

A Program on Orphans and Vulnerable Children in AIDS affected areas, in Tanzania

Overview and Status Report Rungwe District



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THE GLOBAL ORPHAN SITUATION

According to the UNAIDS, Joint United Nations Program on HIV/AIDS, AIDS has created more than 13 million orphans worldwide. The United States Agency for International Development (USAID) also estimates that this number will rise to 40 million by 2010. This increasing number of orphans will have social ramifications for societies in developing countries. With the increasing number of parents dying, orphans and vulnerable children in AIDS affected areas (OVC) tend to receive inadequate food, clothes, educational opportunities and healthcare.

PROGRAM INITIATION

Step Forward for the World's Children

It is with these issues in mind that the Step Forward for the World's Children program has been created and funded by the Abbott Laboratories Fund. Step Forward aims to build sustainable, community-based responses to the needs of OVC and the communities that support them.

This goal may also be achieved by strengthening existing facilities, creating programs of integrated global care, financing innovative action for the care of orphans and by encouraging the improvement of their immediate environment. This would involve collaboration with local and national institutions, voluntary organizations as well as other international partners.

The aim of Step Forward is not only to help OVC survive the impact of AIDS but to become productive members of their communities who may, in turn, become leaders in the fight against AIDS. Step Forward will assist OVC and the communities supporting them, through projects in four critical areas: healthcare, education, voluntary counseling and testing for HIV (VCT) and basic community needs.

The Axios Approach

Axios aims to provide appropriate people-centered responses to public health needs with a particular focus on support for individuals and communities affected by AIDS and other diseases. By providing dynamic and innovative approaches to design, implementation and management of healthcare programs and initiatives worldwide, Axios has successfully designed and applied national as well as district programs in many countries. These have included programs related to the prevention of mother to child transmission of HIV (MTCT), voluntary counseling and testing, access to care, etc. Axios works through the government to develop sustainable healthcare models that link health systems and communities in productive ways. More information is available on the Axios website at <http://www.axios-group.com>.

Axios has been chosen as a charter grantee of Step Forward and an implementer of the OVC programs in Tanzania and Burkina Faso. These

countries have few or no existing OVC programs in place. Axios works directly with national and district government authorities and non-governmental organizations to create locally appropriate community responses to needs. District stakeholders are responsible for the implementation of the activities while the national institutions are responsible for developing appropriate policies and scaling up the program in other districts. The aim of Axios is to work for the **better use of existing resources** by **involving all sectors** in the programs.

This approach has encouraged the commitment of **multiple sectors**: education, health, social services (government, NGO, district staff, etc.), and it has enabled enhanced collaboration between public and private sectors.

Tanzania is the first country in which implementation of a Step Forward supported program has commenced. Tanzania was chosen after a substantive mapping exercise on the basis of the following criteria:

- Poor country in terms of the Gross Domestic Product
- High percentage of children under 15 who have been orphaned
- Good political commitment of the present government
- Ability to mobilize community responses and the capacity to expand sustainable interventions

The Tanzanian Situation

Tanzania has an estimated population of 31 million people. The average HIV prevalence rate varies not only from region to region but within regions as well. Overall, the HIV prevalence is reported to be about 10%. The cumulative number of people living with HIV in Tanzania was estimated to be 1,500,000 at end of 1997.

National data on the magnitude of the orphan problem in Tanzania is not readily available. However, the National AIDS Control Program (NACP) of the Ministry of Health estimated that, at the end of 2001, there will be a cumulative total of 1.3 million AIDS orphans countrywide. This number is expected to rise to 2 million by the year 2005.

Government ministries

The mainline ministries involved in orphan care and support in Tanzania are the Ministry of Labour, Youth Development and Sports, Ministry of Health, Ministry of Community Development, Women's Affairs and Children, and Ministry of Regional Administration and Local Government. The Ministry of Labour, Youth Development and Sports is responsible for all orphan activities in Tanzania.

A memorandum of understanding regarding the Step Forward Program was signed in June 2000 between the representatives of Abbott Laboratories, the

Abbott Laboratories Fund and the Ministry of Labour, Youth Development and Sports of the Government of United Republic of Tanzania. The duration of the Memorandum of Understanding is four years.

Equipment including computers, was purchased to help the Ministry of Social Welfare in the coordination of all OVC activities at the national level. It is also planned to open a documentation center that will be responsible for data collection, data storage and analysis of all information related to OVC at the national level. This activity would therefore contribute to the sharing and dissemination of information throughout the country.

Other Partners

Many international organizations are involved in issues and programs relating to OVC. Some possible partner organizations could include UNICEF, UNAIDS, Save the Children Fund, Plan International, European Union, DFID and GTZ.

In Tanzania, orphan support programs are still limited and not widely distributed throughout all the regions. UNICEF, in partnership with various other stakeholders, has recently completed a situation analysis in 6 districts of Tanzania; Kisarawe, Bagamoyo, (coastal region) Karagwe (Kagera region), Magu (Mwanza region), Makete (Iringa region) and Musoma urban (Mara region).

THE PROGRAM IN TANZANIA

Selection of needy districts and building of sustainable programs

Based on discussions with national authorities and key partners, some districts have been selected in which to concentrate field activities. These are Rungwe, Mbeya Municipality and Muheza. These districts have not yet been supported in the area of orphans. Mbeya region was selected for the initial implementation of the OVC program. Within this region, Rungwe district was chosen as the first district to carry out the rapid needs assessment.

The selection of the Mbeya region was based on the following aspects:

- The highest estimated number of orphans
- A high HIV/AIDS prevalence
- Few NGOs already working in the region
- High level of regional and district response and commitment to other activities

The Mbeya region is located in the South Western part of the country and shares borders with Malawi and Zambia. The region is made up of 8 districts

(Chunya, Ileje, Kyela, Rungwe, Mbarali, Mbozi, Mbeya rural and Mbeya urban municipality).

Mbeya region is one of the hardest hit by the HIV/AIDS epidemic with prevalence rates in pregnant women attending antenatal clinics ranging between 15.4% and 24% in the border areas (1998 figures). Due to the high HIV prevalence rates it is feared that the number of AIDS orphans is increasing at an alarming rate although the magnitude of the orphan situation in the region is not exactly known.

The few NGOs already operating in the region such as GTZ are involved with HIV counseling and testing activities in the regional hospital and health centers but are not involved in activities relating to OVC. The only NGO working with orphans is the Catholic Igogwe Hospital.

Orphanages

Currently there are 52 orphanages in Tanzania caring for about 3,000 orphans and vulnerable children. With the exception of one, all are run by NGOs or charitable organizations. Some of the orphanages are in dire need of improvement. For example, in the government run orphanage, the building roofs are damaged and water leaks into the children's dormitories, only one water tap exists to provide water for 80 children and there is no indoor plumbing as the sewage system is broken. Most orphanages rely on donations and charity and finances are generally tight. It is difficult to meet the basic needs of the children in terms of food and medicine.

Step Forward has provided financial support to three orphanages in Dar es Salaam: Kurasini Children's Home (the state orphanage), Msimbazi Orphan Home and the Missionaries of Charity Children's Home. The financial support has covered material items such as food and medicines as well as the repair of buildings, improvement of sewage systems and repair of bathrooms that were currently not used.

THE NEEDS ASSESSMENT

The first step in the implementation of the OVC program in Tanzania was to understand the specific problems and resources related to OVC in Rungwe District, which was selected as the first area of implementation. A team, comprised of national and district members from the key ministries involved in orphan care and support issues, conducted a needs assessment and mobilization process in four villages in the Rungwe District of the Mbeya Region, using the *Axios Mobilization Methodology (AMM)*. The AMM was developed by Axios to identify the main priorities and at the same time mobilizes authorities and communities for action. Consultants from Axios provide technical support during the implementation.

The main objective of the assessment was to obtain a good understanding of the orphan care issues that were important to people in the community as well as to identify obstacles to and resources for education, healthcare and basic

needs for OVC. The four week needs assessment addressed issues relating to OVC care and support in the communities, access to education and issues relating to pharmaceutical supplies, management and use within the health system. The necessary actions and interventions to address these needs were subsequently identified and communities, district authorities and representatives from the key ministries agreed upon an action plan with clearly defined inputs from national authorities and from Axios.

The assessment was performed in four villages that were representative of the district. It consisted of interviews that were conducted with significant people in the communities, key government and non-governmental officials, orphans and their caregivers, schoolteachers, and health providers. Additionally, focus group discussions were also held with community members.

Community results

It was generally recognised by the communities that the number of orphans was increasing and that care of the OVC was left in the hands of extended families, in particular grandparents. There was only one orphanage in the district that provided care for OVC under the age of two years.

It was observed that the Rungwe district was rich in terms of agricultural production and animal husbandry but that the market for these products was saturated. However, most of the caregivers of orphans were very old and poor grandparents who themselves needed support for their living. Consequently the orphans lacked fulfilment of basic needs such as educational materials, food, and clothing. Some of the orphans had been forced to discontinue schooling since the deaths of their parents.

School results

Many of the schools were in poor condition. The roofs were full of holes causing rainwater to drip into the classrooms, there were no pit latrines and few schools had safe access to clean water. It was also recognized that most children had nothing to eat from the time they left their homes in the early morning until the time that they returned from school in the late afternoon.

Health systems results

The district has three hospitals (two private and one government), five health centers and 43 dispensaries. Primary healthcare services were provided at all levels but medicine shortages, insufficient staffing, and inadequate equipment affected many facilities. Referral services form an important component in primary healthcare but the public health system lacked the means of communication and transport (no ambulance) between primary care facilities and referral facilities.

Voluntary Counseling and Testing results

There was a broad based demand for access to VCT in the communities that was not being covered. This is because access to VCT remains limited to very few health facilities. In addition all blood samples are sent to the regional hospital for testing which means a waiting time of up to two weeks for the clients. Communities, teachers and health providers confirmed the need for a broader access to VCT in the communities.

THE RUNGWE DISTRICT PROGRAM

The program is concentrated on the pilot program in Kinyala Ward. The program began in the four villages in which the needs assessment was conducted. In time the program will be expanded to other villages in the ward. Once the pilot model has been validated through monitoring and evaluation, other funders will be sought for expansion of the program to the entire district.

The following action plan is a collaborative effort between the local district authorities, communities and Axios in that it seeks to utilise local resources, such as manpower, facilities, and existing support groups in conjunction with the contributions of the Step Forward supported program.

Basic needs

Identification of OVC

Because currently the system for identifying orphans is weak and needs strengthening, Axios has initiated a mapping of OVC in Kinyala Ward. UNICEF has recently developed criteria for identification of OVC and these criteria have been reviewed and applied at the district level. Training and sensitization of local stakeholders and village leaders on the importance of identifying OVC has been conducted. More than 800 orphans and vulnerable children were identified in this mapping exercise that was completed in April 2001 and is updated monthly by the village and sub-village leaders in collaboration with Axios and the district OVC team.

Igogwe

In order to address the basic needs, the program is supporting an orphan outreach program where 800 orphans and vulnerable children are supported with school uniforms and materials, food and healthcare through an existing NGO program (Igogwe Hospital). Around 60 children also attend a daycare center at Igogwe where they receive pre-primary school education. The aim of this program is to prepare children for primary school, to give them daily nutritious meals and to allow parents or caretakers to work during the day. The funding of a shallow well was also supported. In addition, Igogwe has also constructed an orphanage that can take care of 42 orphaned babies up to 2 years of age when most of the orphans are reunited with their families. Nutrition, clothing, bedding, renovation, drugs, equipment, and mosquito nets are amongst the supported activities.

Income Generating Activities

Although food availability is adequate in the district, the accessibility of hard cash is difficult for most families. It was therefore necessary to identify and develop new methods for earning money to pay for things such as schoolbooks, clothing and medicines. It is for this reason that communities identified the need to have more skills in generating incomes. The OVC program will fund a training program on income generating activities (IGA) as well as the identification of already ongoing IGA and methods for improving them. Specific IGA targeting families caring for OVC will also be supported within the districts. A consultant from Development Alternatives International (DAI), Dr Joan Parker, visited Tanzania from June 11-23, 2002 to assess available options on the integration of economic activities into the Step Forward/Tanzania program. Caretakers, members of the business community and leaders of NGOs involved in financial enterprises, agriculture and rural financing were interviewed. Livestock immunization campaigns, demonstration plots, agricultural community mobilization and training are amongst the various recommendations. The final action plan is being finalized.

HIV/IEC advocacy about OVC legal rights

Many orphans in Rungwe reported a phenomenon which was further aggravating the issue of poverty. When property is left behind by a death, they revealed that this had often been distributed or snatched by relatives. Axios is working with the Judiciary, Social Welfare, Education and Community Development Departments to establish a program that will address legal issues related to orphans and vulnerable children and widows in the community. Major activities include training of judiciary staff, teachers and social workers on current approaches to legal rights, psychological needs and support. Trained staff will also provide legal services and sensitise the community and community leaders (village elders, chiefs, religious leaders) to the protection of OVC property left behind by parents. In addition, centers providing legal advice to widows and OVC will be introduced into the community.

IEC advocacy and training materials have been funded in order to raise the community awareness of OVC, HIV/AIDS and legal rights-related issues within the communities and institutions.

Education

Primary schools and day care centers

For the year 2001 three schools were planned to be repaired. These included Kipande School, Igembe and Sinde. Kipande School was the first to be repaired with four new classrooms, roofing, kitchen, rain water supply for drinking water, pit latrines and a teacher's office. In addition, furniture and various equipment were purchased. Tools and fertilizers were also purchased in order to expand the existing school vegetable garden. Repairs of Igembe and Sine Primary schools are going on smoothly with active participation of

the communities, village and district leadership. The repairs include additional classrooms, equipment, furniture, pit latrines and vegetable gardens.

For the year 2002, it was agreed that three new schools and two daycare centers would be repaired. These include Igogwe (447 pupils), Lukata (362 pupils) and Kakala (225 pupils) primary schools. In addition, two daycare centers: Itete (39 children), and Lubigi (55 children) will be repaired. The repairs involve erecting new roofs, re-plastering of walls, flooring, hanging of doors, installation of widows and the improvement of the water and sanitation system. Further, classrooms and teachers' offices are to be furnished to improve the teaching and learning environment.

Skills building and vocational training for youth

It is well accepted that adolescent OVC need skills to participate in the workforce. Activities are being carried out to enable young people to access vocational training and skills building.

Igogwe post-primary technical school is being repaired with three additional classrooms, a new roof, a teacher's office and one store. Distribution of training materials is also planned to ensure quality of the skills required to enhance self-reliance in OVC. The focus will be on OVC who have completed primary school to be trained in masonry, carpentry and home economics. Around 120 youths are benefiting from this program.

The program is also supporting 28 youths by paying their school fees so that they can complete their vocational training and obtain their qualifications.

Training

Teachers in the district are lacking basic knowledge of HIV/AIDS and the psychosocial skills required to handle OVC in the school environment. Around 300 teachers in the district are being trained as a workforce that will work as peer educators to fellow teachers, AIDS prevention and psychosocial counselling to pupils in their schools.

Healthcare

The OVC program has funded the improvement of basic conditions at a number of health facilities in the villages by establishing water points. In some facilities the nearest water source is more than 1 kilometre away by foot.

School health surveillance program

The school health surveillance program is expanding to all 13 primary schools and one secondary school in Kinyala Ward. The program includes around 580 pupils of which 287 are girls and 297 boys. While the existing program with Kipande dispensary was reinforced (5 schools), Swaya dispensary has started to provide medical assistance to the remaining 8 schools. Two medical assistants visit all schools in the pilot area once a month and check the children for malaria, parasites and other diseases. The medical assistants are stationed at Kipande and Swaya dispensaries respectively. The program has funded the purchase of two microscopes, medical supplies and two

motorbikes for the medical assistants. The District Authorities are contributing to their salaries. All 13 schools in the pilot area received a first aid kit for each school and the teachers are being trained in its use.

Referral system

In 2001, an ambulance was purchased and delivered to the District to facilitate the transport of very ill patients from remote facilities to the district hospitals. District authorities installed radio call phones to five facilities (District hospital, Kisa, Mwakaleli, Ikuti, Masukulu and Kipande health facilities) to provide a communication link between facilities. Two more have been added where as one is in the Ambulance and the second at the District Headquarter as a repeater to improve and boost the reception in the whole district. The ambulance services will be reinforced in 2002 with the maintenance of the radiophone, fuel for the ambulance and the purchase of an extra radio for Swaya dispensary in order to improve communication in the villages. Around 3,480 students are covered by school health surveillance program.

Donations

The Step Forward supported OVC program has also donated essential drugs such as Erythromycin to the District for use in the health facilities.

Voluntary Counseling and Testing (VCT)

The needs assessment, using the Axios Mobilization Methodology (AMM), conducted in Rungwe district revealed a broad based demand for VCT services in the community. Services were limited to a three facilities due to the constraints of small numbers of inadequately trained staff and a shortage of supplies. Client specimens were sent from dispensaries and health centers to the regional laboratory for testing and results were received 2-3 weeks later. This was very frustrating for clients who were sometimes reluctant to return for their results.

The first step in expanding VCT services to make them more available to communities was to assess the general policy context at the national level in terms of training issues and service delivery issues. A workshop regarding expanding access to VCT was held in Mbeya in December 2000. Rungwe District, with the technical support of Axios, has developed a proposal on expanding access to VCT by introducing rapid tests in primary healthcare facilities. The first phase of this proposed program started in 2001.¹

It was also suggested to conduct a study on the advantages of Capillus™ and Determine™ rapid tests under field conditions in the primary healthcare centers. Health personnel, not just laboratory technologists, would be trained in counselling and screening for HIV using rapid tests. The program is now functioning in eight health centres under Ms Grace Mbekem a full time coordinator recruited in January 2002.

¹ A VCT Status report is also available where major phases in the implementation are described.

THE VOLUNTEER PROGRAM

A first volunteer mission of Abbott employees visited Rungwe and Dar es Salaam in June 2001. They visited the laboratories of the Referral Hospital and the Regional Hospital (still under construction) in Mbeya, the laboratories of Tukuyu District Hospital (government), Igogwe Hospital (Catholic, private) and Itete (private, Lutheran) as well as the Laboratory of Muhimbili Hospital in Dar es Salaam (government). The volunteers identified the needs of the laboratories and many of these needs will be met or addressed during the second mission of the volunteers in September 2001.

Abbott has generously agreed to:

- Install the laboratory equipment
- Train personnel in the use of the equipment
- Ensure continuous maintenance
- Supply reagents free of charge until the end of 2004

All laboratories have accepted this offer. An Abbott Service Engineer has been stationed in Dar es Salaam to provide backup service support and train local technicians who will respond to any breakdown promptly.

NATIONAL LEVEL ACTIVITIES

Policy issues

The Ministry of Labour, Youth Development and Sports are responsible for addressing orphan related policy issues. In 2001 the OVC program supported a four day workshop for leaders and caretakers of orphanages, social workers from the Ministry and other partners who support orphanages programs. The purpose of this workshop was to define procedures and mechanisms of collaboration for the identification of relatives of orphaned and abandoned children who end up in orphanages. The aim is to reunite the children with their relatives as soon as possible. The second workshop to refine the draft policy document and make final recommendations will be carried out in September this year.

Support to WAMATA

Step Forward also supports WAMATA, the best known association of people living with HIV/AIDS in Tanzania. Step Forward provides support for medical care, voluntary counseling and testing, orphan support and prevention through peer outreach programs. This support has benefited more than 100 OVC in schools and 80 OVC at Kurasini Children's home. Over the past twelve months WAMATA tested more the 700 clients from three workplaces based in Dar es Salaam in a cost effective VCT program.

These activities are being strengthened in the year 2002 and will aim to provide psychosocial and medical support as well as life skills to orphans at Kurasini Children's Home. As for the VCT component, WAMATA will continue to provide VCT services, health care and treatment for opportunistic infections and will train more counselors.

MONITORING AND EVALUATION

Step Forward partners met in Cambridge, England in June 2001 and defined core indicators for monitoring and evaluation (see Annex 1). These indicators will be applied in Tanzania and the initial work for getting a baseline started with the mapping of OVC and was completed earlier last year.

A mission took place in Tanzania in June 2002 for the preliminary assessment of monitoring and an evaluation of needs. It resulted in a development plan, which includes the organization of a workshop aiming to build the capacity of the local teams to design M&E plans and the preparation of training materials for the workshop.

With this in mind, Axios will invite, mid September 2002, all their implementation partners (Rungwe District, Mbeya Municipality, MOLYDS) to a three day Monitoring and Evaluation workshop to define the data for collection and its analysis at various levels. It will also decide the outputs, outcomes and impact indicators which are best suited to the program conditions. The workshop program is being discussed with the teams and it will be built around three major themes: (i) M&E preparation and project management; (ii) quantitative tools, organization of data collection and analysis; (iii) qualitative tools, organization of data collection and analysis.

Reference tools and instruments for data collection and analysis will be disseminated. An initial document for the first theme (the preparation of M&E and project management) has been finalized - based on the previous Step Forward work on indicators. The section on quantitative tools and analysis has also been finalized. In addition, mapping tools, a household survey and data collection instruments for a M&E baseline were developed. They will be field tested this year.

PROJECT COORDINATION AND STEERING

National working group on OVC

Following discussions with senior officials from the key ministries as well as key stakeholders in OVC activities, it has been agreed that an informal working group will be established. This working group will provide a forum for coordination and collaboration of OVC activities in Tanzania. This working group will be multi-sectoral and be comprised of members of the key ministries involved with orphan issues, TACAIDS, key stakeholders and partners such as UNICEF, DFID, USAID and GTZ.

National Coordinator

The Ministry of Labour, Youth Development and Sports has appointed Mr. Donald Charwe, Assistant Commissioner, as the National Coordinator. He will consult with all actors and will be responsible for overseeing the program and ensuring smooth implementation of the project. He will also be responsible for policy issues.

Project Coordinator

Mr. Alfred Magalla was hired as Project Coordinator for the OVC program in February 2001. He is a full time employee of Axios Tanzania. He is responsible for coordination of day-to-day activities of the project in close consultation with the National Coordinator. He is also responsible for the close monitoring of activities and for providing regular feedback on the progress of the program.

District implementation team

Rungwe District is directly responsible for the implementation and the coordination of Step Forward funded activities. The District is also responsible for integrating activities within the annual workplan and for the supervision of all activities.

Various courses have been organized to improve the capacity of district teams. These include planning, monitoring and evaluation and activities such as mapping and identification of OVC, Community Based Participatory Planning for OVC and computer training. The annual action plan is now prepared by the District Team in collaboration with the community and with technical assistance from Axios.

The roles of the OVC basic needs, education, health and district coordination sub-committees were defined and further capacity-building of the district team was organized including planning, monitoring and evaluation and computer training.

EXPANSION AND THE NEXT STEPS

Program implementation will continue in Rungwe District until the program objectives have been met. The program was expanded to include Mbeya Municipality in late 2001.

ANNEX 1 : MONITORING AND EVALUATION

PROPOSED CORE INDICATORS

	Monitoring/Output	Evaluation/Impact
Basic needs	<ul style="list-style-type: none"> ▪ % of targeted families who participate in Income Generating Activities (IGAs), (locally defined) ▪ Number and type of physical improvements 	<ul style="list-style-type: none"> ▪ % of targeted children of families who continue to be in IGA and changes in targeted children's assets ▪ Changes in the number of clients served ▪ % of target children who remain with their families
Education	<ul style="list-style-type: none"> ▪ % of target children in school/training 	<ul style="list-style-type: none"> ▪ % of target children completing basic education/training
Healthcare	<ul style="list-style-type: none"> ▪ % of referrals (breakdowns) ▪ Health facility utilization rates 	<ul style="list-style-type: none"> ▪ % of targeted children with adequate nutritional status
VCT	<ul style="list-style-type: none"> ▪ Number of clients requesting VCT ▪ Number of clients receiving VCT ▪ Number of clients receiving results ▪ Number of VCT outlets ▪ Number of institutions promoting VCT 	<ul style="list-style-type: none"> ▪ Number of referrals to support and care ▪ Quality of services ▪ Number of HIV positive on Opportunistic Infections prophylaxis ▪ Number of HIV positive parents who plan for their children
Contribution to the program (local and national levels)/mobilization	Country specific indicators	Country specific indicators
Capacity building	<ul style="list-style-type: none"> ▪ Organizational ▪ Technical ▪ Management 	

METHODS OF MONITORING AND EVALUATION

Quantitative measurements

All Step Forward supported programs will conduct an OVC mapping exercise. Therefore, it seems relevant for all the partners to identify the core information that should be collected. This mapping is crucial in monitoring and evaluating the progress and the success of these programs. It will also give an overview of the number of children reached. In addition, this methodology will also be used by Step Forward, Abbott Laboratories, to document the overall program.

Because all Step Forward supported programs are different, it has been agreed that core information will include basic easily collected information. This may include:

- % of orphans in schools (with gender breakdown)
- number of orphans as a % of the overall child population
- Name, age, nutritional status and location of OVC
- Whether the child has lost one or two parents
- Sex distribution of OVC
- Designation of main care provider
 - Family
 - Community
- Healthcare utilization rates
- Participation in IGAs
- VCT data (# of patients tested and getting the results)

A mapping in another two years time is envisaged to check on the improvements.

Qualitative measurements

A prospective in-depth study of ten to twenty children in each program area will be carried out. In depth interviews will be conducted with these children regularly (every four months) to detail changes in their situation. Interviews with their caregivers will also be part of the survey. They would contribute to a thorough understanding of the impact of the Step Forward supported programs and at the same time provide rich material for case studies.

The sample should be defined based on selected criteria. It should be part of the monitoring process.

Collaborating with research institutes is likely to be proposed in order to analyze the data collected.

The study would measure a number of qualitative and quantitative indicators examples of which are outlined below.

Qualitative indicators

- *In-depth interviews with OVC*
 - Perceived changes in quality of life and emotional care
 - Perceived quality of material care including food, bedding, clothes, shoes
 - Changes in workload inside or outside the family
 - Changes in amount or severity of corporal punishment
 - Perceived changes in performance and attendance in school
 - Expectation/hope for the future including future occupation
 - Relationships with other family members and other family changes
 - Relationship with the community
 - Perceived changes in health status
 - HIV knowledge and attitudes

- *In-depth interviews with caregivers*
 - Perceived changes in burden of care
 - Perceived changes in child's emotional status and behavior

Quantitative indicators

- Number of days missed in attending school or vocational training
- Observed availability of school uniform, shoes and other clothes
- Number and type of meals per day

Regular baseline information will be available throughout the program. A similar survey should be repeated every two or three years. Databases will be established at country level with access to the international level. Yearly review and re-planning sessions will have to be considered. In addition, this type of survey will facilitate the documentation of the Step Forward supported programs worldwide.