



Monitoring and Evaluating Programs Serving Orphans and Vulnerable Children

An Indicator Matrix

May 2019



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Introduction

This matrix is intended to help United States President’s Emergency Plan for AIDS Relief (PEPFAR) country teams and implementing partners select custom indicators for performance monitoring, in addition to the MER OVC indicators. The matrix has the following aims:

- Help stakeholders in programs for orphans and vulnerable children (OVC) to measure what matters, and to consider repurposing or selecting new or “custom” indicators that will better inform project performance
- Provide sample indicators that can be used to measure how OVC projects are contributing to the global 95-95-95 and prevention targets
- Demonstrate the relationships among PEPFAR’s reporting requirements

A companion to the matrix—“Using the Indicator Matrix for Monitoring and Evaluating Programs Serving Orphans and Vulnerable Children: Guidance,” available at <https://www.measureevaluation.org/resources/publications/ms-19-167>—explains how to use this tool.

IMPROVE OVC IDENTIFICATION AND ENROLLMENT			
Foundational	Process	Output	Outcome ¹
<ul style="list-style-type: none"> Percentage of civil society organizations (CSOs) with a standard process for identifying, screening, prioritizing, and enrolling the most vulnerable children and adolescents affected by or at risk of acquiring HIV in a community Percentage of caseworkers trained in identifying, screening, prioritizing, and enrolling procedures 	Percentage of randomly sampled case files at the CSO level with completed screening tool	Number of beneficiaries (OVC; caregivers) enrolled, disaggregated by: <ul style="list-style-type: none"> Subpopulation: <ul style="list-style-type: none"> Children living with HIV, Adolescents living with HIV HIV-exposed Infants (HEI) Children of people living with HIV Children who have experienced gender-based violence (GBV) Children of members of key populations (female sex workers; men who have sex with men; people who inject drugs; people in prison; and transgender people) Adolescent girls Children not living with their biological parents Age Sex 	Graduation benchmark: <ul style="list-style-type: none"> Not applicable Outcome indicator: <ul style="list-style-type: none"> Not applicable

¹ Outcome indicators (other than the graduation benchmarks) shown in the matrix are still under development.

IMPROVE CASE MANAGEMENT

Foundational	Process	Output	Outcome
<p>Percentage of CSOs with:</p> <ul style="list-style-type: none"> • Standard procedures for planning, developing, and supporting caseworkers responsible for case management, including all of the following: <ul style="list-style-type: none"> ○ Standard job descriptions ○ Standard case manager to client ratios in line with national standards ○ Standard training curricula ○ Standard supervision and assessment mechanisms ○ Ethical standards [SIMS CEE S_06_05: Q1] • A comprehensive case management system (e.g., case-management standard operating procedures (SOPs) and case management tools) that is aligned with or meets national minimum standards for case management and supports the following: <ul style="list-style-type: none"> ○ OVC identification ○ OVC and household assessment ○ Household case management plan development ○ Referrals and referral tracking ○ Household case management plan monitoring 	<p>Percentage of randomly sampled active case files at the CSO level:</p> <ul style="list-style-type: none"> • With evidence of case management plan implementation • That describe and monitor actions intended to support achievement of benchmarks • With all case-file referrals entered in a system that tracks referrals • Located in a secure and confidential location, according to SOPs 	<ul style="list-style-type: none"> • Percentage of households (HHs) with <ul style="list-style-type: none"> ○ Completed family assessment within past year ○ Completed family case plans within last year [SIMS CEE: S_06_04: Q2] • Percentage of HHs with case management plan implementation monitored at least quarterly • Percentage of referrals completed within 3 months, disaggregated by referral type • Percentage of urgent referrals that show evidence of resolution within 10 days • Number of OVC and caregivers who graduated [OVC_SERV] • Number of OVC and caregivers who exited the OVC program, disaggregated by type of exit [OVC_SERV disaggregate] 	<p>Graduation benchmark:</p> <ul style="list-style-type: none"> • Not applicable <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Percentage of OVC and caregivers who have graduated and continue to meet graduation benchmarks after 6 months • Percentage of OVC and caregivers who exited without graduation and re-enroll in the OVC project

<ul style="list-style-type: none"> ○ Household case management plan achievement/graduation ○ Case transfer ○ Case file confidentiality [SIMS CEE #: S_06_04: Q1] • System for tracking referral completion • Percentage of caseworker positions filled <p>Percentage of caseworkers with:</p> <ul style="list-style-type: none"> ○ Up-to-date job descriptions, annual work plans, and job aids ○ Up-to-date training/credentials (indicator reference sheets will clarify types of training—e.g., HIV referral and linkage, assessment for signs of violence and neglect, nutrition assessment, counselling, and support) ○ Recommended caseload ratios ○ Receiving supportive supervision visits quarterly 			
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DOMAIN 1. HEALTHY

KEY OBJECTIVE 1.1. INCREASE DIAGNOSIS OF HIV INFECTION

Foundational	Process	Output	Outcome
<p>Percentage of CSOs with a standard process to assess children with unknown HIV status using an HIV risk assessment tool (e.g., HIV risk algorithm prototype) and to facilitate linkage to HIV testing services [modified SIMS CEE # S_06_07: Q1]</p>	<p>Percentage of randomly sampled active case files at the CSO level:</p> <ul style="list-style-type: none"> • With up-to-date documentation of child's HIV status and caregiver's HIV status as reported by caregiver or child [SIMS CEE S_06_07: Q2] • That indicate unknown HIV status and include documentation that the CSO conducted the HIV risk assessment (e.g., algorithm prototype assessment) of child and caregiver and facilitated HIV testing [modified SIMS CEE # S_06_07: Q3] • With evidence of a record of testing for HIV-exposed Infants (HEIs), in line with national HEI protocols, disaggregated by age (tested <2mo, tested between 2mo and 18mo) 	<ul style="list-style-type: none"> • Percentage of OVC (<18 years) with HIV status reported to implementing partner, including unknown HIV status and no test required [OVC_HIVSTAT] • Percentage of caregivers with HIV status reported to implementing partner, including unknown HIV status and no test required • Of those determined to be at risk based on the assessment: <ul style="list-style-type: none"> ○ Percentage of those <u>referred</u> for testing and counseling, disaggregated by HEI, OVC, caregiver ○ Percentage of those who got tested and <u>obtained result</u>, disaggregated by HEI, OVC, caregiver ○ Percentage of those who got tested and obtained result and <u>who tested positive</u>, disaggregated by HEI, OVC and caregiver 	<p>Graduation benchmark:</p> <ul style="list-style-type: none"> • All children, adolescents, and caregivers in household have known HIV status or test not required based on risk assessment <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Percentage of children whose primary caregiver knows the child's HIV status [ESI: OVC_HIVST]

DOMAIN 1. HEALTHY

KEY OBJECTIVE 1.2. INCREASE HIV TREATMENT ADHERENCE, RETENTION AND VIRAL SUPPRESSION

Foundational	Process	Output	Outcome
<p>Percentage of CSOs with:</p> <ul style="list-style-type: none"> • SOPs for case conferencing with clinicians treating HIV-positive beneficiaries • Standard process for all of the following: <ul style="list-style-type: none"> ○ Linking children and caregivers living with HIV to HIV treatment ○ Tracking completion of treatment referrals ○ Supporting disclosure of HIV status to adolescents ○ Transitioning adolescents to adult care ○ Monitoring and supporting treatment retention ○ Monitoring and supporting viral suppression (if viral load testing is available) [SIMS CEE # S_06_08: Q1] 	<p>Percentage of randomly sampled active case files at the CSO level:</p> <ul style="list-style-type: none"> • With evidence of completion of referrals to HIV treatment • With evidence of retention and adherence monitoring (monitoring appointments, antiretroviral therapy (ART) medication pickup, medication consumption) • With evidence of viral load monitoring, where testing is available • With evidence of age-appropriate disclosure counseling for caregiver and children's HIV status to children and others [SIMS CEE # S_06_08: Q2] • With evidence of regular case conferencing with clinicians treating HIV-positive beneficiaries to address any treatment challenges or barriers to treatment [SIMS CEE # S_06_08: Q3] 	<ul style="list-style-type: none"> • Percentage of OVC and caregivers who tested positive and were linked to treatment • Percentage of HIV-positive OVC and caregivers currently receiving ART [OVC_HIVSTAT disaggregate] • Percentage of HIV-positive OVC and caregivers out of care >90 days who returned to treatment • Percentage of HIV-positive OVC and caregivers who have had their viral load tested • Percentage of HIV-positive OVC and caregivers provided support to overcome treatment challenges or barriers to treatment [SIMS CEE # S_06_08: Q4] 	<p>Graduation benchmark:</p> <ul style="list-style-type: none"> • All HIV-positive caregivers, children, and adolescents with a viral load result documented in the medical record and/or Laboratory Information System (LIS) within the past 12 months are virally suppressed <p>If viral load testing or viral load test results are unavailable:</p> <ul style="list-style-type: none"> • All HIV-positive caregivers, children, and adolescents are known to be on treatment 12 months after initiation of ART <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Percentage of HIV-positive caregivers, children, and adolescents known to be on treatment, disaggregated by number of months since initiation of ART

DOMAIN 1. HEALTHY

KEY OBJECTIVE 1.3. REDUCE RISK OF HIV INFECTION

Foundational	Process	Output	Outcome
<p>Percentage of CSOs with:</p> <ul style="list-style-type: none"> Evidence of a comprehensive school-based or community-based HIV sexuality/HIV prevention education curriculum Parenting curriculum in accordance with Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) Protocols for referring/linking beneficiaries with clinical prevention, reproductive health, and substance abuse programs SOPs for case conferencing with prevention of mother-to-child transmission of HIV (PMTCT) and antenatal care (ANC)/postnatal care (PNC) staff Evidence-based curriculum for primary prevention of sexual violence and HIV among adolescents 	<p>Percentage of randomly sampled active case files at the CSO level with:</p> <ul style="list-style-type: none"> Evidence of completion of referrals to sexual and reproductive health (SRH) services and facilitating sexually active clients to access services, including voluntary medical male circumcision (VMMC) Evidence of completion of parenting training program that includes strategies for reducing HIV risk among adolescents Evidence of completion of comprehensive school-based or community-based HIV sexuality/HIV prevention education Evidence of completion of referrals to substance abuse problems to access recovery assistance Evidence of monitoring retention of HIV+ pregnant women in ANC and PNC care, PMTCT, and ART Evidence of regular case conferencing with ANC/PNC/PMTCT staff 	<ul style="list-style-type: none"> Percentage of clinical or community-based prevention service referrals completed, disaggregated by age and type Percentage of adolescents completing a course in comprehensive sexuality/HIV education, disaggregated by sex and type of education Percentage of caregivers completing parenting curriculum with HIV risk-reduction component Percentage of mother/baby pairs retained in PMTCT care, disaggregated by beneficiary type 	<p>Graduation benchmark:</p> <ul style="list-style-type: none"> All adolescents 10–17 years of age in the household have key knowledge about preventing HIV infection <p>Outcome indicator:</p> <ul style="list-style-type: none"> Percentage of sexually active adolescents who are not engaging in risky sexual behavior

DOMAIN 1. HEALTHY

KEY OBJECTIVE 1.4 IMPROVED DEVELOPMENT FOR CHILDREN <5 YEARS

Foundational	Process	Output	Outcome
<p>Percentage of CSOs with:</p> <ul style="list-style-type: none"> Evidence-based early childhood development/early stimulation curriculum Tool for tracking child developmental milestones Procedures/SOPs for routine nutrition assessments of all children ages 0–15 years using anthropometric assessment and/or evidence of pitting edema as a basis for referral to clinical services, at least every 6 months Protocol for issuing and tracking nutrition referrals SOP for assessing and addressing common childhood illnesses, tracking immunizations SOPs for case conferencing with clinicians treating HEIs Evidence-based curriculum on nutrition of children and adolescents 	<p>Percentage of sampled case files at the CSO level:</p> <ul style="list-style-type: none"> With evidence that nutrition is assessed for children ages 0–5 years biannually With evidence that health is assessed for children <5 years of age quarterly With evidence that immunization status is assessed semiannually With evidence that breastfeeding is monitored With evidence that development milestones are monitored With evidence of completion of referrals to nutrition services 	<ul style="list-style-type: none"> Percentage of children ages 0–5 years assessed at least biannually for malnutrition Percentage of caregivers who completed health/nutrition education program Percentage of completed nutrition referrals Percentage of HEI caregivers who have received early childhood development/early stimulation training Percentage of caregivers who have been provided with breastfeeding support 	<p>Graduation benchmark:</p> <ul style="list-style-type: none"> No children <5 years of age in the household are undernourished <p>Outcome indicators:</p> <ul style="list-style-type: none"> Percentage of children <5 years of age who are undernourished [ESI: OVC_NUT] Percentage of children too sick to participate in daily activities [ESI: OVC_SICK] Percentage of children <5 years of age who recently engaged in stimulating activities with any HH member over 15 years of age [ESI: OVC_STIM]

DOMAIN 2. STABLE

KEY OBJECTIVE 2.1 INCREASE CAREGIVER'S ABILITY TO MEET IMPORTANT FAMILY NEEDS

Foundational	Process	Output	Outcome
<p>Percentage of CSOs with the following:</p> <ul style="list-style-type: none"> • A standard process for assessing economic vulnerabilities of households • A standard process for supporting most vulnerable families, either directly or through referrals, with economic strengthening and/or social protection • Protocol in place to ensure that beneficiary HHs progress appropriately from low risk/low reward economic interventions to higher risk/higher reward interventions.) • Exit strategy or sustainability plan to ensure beneficiaries graduate from economic strengthening support • Standard assessment/survey of economic partners, resources, market and job opportunities/value chains 	<ul style="list-style-type: none"> • Percentage of functioning savings groups (e.g., meeting as needed, collecting dues, loans paid back) • Percentage of sampled case files at the CSO level with the following: <ul style="list-style-type: none"> ○ Completed HH economic assessment ○ Evidence of enrollment in appropriate economic strengthening interventions based on the results of their economic assessment ○ Evidence that HH economic security is monitored at least annually 	<ul style="list-style-type: none"> • Number of HHs that have completed an economic assessment, disaggregated by economic level • Percentage of HHs that completed at least one economic strengthening activity: • HHs that have completed one cycle of consumption support (e.g., 1 cycle of 6 monthly cash transfers or 1 term of subsidized school fees) • HHs that have completed money management activity (e.g., at least 1 cycle of a savings and loan group) • HHs that have completed an income generation activity (e.g., business skills training and managed an income-generating activity successfully for ≥6 months, vocational training) 	<p>Graduation benchmark:</p> <ul style="list-style-type: none"> • Caregivers are able to access money (without selling productive assets) to pay for school fees and medical costs for children 0–17 years <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Percentage of HHs able to access money to pay for unexpected HH expenses [ESI: OVC_MONEY]

DOMAIN 3. SAFE

KEY OBJECTIVE 3.1 REDUCE RISK OF PHYSICAL, EMOTIONAL AND PSYCHOLOGICAL INJURY DUE TO EXPOSURE TO VIOLENCE

Foundational	Process	Output	Outcome
<p>Percentage of CSOs with the following:</p> <ul style="list-style-type: none"> • A child safeguarding policy • Mechanisms for supporting disclosure/reporting of child protection incidents • A standard process in place to provide directly or refer to any of the following: <ul style="list-style-type: none"> ○ Assessment for signs of violence ○ Medical services (including post-rape care) ○ Longer-term psychosocial support ○ Legal counsel ○ Police services (e.g., investigations, restraining orders) ○ Child protection services (e.g., emergency out-of-family care, reintegration into family care when possible, permanency options when reintegration not possible) ○ Economic empowerment • A system to track referrals for these services 	<p>Percentage of case files at the CSO level with the following:</p> <ul style="list-style-type: none"> • Evidence of child protection issue addressed in an appropriate manner according to national child safeguarding policy • Child protection risk assessment conducted within the past 6 months • Evidence of assessment of ability to prevent violence and report violence • Evidence of tracking of referrals to multisectoral violence response services 	<ul style="list-style-type: none"> • Percentage of caregivers or parents completing parenting curriculum with child protection/violence prevention components • Percentage of children and adolescents completing child protection/violence prevention skills training • Percentage of adolescents completing evidence-based curriculum or primary prevention of sexual violence and HIV • Percentage of children exposed to abuse who have been removed from the child protection threat (e.g., through placement in a permanent safe living situation, temporary shelter) 	<p>Graduation benchmark:</p> <ul style="list-style-type: none"> • No children, adolescents, and caregivers in the household report experiences of violence (including physical violence, emotional violence, sexual violence, GBV, and neglect) <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Percentage of caregivers who agree that harsh physical punishment is an inappropriate means of discipline or control in the home or school [ESI: OVC_CP]

<ul style="list-style-type: none">• Evidence-based parenting curriculum with child protection/violence prevention components• Evidence-based child protection/violence prevention skills training for children and adolescents• Evidence-based curriculum for primary prevention of sexual violence and HIV among adolescents			
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DOMAIN 4. SCOOLED

KEY OBJECTIVE 4.1 INCREASED SCHOOL ATTENDANCE AND PROMOTION

Foundational	Process	Output	Outcome
<p>Percentage of CSOs with the following:</p> <ul style="list-style-type: none"> Strategies to help overcome financial barriers to education, including support for girls to transition from primary to secondary school through educational subsidy, material, or mentoring support Market-based, structured livelihood development activities SOPs for case conferencing with school staff 	<p>Percentage of sampled case files at the CSO level with the following:</p> <ul style="list-style-type: none"> Evidence of tracking school attendance AND progression among children being served by OVC programs on a semiannual basis, disaggregated by sex and age Evidence of follow-up support provided to address concerns about attendance, within a given timeframe (e.g., within 1 month) 	<ul style="list-style-type: none"> Percentage of OVC receiving education support, disaggregated by type of support (e.g., education subsidy, bursary, remedial education), sex, and age Percentage of out-of-school OVC completing a structured livelihoods development activity in the past year 	<p>Graduation benchmark:</p> <ul style="list-style-type: none"> All school-age children and adolescents in the household regularly attend school and progressed during the past year <p>Outcome indicator:</p> <ul style="list-style-type: none"> Percentage of children regularly attending school [ESI: OVC_SCHATT] Percentage of children who progressed in school during the past year [ESI: OVC_PRGS]

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