



Joint United Nations Programme on HIV/AIDS

UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
ILO • UNESCO • WHO • WORLD BANK



Report on the Technical Consultation on Indicators Development for Children Orphaned and Made Vulnerable by HIV/AIDS

**Gaborone, Botswana
2-4 April 2003**

We wish to express our sincere thanks to the Government of Botswana and UNICEF Botswana for hosting the meeting; to participants for their commitment and contributions, and to the various people who contributed in various ways behind the scenes to make the meeting run successfully, in particular, Ali Asghar, Carla Barbosa, Nankali Maksud, Anne Marie Marquez-Morris, Nicole Massoud, Boitumelo Molefe, Boineelo Mphelane, June Onguru, Rosy Rostumji, Suradhuni Watson, Hamish Young and Sandi Zinmaw.

Contents	Page Number
1. Introduction.....	4
2. Setting the context.....	5
3. Summary of the working group sessions	9
4. Synthesis of the indicators proposed by different working groups.....	12
5. Sampling issues.....	16
6. Outline of the Monitoring & Evaluation Guide.....	16
7. Country Response Information System	16
8. Supportive technical presentations	16
9. Follow-Up: Next Steps	17
10. Closing	18
Appendices	
Annexes	

1. Introduction

More than 14 million children currently under age 15 have lost one or both parents due to AIDS, most of them in sub-Saharan Africa. This number is expected to increase to more than 25 million by the year 2010.

One of the major challenges facing Governments, international organizations and NGOs in their response to the increasing number of orphans is the lack of data for monitoring and evaluation. Having information available that is reliable and consistent within and between countries is essential for planning and monitoring policies and programmes, national and global advocacy, making decisions about the support that should be provided to families and communities, and providing focus for the different sectors and actors involved.

The United Nations General Assembly Special Session (UNGASS) on HIV/AIDS held in New York from 25-27 June, 2001 adopted a Declaration of Commitment in which the international community set common targets for reducing the spread of HIV/AIDS and alleviating its impact. One of the main goals of the Declaration of Commitment is to “care for all whose lives have been devastated by AIDS, particularly the more than 13 million orphans.”¹

In order to monitor the Declaration of Commitment a core set of indicators has been developed². Although an indicator was defined that related specifically to orphans (Orphan school attendance) this is insufficient to guide countries, organizations and agencies involved in the response to orphan needs. This has been noted at successive consultative meetings on the response to orphans and other children made vulnerable by HIV/AIDS³. Therefore there is a need to develop a more comprehensive set of core indicators and a monitoring and evaluation framework that focuses on children orphaned and made vulnerable by HIV/AIDS.

¹ The UNGASS Declaration on Children orphaned and made vulnerable by HIV/AIDS:

65. *By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;*
66. *Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;*
67. *Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa.”*

² Monitoring the commitment on HIV/AIDS: Guidelines on construction of core indicators. UNAIDS, 2002.

³ West and Central Africa Regional Workshop on Orphans and other Vulnerable Children, Yamoussoukro, Cote d'Ivoire, 7-12 April 2002; 2002 Eastern and Southern Africa Regional Workshop on Children Affected by AIDS, Windhoek, Namibia, 25-29 November 2002.

The UNAIDS Inter-Agency Task Team on Orphans and other Vulnerable Children (IATT on OVC)⁴, agreed that urgent action is needed to develop and implement a collaborative monitoring and evaluation framework for children orphaned and made vulnerable by HIV/AIDS to measure progress towards UNGASS goals, including indicators, survey instruments and special studies (i.e. children outside of family care). Consequently UNICEF and the UNAIDS Secretariat organised this consultation on indicators development, which was hosted with the Government of Botswana in Gaborone, from 2-4 April 2003.

The participants that were invited and that attended the consultation meeting in Gaborone formed a broad coalition of stakeholders representing experts in programming, monitoring and evaluation of OVC at different levels. They represented global, regional, and national perspectives for programmes working with children as well as for monitoring and evaluation. Country participants from Botswana, Kenya, Malawi, Namibia, South Africa, Tanzania, Uganda, Zimbabwe attended the workshop, together with participants from the following international and national organizations and NGOs: Association Francois-Xavier Bagnoud, Axios, Botswana Christian AIDS Intervention Programme, Catholic Relief Services-Strive, Hope for African Children Initiative, Horizons, International Federation of Red Cross and Red Crescent Societies, International Labour Organization/IPEC, Imperial College - University of London, International HIV Alliance, Regional Psychosocial Support Initiative, Save the Children Fund - U.K., UNAIDS Secretariat, UNDP, UNESCO, UNFPA, UNICEF, University of Botswana, Uganda Women's Effort to Save Orphans, and the World Bank. Independent experts and specialists also contributed substantially to the consultation.

The main objectives were:

1. To discuss and agree upon preliminary indicators for the ***national level measurement*** of the UNGASS goals on children orphaned and made vulnerable by HIV/AIDS;
2. To review a draft outline of guidelines for monitoring and evaluating the response for children orphaned and made vulnerable by HIV/AIDS.

This document summarizes the main issues addressed during the meeting, including the draft set of indicators identified for field-testing.

2. Setting the context

- **Opening session**

Participants were welcomed by the Mayor of Gaborone, H.K. Mothei. In his welcome words he highlighted that HIV/AIDS is wreaking havoc and undermining efforts and eroding capacity to implement programmes.

Jonathan Lewis, UNICEF Representative in Botswana spoke, stressing the urgent need for a scaled-up responses and improved Monitoring & Evaluation (M&E).

⁴ The IATT on OVC, which is convened by UNICEF, includes all UNAIDS Co-Sponsors, the Displaced Children's and Orphans Fund/USAID, International Federation of Red Cross and Red Crescent Societies (IFRC), Save the Children Fund - U.K., Hope for African Children Initiative, USAID, and the International HIV/AIDS Alliance.

Michel Caraël, Chief Evaluation, UNAIDS Secretariat, Geneva, provided the broader framework of monitoring the Declaration of Commitment on HIV/AIDS (Annex 1).

Mark Connolly, Child Protection Adviser, UNICEF, New York, provided an overview of the work of the IATT on OVC and key processes leading to the Gaborone consultation.

In the keynote address the Minister of Local Government Botswana, Michael Tshipinare, highlighted the impact of the AIDS epidemic on the economy of the country, emphasizing that the young, economically active population is most affected. As a result, tens of thousands of children have become orphaned and socio-cultural roots and extended family support systems have been disrupted. He stated the responses of the Government of Botswana range from prevention, mitigation, care and support, and bringing HIV/AIDS to the centre-stage of development planning.

The importance of a set of OVC indicators for the national country response information system was urged by Kwame Ampomah, UNAIDS Country Programme Adviser and chair of the morning session.

Finally Banu Khan, Coordinator of the National AIDS Commission of Botswana, who led the efforts to organize the consultation in Gaborone, recognized the efforts of partners to take this M&E efforts on orphans a step further.

- **Monitoring and Evaluation Framework for Indicators Development for Children Orphaned and Made Vulnerable by HIV/AIDS**

The second part of the meeting focussed explaining the background, approaches, organization and expected outcomes of the consultation.

Roeland Monasch, Monitoring & Evaluation Officer, UNICEF, New York, presented an overview of the process towards the development of monitoring and evaluation framework relevant to children orphaned and made vulnerable by HIV/AIDS at national level, and the specific objectives of this meeting.

He explained that the indicators at national level are intended to measure a broad range of issues regarding children orphaned and made vulnerable by HIV/AIDS. The indicators to be identified will help to focus attention in the country on key responses to the welfare orphans and the resulting impacts. However, because the indicators covers a broad range of topics and because substantial resources can go into collecting indicators at national level, the number of indicators in any particular area must remain limited. This means that the set of indicators will not be expected to comprehensively address all the specific monitoring and evaluation needs of the national programme in a given country, nor will it cover the much more detailed monitoring and evaluation needs of individual projects for children orphaned and made vulnerable by HIV/AIDS.

The starting point for the identification of key domains which need to be monitored on children orphaned and made vulnerable by HIV/AIDS was the UNGASS Declaration of

Commitment. In this declaration 37 specific activities are identified for improving these children's welfare (Annex 2).

In order to group these activities the IATT sub-committee on monitoring and evaluation held a pre-consultation meeting at USAID in Washington DC in January 2003. As a result thirteen domains in which strategies to improve the welfare of orphans are to be developed and monitored were identified:

1. *Health*: equal access to quality health services
2. *Nutrition/Food Security*: enough nutritious food
3. *Psycho-social support*: appropriate psychosocial support to all children
4. *Primary care-givers*: reduce stigma, prolong life
5. *Protection*: protect from abuse, neglect, exploitation, violence
6. *Institutional care*: ensure quality of care, standards
7. *Education*: education for all, equal access opportunities
8. *Policies and Strategies*: policy on universal primary education, legal reform
9. *Social Welfare*: safety nets, special funds, support from faith based organisations
10. *Resources and Resource Mobilisation*: mobilising social capital
11. *Family Capacity*: income support, succession planning, prolonged life
12. *Community Capacity*: budgetary allocation, resourced action plan
13. *Shelter*: no children living on the streets

To enrich discussions and enhance output during the meeting in Gaborone, UNICEF identified from a list of 150 indicators (that were compiled for that purpose) a short list of indicators covering the thirteen domains. Roeland presented the 40 indicators that were selected, defined, and explained prior to the meeting (Annex 3). This reduced set was shared in advance of the Gaborone meeting and comments from participants who reviewed this set but were not able to attend the meeting were distributed for consideration.

He presented The UNAIDS the input-output-outcome-impact framework for the selection of indicators to monitor and evaluate national AIDS programmes.⁵

- **Discussions**

Following this presentation there was an open discussion during which several monitoring and evaluation issues were examined. The following key questions were raised:

What is the definition of the target group?

Concern was raised regarding the definition of OVC as defined by the UNAIDS Care & Support monitoring and evaluation thematic group which were presented as a starting point. This definition considers an *orphan* as a child under 18 who has lost one or both parents. A *vulnerable child* is defined as a child less than 18 years of age living with HIV/AIDS who has been ill or lives in a household with a person aged 18 and above who has been ill for three or more months in the last 12 months. A number of participants with

⁵ National AIDS Programmes – A guide to monitoring and evaluation. UNAIDS, 2000.

a more programmatic perspective expressed a concern about the narrowness of the definition and felt that at community level this definition was not very practical. On the other side some monitoring and evaluation practitioners felt that the definition probably was too broad to measure. This discussion of definition returned a number of times during the meeting. As a result a special working group session was convened to deal with the issue.

The working group on definitions, comprising primarily methodologists, considered the different components of the definition. There was no disagreement on the definition of an orphan. However, the definition of a ‘vulnerable child’ raised concerns regarding measurability. It was concluded by the group that “chronically ill” was subjective and therefore difficult to measure. The occurrence of a death in a household is a less biased more reliable measure. Furthermore, the definition was extended to include children outside of family care. The definition that was presented to the plenary was:

“Child below the age of 18 who has lost one or both parents or lives in a household with an adult death (age 18-59 years) in past 12 months or is living outside of family care.”⁶

During the discussion following the feedback to the plenary session some people felt that the programmatic concerns were still not dealt with sufficiently. It was agreed that during the field-test phase the different definitions of “Children orphaned and made vulnerable by HIV/AIDS” would be tested. It was also made clear that the broader definition of “vulnerable children” falls beyond the mandate of this consultative meeting.

What are the age limits?

A concern was raised about the comparability over time if the age of the target group changes. In the UNAIDS National AIDS Programme Guide, the upper age limit of an orphan 15 years as this definition was suitable for using statistics offices estimates of age groups, which are often estimated by quintile age groups. The participants felt that the 15 through 17 year old children should be included as defined by the CRC. For trend analysis the 0-14 year olds could be calculated as well separately.

Make the information as useful as possible for improving programme response

The participants stressed the importance of disaggregating information to take issues on gender, poverty, human rights, stigma and discrimination into account in the indicators developed and in the process of indicator development itself.

What capacities need to be developed for monitoring and evaluation?

The group also urged to consider ahead of time what capacity development would be necessary at country level, and to work towards linking the various data collection methods and practices that exist and respond to different needs of different stakeholders.

⁶ Children living outside of family care are taken to include: homeless-street children; children in institutions; and children living in other country specific settings such as on commercial farms, in brothels, in mining areas, in the military forces, etc.

- **Introduction to the working groups**

Kate Spring, UNICEF, New York, introduced the working group sessions. The purpose of the working groups was to recommend a core and possible additional indicators suitable for *national level monitoring* for each domain. Guidelines were provided to ensure standardization between the groups (see box below). In addition to the 13 domains, two additional working groups were formed to discuss “cross-cutting monitoring and evaluation issues” and “definition of the target group”.

Working Group Questions

1-What are the most important issues to cover in monitoring and evaluation within the domain? What do governments need to know?

2-Is/Are the indicator(s) proposed in the handout (see Annex 3) suitable + sufficient?

2a-If Yes – review and finalize the draft indicator?

2b-If No – discuss and suggest other possible indicators?

3-If there are more than one indicator prioritize (core/additional)

3. Summary of the working group sessions

1. Health:

- Most important issues: Access to health & HIV risk
- Indicators: The indicators in the handout not considered suitable (not practical, covered in parallel UNAIDS Care & Support indicator development effort) – Two new indicators were proposed which can be derived from exiting data collection systems: (1) % of OVC compared to non-OVC who have been ill in the last 3 months and have received medical care by a health professional; (2) % of OVC compared to non-OVC (age 15-17) who have had sex before age of 15. One additional indicator was proposed: % of sexually active OVC compared to non-OVC aged 15-17 reporting the use of a condom during last sexual intercourse.

2. Nutrition/Food Security:

- Most important issues: extent to which OVC are malnourished & deprivation amongst OVC relative to other children
- Indicators: “OVC/Non-OVC malnutrition ratio” was considered adequate. Other three indicators in handout considered more useful as a process indicators/programme level indicator not at national level (or at the most as additional level indicators).

3. Psycho-social support:

- Most important issues: Need to assess coverage of psychosocial interventions. It was felt that quality was more difficult to assess at national level.
- Indicators: The ‘connectedness to significant adults/families/peers’ was considered a relevant indicator however the concept was considered difficult to quantify (issue for field-testing). As a core indicator the following indicator was proposed: % of vulnerable children participating, at least monthly, in organised

group activities which address ‘appropriate psychosocial support’. This includes at least group counseling, structured support for care givers and ‘memory approaches’. Discussion focused on whether the information should be collected by sampling OVC support institutions or surveying children themselves? Initially the data should be collected from institutions.

4. Primary care-givers:

- Most important issues: Relationship between child and caregiver; Permanency/security of arrangements; Preference by child concerning whom to live with.
- Indicators: Only indicator in handout considered appropriate as an additional indicator: “OVC with trusted caring adult” – The other indicators were combined to: “A score for national policies that address adoption & fostering and their implementation”. The policy index should include: (i) formal/informal adoption/fostering arrangements; (ii) involvement of primary stakeholders in formulation; (iii) arrangements to maximise beneficiary involvement; (iv) strategy for street children; (v) strategy for support of primary caregivers.

5. Protection:

- Most important issues: Property dispossession & birth registration
- Indicators: All indicators were considered important at national level monitoring but following discussions on prioritization it was suggested to adopt the birth registration indicator as a core indicator but extend age up to 18 years instead of 5. Additional indicators should be “% of OVC/widows exposed to property dispossession” and “% of caregivers who have a written will” and “% of communities actively intervening in cases of child abuse, neglect and exploitation” (includes violence; lack of care, child labour, and sexual exploitation).

6. Institutional care:

- Most important issues: Trend of dependence on institutional care; quality and quantity of care.
- Indicators: The original indicator on “National Standard of Care” was rephrased because this is country and setting specific. It was suggested to replace it by a “National Standard Institutional Care Index” as an additional indicator. As core indicator the group recommended: “Percentage of all OVC in institutions”. The data should be collected through periodic information from institutions. The quality of care is recommended to be collected at programme/sub-national level.

7. Education:

- Most important issues: School attendance and school completion
- Indicators: The different indicators captured access, retention and completion. The UNGASS Indicator on Orphan school attendance was recommended to remain the core indicator. The following recommendations however were made: In the tabulation in addition to the UNGASS group of “Double Orphans” data should be presented for the entire OVC group combined as well. Countries should

also report on their appropriate age group beside the standard 10-14 year olds. It would be good to be able to specifically report on primary school attendance. The group recommended as additional indicator the Ratio of OVC to Non-OVC who complete primary school education.

8. Policies and Strategies:

- Most important issues: existence of policy; participatory process; multisectoral; functioning effective body.
- Indicators: The OVC effort programme index was considered to be the core indicator, however it was recommended to be revised to “OVC policy & strategy index”. This index should subsume policy implementation and M&E framework indicators. The different component of the index should have weights to reflect their quality and importance. The index should at least consist of: (i) existence of OVC policy; (ii) specific strategies; (iii) participatory process; (iv) functioning coordination mechanism; (v) OVC friendly legislative framework; (vi) Linkages with other development processes; (vii) Government accountability for resourcing.

9. Social Welfare:

- Most important issues: National level of Government assistance
- Indicators: The one indicator in the handout was considered insufficient since support provided by faith-based organisations (FBO) is a sub set of many organisations which provide social welfare. This is more related to community capacity. The indicator for national level government assistance should be: “Proportion of orphans benefiting in a state-organised social welfare scheme in the last year”. The components will need to include: grants, benefits, and exemptions.

10. Resources and Resource Mobilisation:

- Most important issues: Expenditure (allocation, disbursement and spending) by governments on OVC.
- Indicators: Several measurement tools were discussed, including SIDALAC⁷, monitoring of National Health Accounts and the use of the UNAIDS country response information system (CRIS). The group recommended that currently the simple and relatively easiest compared to other options would be: “Government expenditure on OVC”-The amount of money allocated, disbursed and spent from government budgets on OVC in the past year, per child aged 0-17. It was recognized that this indicator does not capture the question about whether the proportion of funds is adequate. The group recommended exploring the possibilities to collect data from national accounts on OVC using the SIDALAC protocol implemented in Latin America (additional indicator).

11. Family Capacity:

- Most important issues: Profile caregiver/dependants (incl. economic status caregiver/household); succession planning.

⁷ For more information on SIDALAC see <http://www.unaids.org>.

- Indicators: “Basic personal needs and material well-being” indicator from handout. However the group recommended incorporating: Food, drinking water, and household energy. Additional/programme indicators: “Orphans living with sibling” & “Willingness to care for OVC”.
- “Access to essential drugs” was considered important but not further developed.

12. Community Capacity:

- Most important issues: Existing community structures/systems facilitating OVC services provision and number of community efforts generating ‘resources’ for OVC.
- Indicators: The draft UNAIDS Care & Support indicator was considered adequate for field-testing. However, household should be unit of measurement (beneficiary) as opposed to individual OVC. It is easier to measure extent of support going to the household than to OVC. Support should include: medical, education & nutrition. Group was concerned about measurement of emotional & support. They felt it was very difficult to quantify. The other proposed indicators from handout were merged to form an additional (sub-national) indicator: “Community Resource Mobilization”: Number and proportion of communities within past twelve months that have generated resources for OVC using developed strategies. Another additional indicator proposed was: Number of NGOs/CBOs and FBOs providing support to OVC.

13. Shelter:

- Most important issues: Number of homeless children.
- Indicators: The indicator in the handout was considered too narrow. The group proposed “absolute number of homeless children”

4. Synthesis of the indicators proposed by different working groups

As a result of the different working group sessions 13 core indicators and 11 additional indicators were distilled for monitoring at the national level. During the final day of the meeting Michel Caraël from UNAIDS facilitated the discussion to prioritize the indicators using the M&E framework agreed on the first day (Annex 4). Dr. Caraël also linked the identified indicators to the 5 internationally agreed core strategies to protect and support OVC (See ‘Children on the Brink, 2002’ and Annex 5). During the discussion alternative options were discussed to merge the indicators in order to combine common themes and where possible to reduce the number.

During this process it was felt that a clear distinction between direct outcome and long-term impact should not be made. For example two related indicators – “level of dependency on institutional care” (outcome level) and “number of street children” (impact level) could be better merged to: “Children outside of family care (dependency on institutional care and number of homeless children)”.

As a result of these discussions, the following 10 indicators were affirmed as “core indicators” for monitoring at national level the response for orphans and children made vulnerable by HIV/AIDS (see Table 1).

It was agreed that the core indicators and where possible the additional indicators would be tested. During the discussion the importance was raised to link the current effort closely with other guidelines that are under development under the umbrella of UNAIDS and the Monitoring and Evaluation Reference Group (MERG).

Table 1. List of preliminary indicators			
Area	Proposed Indicator	Description	Additional Indicators Proposed
Policies and Strategies	1- OVC policy and strategy index	Components of index should have weights to reflect their quality and importance – The index would include: (a) participatory process; (b) multi- sectoral representation; (c) existence of an OVC policy [<i>incl. national policies that address adoption & fostering and their implementation</i>]; (d) specific strategies to meet OVC goals are defined; (e) participatory process in needs identification and assessment is undertaken; (f) functioning, effective body exists that engages various govt. sectors and CSOs in policy development and monitoring; (g) legislative frameworks ensuring OVC rights include protection, inheritance rights and (protection from) property grabbing; (h) policy/ strategy are linked to other development processes and frameworks such as PRS and MDGRs; and (i) policy/ strategy are supported by govt. accountability for resourcing.	
Education	2- Orphan school attendance ratio	The ratio of orphaned children aged 10- 14 in a household survey who are currently attending school to non- orphaned children the same age who are attending school (<i>MDG & UNGASS/AIDS Core Indicator</i>).	- <i>Orphan school completion rate</i> : The ratio of OVC aged 13- 18 in a household survey who completed primary school to non-OVC of the same age who completed primary school.
Health	3- Access to health care	Proportion (%) of OVC compared to non- OVC who have been ill in the last 3 months and have received medical care by a health professional.	- <i>HIV Risk</i> : Proportion (%) of OVC compared to non- OVC aged 15- 17 who have had sex before the age of 15. - <i>HIV Protection</i> : Proportion (%) of sexually active OVC compared to non- OVC aged 15- 17 reporting the use of a condom during the last sexual intercourse.
Nutrition/Food Security	4- Malnutrition ratio	The ratio of orphaned children (age 0-4 years) in a household survey who are malnourished to non-orphaned children of the same age ⁸ .	-Meals in previous day -Schools with feeding programmes -Dietary diversity

⁸ During review of the draft report concern was raised about the age range of 0-4 years for this indicator. This age group was initially chosen because it is widely accepted and used. However it is felt that 0-4 age group represents only a small proportion of OVC, and the nutrition/food security for the majority of the orphans will not be adequately monitored using this indicator. Currently the possibility of monitoring the entire 0-17 age group is being considered. Although there is no international standard the children can be compared with, this is of less importance because we are interested in how OVCs compare to non-OVC in a given country. This ratio would be comparable across countries, and time.

Area	Proposed Indicator	Description	Additional Indicators Proposed
Psycho-social support	5- Proportion of OVCs that receive appropriate psychosocial support	Proportion (%) of OVC participating, at least monthly, in organized group activities which address 'appropriate psychosocial support' This includes at least group counselling, structured support for care-givers and 'memory approaches'.	- <i>Connectedness to significant adults/ families/ peers</i>
Family Capacity	6- Basic personal needs and material well-being	Proportion (%) of children that have three locally defined minimum basic needs for personal care.	- <i>Willingness (Ability) to care for OVC;</i> - <i>Orphans living with siblings</i> - <i>Proportion (%) of orphans who have siblings less than 18 years of age who are not living in the same household</i>
Community Capacity	7 - Households receiving free basic external support	Proportion (%) of households with OVCs who received free basic external support in care for the OVC(s). [A combination of UNAIDS Care & Support Indicator 20 (rephrased) and % OVC benefiting from a state-organised social welfare scheme in last year]	- <i>The number of communities with effective resource mobilization strategies</i> - <i>Support provided by NGOs/ CBOs/ FBOs</i>
Resources and resource mobilization	8- Government Expenditure on OVC	The amount of money allocated, disbursed and spent from government budgets on OVC in the past year, per child (age 0-17 years old)	-Collection of data from national accounts on OVC (using SIDALAC protocol)
Protection	9- Birth registration	Proportion (%) of children whose births are registered (age 0-17 years old)	- <i>Property dispossession</i> : Proportion (%) of orphans/ widows/ widowers that experienced property dispossession. - <i>Succession plan (Inheritance/ Will)</i> : Proportion (%) of parents or principal caregivers who have a written will - <i>Active intervention for protection</i> : Proportion of communities actively intervening in cases of child abuse, neglect and exploitation (including: violence, lack of care, child labour, and sexual exploitation)
Institutional Care / Shelter	10- Children outside family care	Proportion (%) of children (age 0-17 years old) who are living on the street or are in institutional care	- <i>National Standard Institutional Care Index</i> : The Index should include: (a) Registration of the Institutions; (b) Regular performance reporting to an appropriate authority; (c) Nutrition; (d) OVCs/ Care taker ratio; (e) Protection; (f) Access to education; (g) Psychosocial support, etc.

5. Sampling issues

Part of the consultation was dedicated to sampling. Anthony Turner presented a background paper prepared for this meeting on guidelines for sampling orphans, including those living in group quarters and those who are homeless (Annex 6). It includes a methodology on how to sample orphans and other vulnerable children for surveys. Emphasis was placed on sampling methods to estimate the prevalence of OVC, particularly at the national level. Sampling of OVC in connection with HIV/AIDS issues was also presented. It was stressed that total coverage in sample surveys must include not only OVC residing in households but also those in institutions, other group living quarters, and homeless children. Techniques were presented on sampling all three sub-populations of OVC.

6. Outline of the Monitoring & Evaluation Guide

The draft outline for a “Guide for Monitoring and Evaluation of National Response for Children Orphaned and Made Vulnerable by HIV/AIDS was reviewed and discussed. The revised outline incorporating comments from the participants is attached in Annex 7. This guide will form part of a broader set of guidelines to monitor responsibilities for addressing response to the needs of people affected by HIV/AIDS coordinated by the UNAIDS Secretariat and the MERG. Other guidelines in the UNAIDS series that are currently under development are: Care & Support; Prevention among Young People; and Prevention of Mother to Child transmission.

7. Country Response Information System

Geoff Manthey from UNAIDS Secretariat presented the UNAIDS Country Response Information System (CRIS). He explained how CRIS enables the systematic (1) collection, (2) storage, (3) analysis, (4) retrieval and (5) dissemination of information on a country’s response to HIV/AIDS. When the indicators for children orphaned and made vulnerable by HIV/AIDS are finalized they can be incorporated into the CRIS.

Michael Gboun, National AIDS Coordinating Agency, presented the experience by the Government of Botswana in the use of their Health Response Information System and the importance of such system for monitoring & evaluation and improving planning and programming.

8. Supportive technical presentations

During the second day some participants made presentations on technical issues relevant to monitoring and evaluation of children orphaned and made vulnerable by HIV/AIDS.

Roeland Monasch presented information on the situation of orphans in 40 countries in sub-Saharan Africa using Multiple Indicator cluster Survey and Demographic and Health Surveys data (nationally representative population-based household surveys). The data showed that there is a disproportional burden on female-headed households; orphans are

disadvantaged (education/nutrition) and more likely to live in poorer households. The review found that different countries have different contexts which need different responses. Mr Monasch concluded that important information for programming is already available. There is however a need to strengthen collection of evidence and development of a research agenda. Special surveys and secondary analysis of existing cohort studies could be important ways to get additional information on OVCs.

Bernard Barrere, Measure/Demographic and Health Surveys (DHS), presented the AIDS Indicator Survey (AIS) tool which is currently being developed by Measure-DHS (and funded by USAID). The purpose of the tool is to collect standardized data for calculating most UNAIDS/USAID monitoring and evaluation indicators. He presented (i) sample design; (ii) the data collection instruments; and (iii) Survey implementation plan. The tool could include some of the OVC indicators after they have been tested.

Simon Gregson, Imperial College, University of London, presented research work on orphans in Manicaland, Zimbabwe. Results from logistic regression to calculate the effects of different forms & durations of orphanhood on primary school enrolment and completion found that in Manicaland being orphaned makes little difference to a child's age at enrolling in school. Mother's death reduces boys and girls chances of completing their primary school education. Father's death improves girls' chances of completing their primary school education. He suggested the need of more ethnographic research on cultural and economic factors that contribute to these observed patterns of orphan residence and education. Future research the Biomedical Research and Training Institute; University of Zimbabwe Campus will include a cohort study to compare life-stage experiences of children by orphan status.

9. Follow-Up: Next Steps

The next steps for the development of the guide were presented and agreed upon:

- Meeting report (UNICEF-April 2003)
- Briefing to colleagues in US based organizations (UNICEF-April/May 2003)⁹
- Report back to wider "IATT on OVC" (UNICEF/UNAIDS-May 2003)
- Share/Discuss with other IATTs (UNAIDS/UNICEF-Education, Young People, etc)
- Operationalise recommended indicators (UNICEF & partners-May 2003)
- Field testing (UNICEF/USAID/MeasureDHS/Countries-June – August 2003)
- Report to MERG (UNAIDS/UNICEF-July 2003)
- Linkages with other M&E activities (UNAIDS/USAID/ UNICEF-ongoing)
- Linking to DHS/MICS/AIDS Indicator Survey (DHS/USAID/UNICEF-ongoing)
- Finalization of Guide for Monitoring and Evaluation of National Response to benefit Children Orphaned and Made Vulnerable by HIV/AIDS (IATT/OVC-October 2003)
- Dissemination of the guide (All partners)
- Support countries in M&E - OVC (incl. Surveys) (2004-2005)

⁹ The briefing took place in Washington D.C. 8 May, 2003, during an OVC Task Force Meeting on "Program-level OVC M&E workshop".

10. Closing

Peter McDermott, USAID and Michel Caraël, UNAIDS closed the meeting.

Mr McDermott, USAID, concluded that the meeting was a positive experience, in which programme and monitoring and evaluation experts brought their experiences to bear on the process with passion and commitment. The highly productive group arrived quickly and efficiently with desired outcomes. He underscored the importance of having a functioning monitoring and evaluation system as the 5th main action point for governments to catalyse national response to OVC¹⁰. He noted that this was also reflected in the intensity of discussion among OVC programmers and M&E experts during the meeting. Mr McDermott reminded the audience that good indicators are not sufficient and more resources are needed for actual monitoring.

Dr Caraël, UNAIDS, thanked participants for their energy and input and Government of Botswana for their hospitality. He expressed the importance of these indicators in validating and documenting best practices in response strategies. He hoped participants will continue to serve as a reference group for refinement of the core indicators and assist at different steps in the processes ahead. Dr Caraël reiterated the importance of linking the M&E efforts of OVC with the other guidelines under development and suggested to present the results of this meeting to the MERG together with the other indicators under development.

Appendices

- 1- Programme agenda
- 2- List of Participants

Annexes

1. UNGASS. Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators.
2. 37 orphan-related activities identified in the Declaration of Commitment on HIV/AIDS.
3. Draft list of 40 indicators for consideration at Gaborone meeting.
4. M&E framework of identification of 13 domains.
5. The 5 Principles to support OVCs and M&E.
6. “Guidelines for sampling orphans including those in group quarters and homeless” (Anthony Turner).
7. Revised outline of the Guide for Monitoring and Evaluation of National Response to benefit Children Orphaned and Made Vulnerable by HIV/AIDS .
8. Country Response Information System (Geoff Manthey).

¹⁰ The four other action points identified at previous regional consultations are: Participatory situation analysis; Policy and legislation review & implementation; national coordination structure & consultation; and national action plan.
