

Development and Adaptation of an Identification and Prioritization Tool for OVC Programs



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Key points

- Why did Uganda need an identification and prioritization tool?
- What are the global guidelines for adapting the tool?
- Where has the tool been adapted?
Case study Lesotho
- Takeaways

Why an Identification and Prioritization Tool?

Primary challenge with the previous national tool: the Vulnerability Index

- For identification purpose, tool did not capture the “most vulnerable”

Underlying issues

- 29 questions, all equal weight and cutoff points

Other issues

- Manual calculation leading to data quality challenges
- Lack of guidance document, unclear purpose
- Lengthy process that didn't always lead to enrolment

Determined information need

Household (HH) Identification and Prioritization



TARGETING

Identify children and households needing assistance

Which children/households are most in need of program services?

Quantitative tool (1-10 questions) for households in program area applied at registration

Defined vulnerability

- Discussed the types of people the program is designed to help and what program interventions are offered
- Agreed that programs should enroll those they can assist
- Discussed that vulnerability is not solely economic vulnerability
- Agreed vulnerability is not based on an aggregate score – there can be individual types of vulnerability that can/should be addressed by the program
- Reviewed the previous VI tool to select “high level” types of vulnerability, identified other measures for consideration

Finalized tool/procedures

- Contains 16 indicators that assess the presence or absence of condition in HH (no index)
- Agreed on priority indicators for enrollment:
 - “Severe” child protection issue
 - HIV+ individual
 - Child-headed household
 - Any child who has gone a whole day/night without eating
 - Any school -age child who is not enrolled in school
- Takes 20 minutes to administer on paper
- Accompanying Excel file with macros that automates priorities

Prioritization process

Goal: Lists HH in order of whom to enroll, based on number program can support

1st Step: Child Protection Prioritization

2nd Step: High Vulnerability Indicator Prioritization

- Is there anyone in this household who is HIV-positive?
- Is this a child-headed household?
- In the past month, did any child in the household go a whole day without eating anything because there wasn't enough to eat?
- Are there any children ages 5–17 years in this household who are not enrolled in school?

Assumption: *The more vulnerabilities present, the more support needed. If a HH has all four, they will be listed before a HH with only one.*

3rd Step: Thematic Area Prioritization

Assumption: *The more thematic areas present, the more support needed. If a HH has all present, they will be listed before a HH with only one.*

Adaptation guidelines

- SIMS standard states:
 - *Each site has standard procedures for supporting case management for children and families affected by HIV including standard procedures to support identification...*
- Indicator matrix we track:
 - *% of civil society organizations (CSOs) with a standard process for identifying, screening, prioritizing, and enrolling the most vulnerable children and adolescents affected by or at risk of acquiring HIV in a community*
- Criteria should be adapted based on programming
- Outlines a process and includes training materials

Use of adaptation guidelines

- Through April 2019, >440 downloads from 22 countries with consistent downloads through April 2019
- Documented use in three countries: South Sudan, Lesotho, and Burundi

Lesotho



Why we needed the tool

- **Lack of harmonization**
 - Across districts
 - Across local implementing partner
- **Needed a household/family approach**
- **We're not always enrolling most vulnerable**
 - First come, first served
 - Political influence
 - Most vulnerable not easy to access
- **No government oversight**

Tool Adaptation

- National workshop
- Defined vulnerability
- Adapted indicators
- Agreed on priority indicators
- Translation to Sesotho
- Testing and changes

- **Challenges**
 - Change is a 20 mile march
 - “Why do we need to do this?”
 - Capacity of implementing partners
 - Lack of previous coordination between local government and CBOs
- **Value**
 - Sound foundation for case management
 - Agreed upon indicators across districts and partners
 - Government and implementing partners work together
 - Not anticipated
 - Results used for advocacy
 - Case workers don’t determine eligibility for program

Takeaways

- Governance is key – for national tool, need multiagency and government collaboration balanced with tool development expertise
- Identification criteria depend on your theory of change: Whom are you planning to help? And how?
- Vulnerability does not equal economic vulnerability in the case of OVC programs

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