

Core OVC Program Impact Indicators

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1. Introduction

Our **long-term objective** is to develop two quantitative OVC program impact data collection tools, one which measures child outcomes, and one which measures caregiver/households outcomes, for application in household surveys as part of baseline/midline/endline evaluations. These tools will be easy to implement with limited support from international organizations, but are intended to be implemented by trained data collectors, and not by community-based service providers or home visitors. Tools will require basic adaptation across countries, but will be developed for global application, and will include a model survey protocol, analysis plan, report template and training materials. The **purpose** of developing these tools is three-fold:

- To enable and standardize the production of population-level child and caregiver well-being data beyond what is available from routine surveys,
- To produce actionable data to inform programs and enable mid-course corrections,
- To enable comparative assessments of child and caregiver well-being and household economic status across a diverse set of interventions and geographical regions

Our **short term-objective** was to build consensus on minimum set of evaluation measures/questions for pilot testing in multiple OVC program evaluations in 2012/2013. These questions needed to be relevant to international child wellbeing program interventions, but not necessarily attributable to PEPFAR. *This document presents this minimum set of evaluation measures/questions.*

2. Methodology

Our approach to this scope of work was to identify and catalogue as many OVC indicators as possible, and then critically assess indicators against agreed inclusion criteria to achieve a minimum set.

As a first step, we carried out an extensive literature review, and review of international and national child wellbeing/OVC tools and indicators, OVC program evaluation tools, national OVC M&E plans, and indicators used in large surveys such as DHS, MICS, etc. The result was a catalogue of over 600 child and household wellbeing indicators.

We then applied the eight criteria in *Box 1*, to each of these indicators, and rejected those that did not fit. The result was a shorter list of measures/questions for discussion with an internal MEASURE Evaluation working group.

The MEASURE Evaluation

working group re-evaluated each measure/question against the criteria, discussing and documenting

Box 1: Eight criteria

1. Does the question/measure refer to impact/outcomes? (vs. inputs or outputs)
2. Do program interventions have the capacity to change result?
3. Is the question/measure relevant across a wide range of interventions (PEPFAR/OVC, system strengthening, protection, etc.)?
4. Does the question/measure contribute to a holistic vision of child wellbeing?
5. Can responses be verified (by documentation or another person or source)?
6. Is the question/measure easy to implement across different data collector skill levels?
7. Is the question/measure relevant across different regions / countries?
8. Is the question/measure relevant (or easily adapted) across age and sex?

indicator limitations and data use/actionability. The result was a list of 14 draft measures/questions for external stakeholder review.

Our approach to convening an external working group was to be as participatory as possible. We solicited review from 49 stakeholders and stakeholder groups including implementing partners, donors, national OVC teams, universities, projects and task forces, and posted the indicators on ChildStatusNet and a notice on OVCSupport.net. The external working group focused on: (1) the strengths and weaknesses of individual questions; (2) recommendations for improving questions/set of questions (including addressing gaps); and (3) the usefulness of questions/information in evaluating and strengthening OVC programs. With these stakeholders, and the USG OVC Technical Working Group, we finalized a core set of 12 child wellbeing indicators and three household wellbeing indicators. We revised the wording of some of the indicators and associated survey questions after piloting testing in Nigeria and Zambia. As we learn more about the validity and reliability of measures, indicators will be updated accordingly.

3. Core Indicators

The following set of 12 child and three household wellbeing indicators/suggested survey questions is recommended for use in OVC program evaluations, but use of these questions is not required by USAID. These questions do not form a composite indicator of child wellbeing, and this set of questions is not a standalone data collection tool. This minimum set of indicators/questions has been integrated into a comprehensive data collection tool for use in OVC program evaluations and other related surveys.

Indicators presume a household-centered approach to evaluation, where all children in the household are interviewed, regardless of whether they are enrolled in any program, in addition to the primary caregiver. Indicators and survey questions presume that children aged 10 and over will be interviewed directly following guardian consent and child assent procedures, and information about children under age 10 will be gathered directly from the primary caregiver. To this end, questions included in this document are phrased to represent both: “have you” representing the variation that would be asked of children directly (10 and over) and “has the child” representing the variation that would be asked of the caregiver (under 10). Not all questions are relevant for all ages.

All indicators are accompanied by a suggested survey question. All suggested survey questions must be piloted and adapted to ensure that they produce valid data on the indicator. The goal is always to maintain the integrity of the indicator; questions may be refined. Specifically during translation, it is important to agree a variation that maintains the core meaning of the question, not translate verbatim.

For many indicators, we have suggested additional linked questions that complement the core set. Similarly, recommendations for basic disaggregation according to international standards are included, but should be reviewed and adapted to align with in-country standards and recommendations.

Basic demographic indicators/survey questions are not included here, but are assumed to be part of any OVC program evaluation data collection tool. These indicators presume that the following information will be collected at a minimum: sex, age, location (rural, urban), sub-national level geographical area

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(e.g., province/state, district/local government authority), whether child is living with biological parent or not, and number of household members (under 18, 18 years and over).

Table 1. Summary of 12 child and 3 household wellbeing indicators

Child wellbeing (CW) indicators		
Indicator		Suggested survey question
CW.1	Percent of children malnourished	<ul style="list-style-type: none"> 6-59 months old (<5 years): measurement of middle-upper arm circumference (MUAC) ≥60 months old (5+ years): measurement of weight and height (note: new guidance on use of MUAC for older children is expected)
CW.2	Percent of children <5 years with recent diarrhea	Has the child had diarrhea in the two weeks preceding the survey?
CW.3	Percent of children <5 years with recent fever	Has the child had a fever in the two weeks preceding the survey?
CW.4	Percent of children who are too sick to participate in daily activities	At any point in the last 2 weeks, have you / has the child been too sick to participate in daily activities?
CW.5	Percent of children >2 years reporting irregular food intake	Have you / has the child gone a whole day and night without eating in the last 4 weeks?
CW.6	Percent of children 1-5 years fully immunized	Do you have a card where [NAME's] vaccinations are written down? ... Has [NAME] received....?
CW.7	Percent of children with basic shelter	Is the place that you / the child slept last night protected from the weather?
CW.8	Percent of children aged 10-17 years reporting basic support	<ul style="list-style-type: none"> Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? Do you have someone in your life to help with daily chores if you were sick? Do you have someone in your life that shows you love and affection? Do you have someone in your life to do something enjoyable with?
CW.9	Percent of children who have a birth certificate / identification card	<ul style="list-style-type: none"> Does the child have a birth certificate or registration / ID card? Could you please show me [NAME's] birth certificate?
CW.10	Percent of children >5 years currently enrolled in school	Are you / is the child currently enrolled in school?
CW.11	Percent of children >5 years regularly attending school	During the last school week, did you / the child miss any school days for any reason?
CW.12	Percent of children >5 years who progressed in school over time	<ul style="list-style-type: none"> What grade are you in now? What grade were you in during the previous school year?

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Household wellbeing (HW) indicators		
Indicator		Suggested survey question
HW.1	Percent of households in which caregiver reports basic support	<ul style="list-style-type: none"> • Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? • Do you have someone in your life to help with daily chores if you were sick? • Do you have someone in your life that shows you love and affection? • Do you have someone in your life to do something enjoyable with?
HW.2	Percent of households able to access money to meet important family needs	<ul style="list-style-type: none"> • Did your household incur any food-related expenses in the last four weeks? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you bought any food for eating or cooking, where did the money come from? • Did your household incur any school-related expenses in the last 12 months? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you had to pay for any school-related expenses, where did the money come from? • Did your household incur any unexpected household expenses, such as a house repair or urgent medical treatment, in the last 12 months? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you had to pay for an unexpected household expense, such as a house repair, or urgent medical treatment, where did the money come from?
HW.3	Percent of households that are food insecure due to lack of resources	In the past 4 weeks, was there ever no food to eat of any kind in your household because of a lack of resources to get food?

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Indicator CW.1	Percent of children malnourished
Measure	<ul style="list-style-type: none"> • Measurement of middle-upper arm circumference (MUAC) • Measurement of weight • Measurement of height
Disaggregation	<p>Sex: male, female</p> <p>Age group: <5 years (6-59 months), 5-9 years, 10-14, 15-17 years</p> <p>Relationship to guardians: living in household with at least one biological parent; living in household without biological parents</p> <p>Location: urban, rural</p>
Description	<p>Percent of children with physical growth below international growth standards:</p> <ul style="list-style-type: none"> - Percent of children aged 6-59 months with mid- upper arm circumference (MUAC) measurement < 110 mm - Percent of children aged 5-17 years with (body mass index) BMI-for-age less than two standard deviations below World Health Organization international growth standards
Formula and Calculations	<p>BMI formulas differ across modes of measurement:</p> <p>Formula (metric system): <i>weight in kg / squared height in metres</i></p> <p>With the metric system, the formula to calculate BMI is weight in kilograms divided by height in metres squared. If height is measured in centimetres, an alternate formula is to divide the weight in kilograms by the height in centimetres squared, and multiplying the result by 10,000.</p> <p>Formula (British system): <i>weight in lbs / squared height in inches, multiplied by 703.</i></p> <p>With the British measurement system, ounces (oz) and fractions must be changed to decimal values. Then, calculate BMI by dividing weight in pounds (lbs) by height in inches squared and multiplying by a conversion factor of 703.</p>
Recommended Linked Questions	We recommend collecting all three anthropometric measures of children of all ages, where acute malnutrition is expected. However, there is currently no internationally agreed cut-off for MUAC or BMI for children aged 6-17 years.
Special Considerations	Measurement should be implemented after rigorous training and proper supplies: measuring tape and scale. Countries should adapt measurement and age ranges to match national standards. Importantly the scale should be placed on a hard surface (concrete or tile). The type of ground on which the scale is placed will greatly affect the measurement. Do not place the scale on dirt/mud, grass, or another soft surface.
Interpretation	MUAC: indicates severe malnourishment and a recommended threshold of admission to therapeutic feeding programs. MUAC can be used to identify moderate

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	<p>malnutrition, although there is no international agreement on such use and standardized cut-offs. In general, cut-offs for moderate malnutrition are 120 mm or 125 mm for children under 5 years.</p> <p>BMI: is useful to measure child growth when it is plotted against a child's age. WHO international growth monitoring charts facilitate easier plotting and growth analysis of individual children. BMI less than three standard deviations below World Health Organization Standards is considered severe thinness compared to less than two standard deviations which is considered less severe (moderate) thinness.</p> <p>Variation of measurements and indicator definitions across age groups (MUAC vs. BMI) are necessarily different and should not be compared, but rather analysed separately.</p>
Useful Information	<p>Comprehensive guides, training aids and online calculation tools are available to facilitate accurate measurement and calculations, such as:</p> <p>http://www.who.int/growthref/who2007_bmi_for_age/en/index.html</p> <p>http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/childrens_bmi_for_mula.html</p> <p>http://www.who.int/childgrowth/training/module_b_measuring_growth.pdf</p> <p>http://www.who.int/nutrition/publications/severemalnutrition/9789241598163_eng.pdf</p>

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Indicator CW.2	Percent of children < 5 years with recent diarrhea
Suggested Question	Has the child had diarrhea in the two weeks preceding the survey?
Description	<p>Children 0-4 years old who had diarrhea at any time in the two-week period prior to the survey, as reported by caregiver, another household member or the child.</p> <p>Diarrhea is defined as the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual (World Health Organization). Dehydration caused by severe diarrhea is a major cause of morbidity and mortality among young children and an indicator of overall child health.</p> <p>This question and suggested linked questions are from the DHS.</p>
Disaggregation	<p>Sex: male, female</p> <p>Location: urban, rural</p>
Recommended Linked Questions	<ul style="list-style-type: none"> • Did you seek advice or treatment for the diarrhea from any source? • Where did you seek advice or treatment? • Was he/she given any of the following to drink at any time since he/she started having the diarrhea: (a) a fluid made from a special packet (insert local a name for ORS packet); (b) a pre-packaged ORS liquid; (c) a government-recommended homemade fluid?
Special Considerations	It is important to ask if the child is still suffering from the illness, and if so, link the child to care / treatment.
Interpretation	<p>Comparisons with other data sets should occur across similar demographics only.</p> <p>Interpretation of findings should consider that the prevalence of diarrheal disease varies seasonally and the comparability of results over time and across countries may be affected.</p>
Useful Information	http://www.who.int/topics/diarrhoea/en/

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Indicator CW.3	Percent of children < 5 years with recent fever
Suggested Question	Has the child had a fever in the two weeks preceding the survey?
Description	Children 0-4 years old who had a fever at any time in the last two weeks, as reported by caregiver, another household member or the child. Fever is a symptom of acute childhood illnesses and malaria, which contribute to child malnutrition and mortality and an indicator of overall child health. This question and suggested linked questions are from the DHS.
Disaggregation	Sex: male, female Location: urban, rural
Recommended Linked Questions	<ul style="list-style-type: none"> • Did you seek advice or treatment for the diarrhea from any source? • Where did you seek advice or treatment? • At any time during the illness, did [NAME] take any drugs for the illness?
Special Considerations	It is important to ask if the child is still suffering from the illness, and if so, link the child to care / treatment.
Interpretation	Comparisons with other data sets, e.g. DHS, should occur across similar demographics only. Although not all fevers are associated with malaria incidence, interpretations of findings should consider that malaria prevalence varies seasonally (usually higher rates in the rainy seasons) and, as a result, comparability of results over time and across countries may be affected.

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Indicator CW.4	Percent of children who are too sick to participate in daily activities
Suggested Question	At any point in the last 2 weeks, have you / has the child been too sick to participate in daily activities?
Description	<p>Percent of children who have been too sick to participate in daily activities at any time during the two weeks preceding the survey, as reported by caregiver, another household member or the child.</p> <p>Too sick is defined as any physical or mental health condition that prevented the child from participating in daily activities. Daily activities should be defined and interpreted by the caregiver / child according to the respondent's specific situation.</p>
Disaggregation	<p>Sex: male, female</p> <p>Age group: <5 years, 5-9 years, 10-14, 15-17 years</p> <p>Location: urban, rural</p>
Recommended Linked Questions	None
Special Considerations	<p>It is important to ask if the child is still suffering from the illness, and if so, link the child to care / treatment.</p> <p>For children under 10 years old questions should be directed to the caregiver. The potential variation in child versus caregiver responses may affect ability to compare across age groups.</p>
Interpretation	This is an indicator of broad child health and compliments CW.2 and CW.3 to indicate moderate-to-severe illness that may not yield fever and /or diarrhea. This can also indicate mental and physical health.

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Indicator CW.5	Percent of children reporting irregular food intake
Suggested Question	Have you / has the child gone a whole day and night without eating in the last 4 weeks?
Description ¹	Percent of children who did not eat from the time they awoke in the morning to the time they awoke the following morning for any reason (i.e., lack of food availability, unequal household distribution, etc.), as reported by caregiver, another household member or the child.
Disaggregation	Sex: male, female Age group: <5 years, 5-9 years, 10-14, 15-17 years Relationship to guardians: living in household with at least one biological parent; living in household without biological parents Location: urban, rural
Recommended Linked Questions	Question is taken from the FANTA Scale. Evaluators are recommended to use the full FANTA Household Hunger Scale.
Special Considerations	For children under 10 years old questions should be directed to the caregiver. The potential variation in child versus caregiver responses may affect ability to compare across age groups.
Interpretation	<p>This is an indication of irregular food intake for any reason. This indicator may represent household food insecurity, or inequity in food distribution among household members/children. Analysts should compare results between all children in the household, and consider any reports of famine and poor harvest. Analysts should also compare individual level results with those for children reporting recent illness as irregular food consumption may be the result of illness rather than food insecurity. Results should be linked to indicator CW.1 to see if children reporting irregular food intake are the same as children with below standard MUAC/BMI, or if children with below standard MUAC/BMI can be predicted by children reporting irregular food intake at a previous survey point.</p> <p>Adaptations and definitions for this indicator may vary across evaluation tools and data should only be compared across similar indicator variations. Consideration should be given if the question targets a single child or the entire household (i.e. if a single child has gone a whole day and night without food versus if anyone in the household has gone a whole day and night). Interpretation and comparison of findings should also consider if low food intake is defined as not eating because of lack of food or more broadly because of any reason (i.e. inequity within the household, or other).</p>
Useful Information	http://www.fantaproject.org/publications/hhs_2011.shtml

¹ Source, FANTA: http://www.fantaproject.org/downloads/pdfs/HHS_Indicator_Guide_Aug2011.pdf

Indicator CW.6	Percent of children < 5 years fully immunized
<p>Suggested Question</p>	<ul style="list-style-type: none"> • Do you have a card where [NAME's] vaccinations are written down? <i>If YES -- May I see it please?</i> <i>Record immunizations from vaccination card and probe about any missing records.</i> • Has [NAME] received a vaccine against tuberculosis, that is, an injection in the arm or shoulder, that usually causes a scar? (BCG) • Has [NAME] received the polio vaccine, that is, drops in the mouth? • Has the child received OPV0, that is the first polio vaccine normally received in the first two weeks after birth? • Has the child received OPV1, that is the second polio vaccine? • Has the child received OPV2, that is the third polio vaccine? • Has the child received OPV3, that is the fourth polio vaccine? • Has the child received the DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? • How many times was the DPT vaccine received? • Has the child received a measles injection, that is, a shot in the arm at the age of 9 months or older – to prevent him or her from getting measles?
<p>Description</p>	<p>Percent of children who receive complete standard minimum set of vaccinations, as defined locally, at any time before the survey and as reported by caregiver <i>and verified by observation of health card</i>. General minimum set includes DPT1-3, OPV-1-3, BCG and measles vaccines with possible variations across countries.</p>
<p>Disaggregation</p>	<p>Sex: male, female</p> <p>Age group: 0-11 months, 12-23 months, <5 years</p> <p>Relationship to guardians: living in household with at least one biological parent; living in household without biological parents</p> <p>Location: urban, rural</p>
<p>Recommended Linked Questions</p>	<p>None</p>
<p>Special Considerations</p>	<p>Age disaggregation should align with national standards. For example, if the national standard is for children to be fully vaccinated by age 2, children under age two should not be included in results. Alternatively, children older than 2 years of age, are counted as fully immunized only if they have received <i>all</i> immunizations included in the national minimum set.</p> <p>If national standards are not yet established, international WHO / UNICEF standards on the complete set of immunizations, and age standards, should be the default.</p>

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	Children who have not received ≥ 1 of the minimum standard vaccinations should not be recorded as fully immunized.
Interpretation	<p>This is an indication of access to preventive health services, and may predict future health status among the sampled population. Care should be taken in extrapolating findings to acceptability of services/immunizations; indicator may be a better indication of infrastructure and costs associated with seeking healthcare.</p> <p>Required verification of health cards will underestimate the actual percentage of children that have been fully vaccinated as some children who have been fully vaccinated may not have their health card readily available for observation.</p>

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Indicator CW.7	Percent of children with basic shelter
Suggested Question	Is the place that you / the child slept last night protected from the weather?
Description	<p>Percent of children who slept in a place protected from weather (i.e., rain, wind, etc.) the night proceeding the survey, as reported by caregiver, child <i>and</i> supplemented by direct observation (viewing the place the child slept).</p> <p>Protected from the weather is defined as a place with structure adequate to keep the child dry and warm, i.e. hypothetically, if it had rained last night, would the child have been kept dry in the place they slept?</p>
Disaggregation	<p>Sex: male, female</p> <p>Age group: <5 years, 5-9 years, 10-14, 15-17 years</p> <p>Relationship to guardians: living in household with at least one biological parent; living in household without biological parents</p> <p>Location: urban, rural</p>
Recommended Linked Questions	None
Special Considerations	None
Interpretation	This is an indication of both household economic status and child equity within households. Analysts should compare results between all children in the household.

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Indicator CW.8	Percent of children with basic support
Suggested Question	<ul style="list-style-type: none"> • Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? • Do you have someone in your life to help with daily chores if you were sick? • Do you have someone in your life that shows you love and affection? • Do you have someone in your life to do something enjoyable with?
Description	<p>Percent of children aged 10-17 years who report that they have at least one person in their life who provides (1) emotional support; (2) tangible support; (3) affectionate support; and (4) social support.</p> <p>Person providing help can be someone internal (parent, grandparent, sibling, etc.) or external (a community member, neighbor, religious leader, friend, etc.) to the household. "Someone" is any person, regardless of age.</p> <p>These questions come from the Rand Corporation Medical Outcomes Survey.</p>
Disaggregation	<p>Sex: male, female</p> <p>Age group: 10-14, 15-17 years</p> <p>Relationship to guardians: living in household with at least one biological parent; living in household without biological parents</p> <p>Location: urban, rural</p>
Recommended Linked Questions	None
Special Considerations	<p>Questions measure four different types of support: emotional, tangible, affectionate and social. If, during piloting, the responses to all four questions are generally uniform, in that if respondent responds "yes" to any one, they respond yes to all, and if they response "not" to any one, they respond no to all, then investigators may decide to include only one of these questions. The last question "someone to have a good time with" was the most challenging for respondents in piloting, and requires further testing.</p>
Interpretation	<p>This is an indicator of felt support. Indicator does not provide information on whether support is ever offered or given; only that child feels that there is someone they can go to, to meet their emotional, tangible, affectionate and social support needs. Indicator does not provide information about the suitability of that person to meet those needs.</p>

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Indicator CW.9	Percent of children who have a birth certificate / identification card
Suggested Question	<ul style="list-style-type: none"> • Does the child have a birth certificate or registration / ID card? • Could you please show me [NAME's] birth certificate?
Description	Percent of children aged 0-17 years with a birth certificate and / or identification (ID) card issued by appropriate Government authorities, as reported by caregiver <i>and</i> verified by observation. Birth certificate and registration ID card are defined as the official in-country identification documents (that often facilitate access to services).
Disaggregation	<p>Sex: male, female</p> <p>Age group: <5 years, 5-9 years, 10-14 years, 15-17 years</p> <p>Relationship to guardians: living in household with at least one biological parent; living in household without biological parents</p> <p>Location: urban, rural</p>
Recommended Linked Questions	None
Special Considerations	None
Interpretation	This is a protection indicator. Results may indicate challenges in applying for and receiving birth certificates or identification cards; analysts should consider national processes of birth registration when interpreting results.

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Indicator CW.10	Percent of children currently enrolled in school
Suggested Question	Are you / is the child currently enrolled in school?
Description²	Percent of children aged 5–17 (or nationally appropriate age for school) enrolled in and attending structured learning program at the time of survey, as reported by the caregiver, another household member, or the child.
Disaggregation	Sex: male, female Age group: 5-9 years, 10-14 years, 15-17 years Relationship to guardians: living in household with at least one biological parent; living in household without biological parents Location: urban, rural
Recommended Linked Questions	CW.11, CW.12 <ul style="list-style-type: none"> • [If you / child are not currently enrolled in school]: Why are you / child currently not enrolled in school? Response options should be provided, but <u>not</u> read aloud: Examples: <ul style="list-style-type: none"> <input type="checkbox"/> No money for school fees, materials, transport or related expenses <input type="checkbox"/> Child has to help family make money by working <input type="checkbox"/> School is too far away / there is no school <input type="checkbox"/> Child is too sick to attend school <input type="checkbox"/> Child needs to care for sick family members <input type="checkbox"/> Child does not like school <input type="checkbox"/> Child is too young to attend school <input type="checkbox"/> Other: _____ (record response) • When was the last time you / child regularly attended school? Would you say it was less than a year or more than a year ago? • For children <5 years, or below the nationally appropriate age for primary school: Does [NAME] attend any organized or early childhood education program, such as a private or government facility, including kindergarten or community child care? (MICS4)
Special Considerations	Question should only be asked during the school year. If survey period corresponds to a school holiday, then the question should be reworded to ask if child is / will be enrolled in the upcoming year and / or if they were enrolled in the last school year.
Interpretation	School enrollment is important, but this information alone does not indicate school attendance, performance or completion. Results should be considered with those of indicators CW.11 and CW.12.

² World Vision Compendium of Indicators for Measuring Child Well-Being Outcomes, April 2011

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Indicator CW.11	Percent of children regularly attending school
Suggested Question	During the last school week, did you / the child miss any school days for any reason?
Description	Percent of children aged 6-17 (or nationally appropriate age for school) who did not miss any school days in the week preceding the survey (or last week school was in session), as reported by the caregiver, another household member or the child.
Disaggregation	Sex: male, female Age group: 5-9 years, 10-14 years, 15-17 years Relationship to guardians: living in household with at least one biological parent; living in household without biological parents Location: urban, rural
Recommended Linked Questions	CW.10 and CW.12 <ul style="list-style-type: none"> [If you / child missed any school days last week]: Why did you / child miss school days during the last school week? Response options should be provided, but <u>not</u> read aloud: Examples: <input type="checkbox"/> No money for school fees, materials, transport or related expenses <input type="checkbox"/> Child has to help family make money by working <input type="checkbox"/> School is too far away / there is no school <input type="checkbox"/> Child is too sick to attend school <input type="checkbox"/> Child needs to care for sick family members <input type="checkbox"/> Child does not like school <input type="checkbox"/> Other: _____ (record response)
Special Considerations	Question should only be asked during the school year. If survey period corresponds to a school holiday or a period when teachers are on strike, then respondents should be asked to recall the last week school was in session.
Interpretation	This is an indicator of school attendance. There are many reasons why a child may have missed school during the previous school week; a follow-up question asking why the child missed school is highly recommended to ascertain whether results are concerning. If survey is conducted during a school holiday or when teachers are on strike, and respondents are asked to recall the last time school was in session, interpretation should consider potential recall bias. Data collectors should also consider if the week in consideration was a full school week, or partial and, as a result, ability of data to be bias and comparable across age groups and over time.

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Indicator CW.12	Percent of children who progressed in school over time
Suggested Question	<ul style="list-style-type: none"> • What grade / form / year are you / is child in now? • What grade were you in during the previous school year?
Description	<p>Percentage of children aged 6-17 years (or national appropriate age for school) who report to have progressed in grade level over time.</p> <p>Or -- Percentage of children aged 6-17 (or national appropriate age for school) who have progressed in grade level over time, equivalent to the number of years between baseline and endline, as calculated by analysis of data across years. For example, a 9-year old child who completed grade / level 1 at baseline (year 1) and completed grade / level 2 or 3 at endline (year 3) would be considered a child who has progressed in school over time.</p>
Disaggregation	<p>Sex: male, female</p> <p>Age group: 6-9 years, 10-14 years, 15-17 years</p> <p>Relationship to guardians: living in household with at least one biological parent; living in household without biological parents</p> <p>Location: urban, rural</p>
Recommended Linked Questions	CW.10 and CW.11
Special Considerations	Question should refer to most recently completed school year, not current enrollment.
Interpretation	This is an indicator of progression in school over time, which is necessarily different than completion of age-appropriate education (a single point-in-time measure). Recommended age disaggregation should be interpreted as percent of children progressing through primary school and percent of children progressing through secondary school. It does assume children received passing marks / grades / scores to progress to the next level, which is an indicator of performance, but limited to describe performance beyond 'pass-fail'.

Household Wellbeing Indicators

Indicator HW.1	Percent of households in which caregiver reports basic support
Suggested Question	<ul style="list-style-type: none"> • Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? • Do you have someone in your life to help with daily chores if you were sick? • Do you have someone in your life that shows you love and affection? • Do you have someone in your life to do something enjoyable with?
Description	<p>Percentage of caregivers who report that they have at least one person in their life who provides (1) emotional support; (2) tangible support; (3) affectionate support; and (4) social support.</p> <p>Person providing support can be someone internal (spouse, child, etc.) or external (a community member, neighbor, religious leader, friend, etc.) to the household. "Someone" is any person, regardless of age.</p> <p>These questions come from the Rand Corporation Medical Outcomes Survey.</p>
Disaggregation	<p>Sex: male, female</p> <p>Location: urban, rural</p>
Recommended Linked Questions	None
Special Considerations	<p>Questions measure four different types of support: emotional, tangible, affectionate and social. If, during piloting, the responses to all four questions are generally uniform, in that if respondent responds "yes" to any one, they respond yes to all, and if they response "not" to any one, they respond no to all, then investigators may decide to include only one of these questions. The last question "someone to have a good time with" was the most challenging for respondents in piloting, and requires further testing.</p>
Interpretation	<p>This is an indicator of felt support. Indicator does not provide information on whether support is ever offered or given; only that caregiver feels that there is someone they can go to, to meet their emotional, tangible, affectionate and social support needs. Indicator does not provide information about the suitability of that person to meet those needs. May be useful to look at age disaggregation to determine support networks for younger versus older caregivers.</p>

<p>Indicator HW.2</p>	<p>Percent of households able to access money to meet important family needs</p>
<p>Suggested Questions</p>	<ul style="list-style-type: none"> • Did your household incur any food-related expenses in the last four weeks? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you bought any food for eating or cooking, where did the money come from? • Did your household incur any school-related expenses in the last 12 months? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you had to pay for any school-related expenses, where did the money come from? • Did your household incur any unexpected household expenses, such as a house repair or urgent medical treatment, in the last 12 months? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you had to pay for an unexpected household expense, such as a house repair, or urgent medical treatment, where did the money come from?
<p>Description</p>	<p>Percent of all households with ability to access money (savings, loan or tradable goods) to meet important family needs, as reported by caregiver / head-of-household.</p> <p>Households with caregiver reporting access to money through some source should be counted affirmatively. More in-depth analysis and interpretation guidance is included in the Interpretation Section below.</p> <p>Response options: a selected list of common household economic coping strategies specific to the region. In-country consensus on the strength of each coping strategy, relative to the other coping strategies should be developed. For example, access to personal savings may indicate household economic strength, while trading household goods may indicate a weaker ability of the household to deal with economic shocks. Adaptations to the response options should consider intended interpretation of baseline data, as well as interpretation over time to assess impact.</p> <p>Example response options: (Do not read; record one primary response only)</p> <p><input type="checkbox"/> Current income (cash)</p> <p><input type="checkbox"/> Savings</p> <p><input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Gift/given money</p> <p><input type="checkbox"/> Sold asset: specify _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Current income is defined as money recently earned. This includes money earned to pay for given expense (i.e. if respondent undertook “piecework” to pay for school fees this counts as “current income”). Savings is defined as cash on hand or easily accessible cash that was earned in the past (before the expense was incurred).</p>
<p>Disaggregation</p>	<p>Location: urban, rural</p>

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Recommended Linked Questions	None
Special Considerations	<p>Data collectors should verify responses with direct observation of household assets. If respondent answers “could not pay”, but household has liquid (e.g. TV) or productive assets (e.g. animals), response should be queried. It may be that the expense was not prioritized.</p> <p>Responses to the three questions should be analyzed separately, but data should be cross-checked between questions to assess quality of the set. If, for instance, the response to the first question about payment for food is “sell asset”, but the response to the third question (payment of unexpected household expense) is “current income”, there may be a problem with question validity in your population. If a respondent has income to use for a large unexpected household expense, then it is unlikely that they are selling assets to make a food purchase.</p>
Interpretation	<p>This is an indicator of access to resources to withstand shocks/unexpected costs. Analysts should consider the potential seasonality of employment / income source of the particular sample population, which may affect comparability of results over time and across countries.</p> <p>Analysts should also consider whether or not areas have access to microfinance and/or other economic strengthening initiatives (community savings groups) when analyzing data. Interpretations of access to money in the form of a loan should consider further analysis in to the long-term household benefits of the loan, specifically around the type and conditions (i.e. interest rates) of the loan.</p> <p>In light of these factors, analyst should consider feasibility and accuracy of comparing strong and weak coping strategies. Comparing data over time should consider shifts in household economic strength from baseline to endline. For example, a household that sold household assets (weak coping strategy) to pay for family needs at baseline that has access to personal savings (strong coping strategy) at endline may be interpreted as a desired program outcome.</p>

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Indicator HW.3	Percent of households that are food insecure due to lack of resources
Suggested Question	In the past 4 weeks, was there ever no food to eat of any kind in your household because of a lack of resources to get food?
Description	<p>Percentage of households that did not have food of any kind in the house, at any time during the last 4 weeks, because of lack of resources, as reported by the caregiver.</p> <p>Lack of resources is defined as food not being available through usual means of providing food, such as barter, garden, field, storage structures, income, etc.). This indicator does not consider food insecurity due to poor harvest or low availability of foodstuffs.</p>
Disaggregation	Location: urban, rural
Recommended Linked Questions	Question is taken from the FANTA Scale. Evaluators are recommended to use the full FANTA Household Hunger Scale.
Special Considerations	None
Interpretation	The availability of food from all sources varies seasonally and, as a result, comparability of results over time and across countries may be affected. Indicator may represent a poor harvest, low available of foodstuffs at the marketplace, and/or household poverty.
Useful Information	http://www.fantaproject.org/publications/hhs_2011.shtml http://www.fantaproject.org/downloads/pdfs/HHS_Indicator_Guide_Aug2011.pdf

Revisions following pilot testing

Following pilot testing these survey questions in Zambia and Nigeria, we have made some revisions. Revisions are outlined below:

No.	Suggested survey questions: Version 1	Suggested survey questions: Version 2 (after Zambia pilot)	Reasons for change	Suggested survey questions: Version 3 (after Nigeria pilot)	Reasons for change
CW.4	In the last 2 weeks, have you / has the child been too sick to participate in daily activities?			At any point in the last 2 weeks, have you / has the child been too sick to participate in daily activities?	In Nigeria some respondents were unclear whether “In the last two weeks” meant for the entire period, or at some point. Clarifying text was added.
CW.8; HW.1	Is there someone you / the child can go to, to help solve a problem?	<ul style="list-style-type: none"> Do you have someone in your life that you can confide in or talk to about yourself or your problems? Do you have someone in your life that can take you to the doctor if you needed it? Do you have someone in your life that shows you love and affection? Do you have someone in your life that you can have a good time with? 	Questions have been changed to reflect the four different types of support: emotional, tangible, affectionate and social.	<ul style="list-style-type: none"> Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? Do you have someone in your life to help with daily chores if you were sick? Do you have someone in your life that shows you love and affection? Do you have someone in your life to do something enjoyable with? 	We pilot tested the full Rand Medical Outcomes Study Social Support Scale in Nigeria and conducted reliability testing. These four questions scored most highly (see MEASURE Evaluation Pilot Test Report: http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit).
CW.12	What grade were you in last year?			<ul style="list-style-type: none"> What grade were you in during the previous school year? 	In Nigeria some respondents were unclear what “last year” meant. Clarifying text was added.
HW.2	<ul style="list-style-type: none"> If you needed money for an everyday family 	<ul style="list-style-type: none"> Thinking about the last time you bought any food for eating or 	Hypothetical questions proved to be challenging for	<ul style="list-style-type: none"> Did your household incur any food-related expenses 	A number of pilot test participants responded that they did not have this expense in the

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	<p>expense today, such as transportation, or food, how would you pay? (smaller expenses)</p> <ul style="list-style-type: none"> • If you needed money to pay for an unexpected household emergency today, such as a house repair, or urgent medical treatment, how would you pay? (larger expenses) 	<p>cooking, how did you pay?</p> <ul style="list-style-type: none"> • Thinking about the last time you had to pay for any school-related expenses, how did you pay? • Thinking about the last time you had to pay for an unexpected household expense, such as a house repair, or urgent medical treatment, how did you pay? 	<p>respondents in piloting. Version two questions are more concrete, asking respondents to recall a specific time when they made a payment.</p>	<p>in the last four weeks? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you bought any food for eating or cooking, where did the money come from?</p> <ul style="list-style-type: none"> • Did your household incur any school-related expenses in the last 12 months? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you had to pay for any school-related expenses, where did the money come from? • Did your household incur any unexpected household expenses, such as a house repair or urgent medical treatment, in the last 12 months? <i>If yes:</i> Was your household able to pay for these expenses? <i>If yes:</i> Thinking about the last time you had to pay for an unexpected household expense, such as a house repair, or urgent medical treatment, where did the money come from? 	<p>given time frame, or if they did, they could not pay. It was unclear if we were recoding data accurately. By separating out the questions (rather than including: “did not have this expense” and “could not pay”) in the response categories for the “how did you pay” question, we think responses will be more accurate. Response options were also simplified and limited to one primary response only.</p>
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