

REPUBLIC OF RWANDA



Ministry of Gender and Family Promotion

**MONITORING AND EVALUATION SYSTEM FOR
STRATEGIC PLAN OF ACTION FOR ORPHANS AND
OTHER VULNERABLE CHILDREN**

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I. INTRODUCTION

Monitoring and evaluation is increasingly becoming an essential program management tool. In order for Rwanda to know if it is making any change in the community for any intervention being done, a strong monitoring and evaluation system in place is important. The Monitoring and Evaluation (M&E) System for the National Strategic Plan of Action (NPA) for Orphans and other Vulnerable Children (OVC) for Rwanda will help to reveal how all interventions combined have the greatest impact on the rights and well being of children. Monitoring and evaluation tracks not only what is being done in a project, but also whether or not it is making a difference. Using data from the monitoring and evaluation activities as well as other special studies like expenditure, national organizing bodies may be better positioned to share lessons learned that would promote sound programming initiatives. To that end the M&E agenda proposed under the NPA for OVC will be better positioned to examine and analyse the impact, cost-effectiveness, and quality of care being provided in order to predict and compare outcomes for future programming and to identify those geographic regions most in need of both physical and technical assistance.

Through regular monitoring visits, field surveys/assessments and reporting by District OVC Focal Person, district child protection committees and village committees, the monitoring and evaluation system will generate ongoing data showing progress on indicators. The “best” practices and other lessons learned will form a major guide for assisting not only the increasing numbers of people in need of assistance but increase knowledge about the quality and impact of services being provided. The major thrust of this system will be to scale up activities to meet the scope of HIV/AIDS impact on children and their families and communities.

1.1 M&E strategy objectives

- To generate accurate information that will be used to assess the impact of OVC programs;
- To generate information that will be used to assess the quality of OVC programs e.g quality of psychosocial support
- To provide sound data and findings to inform policy decisions
- To share findings with OVC stakeholders locally, and with counterparts regionally and internationally
- To coordinate planning, monitoring, evaluating, and disseminating of OVC Programming
- To develop a strategy and mechanisms to ensure a correct dissemination of all critical information among all stakeholders, among implementing agencies, and among the beneficiaries and the general public
- To increase the use of information in decision making should also be one of the objectives

1.2 Expected Outputs of the Plan

1. Systematic collection and documentation of program data
2. Improved quality of data produced throughout the OVC program implementation at all levels
3. Establishment of a project specific database at district and national levels

4. Establishment of a mechanism for dissemination of data and feedback from village level to cells sectors, district and national level
5. Coordinated flow of routinely collected information among partners and service providers
6. Systematic measurement of project performance indicators
7. Increased use of information in decision making at all levels

1.3 Definitions and concepts

Monitoring is the systematic measurement and tracking of program activities and results. Monitoring refers to the ongoing assessment of the program's progress in implementation and in achieving its stated goals and objectives. It incrementally tracks program progress as it is implemented.

Evaluation refers to the use of social research methods to systematically investigate a program's effectiveness. Monitoring assesses what is being done, whereas evaluation assesses what has been achieved or what impact has been made.¹ M&E systems need to be as simple as possible while still able to answer the program's questions as well as respond to global requirements.

In M&E terminology, program resources are referred to as **inputs**, program activities or operations as **processes**, and results as **outputs, outcomes** or **impact**.

These program components, any or all of which might be a focus of M&E in a given program depending upon priorities and resources, may be defined as follows:

- **Inputs** include the human and financial resources, physical facilities, equipment, operational policies and community resources that are the raw ingredients of OVC programs, enabling services and benefits to be delivered. Examples of inputs include financing, personnel, buildings, equipment, supplies and outside technical expertise.
- **Processes** are the activities or operations carried out to achieve the objectives of OVC programs. Examples include recruitment and training of program staff, mobilization of community support, provision of social support services such as grants and waiving of school fees, distribution of food aid and counseling of children.
- **Outputs** refer to the results of program activities measured at the program level. There are two types of outputs:

Functional outputs are the intermediate products that enable program staff and community members to serve the program's intended target population. These products are internal to the program. Examples include the development of behavior change communication messages and campaigns, the training of community volunteers and the development of systems to track commodities such as food and drugs.

Service outputs are the services or benefits provided to the program's target population. Examples include the number of children provided with school vouchers, the number of

¹

The Global Fund 2003, The Global Fund to Fight AIDS, Tuberculosis and Malaria: Guidelines for a principal Recipient's Monitoring and Evaluation Plan

children provided with food supplementation and the number of children receiving palliative care.

Outcomes refer to changes resulting from exposure to the program, measured at the **population level** in the program's target population. It is important to distinguish between three types of outcomes:

- **Short-term outcomes** are the specific knowledge, behaviors or practices in a program's target population that change quickly in response to a program and that contribute to the program's desired long-term outcome(s). Examples include increased school attendance among OVC, reduced proportion of adolescent female OVC engaged in sex work and increased proportion of children with HIV/AIDS receiving at least one home care visit per week. There is no strict timeline for what constitutes a short-term versus a long-term outcome, but outcomes or results that are expected to take more than two to three years to achieve are generally considered long-term outcomes.
- **Long-term outcomes** are the end or ultimate results sought—for example, improved child nutritional status and reduced child morbidity and mortality.
- **Impact** refers to outcomes, either short- or long-term, **that can be attributed to a given program**. Because of the presence of multiple programs providing services to children, observed outcomes are often the combined result of all programs operating in a given setting. Natural causes can also be contributors to changes in the population. For example, part of the reason for improved child nutritional status can be increased local crop production due to increased rains in a previously drought-stricken area. **Impact** is the share of the observed outcome(s) that can be attributed to a given program.

Many in the M&E community use the terms **impact** and **long-term outcomes** interchangeably. However, since equating long-term outcomes and impact without regard to the question of attribution can be misleading, the term **“impact”** will be used in this guide to mean that the end results can be shown to be due to a given program.

2 SUMMARY OF RWANDA STRATEGIC NATIONAL PLAN OF ACTION

The situation of orphans and other vulnerable children in Rwanda is a highly complex one given the context of poverty, recovery from the consequences of war and genocide and now HIV/AIDS. There is a great number of orphans in Rwanda and an unknown number of vulnerable children. While remarkable achievements have been made in the past twelve years, the situation for OVCs remains a challenge.

There is a strong political will and commitment in Rwanda to provide a protective and supportive environment for orphans and other vulnerable children evidenced by the development of the National Policy for Orphans and other Vulnerable Children (2003) and other related sectoral policies and strategies such as social protection, health, education and HIV/AIDS. In 2004 Rwanda embarked on a Rapid Appraisal, Analysis and Action Planning process that has culminated in the development of this National Plan of Action which provides the framework for concerted, scaled up action in support of orphans and other vulnerable children.

It is the vision of the Government of Rwanda that “OVCs will be assisted to reach their full potential and have the same opportunities as all other children to active and valued participation in home and community life”. The main objectives of the National Policy on Orphans and other Vulnerable Children are to protect the rights of the child and to ensure the physical and psychosocial long term development of orphans and other vulnerable children.²

Building on the National Policy for OVCs, six strategic objectives defined in the OVC Strategic Plan were identified and agreed on:

- 1. To create a supportive environment for OVCs through increased awareness on all matters concerning OVCs addressing children, parents, caretakers, service providers, decision makers and the general population.*
- 2. To ensure a protective environment for OVCs through enhanced policy, legislation, procedures and regulations.*
- 3. To provide protection, care and support to OVCs by establishing and strengthening family and community based support structures.*
- 4. To ensure access to essential services for OVCs including shelter, education, health and nutrition, social protection, water and sanitation and birth registration.*
- 5. To build and strengthen the capacity of government, civil society and service providers to respond to the situation of OVCs.*
- 6. To establish co-ordination, implementation and monitoring and evaluation mechanisms.*

Key Priorities

Key stakeholders, including government, civil society and OVC themselves identified the following priorities for action in order to create the environment necessary for the provision of a holistic package of care, protection and support responsive to the immediate and long term developmental needs of OVC:

- **Data Collection and Situation Analysis**

² National Policy on Orphans and other Vulnerable Children, 2003

- **Establishment of Coordination, Implementation and Monitoring Mechanisms**, including the establishment of the National Children's Commission, the establishment of decentralized level coordination committees and the strengthening of children's forums.
- **Capacity building** at all levels.
- **Survival of Most Vulnerable** through continued support to existing interventions.
- **Monitoring and Evaluation** of standardised national monitoring and evaluation strategy and tools.
- **Resource Mobilisation:** Development of strategies and mechanisms to ensure that funds are mobilized and are channelled to communities ensuring transparency and accountability

2.1 The Definition of Orphans & Other Vulnerable Children (OVC)

According to *National Policy for Orphans and Other Vulnerable Children (Rwanda 2003)*, a vulnerable child is a person under 18 years exposed to conditions, which do not permit him/her to fulfill her/his fundamental rights for her/his harmonious development. An orphan is a child who has lost one or both parents.

2.2 The situation of orphans and other vulnerable children

Rwanda's high orphan population represents a more complex profile than any other country in Africa due to the combined effects of genocide, war, HIV/AIDS and poverty in general.

- 20.5% of children have lost one or both parents.³
- 11.2% of all children in Rwanda have lost their father, 1.6% of children have lost their mother and 3.8% have lost both parents.⁴
- The number of orphans is projected to increase to over 1.5 million under the age of 15 by 2010⁵.
- An estimated 600,000 children are out of secondary school, while up to 100,000 children of primary age are out of school.
- 0.2% of households with chronically ill people receive medical, emotional and social/material support.⁶
- 0.2% of households hosting orphans receive medical, emotional, social/material and educational support.⁷

Projections suggest that the proportion of orphans to the overall population of 0-17 year olds will decline, due to the fact that children orphaned during the genocide will all have turned eighteen by 2012, but also due to improvements in health status and education status of adults and children. Further, Rwanda's ability to keep its AIDS pandemic in check has meant that the number and proportion of children

³ Rwanda Demographic and Health Survey, 2005

⁴ Rwanda Demographic and Health Survey, 2005

⁵ The State of the World's Children, 2004

⁶ Rwanda Demographic and Health Survey, 2005

⁷ Rwanda Demographic and Health Survey, 2005

orphaned due to AIDS has not grown like it has in other countries in eastern and southern Africa. Current estimates suggest that 22% of all orphans are orphaned due to AIDS. This is projected to decline to 15% by 2012.

2.3 Categories of vulnerable children

Having recognized that a high number of children in the society are at risk of being deprived of their fundamental rights, Rwanda has listed the following categories of children considered at special risk and requiring particular protection and/or assistance:

1. Children living in households headed by children
2. Children in fostering care
3. Street children
4. Children living in centres
5. Children in conflict with the law
6. Children with disabilities
7. Children affected by armed conflict
8. Children who are sexually exploited and/or abused
9. Working children
10. Children affected/infected by HIV/AIDS
11. Infants with their mothers in prison
12. Children in very poor households
13. Refugee and displaced children
14. Children of single mothers
15. Children who are married before their majority

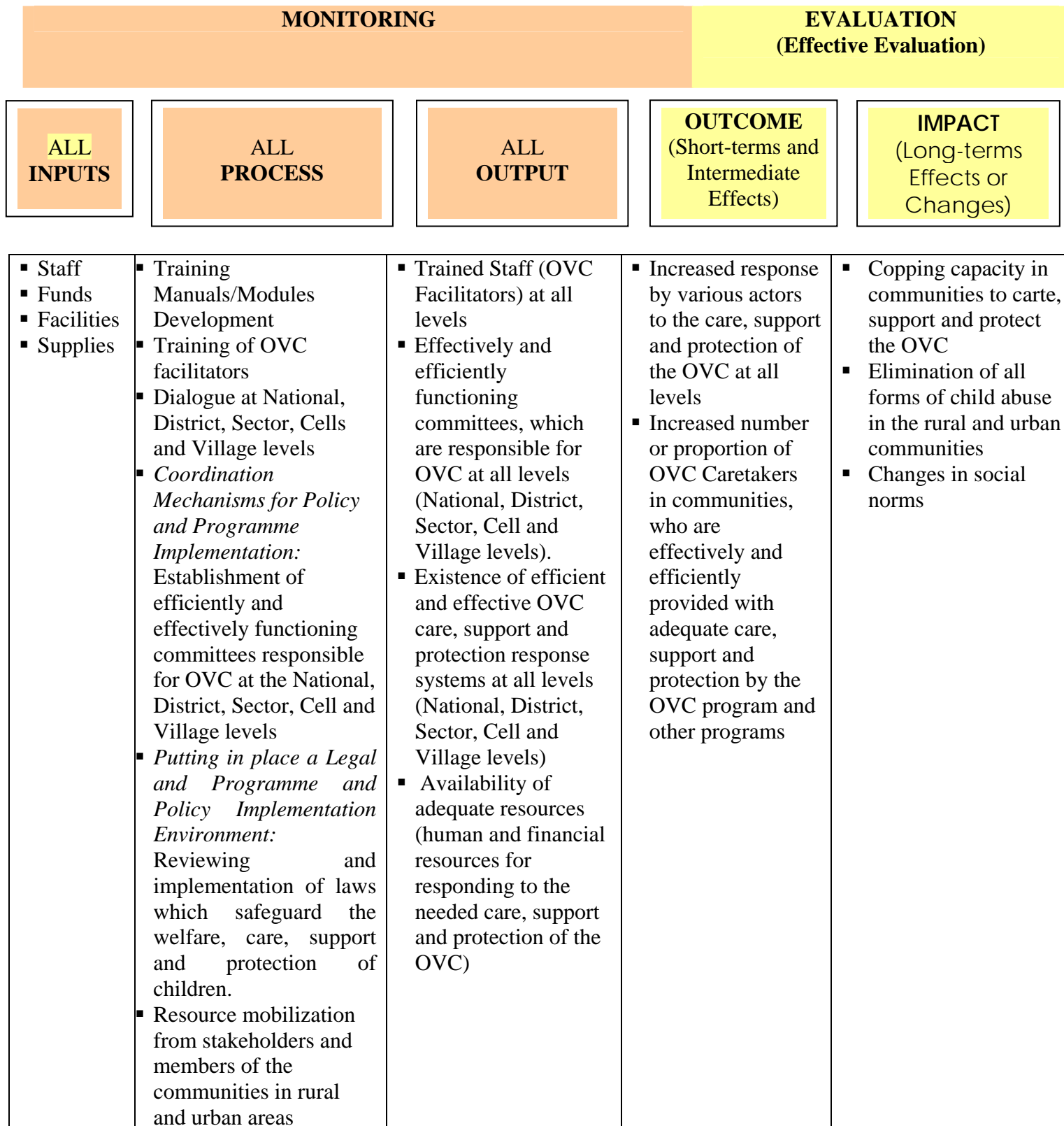
3 MONITORING & EVALUATION FRAMEWORK

According to most M&E documents, an important guiding principle in the implementation of a comprehensive M&E system is the need to take a strategic and phased approach, acknowledging two realities:

- appropriate infrastructure and capacity must be in place to implement the different components of a comprehensive system—not everything can be done at once; and
- not every programme needs to conduct all aspects of M&E.

A frequently used diagram to depict the latter is the 'M&E pipeline' shown in Figure below (Rugg et al., 2004). This M&E pipeline is based on the simple input-activities-outputs-outcomes- impact framework. The diagram suggests that all programmes should conduct basic program input and output monitoring for the purposes of project management. Most programmes should also conduct some basic process evaluations. This component often includes implementation assessments, quality assessments, basic operations research, case studies and cost analyses. The rationale for conducting outcome monitoring and outcome evaluation should be carefully considered against the additional time, expertise and resources that these methods require. Generally speaking, outcome monitoring should be considered when programmes are more established, and outcome evaluation after the introduction of a new intervention or when the effectiveness of an intervention is unknown or in question. Finally, only in a few cases would impact evaluation be warranted in which an attempt is made to attribute long-term effects (impact) to a specific programme. However, monitoring the unlinked distal impacts (impact monitoring) can be done through surveillance systems and repeated population-based surveys. All programmes should be aware of these national and sub-national data and how these are relevant to their programme. They typically provide a basis for comparing national and local programme output and outcome monitoring efforts. In other words, in determining the overall success or collective effectiveness of all programmes that constitute the national response to AIDS, it is necessary to interpret long-term effects in the context of results from process and outcome evaluations and from existing survey data and output monitoring. The main strategic point here is simple: not everybody needs to do everything.

THE OVC MONITORING AND EVALUATION PIPELINE



4 MONITORING AND EVALUATION ACTIVITIES

There are three major M&E activities that will be undertaken during the implementation of the OVC National Strategic Plan 2007 to 2011. These include:

- Monitoring service coverage and uptake
- Monitoring quality of OVC services
- Assessing program effectiveness

4.1 Monitoring service coverage and uptake

Mapping will be used to identify geographic areas or sites within Rwanda where OVC interventions should be or are implemented. The availability of these interventions can then be assessed by interviewing key informants in the communities, members of organizations providing OVC services, and officials from government and donor agencies. The number of sites with OVC interventions available can then be tracked over time.

Questions Addressed by Monitoring Outputs

- How many OVC are in the targeted geographic area (by category)?
- How many OVC programs does the area have?
- How many OVC were provided with support (by gender, age, category of OVC, sector, district, and type of support)?
- How many service providers/caretakers have been trained in caring for OVC?
- Are all the types of vulnerable groups being served?

While geographic coverage provides information on the availability of services, it does not provide information on the uptake of services. So programmes will monitor the utilization of key services for OVC as an important component of assessing coverage. All projects will record the number of OVCs receiving services. This information may be collected in registers maintained by service providers, or in notebooks kept by volunteers or caregivers. These data will then be aggregated on annual basis at the national level to assess the overall number of OVC served and the total by service type. However, to avoid double counting when aggregating data at district level, a system needs to be strengthened to allow the tracking of individual clients.

4.2 Monitoring quality of care

One of the main objectives of the OVC program is to provide quality care to its beneficiaries. Programs should not only focus on the number of clients served but also be concerned about better serving those in need. Higher quality services can lead to changes in behaviour as well as improve the quality of life of beneficiaries. Measuring quality of care on a routine basis is therefore important not only to inform future strategies but also to demonstrate to staff that quality care is an important component of the program and is used as a benchmark for staff performance at all levels. Ensuring the quality of services provided through the program will be critical to increasing access to these services by the target populations. Therefore, quality assurance protocols for OVC services will be

developed in line with the Rwanda national strategy and guidelines to ensure standardization of service delivery and quality.

Questions Addressed by Monitoring Quality of services

- How was client identification and selection done?
- What service did the OVC receive?
- Is care and support being provided to OVC most in need?
- Were the most vulnerable groups targeted?
- What services did OVC and their caregivers find most useful?
- How many service providers/caregivers have been trained or upgraded?
- What kind of problems did staff and volunteers encounter when implementing activities?
- Are services being provided according to Rwanda's national standards?

Monitoring of service quality will be an integral part of the routine program monitoring system. The quality of services provided by volunteers will be monitored on an ongoing and regular basis by employing a number of methods. The supervision of volunteers is crucial in order to maintain their level of motivation, identify additional training needs early, and otherwise ensure that a minimum level of quality is maintained. This supervision will entail regularly reviewing the monitoring forms submitted by the volunteers and ensuring that they are submitted on time and in a complete manner.

Implementing partners have the responsibility of monitoring the quality of care of its volunteers. The MIGEPROF/ MINALOC, has the role of monitoring implementing partners. District OVC Focal Person will periodically assess the frequency and quality of supervision by conducting site visits, interviewing volunteers and strengthening capacity of implementing partners to monitor volunteer supervision on a regular basis. The District OVC Focal Person (Person in charge of Social Welfare) will use a variety of methods specified below.

First, direct observation of client-provider interaction, using a standardized checklist, should be conducted by the volunteer supervisor on a regular basis. Already some Implementing Partners have their own checklist for monitoring the quality of services. But the checklist cannot be useful if the Government does not have national standards for areas like psychosocial support and protection. The Government needs to come with a national standard to guide implementing partners know what constitute a psychosocial support and protection.

Second, regular meetings with volunteers will be conducted during which volunteers can discuss problems encountered in delivering services and share experiences.

Third, the knowledge of volunteers will be assessed at various intervals through informal interviews with the volunteer.

All of the above methods have certain limitations because they require a well-functioning supervisory system and staff who are skilled in qualitative data collection (interviewing, direct observation). In addition, the findings obtained may have a certain amount of bias when interviews and direct observations are conducted by implementing partners staff themselves and OVCs may be

reluctant to provide the valid response. Nevertheless, employing these methods is valuable in order to ensure that minimum standards of quality service delivery are maintained.

4.3 Assessing Intervention Effectiveness –Outcome Evaluation

An outcome evaluation determines if, and by how much, programme activities achieve their intended effects on the target population. It answers two questions:

Questions Addressed by Outcome Evaluation

- Are the desired outcomes being observed in the target population?
- Are these changes likely to be the result of the intervention?

The first question involves the collection of data on selected outcomes, such as child nutrition status over time. The second question requires the use of methods that provide sufficient evidence to support the link between the observed changes and the intervention. Intended users of the findings from an outcome evaluation, such as programme planners, need to determine up front the magnitude of the effect that is expected and the level of evidence that is needed to conclude that the intervention is indeed effective. These factors will affect decisions about the programme, such as whether funding should be continued and whether the intervention should be expanded or replicated.

While process and output data will be obtained through the routine data collection of partners, data for outcome/impact indicators, usually measured at the population level, will be obtained through population based surveys of the OVC and their households, area/village registers and the census. The proposed M&E system will take advantage of surveys conducted or supported by the National Institute of Statistics to generate the required outcome data. One of such surveys is the Demographic and Health Survey (DHS). Rwanda conducted the 2005 Demographic and Health Survey which collected information on almost all the proposed NPA outcome indicators and hence yielded the baseline values for these indicators. If conducted with similar questions, the 2010 DHS will provide additional data to determine changes in the outcome indicators.

Special Studies:

As indicated earlier, special studies, for instance **Situation Analysis, Expenditure Investment Studies**, and **Child Status Index Study** could be undertaken to address special issues that arise during implementation of the NPA. It could be decided, for instance to examine the cost effectiveness of different intervention strategies. In addition, **qualitative studies** could be undertaken to examine changes in attitudes, behavior and socioeconomic conditions of the OVC and their households. The qualitative data supplement the quantitative data and help to explain processes (how and why) that could not be captured by the quantitative data.

Annual Review Meetings

The OVC Technical Working Group (OVC TWG) will also conduct yearly **program review meetings** to assess progress on planned activities and to share experiences on achievements, challenges/constraints and lessons learned. Participants to the review meetings will include representatives from implementing partners, relevant government departments and other

organizations which are operating in the regions where the National Plan of Action is being implemented.

Mid-Term Evaluation

During the year 2010, the Government needs to undertake a mid-term technical review of the National OVC Strategic Plan to capture information that answers the following questions:

- How is the program building technical capacity?
- Does the program represent an effective system, from national level to the village level?
- Are services of high quality?
- What are the obstacles/challenges to implementation and how have they been resolved?
- What is the project relationship to other on-going programs e.g Government programs?
- How relevant to the reality is our intervention?

In order to answer these questions, the technical review will need to examine both the system level and the service delivery (or implementation) level. In other words, the team will need to assess the program at:

- National level
- District level (if applicable)
- Implementing agency level
- Service provider level

5 INDICATORS AND DATA SOURCES

Four types of indicators have been developed for the OVC NPA: outcome (to measure the changes in the conditions of the OVC and their households as a result of program activities), outputs (to track the products of program activities), processes (to track how well program activities are implemented), and input (to track resources available/needed). While the input and output indicators will be measured at the program level with data collected by service organizations, the outcome indicators will be measured at the population level with data collected from population-based surveys, censuses and special studies.

The indicator matrix at the end of this document (see **Appendix 1**) is a detailed account of the following indicators:

5.1 IMPACT Indicators

- Improved wellbeing of OVCs
- Percent of children who are vulnerable according to Rwanda's definition of vulnerability

5.2 OUTCOME, OUTPUT, and INPUT/PROCESS Indicators

Objective 1: To create a supportive environment for OVC through increased awareness on all matters concerning OVC addressing children, parents, caretakers, service providers, decision makers and the general population.

OUTPUT Indicators

- Number of OVC evidence informed best practice documents produced, disseminated and incorporated into work plans
- Number of functioning Gender-Based Violence (GBV) / child protection committees established

INPUT/PROCESS INDICATORS

- Number of high level meetings held to discuss OVC issues

Objective 2: To ensure a supportive & protective environment for OVC through enhanced policy, legislation, protocols and regulations

OUTCOME Indicator

- National Policy score for orphans and other vulnerable children

OUTPUT Indicator

- Number of cases of child abuse, violence and exploitation cases to police and to relevant authorities

INPUT/PROCESS Indicators

- Amount and percentage of the National and implementers budget allocated to OVC programs
- Amount of money actually spent on OVC programs by NGOs, FBOs and line ministries

Objective 3: To provide protection, care and support to OVC by establishing and strengthening family and community based support structures.

OUTCOME Indicators

- Proportion of OVCs who are safe from any neglect, stigma, discrimination, or exploitation.
- Percentage of OVCs who have experienced property dispossession

Objective 4: To ensure access to basic services for OVC including shelter, education, health and nutrition, social welfare, water and sanitation and birth registration, including development of linkages and referral across services

OUTCOME Indicators

- The percentage of OVC whose households receive free basic external support in caring for the child
- Ratio of the proportion of OVC compared to non-OVC (0-4) who are malnourished (underweight)
- Ratio of the proportion of orphans and vulnerable children (OVC) compared to non-OVC aged 15-17 who had sex before age 15

OUTPUT Indicators

- Number of OVC served disaggregated by gender, age, district, received 1-2 services, received at least 3 services
 - Number receiving health insurance
 - Number receiving nutrition services
 - Number receiving formal educational support
 - Number who received vocational training
 - Number receiving psychosocial support as defined by minimum package program
 - Number of OVC and OVC caregiving households who have been trained and/or supported in income generating activities

Objective 5: To build and strengthen the capacity of government, civil society and service providers to respond to the situation of OVC

OUTPUT Indicators

- Number and geographical coverage of Implementing Partners implementing minimum package of services
- Percentage of districts which have integrated OVC issues into their development plans.

Objective 6: To establish co-ordination, management and implementation mechanisms for all aspects pertaining to OVC including monitoring and evaluation

OUTPUT Indicator

- Number of people trained to disseminate guidelines, plans and policies

5.3 Standardized data collection and reporting tools

Standardized tools will be developed by the MIGEPROF/National Commission for Children, taking into account data collection tools used by the implementing partners and MINISANTE to monitor service delivery. The tools will enable aggregation and comparison of data from different sources and consist of:

- OVC Periodic Summary Form
- District Level OVC Summary Form
- Survey reports
- Special studies reports
- OVC registers usually kept at the sector level
- Program report

Impact and outcome indicators will be collected using Rwanda Demographic and Health Survey Reports and special studies reports (e.g Child Status Index, Situation Analysis) while output, input and process indicators will be collected using program level reports.

Data will be collected and managed at different levels of implementation of National Plan of Action. These levels are village level through village committees, Cell/Sector levels, Districts, and at national level. All these levels must ensure that they collect high quality data using agreed upon national data collection tools, use the data, report in a timely fashion and according to agreed national channels in order to enable evidence based decision making.

5.4 Data quality

The data collected by the service providers will be subjected to the following quality checks at the district level:

- **Completeness** – There is a need to ensure that all the required data is provided on the activity record forms disaggregated by sex, age, service provided etc.
- **Consistency**: We must ensure that data recorded in different sections of the form is consistent with one another. For instance, the reported total number of OVC served should equal the sum of male and female OVC served.
- **Reliability**: There is a need to find out (once in a while) whether the service provider actually provided services to the number of persons reported on the registers and on the reporting forms.

Data quality equates to the quality of the program. If the data is of poor quality, it will be difficult to use them and hence to make decisions and plan. In collaboration with partners the **District OVC Focal Person** will ensure that the relevant existing structures are given necessary capacity building in addressing data quality.

The data collected and reported will be subjected to quality checks at each level: at village, cells and sector levels (during supervisory visits) and at the program headquarters (M&E Unit). The data shall be checked for: **completeness** (required fields on clients' characteristics and services provided are completed and that information provided is disaggregated by age and sex when necessary); **consistency** (number reported on the implementers' registers and on activity report forms tally); and **reliability** (definitions and measurements of OVC's characteristics and services are understood correctly among implementing partners).

At each level, the data collectors will be trained on how to collect the data. Continuous formative supervision will be instituted to ensure data quality. Feedback on data quality will be given at each level. Data will be verified before sending upwards. Efforts to avoid double counting within and between programs will be made.

5.5 Data Management

Rwanda has an OVC register kept at the sector level. This register should be in triplicates: white, yellow and blue copies. After data collection, the blue copy will stay at the sector level while the yellow goes to the district and the white will be sent to the national level. A copy of the same will be sent to the service provider for record. At each of these levels, a sound filled system should be put in place to ensure that these forms are well filled and kept in close cabinets to ensure confidentiality.

Due to very frequent power shortages and the lack or insufficiency of required infrastructures in the country, paper based data management systems should be improved. However, while improving the paper based data systems, collected data should be entered into computers at the district level

District staff members typically have extensive experience working with a paper register system and some computer experience. Necessary intensive training will be done on the use of specific desktop computer software utilized for reporting purposes. Training at the district level will be particularly important as data entry and verification procedures are crucial to ensuring data quality. Training will also include procedures for connecting on the net and sending or receiving data, data synchronization and backup procedures need to be defined as well. Also, basic analytical skills will be developed and system maintenance addressed during the training.

The district office database will also be backed up at regional and national levels. This kind of data system typically requires a dedicated information technology (IT) staff to maintain the computers at the district level. This includes troubleshooting hardware problems and data backup and transmission processes. In addition, IT staff should understand the database and work with the district staff to produce reports and maintain the district data warehouse.

Although data will finally be entered at the district level, it is highly recommended that during the first year of implementation data entry should be done at the national level. This is because logistics, infrastructure and human capacities may not allow this to be completely taken care of at the district level. While a data entry clerk will be hired and trained to do this at the national level to do this, each district will identify a staff member that will serve as data management person at the level of the district. Needed logistics will be put in place and identified staff trained to take over from the national level.

5.6 Data Analysis

Data should be analysed as close to the source as possible. The local implementing partners should maintain their own records and analyse their information to assess coverage, quality and general performance. Data should then be collated in appropriate forms supplied by MIGEPROF (**Appendix 2**) and submitted to the District OVC Focal Person or national office of that implementing partner for further analysis.

Data analysis will be done at district and national level. On semi-annual basis, districts will analyze the data and share it with stakeholders. The data will be used for lobbying of resources from business community people, individuals, NGOs etc. This will also form part of monitoring at district level where coverage, quality of services will be analyzed by types of service provided. At national level the data will be analyzed annually to gauge the coverage, gaps for immediate and future planning. All the reports will be disseminated and shared across all stakeholders such as parliamentarians; policy makers etc. The implementing partners will also publish quarterly newsletters regarding OVC for advocacy purposes. It will enable the program to determine if program activities were implemented as planned, whether program objectives were achieved, and how this was accomplished by making the following comparisons:

- Actual results versus program targets
- Actual progress to projected timeframe
- Results across regions, and
- Evolution of program outcomes over time

Data will be disaggregated by gender, age, and geographic regions. Further analysis will involve looking at a combination of financial monitoring and issues of effectiveness, efficiency, timeliness, sustainability and capacity building. Triangulation of information will always be necessary to ensure validity.

5.7 Information Products

One of the biggest challenges of M&E is obtaining quality data in a timely manner. To facilitate the completion of reporting forms, it is essential that submitted data are compiled and fed back to users at the appropriate level, and that those actually providing are kept informed of how these data are used. Most importantly the communities should be the primary users of the information. Designing very simple report formats will enable the communities to use the information. By continuously learning-by-doing and feeding information back into programs, service providers and community based programs will continue to improve services and beneficiaries outcomes.

Simple analysis of data at village, cell, and district levels should enable service providers and government staff to assess program implementation at their level and strengthen or re-orientate service delivery.

At the district level, program data will be collated, consolidated, and analyzed, and a **semi-annual report** produced and disseminated to all the stakeholders, at the District Joint Action Forum. The stakeholders represented in the District JAF will include members of children protection committees, collaborating organizations and service providers. During the dissemination, views about the program implementation will be collected with insights from the data to be used to improve the activities. In addition, during regular and targeted formative supervision visits to various service providers, districts, sectors, cells and villages, support will be provided for data analysis and data use at the sites.

At the national level, use of information is different from that of data use at the program level. At the national level, program managers need just enough information to determine whether the national effort is going in the right direction. The information is needed for planning, advocacy for necessary resources, legislative changes, refining national program priorities, and for allocating

resources, among others. The M&E Unit at MIGEPROF shall produce an **Annual Report** and disseminate it as follows:

Dissemination Plan for Annual Report

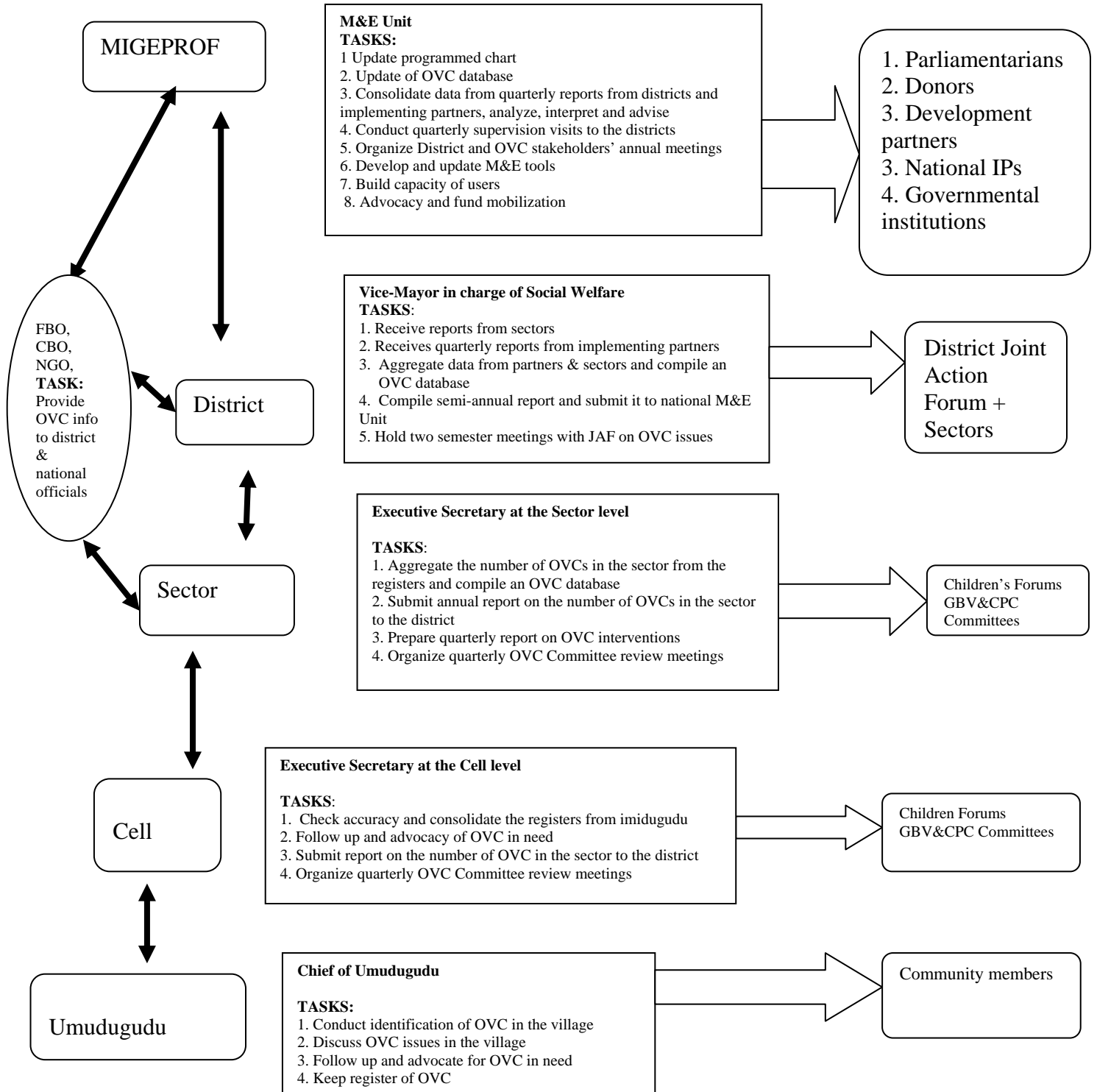
STAKEHOLDER GROUPING	DATA DISSEMINATION THROUGH	QUANTITY TO BE PRINTED	ILLUSTRATIVE REPORT USES
District Health Officers	Posting of report	30	<ul style="list-style-type: none"> • Determine service coverage and future focus areas
District OVC Focal Person	Hand delivery of report	30	<ul style="list-style-type: none"> • Determine service coverage, uptake and future focus areas
District Children’s Forum	Posting of report	30	<ul style="list-style-type: none"> • Determine service coverage, uptake and future focus areas • Information and planning purposes
District Joint Action Forum	Posting of report	30	<ul style="list-style-type: none"> • Determine service coverage, uptake and future focus areas • Information and planning purposes
Senior Officials in other relevant Ministries	Emailing of report	TBD	<ul style="list-style-type: none"> • Information and planning purposes
Donors	Emailing of report	0 (electronic copy, not printed)	<ul style="list-style-type: none"> • Determine service coverage, uptake and future focus areas
National Implementing Partners	Posting of report	100 & electronic copy	<ul style="list-style-type: none"> • Determine service coverage, uptake and future focus areas
OVC TWG members not included in any other grouping	Emailing of report	0 (electronic copy, not printed)	<ul style="list-style-type: none"> • Determine service coverage, uptake, advocacy and future focus areas
Members of Parliament	Emailing of report	0 (electronic copy, not printed)	<ul style="list-style-type: none"> • Determine service coverage, uptake, advocacy, and future focus areas
Members of M&E TWG	Emailing of report	0 (electronic copy, not printed)	<ul style="list-style-type: none"> • Determine service coverage, uptake and future focus areas

As indicated in Table above, data will be analyzed at the district and national levels. The M&E annual report will be disseminated to various stakeholders through different forums/reports. Dissemination will be tailored to the interests of the different stakeholders. National level dissemination workshops will be conducted with relevant government officials, ministries, Donors, development partners, NGOs and other collaborating agencies. Dissemination efforts will take advantage of national occasions and large meetings to publicize M&E reports. MIGEPROF can take the advantage of the IMIHIGO process to produce Midterm and Final Reports on OVC issues. IMIHIGO can also serve as dissemination medium for OVC issues.

6 REPORTING FLOW AND RESPONSIBILITIES

Rwanda is currently undergoing a decentralization process which offers tremendous opportunities for meeting the needs of OVCs directly at community level. Administratively, the country is divided into 4 Provinces and Kigali City, 30 Districts, 416 Sectors, Cells and Villages (Imidugudu). The M&E system takes advantage of the existing Government structure so that the communities can also participate in the monitoring and evaluation of national response. It lays emphasis on the involvement of community leaders, Civil Society Organizations and development partners to create a holistic and participatory approach, effective feedback mechanisms and demand for monitoring and evaluation information.

6.1 Data Flow and Responsibilities



6.2 National Level

The staff at the M&E Unit of MIGEPROF will provide the basis for continued and comprehensive review of progress as well as data to assess progress and quality towards meeting the stated M&E objectives. Regular site visits and meetings at national, district and sector levels will provide both quantitative and qualitative assessment of progress, as will random community based interviews with key informants. These monitoring visits will also be used to monitor the impact of the interventions on the community and existing networks for potential negative effects on community involvement. Annual reviews and special studies on specific topics will be commissioned by the MIGEPROF. Specifically, the M&E Unit established under MIGEPROF shall be responsible for:

- Aggregating data on the uptake of services across projects targeting OVCs
- Aggregating data across the 4 provinces and 30 districts, to assess collective coverage of services. It is also at this level that geographic coverage should be monitored to identify gaps in programming and to allocate resources more strategically.
- Set norms and standards for data quality and reporting and provide related guidelines;
- Coordinate the revision of the national set of indicators for OVC activities;
- Develop data collection tools;
- Build the skills of personnel in data management and use at all levels;
- Ensure the generation of high quality data on OVC services;
- Coordinate the assessment of M&E needs of partners and district and provincial coordinators, and support the provision of technical assistance to meet those needs;
- Coordinate evaluations of OVC activities in the country;
- Conduct operations researches;
- Track progress towards the achievement of set targets;
- Disseminate monitoring results and evaluation findings to decision makers and stakeholders;
- Ensure adequate documentation of best practices and dissemination of results at the national and sub-national levels;
- Build a documentation centre for OVC related activities;
- Promote the use of information in decision making at all levels;
- Collaborate regularly with the CNLS to facilitate the synergy and harmony between OVC and other national program activities;
- Ensure that the OVC NPA M&E Strategies are respected by all partners;
- Review (as needed) the OVC NPA M&E plan.

6.3 District Level

The Vice Mayor receives the reports from implementing partners and sectors. However, the responsibilities of providing feedback to implementing partners, aggregating data from implementing partners and sector reports, and actual project monitoring and evaluation are for District OVC Focal Person. The District OVC Focal Person shall:

- Participate in the assessment of the quality of services provided by community-based service providers;
- Review data received from implementing partners for accuracy;

- Collate, analyze and interpret data and provide feedback to service providers/caregivers and the communities (probably through community leaders/Cell or Sector Committees);
- Coordinate the dissemination of evaluation results at the district level;
- Facilitate transparent flow of data from the community-based service providers to the national office;
- Mainstream OVC NPA M&E issues within the District Development Plan;
- Assess the data collection and reporting needs of service providers in their districts and recommend appropriate technical assistance to meet the needs;
- Ensure timely reporting of data by service organizations and report deficiencies in the data to the concerned organizations, ensuring that those inconsistencies are resolved before data is sent to the provincial office;
- Facilitate the sensitization of district authorities on the NPA M&E activities;
- Facilitate the dissemination of M&E results at the district and community levels, especially making sure that OVC data are regularly presented to the District Joint Action Forum.

6.4 Cells, Sectors

The Executive Secretary will be the custodian of the OVC register. Reports on these M&E activities will be submitted to the Vice Mayor at the district level.

- Check accuracy and consolidate the registers from cells
- Aggregate the number of OVCs in the sector from the registers and compile an OVC database
- Submit annual report on the number of OVCs in the sector to the district person in-charge of social affairs
- Prepare quarterly report on OVC interventions
- Organize quarterly OVC Committee review meetings

6.5 Umudugudu

The main work of Chief of the Umudugudu is to facilitate the identification of OVC. The identification process is clearly spelt out in the Ministerial Instructions of MIGEPROF concerning the identification and selection of Most Vulnerable Children issued in April 2009.

7 DATA REPORTING SYSTEM

It is proposed that the OVC NPA monitoring data will be reported through the existing data reporting system which requires that implementing partners report data collected in the communities to the relevant district staff. For OVC data and information, implementing partners and sector level community report shall submit their reports to Vice Mayor in charge of Social Affairs on a quarterly basis. In collaboration with the District OVC Focal Person the data received from implementing partners will be reviewed for completeness and consistency, and analyzed to detect variations in program activities and outputs by community and service organization, and establish trends over time. Any deficiency/inconsistency detected in the data will be reported to the partner/service organization concerned for clarification/reconciliation. The Sector/ District level office will provide a feedback to the implementing partners through Sector/ District Joint Action Forum with a view to facilitating a collaborative decision making process on ways to improve the lives of OVC and their households. At the sector and district level, the M&E results are also expected to inform the types of interventions implemented in the communities.

From the districts, data aggregated across communities will be sent to the M&E Unit on a semi-annual basis which will also review it for completeness. The M&E Unit will also analyze the data to determine variations by district.

7.1 Reporting timeframe

The Chief of Umudugudu will report the number of OVC identified to the cell and sector annually. Each of them should ensure that their reports are received by the 5th of January. Sectors should channel their annual report to the district by the 10th of January. Agreed upon measures should be discussed by sectors, cells and villages to make this happen timely. OVC stakeholders should report to Sector, District and MIGEPROF on a quarterly basis.

On a semi-annual basis, districts will compile their data and report to the M&E Unit. Reports from districts should be available at the national level latest 15th of July and 15th of January each year. At the national level, reported data will be compiled to have a national annual report to be shared with the government and funding partners. The annual report will analyze data to provide a national picture of the program outputs and outcomes.

7.2 Interface with the Rwanda National HIV M&E Strategy

In the spirit of “**Three Ones Principle**” the OVC M&E Strategy will tap into the existing National M&E system to avoid duplication of efforts (*National Strategic Plan on HIV and AIDS 2009-2012*). For example, CNLS NSP is already generating the following relevant OVC indicators:

- Number of OVCs supported in:
 - Medical assistance
 - Nutritional assistance
 - Psychosocial assistance
 - Material assistance
 - Educational assistance
 - Income generating activities;

Apart from being a member of the National M&E TWG, OVC M&E Officer at MIGEPROF will liaise with M&E Unit at CNLS to harmonize the M&E technical and financial support going to implementers at the district levels. The District OVC Focal Person will work closely with the District M&E Focal person to make sure that M&E activities at the district and lower levels are implemented efficiently and effectively, within an agreed timeframe.

7.3 M&E Management and Coordination

The M&E system will be managed and coordinated by the M&E Unit under MIGEPROF. The M&E Officer will undertake overall management and technical support with assistance from Social Workers within the Ministry. The M&E Officer will have responsibility for overall supervision of the M&E activities. Specifically, the M&E Officer's functions shall include but not limited to:

- Monitoring and evaluation of National Plan program components: this includes monitoring of program inputs, process and outputs. Data from government and non-government programs should be included.
- Receiving progress reports from the implementers of National Plan of Action
- Compilation of national OVC reports and submitting them to the relevant government agencies, implementing partners, development partners and donors.
- Participate in the meetings of National M&E TWG

Additional support to M&E, including reporting of program activities, will be provided by existing field staff physically located in the districts: District OVC Focal Person. It is anticipated that MIGEPROF will recruit an M&E officer in the course of implementation.

A key person from each implementing partner will be responsible for collecting service data from each organization. Community based data will be collated by the partners and sent to the District OVC Focal Person in summary forms, either as paper based or as excel data sheets.

8 RECOMMENDATIONS FOR M&E SYSTEM IMPLEMENTATION

The development of a national OVC Action plan must address national M&E resources and related systems needs for supporting OVC efforts. The collection of useful programmatic information requires resources and a skilled workforce at the national level and beyond. The government must commit to identifying sustainable resources if M&E is to be routine part of program function. In creating the right environment, capacity development in M&E should aim to carry out the following activities:

- a) Establish an M&E Unit under MIGEPROF with financial and human resources, as well as logistical and infrastructure support (computers and IT support)
- b) Develop a checklist to be used by District OVC Focal Person when making supervisory visits to service providers. The checklist should be based a national standards which are apparently lacking in the areas of psychosocial support and protection services.
- c) Identify training needs regarding M&E at all levels, villages, sectors and districts.

- d) Organize formal training sessions and workshops at all levels; national, district, cells, sectors and village level focal persons on the use of the proposed OVC Periodic Reporting Form and reporting system;
- e) Facilitate informal learning by sharing experiences and skills in the field of monitoring and evaluation (i.e., organize informal discussion forums to discuss M&E best practices, lessons learned or teach M&E techniques)
- f) Facilitate information sharing (meetings, training sessions, scholarships, grants, manuals, newsletters, international electronic networks, etc.);
- g) Provide technical assistance at the national level in policy development, advocacy, and in how to apply M&E data in the design or improvement of programs. This is critical as it is often a weak component of M&E systems.

APPENDIX 1: RWANDA OVC NATIONAL STRATEGIC PLAN MONITORING AND EVALUATION INDICATOR MATRIX

Indicator	How measured/ tracked	Data Source/ Information recording tool/ Methodology	Data Reporting tool	Frequency of Reporting	Responsible Party	Baseline	Target
IMPACT INDICATORS							
Improved quality of life for OVC	<i>((Number of OVC scoring 3 or 4 in all the 12 dimensions of Child Status Index</i>	Child Status Index reports/ study	Published Child Status Index Reports	Every 2 years	MIGEPROF NISR /NGOs, FBOs, CBOs	TBD by end of 2009	TBD after the baseline is identified
Percent of children who are vulnerable according to the government definition of vulnerability	<i>((Number of children under 18 classified as most vulnerable/All OVC under 18))*100</i>	Population Based Surveys (DHS)	Published (Survey) Reports	Every 5 years	National Institute of Statistics, MIGEPROF	DHS 2005 = 28.6% OVC	

Objective 1: To create a supportive environment for OVC through increased awareness on all matters concerning OVC addressing children, parents, caretakers, service providers, decision makers and the general population.

Indicators	Definition/ Description/ Unit of Measurement	Source (s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Data Reporting tool	Responsible Party	Baseline	Target
OUTPUT LEVEL INDICATORS								
OVC evidence informed best practice documents produced,	<i>Record the number of all publications on best</i>	Field visit reports		Every two years	Published Best Practice Document	MIGEPROF and partners.		

Indicators	Definition/ Description/ Unit of Measurement	Source (s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Data Reporting tool	Responsible Party	Baseline	Target
disseminated and incorporated into work plans	<i>practice</i>							
Number of functioning GBV& child protection committees established	<i>'Functioning': See Guidelines of GBV&CPC</i>	Reports from relevant institutions	Desk review of reports	Annually	Reports	MIGEPROF , Districts, IP		
PROCESS INDICATORS								
Number of high level meetings held to discuss OVC issues	<i>High level meetings are those held for decision makers</i>	Minutes of the meeting, media reports	Meeting and media Report	Annually	Reports	MIGEPROF , Social Ministries		

Objective 2: To ensure a protective environment for OVC through enhanced policy, legislation, procedures and regulations

Indicators	Definition/ Description/ Unit of Measurement	Source(s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Data Reporting tool	Responsible Party	Baseline	Target
OUTCOME LEVEL INDICATORS								
National Policy score for orphans and other vulnerable children	This is an effort index to measure the current response at national level to the crisis facing orphans and other vulnerable children	The OVC effort index	Country's OVC Effort Index	Every three years	Annual Program Report	MIGEPROF, IPs	OVC Effort Index 2007	
OUTPUT LEVEL INDICATORS								
Number of reported cases of child abuse, violence and exploitation	<i>'Cases reported' refers to cases compiled by districts from sectors</i>	Police, Prosecutors, Districts' Reports	Reports from relevant institutions (Police, Prosecutors, etc)	Annually	Police Reports, Prosecutors Report	Districts Police, Prosecutors MINIJUST, MoH, MINALOC, MIGEPROF		
INPUT/PROCESS INDICATORS								
Percentage of the National and implementers' budget allocated to OVC programs	<i>Amount of funds from all sources allocated to OVC programs/ Total national budget))*100</i>	National budget, IP, key Ministries' plans and reports	NA	Annually	Program Reports	MINECOFIN, CEPEX, MIGEPROF, IP, CNLS, JAF		

Objective 3: To provide protection, care and support to OVC by establishing and strengthening family and community based support structures.

Indicators	Definition/ Description/ Unit of Measurement	Source(s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Data Reporting tool	Responsible Party	Baseline	Target
OUTCOME LEVEL INDICATORS								
Proportion of OVC who are safe from any neglect, stigma, discrimination, or exploitation.	<i>Numerator: The number of OVCs who scored well on the relevant dimension. Denominator: All OVCs interviewed.</i>	Survey among orphans	Child Status Index	Semi-annually	Published Report	NGOs, FBOs, and CBOs MIGEPROF		
OUTPUT LEVEL INDICATORS								
Percentage of OVC who have experienced property dispossession	<i>((Number of OVC who reported to have experienced property dispossession</i>	Household surveys-DHS	Survey instruments	Every 5 years	Published Survey Reports	Statistics Office, CNLS, MIGEPROF		

Objective 4: To ensure access to basic services for OVC including shelter, education, health and nutrition, social welfare, water and sanitation and birth registration

Indicators	Definition/ Description/ Unit of Measurement	Source(s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Data Reportin g tool	Responsible Party	Baseline	Target
MINIMUM PACKAGE (OUTCOME LEVEL INDICATORS)								
The percentage of OVC whose households receive free basic external support in caring for the child in the last 12 months disaggregated by type of support and source of support	<i>Numerator=</i> <i>Number of OVC who lived in households that received at least one of the following services: Medical support within the past 12 months; school-related assistance within the past 12 months; emotional support within the past three months; other social support including material support in the past three months</i> <i>Denominator:</i> <i>Total number of OVC</i>	Population -based surveys/ DHS	Survey instruments	Every 5 years	Published Survey Reports	Statistics Office, MIGEPROF ,CNLS	12.6% (DHS 2005)	60%
Percentage of OVCs dropping out of school	<i>Numerator:</i> <i>number of OVC that dropped out</i>	DHS: A question to be added.	Survey instruments	Every 5 years	Published Survey Reports	Statistics Office, MIGEPROF	Not available . To be	To be set after

Indicators	Definition/ Description/ Unit of Measurement	Source(s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Data Reportin g tool	Responsible Party	Baseline	Target
	<i>of school Denominator: number of OVC in schools</i>					CNLS, IPs	set after DHS 2010	DHS 2010
Ratio of the proportion of OVC compared to children under 5 (0-4) who are malnourished (underweight)	<i><u>Numerator:</u> number of children aged 0-4 years who are malnourished <u>Denominator</u> .): Number of children aged 0-4 years</i>	Population -based surveys/ DHS	Survey instruments	Every 5 years	Published Survey Reports	Statistics Office, MIGEPROF ,CNLS	OVC: 20.8% Under 5: 22.4%	
Percentage of households that are child-headed	(Number of households that are child- headed/Total number of households)*100	Population -based surveys DHS/	Survey instruments	Every 5 years	Published Survey Reports	Statistics Office, MIGEPROF ,CNLS		
MINIMUM PACKAGE (OUTPUT LEVEL INDICATORS)								
Number of OVCs served (disaggregated by age, gender, District, received 1-2 services, received at least 3 services	<i>1-2 or 3+ services provided by Minimum package during the reporting period from the following list of services, health, nutrition, education,</i>	Program Reports	OVC Register Service Provider Forms, reports, CSI tool	Annually	Annual Program Report	MIGEPROF ,CNLS, NGOs, FBOs		

Indicators	Definition/ Description/ Unit of Measurement	Source(s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Data Reporting tool	Responsible Party	Baseline	Target
	<i>protection, psychosocial support, and socio-economic support</i>							
Ratio of the proportion of orphans and vulnerable children (OVC) compared to non-OVC aged 15-17 who had sex before age 15 disaggregated by gender, location	<p>Numerator 1: <i>Number of OVC who report their age at first sex as under the age of 15.</i></p> <p>Denominator 1: <i>Total number of orphans and vulnerable children aged 15-17.</i></p> <p>Numerator 2: <i>Number of non-OVC who report their age at first sex as under the age of 15.</i></p> <p>Denominator 2: <i>Total number of non-OVC aged 15-17.</i></p>	Population-based surveys DHS	Survey Instruments	Every 5 years	Survey Published Report	Statistics Office, MIGEPROF CNLS	Males: 6.0% Females: 14.7% In general population : Males : 5.4% Females : 14.1%	
<i>The proportion of OVC who are currently attending school</i>	Numerator : Number of OVCs attending school	Program reports (To be	Survey instruments, program	Annually	Published Survey	Statistics Office, MIGEPROF		

Indicators	Definition/ Description/ Unit of Measurement	Source(s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Data Reportin g tool	Responsible Party	Baseline	Target
<i>disaggregated by age, gender, educational level (primary, secondary, vocational)</i>	Denominator : Number of OVCs	confirmed by DHS every 5 years)	reports	Every 5 years	Reports	, MINEDUC CNLS, IP		

Objective 5: To build and strengthen the capacity of government and service providers to respond to the situation of OVC

Indicators	Definition/ Description/ Unit of Measurement	Source(s) of Data	Information recording (Data collection) tool	Frequenc y of Data Reporting	Data Reporting tool	Responsib le Party	Baseline	Target
OUTPUT LEVEL INDICATORS								
Number of implementing partners disaggregated by geographic locations and domains of interventions	<i>Implementing partners will be mapped to know areas of operation</i>	Mapping Report	Mapping Tool or service providers register	Annually	Annual Program Report	MIGEPRO F, IPs, Districts	NA	NA
Percentage of districts which have integrated OVC issues into their development plans and performance contracts.		District Reports	District Development plans and performance contracts	Annually	Annual Program Report	MIGEPRO F/ MINALOC		

Objective 6: To establish co-ordination, management and implementation mechanisms for all aspects pertaining to OVC including monitoring and evaluation

Indicators	Definition/ Description/ Unit of Measurement	Source(s) of Data	Information recording (Data collection) tool	Frequenc y of Data Reporting	Data Reporting tool	Responsible Party	Baseline	Tar get
OUTPUT LEVEL INDICATORS:								
Number of people trained to disseminate guidelines, plans and policies	<i>Record the total number of people trained to disseminate guidelines, plans and policies.</i>	Activity reports	Reports	Annually	Annual Program Report	MIGEPROF , MINALOC/ Districts		

**APPENDIX 2b: OVC SERVICE PROVISION
REPORTING**

FORM BY AGE

# of OVC	Received Health Services		Received Nutrition Services		Received Education Services		Received Protection Services		Received Psychosocial Support		Received Economic Support		Received 3 or more services		TOTAL	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
0-4																
5-12																
13-15																
16-18																
TOTAL																

Comments:

APPENDIX 3: SUMMARY REPORT ON SERVICES PROVIDED TO FAMILIES

Type of services provided	# of Child headed household served		# and Type of Adult Caregiver served					
	Female	Male	Female Headed Households	Male Headed Households	Single caregiver	Couples caretaker	Age of Adult Caregiver Served	
							18-59	60+
Number of caretaker trained in IGA								
Number given start-up kits								
Number of OVC caretakers/providers trained in caring for OVC								

Summary report on other activities

Type of service provided			# of Village Committee members served	
			Male	Female
Community capacity building				
Number of community leaders trained in GBV/child protection issues				
Number of community network created				