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Integrated (HIV Effect) Mitigation and Positive Action for Community Transformation (IMPACT)

Strategy to Minimize Double Counting

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I. PROGRAM BACKGROUND

Integrated (HIV Effect) Mitigation and Positive Action for Community Transformation (IMPACT) is a four year \$28 million PEPFAR/USAID supported Global Development Alliance (GDA) award expected to improve the wellbeing of 58,017 orphans and vulnerable children (OVC) and enhance access to treatment and care for 41,505 people living with HIV (PLHIV) in Malawi. IMPACT is implemented in nine districts in central and southern regions. As the prime recipient, Catholic Relief Services/Malawi adds private sector, information technology and faith-based partners to the Title II-supported Wellness and Agriculture for Life Advancement (WALA) consortium. The IMPACT consortium is comprised of international and national non-governmental organizations (NGO)/faith-based organizations (FBO) and private sector partners including: the Catholic Health Commissions of Dedza, Lilongwe and Zomba, Chikwawa Diocese, National Association of People Living with HIV (NAPHAM), Africare, D-Tree International, Emmanuel International, Opportunity International Bank, Project Concern International, Save the Children, and World Vision.

IMPACT's HIV care and support services complement the WALA Program's food security, health and economic strengthening interventions. The IMPACT alliance mobilizes additional expertise, cash and in-kind resources from Government of Malawi, faith based institutions as well as non-traditional private sector partners. To implement the program, CRS/Malawi and alliance partners are committed to matching the USAID funding with cash and in-kind resources from non-United States Government sources to expand services for OVC and PLHIV.

The interventions planned for under IMPACT are consistent with the Partnership Framework signed between the Government of the United States of America and the Government of the Republic of Malawi to support the National HIV and AIDS Response. In addition, IMPACT was designed to directly contribute towards the achievement of the Malawi National Plan of Action for Orphans and other Vulnerable Children (2005-2009) as well as the Malawi HIV and AIDS Extended National Action Framework (2010 – 2012).

II. CHALLENGES RELATED TO DOUBLE COUNTING

Large-scale community-based programs such as IMPACT may encounter challenges related to double counting of beneficiaries at several levels. Double-counting is a challenge in accounting for support provided to beneficiaries of a program/project when there are many interventions and/or multiple providers. The support individuals require also varies by individual, and from sub-population to sub-population double counting can occur for various reasons as discussed below.

A. Multiplicity of Services

First and perhaps most significant, a single beneficiary may benefit from several care services through multiple service provision points. If services are counted and simply equated with people, this will likely result in inaccurate reporting. Secondly, IMPACT was designed as a wrap-around program to complement the ongoing WALA Program. In this case WALA beneficiaries and households within WALA catchment areas are deliberately targeted with integrated HIV services. Such an integrated program requires a nuanced approach in reporting to disaggregate beneficiaries who are receiving additional IMPACT services.

B. Geographic Overlap among IMPACT Partners

As there is geographic overlap at the district level for three partners within IMPACT, double counting may occur if the same beneficiary receives services from two implementing partners. The IMPACT Program includes with nine partners working in 39 traditional authorities (TAs) and sub-chiefdoms (SCs) in the following districts:

Organization	District
Africare	Mulanje
Chikwawa Diocese	Chikwawa
Dedza Catholic Health Commission	Ntcheu
Emmanuel International	Machinga; Zomba
Lilongwe Catholic Health Commission	Lilongwe
Project Concern International	Machinga; Balaka
Save the Children	Chiradzulu; Zomba
World Vision	Thyolo
Zomba Catholic Health Commission	Zomba

As indicated in the table three partners (Emmanuel International, Save the Children and Zomba Catholic Health Commission) are implementing in Zomba district, and two partners (Emmanuel international and PCI) are implementing activities in Machinga district. However, these partners are providing services to different Traditional Authorities (TAs) and/or Group Village Headmen (GVH). Indeed, in the first months of implementation, Zomba Catholic Health Commission, PCI and Save the Children found that they had one site each in common. To resolve this Zomba Catholic Health Commission elected to consolidate its operations with another TA, thereby eliminating the overlap with these partners. This decision helped to minimize double counting of individuals and sites between these partners. While it is possible that beneficiaries might move between geographic areas and receive services from multiple partners, the use of unique identifiers presented below will ensure that only beneficiaries receiving services during the reporting period will be recorded under the one care service indicator.

III IMPACT STRATEGY TO CONTROL DOUBLE COUNTING

Anticipating the challenges with double counting, IMPACT program team developed a four-pronged approach to minimize the occurrence of this common problem.

A. Beneficiary Registration Process and Issuing of Unique Identifiers

From October 2010 to March 2011, IMPACT partners identified and registered vulnerable households. OVC Committees or other leadership groups at community level have listed the households which are most vulnerable according to the following vulnerability criteria:

- Households with orphaned children (single or double);
- Households with a person living with HIV or chronic illness;
- Households in which an adult died from HIV or chronic illness in the last year;
- Households with children with special needs (visual, hearing, speech or other physical impairment, mental disability, albinism, HIV or chronic illness); and/or
- Households headed by a child or elderly person (above 65 years).

Household names were verified using the village register where available. IMPACT Program staff then used the Beneficiary Enrollment Tool (Annex A) to verify the vulnerability of identified households. Given the timing of this activity (conducted at the beginning of the school year), partners also recorded specific information about secondary school students in need of sponsorship support. Partners used resulting data to compile beneficiary registration lists, including a summary of the household’s vulnerability level. Partners then selected the most vulnerable household depending on resource allocation for particular activities. District Social Welfare Offices were consulted to ensure that registered OVC households were included in program beneficiary listings as appropriate.

IMPACT rolled out unique identifiers (IDs) to all beneficiaries as one of the most reliable strategies to control for double counting. Each member of a registered vulnerable household has been assigned a six digit number which is unique at village level as per the example below:

Household #	Name (Last, First)	Household ID	Member ID	IMPACT ID Number
1	Phiri, Amanda	0001	01	0001-01
	Phiri, Blessings	0001	02	0001-02
2	Madise, Doris	0002	01	0002-01
	Madise, Rudo	0002	02	0002-02
	Chipo, Ndala	0002	03	0002-03

Through the management information system (MIS) registration module, IMPACT partner M&E Officers are responsible for generating these IDs to avoid duplication of numbers. On routine service data collection forms, IMPACT will use both unique IDs and names for beneficiaries to reduce the chances that an individual will be reported more than once as well as to facilitate data verification.

Beneficiaries who were not captured in this initial registration process but rather identified during program implementation at point of care will be registered subsequently through various program activities. For example, an adult living with HIV may be identified through her participation in PLHIV support group meetings; a fostered vulnerable child may be identified through Care Group visits, etc. After identification, the individual will be added to the registration database and a unique ID will be generated. This process may be viewed as a “reverse” registration in a way, as beneficiaries are identified after service provision has begun. However, it is deliberate and will be closely monitored to ensure that most vulnerable households and individuals are registered and supported accordingly. This will enable IMPACT to follow up these beneficiaries and ensure that they are linked to other program activities as appropriate.

B. Reporting on Beneficiaries Receiving Multiple Services

The support individuals require varies by individual and from sub-population to sub-population. As such, by nature of the particular need, individuals may receive multiple services from the same program. Double-counting of individuals served can occur within a program when the same individual is counted many times as a result of receiving multiple services. IMPACT will provide a variety of services at household, village and GVH level. Village-based services, such as Care Group and Village Savings and Loans, use IDs and can explicitly control for double counting in this way. However some activities, such

as Community Health Days, drop-in education sessions and In Charge sessions, are conducted at GVH level and target a wider group of participants, some of whom will not have been assigned unique IDs. Moreover, it is not feasible to expect people participating in an event to know their unique IDs by memory. For such events, the total number of people participating will be captured and disaggregated by sex and or age, as required and key assumptions were used to adjust the raw figures for cross-participation in multiple activities.

Assumptions were tested during field exercise conducted by the IMPACT M&E team in September 2012. The study was conducted in the seven (7) of the nine (9) implementing partners of the program. These partners represent geographical and cultural diverse of the program catchment area and multiple combinations of targeted individual and community-based outreach/group IMPACT activities of interest. These partners are World Vision, Africare, Emmanuel International, Save the Children, Chikhwawa, Catholic Health Commissions of Lilongwe and Zomba Dioceses. Data were collected in two traditional authorities for each partner. The study targeted beneficiaries of community-based outreach/group interventions namely community health days, “In Charge!” sessions, PLHIV support groups, and drop in education support sessions. To assess beneficiary participation in multiple program services, the study included beneficiaries of the care groups, children’s corner, secondary school support and VSL groups. Based on the findings of the rates of beneficiary participation, proportions were updated and have been incorporated into the table below.

INDICATOR	CALCULATION METHOD, INCLUDING ASSUMPTIONS
Number of eligible children provided with a minimum of one care service	Using ID numbers to control for double counting, add: <ul style="list-style-type: none"> • Vulnerable children under five benefiting from Care Groups (use mother’s ID number through reverse registration and count all U5 in registered vulnerable household); + • Birth registration through Child Status Index (ID available); + • Child protection violation cases (ID available); + • School sponsorship beneficiaries (ID available); + • Children’s participating in PLHIV support groups (ID available); + • 10% of children participating in drop in sessions (Field data show that 13% are both vulnerable and not yet listed in village register).
Number of eligible adults provided with a minimum of one care services	Use ID numbers to control for double counting, add: <ul style="list-style-type: none"> • Adults participating in VSL (ID available); + • Adults participating in Care Group (ID available); + • Adults participating in PLHIV support groups (ID available); + • 16% of adults participating in Community Health days (field data indicate that 84% of these adults also participate in one or more of the following activities: VSL, Care Group, PLHIV support groups).
# eligible adults and children provided with protection and legal aid services - by sex, by age: 0-17, 18+	Using ID numbers to control for double counting, add: <ul style="list-style-type: none"> • Children registered in VH’s Birth Register (from CSI form) -ID available; + • Children reporting protection violations -ID available.

# eligible adults and children provided with psychological, social and spiritual services - by sex, by age 0-17, 18+	Using ID numbers to control for double counting, add: <ul style="list-style-type: none"> • Children participating in Children's Corners; + • 21% of children participating in "In Charge" sessions (field data indicate that 79% of children participating in "In Charge" sessions also participate in Children's Corners); + • 97% of children participating in children support groups (field data indicate that 3% of children participating in children's support groups also participate in "In Charge" sessions).
# of eligible children provided with education and/or vocational training - by sex	Using ID numbers to control for double counting, add: <ul style="list-style-type: none"> • Children receiving secondary school support; + • 94% of Children participating in drop-in sessions (field data indicate that 6% of Children participating in drop-in sessions are also receiving secondary school support).
# of adults and children provided with economic strengthening services	Using ID numbers to control for double counting, add: <ul style="list-style-type: none"> • WALA partners: Adults and children participating in VSL from registered vulnerable household; + • IMPACT-only partners: Adults and children participating in VSL.
# of eligible clients <18 years old who received food and/or other nutritional services	Using ID numbers to control for double counting, add: <ul style="list-style-type: none"> • Vulnerable children benefiting from Care Groups (use mother's ID number through reverse registration and count children in registered vulnerable household); + • Vulnerable children clients receiving commodity distribution.
# of eligible pregnant or lactating women who received food and/or other nutritional services	Using ID numbers to control for double counting, add: <ul style="list-style-type: none"> • Pregnant or lactating clients participating in Care Group; + • Pregnant or lactating clients receiving commodity distribution.
# of eligible clients (>18 years old) who received food and/or other nutritional services	Using ID numbers to control for double counting, add: <ul style="list-style-type: none"> • Adult clients participating in Care Group; + • Adult clients receiving commodity distribution.
# of community health and para-social workers who successfully completed a pre-service training program within the reporting period - by sex	Add cumulative number of people trained as per Training Report Form for fiscal year period only.
# of individuals who received testing and counseling (HTC) services for HIV and received their results - by sex, by type of counseling/test: individual or couple	Add all individuals who received HTC services and results as per Community Health Days Form (assumes minimal repeat testing as locations of Community Health Days are geographically distinct).
Number of PLHIV reached with a minimum package of prevention with PLHIV (PwP) interventions	Add all individuals participating in community-based PLHIV support groups as per Support Group Quarterly Tracking Form.

C. Management Information System (MIS)

The approach of using unique identifiers can be employed with either paper based or computer based monitoring system. However practice has shown that unique identifiers function best when the program uses electronic records. IMPACT has developed an MIS which was piloted to three (3) IMPACT partners in the first phase and by end of FY11 all programming issues were resolved and the system was rolled out to all partners by the first quarter of FY12. The MIS facilitates data storage, maintenance, ease of processing, enhanced data entry and management security, and improved data quality and monitoring. The MIS is particularly important given the use of unique identifiers to control for double counting for village-based activities. Each member of the household receiving services is only reported in the MIS as one individual, irrespective of the number of services which the person received. This will enable the program management to take any immediate steps to correct gaps in service delivery should the report show that certain services are not being provided as expected.

D. Double Counting between IMPACT and WALA Programs

IMPACT works within WALA communities to provide synergy between the two programs. Six partners are common to both programs: Africare, Chikwawa Diocese, Emmanuel International, PCI, Save the Children, and World Vision, providing wrap-around services for OVC and PLHIV in WALA program areas. In these catchment areas, IMPACT targets the same WALA communities to provide additional OVC and PLHIV-related services. Annex C attached outlines services provided by IMPACT and WALA programs.

Reporting requirements for the two programs differ slightly: WALA reports on program results using the households as the unit of measure, while IMPACT reports on individual beneficiaries from registered vulnerable households. IMPACT reports on beneficiaries receiving additional IMPACT services, such as child protection services, education support, Community Health Days, referral, PLHIV support groups, etc. For Care Group and VSL activities, IMPACT only reports on those Care Group or VSL beneficiaries coming from registered vulnerable households. For example, in a given month 5,000 households might benefit from Care Group services in a given catchment area, of whom, 2,100 individuals are from IMPACT identified vulnerable households. IMPACT supports the targeting of such vulnerable households and ensures their inclusion in VSL and Care Group activities. For Lilongwe, Dedza and Zomba Catholic Health Commissions, VSL and Care Groups represent new activities and these partners will be establishing these groups in their program areas. To identify the individuals benefiting from multiple services the activity specific data collection forms will be used as described above.

E. Data Quality Assessments

The strategy outlined above, including the combination of unique identifiers for highly targeted beneficiaries and activity-based reporting for wider interventions, provides reports of good quality while ensuring a reasonable level of effort and cost. In addition, on a semi-annual basis, the IMPACT M&E Technical Quality Coordinator, supported by DCoP, OVC TQC and Care and Support TQC, will conduct field-based data verification exercises. During these visits, indicators from partner MIS records will be selected at random for verification through data collection forms and end-users (beneficiary checks). Community consultations will form an important component of this strategy; it will not merely consist of a desk-based review. The correlation of information from the electronic data base, paper or electronic data collection forms, and direct confirmation with community beneficiaries will triangulate reports and provide robust data quality. Any inconsistencies identified will be documented and discussed with

implementing partner and senior management staff and will be raised with the IMPACT DCOP for further action.

To assure quality of data gathered by partners, IMPACT has conducted orientation for partners on importance of data quality and actions required at each level. Partners have been equipped with data collection tools and these will be produced centrally on a quarterly basis to ensure availability and accuracy. The M&E TQC will also provide guidance to partner staff to conduct routine data quality checks within their offices. In addition, MPACT will consult with USAID Strategic Information Advisor on a regular basis to obtain technical support, clarify USAID/PEPFAR data quality requirements, and discuss outputs.