Guidance Document

Developing and Operationalizing a National Monitoring and Evaluation System for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS

Working Paper
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Acronyms

AIS	AIDS Indicator Surveys
CABA	Children Affected By AIDS
CBO	Community-Based Organization
CRC	UN Convention on the Rights of the Child
DHS	Demographic and Health Surveys
FBO	Faith-Based Organization
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
GPF	Global Partners' Forum
IATT	Inter-Agency Task Team
LSMS	Living Standards Measurement Study
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Surveys
NAC	National AIDS Council
NGO	Non-Governmental Organization
NPA	National Plan of Action
OR	Operations Research
OVC	Orphans and Vulnerable Children
RAAAP	Rapid Assessment, Analysis and Action Plan
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS/AIDS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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Acknowledgments

Introduction and background

Background

For millions of children, HIV and AIDS have starkly altered their experience of growing up. In 2008, it was estimated that 2 million children under age 15 were living with HIV. At the end of 2007, about 15 million children under 18 had lost one or both parents to AIDS. Millions more have experienced deepening poverty, school dropout and discrimination as a result of the epidemic.[1]

Recognizing the substantial impact of HIV and AIDS on the lives of orphans and vulnerable children (OVC), significant resources have been mobilized to mitigate their effects on this population. At the global level, a Declaration of Commitment on HIV and AIDS was adopted at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS (June 2001). The Declaration of Commitment was a call for all countries to pursue a range of actions on HIV and AIDS. Three articles in the Declaration specifically relate to children orphaned and made vulnerable by HIV and AIDS. They have become known to people working in the field as the 'UNGASS OVC goals'.

Since the adoption of the Declaration, a strategic framework for the protection, care and support of orphans and children made vulnerable by HIV and AIDS has been developed. The framework outlines areas for action and provides operational guidance to governments and other key stakeholders working to achieve the Declaration's goals. Five key strategies within this framework were endorsed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Committee of Cosponsoring Organizations and reiterated during the global partnership meeting on orphaned and vulnerable children (see box below).

> **The five key strategies of the framework for the protection, care and support of OVC[2]**
>
> 1. Strengthening the capacity of families to protect and care for orphans and other children made vulnerable by HIV and AIDS;
> 2. Mobilizing and strengthening community-based responses;
> 3. Ensuring access to essential services for orphaned and vulnerable children;
> 4. Ensuring that governments protect the most vulnerable children; and
> 5. Raising awareness to create a supportive environment for children affected by HIV and AIDS.

Working from the Declaration of Commitment, a consultative group – including programme managers from different countries, Monitoring and Evaluation (M&E) specialists and researchers – distilled 37 essential activities for improving the welfare of orphaned and vulnerable children into 10 domains that need to be addressed and monitored at the national level. These domains are: (1) policies and strategies; (2) resources and resource mobilization; (3) family capacity; (4) community capacity; (5) food security and nutrition; (6) health; (7) education; (8) protection; (9) psychosocial support; and (10) institutional care/shelter.

Building on this process, UNICEF led the development of a set of 'core' indicators to measure national achievements toward the UNGASS goals. An accompanying *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (*the OVC M&E Guide*) is currently available.[3] Support for countries in carrying out national-level monitoring and evaluation of OVC programme efforts began in 2005.

Following the first Global Partners' Forum (GPF) on Children Affected by AIDS in 2003, a coalition of donors initiated a rapid assessment, analysis and action-planning (RAAAP) process in 16 high-prevalence countries. RAAAP – an emergency initiative – identified and catalysed actions needed to scale up national and multisectoral responses for orphans and vulnerable children and included the development of National Plans of Action (NPA) for OVC.[4]

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[1] UNICEF, UNAIDS, WHO, UNFPA, *Children and AIDS: Third Stocktaking Report*, UNICEF, New York, NY, December 2008. Download: <http://www.unicef.org/publications/index_46585.html>

[2] United Nations Children's Fund, 'The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS',UNICEF, New York, NY, July 2004. Download: <http://www.unicef.org/aids/files/Framework_English.pdf>

[3] United Nations Children's Fund, *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*. UNICEF, New York, NY, Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>

[4] Webb, D., et al., 'Supporting and sustaining national responses to children orphaned and made vulnerable by HIV and AIDS: Experience from the RAAAP exercise in sub-Saharan Africa', *Vulnerable Children and Youth Studies*, August 2006, pp. 170-179.

Objective of this document

While a number of countries have developed a national response plan for OVC, and the *OVC M&E Guide*[5] provides specific indicators to monitor and evaluate the national response, national OVC monitoring systems remain weak in most countries. This is partly due to a lack of guidance on the specifics of developing M&E systems that take into account the various, sometimes-uncoordinated activities of different national sectors and actors, including non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs).

This document aims to fill that gap by illustrating steps for developing and putting into operation a system to monitor the national response for the protection, care and support of OVC. It acknowledges the efforts made by different countries across the globe to institute M&E systems and, where relevant, highlights those lessons learned.

This document is not intended to be an M&E guide or operations manual, but rather aims to complement existing documents in the area of M&E of the OVC response. Such texts are referenced and Internet addresses are included, where appropriate and available, allowing the reader to seek more information.

Target audience

This document is aimed at those leading the national response for the protection, care and support of OVC. Although it varies by country, this group typically includes national governments, Ministries of Welfare, development partners, sector programme managers and civil-society partners who deliver direct services to children in need.

More specifically, this document will be of most interest to those tasked with monitoring and evaluating the national response for OVC. Often, this responsibility lies with the government entity charged with developing the national plan for children (such as a national plan for OVC).

How this document is organized

This document is organized in five parts. Part 1 provides a brief overview of monitoring and evaluation. Part 2 explores why an understanding of the context within which the M&E system is developed is critical. Part 3 focuses on developing the Conceptual Framework of the M&E system for the national response for OVC, while Part 4 describes the 'mechanics' of the M&E system (data flow, collection, analysis, use, and dissemination, quality control, management and capacity development). Part 5 concludes the document by discussing system piloting, M&E plan development, capacity strengthening and costing considerations.

Annexes are referenced where further information is considered to be useful.

How to use this document

This guidance document can be used to establish a common methodology for the development of an M&E system for the national response for OVC. The step-wise approach presented in this document can be adapted as a guide for the development of an M&E system. It can also be used as supplemental information for M&E trainings, technical guidance and assistance.

While it is recommended that the steps described in Part 3 and 4 be followed in the order that they are presented, the five parts of the document need not necessarily be followed incrementally. Readers may find, for example, that the sections on developing the overall M&E plan for OVC and costing in Part 5 are useful to consider before the step-wise approach in Part 3 and 4 are begun. It is recommended, therefore, that readers consider the document as a whole and adapt its use to their needs.

A note on terminology

To make this document easier to read, the acronym OVC has been substituted for the words 'orphans and vulnerable children living in a world with HIV and AIDS'. Based on its national context, each country will define differently whom it will target in its response for children in need. OVC, as used here, is a generic term to refer to the group that the national response is intended to benefit.

Annex B discusses in more detail the process of defining 'OVC'.

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[5] United Nations Children's Fund, *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*. UNICEF, New York, NY, Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>

Part 1:
Monitoring and evaluation[6]

This guide focuses on the development of a system to monitor and evaluate OVC programme activity and, therefore, it will not cover the topic of M&E in any detail. There are several excellent texts and guidance documents that describe how to set up national M&E systems, and readers are encouraged to follow up on key references that are cited throughout the document.[7]

1.1   Why monitor and evaluate OVC programmes?

The demand for information about the impact of national programmes and policies on protection, care and support for OVC is increasing. Linking planned activities and anticipated results to actual achievements is therefore important and it is recommended that a system to monitor and evaluate the process should be activated to achieve this objective. M&E in OVC programming should then facilitate a better understanding of what works, what does not work and what can be done to improve programming over time; simply put, it helps to:
- Track inputs, activities and outputs
- Show that targets have been reached – or not reached
- Highlight strengths and gaps in the delivery of services
- Generate further information necessary for project management, planning and advocacy
- Generate the basis for understanding of intermediate outcomes and the impact of collective efforts over time

If the system is developed and implemented through a truly participatory approach, it has the added benefit of bringing all actors together. This will raise awareness about the M&E and data needs of different programmes and communities, including those that implement activities for OVC.

1.2   What is M&E?

The terms 'monitoring' and 'evaluation' are variously defined and sometimes used interchangeably, but their functions are quite different. There is, however, growing consensus that:

Monitoring is the routine process of tracking inputs and outputs. It should provide information on whether an intervention is on track or on budget; for example, whether it is reaching the desired number of households with OVC or increasing birth registration.

Evaluation is more akin to measuring the changes resulting from programme activities over time. One such example is evaluating the effects of school feeding programmes by measuring changes in the nutritional status of the participating children.

The process of monitoring and evaluation is guided by a conceptual framework that has two main components, i.e., monitoring and evaluation, in which:

All organizations should implement input/output monitoring to track services, beneficiaries and resources used.

Most organizations should develop strategies to evaluate their activities through process evaluation, which requires additional time and effort.

Only **some** organizations implement outcome evaluations because this requires a higher level of expertise, training and other resources.

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[6] Chapter two of the *OVC M&E Guide* provides a good overview of the M&E for OVC. Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>
[7] The Global HIV M&E information website is a good source for such documents: <http://www.globalhivmeinfo.org>

Only a **few** organizations, typically national-level organizations such as line ministries and Central Statistical offices, conduct impact monitoring and evaluation to assess the effects of organizations' collective efforts over time.
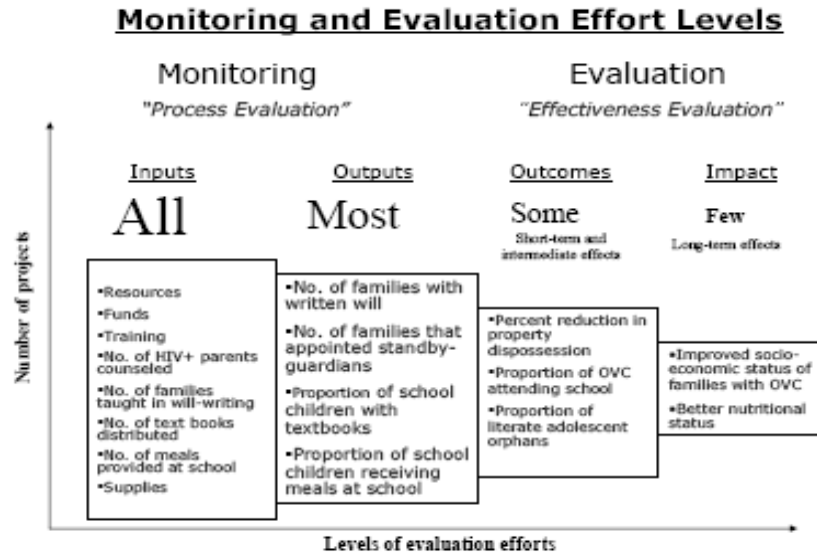
Monitoring and Evaluation Effort Levels

Source: Adapted from Lampty and Gayle (eds.), *HIV/AIDS Prevention and Care in Resource-Constrained Settings*, Family Health International, 2003.

1.3   Monitoring and evaluation as part of the programme cycle

Monitoring and evaluation is a central feature of project design and project cycle management[8] and should ideally be considered from the start of the project cycle. The 'programme cycle' shown in Figure 1.3 illustrates a cyclical process in which monitoring and evaluation feeds back into planning and implementation.

Figure 1.3: Programme cycle[9]

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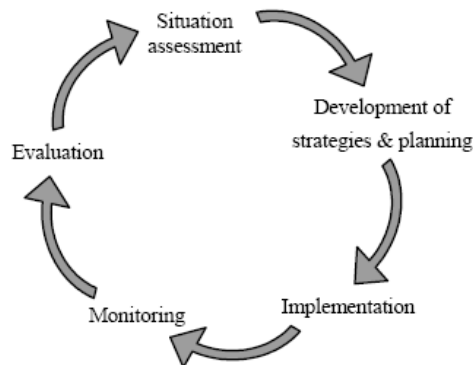
[8] United Nations Children's Fund, 'Understanding Results-Based Programme Planning and Management: Tools to Reinforce Good Programming Practice', UNICEF, New York, NY, May 2005. Download: <http://www.unssc.org/web1/programmes/rcs/cca_undaf_training_material/teamrcs/file.asp?ID=359>
[9] United Nations Children's Fund, *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*. UNICEF, New York, NY, Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>

When properly planned, programme monitoring and evaluation should assist stakeholders that deliver activities through a national response for orphaned and vulnerable children to:
- Think about the overall national goal and how their own programme goals are contributing
- Identify the most effective strategies to achieve their goals
- Put a plan in place to monitor their activities and progress over time
- Take action to address any problems or changes that arise during the process and adjust the original strategy, if necessary

1.4   The need to harmonize M&E systems

On 25 April 2004, UNAIDS, the United Kingdom and the United States co-hosted a high-level meeting at which key donors reaffirmed their commitment to strengthening national AIDS responses led by the affected countries themselves. They endorsed what is widely known as the "Three Ones" [10] principle, which was developed to enhance effective and efficient use of resources to ensure rapid action and results-based management:

> **The "Three Ones"**
>
> - **One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners
> - **One** National AIDS Coordinating Authority, with a broad-based multisectoral mandate
> - **One** agreed country-level Monitoring and Evaluation system

In most countries, the responsibility for the national coordination of M&E of HIV/AIDS, including programmes targeting OVC, generally rests with National AIDS Councils (NACs). All NGOs/FBOs/CBOs working towards a national response for OVC therefore need to harmonize their data collection and reporting systems with the NAC M&E system. This involves harmonizing indicators so that there is no overlap with the national M&E system and thereafter, as needed, developing relevant additional indicators that better reflect programme activities. Stakeholders should also work closely with NACs to ensure that changing aspects of OVC interventions receive attention in revised/updated versions of the national M&E strategy.

1.5   Components of the M&E system

An M&E system is made up of different components that, when combined, address the different processes of data collection, data processing, analysis, management, dissemination and efficient use of data. Effective M&E systems will also embrace the need for operational research and surveillance. There are several texts that describe setting-up and maintaining M&E systems, [11] so while these aspects will not be covered in detail in this guide, the 12 essential components of a national HIV M&E system are shared in Annex A. [12]

1.6   Key challenges commonly encountered in developing an M&E system for the national response for OVC

As mentioned earlier, M&E systems are required to satisfy a number of competing purposes. These include accountability, programme improvement, decision-making and dissemination of information. While there are many challenges that are universally recognized in developing coherent M&E systems, there are some that are more specific to the monitoring and evaluation of the national response for OVC.

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[10]   Joint United Nations Programme on HIV/AIDS, "Three Ones" key principles- Coordination of National Responses to HIV/AIDS. Guiding principles for national authorities and their partners UNAIDS, Geneva, Switzerland, 2006.

[11]   For example, 'Monitoring and Evaluation Operations Manual: National AIDS Councils', UNAIDS/World Bank, UNAIDS, Geneva, Switzerland, August 2002. Download: <http://www1.worldbank.org/hiv_aids/docs/M&EManual.pdf>

[12]   Joint United Nations Programme on HIV/AIDS 'Organizing Framework for a Functional National HIV Monitoring and Evaluation System', UNAIDS ,Geneva, Switzerland, April 2008. Download: <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/GROrganizingFrameworkforHIVMESystem.pdf>

Broadly speaking however, those developing an M&E system may expect to encounter any one or more of the following challenges:

- Harmonization challenges – multiple actors, funding flows, data collection systems and reporting burdens; reconciling different priorities and perspectives; adhering to the existing national system and different reporting periods
- Capacity and leadership challenges such as lack of M&E experience: Who takes the lead? Who is accountable?
- Challenges in developing and operationalizing systems in low-resource settings
- Non-measurable programme objectives due to inattention in the planning stages

Challenges that are more specific to the development of an M&E system to measure OVC programme response may include any of the following:

- **Definition challenges resulting from:**
  - Differences that exist within different settings and cultures about the definition of 'vulnerability' or 'OVC'
  - Lack of clarity about which beneficiaries to count and which to exclude
  - The absence of national standard guidelines for delivery of quality interventions, which in turn affects data collection
- **Methodological challenges,** which may lead to difficulties in:
  - Estimation because of variation in different data collection methods across organizations and countries
  - Selection of measurable input/output/outcome/impact indicators that span the inherently multisectoral response for OVC
  - Achieving sample size, particularly in younger children and those children living outside the household (for example, on the street)
  - **Ethical challenges**, especially those that arise during the collection of data concerning sensitive areas and sexual or reproductive health

Part 2:
Understanding the context within which the M&E system for the national response for OVC will be developed

In this part of the document, we discuss the process of understanding/scoping the overall country/policy context in which the programme monitoring system will be developed and operationalized. This is the first 'phase' in developing the system. In this phase, a sound knowledge base about the factors influencing vulnerability and poverty, and existing and needed intervention mechanisms, should be built.

Importantly, this phase also offers an opportunity to map existing responses, determine who is doing what and where, and determine what capacity exists and/or is required to enhance the national response for the protection, care and support of OVC. ***Only when the context is clearly understood should the step-wise processes (described in Parts 3 and 4) for the development and operationalization of an M&E system for the national response for OVC begin.***

2.1   Consult widely

Shifting the focus from sub-national responses that have organically evolved over time and delivering as 'one' can present a challenge. Reaching a common understanding of the problem, the target, relevant national policies, proposed intervention mechanisms and available capacity is fundamental to the process, and wide consultation is needed to avoid unrealistic expectations.

Thus, in the early stages of programme design it is necessary to create opportunities for all key stakeholders to become involved. This includes the government, local authorities, civil society (including NGO/CBO/FBOs and people living with HIV), and importantly, caregivers and children.

Joint ownership of baseline information in this phase is important, but the overall responsibility for coordinating data collection mechanisms usually rests with national governments. Typically, however, multisectoral advisory or technical working-groups are charged with the responsibility of generating a comprehensive picture of the OVC situation.

2.2   Assess the national OVC situation and response

Assessing the national situation of OVC is a critical cornerstone in:
- Setting the national agenda for a comprehensive approach to managing the problem
- Defining the target population
- Setting the goal
- Defining measurable objectives and achievable implementation targets for the interventions that follow
- Generating the baseline against which progress can be measured over time

Ask the questions:
- Who is affected?
- How are they affected?
- To what extent are they affected?
- What mechanisms are currently in place to deal with the problem: Who is doing what and where?
- What capacity is needed to enhance the response?

Find the answers:

When possible, the data to answer these questions should be collected from multiple data sources at multiple levels. For example, several countries have carried out a Rapid Assessment, Analysis and Action-Planning Process (RAAAP) to guide-planning and action. In some countries, this has been followed-up with household surveys and other special studies that focus more deeply on perceptions of caregivers and children.

Different levels of data are important in helping us to reach a comprehensive understanding of the OVC situation.

Figure 2.2a: Example of data collected and aggregated at the national level: epidemic estimate curves - HIV, AIDS and orphans in Zimbabwe[13]

Epidemic curves, HIV, AIDS & orphans Zimbabwe 1980 -2010

HIV Prevalence

Cumulative AIDS

Orphans (under 18)

Over 1.1 million orphans due to AIDS

The number of orphans will rise even after the number of adults infected stagnates or declines
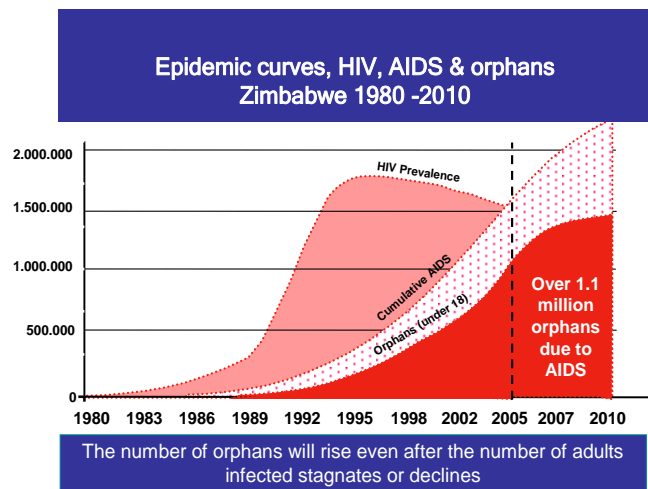
At the national level, information pertaining to the situation of OVC and the measurement of progress of the national response is usually obtained through periodic data collection mechanisms that utilize globally recommended core indicators such as those identified in the *OVC M&E Guide.*[14] At this level, data may be collected through:

- Demographic and Health Surveys (DHS),
- Multiple Indicator Cluster Surveys (MICS),
- AIDS Indicator Surveys (AIS),
- Living Standards Measurement Study (LSMS) for cost-effectiveness

These are higher-level data collection systems that quantitatively measure outcome and impact through morbidity, mortality, economic effects, etc.

Figure 2.2b: Programme activity data collected at the sub-national level in Tanzania to map OVC-related activities.[15]

At the sub-national level, data is ideally collected through:

- Special studies
- Household surveys
- Organizational capacity assessments

At this level, the collection of quantitative and qualitative data helps to generate a better understanding about service coverage, access, social support, behaviour change, etc.
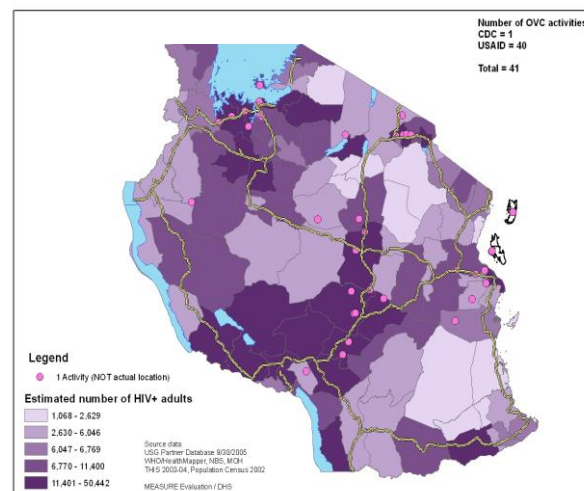
13 Monasch and J. Ties Boerma (2004), 'Orphanhood and childcare patterns in Sub-Saharan Africa: an analysis of national surveys from 40 countries', AIDS 18 (suppl. 2): S55-S65. Download: <http://www.aidsonline.com/pt/re/aids/fulltext.00002030-200406002-00007.htm;jsessionid=JlyDhhqMnpr1Zg6YF8vQJQwsXDY2wvjl2GHTcg6GznvpXwmBL013!-482373940!181195629!8091!-1>

14 United Nations Children's Fund, *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*. UNICEF, New York, NY, Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>

15 USG Partner Database 9/30/2005. WHO/HealthMapper, NBS MOH THIS 2003-04. Population Census 2002

Figure 2.2c: Example of data from a community-level study that focused on children's needs in one district of Zimbabwe.

What worries OVC most?
(Checheche District, Zimbabwe, 2005)

Food 21%
Poor shelter 5%
Heading a household 1%
Don't know 3%
Abuse 4%
Ill health 6%
Growing up without parents 24%
Poverty 15%
Not completing education 21%
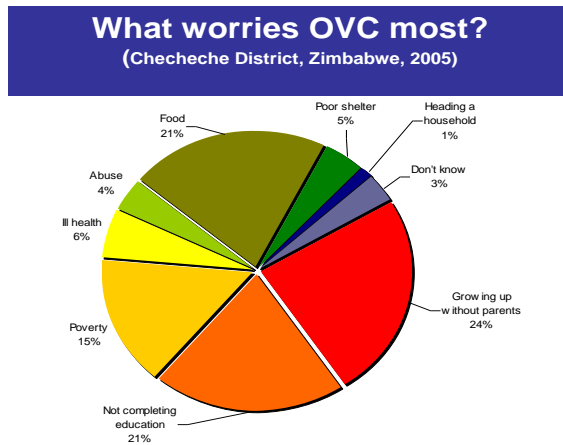
Source: Baseline ECHO operation – Community based support to orphans and other vulnerable children, FACT, UNICEF, 2005

At the community level, participatory methods of data collection are used to expand on or substantiate findings that national-level survey data do not facilitate. These assessments generally confirm existing trends and are useful as an opportunity to consult children and caregivers.
Methods include:

- Rapid assessments
- Focus groups

Each level of data collection is important and should lead to an overall understanding of programmatic priorities and unmet needs.

Country example: Using a community-level study to help understand the OVC situation in India

In a country with a large number of vulnerable groups of children, including orphans (estimated to be around 40 million), a qualitative, community-level study[16] was undertaken to prioritize the needs of children affected by HIV and AIDS. India has fairly large government public services for children, especially in the areas of health, nutrition and education. However, the study generated evidence that many vulnerable children are effectively excluded from these services by social factors such as gender, caste, parental expectations and, most recently, by HIV and AIDS. The key issue that emerged from the study was stigma associated with the disease, leading to restrictions on children's access to the above essential services. From the programming and M&E perspectives, a priority that emerged from this study was to ensure and monitor that HIV and AIDS-affected children and families are not excluded – by officials, communities, or by their own fear or lack of information. The methodology adopted for this research included focus-group discussions and key informant interviews.

Importantly, the decision to conduct the study came about because of a stakeholders meeting held in 2005 called the 'National Consultation on Children Affected and Vulnerable to HIV/AIDS'. All key stakeholders participated, including the National AIDS Control Organization (NACO), Department of Women and Child Development, implementers (such as India HIV/AIDS Alliance, Family Health International), bilaterals (such as USAID, DFID), FBOs, people living with HIV/AIDS networks and smaller organizations. This stakeholders meeting produced a document of commitment[17] endorsing the Global Framework for OVC, and also reviewed the existing responses for children affected by HIV and AIDS. During this process, the need for a better understanding of the situation of children affected by HIV and AIDS in India was identified. The National Task Force for OVC that was formed at this meeting shared the responsibility for generating this evidence, which the Government needed in order to design the right strategy to address the needs of vulnerable children in India.

The qualitative study, 'Barriers to Services for Children with HIV-Positive Parents' can be downloaded at: <http://www.unicef.org/india/The_Barrier_Study.pdf>.

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[16] United Nations Children's Fund, 'Barriers to services for children with HIV-positive parents', UNICEF, Delhi, India, 2007. Download: <http://www.unicef.org/india/The_Barrier_Study.pdf>
[17] The Delhi Commitment: The 'Panchsheel action for children affected and vulnerable to HIV/AIDS'

2.3   Locate the national plan of action for OVC

Plans for monitoring the national response for the protection, care and support of OVC are variously named. In most countries, they are referred to as the 'National Plan of Action' (NPA). In others, they are referred to as the 'National Action Plan' (NAP) or 'National Response Plan'. Still in other countries, stand-alone response plans for OVC may not exist. This is especially true in lower HIV-prevalence settings, where key strategies for OVC may instead be integrated into existing sector plans (e.g., health, education, social welfare, and HIV/AIDS) and national or regional development instruments.

For simplicity, the terms 'National Response Plan' or 'National Plan' will be used in this document.

2.4   Identify the mechanisms for M&E within the National Response Plan

The National Response Plan, and in particular the M&E component of the National Response Plan (if available), should be reviewed in detail and clearly understood before any decisions are made to operationalize data collection. It is also important to recognize that while the ownership of the monitoring process for OVC programmes will probably be assumed by the mandated government ministry, the development and operationalization of a system to monitor and evaluate the national response for OVC should be viewed as an integral part of the broader national monitoring and evaluation plan at the country level.

Ensuring that the M&E system takes advantage of, and is harmonized with the broader national M&E plan is critical for several reasons:
  • Working within the existing M&E frameworks and system will result in significant human and financial resource savings.
  • Consultation and collaboration are necessary to ensure inclusion at higher levels of data collection, i.e., outcome and impact levels, so that OVC data needs are more likely to be integrated and incorporated within internationally recognized and existing data systems, for example, DHS.
  • Good coordination and wider reinforcement of data collection is likely to encourage wider acknowledgement, ownership and accessibility of information collected.

To achieve this:
  • Identify what M&E efforts are already in place for monitoring and evaluating programmes for OVC. In general, national M&E plans, coordinated by National AIDS Councils, provide guidance on M&E coordinating mechanisms, data collection and core indicators to measure progress towards the goals of the National Strategic Plan for HIV/AIDS, including OVC programmes.
  • Determine what national surveys (MICS/DHS) are planned and whether they include key OVC indicators.
  • Ensure that initiatives to enhance and widen the scope for monitoring programme response for OVC adhere to and embrace national reporting requirements.
  • Recognize that although monitoring and evaluation of the OVC programme response will be operationalized through assigned public-sector, private-sector and civil-society organizations, consultation and collaboration with the coordinating national body is critical to the success of this process.
  • Participate regularly in national M&E forums, such as the national M&E task force. This will increase the likelihood of agreement on measurement indicators and effective use of resources for M&E.

Country example: Integrating OVC M&E needs into the national HIV M&E framework in Namibia

The National Plan of Action for OVC in Namibia was developed by the Ministry of Gender Equality and Child Welfare (MGECW) in 2006-2007. It was accompanied by a plan for monitoring and evaluating the activities identified in the National Plan. The OVC M&E plan was concise and provided clear definitions, sources and organizational responsibilities for collecting data. It also included available baseline data for each indicator.

In total, 73 indicators were identified for monitoring the national plan. Of those, 21 required information from community-based organizations (small NGOs providing essential needs to children, vocational skills training, etc.).

At the same time, the Ministry of Health and Social Services (MoHSS) was in the process of developing the System for Programme Monitoring (SPM) to collect data from non-health, facility-based interventions related to HIV, tuberculosis and malaria. The MGECW negotiated with the MoHSS to include the 21 indicator questions into the SPM questionnaire in order to avoid duplicating systems. The compiled results are provided to the MGECW on a quarterly basis to use in their annual progress report.

A further 18 indicators were required from household surveys. Many of the indicators were chosen from those identified in the global *OVC M&E Guide.* These indicators are already included in the Demographic and Health Surveys (DHS) module on OVCs, requiring no additional negotiation with the survey implementers.

What was critical for the successes in Namibia was that the MGECW M&E focal person was a member of the national HIV M&E committee and was aware of the SPM. This person chose to work within existing frameworks and systems for OVC M&E. This resulted in tremendous resource savings (both human and financial), allowing the MGECW to focus on coordinating data collection instead of developing a new community-based system and setting-up a household survey.

The Namibia NPA for OVC can be downloaded at:
<http://www.unicef.org/infobycountry/files/NPAforOVC-Vol1.pdf>

The M&E plan for the NPA for OVC can be downloaded at:
<http://www.unicef.org/infobycountry/files/M-E-PlanforNPAforOVCvol2.pdf>

2.5   Assess existing M&E capacity

Trained personnel are the cornerstone for driving the development of the OVC monitoring and evaluation system within the national M&E framework. An assessment of readiness with respect to capacity and available resources is critical for identifying training needs before a programme-monitoring system is launched. It is therefore important to assess:
  •   What M&E capacity exists now at each level (national, sub-national, implementation)?
  •   If M&E capacity-building initiatives are in place, what is their focus and are they relevant to monitoring the OVC programme response?
  •   What improvements or new kinds of capacity are required?

How?

Conduct a capacity assessment – an important first step in defining the gaps and needs that will guide the subsequent development of standard curricula for M&E. Depending on country needs, it would examine:

- Current understanding of basic M&E
- Understanding of M&E within the national context
- How OVC interventions are currently monitored
- Roles and responsibilities for data collection, reporting mechanisms and data entry
- Mechanisms in place for feedback and quality control
- Capacity gaps and opportunities for strengthening the practice of routine monitoring of the national response for the protection, care and support of OVC

To do these, countries need to agree on:

- Country-specific M&E capacity indicators and tools for the assessment – these should build on any prior national capacity-building assessments
- Available resources for the assessment
- Expected outcomes of the assessment – a capacity-development plan is recommended
- Resources for scale-up and capacity development at a later stage

Country example: Assessing M&E capacity in Zimbabwe

In Zimbabwe, the capacity of civil-society organizations (i.e., the implementers) was assessed in order to develop a programme of action for capacity development.

Organizational capacity of implementing agencies was assessed in five key domains, including monitoring and evaluation. When compared with other domains overall, the assessment showed low scores for monitoring and evaluation. There was a gap in understanding about the national M&E system and, importantly, the assessment also revealed gaps in knowledge about the national plan for OVC.

The assessment was especially important because it helped to identify gaps that would need to be addressed through capacity-building efforts that would aim in the future to improve knowledge of the national M&E system, how programme monitoring for the national plan for OVC would be harmonized within that system, and how the system would be operationalized.

Capacity development is best addressed after the system has been generated. An important lesson learned was to ensure that resources are put aside for this process.

The M&E Capacity Assessment Checklist used in Zimbabwe appears in Annex H.

Part 3:
Developing the Conceptual Framework for M&E of the national response for OVC

Having acknowledged the need for a coherent M&E system earlier in Part 2, **Part 3** describes a step-wise process used to develop a Conceptual Framework. This is followed by Part 4, which is a description of how to develop the mechanics needed to operationalize the Conceptual Framework. Finally, in Part 5, additional measures that should be considered when developing and operationalizing a national M&E plan are shared with the reader.

The cornerstones of a functional M&E system to monitor the national plan are both conceptual and mechanical:
- **The Conceptual Framework** articulates the goal, objectives, implementation activity and expected outputs, outcomes and impact. It is a reference point for operationalizing the M&E system.
- **The mechanical components** of the system are articulated through the data flow, data collection, data analysis, data use, data dissemination, quality control, management and capacity development.

Only when the Conceptual Framework and the mechanics are in place can the M&E system for the national plan be operationalized.

*Step 8 : **Map core global indicators***
*Step 7 : **Map core output-level indicators***
Step 6 : **Map key domain**s
*Step 5 : **Review the national plan objectives***
*Step 4 : **Review the goal***
*Step 3 : **Define the target population***
*Step 2 : **Convene a stakeholder meeting to develop the Conceptual Framework***
*Step 1 : **Review the national plan for OVC***

3.1 Step One: Review the national plan for OVC

As described in Part 2, prior to developing the M&E Conceptual Framework for the national OVC activities, it is important to revisit the national plan and become familiar with its structure and content. This involves a careful review of the:
- Definition of the intended beneficiaries
- National plan goal and objectives, where they exist. If they do not, an analysis of key objectives and activities supported by the different actors will help inform the process
- National standard guidelines for delivery of a quality intervention (if available)
- Priority areas for implementation of the national plan – sometimes also referred to as 'Key Activity Domains', 'Activity Areas', 'Activity Domains', 'Strategic Priority Areas' or 'Key Result Areas'
- Roles and responsibilities for the delivery of interventions under the national plan
- The programme monitoring strategy, if described
- Evaluation component, if in existence

Some observations on National Response Plans:
Commonly, national plans provide detailed descriptions of programme components and their linkages to the overall goal, specific objectives, related intervention strategies and expected results.

Increasingly and encouragingly, the plans demonstrate adherence to the recommendations to deliver an integrated response within the UN Convention on the Rights of the Child (CRC).[18]

There is less evidence, however, in many national plans, of national standard guidelines for delivery of quality interventions; this activity tends to occur only after the national plan is developed. This poses a challenge for the development of the M&E component of the national plan, since the formulation of measurement tools becomes intuitive, rather than objective (the Uganda country example below provides an example of how this issue can be tackled).

Furthermore, in many plans it is not always clear how systems to track progress or measure the intermediate or long-term impact of the stated goals and objectives will be operationalized.
This is demonstrated by:
- Goal statements that are broadly stated and difficult to achieve, e.g., "access for all children to improved quality of life"
- General and unattainable objectives
- Weak linkages between planned programme components, i.e., inputs, activities, expected outputs, expected outcomes and overall impact
- Inadequate attention to issues of harmonization with the national M&E strategy
- Missing targets

Encouragingly, however, greater importance is being attached to the process of developing national standard guidelines for delivery of quality interventions (also called quality standards; see box below for example). This is important since national standard guidelines for delivery of quality interventions will not only provide a benchmark for the delivery of quality interventions, but will also serve as the basis against which progress can be rigorously measured over time.

Country example: Setting national standards for OVC services in Uganda

In spite of improvements in the national response for OVC in Uganda – OVC policy, national plan and increased resources – it was realized that there was no guidance to ensure the quality of services delivered. Subsequently, a national quality-standards framework and tools were developed by the Ministry of Gender, Labour and Social Development to provide a structure and methodology for the development and application of relevant standards for quality, consistent protection, care and support of OVC at all levels. The standards are intended to be used by government and non-government service providers, programme implementers, donors and OVC beneficiaries themselves, with each being associated with an indicator that is collected by a different sector or department.

The process of standards development was very multisectoral and consultative, especially because this was a new area. Launched in June 2007, the standards were aligned with the building blocks of the OVC policy, national plan and key CRC articles. Posters were used to facilitate audience engagement for dissemination of the standards. A companion booklet[19] helped guide the interpretation and application of each quality standard. A trainers' guide was developed and pre-tested to ensure the quality of the standards training was consistent across Uganda's 38 districts. Ongoing technical support, supervision and monitoring are being provided, especially as standards have to be made locally relevant.

The Uganda guide for interpreting and applying national quality standards for the protection, care and support of orphans and other vulnerable children can be downloaded at:
<http://www.crin.org/docs/QualityStandardsGuide.pdf>

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[18] UN Convention on the Rights of the Child. Download: <http://www.unhchr.ch/html/menu3/b/k2crc.htm>
[19] Uganda, Ministry of Gender, Labour and Social Development, 'A guide for interpreting and applying national quality standards for the protection, care and support of orphans and other vulnerable children in Uganda', Kampala, 2007. Download: <http://www.crin.org/docs/QualityStandardsGuide.pdf>

3.2 Step Two: Convene a stakeholder meeting to develop the Conceptual Framework

The development of a Conceptual Framework for monitoring the national plan is a collaborative and participatory process. It is recommended that a stakeholder meeting be convened and that the steps described in this section are followed.

Some recommendations for the stakeholder meeting:
- Involve key stakeholders and implementing partners from the outset - a workshop setting is appropriate.
- Be strategic - involve a mix of government, other sector stakeholders and implementers.
- The organization that has overall responsibility for the implementation of the national plan for OVC is in the best position to convene and, to the extent possible, lead the workshop. Where a plan does not exist, the government will have to identify the key actor to carry the responsibility (examples include the National AIDS Council or Ministry of Social Welfare).
- Specifically invite those stakeholders who bring planning and monitoring experience to the table.
- Invite fewer rather than many stakeholders.
- Involve key individuals that are most familiar with the national plan (individuals who contributed to the writing of the national plan with line ministries, consultants, etc.).
- Be realistic about the time frame for this activity – allow for at least four days in an environment away from distractions.
- Encourage participants to familiarize themselves with the NPA prior to the meeting.
- Develop a workshop programme that will facilitate:
  o A thorough review of the national plan, including goals, objectives, implementation domains and expected outcomes, as well as existing M&E capacity
  o Consensus about who the target beneficiary is
  o The development of a step-by-step process to develop the Conceptual Framework for monitoring the national plan for OVC
  o Participation in decisions about the mechanics of the M&E system and the development of a plan to operationalize the system
  o Pre- and post-evaluation of the workshop

> **Heads up!**
>
> While the aim of the stakeholder workshop proposed above is to build an understanding of the national plan and to develop the tools for measuring its effectiveness over time, participant expectations of the meetings often differ and suggest, rather, an expectation that the aim of the meeting is primarily to build capacity for monitoring and evaluation.
>
> It should be emphasized from the outset that the thrust of the meeting is to develop the Conceptual Framework and the mechanics for a system to monitor the implementation of the NPA. The development of the overall plan (see Part 5) is a bigger task that can only be accomplished once the concepts and mechanics of the system have been developed.

3.3 Step Three: Define the target population[20]

One of the first objectives of the stakeholder meeting is to define exactly who 'OVC' are for the purposes of M&E of the national plan for OVC. While orphans are commonly defined as children who have lost one or both parents, vulnerable children or 'children in need' may be defined differently, according to specific risk factors, vulnerable geographical areas or particular groups of children. This can make it difficult to define 'OVC' for national M&E purposes. The following are recommended strategies in defining OVC for national M&E purposes:

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[20] The issue of defining 'OVC' is discussed in greater detail in Annex B.

- A participatory and inclusive approach should be followed in defining and reaching consensus about the definition of the target population. It is essential that relevant government, civil-society and development partners be involved in this process.
- The OVC definition for national-level M&E should be inclusive of the global definition (see first box below) to enable global and multi-country comparisons.
- The criteria used to define OVC must be measurable and based on factors that are likely to track the circumstances of a consistent group of children over time ('population group-type' approach[21]).
- Understand that the OVC definition used for national M&E purposes can be distinguished from those used for sub-national programming and M&E[22] (see country example below).
- Recognize that, for M&E purposes, definitions cannot be too broad. A narrowing of focus is required.
- Arrive at a definition that is objective, measurable and concise.

The global definition (UNICEF and UNAIDS 2005)

"An orphan is a child below the age of 18 who has lost one or both parents.
A child made vulnerable by AIDS is below the age of 18 and:
- has lost one or both parents, or
- has a chronically ill parent (regardless of whether the parent lives in the same household as the child), or
- lives in a household where in the past 12 months at least one adult died and was sick for 3 of the 12 months before he/she died, or
- lives in a household where at least one adult was seriously ill for at least 3 months in the past 12 months, or
- lives outside of family care (i.e., lives in an institution or on the streets).[23]"

Country example: Defining OVC for national M&E purposes in Namibia[24]

According to the Namibia National Policy on Orphans and Vulnerable Children, an orphan is "a child who has lost one or both parents because of death and is under the age of 18 years" and a vulnerable child is "a child who needs care and protection." This definition of 'vulnerable' could describe all children in Namibia, since all children need care and protection. The definition of a 'vulnerable child' is purposefully kept broad so the appropriate children can be reached with the appropriate interventions.

However, most programmes or projects will target their interventions at a unique set of children. For example, a school-feeding programme might target children who come from exceptionally poor households and require additional food; or a sports club might target children who are orphans and might need recreation and psychosocial support. Both target groups are vulnerable, but both groups have different needs and thus require different interventions. The criteria for classifying a child as an OVC will thus change depending on the purpose of the intervention. It is the responsibility of each programme to develop a programme definition, which will identify beneficiaries for a particular intervention. So the education sector may define children not attending school as 'vulnerable' and exempt their school fees to increase attendance and retention.

To measure the progress within a consistent group of children over a period of time, **a monitoring definition of OVC** was developed, based on circumstances that are not expected to change in most cases.

[21] See Recommendation 1 in Annex B for more information.
[22] See Recommendation 2 in Annex B for more information.
[23] United Nations Children's Fund, *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*. UNICEF, New York, NY, Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>
[24] Namibia, Ministry of Gender Equality and Child Welfare, 'National Plan of Action for Orphans and Vulnerable Children in Namibia 2006-2010', Volume 1, Windhoek, Namibia, October 2007. Download: <http://www.unicef.org/infobycountry/files/NPAforOVC-Vol1.pdf>
Namibia, Ministry of Gender Equality and Child Welfare, 'Monitoring and Evaluation Plan for the National of Action for Orphans and Vulnerable Children in Namibia 2006-2010', Volume 2, Windhoek, Namibia, June 2008. Download: <http://www.unicef.org/infobycountry/files/M-E-PlanforNPAforOVCvol2.pdf>

The impact definition for a 'vulnerable child' is:
- a child living with a chronically ill caregiver, defined as a caregiver who was too ill to carry out daily chores during 3 of the last 12 months;
- a child living with a caregiver with a disability who is not able to complete household chores;
- a child of school-going age who is unable to attend a regular school due to disability;
- a child living in a household headed by an elderly caregiver (60 years or older, with no caregiver in the household between 18 and 59 years of age);
- a child living in a poor household, defined as a household that spends over 60 per cent of total household income on food;
- a child living in a child-headed household (meaning a household headed by a child under the age of 18); and/or
- a child who has experienced a death of an adult caregiver (18-59 years) in the household during the last 12 months.

The Namibia M&E plan for the NPA for OVC can be downloaded at:
<http://www.unicef.org/infobycountry/files/M-E-PlanforNPAforOVCvol2.pdf>

The next activity in the process is to develop a Conceptual Framework to illustrate the logic between an agreed-upon national plan goal, the national plan objectives, the **key domains** and expected results, as expressed by core national OVC output indicators defined by the National M&E system, core 'additional' output indicators for the NPA, expected outcomes and globally defined impact indicators.

The terminology adopted for this Conceptual Framework may differ from country to country.
For example:

In Zimbabwe, key domains are named "key activity areas." In Zambia, they are called "strategic result areas."

Importantly, in most national plans the "key domains" refer to the key implementation strategies as listed in the framework[25] (see Part 1). An example of the Conceptual Framework is shown in Figure 3.1. It may be adapted as needed.

Note: This example does not show timelines for data collection, data sources or means of verification; these issues are addressed in Part 4 and Part 5.

Figure 3.3 The Conceptual Framework

The Conceptual Framework for M&E of the National Plan					
National Plan Goal: _____					
National Plan Objectives	**Key Domain**	**Core National Output Indicators**	**Additional National Plan Output Indicators**	**Expected Outcomes**	**Globally Defined Impact Indicators**

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[25] 'The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS', op. cit.

3.4 Step Four: Review the goal

Although most national plans contain an overall programme goal, it is important at this stage of the development process to collectively review and agree on the goal.

Points to consider:
- The goal should be relevant to the overall problem, and the expected ultimate result of the programme.
- It should address the intended impact of the programme and the target beneficiary closely, reflecting the country definition of 'OVC', 'Children in Need', 'Children Affected By AIDS' (CABA), etc.
- A time frame should be stipulated within the goal.
- The goal must be measurable over time, i.e., using higher impact-leve[26] indicators.

Reshape the national plan goal if necessary
Should the existing national plan goal not reach the above standards, it is advised that further time be spent at this stage on refinement and re-shaping if necessary. This is best achieved through a consultative process, and it is important that consensus be reached by all stakeholders.

Once consensus is reached, the agreed-upon goal may be inserted in the Conceptual Framework, as shown in Figure 3.4 below.

Figure 3.4 Map the goal

The Conceptual Framework for M&E of the National Plan					
National Plan Goal: Children aged between 0-17 years, who are made vulnerable by HIV/AIDS or other causes, will have access to essential social services by the end of 2015.					
National Plan Objectives	**Key Domain**	**Core National Output Indicators**	**Additional National Output Indicators**	**Expected Outcomes**	**Globally Defined Impact Indicators**

Insert the national plan goal in the Conceptual Framework

3.5 Step Five: Review the national plan objectives

The next activity in the process of developing and building the Conceptual Framework is to review the key objectives of the National Plan and operationalize these objectives for programme monitoring purposes.

Commonly, problems are experienced with defining 'SMART' (see below) objectives. This activity needs time! It is useful to start the review process with:
- An overall understanding of why objectives should be SMART – i.e., they should enable measurement over time
- A careful review of the each national plan objective
- A reminder of the SMART concept (see below)
- Application of the SMART concept to each objective, with particular emphasis on measurability

Consensus must be reached on the construction of national plan objectives, as they are key to measurement.

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[26] For further discussion on the different levels of indicators, please see Annex C.

Figure 3.5a: SMART objective

SMART Objectives

Specific	Identifies concrete events or actions that will take place • Does the objective clearly specify what will be accomplished and by how much?
Measurable	Quantifies the amount of resources, activity, or change • Is the objective quantifiable?
Appropriate	Logically relates to the overall problem statement and desired effects of the program • Does the objective make sense in terms of what the program is trying to accomplish
Realistic	Provides realistic dimension that can be achieved with available resources and plans for implementation • Is the objective achievable given available resources and experience?
Time-based	Specifies a time within which the objective will be achieved • Does the objective specify when it will be achieved?

National plan objective examples

Country A: National plan objective:
"Increase the percentage of children, aged between 0 -17 years, with birth registration from 64–80 per cent by the end of 2010"

Is this objective measurable?
Yes, because:
  • It is specific – it tells us who, what, by how much and within what time period
  • It is measurable
  • It is achievable and not too ambitious
  • It utilizes baseline data

Country B: National plan objective:
"To provide food security to all children on the streets"

Is this objective measurable?
No, because:
  • It is not specific – it does not specify what will be accomplished and by how much
  • It is not quantifiable
  • It does not necessarily tell us what the programme is trying to accomplish
  • It is not achievable
 • It does not specify a time frame

How could this objective be improved?
Change to read:
"To routinely deliver standard nutritional food packs to children aged between 0-17 years in need, as defined by 'at-risk community registers' at least every two months, in every district by the end of 2010."

Once consensus has been reached on the national plan objectives, these may be listed in the Conceptual Framework.

Figure 3.5b: List national plan objectives in the Conceptual Framework

The Conceptual Framework for M&E of the National Plan					
National Plan Goal: Children aged between 0-17 years, who are made vulnerable by HIV/AIDS or other causes, will have access to essential social services by the end of 2015.					
National Plan Objectives	**Key Domain**	**Core National Output Indicators**	**Additional National Plan Output Indicators**	**Expected Outcomes**	**Globally Defined Impact Indicators**
1. Increase the percentage of children aged between 0-17 with birth certificates from 64% to 80% by the end of 2010				.	

> List SMART national plan objectives

3.6 Step Six: Map key domains

The next step in the development of the Conceptual Framework is to define a "key domain" for each SMART national plan objective.

> **What are key domains?**
>
> **The term 'key domain' refers to a thematic area of implementation.**
> Each national plan objective relates to ONE key domain.
>
> **For example:**
> The national plan objective: "Increase access to primary education for all children, including OVC aged between 6-12 from 40-80 per cent by the end of 2013" has, as its **key domain**, formal education (primary-school level).

Once agreement is reached about the key domains and the standard implementation activities that they encompass, these may be mapped to the Conceptual Framework as shown in **Figure 3.6.**

Figure 3.6: Key domains

The Conceptual Framework for M&E of the National Plan				
National Plan Goal: Children aged between 0-17 years, who are made vulnerable by HIV/AIDS or other causes, will have access to essential social services by the end of 2015.				
National Plan Objectives	**Key Domain**	**Core National Output Indicators**	**Additional National Indicators**	
Increase the percentage of children aged between 0-17 wit birth certificates from 64% to 80% by the end of 2010	Birth Registration (BR)			

> List Key Domains - Each key domain will embrace a number of implementation activities

3.7 Step Seven: Map core output-level indicators[27]

This step in developing the Conceptual Framework involves two tasks:
A. Identifying existing core output level indicators and mapping each to key domains listed in the Conceptual Framework
B. Developing additional national-plan output indicators, if necessary

The process of indicator selection for the national plan is necessarily time-consuming and may take several iterations.

> **Some reminders about indicators**
>
> **Indicators** are the measures used to assess National Plan progress and changes in standard practice over time. They provide the reference point for the measurement of standard practice and, importantly, act as early warning signals for corrective action.
>
> It is important to have realistic expectations when creating indicators to measure the routine and short- and long-term impact of the national plan. At the outset, there is a need to define:
> *   What indicators currently exist for the measurement of OVC implementation activity? Where national OVC indicators exist and are relevant, these must be incorporated and harmonized in the Conceptual Framework.
> *   How will information collected through these indicators be used?
> *   Who will use the information? Internal users? External users?

Common limitations in indicator development:
*   Poor linkage between implementation plans and monitoring plans
*   Failure to incorporate existing core national M&E OVC indicators in OVC implementation plans
*   Development of indicators that are not feasible or cost-effective to measure
*   Inadequate attention to **data use**; in other words, failure to identify a **minimum set of indicators** that will lead to the easy collection of information most useful for programme management decision-making in the future
*   Failure to identify relevant global indicators (where appropriate)

This document does not attempt to cover all aspects of indicator development; there are many existing sources of information available for this purpose.[28] **That said, some practical suggestions for indicator review and development are:**
*   Work methodically
*   Consult widely – include partners from the outset, as this promotes ownership
*   Keep indicators to a minimum – "When in doubt, throw it out"
*   Include core national M&E indicators where relevant to OVC programming (for example, from the NAC), and map to each key domain of the Conceptual Framework

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[27] For further discussion on the different levels of indicators, please see Annex C.
[28] For example, the Monitoring and Evaluation Reference Group (MERG) is developing operational guidelines for indicator standards. The document will be available in 2009.

Figure 3.7: Insert core national output and additional national-plan output indicators

The Conceptual Framework for M&E of the National Plan					
National Plan Goal: Children aged between 0-17 years, who are made vulnerable by HIV/AIDS or other causes, will have access to essential social services by the end of 2015.					
National Plan Objectives	**Key Domain**	**A) Core National Output Indicators**	**B) Additional National Plan Output Indicators**	**Expected Outcomes**	**Globally Defined Impact Indicators**
Increase the percentage of children aged between 0-17 wit birth certificates from 64% to 80% by the end of 2010	Birth Registration (BR)	OVC 2: Number of children new obtained bi certificat **Insert:** A) **Core national output indicators** B) **Where appropriate, additional national plan output indicators**	BR 1 Number of children by age group who obtained birth certificates BR 2 Number of Children by age group who received assistance but could not obtain birth certificates BR 3 Number of community sensitization meetings held to address birth registration issues		

3.8 Step Eight: Map core global indicators

In this step, existing global outcome and impact indicators are mapped to each key domain. Core global outcome and impact indicators for measuring the collective effect of programmes that target OVC are described in the *OVC M&E Guide*.[29]

The indicators described in the *OVC M&E Guide*[30] are especially relevant for countries that experience a generalized HIV and AIDS epidemic, and it is recommended, therefore, that these indicators be adopted, where relevant, in the NPA's Conceptual Framework.

For countries with concentrated epidemics, it may be necessary to include fewer global indicators that are more relevant to programming status.

Whatever the status of the epidemic, it is important to stress that the collection of globally defined indicators, as specified in the *OVC M&E Guide*,[31] should become a standard practice for countries implementing national plans, implying recognition and need for data collection through mechanisms such as household surveys and other population-based studies.

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[29] United Nations Children's Fund, *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*. UNICEF, New York, NY, Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>
[30] Ibid.
[31] Ibid.

Figure 3.8a: Insert outcome and impact indicators

The Conceptual Framework for M&E of the National Plan					
National Plan Goal: Children aged between 0-17 years, who are made vulnerable by HIV/AIDS or other causes, will have access to essential social services by the end of 2015.					
National Plan Objectives	**Key Domain**	**Core National Output Indicators**	**Additional National Plan Output Indicators**	**Expected Outcomes[32]**	**Globally Defined Impact Indicators**
Increase the percentage of children aged between 0-17	Birth Registration (BR)	OVC 2: Number of children with newly obtained birth certificates	BR 1 Number of children, by age group, who obtained birth certificates	Special studies will be conducted to examine areas of interest in this Key Domain.	G7: Proportion of children aged 0-4 whose births are reported registered.
			...age group, who received assistance but could not obtain birth certificates		

Outcome is the intermediate effect of programs over time. It can be measured through household surveys, special studies, or various tools, such as the *Child Status Index* (see footnote 32).

Impact is the long-term collective results of many projects over time. These are commonly measured through household surveys such as DHS and MICS. To locate global outcome and impact indicators, consult the *OVC M&E Guide*

Notes on the completed Conceptual Framework:

On completion, the Conceptual Framework may be expected to resemble Figure 3.8b below. It is recognized that the result is a country-specific output and that terminology may differ. The structure has, however, been tested in four countries and found to be coherent.

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[32] The Child Status Index (CSI) toolkit provides resources that can be used for this purpose. Download: <http://www.cpc.unc.edu/measure/tools/hiv-aids/child-status-index>

Figure 3.8b: Example of completed Conceptual Framework; national plan objective for birth registration

The Conceptual Framework for M&E of the National Plan					
National Plan Goal: Children aged between 0-17 years, who are made vulnerable by HIV/AIDS or other causes, will have access to essential social services by the end of 2015.					
National Plan Objectives	**Key Domain**	**Core National Output Indicators**	**Additional National Plan Output Indicators**	**Expected Outcomes**	**Globally Defined Impact Indicators**
Increase the percentage of children aged between 0-17 with birth certificates from 64% to 80% by the end of 2010	Birth Registration (BR)	OVC 2: Number of children with newly obtained birth certificates	BR 1 Number of children, by age group, who obtained birth certificates BR 2 Number of children, by age group, who received assistance but could not obtain birth certificates BR 3 Number of community sensitization meetings held to address birth registration issues	Special studies will be conducted to examine areas of interest in this Key Domain.	G7: Proportion of children, aged 0-4, whose births are reported registered.

Once all the indicators have been selected, it will be necessary to develop an **Indicator Guide**[33] that summarizes important details about them. The example below illustrates the types of information that the indicator guide should include for each indicator.

Figure 3.8c: Example of indicator guide for birth registration

OVC 2 Number of **new** OVC who obtained birth certificates	
Rationale/What it measures:	This core national indicator measures the number of new OVC assisted to obtain birth certificates. A birth certificate is required to access various services. OVC are already at higher risk of not accessing such services. Having their birth registered eliminates one of the many obstacles they face.
Source of information:	Registrar General's Office Records
How to measure it :	Count the number of new OVC assisted to obtain birth certificates this month by your organization. The assistance can include transport, compilation of necessary documentation, etc. OVC who were assisted and have not yet received the certificates must not be counted.
Frequency:	Monthly
Responsibility for measurement	All OVC programmes that target this key domain
Baseline value (if available)	Example: 65% of all children (n=8000) under the age of 17 surveyed in a 2004 national household survey had birth certificates

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[33] Annex D provides an example.

Adaptation of the Conceptual Framework for implementer-level monitoring

The Conceptual Framework, described in Part 3, is an overall guide for the development of a **national system** for monitoring the response for the protection, care, and support of OVC. Implementing organizations are encouraged to adapt this process further for the purposes of developing their own project-specific monitoring plans. Though this process is not described in any detail in this document, it is recommended that a similar participatory step-wise approach be adopted. The first step is to review the:

- Context in which the national plan is being activated
- National definition of 'OVC' or 'children in need'
- Conceptual Framework for the NPA for OVC and, in particular, the overall goal, objectives, key domains and indicators

The next steps involve the development of a matrix that addresses planned inputs, activities, expected outputs, targets and outcomes at the programme level. When completed, the matrix will show:

- Specific project objectives
- Key domains
- Planned inputs and planned activities for each key domain
- Expected core outputs (as already identified in the national M&E plan for monitoring OVC activity) with defined implementation targets (collected monthly)
- Additional 'nice-to-know' project-level indicators, as relevant and necessary (collected monthly or quarterly)
- Expected outcomes and impact

Having developed the matrix, the next stage is to develop the mechanics of the M&E system. This information is presented in Part 4.

Picture on the right:
Developing the monitoring matrix at the project level

Developing an Implementer-Level Monitoring Matrix

MPSL&SW, NAP Secretariat, NAC and UNICEF   9

Part 4:
Developing the mechanics of the M&E system for OVC

In this part of the document, we continue with the step-wise process of developing a national monitoring system for OVC. Part 4 addresses the mechanics of the system, or those parts that enable the system to become functional.

Developing the mechanics of a system is more than an exercise in finding ways to collect numbers of activities or beneficiaries. It requires careful attention to a number of other issues, including a careful assessment of data needs, when, how and by whom data will be used, the definition of a harmonized data-flow system, development of user-friendly data collection tools, and a data-entry system, if one does not exist already. These are the mechanisms that turn the Conceptual Framework into a functional system.

A step-wise approach to this process is as important as the earlier stage of conceptualization described in Part 3.

Step 6 : **Data use and dissemination**
Step 5 : **Data management**
Step 4 : **Generate the mechanism for data entry**
Step 3 : **Select and develop mechanisms and tools for data collection**
Step 2 : **Develop the mechanism for data flow**
Step 1 : **Understand the data need**

4.1 Step One: Understand the data need

The first step in developing the mechanics of the M&E system is to understand the data needs. To do this, it is helpful to ask:
- **Who** needs the data?
- **What** data do they need?
- **Why** do they need data?

The answers to these questions will help define the data flow developed in the next step.

> **Who needs what data and why?**
>
> There are different levels of data users, each with specific needs for information. Understanding the levels of need is an important starting point for defining how the data will flow, what tools will be used for data collection, where the data will go, and how it will be used.
>
> **Communities need** data to:
> - Inform them of progress
> - Show successes and highlight challenges
> - Assist in collective decision-making processes
>
> Community stakeholders can and should play an important role in verifying actual programme activity.
>
> **At the sub-national level, organizations** need data to:
> - Make decisions about future directions of programmes
> - Guide and enhance service delivery
> - Build in-house capacity and enhance capacity for data collection at the implementation level
> - Report to donors and mobilize resources

National governments need data to:
- Demonstrate accountability
- Communicate successes and challenges
- Advocate
- Report to policy-makers
- Mobilize resources

Funders need data
- To showcase results
- Advocate for additional funds

4.2 Step Two: Develop the mechanism for data flow

Data flow is the process of moving data from the point where they are collected (the source) to the point where they will be processed into usable formats for stakeholders at different levels. A simple, functional system for transmission of data from the beneficiary level through local partners to the national level is fundamental to timely reporting against implementation targets over time.

In considering the optimal flow of data from the implementation level to the national level and back, it is not only necessary but also important to start out by asking these questions:

What national systems currently exist?[34]
- **How is OVC-related data collected?** What mechanisms are in place? Are these mechanisms functional? What bottlenecks exist, if any?
- **Data entry and data-storage points:** How is data captured and stored? What systems already exist for this purpose?
- **What are the reporting timelines:** Who needs what and when? Are there different timelines in place?
- **Different data needs** at different levels: What data is needed, in what format and for whom? The information gathered in Step One (Section 4.1) should help answer this question.
- **What are the bottlenecks** and difficulties that prevent optimal data flow?

The development of the data-flow system is a process; it may take several iterations.
Consultation is the starting point:
Ensure that:
- All relevant stakeholders are engaged
- Existing and possible bottlenecks are openly discussed and addressed
- Proposed solutions are evaluated
- Data-flow diagrams are used to visualize data movement (see Figure 4.2a)
- Consensus and agreement about the data flow is reached

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[34] See Section 2.4: "Identifying the national mechanisms proposed or already in place for national M&E and integrating OVC needs within them."

Data flow: Common difficulties and possible solutions

In most countries, a national M&E system exists; some OVC data are collected but bottlenecks occur. This results in:
- Piles of unused data and overburdened staff
- Reporting delays
- Lack of confidence in the results
- Limited use of data for programme improvement

Furthermore, there may be different reporting timelines that place an additional burden on the data collection process.

Possible solutions: The mirror data-flow system

While adherence to the principle of the "Three Ones" is fundamental to setting up a data collection system, it is prudent to address the 'real-world' issues that enhance or constrain data flow.

It is therefore not surprising that countries have found it necessary to consider the development of an interim mirror data-flow system (see Figure 4.2) for the national plan that adheres to national reporting requirements and addresses immediate data needs at implementer, sub-national and national levels.

Figure 4.2 provides an example of an 'interim' or 'mirror' system that was developed in one country to enhance the routine flow of OVC data from the implementation level to the national level, and back within a period of 30 days.

In this example, the 'mirror' system acknowledges the need for adherence and harmonization with the national M&E system, while demonstrating how data can be 'fast-tracked' to meet immediate data needs. However, the overall goal is to have one system that every partner can extract information from. Development partners should focus on developing the national system in the long run to avoid the mirror system.

Figure 4.2a: Generic harmonized data flow without a 'mirror' system

Generic Harmonized Data Flow
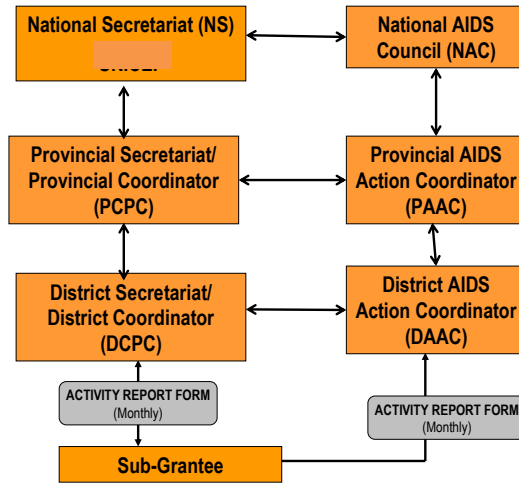
Figure 4.2b: Example of a 'mirror'-data-flow system currently in place in one country

Data Flow using a "Mirror System"
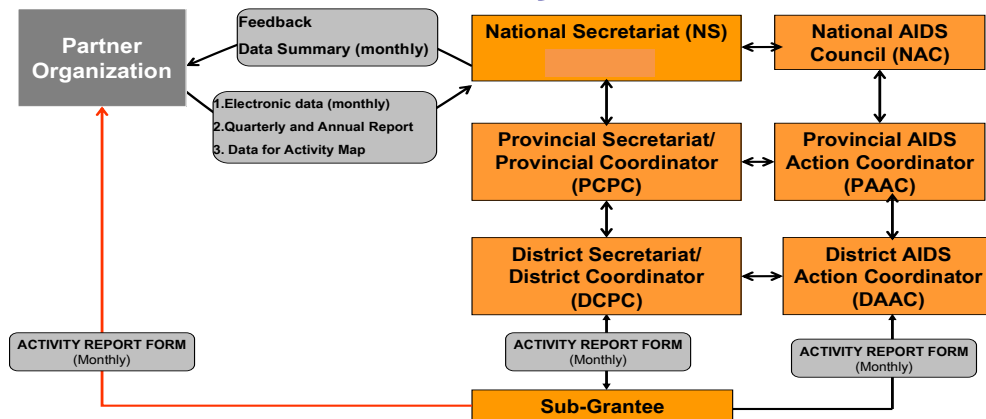
In the above example, data are collected every month by programme implementers using a paper-based system. The paper-based system comprises Activity Report Books[35] that contain carbon report sheets that can be torn out: At the sub-grantee level, data is routinely collected, entered and reported according to a pre-defined time frame; it flows to the sub-national level, which has an electronic data-entry system in place. The data is aggregated and electronically transmitted to the national level, where a country data-set is compiled. Reports are then generated and sent back down through the data-flow system.

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[35] See Annex G for Activity Report Book examples.

In theory and in practice, the data-flow system illustrated in Figure 4.2 (b) functioned smoothly. **For this to happen, however, it was important to ensure the following were in place to support the system at each level:**

<u>At the implementer level</u> – Where there is a strong dependency on paper–based data collection tools, and access to photocopying facilities is poor or non-existent, it is very important to ensure that the necessary data collection tools (in this case, Activity Report Books) are in place. There should also be sufficient quantities of those tools to ensure routine reporting. It is important to assess the literacy and skill level of the data collector in order to develop collection tools that are user-friendly in different settings.

<u>At the sub-national level:</u>
Ensure that the necessary electronic hardware and software are in place to allow dedicated staff with a clear mandate for managing the data to capture data routinely and in a timely manner, and transmit aggregated information to the national level. This means the necessary technology – in this case, at least e-mail, dedicated computers and staff devoted to this purpose – and additionally, back-up power systems are available.

<u>At the national level</u>:
Dedicated and trained M&E staff with clearly defined terms of reference to manage data and provide quality control assurance *must be in place* to aggregate and disseminate data. In budgetary terms, this implies an allocation of at least 7-10 per cent of the overall programme budget to M&E activity. In addition, it is critical that the data that is compiled at the national level be shared promptly with all stakeholders to ensure it is used to improve programmes.

4.3 Step Three: Select and develop mechanisms and tools for data collection

Data collection tools for monitoring implementation activities within the national plan for OVC broadly fall within two categories:
- Paper-based – routinely used at the community level
- Electronic tools – routinely used for capturing and aggregating data and generating reports

The paper-based data collection tool:
At the implementation level, where technical resources are likely to be limited, a simple paper-based data collection tool is widely used. This facilitates routine manual entry of output data on-site, storage of original data sets and simple compilation of programme outputs, and in the case of one country example, routine collection of 'Emerging Issues' or 'Lessons Learned'.

Paper-based data collection tools can be in the form of a log book, Programme Activity Report Books, checklists, etc. An example of the paper-based data collection tool, the 'Activity Report Book' that was created for the national plan for OVC that was developed and tested in Zimbabwe, appears in Annex G (pictured).

Picture: Activity Report Books
Courtesy of UNICEF Zimbabwe

Examples of data collection using electronic tools include:
- Excel spreadsheet versions of paper-based data collection tools
- Activity-mapping tools: These are useful tools to collect and map data about who is doing what and where. The information is loaded into an electronic database, from which standard reports are generated. Activity data may be collected at any level of the system, but the process requires the expertise of trained personnel (see Figure 2.2 in Part 2).

In deciding what mechanisms to use for data collection, it is important to:
- Once again, review existing data collection mechanisms, including the national M&E system and the Health Information System (HIS), asking the question, 'Do they take into account the challenges of collecting OVC programme data'?
- Consider the complexities and differences imposed by certain data collection methods (tallying, counting, aggregating, disaggregating, gender desegregation, reporting, etc.)
- Identify capacity constraints at every level
- Acknowledge the need to use a mix of methods that facilitate the collection of quantitative data and qualitative data that will lead to an improved understanding of the intervention process and 'what happened'
- Build an operational research component into the overall M&E plan to ensure the inclusion of special field studies that will lead to a better understanding of outcomes

While recognizing the need for routine data collection for OVC programmes, there are practical challenges that are specific to OVC programmes:

- **Counting – who and what**: whether to count direct recipients only, recipients of primary support, new beneficiaries only, beneficiaries with continued support or beneficiaries receiving support indirectly. These challenges are largely related to the definition of "OVC" in country, and who is and is not considered a programme beneficiary.
- **Double-counting** issues: The same child may be counted many times if services are provided by many different service providers.
- **Variation in the delivery of intervention packages, i.e.,** poorly defined standards of comprehensive care. What do we count?

Lessons learned and further guidance for data collection:
- There are many examples of data collection tools in existence. Where possible, use or adapt existing tools and avoid the temptation to create another tool.
- Use the data collection tool to collect only those 'need-to-know' indicators that are described in the Conceptual Framework. Organizations may, however, like to collect additional indicators for internal reporting purposes.
- In designing the data collection sheet for the Activity Report Book, be sure to include provisions for the collection of:
  - o Organization details, including identification numbers that will facilitate data entry;
  - o Geographical location of the implementing agency;
  - o Data elements, including core indicators with provision for totals to date and disaggregation by gender and sex, where appropriate; and
  - o Lessons learned or emerging issues.
- Keep the data collection tool simple and user-friendly, taking literacy levels into account.
- Provide clear guidance for use of the tool and how to collect the data; i.e., do not assume that data collectors know exactly how to use the tool.
- Be sensitive to the format of the data collection tool. Design tools that are easy to store and transport, if necessary.

4.4 Step Four: Generate the mechanism for data entry

In optimal situations, data collected through national monitoring systems is entered into an electronic database, which should then enable the effective transfer of data from a raw to a more usable format and, importantly, facilitate aggregation and synthesis.

In the 'real world', this objective is not always attainable because:
- There are competing systems
- 'Ownership' is sometimes an issue
- Systems may not routinely function because of poor management and maintenance
- Skills and personnel to maintain the system are lacking
- Necessary equipment may not be available

Possible solutions:
There is no one-size-fits-all solution to this problem. Experience suggests, however, that it is important:
- To evaluate existing systems and opportunities for routine capture of OVC implementation data;
- To assess the opportunities for modifying an existing system to meet these needs; and
- If none of these options apply, consider the development of an appropriate alternative.

This may imply the development of a simple, Excel-based data-entry system that will enable routine data capture, routine aggregation and data exchange at both sub-national and national levels. This also necessitates a rigorous pre-test of the Excel-based data-entry system and training of data-entry and supervisory staff in its use. Workloads may need to be adjusted to accommodate the extra requirements of data entry.

4.5 Step Five: Data management

In optimal situations, data collected through national monitoring systems is entered into an electronic database that is specifically designed and managed for this purpose. This should enable the effective transfer of data from a raw to a more usable format, and facilitate routine data synthesis.

There are several steps in the data-management process. These include:
- Clear definition of roles and responsibilities for data management
- Data entry
- Data synthesis
- Cleaning and analysis
- Verification and quality assurance, which involves routine, random checks, data oversight and technical support to deal with queries

Lessons learned

From the outset:
- Develop the data-management system BEFORE data collection commences in the field
- Allocate roles and responsibilities for data management early on; decide who does what, when and how
- Collectively agree on standard procedures – e.g., timelines for data submission at every level of the data-flow system

Strengthen capacity for data collection[36]
- It is important to train the data collection team, emphasizing the need for timeliness and accuracy
- Build capacity within the system to identify inconsistencies, errors and over-reporting

Develop a quality system
- Data-quality checks are extremely important and should be routinely performed. It is important to observe how data is collected, validated, recorded and managed by implementers.
- It is also important to include checks and balances that ensure data is interpreted, data summaries include trend analysis and data is presented accurately.
- Ensure adherence to national reporting requirements – even if a 'mirror' data-flow system is utilized for quick turnaround of OVC implementation activity data.

Store and update information
- Store and update data as it comes in. This prevents bottlenecks at the end of the month, when data is due for dissemination.
- Create a data-entry and storage schedule with very clear timelines.
- Back up data routinely.
- Develop a system to facilitate periodic collection of qualitative data.

Be organized!
- Develop a system that facilitates the easy retrieval of needed information.

4.6 Step Six: Data use and dissemination

Too often, data is collected without being properly used and disseminated. In Section 4.1, we asked the question, "Who needs the data and why?" In recognizing that different users have different needs, it is important to address those needs, i.e. to communicate the results in a way that is appropriate for the target audience.

For example:

Disseminating information to the community:
Disseminating lessons learned to project beneficiaries is important for building community support for OVC programme activity. It is equally important to involve the community in using the data to identify and address data gaps.

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[36] See Section 5.3 for more information on capacity-strengthening.

Possible ways to present results to this audience include:
- Community meetings
- Activity maps to show targets reached by district, etc.

Communicating information at the sub-national level:
At this level, data users need 'numbers' and updates on the achievements of projects and organizations.
- 'Success stories' and lesson learned are important, especially if these are drawn from operational research.
- Possible ways to present results to this audience include:
  o Brief presentations
  o Fact sheets
  o Brochures
  o Success stories'

Communicating information at the national level:
Commonly, most funders require a quarterly report. These reports, however, are often lengthy and require in-depth analysis. For this reason, a reporting structure is helpful. It should be simple, with clearly defined guidelines and relevant formats that show:
- Organization details
- Financial details
- Summary of implementation activity (quantitative data is needed here)
- Summary of successes and challenges (qualitative data is needed here)
- Emerging issues
- Required dates of submission

Table 4.6 Summary table for data dissemination

Audience	Information Required	Method of Dissemination
Community indirectly involved in programme (Key leaders)	Summary of results to create interest, generate support for and endorse the programme	Meetings, discussions, mass media, newsletters, pictures
Community directly involved in programme (Children & caretakers)	Full results and recommendations so that they evaluate them and help put them into action	Through participation, meetings, study of results, mass media, newsletters, pictures
Programme Staff	Full results and recommendations so that they can help put them into action	Through participation, meetings, study of report
District-level departments, agencies, organizations	Full results or summary, only for analysis of lessons learned and policymaking.	Full report or summary, discussions, mass media
Regional level	Same as district level	Probably summary only, discussions, meetings
National-level ministries, agencies, organizations	Full results or summary for analysis of lesson learned and policymaking	Summary, discussions, meetings
External funding agencies	Full results or summary for analysis of lesson learned and policymaking	Full report plus summary discussions
International agencies, UN development agencies	Full results or summary for analysis of lesson learned and policymaking	Probably summary only, discussions, meetings

Reminder: Some basic rules
'KISS' – **K**eep **I**t **S**hort and **S**imple in oral and written communication
Use visual images where possible

Country example: Data dissemination in Zimbabwe

Data are collected every month using a paper-based system, which comprises Activity Report Books (see Appendix G) that contain carbon report sheets that can be torn out.

At the implementer level, data is routinely collected, entered and reported according to a pre-defined time frame as follows:
- By the 5th of every month, data are entered in the Activity Report Book.
- One tear-out report sheet is delivered or sent to the District AIDS Coordinator.
- A duplicate tear-out report sheet is sent/delivered to the District Welfare Coordinator.
- A further (triplicate) tear-out copy of the report sheet is sent to the Partner Organization at the provincial level, where data are carefully checked, verified and entered into an electronic database, from where it is transferred to the national level.
- One sheet remains for the record, in the Activity Report Book at the implementation level.
- At the national level, data are checked, aggregated and analysed, and a summary report (see Annex F) is generated by the last day of the month and sent back through the system.

Part 5:
Putting it all together

In this part, we discuss some additional measures that must be considered in developing and operationalizing an M&E system for the national response for OVC. This includes:
- Conducting a pilot to test the system
- Developing the overall M&E plan
- Strengthening capacity to roll out the system
- Building in an evaluation component
- Costing the process

5.1 :   Piloting the system

Piloting is an important step in testing the functionality of the monitoring system. It also provides an opportunity to get stakeholder buy-in and generate recommendations for improvement. It is an important step in strengthening confidence in the system.

Allow a reasonable period for the pilot – six months is about right. This enables the system process to be field-tested and consistently monitored. Be inclusive in this process and monitor both the application of the Conceptual Framework and the mechanics of the system.

Depending on available resources, pilot the system as widely as possible. Document the process carefully, with a clear understanding that the overall objective is to collect useful information that will lead to an improvement of the system. Use both qualitative and quantitative data collection mechanisms, and importantly, observe what happens in the field. Annex E provides an example of how a pilot system to monitor the national plan for OVC was carried out in one country. This could be adapted to suit local needs.

Some lessons learned from piloting systems to capture and manage data from OVC implementation programmes
- Be inclusive from the start; involve all stakeholders (government, UN, NAC and civil-society organizations) throughout the process.
- Donor and country preferences for data-entry systems often compete, and ownership issues lead to indecision, bottlenecks and slow progress. A logical alternative is a 'mirror' system that adheres to national reporting requirements while providing an opportunity to 'fast-track' data from the implementer level and back within 30 days. This should be tested.
- Avoid changes to the system during the pilot; leave this until after the review.
- Build capacity and confidence; provide and maintain timely technical support when and if needed.
- Conduct a full review of the pilot with wide representation of system users, including the NAC, Line Ministries and the donor community.
- Carefully document lessons learned.

Further issues to be noted:
- Different computer specifications at different levels pose technical challenges that are difficult to resolve in resource-constrained situations. This is a reality and 'real-world' solutions can only apply.
- Data entry may be considered burdensome unless staff are trained and dedicated to this task early on.
- Poor adherence to timeliness and completeness results in delays in data turnaround, which can affect confidence in the system and negatively affect the habit of reporting routinely. Strengthening capacity is essential in building confidence and understanding that routine monitoring is possible, uncomplicated and important for the programme.

5.2 :   Developing the overall M&E plan for OVC

The M&E plan is the overall guiding document for monitoring and evaluating the national plan for OVC. It brings together the Conceptual Framework and the system mechanics as described in this document, while also addressing other important issues, such as management, costing, reporting and data dissemination.

There are many good examples of M&E plans[37] and this document does not intend to discuss the development of such a plan in any detail. We present, however, overall guidelines for this activity, noting that the content for every country will differ. Consideration could be given to the elements shown below.

Title	Needed information
Introduction and objectives of the plan	Clear and specific, outlining the overall purpose and objectives of the document
Definition of Monitoring and Evaluation	Include simple definitions of M&E. Avoid details that will only mystify the process!
Current situation of orphaned and vulnerable children	In this section, provide specific information relevant to the current situation, answering the question, Who is OVC? Information may be derived from special studies. Include relevant graphics to show the magnitude of the problem and where it occurs, if relevant. *Refer to Part 2 of this document for further information.*
The National Response - overview of the national plan, goal, national standard guidelines for delivery of quality interventions, objectives and key activity domains	The programme definition of OVC should be included here. In this section, the national response mechanism selected by the country – which may or may not be through the NPA for OVC – is described. The description would include: o the overall goal o the main objectives o the key activity areas o expected outputs o expected outcomes and impact within the given time frame *Refer to Part 3 of this document for further information.*
Indicators Description	In this section, attention is paid to the description of core indicators at every level of M&E, and the core national output indicators, if and where relevant, are specified. It would be useful to show the Conceptual Framework at this point. Include reporting timelines. *Refer to Part 3 of this document for further information.* Include relevant evaluation and operational research questions in this section
Mechanism for data collection – including data flow, data collection tools and the data-entry system	Illustrate mechanisms for data flow, and describe mechanisms for data collection (paper-based and electronic) at each level. *Refer to Part 4 of this document for further information.*
Roles and responsibilities for data collection	Define roles and responsibilities at each level for data collection, data-entry reporting and data management. A flow chart is useful.
Costing the national plan	Show units of cost, estimates and assumptions, where possible and relevant *Refer to Section 5.5 of this document for further information.*
Reporting, data use and dissemination	Provide timeline for routine reporting, including quarterly and annual reporting, data use and dissemination.

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[37] For example, the Namibia M&E plan for the NPA for OVC. Download: <http://www.unicef.org/infobycountry/files/M-E-PlanforNPAforOVCvol2.pdf>

5.3 :   Strengthening capacity

In Section 2.5, we stressed the need for a capacity assessment prior to building the capacity development programme. This is best carried out once the Conceptual Framework and the mechanics of the system have been developed and, where possible, piloted.

There is no 'one-size-fits-all' capacity-strengthening guidance available; it is usually country-specific. It is very important, however, to deliver training at all levels of the system, with a clear understanding that information needs differ.

Table 5.3 Implementer levels and content for capacity-strengthening programmes

User level	Core content for training programme
Sub-grantee level – community-based data collectors	**Basic programme monitoring knowledge (input, activity output level)** • Why intervene? What is the programme about? • How to define the target • What data to collect • How to collect the data: tallying, counting, simple aggregation and desegregation • When and where to send the data (data flow) • Simple data use (pie charts, etc.) • Data sharing opportunities (key leader community meetings, simple reports, etc.) • Recording important lessons learned
Sub-national level	• OVC situation analysis in the country: the problem • The response (national plan) • Role of M&E in monitoring the response • Link between planning and monitoring • Core M&E knowledge (input, output, outcome and impact, Conceptual Framework) • Conceptual Framework for OVC M&E – integrating national M&E requirements and commitment to the "Three Ones" • Data flow • Reporting requirements • Data entry • Quality control • Data use and data management • Roles and responsibilities
National level	• Core understanding M&E • Determining client needs, political constraints • Understanding and selecting different evaluation designs • Commissioning special studies; ensuring the right questions are asked • Assessing validity of data • Analyzing, summarizing and performing trend analyses of data • Data dissemination and communication of results • M&E capacity-strengthening skills

5.4 :   Evaluation and operations research

"Success depends on knowing what works"[38]
Bill Gates, Co-chair, Bill and Melinda Gates Foundation

In as much as routine monitoring is an integral part of programme implementation, and therein should provide regular quantitative and quantitative information about what 'we did' within a given time frame, it does not tell us 'what happened' as a result of what we did. Building knowledge about outcomes is essential for explaining whether a programme actually achieved its overall goal and, importantly, whether real changes to children's well-being and circumstances have occurred.

Unlike monitoring, which is the routine tracking of programme activities on a regular and ongoing basis (assessing operational performance), *evaluation* is the process of as assessing how well a programme is accomplishing or has accomplished its intended objectives. Assessing the extent to which the intended results (outputs and/or outcomes) – as defined by the objectives of the programme – are being achieved is referred to as *programme evaluation.*[39] Evaluation should therefore be an integral part of the OVC project cycle and must be incorporated into programme plans at an early stage.

It is important to stress that effective evaluations require rigorous research designs, and considerable skills and resources, which many programmes do not have. Added to this are the special challenges we face when *evaluating* OVC programmes and, more specifically, those that concern the ethical dilemmas[40] of presenting information and obtaining reliable answers from children, locating comparison groups and, subsequently, providing comparison groups with an intervention after the evaluation has been completed.

In this part of the document, we provide the reader with a broad overview of some of the critical questions to address when planning and designing a programme evaluation. The information is not exhaustive and many of the ideas presented below have been adapted from useful guides that exist on this topic, [41] [42] which evaluators are encouraged to access.

Types of programme evaluations
While most organizations believe that it is necessary to use a number of measures to 'capture' their performance, there is no single 'best' way to do so, and choice will depend on the objective to be met, the available resources, and the interests of those affected by and using the information.

However, the multiple informational needs for effectively managing and assessing the results of programmatic efforts require the use of rigorous evaluation approaches and methodologies. There is a plethora of available evaluation approaches at the programmatic level, all of which could be categorized under two broad types of evaluations: formative evaluation and summative evaluation.

Formative evaluation is usually conducted during the planning or pre-planning stage of a programme to identify and prioritize the issues related to a particular problem. Examples of formative evaluations include needs assessments, baseline surveys, situation analyses, etc.

Summative evaluation, on the other hand, assesses established interventions/programmes. The most commonly used summative evaluation approaches are: evalua*tions of programme* efficacy (i.e., assessing whether, given 'ideal situations', the intervention had an effect or not); and evaluations of *programme effectiveness* (i.e., assessing whether, given 'real-life' situations, the intervention had an effect or not).[43]

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[38]United Nations Children's Fund, 'Guide to the Evaluation of Psychosocial Programming in Emergencies', Field-Testing Draft, UNICEF, 2008.
[39]Herman et al., *Evaluator's Handbook*, Sage Publications, Inc., Thousand Islands, California,1987.
[40]See Annex J for more information and references.
[41]United Nations Children's Fund, *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*.
   UNICEF, New York, NY, Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>
[42]Bamberger, Michael, et al., *Real World Evaluation; Working under Budget, Time, Data and Political Constraints*, Sage, Thousand Islands, California,
   2006, pp. 48-49.
[43] Gage, A, et al., 'A guide to monitoring and evaluating child health programs'. Chapel Hill, North Carolina,, 2005. Download:
<http://www.cpc.unc.edu/measure/publications/pdf/ms-05-15.pdf>

Other summative evaluation designs include: adequacy, plausibility, and probability evaluations. *Adequacy evaluations* assess how well the programme activities have met the specified objectives, i.e., whether or not the expected changes have taken place. *Plausibility evaluations* assess whether the changes in indicators (e.g., service provision, utilization, coverage, etc.) are a result of the intervention, and as such would usually require intervention and control groups, since the aim is to rule out the influence of external or confounding factors.[44] *Probability evaluations* aim at ensuring that the differences between programme/intervention and control areas are due to chance. Probability evaluation requires the randomization of treatment and control activities, and is therefore not usually suitable for addressing programme effectiveness, since it lends itself to situations that are different from 'real-life situations'.[45]

Planning and scoping the evaluation:
Evaluators often face two scenarios: Either they are called in to participate in the evaluation design at the start of the project (less common) or, more commonly, they are called in when the project has been underway for some time and critical questions need to be answered. The latter provides the greatest challenge, and planning is of the essence.

Questions to ask in the planning stage	Issues to consider
Why evaluate? **What is the purpose of the evaluation?[46]**	**Reasons to evaluate may include to:** • Assess whether the project met its objectives. • Assess whether the programme had an impact. • Determine who benefited and who did not. • Determine how sustainable and/or replicable the programme is. • Make decisions about whether the programme should continue or not. • **Strengthen existing services (programme improvement)** • **Target effective services for expansion or scale-up** • **Leverage funding**
What components of the programme require evaluation[47] and who conducts the evaluation?	**Decide at what level the evaluation will be conducted** • **Outputs** (usually routinely collected by project teams at the programme level) • **Outcome** (may be addressed by internal staff with technical support from within the organization, or may be conducted by external consultants at the population level) • **Impact** (best addressed by external evaluators)
What is the scope of the evaluation?	**What is the scale of the evaluation?** • Are the relevant documents and indicators available? • What type of evaluation design is required and how feasible is it? • Are there existing data (indicators) or would primary data collection be needed? • What level of rigor is required? • Is the evaluation testing a programme theory? • Does the design require rigorous sampling techniques? • What is the timeline?

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[44] Bryce, Jennifer, et al., 'The Multi-Country Evaluation of the Integrated Management of Childhood Illness Strategy: Lessons for the Evaluation of Public Health Interventions', *American Journal of Public Health*, 94(3) , 2004, pp. 406-415.
[45] Habicht et al., 'Evaluation Designs for Adequacy, Plausibility and Probability of Public Health Programme Performance and Impact'. *International Journal of Epidemiology*, 1999, 28(1):10-8.
[46] For UNICEF programmes, there are standard evaluation criteria as described in 'Programme Policy and Procedures Manual: Programme Operations', UNICEF, Chapter V, section 1. Excerpt: <http://www.unicef.org/french/evaluation/files/Eval_Criteria_PPPM_2005.pdf>
[47] Examples of different levels of evaluation are provided in Annex C.

What resources are available? (money, expertise and time)	• What are the cost implications? • What is the time frame? • Are mechanisms in place to ensure quality, reliability and validity?
What are the likely constraints?	Bamberger, et al., (2006)[48] draw attention to possible constraints in "real-world evaluation" and cite the following: • Budget constraints - which require modification to the design • Time constraints – which may mean hiring more researchers • Data constraints - which may mean reconstructing baseline data • Political influences - balancing pressures from funders and others

The evaluation design

Methodological weaknesses in evaluations are not uncommon.

Careful attention to design is necessary if the evaluator is meeting the 'real-world challenges' of evaluation. For example, while there is a growing body of experience in measuring psychosocial well-being in children, there is also a need for careful attention to the utilization of evaluation designs that address the ethical[49] and other concerns of children.

Questions to ask in the design stage	Issues to be addressed
Evaluation Design Who should be included? (target) What is the most feasible sample design? Where will the study be carried out? (study site) What study design is feasible? • Baseline? • Descriptive design? • Comparative groups?	**The evaluation design** will depend on the questions that need to be answered and the stage of the project. **Sampling or selecting a subset of the population,** which we aim to be representative of the entire population, is probably the most ignored part of evaluations. Sampling issues are well-described in the UNICEF field-testing draft guide for psychosocial programming (see [50] [51]) • **The baseline** is the natural starting point. It provides an opportunity to measure something before a programme begins and, if carefully planned, can also be used to measure the same things at the end of a project. • **A comparison or 'control' group** is one that does not receive an intervention and provides the possibility of the strongest evaluation designs. Such evaluation designs tend to be the most expensive. o When working with children, caution is advised in using a comparison group as it can create an expectation that a service will be delivered or a programme will be delivered at a later stage. In reality, this is not always possible and may not occur at all, but providing that a comparison group is established sensibly, potential harm should be minimized and this is better than no comparison at all.
Selecting the methodology	The decision to use qualitative or quantitative methods – or a method mix in data collection – will be key. **A** mixed-method approach to evaluation is recommended. This embraces both the collection of number (quantitative data) and descriptions (qualitative data). Both have their particular strengths and, if managed correctly, information from one can usefully compliment the other. **Evaluations are improved if the same issue is considered from a range of methodological perspectives.** Collecting information from different sources in this way is called 'triangulation'. Useful qualitative methods recommended in work with children include 'visual mapping',[52] 'key informant interviews', and 'free listing'[53], all which enable child participation and ensure that the desired outcome, such as well-being, is understood within its cultural context, for instance, through creative self-expression. *See Bragin* (2005)[54]

[48] Bamberger, Michael, et al., op. cit, p. 21.
[49] See Annex J for more information and references.
[50] United Nations Children's Fund, 'Guide to the evaluation of psychosocial programming in emergencies', UNICEF, Field-Testing Draft, 2008.
[51] Bamberger, Michael, et al., op. cit., pp. 323-354.
[52] United Nations Children's Fund, 'Guide to the evaluation of psychosocial programming in emergencies', op. cit.
[53] Ibid.
[54] Bragin, Martha. 'The community participatory evaluation tool for psychosocial programmes: A guide to implementation', *Intervention: International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict*, 2005, pp. 3-24. Download: <http://www.interventionjournal.com/downloads/31pdf/03_24%20Bragin%20.pdf>

Existing measures or local measures?
The most common approach with quantitative measures is to use 'existing' measures, including national and globally defined/recommended outcome and impact indicators as described in the *OVC M&E Guide* [55] These need to be applied sensitively, taking into account the definition and circumstances of the target population – for example, 'CABA' (Children affected by HIV/AIDS) versus a more general definition of vulnerable children or 'children in need'.

More culturally specific participatory approaches to data collection are recommended and include methods such as 'free listing', referred to earlier. It is important, however, to follow the agreed-upon 'conceptual' framework for the evaluation so that the core domains and key issues are adequately addressed in the development of the tool.

Data use – Sharing and utilization of the findings
It is usually the case that findings are shared and discussed with the originators of the research, but it is important to remember **that children and the community can and should play an important role in endorsing the evaluation results**. Crucially, the dissemination of findings should be closely linked to planning next steps; this will ensure that lessons learned are integrated with new implementation efforts. The utilization of the findings should be linked to the objectives of the evaluation.

Issues regarding efficient report writing will not be dealt with in this document. The reader is encouraged to review guidance on this topic, which is offered in other texts. [56]

5.5 : Costing the development and operationalization of the M&E system

The costs associated with developing and operationalizing an M&E system for the national response for OVC will vary depending on specific settings and needs. This section provides some general guidance on costing this process, with Table 5.5 providing suggested cost considerations associated with the methodology described in this document.

From the outset, it is important to reaffirm commitment from each development partner for activities they agreed to support regarding the National Response Plan, including M&E. In summary, three principles apply:

- Activity-based planning and budgeting (see table below)
- Zero-budget planning
- Prioritization of activities

Activity-based planning
Simply put, this implies costing as it applies directly to the overall M&E strategic plan.
A simple way of looking at this is to review and cost each of the steps described earlier, asking the questions:
- What do we need to do? (steps and activities)
- What resources do we need to accomplish these activities? (equipment and consumables)
- Who will do this?
- What is the time frame?
- What are the assumptions? (not all activities need to cost money)

This is best achieved collaboratively, working closely with the national government and funders to ensure that all the priority activities are funded from existing sources, or from secured development partner resources. Secure and assign resources for each work-plan activity.

[55] United Nations Children's Fund, *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*. UNICEF, New York, NY, Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>
[56] Bamberger, Michael, et al., op. cit., pp. 399-402.
United Nations Children's Fund, 'Understanding results-based program planning and management', UNICEF, 2005. Download: <http://www.unssc.org/web1/programmes/rcs/cca_undaf_training_material/teamrcs/file.asp?ID=359>

Zero-budget planning

Not all activities need to cost money – there are things that a ministry will do that will not require external resources. Zero-budget planning means working closely with counterparts to determine creative ideas for carrying out activities that do not cost money. Zero budgeting must be based on local resources.

Prioritization of activities

In general, priority is given to:
- the use of local resources where possible;
- adherence to the overall national response plan;
- the most urgent M&E needs; and
- the use of funds – ensuring that the activity is not funded from elsewhere.

Table 5.5: Costing the development of the M&E component of the National Response Plan for OVC

Steps	Main Activities	Equipment and consumables	Personnel required	Time frame	Assumptions
Problem definition - RAAAP and situational analysis	Planning Community sensitization Training Dissemination meeting	Vehicle Fuel Equipment – Laptop, printer, photocopier Consumables - office supplies	Specialist M&E Adviser Research Supervisor Research Assistants Data Entry Clerk Drivers Data Manager	Three months	Usually, the costs of the RAAAP or situational analysis is assimilated by the leading agency responsible for the national response for OVC; M&E specialists will be expected to provide input - usually at zero cost at this stage
M&E capacity assessment	Preparation of the data collection tool Generate report			One week	This activity falls within the domain of the M&E team – who may or may not use the services of a Specialist M&E Adviser to develop the capacity-assessment tool
Develop the M&E component of the National Response Plan for OVC	Participation in the development of the M&E component of the National Response Plan		Specialist M&E Adviser	Two months	Specialist activity, probably requiring the services of a Specialist M&E Adviser or Senior M&E Adviser already working at the national level

Steps	Main Activities	Equipment and consumables	Personnel required	Time frame	Assumptions
Participate in the stakeholder review of the National Response Plan for OVC	Participation in three-day stakeholder review meeting; document revision	Office supplies	Specialist M&E Adviser Stakeholders	Three days followed by revision period (say one week)	Specialist activity, probably requiring the services of a Specialist M&E Adviser or Senior M&E Adviser
Develop and finalize data collection system mechanics, i.e., data collection tools, guidance documents and database	Development of final guidance documents: e.g., M&E framework reporting guidelines	Desktop publishing and printing services	Specialist M&E Adviser IT Specialist	Two months	Specialist activity, probably requiring the services of an IT Specialist and Senior M&E Adviser
M&E capacity building	TOT workshop, Core M&E training	Training facility	M&E Trainers	One week per province/selected site	This activity can be led by national-level trainers who have participated in a TOT workshop
Technical support	Field support to implementers		Specialist M&E Adviser IT Specialist	Ongoing	IT Specialist plays an important role in this activity
Networking	Convene regular forum to disseminate lessons learned	Venue	National Team	One meeting every quarter	This activity should be led by the national response Team
Operations research (OR)	Requisition 'special studies' to measure programme outcome and impact		Specialist Researchers		Four outcome-level studies every two years with US$200,000 ceiling

Conclusion

The demand for information regarding goal achievement and the impact of projects and policies for the protection, care and support of children in need – vulnerable, infected and affected by HIV/AIDS – is increasing. It is only through attempts to develop and test simple systems in real-world situations that we are likely to reach a better understanding of what works and what does not. While there are challenges in setting up functional M&E systems and many theoretical options exist, lessons have been learned through practical application in many countries. In moving forward, it is important now to build on what we know in order to create something better.

Annex A: The main components of a functional national HIV M&E system [57]

Component	Goal
One: Organizational structures with HIV M&E functions	Establish and maintain a network of organizations responsible for HIV M&E at the national, sub-national, and service-delivery levels.
Two: Human capacity for HIV M&E	Ensure adequate, skilled human resources at all levels of the M&E system in order to complete all tasks defined in the annual, costed, national HIV M&E work plan.
Three: Partnerships to plan, coordinate and manage the HIV M&E system	Establish and maintain partnerships among in-country and international stakeholders who are involved in planning and managing the national HIV M&E system.
Four: National multisectoral HIV M&E plan	Develop and regularly update a national M&E plan, including identified data needs, national standardized indicators, data collection procedures and tools, and roles and responsibilities for the implementation of a functional national HIV M&E system.
Five: Annual costed national HIV M&E work plan	Develop an annual, costed, national M&E work plan, including the specific and costed HIV M&E activities of all relevant stakeholders and identified sources of funding. Use this plan for coordination and assessing progress of M&E implementation throughout the year.
Six: Advocacy, communication and culture for HIV M&E	Ensure knowledge of and commitment to HIV M&E and the HIV M&E system among policymakers, programme managers, programme staff and other stakeholders.
Seven: Routine HIV programme monitoring	Produce timely and high-quality routine programme monitoring data.
Eight: Surveys and surveillance	Produce timely and high-quality data from surveys and surveillance.
Nine: National and sub-national HIV databases	Develop and maintain national and sub-national HIV databases that enable stakeholders to access relevant data for policy formulation and programme management and improvement.
Ten: Supportive supervision and data auditing	Monitor data quality periodically and address any obstacles to producing high-quality data (i.e., data that are valid, reliable, comprehensive and timely).
Eleven: HIV evaluation and research	Identify key evaluation and research questions, coordinate studies to meet the identified needs, and enhance the use of evaluation and research findings.
Twelve: Data dissemination and use	Disseminate and use data from the M&E system to guide policy formulation and programme planning and improvement.

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[57] Joint United Nations Programme on HIV/AIDS, *Organizing Framework for a Functional National HIV Monitoring and Evaluation System*, UNAIDS/MERG, Geneva, Switzerland, April 2008. Download: <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/GROrganizingFrameworkforHIVMESystem.pdf>

Annex B: Defining 'OVC'

One of the most common challenges in monitoring and evaluating the collective response for OVC is defining who the target group is. A main reason for this is that meeting the needs of OVC requires an inherently multisectoral response.

This section discusses some of the issues encountered when defining who OVC are and presents some recommendations based on a review of country-level experiences. Defining OVC is a part of the incremental process of developing an M&E system described in Part 3. Given the complexity of this issue, however, it is described in more detail here.

Background
A number of different terms are in use to describe the children that AIDS mitigation resources are intended to benefit. The definitions ascribed to these terms vary across programmes and documents. They are often used interchangeably, without regard to their precise meaning. This can generate significant confusion, especially in the area of M&E.

Two of the terms most commonly used to describe children targeted for AIDS mitigation resources are 'children affected by AIDS' (CABA) and 'orphans and vulnerable children' (OVC). Although the specific definitions for these expressions vary across countries and programmes and the distinctions are not always clear, 'children affected by AIDS' is generally the more restricted term that includes children who have experienced the direct impact of AIDS, while 'orphans and vulnerable children' is a more inclusive term, taking into account all children who have experienced the direct or indirect affects of AIDS and children suffering other vulnerabilities (e.g., extreme poverty, food insecurity, disability, violence, etc.). [58]

Global OVC definition and related issues[59]
For global monitoring and surveillance purposes, the UNAIDS Monitoring and Evaluation Reference Group (UNICEF and UNAIDS, 2005) recommends a global definition of orphans and other children made vulnerable by AIDS (see Box 3.3 in Part 3), which is specifically targeted to children whose vulnerability is associated with their parent or adult caregiver's morbidity or mortality status.

Most other definitions by international development partner also focus on OVC as children orphaned or directly affected by AIDS. However, these definitions, which are also frequently applied in study designs, are increasingly recognized as limiting because they run the risk of sidelining the circumstances and needs of multitudes of other children. They also tend to imply that all AIDS-affected children are 'vulnerable', while risking isolating these children from 'non-affected' children who may be equally or more vulnerable.

This growing call for a broader, more inclusive definition of child vulnerability is largely reflected in the wide array of definitions of OVC in countries' national plans, where there is an implicit understanding that categorical 'labels' associated with AIDS-specific vulnerability are largely counterproductive. This is because it is neither possible nor desirable to distinguish, for the vast majority of interventions, between orphaned children based on cause of parental death. Moreover, although being an 'orphan' is internationally defined as a child vulnerable because one of his or her biological parents is dead, the majority of these children are living with at least one parent or other family member with adequate care, support and supervision.

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[58] Gulaid, Laurie, 'Targeting AIDS Mitigation Resources to Children', Discussion paper for Inter-Agency Task Team on Children and HIV/AIDS, September 2007, New York, NY. Download: <http://www.crin.org/docs/Targeting%20AIDS%20Mitigation%20Resources%20to%20Children.pdf>

[59] Campbell, Moroni, Webb, 'A Review of Monitoring and Evaluation in Support of Orphans and Vulnerable Children in East and Southern Africa', *Vulnerable Children and Youth Studies*, December 2008, London, England. Download: <http://www.informaworld.com/smpp/content~content=a907161229~db=all~jumptype=rss>

Recommendations:

1. Use population group-type approach in defining OVC. [60]

Broadly speaking, there are two different approaches to defining or determining a 'vulnerable child' among many national plans in support of OVC. Some definitions of vulnerable children are based on discrete population-group types, such as 'children living in households with a chronically ill adult', 'children who have lost one or both of their biological parents' or 'children with disabilities'. Other definitions, however, are based on children who are actively experiencing manifestations of vulnerability, such as 'children who are malnourished' and 'children who are out of school'.

The population-group type approach is more conducive to monitoring and evaluation purposes, since it enables an easily identifiable denominator or sub-population of children (e.g., paternal orphans) that remains relatively constant over time and space, rather than a dynamic vulnerability denominator (e.g., malnourished children) that is being directly and potentially changed by the interventions of the programme under study or externalities beyond the scope of interventions (see box below).

Thus, while at the community level, service providers should strive to target children based on those actively experiencing vulnerabilities and needing urgent or immediate attention (e.g., provision of food packages to malnourished children regardless of their parental status), for national monitoring purposes, it is more feasible to track and observe the progress of defined sub-population types of children that are representative of those (assumed to be) most likely to experience vulnerable outcomes.

> **Two approaches to defining OVC: One more conducive to M&E than the other**
>
> 1. **OVC** when defined as children actively experiencing manifestations of vulnerability, such as malnourishment, extreme poverty and being out of school (a definition based on characteristics that will be affected by the intervention).
>
> | | **Intervention:** | |
> | --- | --- | --- |
> | **Baseline** | **Feeding program** | **Follow-up measure** |
> | Numerator: Number Malnourished | → | Numerator: Number Malnourished ↓ |
> | Denominator: OVC | | Denominator: OVC ↓ |
>
> 2. **OVC** when defined as single or double orphans or children living with a chronically ill parent or adult (a definition based on characteristics that will not be affected by the intervention).
>
> | | **Intervention:** | |
> | --- | --- | --- |
> | **Baseline** | **Feeding program** | **Follow-up measure** |
> | Numerator: Number Malnourished | → | Numerator: Number Malnourished ↓ |
> | Denominator: OVC | | Denominator: OVC → |
>
> **In the second case (population-group type definition), the denominator is not affected by the intervention, allowing for better M&E of the intervention impact.**

2. Distinguish sub-national or programme-level definitions from national definitions employed for monitoring purposes. [61]

This good practice is well illustrated in Namibia's NPA for OVC, whereby the definition of a 'vulnerable child' for programming purposes is purposefully kept broad and inclusive as a "child who needs care and protection" (Ministry of Gender Equality and Child Welfare, Government of the Republic of Namibia, 2007). This is because, as the national plan stipulates, every programme will target their interventions at a unique set of 'vulnerable children' that it is expected to define.
For example, a school-feeding programme might target children who come from exceptionally poor households and require additional food; or a sports club might target children who are orphans and might need psychosocial support. Both target groups are vulnerable but both groups have different

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[60] Ibid.
[61] Ibid.

needs and thus require different interventions. Thus, the criteria for classifying a child as an 'OVC' will change depending on the target manifestations of vulnerability and the purpose and goals of the intervention.

However, in order to measure the circumstances of a consistent group of children over a period of time, another definition of a 'vulnerable child' was also developed for national monitoring and evaluation purposes based on discrete measurable circumstances not expected to change (see box below).

Example of definitions on OVC policies and plans

According to the Namibia NPA for OVC: 2006-2010 (Ministry of Gender Equality and Child Welfare, Government of the Republic of Namibia, 2007), for programme inclusion purposes, a vulnerable child is simply a 'child who needs care and protection'. However, for national monitoring purposes, a vulnerable child is: (i) a child living with a chronically ill caregiver (a caregiver too ill to carry out daily chores during 3 of the last 12 months), (ii) a child living with a caregiver with a disability who is not able to complete household chores, (iii) a child of school-going-age who is unable to attend a regular school due to disability, (iv) a child living in a household headed by an elderly caregiver (60 years or older with no one in the household between the ages of 18-59 years), (v) a child living in a poor household, defined as a household that spends over 60 per cent of total household income on food, (vi) a child living in a child-headed household (meaning a household headed by a child under the age of 18), (vii) a child who has experienced a death of an adult (18-59 years) in the household during the last 12 months.

It is important to note, however, that targeting children for social assistance programmes by using strict eligibility criteria may create ethical dilemmas by stigmatizing or excluding children who may be vulnerable for other reasons. This further supports the recommended position that **while measurable, discrete criteria should be employed for national monitoring and rigorous evaluation purposes, for project or programming purposes, on the other hand, targeting criteria should be sufficiently flexible and responsive, based on community realities and the child's immediate needs.** Thus, there remains a need to develop monitoring systems for OVC programmes that meet the specificity of local operations, while retaining the ability to analyse data in accordance with national and international definitions.

3. **In deciding between a definition that is HIV/AIDS-specific or includes all orphans and vulnerable children, knowing the national epidemiological context is critical.**

In especially high-prevalence countries of east and southern Africa, where one in five adults or more is living with HIV, nearly all children are affected by AIDS in one way or another. There is a growing consensus among policymakers and practitioners that in high-prevalence settings (be they countries or sub-national areas), it makes programmatic and ethical sense to monitor and evaluate broadly for all orphans and vulnerable children, even when funding and accountability is tied to AIDS. The errors of inclusion will be small in relation to the number of children affected by AIDS that are effectively reached. In some of the most highly affected areas, a universal approach where all children benefit may be the most appropriate and cost-effective approach. [62]

In low-prevalence settings, where the vast majority of children remain unaffected by HIV and AIDS, and resources available for the AIDS response are less abundant, it is neither appropriate nor feasible to use limited AIDS funding for all orphans and vulnerable children. Resources should be focused on vulnerability related to HIV and AIDS, including reducing stigma and discrimination, which are often especially severe in low-prevalence settings. [63] Implied in this is identifying those most at risk of infection.

There are a myriad of epidemic settings that fall between the 'hyper-prevalence' of southern Africa and the huge populations in Asia. Other factors, such as the availability of AIDS resources, the strength of the service delivery infrastructure and norms around caring for children, also vary widely. In light of these differences, a singular approach to targeting, and in turn M&E, is unlikely to be equally effective across countries and regions. [64]

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[62] Gulaid, Laurie, 'Targeting AIDS Mitigation Resources to Children', Discussion paper for Inter-Agency Task Team on Children and HIV/AIDS, September 2007, New York, NY. Download: <http://www.crin.org/docs/Targeting%20AIDS%20Mitigation%20Resources%20to%20Children.pdf>
[63] Ibid.
[64] Ibid.

Annex C: Framework for indicator selection (input, output, outcome, impact) [65]

The selection of a set of core indicators for the monitoring and evaluation of a national programme is essential. The most commonly used framework for the selection of indicators is the input-output-outcome-impact framework described below. The indicators can measure what goes into a programme (money, number of textbooks, meals, training, etc., which are known as the input indicators). And what comes out of it (orphans supported with school fees, trained counsellors, seed money for income-generating activities, memory books, etc., are known as output indicators). These indicators should be measured at all levels – project, district programme, provincial and national.

At the national level, various indicators are needed to track changes in the outcome of different programmes. Programme outcomes and impacts are the set of intermediate and longer-term results expected to occur at the population level due to programme activities and the generation of programme outputs. Outcomes are often best measured through population-based data.

Evaluation of the national response to children affected by HIV and AIDS relies on sound monitoring of programme context, input, output, outcome and impact. The analysis and interpretation of trends in monitoring indicators at different levels form the basis for evaluation of the national programme.

Taken together, monitoring indicators track the success of the national response as a whole. They give programme managers and decision makers an idea of whether the sum total of all efforts intended to benefit OVC in a district, region or country are making any difference in terms of slowing the epidemic spread of HIV and reducing its impact on individuals and families.

The following section discusses certain key issues related to the selection of indicators at different levels of the framework for monitoring and evaluation (see figure below for an example).

Figure: Framework for M&E of programmes that support orphaned and vulnerable children
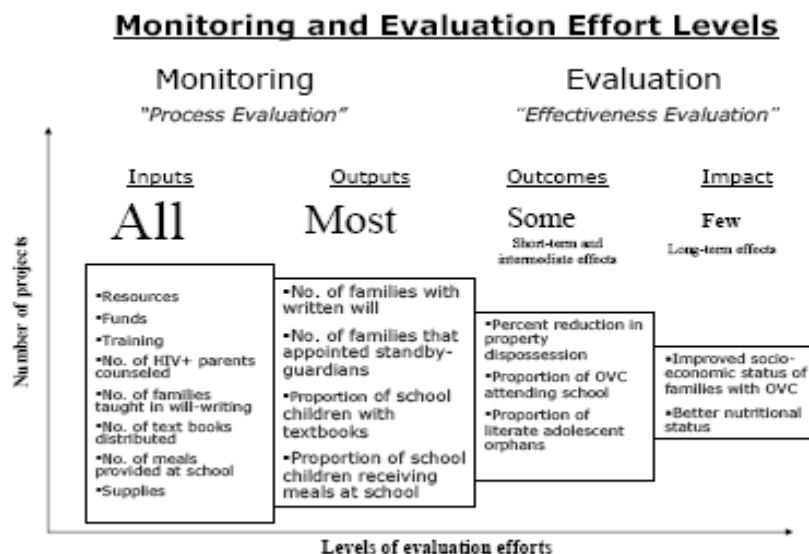
Source: Adapted from Lamptey and Gayle (eds.), *'HIV/AIDS Prevention and Care in Resource-Constrained Settings',* Family Health International, 2003.

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[65] Excerpt from the *OVC M&E Guide.* Download: <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>

The choice of input and output indicators clearly depends on what programmes aim to do. For example, succession planning – preparing families before a parent's death – is increasingly becoming a key programme objective, so monitoring at the input level includes indicators such as 'number of HIV+ parents counselled' or 'number of families taught will-writing'. The numbers of families that 'have a written will' or 'appointed a standby guardian' are examples of output indicators. An important outcome of succession-planning programmes should be a reduction in 'the percentage of widows dispossessed of property'. The long-term impact of these interventions should be improved socio-economic circumstances and a better future for children affected by HIV and AIDS.

Similarly, programmes that aim to deliver such essential services as basic education should be monitored using indicators at different levels. Examples of input indicators that are used to monitor programmes that aim to ensure access to schooling for children affected by HIV and AIDS are measures of services made available, such as the number of textbooks distributed or the number of meals provided at schools in a district.

Indicators at the output level would include the number of children with textbooks or the number of children that received a meal during the last school day. The outcome of such programmes should result in an increase in 'school attendance' among children affected by HIV/AIDS. The long-term impact should be reflected in an increase in literacy among adolescents orphaned or made vulnerable by HIV and AIDS.

The success of care and support programmes depends on the context in which they operate. The social, cultural and economic contexts in which children live and programmes operate are therefore important factors that need to be assessed when evaluating a national response.

Indicators of the political, legal and attitudinal contexts in which a programme operates have been developed in recent years. The most commonly used is the AIDS Programme Effort Index. Accepting attitudes towards those living with HIV-positive people is an important indicator in assessing the level of stigma and discrimination towards those who are infected and affected by HIV and AIDS.

Annex D: Indicator guide examples[66]

Result Framework: Rights and Protection

Target: All children have access to protection services by 2010.

	INDICATOR	DEFINITION	SOURCE	FREQUENCY	RESPONSIBILITY	BASELINE VALUE	TARGET 2010	ACTIVITIES IN NPA
IMPACT								
P.1	Number of cases of children (sexually or physically) abused reported	Number of cases of children reported sexually or physically abused to police and/or WACPU	WACPU and police stations	Annually	MGECW	None available	TBD	1.8, 1.7
OUTCOME								
P.2	Percentage of people expressing accepting attitudes towards people with HIV, of all people surveyed aged 15-49	Numerator: Number of respondents expressing accepting attitudes towards people with HIV Denominator: All respondents 15-49 years who have heard of AIDS	DHS	Every 5 years	MoHSS	21% male 23% female	TBD	1.7
P.3	Percentage of children aged 0-4 years whose births are reported registered	Numerator: Number of children aged 0-4 whose births are reported registered Denominator: Total number of children aged 0-4 surveyed	DHS	Every 5 years	MoHSS	70.5% in 2000	80%	1.11
P.4	Median time between rape and court outcome	Median number of days elapsing between rape and court outcome	Police dockets and court records	Every 2 years	Local consultants under MSS	Approx. 5 years	6 months to one year	1.8
P.5	Orphaned and vulnerable children policy and planning effort index	This is a self-assessment tool conducted with key informants.	Index questionnaire	2007	UNICEF	73 in 2004		1.1
OUTPUT								
P.6	Number of people receiving counselling (from WACPU)	Recorded number of people receiving counselling	Case files	Annually	Social workers and police officers	1 500 annually	2 000 annually	1.8
P.7	Percentage of women and children who experience property dispossession	Numerator: Number of widows aged 15-49 who experienced property dispossession Denominator: Total number of women ever widowed, aged 15-49	DHS	Every 5 years	Consultants under MGECW	TBD	Reduction by 50% by 2010	1.6
P.8	Number of recommended conventions ratified by Parliament	Internationally recognised conventions that are ratified by Parliament	Parliamentary records	Every five years	MGECW	CRC & CEDAW ratified	All	1.2

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[66] 'Monitoring and Evaluation Plan for the National Plan of Action 2006-2010 for Orphans and Vulnerable Children in Namibia', Volume 2, Ministry of Gender Equality and Child Welfare, October 2007. Download: <http://www.unicef.org/infobycountry/files/M-E-PlanforNPAforOVCvol2.pdf>

Annex E: Checklist for monitoring the pilot M&E - Zimbabwe example

This checklist was used during the six-month pilot to monitor the pilot monitoring system developed for the NAP for OVC in Zimbabwe.

Organization visited…………………………..………………………….……………..

Date of visit: …………………..………..…………………….……………………..

Purpose of visit: (Tick one)
- Routine monitoring visit
- Visit at request of organization
- Data query (our request)

Number of previous visits (giving reasons for previous visits)
………………………………………………………………………..

Interviewers:

Name of interviewers   Designation

List of staff interviewed

Name of staff interviewed   Designation

General Information
Geographical Coverage

In which districts are you implementing activities under the NAP for OVC? ……………………..

In how many wards are you implementing activities?
…………………………………………………………………………………………
How many beneficiaries (OVC) without double-counting are you targeting to reach for each Key Activity Area (per your programme plan) by the end of this year? ………...
Are you likely to reach that target? Y/N

Give reasons for your response ……………………………………………………………………………

Management of programme monitoring component of the project
Does your organization have staff that is dedicated to programme monitoring? Y/N

If yes, complete table below

Area   No. of Staff   % Time
M&E

Budget:
What percentage of the overall budget is dedicated to M&E within the programme for the NAP for OVC?
Percentage: % …………………….

Capacity
Does your organization have an M&E focal person? Y/N
Does your organization have an M&E plan in place?

Has/have the M&E staff in your organization received formal programme monitoring training? Y/N
(Date _____)

If you personally participated in M&E training, how would you rate it?
- Informative and helpful
- Somewhat informative but with certain gaps
- Not helpful at all

Of those persons in your organization formally trained in programme monitoring, how many are still in post?
- All (#___)
- Some (# _____)
- None

If your organization has lost programme monitoring staff since their formal programme monitoring training, please specify reasons (if known) …………………………………………………………………………

Has your organization conducted any programme monitoring training for your sub-grantees? Y/N

If no, what has prevented this from happening? Please explain ………………………

What support would your organization need in order to conduct this training in the future?

In the last six months, your organization has been supported to generate a programme monitoring matrix; how did you find this experience?
- Useful and informative
- Fairly useful
- Not useful at all

Additional information on this experience would be appreciated …………………………

Technology
Does your organization have a computer dedicated to M&E? Y/N
If no, how does your organization arrange computer time for M&E purposes? Please explain……………………………………………………………
How often is the phone functional?
- all the time
- sometimes
- not at all
How often is the e-mail functional?
- all the time
- sometimes
- not at all

Does your organization have access to the Internet? Y/N

Do you use the Helpdesk (Posmailbox)? Y/N
How useful is the posmailbox:
- Useful
- Somewhat useful
- Not at all useful
In terms for timeliness, have your queries addressed to the Helpdesk PoSmailbox been:
- Answered quickly and in full
- Answered fairly quickly and my questions mostly resolved
- Not answered at all

Data Entry

Have members of your organization received formal training in data entry for the NAP for OVC? Y/N

In terms of the functionality of the data entry system, do you feel:
- Very confident, no technical problems at all
- Fairly confident; some technical problems
- Not at all confident; many technical problems

If not confident, please explain.

In general, what is your opinion of the data entry system?
- User friendly and easy to use
- Generally easy to use, but there are some problems
- Not user friendly at all

In terms of technical support offered by UNICEF/National staff, how would you rate this?
- Responsive and very helpful
- Somewhat helpful
- Unresponsive and unhelpful

Further comments/suggestions …………………………………

Data Collection

Currently data for the NPA for OVC is collected using Activity Report Books. What is your opinion of this system? (Note we are not asking about indicators here.) Tick only one
- The system facilitates easy data collection
- The system facilitates data collection but there are some problems
- The system does not facilitate easy data collection

Please report on any problems experienced with the system _____

In your organization, please tell us about the system in place used to check accuracy of data collection and entry ……………………………………………………………………..

Does your organization conduct:
- Data checks with sub-grantees during the month?
- Data checks with sub-grantees only at the end of the month?
- Data checks with sub-grantees only when problems are found?

Please explain any challenges encountered:

…………………………………………………………………………………………..

In your organization, are there procedures in place to guarantee timeliness and completeness of data from the implementing agencies? Y/N

Please explain……………………………………………………………………………

…………………………………………………………………………………………..

Data Storage

Comment on filing system

(Physical observation of the files and sheets is required)

Are data entry sheets properly indexed? (i.e., Are the numbers on the sheets in line with numbers on the electronic data entry tool?) Y/N
(Physical observation of the files and sheets is required - Compare the numbers on the sheets with what is in the data entry tool- just a small sample and find out if they match)

Data Quality Control
Conduct a spot data check – using a sample of 20 activity sheets, count number 'incorrectly' completed, i.e., with missing or incomplete data
Are internal data quality control measures in place? Y/N

Please explain: ……………………………………………………………………………

How is 'inaccurate data' handled? ………………………………………………………….

Are procedures in place for correcting inaccurate data and documenting the changes systematically? Y/N
Please explain:

Data Utilization
Does your organization receive monthly summary reports through the PoS? Y/N

Where is this information stored? (Physical check please)

Please explain how your organization is using these data? * Check for data usage – wall charts, etc.

…………………………………………………………………………………………..

Data Dissemination
Is there a mechanism in place for sharing data with your sub-grantees? Y/N

If yes, how often does this activity take place?
   • every month
   • every two months
   • every quarter

If yes, please explain this process:

Is there any other mechanism in place for sharing data (for example, district team meetings, etc.)? Please explain. _____

Are the feedback reports you get from UNICEF every month useful? Y/N
Please explain...
…………………………………………………………………………………………

Networking
Is there a mechanism for networking with other partners in your district? Y/N

Please explain: …………………………………………………………………………..
……
……………………………………………………………………
Challenges with programme monitoring system currently being faced:
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

Lessons learned:
…………………………………………………………………………………………..

Recommendations for improving the programme monitoring system:
…………………………………………………………………………………………..
…………………………………………………………………………………………..

General comments: (key observations by the interviewer, not noted above)
……
……
………………………………………………………

Annex F: Example – Monthly activity report from implementers

Zimbabwe
Ministry of Public Service,
Labour and Social Welfare

Summary Report of Implemented Activities
Programme of Support (PoS) for the National Action Plan (NAP) for OVC
March, 2008

Table 1: Summary report

% organisations submitting reports	100%
% organisations submitting reports on time	74%
% organisations to which data queries were raised	4%

Figure 1: Implementation Rates by selected Indicators

* This Implementation rate is based on target values for both primary and secondary education
Data Source: NAP for OVC Monitoring Database

Table 2: Results from key indicators

Activity Area	Indicator	Indicator Description	March F	March M	March Totals	To date F	To date M	To date Totals	Target Year I	Impl. rate
BR	OVC 2	No. of new OVC who obtained birth certificates	46	51	97	680	744	1,424	5,190	27%
ED	OVC 4 Pr.	No. of new pri. school going OVC receiving school-related assistance incl. school fees	1,090	1,002	2,092	61,150	56,653	117,803	86,725	158%
	OVC 4 Sec.	No. of new sec. school going OVC receiving school-related assistance incl. school fees	454	391	845	10,256	8,555	18,811		
SS	OVC 6	No. of new OVC provided with medical support, incl. medical care and/or medical care supplies	674	392	1,066	5,143	2,919	8,062	14,964	54%
	OVC 7	No. of children living with HIV/AIDS who have newly started ART	22	15	37	155	47	202	315	64%
	OVC 9	No. of new OVC provide with food/nutritional assistance/support	1,834	1,428	3,262	17,662	16,821	34,483	32,832	105%
	OVC 12	No. of new OVC provided with emotional/psychosocial support including counseling from a trained counselor and/or emotional/spiritual support/companionship	3,908	4,061	7,969	20,307	18,046	38,353	75,006	51%
	OVC 15	No. of new child-headed households provided with shelter/housing assistance			1			18	15	120%
	SS 4A	No. of households with OVC benefiting from water facilities constructed			3			708	1,580	45%
	SS 4B	No. of households with OVC benefiting from sanitation facilities constructed			13			181	731	25%
EC	EC 2	No. of new OVC attending Lifeskills training sessions	786	516	1,302	5,295	4,544	9,839	33,867	29%
	EC 3	No. of OVC who completed vocational training	10	10	20	159	152	311	1,784	17%
CP	OVC 14	No. of new OVC receiving legal assistance	160	127	287	546	430	976	1,186	82%

Data Source: NAP for OVC Monitoring Database

Overall comments

In total 100% of the Partners submitted monthly data, an improvement from the previous month. Timelines decreased from 83% to 74%, compared with last month. Data queries continued to decrease with 4% of the organizations having their data queried. The implementation rates for most activity areas have increased; the biggest increase was achieved in Child Protection, an increase of 24% for OVC receiving legal assistance compared to last month. The activity area of Birth registration continues to be challenging; a mere increase of 1% was achieved compared to last month. Of great concern, however, is that the year 1 targets in 9 out of the 12 core indicators were not achieved.

Of interest is that to date our estimates indicate that 184,296 beneficiaries have been reached through the PoS in Year 1; this represents 125% of the expected target of 147, 012 children.

The Partner Organisations are advised to continue reporting against Year 1 targets using the old Activity Report Books until the new books are ready.

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Annex G: Activity Reporting Book example

Tick where applicable

NAP Funded	
Other Funded	

If funded by other source, specify . . . .

Name of Organisation: . . . .   Organisation ID: . . . . / . . . . / . . . . / . . . .

Reporting Period:(mm / yy) . . . .   District: . . . .

Strategic Area: MITIGATION and SUPPORT for Affected   Programme Area: Orphans and Vulnerable Children (OVC)

ACTIVITY AREA 4: FORMAL EDUCATION (ED)							
Core National Output Indicators (Managed by NAC)		NAP Funded			Other Funded		
Code	Indicator	Female	Male	**TOTAL**	Female	Male	**TOTAL**
OVC 3	Number of **new** schools awarded block grants	███			███		
OVC 4	Number of **new** OVC provided with school-related assistance						
OVC 5	Number of OVC **continuing** to be provided with school-related assistance						
Additional NAP Indicators (Managed by National Secretariat)							
ED 1	Number of **new** OVC benefiting from school block grants						
ED 2	Number of **new** OVC receiving school fees assistance						
ED 3	Number of **new** OVC receiving school-related assistance **excluding** block grants and school fees						

Emerging Issues: . . . .

. . . .

. . . .

. . . .

. . . .

Annex H: M&E Capacity Assessment Checklist example

M&E Capacity Assessment Checklist
National Action Plan for OVC- Programme of Support (PoS)

We are carrying out a small baseline survey to assess availability of skills for M&E among partners who will be implementing activities under the Programme of Support of the NAP for OVC in Zimbabwe. The information will be used to identified the gaps in M&E and to strengthen our training effort. This information is not linked to your organization and you are asked not to provide your name or any other personal information. Please complete the questionnaire below.

A. Background information

1. What is your position in the organization? _____

2. How long have you been in this position? _____

3. At what level are you working? ☐ National ☐ Provincial ☐ Community

4. Have you ever received training in Monitoring and Evaluation? _____ Yes/No

4.a) If yes indicate where, and for how long? _____

5. How would you rate your overall competency in M&E (only tick one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

6. Do you have an M&E point person in your organization: ☐ Yes ☐ No ☐ Unsure

7. How would you rate your overall competency in computer use (tick only one per programme):

7.a) Word: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Never heard of it

7.b) Excel: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Never heard of it

7.c) Power Point: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Never heard of it

7.d) Access: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Never heard of it

B. M&E Information

8. According to my knowledge, our organization have the following Technical Resources required to carry out M&E activities:		Response			Additional comments
		Yes	No	Unsure	
8.a	Dedicated computer for M&E				
8.b	E-mail address accessible to the staff				
8.c	Access to Internet — Always ☐				
	Sometimes ☐				
	Never ☐				
8.d	Back-up power supply: Generator				
	Inverter				

9. M&E Practice in your organization		Response			Additional comments
		Yes	No	Unsure	
9.a	Does your organization have a dedicated budget for the implementation of PoS M&E activities?				
9.b	Does your organization have data collection forms for the PoS? (Specify NAC/PoS/own tools developed by the organization?)				
9.c	Does your organization have the NAC Implementer Guidelines?				
9.d	Does your organization have the NAC Indicator Guide?				
9.e	Does your organization have M&E guidelines or any other M&E training materials? (Specify available training materials)				

10. Organizational Culture for M&E		Response			Additional comments
		Yes	No	Unsure	
10.a	Has the leadership in your organization demonstrated leadership and commitment to PoS M&E activities?				
10.b	Do you have access to technical support for M&E as and when required?				

11. Organizational Approach to data use		Response			Additional comments
		Yes	No	Unsure	
11.a	Do you have an M&E plan for the PoS in your organization?				
11.b	Do you have data collection forms for the PoS?				
11.c	Are PoS data routinely collected?				
11.d	Are PoS collected data routinely analyzed?				
11.e	Are PoS data routinely reviewed and discussed in your organization?				
11.f	Do people who collect PoS data routinely receive feedback?				

12. Knowledge of National Systems		Response			Additional comments
		Yes	No	Unsure	
12.a	In my opinion, there is an organized authority for coordinating and operationalizing M&E in Zimbabwe				
12.b	In my opinion, there is a National M&E Coordinating group that meets regularly				
12.c	In my opinion, the National M&E framework embraces OVC programming				
12.d	I have a good understanding of the National M&E system				
12.e	My organization has registered with the NAC and received and Organization Identification Number				
12.f	My organization routinely reports to the NAC activity Report Form				

13. M&E Knowledge and Skills (tick only one)		Response					Additional comments
		Excellent	Good	Fair	Poor	Very Poor	
13.a	In my opinion, my overall understanding of the **National M&E system is…**						
13.b	In my opinion, my understanding of the **M&E framework** is…						
13.c	In my opinion, I feel confident and able to develop an M&E plan						
13.d	In my opinion, I feel confident and able to develop an M&E budget						
13.e	In my opinion, I feel confident and able to define objectives						
13.f	In my opinion, I feel confident and able to define M&E questions						
13.g	In my opinion, I feel confident and able to define indicators						
13.h	In my opinion, I am able to manage data						
13.i	In my opinion, I feel confident and able to analyze data						
13.j	In my opinion, II feel confident and able to report on data						
13.k	In my opinion, I feel confident and able to use programme data for programme implementation						
13.l	In my opinion, I feel confident and able to build M&E capacity in my organization						
13.m	I am confident about carrying out PoS M&E activities in my organization						

Annex I: Example of community-level data collection tool

Services provided to orphans and vulnerable children

Name of the project……………………….   Day (week of)…….……………………………
Region…………………………………………   Town…..……………………………………..
Constituency……………………….………   Prepared by…………………………………

No.					
Name					
Code					
Age	0-5				
	6-14				
	15+				
Sex	Male				
	Female				
Educational Support					
Food and Nutrition					
Healthcare	HIV				
	Other				
Psychosocial support					
Protection					
Economic opportunities/ strengthening					
Services received from other organiza					

Annex J: Ethical approaches to gathering information from children and adolescents

To improve the lives of children, it is necessary to find out about their circumstances, their needs, and the services they require and receive. Strategies to collect information from children are wide-ranging, and adults working with children have an obligation to maintain the highest ethical standards in the data collection process and to do no intentional harm. Working with children therefore requires programme managers and researchers to recognize and respond to children's needs and adhere to commonly accepted principles of medical ethics and human rights throughout the activity's duration.

It is not within the scope of this document to present detailed guidelines for ethical practice when engaging children in research activities. Absolute requirements for a minimum package of responses service are summarized in an excellent publication[67] (p. 51) as follows:

- Providing children and guardians with the opportunity to give informed consent to their involvement in the activity;
- Consultation with community members regarding local acceptability of the activity; and
- Existence of functional referral systems to respond to the circumstances revealed by the activity.

Beyond these absolute requirements, key recommendations include:

- The need to balance children's participation by finding out their own opinions
- Advance planning – of the information-gathering activity
- Discussions with the community, including children and adolescents
- Functional support systems in place to deal with adverse events

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[67] Schenk, Katie and Williamson, Jan, 'Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources', Population Council, Washington, DC, 2005. Download: <http://www.infoforhealth.org/youthwg/PDFs/FHI/childrenethics.pdf>

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