

Blood: Water Technical eUpdate Vol. 21 – Service Standards for Quality Improvement of OVC Programs

Dear Partners:

This month's eUpdate is dedicated to an area of community programming that is critically important when considering breaking the cycle of HIV related risk and vulnerability for the next generation in our communities. This edition focuses on ***standards for programs serving orphans and vulnerable children (OVC) with an emphasis on providing tools, resources and strategies to improve program quality overall.***

The term OVC was coined in the context of the HIV response many years ago in response to the sheer volume of orphaned and vulnerable children that emerged at a rate that had not been experienced before, at a time when antiretroviral therapy was not yet widely available to slow and ultimately halt AIDS related deaths that we are seeing today. The term OVC is universally defined as a child (ages 0-17) who is either orphaned (having lost one or both parents) or made more vulnerable because of HIV/AIDS. Being made vulnerable because of HIV is further defined by the following:

- Is HIV-positive.
- Lives without adequate adult support (a household with chronically ill parents, a household that has experienced death from chronic illness, a household headed by a caregiver or a child, or lives outside of traditional family care)
- Is marginalized, stigmatized or discriminated against because of being an orphan or coming from an HIV-affected household.

Programs and services that serve OVC therefore aim to reduce vulnerability, improve wellbeing and create an environment that is safe enabling them to thrive into adulthood. OVC programs can vary in structure and approach however, serving children orphaned or made vulnerable by HIV are typically framed across 7 domains or program areas which together span the full range of essential services or needs for child development and wellness:

1. Medical
2. Psychosocial
3. Nutrition
4. Shelter
5. Protection
6. Education
7. Economic Opportunity

The Blood:Water Core Indicator Guidance provides a detailed explanation of each of these domains along with a wide range of illustrative examples of service activities. Blood:Water further delineates WASH as an 8th service area, given an area of interest specific to our mission, although other partners typically roll WASH

services into medical. In the interest of time and focus on the topic of this update, I will not go into them here, however the guidance is attached for ease of reference.

Over the years, there has been significant investment and interrogation into OVC programming to ensure that services provided to children are qualified, comprehensive and held to a standard that deems its impact measureable over time. This protects the children on the receiving end of programs from exploitation, sub-standard, superficial or incomplete service provision in the pursuit of counting outputs. OVC program standards were developed to ensure that investments made into children and their households are deliberate against a theory of change that meets their needs and builds their self-sufficiency and is evidenced by documented change over time.

An assumption built into this is that child and household needs are not static over time, nor are the domain areas they fall within, independent of one another. Often vulnerabilities overlap and exacerbating one another. Unless addressed in combination towards the child, other household members and even wider community members at the same time, long lasting change is not achieved. It is because of this that at the most basic level of counting, quality OVC programs often require a minimum of 3 services combined at a time in order for this to be considered a service provided while strategically reaching the child along with the different individuals they interact with within and beyond the household. This includes reaching schools, health facilities, churches and local government structures and beyond.

When you consider the sensitive involved in the wellness and wholeness of a child, one can quickly appreciate just how much OVC program standards are needed to safeguard everyone involved. Thankfully, there is a wealth of tested and reputed materials to support OVC program standards across the varied country contexts you are working in.

I have already filtered through what seemed like an endless range of options, and selected what are the most reputable and validated by practitioners in our contexts. Therefore, ***The below resources*** reflect what are considered an essential set of reference materials to support your organizations' work with OVC. These documents not only support critical review of the content and technical strategies of your programs, but also support user-friendly processes to monitor and evaluate your programs: child, by child; household by household and overall as a program.

- 1. OVC Service Standards:** The OVC Standard Service Delivery Guidelines document has three parts. The first part deals with the background, guiding principles, and implementation at different levels. The second part of Service Standard Service Delivery Guidelines addresses the service components and standards with their respective dimensions of quality as well as identifying the critical minimum and additional activities which should be implemented. Part three of the Standard Service Delivery Guidelines covers monitoring and evaluation. The document provides the latest approaches for implementing Standard Service Delivery Guidelines for OVC. The recommendations in the

document are based on a pilot exercise conducted in selected sites in Ethiopia, which was designed to test the feasibility of the standards. It also provides further information on the dimensions of quality for each service area. **To access the guidelines click the link or see attached PDF:** <http://hivhealthclearinghouse.unesco.org/library/documents/standard-service-delivery-guidelines-orphans-and-vulnerable-childrens-care-and>

- 2. Job Aide for Minimum Service Standards for OVC:** The Government of Kenya, in collaboration with development partners, developed this manual to serve as a field-based job aide for front-line volunteers and community members serving children and their households in OVC programs. This document can be used in wide range of African contexts to assist staff in applying their work against standard OVC guidelines. This is a very basic level introduction for community volunteers on what the service areas for OVC programming entail and what applying services looks like with some reinforced guidelines for quality. Although developed in Kenya, it follows regional standards for OVC programs which are transferrable and further adaptable should your organization choose to use towards the creation of a tailored job aide for your community volunteers. To access click the link or see the attached PDF: https://www.k4health.org/sites/default/files/CSOsworking_with_OVC_Capacity_assessment_tool_for_quality_OVC_responses_1%5B1%5D.pdf

- 3. The Child Status Index (CSI) Toolkit:** The CSI provides a framework for identifying the needs of children, creating individualized goal-directed service plans for use in monitoring the well-being of children and households, and program-level monitoring and planning at the local level. This toolkit can serve as a set of primary data collection and support developing standard operating procedures (SOPs) for how your programs should be implemented by your field staff. In other words, this is a all-in-one support for program delivery at the point of contact with children and households.

As of 2013, the CSI has been used in 17 countries in sub-Saharan Africa, Asia, and Latin America. It has been translated for use in a variety of geographical, linguistic, and cultural contexts. The CSI was developed which describes its primary use as a case management tool and lessons learned about best usage. Everything needed to use the CSI in an organization is available in this toolkit. It consists of the

- *Child Status Index Manual*
- the *CSI Training Manual*
- a chart displaying the CSI domains
- the CSI record form
- a pictorial version of the CSI for low-literacy users
- and a quick-reference *CSI Made Easy Guide* for field users of the tool.

Click here to access the full list of resources within the toolkit, downloadable individually: <http://www.ovcwellbeing.org/child-status-index/>. **It is strongly suggested you download the toolkit in full and not apply parts.**

Ethiopia Specific Resource: For partners working in Ethiopia, which has a unique policy and operating context *The Child Support Index in Ethiopia*: This resource builds on the original [Child Status Index](#) and several other adaptations specific for the Ethiopian context. **To access click the link:** <http://www.ovcwellbeing.org/yekokeb-berhan-child-support-index/>

4. **OVC Survey Toolkit:** This toolkit was developed to provide practitioners with *simplified M&E frameworks for their OVC programs*. Developed by MEASURE Evaluation, the toolkit provides what is now recognized as a minimum and standardized set of data needed to set measurable goals for an OVC intervention. In addition to the indicators, the toolkit provides the “HOW” to survey and analyze your routine data to be able to evaluate whether your programs are reaching their desired impact. Using this toolkit, program designers and administrators can answer questions fundamental to the planning and evaluation of OVC programs. The toolkit is comprised of the following documents:

- **Survey questionnaires:** for caregivers and children (divided into age groups)
- Impact Indicators Guidance Document – which provides the basis of what is collected in the survey
- **Survey protocol template:** ensures ethics for collecting this sensitive information
- Data collectors training manual: ensures field staff are appropriately trained on what they are asking and how information is collected. This backstops data quality.
- **Data management guide:** provides standards on data management including best practices on entry, cleaning and storage.
- **Data analysis guide:** provides hands on assistance on how to understand what the data is telling you.
- **Psychological well-being measurement supplement:** this supplemental guide is an invaluable resource on how to measure psychological wellbeing of children, a particularly challenging area of investigation.

To access the full toolkit click here:

<https://www.measureevaluation.org/our-work/ovc/ovc-program-evaluation-tool-kit>

5. **Research Article on Cash Transfer Programs Supporting OVC:** Cash Transfer programs can be an effective means of alleviating poverty and facilitating the attainment of an adequate standard of living for people’s

health and well-being and other international human rights. There is a growing body of evidence that CT programs are a workable alternative for empowering and building economic resilience in households living in poverty. The objective of this study was to compare the household socioeconomic status, school enrolment, nutritional status, and future outlook of orphaned and separated children receiving the CT compared to those not receiving a CT. Research findings confirmed that children and adolescents in households receiving the CT-OVC appear to have better nutritional status, school attendance, and optimism about the future, compared to those in households not receiving the CT, in spite of some evidence of continued material deprivation. **To read the full study and considerations for replication and scale up click the link or see the attached PDF: <https://bmcinthealthhumrights.biomedcentral.com/track/pdf/10.1186/1472-698X-14-25?site=bmcinthealthhumrights.biomedcentral.com>**

- 6. CSO Capacity Assessment Tool for Quality OVC Responses:** This tool can be used to analyze the capacity of Civil Society Organizations (CSOs) that implement OVC programs. Specifically, the tool can be used to identify capacity building needs, plan technical support interventions, and monitor and evaluate the impact of capacity building support. The tool was developed the Government of Uganda, to enable the use of participatory processes to assess capacity gaps/needs in a number of areas. The tool also enables the development of capacity building action-plans to address the identified gaps/needs. This tool is primarily intended for use by individuals and organizations that support national CSOs responding to OVC protection, care and support activities at national, district and community levels. **To Access click the link or see the attached below: https://www.k4health.org/sites/default/files/CSOsworking_with_OVC_Capacity_assessment_tool_for_quality_OVC_responses_1%5B1%5D.pdf**

More to come!