Identifying Households Needing Services for Orphans and Vulnerable Children

Guidelines for Adapting a Beneficiary Identification and Prioritization Tool from Uganda

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ABBREVIATIONS

CDC	United States Centers for Disease Control and Prevention
DOD	United States Department of Defense
HVPT	Household Vulnerability Prioritization Tool
M&E	monitoring and evaluation
MEEP	Monitoring and Evaluation of Emergency Plan Progress
MGLSD	Ministry of Gender, Labour, and Social Development
NCC	National Council for Children
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
TOT	training of trainers
TWG	technical working group
USAID	United States Agency for International Development
VI	vulnerability index

PURPOSE

The Household Vulnerability Prioritization Tool (HVPT) is a national tool in Uganda developed to help government and implementing partners identify and prioritize households with, affected by, or at high risk for HIV for enrollment in orphans and vulnerable children (OVC) programming. This tool was developed specifically for the Uganda context and in collaboration with the Uganda OVC Technical Working Group.

The purpose of this document is to provide guidelines for other countries and implementing partners overseeing OVC programming, so they can adapt the process that Uganda used and develop an identification tool that suits their own contexts. The document provides a link to the tool that Uganda developed and to adaptions of that tool by Lesotho and South Sudan.

Specifically, this document provides a five-step approach to adapting the HVPT that facilitators can use to organize an identification tool workshop, as well as conduct a pilot test of the tool and refine the tool before full rollout. The document includes talking points, sample exercises, a sample agenda, and templates that can be used during the identification tool workshop. It also contains guidance on how to create a task force after the workshop to draft, pilot, and refine the tool, as well as review implementation later.

BACKGROUND

The Development of the HVPT

In 2013, the United States Agency for International Development (USAID)/Uganda asked MEASURE Evaluation to conduct a mixed-methods assessment of the Vulnerability Index (VI), a tool used by Uganda's Ministry of Gender, Labour, and Social Development (MGLSD) to identify households for participation. The assessment aimed to determine the tool's usefulness, feasibility, and data quality (MEASURE Evaluation, 2014).

The MGLSD developed the VI with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) OVC Technical Working Group (TWG) in Uganda. The primary goal was to have a standard, objective, context-specific, sensitive, and easy-to-use tool to define and capture vulnerability. Initially, the tool was used for multiple purposes: to identify households; assess OVC needs; monitor the situation of households enrolled in the OVC program, leading eventually to the graduation of program clients; and to evaluate the OVC program.

MEASURE Evaluation's mixed-methods assessment had the following findings:

- The VI did not appear to capture those "most" vulnerable households and children in need of OVC services.
- Service providers were making decisions on who would be enrolled based on these inaccurate assessments of vulnerability.
- The tool took a long time to administer and asked questions about every single child in the household, with no guarantee of enrollment.
- Standard guidelines on the purpose of the tool and how to administer it did not exist.

The assessment made the following recommendations:

- ***Clarify the tool's purpose.*** *For each situation where the tool is used, determine its best/most appropriate use, whether for identification for enrollment, needs assessment, monitoring, or graduation. This use should then guide revisions of the tool and be clarified in subsequent guidance documents. This is because, until the tool's purpose is clear, it is difficult to determine the appropriate type of information to gather (for example, length, questions).*
- ***Re-examine the VI tool indicators and scoring*** *to ensure that the results reflect what is intended (validity) and can be measured consistently across assessors (reliability).*
- ***Develop guidance materials to accompany the tool****. These could include, for example, training materials, guidance on tool application and use of information for selection (based on the purposes determined above). This would ensure that the tool is used in the manner intended and yield consistent results across assessments.*
- ***Exercise caution in basing program enrollment solely on total scores****. Total, composite scores of vulnerability can "hide" serious vulnerabilities in specific categories, because a singular "score" is applied to each household based on different types of vulnerability. This is also important because programs are often not covering all areas of vulnerability, and therefore scoring households based on vulnerabilities they cannot address will not reduce vulnerability in those households.*

After reviewing the assessment results, the Ministry formed a VI TWG. Its members were from the MGLSD, the National Council for Children (NCC), USAID, the United States Department of Defense (DOD), the United States Centers for Disease Control and Prevention (CDC), Monitoring and Evaluation of Emergency Plan Progress (MEEPP), the USAID- and PEPFAR-funded MEASURE Evaluation, the United Nations Children's Fund

(UNICEF), and one of the consultants who developed the VI. The VI TWG agreed that the identification and prioritization of use of the VI should be separated from the other roles it initially played, because at that time, no tool served that function and the information was needed for programming.

The VI was revised, and accompanying guidelines were developed through a consultative process between MEASURE Evaluation, the MGLSD, and the TWG. Five implementing partners were then trained on the revised tool and piloted it in their own programs, using standard procedures. Each participating implementing partner (IP) was asked to provide feedback using a standard feedback form. (See Appendix 3.)

Based on that feedback and other discussions following receipt of the results of the pilot test, the VI TWG finalized the HVPT, a short, fit-for-purpose tool to identify and prioritize households for OVC programming. The identification process that was developed is appropriate both for community- and facility-level identification.

The toolkit is linked here for ease of reference—https://www.measureevaluation.org/resources/publications/tr-17-166—and has the following components

- *Orphans and Other Vulnerable Children Household Vulnerability Prioritization Toolkit* (Uganda), which includes the tool, guidelines on administering the HVPT, a training-of-trainers manual, and guidelines for users of Uganda's HVPT database
- Uganda OVC Household Vulnerability Prioritization Tool (Excel database)
- "Training of Trainers on the OVC Household Vulnerability Prioritization Tool" (PowerPoint)
- "Module 1: Training on Use of the OVC Household Vulnerability Prioritization Tool" (PowerPoint)
- "Module 2: Household Vulnerability Prioritization Tool Database" (PowerPoint)
- Lesotho Vulnerable Household Identification Tool (English and Sesotho versions)
- South Sudan OVC Household Vulnerability Prioritization Tool

Identifying Beneficiaries and the Information Needs Framework

OVC programs, particularly those funded by PEPFAR, have multiple monitoring and evaluation (M&E) reporting requirements, as well as information needs, to provide good-quality services to vulnerable children and their families. As such, there can be a tendency for M&E experts in these programs to create wide-ranging tools that collect many types of information for multiple purposes, including for purposes not yet defined. This approach is a great strain on care providers, and leads to low-quality data and "inadequate and inappropriate data use" (Chapman & Cannon, 2014).

A framework for information needs for OVC program management and evaluation addresses this pitfall (MEASURE Evaluation, 2015; updated from Chapman & Cannon, 2014). It includes various types of information needs, illustrative questions, methods, how information can be collected, and the frequency of collecting information. Figure 1, "Information needs for PEPFAR OVC program management and evaluation: A framework," defines the types of information needed and how they can be collected.

Targeting or "beneficiary identification"[1] is one of the forms of information use listed in the framework and is the purpose behind the HVPT. It supports the objective identification of children and households in need of services through the provision of a short, simple tool to determine program eligibility based on an assessment of household vulnerability. Identification can be used at the community level to determine which households may be eligible for enrollment. It can also be used to assess whether households already on a community list of vulnerable households meet program inclusion criteria (Chapman & Cannon, 2014). Note that this is different from geographic targeting—a separate activity typically done by the implementing partner in collaboration with USAID and the government partner.

[1] Following publication of this framework in 2014, global health terminology for OVC programs shifted from "targeting" to "beneficiary identification." Although "targeting" is used in Figure 1, "beneficiary identification" is the preferred term and the one used elsewhere in this guidance document.

Figure 1. Information needs for PEPFAR OVC program management and evaluation: A framework

INFORMATION NEEDS FOR PEPFAR OVC PROGRAM MANAGEMENT AND EVALUATION: A FRAMEWORK

			Who Collects Information						
			External to program		Internal to program		Frequency		
Information use	Illustrative questions	Methods	Professional data collectors	USG	Direct service providers	Program staff	Once	Routinely	Non-routine: Special study
SITUATION ANALYSIS Plan programs and allocate resources	Where do the children most in need of program support live? Approximately how many children need services/support in Area xx and what are their characteristics?	Survey with random sample of households; secondary data analysis; key informant interviews	✓						✓
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[2]			✓	✓	✓		
CASE MANAGEMENT Prioritize and attend to the needs of a particular child	What are the child's immediate priority needs/have they been abated?	Job aid with care plan			✓			✓	
PROGRAM MONITORING Ensure programs are being implemented as planned and are adhering to program quality standards	How many people are receiving services? Is the program implemented as planned and adhering to program quality standards?	Program monitoring tools such as registration forms, service forms, training forms, satisfaction surveys.			✓	✓		✓	
PROCESS EVALUATION Determine how the program is implemented, valued, and why results are/are not occurring	To what extent is the program on track for achieving its objectives and why? How do stakeholders perceive the program?	Document review; review of M&E data; in-depth or key informant interviews.	✓			✓			✓
OPERATIONS RESEARCH Determine the most efficient ways of providing and scaling up services	What is the most cost-effective strategy for improving uptake of services?	Experimental or quasi-experimental designs using quantitative (survey, secondary analysis, costs) and/or qualitative methods	✓			✓			✓
OUTCOME MONITORING Assess changes in a population across a limited number of key indicators routinely	Has the status of the population improved or worsened over a given period?	Cluster-sample or lot quality assurance sample surveys applied every 1-2 years	✓			✓		✓	
IMPACT/OUTCOME EVALUATION Assess changes in program/intervention beneficiaries across key indicators over time	Has the status of program/intervention beneficiaries improved or worsened over the life of the project, and are changes in outcomes attributable to the program/intervention? (impact evaluation)	Experimental or quasi-experimental designs using quantitative (survey, secondary analysis, costs) and/or qualitative methods	✓						✓
SIMS Ensure that programs are performing to PEPFAR quality standards	Are program sites performing to PEPFAR quality standards?	Apply SIMS tool at program sites		✓				✓	
EXPENDITURE ANALYSIS Determine expenditures	What are the fixed and recurrent costs to PEPFAR for implementing specific OVC interventions?	Expenditure analysis worksheets completed by IPs				✓		✓	

Primary Data Users: All Stakeholders | Program/CBO Only | Home Visitors | Program and USG | USG Only

Source: MEASURE Evaluation, available here: https://www.measureevaluation.org/our-work/ovc/information-needs-for-pepfar-ovc-program-management-and-evaluation-a-framework/view

An identification tool is used to identify beneficiaries within OVC programs is important, because this ensures that there is a *standardized* way of enrolling beneficiaries based on need; that this method is *transparent* and clear to the communities being served; and that the tool used has been tested to ensure its success in finding the households most in need of services.

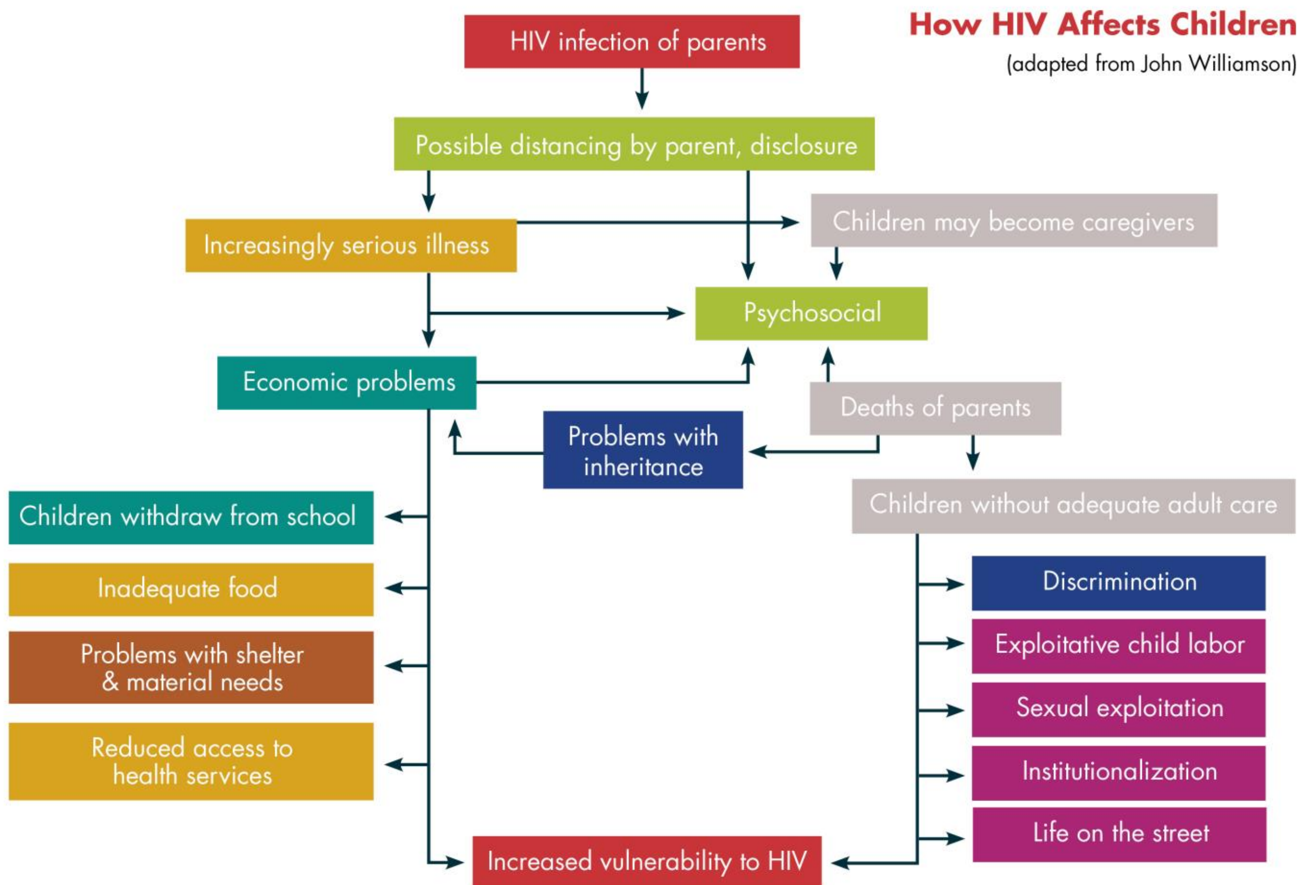
An important thing to keep in mind is that an identification tool is a screening tool, and not all people to whom it is administered will receive services. Thus, spending a long time asking questions in a household and then not providing services can be unfair to households. Chapman and Cannon (2014) recommend that identification tools be short, easy-to-administer instruments with closed-ended questions allowing for easy response. If a household is identified for enrollment, they can then be enrolled and the case management process begins that includes appropriate assessments and case plan development.

It is also important to note that we do not recommend aggregate or composite scoring, nor including questions on vulnerabilities that the program will not address. For more information on how beneficiary identification fits in with OVC programming information needs, see Figure 1.

Defining Vulnerability

Vulnerability as a construct is often best defined by understanding risk: in other words, asking the question, "vulnerable to what?" (Moret, 2014). While there is robust literature on vulnerability through an economic and poverty alleviation lens (for example, Hoogeveen, et al., n.d.), in the OVC community, vulnerability is understood to be multifaceted, because the risks to vulnerable families and children affected by HIV are multidimensional (PEPFAR OVC Guidance, 2012). Figure 2 illustrates the multidimensional nature of the risks that HIV poses for children. As this figure shows, a child who is orphaned is at greater risk of dropping out of school, and this in turn makes them vulnerable to acquiring HIV. So, having parents who are HIV-positive exposes children to risk, and this risk makes them more vulnerable in multiple aspects of their lives—including more vulnerable to acquiring HIV.

Figure 2. How HIV affects children



Source: PEPFAR, 2012

The Hyde-Lantos Act, which established OVC programming within PEPFAR, provides guidance on how we can understand an orphan or vulnerable child and their family. The act defines OVC as *"Children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects"* (Hyde-Lantos Act, 2008). The act says that PEPFAR should be guided by analysis of "(I) factors contributing to children's vulnerability to HIV/AIDS; and (II) vulnerabilities caused by the impact of HIV/AIDS on children and their families," and that it should focus on "areas of higher HIV/AIDS prevalence, to promote a community-based approach to vulnerability, maximizing community input into determining which children participate" (Hyde-Lantos Act, 2008).

As such, PEPFAR OVC programming defines vulnerability as relative, guided by the situation in a community context. To this end, PEPFAR OVC programming provides a family-based, comprehensive package of services to address the dimensions of vulnerability, so that children can be safe, schooled, and healthy and live in a stable environment. The programs offer child protection, health and nutrition, capacity building, education, household economic strengthening, legal protection, psychosocial care, and support and social protection services. These interventions are tailored to the specific strengths and needs of households.

The Link between Vulnerability and an Identification Tool

Because of the relative nature of vulnerability—best defined at the community level—together with a multidimensional understanding of vulnerability within an HIV context, identifying vulnerable families to receive PEPFAR OVC services requires community engagement and tailored tools that consider which services programs can provide.

This document provides guidance to government and implementing partners on how to adapt the HVPT to the context in which they operate, based on the vulnerabilities families and children face and the services available to mitigate these vulnerabilities.

ADAPTATION GUIDANCE

You can follow this five-step process for adapting the HVPT to your country and/or program.

First, convene a group of relevant stakeholders in a workshop setting to verify the need for an identification tool, discuss what constructs the tool will measure, and determine how piloting and subsequent refinements will be made. This group becomes a TWG that will follow the process of the development of the tool.

Second, select individuals from the TWG to create a task force and draft a tool based on feedback from the stakeholders convened during the workshop. This tool will be reviewed by relevant stakeholders and revised accordingly.

Third, once the draft tool is ready, implementing partners and/or government social welfare offices conduct a pilot test of the tool in the diverse contexts in which it would be applied. They provide feedback on the pilot-testing process for the group of stakeholders engaged in designing the tool (the TWG "task force").

Fourth, the TWG task force holds a training on the tool for the entities that will employ it.

Fifth, after a year of implementation, the TWF reconvenes to review how the tool was used, based on a small data collection exercise conducted by the TWG task force.

Step 1. Convene Relevant Stakeholders and Hold a Workshop

Whether the tool is being developed as a national identification tool or as a program-specific instrument, stakeholder engagement and review is critical. As such, convening a TWG to hold a workshop on the development of an identification tool is the first step to adapting the HVPT to your setting.

This meeting would generally be one or two days long. The workshop should be tailored to the cultural context in terms of how workshops are typically organized and held: for example, who sends out invitations, workshop roles and responsibilities, location of workshop, workshop ceremonial activities like a prayer or government introduction. (See Appendix 2 for a sample agenda and materials that we recommend to support planning for your workshop.)

Identifying a **workshop facilitator** who will lead the workshop and ensure engagement and input from all attendees is an important factor in your success in creating an identification tool. This facilitator can also organize sessions and other facilitators, guaranteeing that the workshop stays on topic and within the agreed-upon timeframe. The workshop facilitator should be someone with some background in M&E who can bring an open mind and a big-picture lens to the process. Ideally this person would also be unbiased—such that the decisions made by the TWG will not have a direct impact on the facilitator or the facilitator's work.

The guidance below is directed to this workshop facilitator.

Key topics for your workshop are the following:

- Session 1. Define "Identification" and Confirm the Need for an Identification Tool
- Session 2. Review Available Identification Tools
- Session 3. Determine How Beneficiaries Are Located
- Session 4. Define Vulnerability
- Session 5. Prioritize Vulnerabilities
- Session 6. Create a Task Force to Finalize and Field-Test the Tool

Whom to engage. You should plan to invite both government and implementing partners as part of an identification tool TWG. Government social welfare ministries bring a big-picture understanding of orphans and vulnerable children within their country context, and implementing partners are often familiar with the challenges of implementation as well as close to the community during implementation. Furthermore, engaging government social welfare ministries ensures that the tool and discussions around it can be institutionalized within the social welfare M&E system, improving sustainability.

Other stakeholders to involve will depend on the specific type of program or country setting. For instance, in some situations, it may be appropriate to engage community leaders and donors in the process; in others, it may be important to work with subnational levels of government such as districts and subcounties.

In Uganda, the HVPT was meant to be a national identification tool; therefore, government, donors, and implementing partners were engaged in the development of the revised tool. The Ministry of Gender, Labour, and Social Development (MGLSD) convened a TWG with members from the MGLSD, NCC, USAID, the DOD, the U.S. CDC, an M&E implementing partner (MEEP), MEASURE Evaluation, UNICEF, and one of the consultants that developed the VI tool being revised.

Session 1. Define "Identification" and Confirm the Need for an Identification Tool

You can start your workshop by confirming the need for an identification tool—a need you and others should have already identified prior to organizing the workshop. For this 30-minute session, you can ask participants: *Is beneficiary identification an information gap that needs to be filled?*

To ground your discussion, the OVC framework shown in Figure 1 is an effective starting point for this session, because it allows participants to review with you the information needs within OVC programming and to explain exactly where identification fits within this framework. Beginning with this framework also ensures that all participants have the same understanding of what "identification" means and what identification information is used for.

> **Talking points.** Identification is a means to identify program beneficiaries based on objective criteria of vulnerability. It is important, because it allows service providers to determine which beneficiaries they can help with the services they provide, and among those, who are most in need of those services. It differs from other OVC information needs such as case management or program monitoring (refer to the Figure 1 framework for more detail).
>
> An identification tool to identify beneficiaries within OVC programs is important, because it offers a *standard* way to enroll beneficiaries based on need; because this method is *transparent* and clear to the communities served; and because the tool has been *validated* to ensure its success in finding the households that are most in need of services.

Session 2. Review Available Identification Tools

Ask participants to present tools used in-country, particularly those that have a built-in identification component or that are used for identification during this 30–60-minute session. Ask presenters to explain how they use these tools to identify program beneficiaries or in which ways they are not able to identify them.

Using the established definition of "identification," lead the group in reviewing the tools. Do these tools achieve this identification objective? Based on this discussion, ask the TWG to decide whether they would like to revise or use an available tool or "start from scratch," adapting the HVPT as an identification tool.

Talking points. OVC programs have many different types of tools. An identification tool is used to determine the type of beneficiaries a project or program can help through available interventions. It should be a short, easy-to-administer, and fit-for-purpose tool rather than one that has been built into a tool designed for some other purpose. It should focus on questions on vulnerabilities that programs can address.

In Uganda, the previous tool had served many purposes. The group discussed what information they really needed and why they needed it. They determined that they needed a standard, transparent approach to identify beneficiaries and to offer a tool that could easily prioritize households to receive services.

Session 3. Determine How Beneficiaries Are Located

An identification tool is a way to determine which beneficiaries will be enrolled for services; however, implementers must first know where to start with tool administration. In this 45-minute session, you can lead a discussion on how potential beneficiaries are located within the country or program where you are working. After reviewing the talking points below, ask participants to explain what is currently done in their context based on the methods below, explaining how the identification tool can be applied. By the end of the session, participants should agree on the following:

1. Where to administer the identification tool
2. The starting point for tool administration

Talking points. There are several places where potential beneficiary households or individuals can be located, such as at the community or facility level. Discuss with participants how potential households are currently listed at the community level, and for referrals, where and how would the process work in terms of listing potential beneficiaries and implementing the identification tool.

- **Community lists.** In many countries, there are community leaders who keep lists of households that need program services (considered vulnerable). The identification tool can be administered to those on that list, as verification of the community list and to assist with prioritization.
- **Referrals:** Health facilities, schools, social services, police, or other institutions may refer individuals or families to receive OVC services. The identification tool can be administered to those referred to an OVC program to verify that they need program services. This is an increasing emphasis in PEPFAR programs, where many households that will receive OVC programming will come through health facility referrals.
- **Community mapping.** If no community lists exist, an organization or district can use the identification tool's preselection criteria as the basis for creating a list of vulnerable households. They would generally work with community leaders to come up with a list of households that fit the criteria of the identification tool. (See the textbox below.)

In Uganda, they determined that the HVPT would be administered to determine eligibility at the household level, given that individual households are enrolled in OVC programming rather than individual children. Community lists and referrals would identify households for enrollment. In areas without community lists, community mapping would be conducted. The HVPT would be administered to households on the lists. For a household from a facility or school or other entity, the identification tool would be administered at the household level.

Session 4. Define Vulnerability

After discussing the purpose of an identification tool within OVC programming and how beneficiaries are located, spend time in this session asking participants to review the services provided by the OVC program and whom it is designed to benefit most, given the program's theory of change. Then, determine the types of vulnerabilities in a household that the program can best address and develop questions that reflect those vulnerabilities. This is what will build the identification tool.

> **Talking points.** As discussed above, "vulnerability" to HIV and its socioeconomic effects is a relative, multidimensional term, and therefore must be defined based on local understandings of the term. A place to start when determining who is vulnerable is the definition of OVC within national OVC guidelines, as well as programming guideline definitions. Many of these guidelines have domains or core program areas (such as health, education, child protection, shelter). In the case of PEPFAR programming, there are required PEPFAR domains (see PEPFAR, 2012), and households must be prioritized based on the HIV status of adults and children in households.

Exercise 1. Define the core program interventions and whom they are best designed to serve. Divide participants into small, mixed groups (with differing affiliations). Each group should have a facilitator who will help it answer the following two questions. Groups should be given 30 minutes to respond and write key points on a flip chart.

- What are the core OVC program interventions relevant to the program or country? For example, are there parenting classes, school-based interventions, counseling, or savings and loan groups?
- What are the types of vulnerable and high-risk situations in households or among individual beneficiaries that the program could address? How do vulnerability and risk vary by age and sex?

Once they have listed all of the situations on their flip charts (for example, lack of access to food, poor health, and children out of school), give the small groups 15 minutes to decide on and circle the *main* types of risk situations that vulnerable children and their families face in the setting in which the tool will be used. Ask each small group to circle no more than five risk situations.

After there is agreement within the small groups on the main types of vulnerability and risk situations that characterize OVC and their families, reconvene a plenary session where groups share their circled risk situations.

Compile the circled vulnerability and risk situations into one combined list on a flip chart. whiteboard, or blackboard. Then, ask the plenary group to come to a consensus on the types of vulnerability and risk situations existing in households that the program can best address during the next hour. The plenary group should come to a consensus on no more than 10 situations.

To reduce the number of key vulnerability and risk situations, first combine or group the situations based on specific themes. Then, go one by one through each situation and ask participants:

- Is this situation directly related to the country definition of vulnerable children or households?

- Can programming affect this type of vulnerability?

At this point, the list could include vulnerability and risk situations such as "lack of access to food," "corporal punishment for children in school and at home," "disability of caregiver in household," and "unsafe shelter."

Note: If identification tools are available, or other instruments exist that have been validated in the country context, as the facilitator, you can provide those to guide small-group discussions. Specifically, you can ask the groups to review what indicators they contain, and what might be missing from them. If no identification tools exist and you would like an example of one, you can use the HVPT as a starting point.

Exercise 2. Measure vulnerabilities and risks. Once the group has reached agreement on the key risk situations, it can define the specific indicators of vulnerability.

To do this, divide participants in groups, and give each group up to three risk situations. Allow 30 minutes for each group to create up to three indicators to measure each situation. The indicators can be based on existing identification tools, or be new indicators altogether. You can provide groups with the HVPT as an example to support them in thinking about relevant indicators for their risk situation areas. Table 1 lists sample risk situations and associated indicators.

Table 1. Sample vulnerability and risk situations and indicators

Sample Vulnerability and Risk Situation	Vulnerabilities/ Risks	Sample Indicator
Lack of access to food	Risk to malnutrition and HIV infection	• Any child in household has gone an entire day without eating because there was not enough to eat • All children in the household have eaten at least 2 meals a day, every day, for the last month
Caregiver with disability	Vulnerability that increases child's risk to maladaptive outcomes	• Household head, spouse or guardian has any form of severe disability that prevents him/her from engaging in economically productive activities

Reconvene the participants and hold a plenary session for 60 minutes where each group presents their indicators and receives feedback from the group in a plenary session. The feedback they receive can include new indicators, removing some indicators, or making refinements to the indicators they already have.

Advise participants during the review of the indicators that the guiding principles are:

- Is this an easily understood, objective measure?
- Is it effectively measuring the risk situation?

The final list of indicators should be short so that it is easy to administer and does not require spending a lot of time at each household assessed. As a rule, we recommend no more than 10 questions.

Session 5. Prioritize Vulnerabilities and Risks

In this session, you will work with participants to decide how to prioritize households for enrollment. This can be a difficult conversation to have with participants, because those working in OVC programming tend to see all aspects of vulnerability as equally important. In Uganda, the tool ended up with 16 questions and likely to yield more households than the program could help.

> **Talking points.** Most OVC programs operate in settings where there is a great deal of need, and limited resources cannot address the needs of all those who are vulnerable, at least, not within a specific timeframe. Therefore, an identification tool should determine not only who is eligible for program services but also which households (or individuals) should be enrolled first. It is difficult to prioritize beneficiaries based on types of vulnerability, because we tend to see all aspects of vulnerability and risk as equally important. However, this prioritization step is crucial for ensuring that the most appropriate people can benefit from program services and that the process is transparent and fair.
>
> The HVPT follows a prioritization scheme that includes one "automatic enrollment" type of vulnerable (severe child protection) and several "high vulnerability and risk" indicators. Individuals with the most types of high vulnerability indicators are enrolled first. You may want to follow a similar ranking scheme, or come up with another one. What is important is to find a streamlined way to prioritize who is enrolled when there is a limited number of people the program can support. We also strongly recommend *against* creating any sort of composite score, as this can mask serious vulnerability and risk in each vulnerability category.
>
> For example, the VI tool in Uganda used aggregate scoring to determine which children were slightly or moderately vulnerable. When MEASURE Evaluation analyzed individual scores, they found that almost half (45%) of households considered only "slightly" vulnerable had gone a whole day without food—a serious vulnerability. Given that the VI used an aggregate vulnerability score, these households were not prioritized to receive services, since they did not score highly in all vulnerability categories, masking their immediate need for services.
>
> An identification tool should be simple enough to determine eligibility without the need of any complex analysis. For instance, with Uganda's HVPT, you can assess a household's eligibility by using only the tool, guidelines, and pen and paper.
>
> The guidelines from the HVPT are that the prioritization should occur at the community-based organization (CBO) level, rather than by those administering the tool. This avoids any bias that could be introduced during data collection by those conducting the household interviews. Although one can use pen and paper to rank households based on prioritization criteria, the VI TWG in Uganda decided to create a simple Excel spreadsheet to help CBOs with this process.
>
> For example, an alternative to the HVPT model could be to have those administering the identification tool determine eligibility on the spot, allowing them to move on to conduct a full assessment of household needs during the same visit. With this approach, administrators would have to have a "quota" of households they can enroll, to ensure that there are not more households enrolled than services can handle. This approach would also require a greater "automatic enrollment" threshold than what was used for the HVPT.

Exercise 1. Closed ballot on vulnerabilities. Give each participant a slip of paper with one of the 10 types of situations that were decided upon in Session 4. Use 10 containers (hats, bowls, or baskets) that are numbered. Ask participants to rank situations and place the slips of paper in the appropriate container based on their importance (1 being the most important and 10 being the least important).

Once they have finished voting, tally the responses as a group (using flip charts) and discuss which situations were ranked highest and why. Based on this, work with the group to come to a consensus on how to prioritize who will be enrolled in OVC programming. Allow 60 minutes for voting and discussion.

Exercise 2. Logistics on administering the identification tool. With this consensus, tackle these last few considerations with the TWG in a plenary session of 45 minutes:

- First, address the issue of bias from those administering the HVPT. If they know the scoring, will they impartially administer the tool?
- Second, consider the issue of number of visits to a household. Would it be disruptive to administer your adapted HVPT/identification tool first and then return later for more assessments?
- Third, would it be useful to create an Excel database or other tool to support prioritization of households, or will pen and paper be sufficient?

In Uganda during development of the HVPT, participants at the workshop discussed the most critical components of vulnerability in Uganda. After a lengthy discussion, they agreed upon a list of six top vulnerabilities. From that list, they decided that any household faced with a severe child protection need should be automatically enrolled in the program.

Following this, they determined that the remaining four indicators would be classified as "high vulnerability indicators":

- Is anyone in this household 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 was not enough to eat?
- Are there any children ages 5 to 17 years in this household who are not enrolled in school?

To rank who received services, they decided that after child protection need, the total number of high vulnerability indicators would determine which households would be enrolled next. Therefore, if a household had five "high-vulnerability indicators," it had more need than a household with only one.

Finally, participants determined that after all households with any of the high-vulnerability indicators were served, households would be ranked to receive programming based on the number of types of vulnerabilities and risks.

Session 6. Create a Task Force to Finalize and Field-Test the Tool

Before ending the workshop, hold a final 30-minute wrap-up session where the group decides on two key next steps:

1. **Identify a small task force** of up to five people to take the work on the tool that has already been done and finalize it following the workshop. We recommend that this task force include at least one M&E expert and a representative from government and from implementing partners. We recommend that the facilitator serve as a leader on this task force.
2. **Determine who will conduct the pilot test of the tool.** Typically, this will be implementing partners or local government offices that can test the tool in a few different settings within the country or region where the identification tool will be used. These people will be required to attend a short training on the tool and to pilot it once finalized.

Step 2. Draft the Identification Tool

Your task force should have the mandate to finalize the tool drafted during the stakeholder TWG. The task force will have two additional tasks:

1. Determine how to repeat identification tool administration.
2. Decide upon the data management system for the tool.

Once they have finalized the tool, the approach for administering the identification tool, and the approach for the data management system, they can share the draft with the entire TWG for feedback prior to pilot testing.

Repeat Administration of the Identification Tool

Your identification tool and accompanying guidance should provide steps on how to enroll beneficiaries who were not initially assigned to a program but who become eligible as the result of households graduating from the program, because program targets increased, or because additional funding became available in the same year or subsequent years.

Based on the experiences of the HVPT, we recommend considering the following:

- Enrolling additional beneficiaries within the same year (if your targets increase)
  - Look at households that were not in the initial prioritized list and select the next households in the order in which they were prioritized.
  - If new referrals come from clinics or if a new family moves into the community and is identified as highly vulnerable, the identification tool could be applied to determine where in the list of prioritized households it would fit in terms of enrollment.
  - If a program needs to administer the identification tool to many additional households, it can administer the tool to the new households and run the prioritization for those additional households to determine which ones to enroll.
  - Note: Once a household is enrolled, there is no need to re-administer the identification tool to the same household, unless it is being used as a part of the graduation process.
- Enrolling additional beneficiaries in the next year
  - If you had administered the identification tool in a community in the first year but want to add more beneficiaries in the community in the second year, the program should start the identification process again, by reviewing the household listing with the community leaders and identifying any additional households that should be on the list. Then the identification tool would be re-administered to all nonenrolled households and prioritized, including those from the first year who were not enrolled.

Again, the task force should adapt these steps to the country context and to the way households are identified to receive services. The important principles here are (1) to use the prioritized list for additional program enrollment within a specified period, and (2) to re-administer the identification tool after a specified period (we recommend a year) to households that were not already enrolled or to identify new households, since the status of the household may change within that period, and/or other households may become more vulnerable.

Manage Data

As mentioned above, the HVPT includes an easy-to-use Excel database, which quickly organizes a list of beneficiaries by priority of need. It assumed that the CBO, government, or IP district-level project staff have basic Excel knowledge, because it is their responsibility to enter information from the completed forms in the database and prioritize from that list. The database was designed simply for prioritization purposes, rather than to serve as a larger national or program database.

A database may not be necessary for prioritization of households using your modified HVPT. Other options include using pen and paper to tally scores or defining vulnerability on the spot, after each interview, and enrolling beneficiaries using a "first come, first served" approach.

Regardless of what approach your project or country takes, it is important for the task force to come up with procedures for confidentiality of the data being collected. Keeping completed forms in locked filing cabinets is important, as well as making clear to those administering the identification tool that they are not to discuss the results with individuals not involved in program implementation. PEPFAR programs can follow Site Monitoring System guidance on data management in OVC programs.

More information on the HVPT database and its functionality is available in Uganda's *Orphans and Other Vulnerable Children Household Vulnerability Prioritization Toolkit*.

Step 3. Pilot and Refine the Tool

Once a draft identification tool has been developed, piloting it will ensure it is easy to administer and understand; that it is measuring what it is intended to measure; the extent to which it captures vulnerable households; and the average length of time required to administer it. Pilot testing also allows you to refine translations. You will need to work with local government and implementing organizations to organize the pilot test.

We recommend program staff, rather than community caregivers, conduct the pilot test, as they will be better able to identify issues with the tool and think critically about how it can be improved. We also recommend piloting the tool in different settings within a country or region (such as urban and rural, and in different economic and cultural contexts) to ensure that it can be applied across multiple locations and is therefore generalizable.

Organize a two-day training on the draft tool with IPs and/or local government who will conduct the pilot test. During this training, review the tool, the procedure for conducting the pilot test of the tool, and how to complete the feedback forms for the pilot test. Appendix 3 provides a step-by-step guide to pilot-testing the identification tool and a pilot-test feedback form.

Refine the Tool

After the pilot test, ask the TWG task force to work together to create a report based on the feedback from the test. (See Appendix 4 for guidance on this and sample forms.) Once the report is finalized, share it with the TWG members in advance of a half-day or full-day meeting on required changes. (See Appendix 2 for a sample agenda for this meeting.) A deliverable that should result from this meeting is a revised tool.

In instances where the TWG makes significant changes to the first draft of the tool, you may need to organize another round of pilot testing. In these cases, organize a follow-up meeting after the second round of pilot testing to finalize the tool.

In Uganda, the HVPT was pilot tested by four OVC IPs in Uganda. The procedure used is described below.

- Select one CBO. Inform them of the pretest and work together with them to identify a village to pretest the tool. [For the clinic-based programs, pull the listing from referrals.]
- Work with the community/village leadership on identifying a list of potentially vulnerable households using the preselection criteria (or if a list already exists, use that). [For the clinic-based programs, use the list generated above.]
- Select a minimum of 30 households from that list. (If there are many, randomly select the 30 from the list.)
- Administer the tool in the 30 households following the guidance documentation and definitions. At the end, ensure that the forms are fully completed.
- After completing the 30 households in a village, please ask those administering the tool to provide feedback on the process and the tool on a feedback form.
- The person(s) administering the tool should return the tool and the feedback form to the CBO (who will add to the feedback form), who will in turn return it to the IP and eventually back to the TWG for pretest data entry and compilation of feedback.
- A follow-up meeting should be held among IPs to debrief and report on the feedback and information gathered.

Step 4. Conduct Training on the Identification Tool

Training is an essential step that guarantees that your identification tool is used in the manner intended, and therefore can best capture vulnerable households to receive program services. Uganda's *Orphans and Other Vulnerable Children Household Vulnerability Prioritization Toolkit* includes a guide to the HVPT, which provides definitions and a rationale for each of the questions. We recommend adapting this for any identification tool that you develop.

The second chapter of the Uganda toolkit is a training-of-trainers (TOT) manual that includes an introduction to the training modules and TOT curriculum, sample agendas, learning objectives for each module, notes and slides for each module. The training curriculum should be accompanied by the HVPT toolkit. You can use some of these materials to adapt for your own training. This short TOT curriculum takes up to two-and-a-half days. We do not recommend shortening your training to fewer than two days. Two days allows for one day on theory and practice in the classroom, and another day for field practice and report back.

Field practice is an essential part of training—it allows those who will be administering the tool to use it in a real, community setting. Feedback sessions following this practical, hands-on experience are invaluable to ensuring that the tool is well-understood and correctly used.

You will need to determine who will conduct the TOT and subsequent trainings. Your decision should be based on whether this is a national or project-specific tool, and on the social welfare system in the country where it is being implemented. When running a training session, ensure that the training is tailored to the educational level of those participating in it.

Step 5. Review and Revise the Tool

After some time, you should reconstitute the TWG to review the use of the identification tool, any issues identified, any changes needed, and any other feedback. If multiple IPs are using the tool, it would be a good time to check with them to see if the tool is still relevant, or if they have made any changes to it for their own purposes.

We suggest a review of the identification tool within a year. Specifically, after the first year of implementation, you can review how households were prioritized after a year of enrollment, repeating pilot testing steps three and four (conducting a frequency analysis and reviewing the prioritization method in use) with sample implementation units (for example, CBOs, regional government social welfare offices). This could be coupled with interviews from key staff in the sample implementation units to determine how the tool is working and any changes that they would recommend being made.

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APPENDIX 1. RECOMMENDED MATERIALS FOR AN IDENTIFICATION TOOL WORKSHOP

- Flip charts and stands (5 or 6)
- Markers of various colors (10)
- Name tags/tent cards (enough for each participant)
- Pads of paper (at least 1 for each participant)
- Pens (at least 1 for each participant)
- Printed agenda (at least 1 for each participant)
- "Information Needs for PEPFAR OVC Program Management and Evaluation: A Framework" printouts (at least 1 for each participant)
- Printouts of available identification tools and the HVPT (at least 1 for each participant)
- Containers (hats, bowls, etc.) to hold small slips of paper (10)
- Sign-in sheet for participants
- Projector (optional)
- Computer (optional)

APPENDIX 2. SAMPLE AGENDA FOR AN IDENTIFICATION TOOL WORKSHOP

Session Title	Exercises	Length of Time	Materials Needed
Day 1			
Formal Opening and Introductions		• 30 minutes	• N/A
Session 1. Define "Identification" and confirm need for an Identification tool	Plenary discussion	• 30 minutes	• Copies of the information needs framework (see Figure 1) • Flip chart and markers
Session 2. Review available identification tools	Member presentations and plenary discussion	• 30–60 minutes (depending on number of tools presented)	• Copies of the HVPT and other identification tools • Flip chart and markers
Session 3. Determine how beneficiaries are located	Plenary discussion	• 45 minutes	• Flip chart and markers
Session 4. Define vulnerability	Small-group exercises and plenary discussion • Exercise 1: Define situations that make children and families vulnerable	• Exercise 1: 90 minutes	• Copies of the HVPT and other identification tools • Flip charts and markers
Day 2			
Review of Day 1		30 minutes	N/A
Session 5. Define vulnerability (continued)	Small-group exercises and plenary discussion • Exercise 2: Measuring vulnerabilities	• Exercise 2: 90 minutes	• Copies of the HVPT and other identification tools • Flip charts and markers
Session 5. Prioritize vulnerabilities	Plenary discussion • Exercise 1: Closed ballot on vulnerabilities • Exercise 2: Logistics of administering the identification tool	• Exercise 1: 60 minutes • Exercise 2: 45 minutes	• Containers for closed ballot • Small slips of paper (10 per participant) • Flip charts and markers
Session 6. Create task force for tool finalization and field testing	Plenary discussion	• 30 minutes	• Flip charts and markers
Formal Closing		• 30 minutes	• N/A

APPENDIX 3. PILOT-TEST PROCEDURES AND PRE-TEST FEEDBACK FORM

Process for Pre-testing an OVC Household Beneficiary Identification and Prioritization Tool

1. Select one CBO. Inform them of the pre-test and work together with them on identifying a village to pre-test the tool. [For the clinic-based programs, pull the listing from referrals.]
2. Work with the community/village leadership on identifying a list of potentially vulnerable households using the pre-selection criteria (or if a list already exists, use that). [For the clinic based programs use the list generated above.]
3. Select a minimum of 30 households from that list. (If there are many, randomly select the 30 from the list.)
4. Determine who will administer the tool. Please use someone who is participating in this training or has adequate time to familiarize themselves with the tool together with someone who has participated in this training.
5. Administer the tool in the 30 households following the guidance documentation and definitions. Be sure that those administering the tool DO NOT have access to the prioritization criteria to avoid any bias. At the end, ensure that the forms have been filled out completely.
6. Please ask those who administered the tool to the 30 households in a village to provide feedback on the process and the tool using the feedback form below.
7. The person(s) administering the tool will return the tool and the feedback form to the CBO, who will add to the feedback form and who will in turn deliver it to the IP and eventually to the MGLSD for pre-test data entry and compilation of feedback.
8. Hold a follow-up meeting of the IPs to further debrief and report back on the feedback and information gathered.

PRE-TEST FEEDBACK FORM

Name of IP:
Name of CBO:

I. Overall, please describe how the process of obtaining the list of vulnerable households through the referral listing or application of the four factor criteria went? If you used the four factor criteria, please answer the following questions:
   a. Were the criteria clear?
   b. If not, what was not clear?
   c. Were the community members able to list households based on these criteria?
   d. If not, what seemed to be the challenge in doing this?

II. Please describe the process of administering the cover sheet items A through M.
   a. Were there any challenges?
   b. If so, for which of the questions?
   c. What was challenging about them?
   d. Do you have any suggestions for improvement? Should any other questions be added?

III. Administration of the tool. Please complete the following table, indicating how well the question worked by answering yes or no. When answering, consider the questions listed below. Also, please ensure that if something did not work well, you clearly state why not, and if you have suggestions, for improvement, please clarify:
   a. Was the person answering the question able to understand the question you asked (based on your perception)?
   b. Did the question you were asking seem to reflect the type of vulnerability it is asking about?
   c. Was the wording of the question appropriate?

Please provide any overall comments you have on the tool and its ability to identify the most vulnerable households. Feel free to use additional sheets of paper when submitting. Please be specific in your response and bring out clearly any positive things or challenges about the tool. Provide concrete examples and suggestions for improvement, if appropriate.

APPENDIX 4. COLLECTING PILOT-TEST FEEDBACK

Below is a summary of the steps you can follow to bring information back to the TWG to make final changes.

1. **Summarize pilot-test findings**: Report back on the administration process. Who administered it, how did they locate households, how long did it take to complete, was the time acceptable, was it easy/difficult to find households, and were there logistical issues around administration (see Table 2)?
2. **Report pilot-test findings by question and thematic area**: Report back on face validity of the tool. Specifically, (1) were respondents able to understand the questions asked; (2) did the questions reflect the type of vulnerability intended; and (3) was the wording of the questions clear (see Table 3)?
3. **Conduct a frequency analysis:** The total number and percentage of households that fit into the question categories of the tool (such as number and percentage of child-headed households). This allows the TWG to understand whether the identification tool is too narrow (identifies too few households) or too broad (identifies too many households) and if adjustments need to be made to the tool.
4. **Practice prioritizing households:** Organizations piloting the tool should practice prioritizing households using the predetermined categories in the location in which prioritization will take place (most likely at the community level). Feedback from this step can be provided similarly in Table 4 below and in a longer narrative, as needed. This step may also include feedback on using the database for prioritization.
5. **Compare findings to population-based surveys or other available data** by TWG members to better understand how narrow or broad the vulnerability categories are. (Table 5 is a sample format to present findings.)

Table 2. Summary of pilot-test findings

	Pilot Test Org 1	Pilot Test Org 2	Pilot Test Org 3	Pilot Test Org 4
Dates for data collection				
Districts and subcounties where piloting took place				
How were households identified?				
Who undertook the interviews?				
Total number interviewed				
Mean time for completion				
Is time for completion acceptable?				
Prioritization process feedback				

Table 3. Sample response form for piloting organizations using HVPT economic strengthening questions

	Respondents understood question?	Questions reflect vulnerability intended?	Wording is clear?
Economic Strengthening			
1. Is this a child-headed household?			
2. Is there at least one member of the household who currently has formal or informal employment, is self-employed, has a business, or is engaged in an economically productive activity?			
3. The last time there was an unexpected urgent household expense (e.g., emergency medical expense or house repair), I was able to pay that expense.			
4. Does the household head, spouse, or guardian have any form of severe disability (e.g., physical, speech, visual, hearing, or mental handicap)?			

Table 4. Template to present feedback on prioritization using the tool

Categories	Response
Ease of prioritization	(Score of 1–4) 1 = very difficult, 2 = difficult, 3 = easy, 4 = very easy
Issues with prioritization	(narrative)
Suggestions on improving prioritization	(narrative)

Table 5: Template on frequencies by child-protection area

Variable	Number	Percentage
Repeated physical abuse		
Child marriage or teenage mother/father		
Teenage pregnancy		
Neglected		
Sexually abused		
Any child protection		
Orphan		
Birth registration		
Birth certificate		

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