THE AGENCY REFERRING THE CHILD

Name of the agency.....Location.....
Agency telephone.....E-mail..... Name of the person referring the child:
..... Title.....
Telephone:.....E-mail..... Signature &
Stamp:.....Date

2. DETAILS OF THE CASE REPORTED FOR WHICH REFERRAL IS BEING MADE

Name of the child..... Age Sex..... ID NoCase No..... Village.....Parish
.....S/County.....District Nature of the case reported and / or referred:
..... Name of the alleged perpetrator (if applicable).....Relationship to
the child..... Date of occurrence:.....Other risks/vulnerabilities/special needs
Has the case been reported to the Uganda Child Helpline (116)? Yes/No..... Name of the person accompanying
the child.....Tel:..... E-mail..... Relationship to the
Child:..... Name of the Parent / Guardian / Next of kinTel:
..... Village.....ParishS/County.....District

3. SERVICES TO THE CHILD

Service(s) provided before referral.....
..... Reason for
referral.....
..... Have you spoken to the child or their parent, or
guardian about the referral? Yes/No. Explain the
outcomes..... Assent/Consent:
Signature.....Name.....

4. DETAILS OF THE AGENCY TO WHICH THE CHILD IS BEING REFERRED

Name of the agency.....
Location.....
Name of the contact person.....
Telephone E-mail

5. FEEDBACK TO THE AGENCY FROM WHICH THE CHILD WAS REFERRED
(To be torn and returned to the agency from which the child was referred)

Name of the agency..... Name
of the person providing feedback: Title..... Telephone:
..... E-mail..... Date Signature &
Stamp:..... ID NoCase No..... Service(s) provided by
the referral agency.....
..... Additional
service(s) required / Any other critical information.....

The Guidelines for completing this Form appear on the back page. Serial No.

GUIDELINES FOR COMPLETING THE REFERRAL FORM

Section of the Referral Form	Instructions/Guidance
General	<ul style="list-style-type: none"> a) The Form should be filled by the responsible Case Worker for all referrals to be made. b) The Form should be filled in triplicate. One copy should remain in the booklet, the other is attached to the report/ case file and the third copy is attached to the agency's quarterly report to the District Probation and Social Welfare Officer (DPSWO). c) Sections 1-4 should be filled by the agency referring the child. d) Section 5 should be filled by the agency to which the child has been referred and returned by the agency or the child/accompanying person to the agency that referred the child. e) The feedback section of the Form is perforated so that it is torn and returned to the agency that referred the child. f) If there is any additional information you need to provide when completing this Form, but there is insufficient space provided on the Form, please complete and attach separate sheets. g) If you require help in completing this Form, please contact the DPSWO.
1. The Agency Referring	<ul style="list-style-type: none"> h) Name of the agency: Please state the full name of the organisation/department/institution that is making the referral. Wherever relevant, the abbreviated name should be indicated in brackets. i) Title: This should be the title of the role held by the person making a referral. j) Stamp: The Form should be endorsed with the official stamp of the institution/department.
2. Case Details	<ul style="list-style-type: none"> k) Name: Please provide the full name of the child you are referring, including any middle names. l) Age: Age should be written in completed years (e.g., 2). Ask for the Date of Birth to verify the Child's age. Please enter the approximate age if it is not known. The word APX should be written in brackets there after e.g. 6 (APX) m) Sex: Please indicate whether the child you are referring is male or female. n) ID Number: The first agency that receives a child with a new case should allocate a unique Identification Number (ID) to the child. o) All the other referral agencies that provide service(s) to the child should use the same ID issued by the first service provider. p) Case Number: Each service provider can allocate a unique case number for each case received. The coding system may vary from one agency to another. q) The nature of the case: Specify as much as possible, such as attempted defilement. r) Date of occurrence: Dates should be written in this order: D/M/Y i.e., 05/06/2014. s) Other risks/vulnerability/special needs: Based on your case assessment, what other real or perceived risks/vulnerability/special needs does the child have that the referral agency should be aware of or address. These could include speech impairment, being an orphan, the child staying with the alleged perpetrator, etc. t) The person accompanying the child: This is the person who moves with the child to the agency. S/he may or may not be the parent or guardian of the child. u) Relationship to the child: They could be parents, guardians, neighbour, community member, NGO, LC official etc. v) Name of Parent / Guardian / Next of kin. This should be the person having parental responsibility for the child at the time the alleged violation occurred. w) In urban areas, replace the location as follows: Cell for Village; Ward for Parish; Division for Sub County. These should be the child's residential location prior to the alleged violation.
3. Services to the Child	<ul style="list-style-type: none"> x) Services: Mention the specific services the child has received from you and or other service providers or those that you are seeking from the referral agency. Instead of listing the OVC Core Program Areas (CPAs), list the specific services provided in the OVC Service Register, e.g. provide IGA, food assistance, support to access medical examination, medical care/treatment, counselling, etc. y) Yes/No: Circle the appropriate response. z) Assent/Consent: The child should assent and or the person accompanying the child should consent to the referral by signing. a) Where necessary, attach copies of the completed assessment Forms/reports for the child.
4.	The Agency that received a Referral: No additional instructions required
5. Feedback to the Agency that Referred	<ul style="list-style-type: none"> b) The Feedback section should be filled by all agencies referred to even when they decide to make further referral. c) When an agency is making a further referral, they should fill a fresh Referral Form from their Booklet.

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ANNEX VIII: LIST OF INDIVIDUALS WHO CONTRIBUTED TO THE DEVELOPMENT OF THIS DOCUMENT

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