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Technical Capacity Assessment Orphans and Other Vulnerable Children (OVC) Services

Facilitator's Copy

New Partners Initiative Technical Assistance (NuPITA) Project

April 2012

The New Partners Initiative Technical Assistance (NuPITA) project is funded by the United States Agency for International Development (USAID) and implemented by John Snow, Inc. and Initiatives Inc., contract GHS-I-00-07-00002-00.

This document is made possible by the generous support of the American people through USAID. The contents are the responsibility of John Snow, Inc. and do not necessarily reflect the views of USAID or the United States Government.

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Technical Capacity Assessment (TCA) for OVC Services¹

Goal:

The goal of this tool is to assist OVC² programs in assessing the critical elements for effective program implementation, determining level of progress achieved over time, and identifying those elements that need strengthening or further development.

Purpose:

The purpose of this tool is to assess an organization's ability to implement OVC programs in the specific technical areas by looking at personnel, documents and systems in place at the organizational and implementing partner levels. While the discussions will include and may focus on implementation of particular projects (e.g. NPI), this is not an explicit objective of this assessment.

The Technical Capacity Assessment (TCA) builds on the strengths of the Organizational Capacity Assessment (OCA), designed to measure overall capacity of an organization. This TCA tool is designed to provide organizations with a set of criteria to assess their current technical capacity to implement quality orphan and vulnerable children (OVC) programs, identify key areas that need strengthening, and highlight project aspects that can serve as a model for other programs working on OVC issues.

The TCA tool assesses technical capacity in three domains—organizational strategy, management information systems, and OVC programming technical capacity. Each domain has a number of areas, for a total of 24 areas for assessment, as follows:

| Domain 1: Organizational Strategy | Domain 2: Management Information Systems | Domain 3: OVC Programming Technical Capacity |
|---|--|---|
| <ol style="list-style-type: none"> 1. Program Approach 2. Guidelines/Standard Operating Procedures (SOPs) 3. Utilization of Service Standards 4. Selection of Beneficiaries/Targeting 5. Stigma and Discrimination Protocols 6. Volunteers Capacity and Support Systems 7. Community Involvement 8. Child Participation 9. Referral Systems 10. Skills Building 11. Leadership 12. Sustainability | <ol style="list-style-type: none"> 1. Data Collection 2. Data Quality Assurance and Improvement 3. Data for Decision Making 4. Feedback and Sharing 5. Management Information Systems | <ol style="list-style-type: none"> 1. Food Security and Nutrition Support 2. Shelter and Care Support 3. Physical Protection/Legal Aid Support 4. General Health Care Support 5. Psychosocial Support 6. Education/Vocational Training Support 7. Early Childhood Development Support 8. Economic Opportunity/Strengthening Support |

¹ The assessment can be conducted at the onset of an OVC intervention and annually during the lifecycle of the activity

² PEPFAR defines an OVC as a child 0-17 years old who is either orphaned or made more vulnerable because of HIV. Orphan: Has lost one or both parents to HIV. Vulnerable: Is more vulnerable because of any or all of the following factors that result from HIV: is HIV-positive; lives without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child); lives outside family care (e.g., in residential care or on the streets); or is marginalized, stigmatized, or discriminated against. Programs should also take into account national OVC definitions.

Objective: To assess the comprehensiveness of the program approach to OVC service delivery.

| DOMAIN I: ORGANIZATIONAL STRATEGY | | | | | |
|--|---|--|--|--|---|
| Area I: Program Approach | | | | | |
| Program Approach | There are no OVC services ³ being delivered by the organization (either directly and/or via linkages/referrals). | There are some OVC services being delivered (either directly and/or via linkages/referrals) that respond to a clear determination of need. | OVC services offered are in response to a clear determination of need and cover the range of services in accordance with PEPFAR and national standards (either directly and/or via linkages/referrals). The household is the key point of entry for any intervention provided to a child identified as orphaned or vulnerable. | OVC services offered cover the range of services in accordance with PEPFAR and national standards (either directly and/or via linkages/referrals). The organization is able to tailor services to beneficiaries' needs (at the individual, household, and community levels, with the household as the key point of entry). Due to the work of the organization, OVCs and their caregivers within the organization's catchment area receive comprehensive services, either through the organization itself or through linkages/referrals. The organization has the capacity to scale-up OVC service delivery while maintaining quality of services. | The organization's approach can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Are OVC services being delivered directly and/or via linkages?
2. Do the OVC services offered cover a minimum⁴ of recommended components, according to PEPFAR and national standards?
 - o [Facilitator should probe if they are aware of PEPFAR core components as well as national priorities and standards.]
3. Are the services offered in response to an evidence-based determination of need and audience identification?
 - o [Facilitator should probe how they determined which components to implement/support. What process led to this decision?]
4. Does the organization have the capacity to scale-up their program approach? Does the organization have the capacity to assist other organizations to implement similar programs?
 - o [Capacity refers to resources, technical know-how, etc. Scale-up is in terms of geographical coverage and comprehensiveness of services offered.]

Area I Score: _____

³OVC services are defined by PEPFAR as education, food and nutritional support, shelter and care, protection, health care, psychosocial support and economic strengthening. Programs should also take into account national OVC policies and definitions of comprehensive care when considering what services to offer beneficiaries.

⁴ According to guidance given by the USAID in-country mission and national government (PEPFAR requires at least 3).

Objective: To determine the availability of organizational specific guidelines/standard operating procedures.

| DOMAIN 1: ORGANIZATIONAL STRATEGY | | | | | |
|--|--|---|---|---|--|
| Area 2: Organization-Specific Guidelines/Standard Operating Procedures (SOPs) | | | | | |
| Organization-Specific Guidelines/Standard Operating Procedures (SOPs)⁵ | There are no project specific guidelines/SOPs in place for OVC service delivery. | There are up-to-date guidelines/SOPs in place that are in line with PEPFAR and national guidelines. | There are up-to-date guidelines/SOPs in place in line with PEPFAR and national guidelines. The guidelines/SOPs have been interpreted and disseminated to staff, implementers, and relevant stakeholders (as appropriate). | There are guidelines/SOPs in place that are up-to-date and in line with PEPFAR and national guidelines. The guidelines/SOPs have been interpreted and disseminated to relevant stakeholders (as appropriate). OVC services are being delivered in a standardized manner across all service delivery points according to documented guidelines/SOPs. | The organization's guidelines /SOPs on OVC care can serve as models for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Does the organization have guidelines/SOPs for OVC service delivery?
2. Are the guidelines/SOPs up-to-date and in line with PEPFAR and national guidelines?
3. Has the leadership interpreted and disseminated the guidelines/SOPs to project staff, implementers and other relevant stakeholders (as appropriate)?
4. Is there a checklist to guide activity implementers and volunteers in their daily work?
5. Are there measures to ensure consistent adherence to set guidelines/SOPs?
6. Is there a scheduled plan to update the guidelines/ SOPs so as to incorporate new developments?

Area 2 Score: _____

⁵ Organization-specific guidelines/standard operating procedures (SOPs) refer to written procedures of how the organization implements OVC activities. This could be an adaption of national and international guidelines.

Objective: To assess the organization's ability to implement high quality interventions by adhering to set OVC service standards.

| DOMAIN I: ORGANIZATIONAL STRATEGY | | | | | |
|---|--|--|--|---|--|
| Area 3: Utilization of Service Standards | | | | | |
| Utilization of Service Standards⁶ | The organization has no service standards in place for its OVC activities. | OVC service standards exist, but are not uniformly applied across activities. Not all staff are aware of them. | OVC service standards exist and are applied uniformly across the activities. Staff are aware of these standards and trained to apply them. Standards are monitored but interventions are not improved upon when non-adherence is observed. | OVC service standards exist and are applied uniformly and regularly across activities. Staff and implementers (including volunteers) are aware of these standards and are trained to apply and monitor them. The standards are consistently and comprehensively adhered to. Standards are monitored and interventions are improved upon when non-adherence is observed. | The organization's approach to observing set service standards while implementing OVC services can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Does the project have documented OVC service standards in place?
2. Are the service standards in line with national guidelines and the broader evidence-base for service standards?
3. Have staff and project implementers been oriented to the service standards?
4. Are project implementers applying and following the service standards?
5. Is there a standards checklist that project implementers and volunteers can apply in their daily work?
6. Does support supervision include checking for adherence to service standards?
7. If the standards are being followed, do the children receiving services fare better? What sources of data are used to confirm this?
 - o [Facilitator to check for source of data, e.g. CSI, parenting map, or other outcome monitoring agreed upon by OVC stakeholders from national plans of action.]

Area 3 Score: _____

⁶A standard is an agreed upon level or benchmark of quality. It is measurable and, to the greatest degree possible, evidence-based. Standards define the minimum level of support to be provided and help ensure the support is provided consistently and to a minimum level of quality. Dimensions of quality include safety, access, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation, and sustainability (Quality Assurance Project, USAID). Project service standards should be documented for reference.

Objective: To assess the process by which the project selects its OVC beneficiaries (targeting).

| DOMAIN I: ORGANIZATIONAL STRATEGY | | | | | |
|---|---|--|--|--|--|
| Area 4: Selection of Beneficiaries/Targeting | | | | | |
| Selection of Beneficiaries/ Targeting | There are no organizational guidelines on the selection of beneficiaries. | There are clear guidelines on the selection of beneficiaries which take into account reaching the most vulnerable children and households. The organization has considered different strategies for selecting beneficiaries ⁷ . | There are clear guidelines for beneficiary selection that take into account reaching the most vulnerable children and households. Different targeting options are considered for different technical aspects of the program. Beneficiary selection is transparent and community-driven. Efforts are made to reach especially vulnerable children (those under 5 years of age, disabled, girl children, HIV-infected and/or child-headed households). | Targeting and the selection of beneficiaries make efforts to avoid stigmatizing OVC and their families (takes into account a 'do no harm' philosophy ⁸). The organization is successful at reaching the most vulnerable with services. | The organization's approach to selecting beneficiaries/targeting can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. What was the process by which the organization determined the selection of beneficiaries?
2. Are there documented guidelines for selecting beneficiaries included either in the SOPs or separately? Are different options considered in selecting beneficiaries, e.g., a survey based on community criteria for vulnerability, use of poverty indicators, use of local lists of OVC households, equity strategy, cluster strategy, vulnerability score, participatory weighting?
3. Is there an OVC selection and verification tool used to identify project beneficiaries?
4. Is the community involved in selection of beneficiaries?
5. Has the selection process been transparent?
6. Does the targeting and selection process make efforts to avoid stigmatizing OVC and their families, and identify the most vulnerable?

Area 4 Score: _____

⁷ For example, different methods of targeting are: 1) developing a targeting survey based on community criteria for vulnerability; 2) using poverty indicators; 3) using local lists of OVC households (with consideration that relying on these lists alone could reinforce stigma against these households); 4) using an 'equity' strategy whereby each village in the area has the same number of identified households; 5) using a 'cluster' strategy where villages with most vulnerable households are the focus of the work; 6) using a 'scoring' strategy where children with the highest levels of vulnerability (vulnerability 'scores') are enrolled, regardless of village (source: Speak for the Child Case Study: Kenya, August 2003).

⁸ A 'do no harm' approach works to ensure that all interventions prioritize the best interests of the OVC and their families, and make efforts to diminish any unintended negative consequences as a result of project activity. This perspective should be applied starting with the project design stage, through implementation, monitoring and evaluation.

Objective: To ascertain if the organization works to minimize stigma/discrimination in its OVC activities.

| DOMAIN I: ORGANIZATIONAL STRATEGY | | | | | |
|--|---|---|--|---|--|
| Area 5: Stigma and Discrimination Protocols | | | | | |
| Stigma and Discrimination Protocols⁹ | The organization has done no analysis on the impact of its planned/implemented activities to decrease stigma/discrimination, and how to establish safeguards to minimize these effects. | The organization has considered how to avoid increasing stigma and discrimination as a result of its activities and has relevant protocols in place to ensure activities do no harm. The organization does not do this during the design stage but after activities have already started. | The organization's activities take into account stigma and discrimination reduction measures, starting from the design stage onward. The organization continues to evaluate its potential role in furthering stigma and discrimination (and addresses any concerns). The organization has consulted with relevant community members on this issue. | There is evidence that the organization has avoided furthering stigmatization/discrimination of beneficiaries in its activities. The organization continually re-assesses the impact of its programming on those who may be stigmatized or discriminated against. | The organization's approach to addressing the impact of its interventions on how target individuals and their families are considered by the wider community can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Did your organization analyze program activities and their potential contribution to the stigmatization/discrimination of OVC and their families? Did the organization do this during the project design stage, or after activities were implemented?
2. If this analysis revealed potential harm, did the organization adjust its approach or address these concerns?
3. Are there tools/mechanisms in place to continually review potential negative impacts as a result of the organizations' activities?

Area 5 Score: _____

⁹ Stigma is based on beliefs. A person is 'stigmatized' when another person thinks negatively of him/her because of something he/she has experienced or because he/she belongs to a particular group. Discrimination occurs when actions are taken (or not taken) on the basis of a stigmatizing belief. At times OVC programs inadvertently contribute to furthering stigma and discrimination against OVC and their families. For example, this might occur when programs offer support to only one child in a household where all children are vulnerable (singling out a child as 'different' and leading to possible marginalization/resentment). In some communities this will not be the case, but an analysis of such issues is a critical component to a strong OVC program.

Objective: To assess the organization's ability to maintain a resourceful pool of volunteers.

| DOMAIN I: ORGANIZATIONAL STRATEGY | | | | | |
|--|---|--|---|---|--|
| Area 6: Volunteer Capacity and Support System | | | | | |
| Volunteer Capacity and Support System | The organization has not analyzed its volunteer capacity in terms of skill mix in relation to OVC service delivery. | The organization has solicited the input of its volunteers in terms of their skills, capacities, and constraints, and taken them into account when designing/implementing activities. However there is no volunteer retention strategy in place. | The organization's approach takes into account an analysis of volunteers' skills, workload capacities, and constraints. A volunteer retention strategy is in place and includes processes to support volunteer morale and address the psychosocial needs of volunteers. ¹⁰ | The organization's approach reflects a realistic assessment of volunteers' skills, capacities, and constraints. A functioning volunteer-retention strategy is in place and the organization has a low volunteer turnover rate. The organization regularly consults with its volunteers to remain informed about their constraints and concerns. | The organization's approach to supporting volunteers and addressing their capacity can serve as a model for other organizations. |
| | 1 | 2 | 3 | 5 | |

Probing questions:

1. Has the organization analyzed its volunteers' skill mix, capacities, and constraints?
2. Has the organization solicited the input of its volunteers on the design of activities (in terms of their capacities and constraints), and taken this into account when designing the project?
3. Is there a volunteer retention strategy in place?
4. Does the organization offer support to its volunteers (moral support, psychosocial support)?
 - o [This could be in the form of volunteer support groups, for example.]
5. Is there a low volunteer turnover rate? What is the annual/periodic attrition rate registered?

Area 6 Score: _____

¹⁰ For those who work directly with OVC and their families, this is often referred to as 'care for the caregiver'.

Objective: To assess the level of community involvement in the organization's OVC activities.

DOMAIN I: ORGANIZATIONAL STRATEGY

Area 7: Community Involvement

| | | | | | |
|---|--|---|---|---|---|
| Community Involvement¹¹ | There is little or no interface with the target community. The OVC issues being addressed may not necessarily be priorities for the community. | There are fora for the target community (including those regularly in contact with vulnerable children such as teachers, child welfare officers, health care workers, police, etc.) to participate in activities, including designing mutually agreed upon intervention priorities/goals and the transparent selection of beneficiaries (as appropriate). | There are fora for the target community to co-plan and participate in activities on an ongoing basis. There are village/grassroots structures formed or in place to support the OVC services. | The target community participates in organization's activities on an ongoing basis (as appropriate). The organization receives regular input and feedback from the community that it is able to take into account when implementing activities. Activities reflect the needs of the target community as much as possible. | The organization's approach to engaging the community can serve as a model for other organizations. Community-based structures to support the OVC services can be used as a resource for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Is there a mechanism for the organization's OVC activities to receive input from the target community?
2. Is there a mechanism for the organization to meet with the target community to set priorities for intervention?
 - o [This can be confirmed by looking at the minutes or any documented evidence of meetings.]
3. Is the community involved in the selection of OVC?
4. Is there a framework where the organization accounts to the target community for the welfare of the OVC?
5. Is there documentation of the community involvement activities?
6. Is the project able to take into account the feedback from the community, and make any adjustments to activities?

Area 7 Score: _____

¹¹ Families and communities have important roles in raising children. PEPFAR seeks to support interventions that strengthen the capacities of families and communities to make informed decisions regarding who needs what care and how best to provide it, especially for the long term.

Objective: To assess the level of child participation in the organization's OVC activities.

DOMAIN I: ORGANIZATIONAL STRATEGY

| Area 8: Child Participation | | | | | |
|--|---|---|--|---|---|
| Child Participation ¹² | There are no fora for the children to get involved in the design or provide feedback regarding activities implemented by the organization. Staff have no knowledge and skills on child participation. | There are occasional (non-regular) fora for the children to get involved in activities implemented by the organization. Staff have limited knowledge about/training around child participation. | The organization has documented procedures and guidelines on child participation, and solicits and receives input and feedback from children. Staff have adequate knowledge and skills in fostering child participation. | Fora for ongoing child participation exist and the organization receives input and feedback from children, which it is able to incorporate into its activities. Child participation procedures are documented, and standards exist and are used in practice. Lessons and best practices in child participation are documented and shared. Staff have strong knowledge and skills in fostering meaningful child participation. | Children participate fully in OVC activities and the activities reflect the needs of the children as much as possible. The organization's approach to child participation can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Is there a mechanism for the organization to meet with the children to set priorities for intervention?
 - o [This can be confirmed by looking at the minutes or any documented evidence of meetings.]
2. Are staff knowledgeable about/training in fostering child participation?
3. Is there a child-friendly, enabling environment for child participation activities?
4. Are there documented procedures for child participation?
5. Is there a framework where the organization accounts to the children provided services under different activities?
6. Has the project developed or adapted standards in child participation? What are the key highlights of the SOPs?

Area 8 Score: _____

¹² Children's participation is an informed and willing involvement of all children, including the most marginalized and those of different ages and abilities, in any matter concerning them either directly or indirectly. Children and their families should participate, to the fullest extent of their capacities, through the entire project cycle of planning, implementing, monitoring, and evaluating. Participation increases program responsiveness in the best interests of the child and his or her families, and improves the likelihood of making a measurable difference in their lives. This is one of the rights described in the UN Convention on the Rights of the Child.

Objective: To assess the existence and functionality of referral and linkages systems as part of implementing OVC activities.

DOMAIN I: ORGANIZATIONAL STRATEGY

Area 9: Referral Systems

| | | | | | |
|---|--|---|--|--|--|
| <p>Referral Systems¹³</p> | <p>The organization does not deliver all services itself nor is there an active referral/linkages system by which OVC and their families are referred for and linked to services.</p> <p>*Note that organizations are not necessarily expected to deliver all services, but are expected, as far as possible, to have them available through referral and linkage.</p> | <p>There are no clear referral/linkages guidelines in place. The organization has undertaken some initial activities toward the goal of establishing a referral/linkages system, such as the mapping of other service providers, and the creation of a list of organizations/facilities/providers that/who offer related or complementary services.</p> | <p>There are clear referral/linkages guidelines in place and referrals are being made. There is a formal referral/linkage partnership with other service providers. Documentation of referrals is available and able to capture all referred clients who sought and received services.</p> | <p>There is an operational referral/linkages system. Referrals are tracked and reported, and linkages are meaningful and acted upon by OVC and their families. The organization is able to monitor and evaluate the extent to which the referral/linkages network is achieving its intended objectives and meeting all clients' needs.</p> | <p>The organization's approach to referrals/linkages can serve as a model for other organizations.</p> |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Is there a comprehensive referral/linkages strategy in place? Is it implemented uniformly across the organization's OVC activities?
 - o *[Look for referral notes, client return forms, list of other providers, MOUs with other organizations and programs, etc. that show existence of a referral/linkages relationship.]*
2. Are referrals being made to other providers for services not provided by this organization? Are linkages being made between different organizations?
3. Is there a list of all the organizations providing OVC and related services in the same catchment areas?
 - o *[Check for a list of other organizations providing related services in the project area.]*
4. Have partners and staff been trained to carry out effective referrals?
5. Is there documentation of referred clients?
6. Is there means of verifying whether services were received by referred clients?
 - o *[This may include a feedback loop to track referrals, documentation of referrals.]*
7. Are there periodic meetings of network providers?
8. Do you monitor and evaluate the extent to which the referral/linkages system is achieving its intended objectives and meeting clients' needs?

Area 9 Score: _____

¹³ Referral is a process by which immediate clients' needs for care and support are assessed and clients helped to access services. Referral systems offer opportunities for in delivering comprehensive support to clients. Identifying and coordinating multi-sectoral responses is important to make certain that all core interventions are available for children and families in need and that children and their families have access to interventions outside the purview of individual organizations.

Objective: To assess the relevancy and effectiveness of internal skills building conducted by the organization.

| DOMAIN 1: ORGANIZATIONAL STRATEGY | | | | | |
|--|---|--|---|--|---|
| Area 10: Internal Skills Building | | | | | |
| Internal Skills Building | There are no organization-specific skills building/professional development activities being conducted for staff. | There are some internal skills-building activities being conducted but on an inconsistent basis. | Internal skills-building activities are based on gaps/skills needed to implement project activities, as well as areas of interest of staff. Appropriate, technically sound curricula are used and/or adapted. | Internal skills-building activities are based on gaps/skills needed to implement project activities and areas of interest of staff. Appropriate, technically sound curricula are used and/or adapted. A documented skills-building plan is in place. Refresher trainings are offered as needed. The plan is updated regularly. | The organization has a high-quality staff training and skills development process. The organization's staff development approach offers a model that can be replicated. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Are there any organization-specific skills building activities being conducted?
2. Are there structured needs assessment tools?
3. Are the skills-building activities based on a needs assessment? Are appropriate curricula used?
4. Is there a mechanism to evaluate the relevancy and effectiveness of the skills building activities conducted?
 - o [Check for availability of support supervision guide.]

Area 10 Score: _____

Objective: To determine the capacity of leadership for the OVC interventions.

| DOMAIN I: ORGANIZATIONAL STRATEGY | | | | | |
|--|--|---|---|--|--|
| Area II: Leadership | | | | | |
| Leadership | The organization has no identified committed OVC portfolio leadership. ¹⁴ | The organization has identified leadership who are responsible for OVC program management at most levels of implementation. Leadership has basic knowledge of OVC issues. | The organization has committed leadership with good experience and clear vision in providing OVC services at each level of implementation. Leadership needs some assistance to set up and lead strong systems for OVC service delivery. | The organization has committed leadership with full understanding of OVC issues that is able to provide strategic thinking and direction. Leadership is engaged in establishing, strengthening, and expanding OVC services, as well as coaching and mentoring staff. | Has committed leadership with full understanding of OVC issues and is able to train other organizations in running OVC programs. The organization's leadership approach offers a model that can be replicated. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Is there an identified leader or leadership team within the organization who is responsible for providing overall technical direction for the OVC activities?
2. Does the identified leader(s) have technical expertise and experience managing OVC programs/services?
3. Does the leader(ship) sit on national/local OVC coordinating bodies?
4. Does the leader(ship) give technical guidance in OVC programming?
5. Is the leader(ship) engaged in capacity building for OVC programs?
6. Is the identified leader(ship) used as a resource by other OVC programs?

Area II Score: _____

¹⁴ Regarding a 'committed leader(ship)' vs. 'experienced leader(ship)': a committed leader(ship) may be fully dedicated to the program and program improvement but lacks/has minimal OVC experience, while an experienced leader is both fully committed to and familiar with OVC issues.

Objective: To assess whether organizational activities can be implemented beyond the life of specific projects.

| DOMAIN I: ORGANIZATIONAL STRATEGY | | | | | |
|--|--|--|--|--|---|
| Area 12: Sustainability | | | | | |
| Sustainability¹⁵ | The organization has no explicit sustainability plan and/or exit strategies in place for its OVC activities. | The organization has identified the requirements for ensuring OVC care activities over time, including an exit strategy. | The organization's activities reflect the emphasis on sustainability, and/or the exit plan is being carried out. | The organization's activities fully reflect the emphasis on sustainability and/or there is an exit plan being implemented. Organization leadership is able to identify areas for further consideration in the long-term in consultation with the target communities. | The organization has a clear vision for promoting sustainability that is reflected in all its activities. The organization's sustainability approach offers a model that can be replicated. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. What efforts are being undertaken to ensure services to OVC continue beyond the life of individual project?
2. Does the organization have a sustainability plan for its activities beyond specific project life cycles?
3. Which sustainability approaches are being implemented by the organization?
4. Is the organization involved in strengthening networks and coordination?

Area 12 Score: _____

Total Domain I points: _____

Domain I Score (Total Points / 12): _____

¹⁵OVC care is a long-term venture. The goal of building the long-term sustainability of OVC interventions requires planning for this reality and for the continuity of service delivery to and by the community.

Objective: To assess organizational capacity to collect and manage data accurately.

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

| Area I: Data Collection | | | | | |
|-------------------------|---|---|--|--|--|
| Data Collection | The organization has no documented procedures to guide data collection at various levels. | The organization has documented procedures, including appropriate tools, to guide data collection at various levels. Tools have been reviewed to capture information required for specific donor reporting requirements (i.e., appropriate indicators). Some information the organization is collecting is not used for either donor reporting or to inform other organization activity implementation. | Data collection tools have been standardized to collect data across sub-partners and service delivery points, and adhere to standards of confidentiality. This requirement is clearly documented in MOUs with sub-partners. The staff and community involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data. | The organization has a documented and fully functional procedure for data transmission (data-flow plan). Staff and community involved in data collection have been adequately trained and supervised in use of the tools. Sub-partners collect and submit PEPFAR data as required. | The organization's data collection approach offers a model that can be replicated. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Is there is a documented data collection procedure¹⁶ to guide data collection at various levels?
2. Are there tools for collecting data at the various levels¹⁷?
3. Are there mechanisms in place to avoid double counting (such as unique client identification)¹⁸?
4. Have the tools been reviewed to capture information required for specific donor indicators?
5. Does the organization have standardized tools across sub-partners and service delivery points?
6. Have staff been trained in the use of the tools?
7. Does the organization have documented procedures for data transmission (data-flow plan) to and from various levels?

Area I Score: _____

¹⁶ There is a list of operational definitions of what is being counted for each indicator (e.g., what constitutes a person receiving a service). All groups delivering the same services use standardized or compatible data-collection forms. Within all groups delivering the services, there are designated staff responsible for the review and validation of aggregated numbers prior to submission to the next level (i.e., it is in their job description).

¹⁷ 'Various levels' refer to household, community, sub county, district, regional and head office level.

¹⁸ The reporting system avoids double counting within each group delivering services [e.g., when an individual receiving identical or related services from the same group is improperly counted more than once] and across groups delivering similar services [e.g. when an individual receiving identical or related services from different groups is improperly counted more than once]. For example, an OVC receiving school-related expenses and/or nutritional support from different groups.

Objective: To assess the capacity of the organization to maintain quality of collected data.

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

| Area 2: Data Quality Assurance and Improvement | | | | | |
|---|---|---|--|--|--|
| Data-Quality Assurance and Improvement | The organization has not identified the need to have data-quality assurance processes in place. | The organization has identified the need for data-quality assurance processes, as well as the requirements for such a system. The organization has a nascent data-quality assurance process in place. | The organization has an effective data-quality assurance process in place that is able to identify and address gaps and/or weaknesses in data. | The organization has an effective data-quality assurance process in place, and has identified a feedback mechanism to routinely assess quality in critical areas of service delivery. The feedback mechanism is known by relevant project staff. | The organization's approach to data quality assurance and improvement offers a model that can be replicated. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Has the organization identified the need for and the requirements for having data quality assurance processes in place?
2. Has the organization identified a strategy to address gaps and/or weaknesses in data?
 - o [Gaps refer to inadequate data or the missing link between data and the decisions to be taken, e.g. decision to procure consumables.]
3. Has the organization been able to address gaps in and/or weaknesses in the data, and does the organization have the capacity for data management tasks?
 - o [Tasks may include Excel format conversions, data cleaning, data aggregation and analysis.]
4. Has the organization identified a feedback mechanism (including all stakeholders) and a system to routinely assess quality in critical areas of service delivery?

| Organization has: | Yes | No | N/A | Comments |
|---|------------|-----------|------------|-----------------|
| M&E plan with clearly specified M&E roles and responsibilities | | | | |
| SOPs for data collection, tracking clients' records, and data storage | | | | |
| SOPs for conducting data quality assessments, validation, and cleaning | | | | |
| SOPs for aggregation & analysis of data | | | | |
| SOPs for ensuring data security | | | | |
| Staff that have been trained on all relevant SOPs | | | | |
| SOPs displayed and accessible for easy reference by all relevant staff | | | | |
| A mechanism to ensure unique client identification across sites, services, and longitudinally | | | | |
| Tools that are standardized across projects | | | | |
| A clear data-flow plan (with timelines for submission of data and provision of feedback) | | | | |
| Data collection tools updated to accommodate variations in indicator requirements | | | | |
| Data quality assessments to assess reliability, validity, and accuracy of collected data | | | | |
| Data review processes to ensure feedback for quality improvement | | | | |

Area 2 Score: _____

Objective: To assess if data is used to inform decision making processes within the organization.

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

| Area 3: Data Use for Decision Making | | | | | |
|---|---|---|---|--|--|
| Data Use for Decision Making | The organization and/or its implementing partners have limited or no historical (or baseline) data against which current data can be compared to help in decision making. | The organization and/or its implementing partners have a process for comparison of achievement against goals and past progress. | The organization and/or its implementing partners have a process for comparing achievement against goals and past progress that results in plans to modify action or approach/tools. The organization and/or its implementing partners follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention. | The organization and/or its implementing partners' current approach to implementation and/or the referral, community or demand generation activities carried out reflect greater effectiveness. Data is shared with stakeholders and partners. | The organization's approach to data for decision making offers a model that can be replicated. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Does the organization have historical (or baseline) data against which reports can be compared to help in decision making?
2. Does the organization have a process for comparison of achievement against goals and past progress that result in plans to modify action or approach/ tools?
 - o *[There should be a mechanism of triangulation of data sources for comparison.]*
3. Do the organization's management and staff follow a procedure of time-bound corrective action and tracking achievements against plans in all areas of the intervention?
4. Does the organization's current approach to implementation or the referral, community, or demand-generation activities reflect greater effectiveness arising from data used for decision making?

Area 3 Score: _____

Objective: To determine whether the organization networks and shares information with relevant stakeholders.

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

| Area 4: Feedback and Sharing | | | | | |
|-------------------------------------|---|--|---|---|---|
| Feedback and Sharing | The data collected and reports written by the organization and/or its implementing partners are not shared outside the organization, or are shared irregularly. | The organization and/or its implementing partners have a plan to share data and reports with relevant staff and stakeholders and regularly share this information. | The organization and/or its implementing partners share data and reports with relevant staff and. The organization solicits feedback from stakeholders. | The organization and/or its implementing partners share data and reports with relevant staff and stakeholders. The organization solicits feedback from stakeholders. Program information is also shared with outside parties via documentation such as success stories and newsletters. | The organization's approach and success with sharing information and soliciting feedback from stakeholders and interested parties can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Has the organization shared data collected and reports written outside the organization?
2. Does the organization have a clear plan for information sharing outside the organization?
3. Does the organization solicit feedback from the stakeholders with whom it shares the information?
4. Does the organization have examples of external organizations referring to this organization's reports or changing their plans of implementation due to information shared by the organization?

Area 4 Score: _____

Objective: To assess the capacity of the organization to maintain quality of collected data.

DOMAIN 2: DATA COLLECTION, QUALITY ASSURANCE AND IMPROVEMENT, MANAGEMENT INFORMATION SYSTEMS, FEEDBACK AND SHARING, AND USE FOR DECISION MAKING

| Area 5: Management Information Systems | | | | | |
|---|--|---|---|---|---|
| Management Information Systems (MISs)¹⁹ | The organization does not have a functional MIS to track data generated from various activities. | The organization has a simple MIS that has built-in data quality and validation checks (manual and electronic). | The organization has an MIS with built-in data quality and validation checks, and capacity for most specialized data retrievals. This system is used and understood by the relevant staff and management. | The organization has an MIS with built-in data quality and validation checks, and the capacity for most specialized data retrievals. The system has a documented and functional back-up procedure (computerized or manual) and there is a sufficient system for preventing unauthorized access. This system is used and understood by the relevant staff and management, and produces the needed information. | The organizations' MIS can be used as a model by other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Does the organization have a functional MIS to track clients/beneficiaries?
2. Is this system well understood by the relevant staff and management, and are they able to accurately use it?
3. Can the system generate reports?
4. Does the system have built-in data quality and validation²⁰ checks (manual and electronic)?
5. Does the organization have a system for preventing unauthorized access?
6. Does the organization have a documented and functional back-up procedure (computerized or manual)?

Area 5 Score: _____

Total Domain 2 points: _____

Domain 2 Score (Total Points / 5): _____

¹⁹ Management information system (MIS) refers to a planned system of collecting, processing, storing, and disseminating data in the form of information needed to carry out the functions of management. In a way it is a documented report of the activities that were planned and executed. It also incorporates data quality assurance mechanisms, and should be utilized to provide data for decision making.

²⁰ There are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, post-data entry verification). At all intermediate levels at which data are aggregated, mechanisms/procedures are in place to reconcile discrepancies in reports. All reporting forms used for aggregating or analysis are available for auditing purposes at all levels at which data is being reported.

Objective: To assess the organizational knowledge and capacity to implement food security and nutrition programming.

DOMAIN 3: OVC PROGRAMMING TECHNICAL CAPACITY

Area I: Food Security and Nutrition Support¹

| | | | | | |
|--|--|--|--|---|---|
| Food Security and/or Nutrition (FSN) Support²¹ | The organization provides limited to no FSN services and/or does little to facilitate access. Staff do not have FSN knowledge or skills. | The organization provides and/or facilitates limited access to FSN. Staff have limited knowledge and skills in providing or facilitating services. FSN is specifically addressed in the organization's strategic plan. | The organization provides and/or facilitates access to FSN activities on a regular basis. Staff have adequate knowledge and skills in providing or facilitating services. The nutrition status of children is regularly assessed, as is household food security. | The organization provides comprehensive FSN services and/or is successful in facilitating access to services. The nutrition status of children is regularly assessed, as is household food security. Lessons learned and best practices in FSN are documented and shared. As a result of the organization's FSN activities, improvements in both have occurred consistently and been sustained over time. | The organization's FSN approach for OVC can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Do key staff have knowledge and skills in food security and nutrition? Are they able to identify children who are malnourished?
2. Is food security and nutrition reflected in the organizational strategy and plan?
3. Are OVC households provided with knowledge related to infant and young child feeding practices and the importance of a nutritious diet for children of all ages?
4. Does the organization link OVC households to sustainable livelihood initiatives, (including small-scale agriculture, animal husbandry, micro-enterprise training, etc.) to achieve sustained food security improvements and avoid recidivism?
5. Does the organization engage a broader network of key actors is to ensure effective leveraging of food security and nutrition services?
6. Are there referral mechanisms in place to ensure that malnourished children receive nutrition assessment, counseling, and support as needed?

Area I Score: _____

²¹ In the OVC context, food security and nutrition (FSN) programming involves interventions that improve the nutritional status of vulnerable children, and/or facilitate improved food security for households and communities that care for vulnerable children. Food security involves *availability* of nutritious foods; reliable *access* to food through food production and/or purchase of food (often with support from safety-net programs); and appropriate *utilization* of that food within the home. Routine assessment, referral, and continuous monitoring of child nutrition forms the basis for providing nutrition support to malnourished children. Nutrition support, based on assessment, may be in the form of supplemental or therapeutic feeding (for both children and malnourished pregnant and lactating women), micronutrient supplementation, nutrition counseling, promotion of optimal infant and young child feeding, etc. Household food security interventions include training on homestead and school gardens, support to agriculture activities, micro-enterprise development, and a variety of other activities that improve access to a nutritious diet. Finally, child-sensitive social protection, including cash and other social transfers, has also been shown to improve the nutrition status of children. (*Scoping Study on Social Protection: Evidence on Impacts and Future Research Directions*. Kabeer, N., DFID, December 2009).

Objective: To assess the organizational knowledge and capacity to implement shelter and care programming.

| DOMAIN 3: OVC PROGRAMMING TECHNICAL CAPACITY | | | | | |
|--|--|--|---|---|---|
| Area 2: Shelter and Care Supportⁱⁱ | | | | | |
| Shelter and Care Support²² | The organization provides limited to no shelter and care support and/or does little to facilitate access. Staff do not have knowledge or skills to address shelter and care issues. The organization's approach does not consider the living environment of the child. Items such as bedding and clothes are never or irregularly distributed to OVC households. | The organization provides and/or facilitates access to shelter and care support on a limited basis. Staff have limited knowledge and skills in providing or facilitating services. Shelter and care is specifically addressed in the organization's strategic plan. OVC households have some access to basic items such as clothing, water, and bedding. | The organization provides and/or facilitates access to shelter and care support on a regular basis. Staff have adequate knowledge and skills in providing or facilitating services. OVC households have regular access to basic items such as clothing, water, and bedding. The organization works in coordination with the community to identify alternate care for children at risk in their current environment. | The organization provides comprehensive shelter and care support and/or successfully facilitates access to services. Needs related to shelter, clothing, and access to safe water and sanitation facilities are met. Efforts are made to ensure that OVC live in a secure and safe environment that does not put them at risk of injury or stigma. Lessons learned and best practices in shelter and care are documented and shared. There is evidence that the organizations' approach has met with success. | The organization's approach to shelter and care support serves as a model that can be used by other OVC programs. |
| | 1 | 2 | 3 | 4 | |

Services related to shelter and care include:

- Support to child-headed households to maintain their homes
- Provision of temporary shelter for children in transition
- Provision of services to improve water and sanitation
- Identifying potential care givers prior to parent/caregiver's death
- Referrals and access to programs that provide incentives for adoption or provision of foster care

Probing questions:

1. Do program staff have knowledge and skills in care and support for OVC?
2. Are OVC households provided with basic domestic items?
3. Is alternative foster care identified for OVC without adult supervision?
4. What efforts are made to ensure OVC live securely?

Area 2 Score: _____

²² Most children affected by HIV live in the local community with their families, which is the most appropriate place for their care. Institutional care should be the very last option.

Objective: To assess the organizational knowledge and capacity to offer physical protection and legal aid support to OVC.

DOMAIN 3: OVC PROGRAMMING TECHNICAL CAPACITY

| Area 3: Physical Protection/ Legal Aid Support | | | | | |
|---|---|--|---|--|---|
| Physical Protection/ Legal Aid Support ²³ | The organization provides limited or no physical protection/legal aid services and/or does little to facilitate access. Staff do not have knowledge and skills in protection/legal aid. | The organization provides and/or facilitates access to physical protection/legal aid support on a limited basis. Staff have limited knowledge and skills in providing or facilitating services. Protection/legal aid support is not reflected in the overall organizational plan or strategy. Protection activities are guided by policy frameworks at the national and international level. | The organization provides and/or facilitates access to physical protection/legal aid support on a regular basis. Staff have adequate knowledge and skills in providing or facilitating services. Protection/legal aid support is reflected in the organizational plan and strategy. There are child safeguarding organizational policies in place but these are irregularly followed. | The organization provides comprehensive protection/legal aid support and/or is successful in facilitating access to services. Staff have strong skills in providing or facilitating services. The organization has child safeguarding policies, procedures, and guidelines. The organization has a written child safeguarding policy against abuse and exploitation of children that clearly prohibits child labor and sexual activity between staff and children under 18-years-of-age. Lessons learned and best practices in providing these services are documented and shared. There is documentation indicating a reduction in violations against children as a result of project activities. | The organization's approach to protection/legal aid support can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Is the organization offering any of the following child protection services: birth registration; support for inheritance claims, support in accessing government grants/social welfare support; support to child-headed households to prevent sibling separation; assisting in removal of children from abusive environments; provision of support for survivors of sexual or physical abuse; education and messaging to prevent abuse?
2. Are protection activities guided by policy frameworks at the national and international level (e.g. UNCRC, Children's Act, Constitution, etc)?
3. Does the organization have child safeguarding policies in place? Are staff oriented to these policies?

Area 3 Score: _____

²³ Protection/legal aid is an immediate response to circumstances and conditions that create gross violation of the rights of children by subjecting them to risks and hazards. Protection/legal aid aims at ensuring that OVC are free from physical and sexual abuse, neglect, and exploitation and that they are legally protected.

Objective: To assess the organizational knowledge and capacity to implement general health care support programming.

| DOMAIN 3: OVC PROGRAMMING TECHNICAL CAPACITY | | | | | |
|---|--|---|---|---|--|
| Area 4: General Health Care Support | | | | | |
| General Health Care Support²⁴ | The organization provides limited to no general health care services and/or does little to facilitate access. Staff do not have adequate skills to provide or facilitate access to these services. | The organization provides and/or facilitates access to general health care support on a limited basis. Staff have limited knowledge and skills in providing or facilitating services. General health support is specifically addressed in the organization's strategic plan. The organization is not able to meet the general health needs of children at every age level within its target groups. | The organization provides and/or facilitates access to general health care support on a regular basis. Staff have adequate knowledge and skills in providing or facilitating services. The organization meets some, but not all of the general health needs of children at every age level. | The organization provides comprehensive health care services and/or is successful in facilitating access to services, and staff have strong skills to do so. The program meets the general health needs of children at every age level, and there is evidence that this approach has been successful. Lessons learned and best practices in providing these services are documented and shared. | The organization's approach to general health care support can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Do program staff have knowledge and skills in basic health care for OVC?
2. Does the organization implement any of the following health services: routine growth monitoring of OVC; provision of health insurance; provision of health education at the household or community level; prevention of malaria; provision of services to improve water and sanitation; assessment, referral, and follow-up for general health support services (e.g. immunizations)?
3. Does the organization refer OVC for preventive, curative, palliative, and rehabilitative services?

Area 4 Score: _____

²⁴ According to PEPFAR guidance, OVC programs must take active measures to meet the general health needs of children at every age level. Programs must disaggregate health requirements and interventions by age groupings (infant, toddler, child, and adolescent), as the health needs and recommended interventions differ significantly among these groups, and programs should facilitate access to primary health care for OVCs.

Objective: To assess the organizational knowledge and capacity to implement psychosocial support programming.

| DOMAIN 3: OVC PROGRAMMING TECHNICAL CAPACITY | | | | | |
|---|---|--|---|--|--|
| Area 5: Psychosocial Supportⁱⁱⁱ | | | | | |
| Psychosocial Support (PSS)²⁵ | The organization provides limited to no PSS services and/or does little to facilitate access. Staff do not have the appropriate knowledge and skills to provide or facilitate services. | The organization provides and/or facilitates access to PSS activities on a limited basis. Staff have limited knowledge and skills to provide or facilitate services. PSS is specifically addressed in the organization's strategic plan. | The organization provides and/or facilitates access to PSS services on a regular basis. Staff have adequate knowledge and skills in providing or facilitating services. The organization is able to tailor its approaches to meet the specific needs of target children and their families. | The organization provides comprehensive PSS services and/or is successful in facilitating access to services. Lessons learned and best practices in PSS are documented and shared. There is evidence that the organizations' approach is successful. | The organization's approach to PSS can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Do the organizational staff have knowledge and skills in psychosocial support?
2. Is psychosocial support reflected in the organizational strategy and plan?
3. Is the organization able to tailor its approaches to meet the specific needs of target children and their families?
4. Is the organization able to offer and differentiate/facilitate access to psychological,²⁶ social,²⁷ and spiritual²⁸ support?

Area 5 Score: _____

²⁵ Psychosocial support is assistance given to OVC and their families to improve the psychological and social situation that effects their mental function and social behavior in relation to their families and to the to the society in which they live (adapted from Uganda OVC National Strategic Program Plan for Interventions). According to PEPFAR guidance, programs should provide children with support that is appropriate for their age and situation, and recognize that children respond differently to different situations.

²⁶ Includes emotional health, disclosure support, stigma reduction, bereavement counseling.

²⁷ Positive interpersonal relationships, alcohol and drug abuse reduced, gender violence reduced, succession plans carried out, integration of OVC in traditional support systems.

²⁸ Pastoral/ spiritual care as requested by client (including by traditional healers).

Objective: To assess the organizational knowledge and capacity to implement educational/vocational training programming.

| DOMAIN 3: OVC PROGRAMMING TECHNICAL CAPACITY | | | | | |
|---|--|---|--|--|--|
| Area 6: Educational/Vocational Training Support^{iv} | | | | | |
| Educational/ Vocational Training Support²⁹ <i>(Excluding Early Childhood Development – see Area 7)</i> | The organization provides limited or no educational/vocational training services and does little to facilitate access to those services. Staff do not have knowledge and skills to provide or facilitate these services. | The organization provides and/or facilitates access to educational/vocational opportunities on a limited basis. Staff have limited knowledge and skills in providing or facilitating access to education services. No strategy exists to address OVC enrollment and retention. Scholastic materials, tuition, uniforms, and other needs are provided to OVC on an irregular basis, without a coherent distribution and sustainability strategy. | The organization provides and/or facilitates access to educational/vocational opportunities on a regular basis. There is a strategy to address OVC enrollment and retention. Scholastic materials, tuition, uniforms, and other needs are provided regularly to OVC. | The organization fully provides and/or facilitates access to educational/vocational opportunities. Scholastic materials, tuition, uniforms, and other needs are provided to OVC on a regular and sustainable basis. Lessons learned and best practices in education/vocational training are documented and shared. There is evidence that the organizations' approach has been successful. | The organization's approach to educational and vocational training support can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Educational support activities include:

- Facilitation to access formal education systems
- Facilitation to access literacy and numeracy skills
- Facilitation to access to market driven vocational training
- Advice and support during transition from school to vocational training and work

Probing questions:

1. What is the organization doing to support some of the above (or other examples of education support activities)?
2. What efforts are made to ensure OVC enroll and stay in school?
3. Will the educational support enable OVC to progress through school or vocational training?
4. Are OVC receiving additional inputs such as materials and tuition? Is there a sustainability plan to continue this activity once funding has ended?

Area 6 Score: _____

²⁹ Education: formal and informal systems of information acquisition, skills-building and technical experiences that are made available during childhood but may also involve adults seeking to acquire new skills.

Objective: To assess the organizational knowledge and capacity to implement early childhood development programming.

DOMAIN 3: OVC PROGRAMMING TECHNICAL CAPACITY

Area 7: Early Childhood Development Activities^y

| | | | | | |
|--|---|---|--|--|---|
| Early Childhood Development (ECD)³⁰ Activities | The organization provides limited or no ECD services and does little to facilitate access. Staff do not have knowledge or skills to provide or facilitate these services. | The organization provides and/or facilitates access to ECD opportunities on a limited basis. Staff have limited knowledge and skills in providing or facilitating services, but no strategy to address the youngest OVC and their families. | The organization provides and/or facilitates access to ECD opportunities on a regular basis. Staff have adequate knowledge and skills in providing or facilitating services. The approach is guided by global standards on quality ECD interventions. ³¹ There is a strategy to address children's transition and retention into formal school. | The organization fully provides and/or facilitates access to ECD opportunities. The approach is guided by global standards on quality ECD interventions. There is a strategy for children's transition and retention into formal school. The approach also engages caregivers/parents, and fosters community ownership. Lessons learned and best practices in ECD are documented and shared. There is evidence that the organizations' approach has been successful. | The organization's ECD approach can serve as a model for other organizations. |
| | 1 | 2 | 3 | 5 | |

Probing questions:

1. Does the organization target the youngest children with ECD interventions and/or facilitate access?
2. Are relevant staffed trained in ECD?
3. Does the ECD approach take into account global best practices for ECD programming? Does the approach address retention and the transition of children into formal schooling, engage caregivers/parents, and foster community ownership?

Area 7 Score: _____

³⁰ 'Early childhood' generally refers to children between birth and the official start of formal schooling. Researchers and organizations also often include the early primary school years (age six to eight) because of the importance of the transition into primary school.

³¹ Comprehensive ECD programs for OVC should address a number of evidence-based interventions. Ideal programs offer caregivers/teachers who are trained in nurturing a child's language, social, cognitive, and physical development, as well as their nutrition and overall health, all while cultivating attachment and bonding (which establishes the base for all future relationships). Staff should be trained to deliver age- and developmentally appropriate curricula that address HIV and to nurture children's cognitive and linguistic skills and socio-emotional health. Curricula should also be flexible so that teachers can tailor their approaches to respond to children's needs and circumstances, which may differ based on sex, age, ability/disability, orphan hood, or HIV status. Critical is the engagement of caregivers in any ECD interventions, for example, community-based ECD centers should include links to caregiver/parenting education.

Objective: To assess the organizational knowledge and capacity to implement economic opportunity/strengthening programming.

| DOMAIN 3: OVC PROGRAMMING TECHNICAL CAPACITY | | | | | |
|--|--|---|---|---|---|
| Area 8: Economic Opportunity/Strengthening Support^{vi} | | | | | |
| Economic Opportunity/Strengthening Support³² | The organization provides limited to no economic strengthening opportunities and/or does little to facilitate access. Staff do not have knowledge or skills to provide or facilitate these services. | The organization provides and/or facilitates access to economic opportunity/strengthening on a limited basis. Staff have limited knowledge and skills in providing or facilitating services. The organization has done a basic analysis to determine the most appropriate mix of economic strengthening activities for its target OVC and families. | The organization provides and/or facilitates access to economic opportunity/strengthening support on a regular basis. Staff have adequate knowledge and skills in providing or facilitating services. There is a strategy to address economic opportunity/strengthening activities. | The organization fully provides and/or facilitates access to economic opportunity/strengthening support. Staff have strong skills in providing or facilitating services. Program design is based on sound market analysis, and a carefully designed beneficiary multi-sectoral approach. Lessons learned and best practices in economic opportunity /strengthening are documented and shared. There is evidence that the organizations' approach been successful. | The organization's approach to economic opportunity and strengthening can serve as a model for other organizations. |
| | 1 | 2 | 3 | 4 | |

Probing questions:

1. Does the organization's staff have knowledge and skills in economic strengthening?
2. Which economic strengthening activities is the organization implementing with OVC and/or their households (vocational training, job opportunities, occupational counseling, startup resources, conditional grants, community-based asset building, micro-finance, animal husbandry, other IGAs)?
3. Are OVC and their households trained in small business development?

Area 8 Score: _____

Total Domain 3 points: _____

Domain 3 Score (Total Points / 8): _____

³² Economic strengthening can be defined as 'the portfolio of strategies and interventions that supply, protect, and/or grow physical, natural, financial, human, and social assets' (USAID 2008). Livelihoods is wider than economic strengthening and includes food security, which is considered under the technical area of nutrition and food security.

ⁱ Food and Nutrition Security

Getting Started: Programming Food Assistance for Orphans and Vulnerable Children aims to provide comprehensive guidance and direction (often to other resources) for field staff and partners who intend to design and implement food security interventions for OVC. It was developed for the World Food Program (WFP) but is easily adapted to other organizations. It can be found online at: http://one.wfp.org/food_aid/doc/WFP_OVC_brochure_consolidated-low_resolution_file.pdf

(Reference: World Food Program, November 2008)

ⁱⁱ Shelter and Care

The Promise of a Future: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa (Olson et al. 2005) is a simple call for family- and community-based care. It addresses the faith community and to faith-based funders, and is useful as a simple advocacy tool. The document provides useful case studies from faith-based responses and is available from the Firelight Foundation at www.firelightfoundation.org/publication-01.php

(Reference: Olson, K., R. Messinger, L. Sutherland, and J. Astone. 2005. *The Promise of a Future: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa*. Santa Cruz, CA: Firelight Foundation).

ⁱⁱⁱ Psychosocial Support

This report, **Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for Children Living with HIV in Africa**, provides information to better understand the psychological and social challenges faced in Africa by perinatally-infected children (aged 0-12 years), their parents/caregivers, and their health providers. It explores factors that contribute to the ability of children living with HIV to cope and thrive, and identifies the tools and approaches being used to help parents/caregivers and health providers provide psychosocial support (PSS) to these children. The report is available online at: http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/clhiv_pss_needs_africa

(Reference: Kanesathasan, Anjala, Jennifer McCleary-Sills, Marnie Vujovic, Jonathan Brakarsh, Kgethi Dlamini, Eve Namisango, Rose Nasaba, and Katherine Fritz. 2011. *Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for Children Living with HIV in Africa*. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1).

Psychosocial Care and Support for Young Children and Infants in the Time of HIV and AIDS (A Resource for Programming) is a resource for staff in organizations that work with babies and young children, or their parents or caregivers. It has issue-based chapters that present program guidance at the household and community levels, and covers a range of such psychosocial support issues as loss and bereavement, abuse, resilience, communication, play, and counseling. The manual frames each component of psychosocial support within the wider framework of child development. The document is available from REPSI at www.crin.org/docs/PSS_Young_Child_and_Infant_HIV.pdf

(Reference: Regional Psychosocial Support Initiative. 2007b. *Psychosocial Care and Support for Young Children and Infants in the Time of HIV and AIDS (A Resource for Programming)*. Johannesburg, South Africa: Regional Psychosocial Support Initiative).

iv Educational/Vocational Training Support

The three-part **Market Assessment Toolkit for Vocational Training Providers and Youth** is a combination of resources, questionnaires and activities to assist VT programs and youth to gather information on market demand and translate it into programming that responds to a dynamic business environment and youth needs. The toolkit offers a roadmap to VT providers, youth participants and other local and international actors. Increased access to information will guide service providers in a demand-driven approach, matching youths' interests, skills and available resources to market opportunities for employment and self-employment. Many of the tools have multiple purposes and all rely on using a combination of desk research and interviews with key actors. Available online at: http://www.womensrefugeecommission.org/docs/ug_ysl_toolkit.pdf

(Reference: Women's Commission for Refugee Women and Children, 2008)

v Early Childhood Development

Early Childhood Development for Orphans and Vulnerable Children: Key Considerations gives an overview of critical ECD elements and existing evidence for program managers who are interested in implementing ECD programs, or incorporating ECD elements within existing programs to support OVC. The brief describes the three critical elements of ECD, summarizes key findings from program evaluations and literature on ECD,⁽¹⁾ and answers commonly asked questions about developing ECD programs for OVC. It also includes examples of promising ECD interventions that either target or offer relevant models for OVC programs, as well as references to useful resources for learning more about ECD for OVC. Available online at: http://www.aidstar-one.com/focus_areas/ovc/resources/technical_briefs/e.cd_ovc#tab_1.

(Reference: AIDSTAR-One. 2011. Early Childhood Development for Orphans and Vulnerable Children: Key Considerations. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1).

Community-based Early Childhood Development Centers for Reaching Orphans and Vulnerable Children: Considerations and Challenge is intended to provide OVC program managers with examples of best practices in community-based ECD center programming to best meet the children they serve. It overviews how community-based early childhood development (ECD) centers can be an important focal point for delivering comprehensive services to young children while enhancing the capacity of caregivers, families, and communities to support young children's development. When done well, these programs can be sustainable because of their emphasis on fostering community ownership.

(Reference: Messner, Lyn, and Marcy Levy. 2012. Community-based Early Childhood Development Centers for Reaching Orphans and Vulnerable Children: Considerations and Challenges. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1).

vi Economic Opportunity/Strengthening Support

The **CYES Network and Learning Platform** were established to build a network of professionals dedicated to improving the lives of children through effective economic strengthening programming. Available online at: <http://www.cyesnetwork.org/>

Economic Strengthening and Children Affected by HIV/AIDS in Asia analyzes strategies for addressing the economic strengthening of orphans and vulnerable children in countries with a low prevalence of HIV/AIDS. It makes program and policy recommendations, filling an important gap in our understanding of programming for children affected by HIV/AIDS in South Asia and by inference, in other regions of low prevalence. The study used a case study method to test this

hypothesis, identifying four programs of ES and children affected by HIV/AIDS in three countries of Asia – India, Bangladesh and Cambodia. Available online at: <http://www.jlica.org/userfiles/file/JLICEconomic%20Strengthening%20and%20OVC%20in%20AsiaFinal.pdf>

(Reference: Joint Learning Initiative on Children and HIV/AIDS (JLICA), 2008).

In addition to the resources noted above, please see the following general resources on Child Protection:

A Common Responsibility: The Role of Community-based Child Protection Groups in Protecting Children from Sexual Abuse and Exploitation

identifies the types of child protection interventions that community-based child protection groups are well placed to implement. It is available at <http://v2.ovcsupport.net/s/library.php?ld=859&low=1>.

(Reference: Save the Children UK. 2007. *Children at the Centre: A Guide to Supporting Community Groups Caring for Vulnerable Children*. London, England: Save the Children UK).

The Way We Care: A Guide for Managers of Programs Serving Vulnerable Children and Youth is a manual for managers of programs serving vulnerable children and youth affected by disease, extreme poverty, and trauma. The manual promotes a child-focused, family-centered approach. It emphasizes the newest literature; endorses the integration of prevention, care, and treatment; and addresses risk factors for HIV and other diseases. It addresses key elements of child development, resilience building, program design, and implementation, focusing on supervision, M&E, and sustainability. The document is formatted into several stand-alone sections, each of which has references to additional resource materials. It is available at

www.fhi.org/NR/rdonlyres/eefewp35mean5cr3rdzumzx4s7vktbsjvol2yoc4gwnaqbqez57i7yuwwi3e36ckxqpc3fphevzbmc/TheWayWeCarepubfnl011110.pdf

(Reference: Steinitz, L. 2009. *The Way We Care: A Guide for Managers of Programs Serving Vulnerable Children and Youth*. Arlington, VA: FHI)

Champions for Children Handbook: How to Build a Caring School Community is a web-based handbook for mobilizing schools and their surrounding communities to make schools a caring and supportive place for children. It includes information on planning, implementing, monitoring, and coordinating. The handbook was written for the South African context, but can be used elsewhere. It is available at

www.ci.org.za/oldsite/site/includes/content/hivprogrammes/projects/caring_schools/caringschools.htm

(Reference: Rudolph, N., J. Monson, K. Collett, and B. Sonn. 2008. *Champions for Children Handbook: How to Build a Caring School Community*. Cape Town, South Africa: Children's Institute, University of Cape Town, and South African Democratic Teachers' Union)