

A Resource Guide

Developing a Case Study of Programs Serving Orphans and Vulnerable Children

Resource 1: Case Study Contents



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ACKNOWLEDGEMENTS

FORTHCOMING

Cover photo by Sun Yu: Persona dolls from South Africa

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
CBO	Community Based Organization
CCC	Community Care Committee
CCF	Child Care Forum
DHS	Demographic and Health Survey
DIC	Drop-In Center
ESI	Enhancing Strategic Information
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
JSI	John Snow, Inc.
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
TSPH	Tulane University School of Public Health
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

INTRODUCTION

A program case study is an in-depth examination of a program model that culminates into a descriptive report. Case studies are not an evaluation; instead, they serve to document the detailed operations of a program, which are often absent from general program descriptions. They also offer a means to record and share important programmatic lessons with implementers and other stakeholders.

Program case studies have many uses for a variety of audiences. They may be used by program staff to document specific program models for reporting purposes or to foster increased awareness of the focal program to aid fundraising efforts. Program staff may also use case studies to document lessons learned that can be applied to other initiatives or to promote replication of a program model in different settings or among other agencies. Thus, other agencies can learn from a particular program's case study. Further, a case study provides an opportunity to systematically identify program challenges and can help guide programmers to areas in need of attention. In addition, policymakers and donors may rely on case studies to identify programmatic and funding priorities. Finally, researchers use case studies to draw conclusions about the merits and challenges of various program types.

The case study approach is applicable to many different types of programs, ranging from support for orphans and vulnerable children (OVC) to efforts to eradicate preventable diseases. This Resource Guide—*Case Study Contents*—is framed to support the development of OVC program case studies. It is the first in a series of two Resource Guides created for this purpose. The second guide—*Case Study Fieldwork*—is specifically designed to aid stakeholders in gathering information needed to complete the case study report.

The *Case Study Contents* guide details the recommended contents for an OVC program case study report. Ideally, it should serve as a reference prior to information gathering in the field as well as during report development.

This guide begins with a case study report outline and then provides details on the suggested content under the broad categories of:

- ❖ Setting the Stage
- ❖ Methodology
- ❖ Program Description
- ❖ Program Stakeholders
- ❖ Lessons Learned
- ❖ Future Directions
- ❖ Final Touches

Readers are also encouraged to refer to the second guide, *Case Study Fieldwork*. It includes guidance on information-gathering techniques, as well as tips for locating information sources and synthesizing data. It also contains practical resources including sample guides for conducting interviews and focus groups, guidelines for focus group logistics, consent forms, and an OVC case study description handout.

Not all of the suggestions in these Resource Guides will be appropriate for every case study, and the guides do not offer a comprehensive template for every type of case study. However, conscientious application of the recommendations in these guides can facilitate the creation of high-quality case studies with consistent format and content. Thus, users of this guide should thoughtfully consider and apply any necessary modifications according to the scope of the programs under study.

The information contained within these Resource Guides may be of use to programmers beyond the development of OVC program case studies. For instance, the suggested program aspects to document have broad relevance for program monitoring and improvement. The

authors hope that readers will continue to find useful applications for the guidelines provided.

These Resource Guides were developed by faculty and graduate students at the Tulane University School of Public Health (TSPH). Financial support was provided by the United States Agency for International Development (USAID) in South Africa.

This activity is one component of a larger USAID funded project—Enhancing Strategic Information (ESI) – implemented by John Snow, Inc. (JSI) in collaboration with TSPH. ESI is a five-year project initiated in July, 2008 with activities in South Africa, Swaziland, and Lesotho. The project’s goal is to provide useful and high quality health systems information throughout the region that contributes to sustainable policy planning and programmatic decision making. TSPH has been contracted by JSI to conduct OVC activities in South Africa that will serve to establish a stronger evidence base for OVC programming. These resource guides were designed to aid stakeholders to begin documenting program models and lessons learned from OVC initiatives in South Africa. Such knowledge will help to enhance future programming efforts.

Case Studies: Kenya, Tanzania, and South Africa

Case studies using the format promoted in these Resource Guides have been conducted in Kenya, Tanzania, and South Africa. These reports and their online locations are listed below.

Kenya

A Case Study: Integrated AIDS Program - Thika, Kenya (2008)
(<http://www.cpc.unc.edu/measure/publications/pdf/sr-08-41.pdf>)

Kilifi Orphans and Vulnerable Children Project (2007)
(<http://www.cpc.unc.edu/measure/publications/pdf/sr-07-35.pdf>)

Community-Based HIV/AIDS Prevention, Care, and Support Program (2007)
(<http://www.cpc.unc.edu/measure/publications/pdf/sr-07-36.pdf>)

Tanzania

The Tumaini Home-Based Care Program (2007)
(<http://www.cpc.unc.edu/measure/publications/pdf/sr-07-37.pdf>)

Mama Mkubwa Psychosocial Support Program: A Case Study (2007)
(<http://www.cpc.unc.edu/measure/publications/pdf/sr-07-38.pdf>)

South Africa

32 OVC Case Studies conducted by Khulisa Management Services (2008)
(<http://www.cpc.unc.edu/measure/our-work/health-areas/hiv-aids/ovc/>)

Case Studies can also be obtained on request via an email to ovcteam@tulane.edu

CASE STUDY OUTLINE

While the specific content of case studies will vary, even across program types they tend to have common features such as:

- ❖ Background and contextual information about the geographic area(s) in which a program is operating
- ❖ A description of the methodology employed to develop the case study
- ❖ Details on program operations including staff, beneficiaries, activities, services, and resources
- ❖ Lessons learned
- ❖ Future program plans

The adjacent box provides a template for a case study table of contents along with suggested page lengths for each section. Subsequent sections of this guide detail the suggested contents for each section.

The chapters and sections listed here promote a comprehensive and coherent depiction of most OVC program models. However, it is not imperative that all case studies be organized in this manner.

For instance, past case studies have re-ordered sections within the Program Model chapter or placed some of these sections elsewhere.

Case Study Table of Contents

Acknowledgements

List of Acronyms

Executive Summary (1-2 pages)

Introduction (1 page)

Orphans and Vulnerable Children in Country (1-2 pages)

Methodology (1 page)

Information Gathering
Focal Site

Program Model (10-12 pages)

Overview and Framework
Program Staff
Volunteers
Beneficiaries
Key Program Activities
Services Provided

Resources (1 page)

Donors
Community In-Kind
Contributors

Lessons Learned (5-7 pages)

Program Innovations and
Successes
Program Challenges
Unmet Needs

The Way Forward (1 page)

References

To obtain a Template:

A formatted Microsoft Word case study template can be obtained upon request from: ovcteam@tulane.edu

Program Staff, Volunteers, and Beneficiaries have been placed within the Resources Section. In addition, some case studies have included a separate chapter— Program Stakeholders— to describe Volunteers, Staff, and Beneficiaries along with Donors and In-Kind Contributors. While the order in which information is presented may be adjusted, it is nonetheless advisable that each of the suggested sections be included within the report.

Moreover, in some cases, the Table of Contents provided above may not be exhaustive of all potential case study content. A recent case study conducted in South Africa provided details on a program model designed to empower and support the care workers who visited OVC in their homes. Thus, the focus of the case study was not the children themselves. In this case, it was necessary to modify certain sections of the report format. For example,

the program's key activities and services for children and their families were summarized briefly in the Overview rather than in separate sections of the Program Description. The bulk of detail about the program concerned activities for the care workers.

While these and other minor adaptations to the outline may be appropriate for a given case study, major deviations may impede the ability to draw cross-program comparisons or to synthesize case study information among a series of related case studies. Therefore, users are advised to make only necessary modifications and to strive for overall consistency.

For each of the case study sections, suggested content and guidelines for writing and presenting information are provided throughout this guide. Some initial tips relevant to all of the sections are listed on the subsequent page.

Guidelines: Writing and Presenting Information

Details are important. Make sure to include enough detail to make the program understandable to someone who has no familiarity with it. This can best be achieved by providing specific examples and figures. As a draft version begins to take shape, have individuals with limited prior knowledge of the program read the report. Then ask them to describe the program based on their reading, to see how fully and accurately the description reflects what you have tried to convey.

Quotes can be powerful. Quotes can be an especially effective way to illustrate ideas expressed within the text. Remember to set them apart visually from the rest of the text, perhaps in a text box, and cite the source. Do not identify the source by name but instead indicate the source type (e.g., program staff, community organization staff, volunteers, parent or guardian beneficiary, child beneficiary, etc.).

Pictures make the program “real” to an outside reader. They are a valuable addition to any case study report. However, consent is required to include photos of individuals within published documents. There should be documented consent of all individuals who will appear in photos. For photos of children, both guardian consent and child consent must be obtained. **Appendix 4** in *Resource Guide 2: Case Study Fieldwork* provides a sample photo consent form.

Subheadings are helpful. If you have a large amount of text within a section, consider organizing the text using subheadings. For example, if the program offers the following activities under the Capacity Building heading—home-based care training, administrative training for partner organizations, leadership development workshops—offer separate subtitled explanations of each.

Tables can effectively convey information. Tables are a helpful way to present beneficiary demographics, provide summary data on the information gathering process, and quantify services offered by the program. Each table should have clearly labeled headings and provide sufficient information to meaningfully supplement the text. However, only include as much information in a single table as can be simply presented and readily understood.

Dates are necessary. Rather than using terms like “currently” or “in the last year,” provide specific timeframes such as “since July 2008.” Specific timeframes give the case study extended relevance. Additionally, always provide timeframes when reporting statistics; “300 beneficiaries were served between June 2007 and May 2008” is preferable to “the program serves 300 beneficiaries.”

Refrain from reporting statements that cannot be proven. It is tempting to make statements in the Executive Summary or Introduction about program impact. Phrases like “In 2007, the program improved the lives of 264 OVC” sound impressive. However, when there has been no evaluation of program impact, these statements CANNOT be included. Rather, statements must be unbiased and reflect verified processes, such as: “In 2007, 264 OVC participated in the program.”

SETTING THE STAGE

Following the Executive Summary, the first two sections of the report provide the reader with a comprehensive overview of the case study's purpose and context. The Introduction and OVC in Country sections are described below.

Introduction

This section introduces the concept and purpose of the case study. It further provides the reader with an overview of why OVC programs are important and necessary within the country. The introduction identifies the interventions examined as part of the case study, and acknowledges donor support for the program and the study. Keep in mind that this section only *introduces* these items. It should merely highlight aspects of the program, which will be described in greater detail in subsequent sections.

Suggested contents:

- ❖ *Country health and demographic statistics* – include available statistics that communicate country-level information. Use standard health and socioeconomic indicators from official sources.
- ❖ *Overview of OVC situation in country and service area* – describe the situation briefly, as the next section (OVC in Country) will provide greater detail. For example, a statement concerning the prevalence of orphans and children affected by AIDS.

Guidelines: Introduction

DO: Be succinct

This section should summarize the content contained within the subsequent, more detailed sections of the case study. Rather than writing two paragraphs explaining the goals, activities and services of the program, aim to state its key elements in one to two sentences. Remember that this is merely an introduction to the program. For example:

The program utilizes a multi-sectoral, community-based approach in addressing a number of issues related to care and empowerment of OVC and their families. The program concentrates on these issues through support and training of community volunteers to provide home-based care (HBC); diverse efforts to promote behavior change and raise awareness for HIV prevention; and direct material assistance for OVC.

- ❖ *Need for current program* – include explicit information about the need for the current program and succinctly describe the program history and purpose.
- ❖ *Methodology, audience and purpose of case study* – explain the rationale for writing and disseminating this information and provide a few sentences explaining the methodology of the study including dates of information-gathering activities.
- ❖ *Program and case study donors* – introduce these organizations within this section but remember more detail will be provided later in the Donors section.
- ❖ *Overview of program goals, main activities and services* – provide a few sentences introducing the program. After this section, the reader should have a basic idea of key program elements.

OVC in Country

This section describes the situation of OVC within the country context. Background information on the national landscape and OVC situation provides a natural beginning for discussions of OVC-related needs, the program's response, and the case study purpose.

Suggested contents:

- ❖ *Statistics related to OVC and households* – include any available and relevant country-level data, but be aware that reliable data are sometimes difficult to locate.
- ❖ *Major challenges faced by OVC* – describe issues such as illness, malnutrition, poverty, social stigma, lack of employment and educational opportunities, or other issues affecting OVC.

Guidelines: OVC in Country

DO: Provide statistical information

Statistical information related to the country and OVC situation lends credibility to arguments about the need for OVC programs and clarifies the context that the program operates within. Consider including estimates of OVC populations, HIV prevalence and issues facing these individuals.

DO: Cite sources

An in-text citation should accompany any statistics or other specific claims. Possible sources include the United Nations Joint Programme on HIV/AIDS (UNAIDS), Government Bureau (Ministry) of Statistics, or the Ministry of Health or Department of Social Development.

- ❖ *National OVC program landscape* – mention whether there is a country framework or national strategic plan in place for OVC programs. If so, explain how the program fits into that framework and how program staff collaborates with national agencies that have oversight of strategic plans.

Information Sources

A number of documents describing the context of OVC in country may be available from the program staff themselves. You can also obtain information from the websites of international organizations. Further, take advantage of resources available from country offices including the United Nations Children's Fund (UNICEF) and government offices such as the national commission responsible for HIV/AIDS and the Ministry responsible for OVC. Often these organizations will have publications available in a reading or research room that are not necessarily accessible on the internet. The list below includes suggested types of contextual documents to request, potential web resources, and an overview of the useful information that may be found within these sources.

Contextual Documents

- Background research (e.g., census reports or country reports)
- Needs assessments
- Situation analyses
- Relevant strategy documents (e.g., USAID strategic plans or national strategy documents)

Potential Web Resources

- **UNICEF** (<http://www.unicef.org/>)
 - Publications on programs for children
 - Statistics and Monitoring of issues for children
- **UNAIDS** (<http://www.unaids.org>)
 - Publications on the global AIDS epidemic
 - Country monitoring reports
- **Demographic and Health Survey (DHS)** (<http://www.measuredhs.com>)
 - Demographic and Health Survey country reports
- **World Bank** (<http://www.worldbank.org>)
 - Living Standards Measurement Survey country reports
 - Research and policy briefs
- **USAID South Africa** (<http://www.usaid.gov/sa>)
 - Strategy documents
 - Monitoring and evaluation reports
- **World Bank OVC Toolkit** (<http://info.worldbank.org/etools/docs/library/162495/index.htm>)
 - Information on how to support OVC in Sub-Saharan Africa
 - Links to additional OVC resources

Useful Information

- Country-level information about the OVC situation; OVC statistics; Additional public health concerns
- Demographic and health information for the population served; Population statistics; Ethnic or cultural factors that may affect HIV transmission or orphan care practices
- Program context within other government or non-governmental programs for vulnerable children

METHODOLOGY

The Methodology section is critical to validate any claims, recommendations and other substantive findings contained within the document. The reader must be provided with a clear and thorough understanding of who was involved in the case study research, when and how it was conducted and what resources were expended. Additionally, this section provides the most detailed explanation of the focal site - the program location that is the subject of this case study. This section describes the content for the Information Gathering and Focal Site sections of the report.

Information Gathering

This section should explain the process undertaken to gather all of the information for the case study and should indicate how, when, and from whom information was obtained. Specify the types of documents reviewed, as well as the number and type of in-depth interviews, focus group discussions, and direct observation activities conducted. Include the time period during which information was gathered, the number and gender of participants per focus group, and an explanation of any major limitations encountered during the research process. Information in this section should be as detailed as possible and based on careful, systematic documentation of the information-gathering process.

Guidelines: Information Gathering

DO: Be specific and detailed

Rather than briefly mentioning data collection efforts with text such as “In-depth interviews and focus groups took place,” be specific about the methods used. For example:

Researchers conducted two in-depth interviews with program staff, one focus group with OVC guardians and one focus group with volunteers. Each focus group contained six participants and was facilitated by a native Siswati speaker experienced in the methodology, using a semi-structured interview guide. Additionally, researchers carried out direct observation activities through participation in one volunteer training session and a half-day spent with a volunteer conducting home visits to OVC families.

Suggested contents:

- ❖ *Discussion of document review* – provide information on the types of program documents reviewed. Mention whether key documents were missing, incomplete or difficult to locate.
- ❖ *Description of groups/individuals interviewed* – indicate where interviews took place, number of interviews and description of participants by program role (e.g., volunteers, program staff or OVC guardians). Provide relevant details about interview participants such as age or gender. NEVER disclose participants' names or any potentially identifying information. Do describe any tools or instruments used in the study, and consider attaching blank copies as appendices.
- ❖ *Direct observation* – mention all program activities and services that were observed. Again, provide as much detail as possible regarding when the observation occurred, who was involved and what specific program activities were observed.

Focal Site

Many programs operate at a number of different geographic locations. The focal site is the specific location where some in-depth information is gathered for the case study, such as interviews with local program staff, focus groups with volunteers or beneficiaries, and/or the place of observations. For some case studies, this may include more than one site, if for instance, multiple program locations were visited. Provide as much information as possible on the focal site(s) so that the reader can understand the overall community context for the program. The focal site description should include characteristics that make the site(s) unique (consider the Information

Sources listed on page 16 as well as program staff insights). Additionally, provide a brief explanation of why each site was chosen for the case study.

Suggested contents:

- ❖ *Household demographics at the focal site* – include average household size, income, age, educational levels, or other current estimates that provide relevant insight about the population.
- ❖ *OVC focal site statistics* – provide statistics such as the estimated number of OVC and/or HIV prevalence in the area. If data on

the specific focal site are not available, provide data from the next largest geographical unit (e.g., district that includes the focal site).

- ❖ *Vulnerability of children* - detail any specific site characteristics related to the vulnerability of children, such as high prevalence of HIV/AIDS; lack of proper education facilities within the region; child protection or child labor issues; or stigma and discrimination.
- ❖ *Community or cultural factors* - discuss any practices that may affect HIV transmission or orphan care practices (e.g., migration patterns, wife inheritance, history of civil unrest) or other relevant community characteristics (e.g., proximity to major interstate, accessibility of care, treatment and prevention services).
- ❖ *Other public health concerns*- note other relevant public health issues in the area, such as poor sanitation, substandard housing conditions or limited access to education.

- ❖ *Additional relevant statistics* - include primary occupations or means of subsistence, education and literacy levels and infrastructure measures.

Guidelines: Focal Site

DO: Paint a comprehensive picture of the area

After reading this section, a reader with no knowledge of the focal site location should have a strong understanding of the characteristics of the area and local population. The section should offer contextual detail (with supporting references as available). Including a photograph of the site can also help depict the program environment.

DO: Remember to reference sources

Provide citations for any statistics you include. For qualitative information, identify the information source (e.g., program staff described the area as particularly vulnerable due to its proximity to the main interstate).

PROGRAM DESCRIPTION

It is important to detail the program's operations including its goals and objectives, activities, services provided, staffing structure, and beneficiaries. The text below describes case study report sections including: Overview, Framework, Key Program Activities, and Services Provided. A clear explanation of key aspects of the program in these sections provides a solid foundation for the findings in Lessons Learned. The next part of this guide elaborates on other key program elements: Program Staff, Volunteers, and Beneficiaries as well as Donor and Community In-kind Contributions.

Guidelines: Program Description

DON'T: Limit the content of interventions to those from a particular funding source

In efforts to capture the breadth of activities and services provided by OVC programs, all activities and services of the program should be included in the case study report. Therefore, these activities and services should not be limited to those supported by particular funders.

Overview

The Overview is the first opportunity to focus on the purpose and key elements of the program. This section should explain the program's mission, history, and areas of operation. It also provides a summary of key program elements, such as its' principal activities and services. Program implementation details can be briefly discussed in a paragraph summary with further elaboration in the corresponding sections. Additionally, the Overview should introduce the Program Framework with a brief explanation.

Suggested contents:

- ❖ *History of the organization and program* – provide key dates.
- ❖ *Total geographic area served* – list the areas where the program operates in addition to the focal site(s) for the case study. If possible, include a map to help illustrate program site locations.
- ❖ *Program goals and objectives* – consider presenting these as a bulleted or numbered list within the section.

- ❖ *Overview of partners* – name any partners directly involved with program operations and provide a brief description of their involvement. If the program has many partners, it may be helpful to include a table with names and roles of partner organizations.
- ❖ *Overview of key activities* – briefly describe the key activities. However, keep in mind that the Key Activities section will include more specific details. Key activities are not services, but instead, the mechanism by which services are delivered. For example, home visiting is an activity that facilitates the delivery of psychosocial support, general health, and/or educational services. Establishing Community Care Committees (CCC) are another activity that facilitates child protection services (e.g., they monitor child abuse in the community and/or help identify OVC).
- ❖ *Overview of services provided* – explain briefly the services provided. Details of service provision should be reserved for the Services Provided section. Services include tangible items, such as food parcels, and intangible items such as assistance with social grant applications provided to beneficiaries and their families by trained volunteers or staff members.

- ❖ *Program Framework* – introduce the framework by explaining the relationship between goals, activities, services and resources.

Guidelines: Overview

DO: Explain the unique history of the program

Each program will have a unique history. If the program is operated by a Community Based Organization (CBO) detail how and why the organization was formed. Consider including the agency's Mission Statement and any other distinguishing organizational features. If the program is operated by an international partner, describe notable past work in the country or region.

DO: Use the program's own language

Goals, objectives and activities should come directly from the program website, program documents or program management staff. Use the exact wording used by the program, and cite your sources.

DON'T: Include opinions

This section should be written without mention of difficulties related to program implementation. Provide a clear, unbiased account of the program operations and structure. Discussion of program strengths or weaknesses should appear in the Lessons Learned section, not the Overview.

Framework

This section provides a pictorial summary of the program, including its sources of support and partners, key activities, services and expected outcomes. The outcomes are those that the program aims to achieve at the child, guardian or community level. Example diagrams are provided in **Appendix 1** and the key elements of a framework are depicted below. Before developing the diagram, list program goals and objectives. Ensure that all information contained within the framework also appears in the text portion of the case study document, and use consistent language to describe program elements.

Suggested contents:

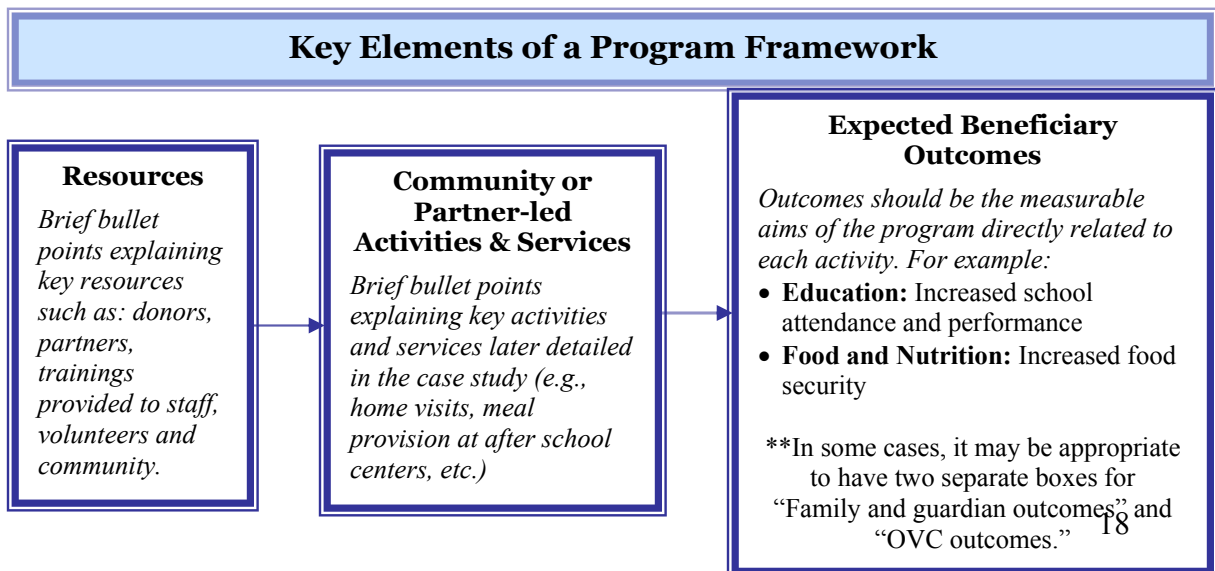
❖ *Goal and objectives*– state the overall aims of the program (e.g., to provide high-quality care and support to OVC; to build local capacity to develop and maintain sustainable OVC programs).

❖ *Resources* – provide brief bullet points listing the key inputs such as donor funding, in-kind contributions and other types of support (e.g., training, technical assistance).

❖ *Program activities* – provide brief bullet points referencing the program’s main activities. Ensure that all activities listed are discussed further in the Key Activities section of the text.

❖ *Any partner activity that contributes to outcomes and goals* – if partner activities play an integral role in the program, include information regarding these activities.

❖ *Expected outcomes* – list, in clear but not quantified terms, the outcomes the program aims to achieve (e.g., Education: increased school attendance and performance; Community Support: reduced discrimination and increased perceived social and community support).



Key Program Activities

Key Activities are the mechanisms by which services are delivered to OVC and their families. For example, home visiting is not a service but a way in which programs provide services, such as health and psychosocial services through the home visitor's provision of home-based care (HBC) and/or lay counseling. Another common activity is the establishment of Drop-in Centers (DIC). These centers serve as the forum by which the program may provide food, psychosocial, educational, and/or economic strengthening activities. Other examples of common key activities in OVC programs are described in the adjacent text box.

The Key Activities section of the case study report should explain in detail the principal activities of the OVC program. Each key activity of the program should be described separately in this section with corresponding sub-headings.

Keep in mind that every program is unique. While different programs may broadly refer to their activities in the same manner, such as "home visiting" or "community sensitization," the actualization of these activities may vary considerably between them.

Therefore, this section should provide sufficient detail to explain exactly what a particular activity looks like in the context of the program under study.

Common Key Activities in OVC Programs

The following six activities are commonly included in OVC programs:

- ❖ Home Visits
- ❖ Drop-In Centers (DIC)
- ❖ Child Care Forums (CCF)
- ❖ Community Sensitization
- ❖ Networking Activities
- ❖ Capacity Building Activities

Appendix 2 provides guidance for developing descriptions of these common activities. For case studies of programs that include any of the above activities, please refer to the Appendix when drafting interview questions and the Key Program Activities section of the report.

Examples of Additional Activities could include: Kids clubs, community center or clinic, community mobilization, and community food gardens.

Suggested contents for each Activity:

- ❖ *Explanation of the activity* – describe the activity in detail. Avoid generic descriptions and explain the unique features of the activity. Explain its purpose and briefly list the services that are offered through the activity. Services will be described in more detail in the next section.
- ❖ *Frequency and timing* – provide details on how often the activity is offered and at which times during the year/month/week/day the activity is offered. This information can and should be presented both from the program perspective and from the beneficiary perspective. For example, a program may provide 1,000 home visits per month; a program volunteer may perform 10 home visits per week; and beneficiaries may on average receive 1 home visit per month. If the frequency of an activity varies greatly, presenting only an average measure may obscure important operational aspects of the activity. In these cases, provide the range of values or additional description.
- ❖ *Location of the activity* – explain where the activity is offered. Potential locations may be a CBO office, a community center, a church, a school, or beneficiary homes. Also indicate whether the activity is offered at all sites or only certain program sites. If the activity is not offered at all sites, be sure to provide an objective explanation (e.g., activity is only appropriate for rural locations; implementation is phased and activity has not yet started in all sites).
- ❖ *Staff, volunteers and/or other community members involved in the activity* – describe who is involved in carrying out the specific activity. This description should include program staff and volunteers, but may also include any community members taking part, such as village leaders or teachers. Include information on the numbers of people involved. If applicable, describe training they have received to carry out the activity and relevant supervision or support provided.
- ❖ *Linkages with partner organizations* – if there are other organizations involved with the activity, detail their involvement. Explain how the program works with other government or community stakeholders to carry out the activity.
- ❖ *Linkages with other activities* – if the activity is related to other activities provided by the program (e.g. trainings offered at a drop-in center), explain the connection and how these activities are implemented together as part of the program.

Guidelines: Key Activities

DO: Provide a comprehensive description.

After this section, the reader should have a comprehensive understanding of the unique activities offered by this program. In addition to understanding the key activities, readers should understand who is involved in each activity and how frequently it takes place.

DO: Be neutral and unbiased.

The words used to explain these activities should be neutral and unbiased. Any reference to activity-related difficulties or successes, such as low participation or issues with long-term sustainability, should be saved for the Lessons Learned section.

DON'T: Duplicate the Services section.

Activities should be viewed as the mechanisms and functions necessary for service provision to OVC. A detailed explanation of services should occur in the next section, Services Provided. The example below helps to distinguish between an Activity versus Service. **Appendix 2 and Appendix 3** provide details on common types of activities and services.

Example: A trained volunteer visits 5 OVC households on a weekly basis. During these home visits, the volunteer provides one-on-one psychosocial counseling with the OVC and group counseling with the OVC, his/her guardian and other family members as needed. The volunteer also assesses the need for educational, economic or food and nutritional support. If applicable, the volunteer has a referral list of other organizations that can provide additional assistance in each of these areas.

Activity: In this example, the activity is home visiting. When writing this section remember to provide details about each of the activities (e.g. who conducts the home visits, their level of training, how often the visits occur, how many homes the trained volunteer visits, main purpose of the home visit, etc.).

Service: In this example, the trained volunteer provides psychosocial care in the form of one-on-one and family psychosocial counseling. It is important to describe the volunteer's level of training in psychosocial care. Food and nutritional support and education support are also provided through assessments and referral services. When writing these sections, include information on: the nature of the assessments; the types of organizations that are part of the referral system (e.g., churches, NGOs, CBOs; the type of services these organizations offer; and whether or not they have adequate follow-up systems in place.

Services Provided

Services are what beneficiaries receive from the program, including tangible items such as school supplies, temporary housing placement, food parcels or seeds for gardens and intangible items such as psychosocial counseling, tutoring, or legal advice. The box below provides a list of service categories based on USAID reporting domains. Additional detail about these services is provided in **Appendix 3**. These categories should be used wherever possible in descriptions of OVC program services, to facilitate comparison across programs.

OVC Service Categories

The following eight categories are commonly applied when reporting OVC services. These categorizations are based on reporting domains of USAID.

- ❖ Food & Nutritional Support
- ❖ Shelter
- ❖ Child Protection
- ❖ Health Care
- ❖ HIV Prevention Education
- ❖ Psychosocial Care
- ❖ Educational Support
- ❖ Economic Strengthening

Appendix 3 provides detailed descriptions and specific examples for each of the above service categories. It is advisable to refer to this Appendix when writing the case study and to inform the development of interview guides.

While there should be consistency in the broad categories included in this section (e.g. food and nutritional support, child protection, etc.), the goal is to provide details on the unique features of services offered by the particular program that is the subject of the case study. Include as much program-specific information on its services as possible. Also provide details about the reach and frequency of each service offered to OVC and their families.

Suggested contents for each Service:

- ❖ *Explanation of the service offered* - describe the service using information provided by the program. Aim to reveal the unique features of how the program provides the service, rather than offering a generic description. Explain the purpose of the service and provide information on the numbers of service beneficiaries. If additional beneficiary data are available, such as age, gender, or OVC status of beneficiaries, provide this detail. Descriptive tables can be useful to present this information.
- ❖ *Frequency and timing* - include information on how and when the service is offered. Remember to provide information from the program and beneficiary's perspective. For example, a program may provide 1,000 food

parcels per month, however; beneficiaries on average may receive one food parcel every three months.

- ❖ *Method of service delivery* - if information on service delivery appears in the Activities section, be sure to succinctly reference the activity or activities that is used to deliver the service. For example, food services may be provided via the drop-in center as well as food parcel distribution during home visits.
- ❖ *Location* - explain where the service is offered such as DICs or homes of beneficiaries. Also include information on whether the service is offered at all program sites, or only certain ones. If the service is not offered at all sites, explain why.
- ❖ *Staff, volunteers and/or other community members involved* - describe who is involved in the service and offer information on any training they received to provide the service (e.g. psychosocial support training). Also explain what types of supervision and support they receive from the program.

- ❖ *Linkages with partner organizations* - provide information on other organizations that are involved with the service (e.g. churches may permit the use of their kitchens and/or donate other supplies to allow program volunteers to prepare meals for OVC).

Guidelines: Service Descriptions

DO: Focus on services for OVC and their families

Keep in mind that this section should provide information on services for OVC and their families. Any services that are provided to staff or volunteers (e.g. training, incentives) should be explained in the Program Staff or Volunteer Sections. Further, activities provided at the community level such as training and mobilization of child care forums (CCF) would be described in the Activity section. In the Service section, focus on services for OVC and their families from the CCFs.

Do: Provide dates for any figures provided

Example:

Between January 2009 and March 2009, 45 guardians were trained in HIV Prevention Education by three social workers.

PROGRAM STAKEHOLDERS

The case study should also contain a description of key Program Stakeholders, with individual sections specific to Program Staff, Volunteers (if applicable), Beneficiaries, Donors, and Community In-Kind Contributors. These sections may be placed as part of the overall Program Model description or presented separately. Suggested content for each of these sections is described below.

Program Staff

This section should detail the staffing structure for the program. Provide enough detail to clarify the roles and responsibilities of staff members in relation to key activities and services offered. Some programs may be able to provide an organizational chart as well as job descriptions that could be used to develop this section.

Suggested contents:

- ❖ *Numbers and titles of paid staff* - detail specific titles of individual staff along with the programs they supervise.
- ❖ *Roles and responsibilities of key staff* - specify roles that staff members perform and duties that they are responsible for. Include levels of effort, particularly if the program

employs a significant proportion of its staff on a part-time basis.

- ❖ *Explanation of organizational chart* - explain the reporting and supervision structures for staff and include an organizational diagram if available.
- ❖ *Relationship with headquarters staff* - discuss the number and type of headquarters staff who support the program. This information may be included within the organizational chart discussion.
- ❖ *Qualifications and professional development* - explain specific position qualifications as well as any training or additional professional development offered to staff through the program.

Volunteers

If volunteers assist with any aspects of the program, this section should clearly explain their involvement. Be precise regarding which activities or services volunteers engage in, and explain the support, training and supervision volunteers receive from the program staff. If the program has subsets of volunteers who perform different functions or receive different trainings and incentives, be sure to provide details for each group.

Suggested contents:

- ❖ *Number and position of volunteers* – if applicable, detail specific titles of individual volunteers or groups of volunteers (e.g., 25 HBC volunteers, 5 volunteers who serve as HBC volunteer supervisors).
- ❖ *Roles and responsibilities of volunteers* - list roles performed with specific reference to activities and services (e.g. the HBC volunteers visit each identified OVC household once a week to provide counseling and assess additional needs of the family).
- ❖ *Relationship with program staff* – explain which staff members provide supervision and in what

form, describe reporting requirements and whether volunteers receive any other support from staff. Include volunteers in an organizational chart if one is presented.

- ❖ *Trainings for volunteers* - identify whether volunteers typically receive trainings during their time with the program. If so, include details regarding training contents, length and frequency. Mention who conducts specific trainings, whether they are accredited, the type of accreditation, and whether training culminates in any official certification.
- ❖ *Incentives or other benefits* – describe incentives or other gifts volunteers receive for their participation in the program. These may include: monetary stipends, transportation vouchers, bicycles, t-shirts, or skill-building opportunities like enrollment in income-generating training. If volunteers are provided monetary stipends, indicate the amount. Include information on the frequency of compensation and whether incentives are offered to all volunteers or limited to certain groups.

Guidelines: Staff and Volunteer

DO: Provide facts

Remember, this section gives a neutral description of program operations. Difficulties such as poor staff/volunteer retention, or successes like innovative incorporation of volunteers into program implementation, should be documented in the Lessons Learned section.

DO: Be clear about terminology

In some programs, volunteers are called “caregivers,” a term which can be easily confused with OVC family caregivers. If the program uses this or any other specific term to identify its volunteers, be sure to clearly define these terms to avoid confusion. Explain the role of each volunteer group to avoid misunderstandings related to titles.

DON'T: Forget the details

It is important that staffing explanations are succinct; however, don't omit useful information. For example, when describing the relationship between site and headquarters staff, include details about number of personnel and type of supervision, such as:

“Since the program operates in four locations, two headquarters staff divide supervision and support to the program locations. These headquarters Program Officers oversee two locations each in regards to financial and programmatic issues.”

Beneficiaries

This section should provide a clear description of the type and number of individuals the program serves. This will allow for comparison among programs and provide readers with information about the program's scope and reach. In this section, focus on individuals who directly benefit from the program (e.g., OVC, guardians, people living with HIV/AIDS or other community children and adults). Include as much detail as possible in descriptions of youth and guardian beneficiaries, including total numbers and demographics (such as ages and gender of children. Explain the methods the program uses to identify beneficiaries and enroll them in the program. Also describe the protocol for transitioning beneficiaries from the program, and any other procedures related to service cessation.

Suggested contents:

- ❖ *Number of beneficiaries served* – provide any data available about numbers served during current and/or past funding years. Remember to include dates (e.g., “The program served 800 children from January to December 2008. This represents twice the number of beneficiaries served during the same funding cycle in the previous year.”). Also, if available, be specific about number of total households served in addition to the number of children and guardians.
- ❖ *Demographics of beneficiary population* – provide any information available on age, gender, educational status, or other beneficiary characteristics.
- ❖ *Methodology for beneficiary identification* – explain the criteria for enrollment into the program and the manner in which children or families are identified. If there is prioritization for certain services or interventions, explain the process and its parameters.
- ❖ *Process and timing for enrollment of new beneficiaries* – explain opportunities to enlist new beneficiaries into the program after service provision to initial beneficiaries has begun. If the program does continue enrolling new beneficiaries, detail this process and its timing (e.g., is enrollment conducted on a rolling basis or at designated times, such as once every quarter).
- ❖ *Policy for graduation from program* – mention whether the program has a policy for identifying when beneficiaries are no longer in need of the program's services. If applicable, describe the graduation process and any additional follow-up activities post-graduation.

Donors

Most programs have multiple donors who provide technical and/or financial support. In some cases, there may be one main donor and several smaller donors. Donors tend to have specific criteria for the way in which their funds are used by the program. In this section, it is important to recognize the program's donors and specify the extent and nature of the support they provide.

Donors range from individuals and small businesses to local and international government entities as well as international NGOs. A list of donors may be obtained from program staff. Keep in mind that donor relationships are subject to change, therefore it is important to present the most current information. However, if

appropriate, past donor relationships that had a significant effect on the program can also be described.

Suggested contents:

- ❖ *Names and Figures* – provide names of each donor and, as appropriate, specify the percentage of overall program funding each donor provides. Do not include actual amounts.
- ❖ *Timeframes* – specify when the program first started receiving funds from a particular donor as well as the time period for funding provided.
- ❖ *Activities and services* – provide specific details on the types of activities and services the donor supports.

Guidelines: Donor Descriptions

DON'T: Report actual amounts provided

Financial information is sensitive and in some cases even confidential. Therefore while it is important to provide details, use the percentage of funding a particular donor contributes to the program rather than a specific amount. For example,

“From October 2008 to September 2009, the program received approximately 25% of its funds from USAID to support Early Childhood Development activities.”

Community In-Kind Contributors

Many programs receive some form of support from the local community through In-Kind Contributions. These are not necessarily limited to monetary contributions, but may include donations of goods or services. Examples of Community In-Kind Contributions include: food parcels, meals, clothing, toys, school uniforms, school supplies, sports equipment, donated space for OVC activities, donated office space, time volunteered to help maintain community food gardens, free health services such as mobile clinics, and medications.

It is important to recognize Community In-Kind contributors, who may include: individuals, schools, churches, traditional healers, tribal authorities, local businesses and other private sector agencies. In this section, describe in-kind donor entities, types of donations, and the frequency of these contributions.

Suggested contents:

- ❖ *Explanation of the contribution* – provide a detailed description of the types and quantities of in-kind contributions.
- ❖ *Community involvement* – describe the source of the in-kind contributions and their relationship to the program.
- ❖ *Frequency* – describe the frequency of contributions provided. For example, a local church may provide one meal per month for OVC or one entity may have made a one-time donation.
- ❖ *Beneficiaries* – specify the direct beneficiaries (OVC, guardians, OVC households, general community, etc.) of in-kind contributions.
- ❖ *Method of distribution* – describe the way in which in-kind contributions are distributed among beneficiaries. For example, a local government department may donate blankets, but they may be given to only the neediest children by program volunteers and/or staff during home visits.

LESSONS LEARNED

Lessons Learned should consider a myriad of aspects concerning program operations, including lessons learned from beneficiary selection and support, service delivery, community engagement and processes for promoting program sustainability. Sections within the chapter include: Program Innovations, Program Challenges, and Unmet Needs. This chapter identifies program challenges where additional ideas and support may be needed as well as innovative approaches that can be celebrated by the implementing agency and considered by other organizations. It should build upon the activities and services explained in earlier sections of the case study document. When drafting these sections, if you find that there is a need to introduce new information, revisit and revise the Key Activities and Services Provided sections to include this information. Only the Unmet Needs section should discuss information that has not been introduced elsewhere in the case study report.

Guidelines: Program Challenges and Successes

DO: Involve all points of view in identifying key challenges and successes

Be sure to utilize all information gathering processes to identify challenges and successes discussed within this section. During document review, begin forming an initial list of tentative conclusions regarding challenges and successes. During focus groups, in-depth interviews and direct observations, explore these challenges and successes and identify new ones.

Be attentive to small details (e.g., transportation for volunteers, computers for staff) as well as broader topics (e.g., insufficient national political support). Items that are consistently mentioned during sessions with different program stakeholders (e.g., staff, volunteers, beneficiaries, etc.) are appropriate to include within these sections.

Also include discussion of issues that a specific stakeholder group is consistently passionate about (e.g., “Lack of transportation assistance is perceived as a major barrier to fulfilling volunteer responsibilities, as consistently mentioned in volunteer focus group discussions”).

Program Innovations and Successes

This section provides information on substantial program innovations and successes. Try not to simply reiterate content from the Activities and Services sections of the Program Description. Instead, explain the specific ways in which aspects of the program have achieved success. Explain what made the activity and service delivery work well, and how success was defined. Successful aspects of the program may have begun as identified program challenges. For example, the case study might identify high rates of volunteer attrition as a program challenge and then explain the successful long-term solution the program was able to implement. Other examples may include how a program managed to promote community ownership, challenge stigma, establish referral systems, or empower beneficiaries to lead program activities.

Suggested contents:

- ❖ *Overarching summary statement as a sub-heading* – describe each innovation and identified success separately and present them with succinct overarching summary statements. Do not merely restate an activity or service (e.g., home visiting, food gardens) as the innovation. Instead, identify specific features that led to the success (e.g., small caseloads for volunteers conducting home visits improve visit frequency, OVC guardian leadership in food garden maintenance empowers participants). The best summary statement may not be readily apparent until after the innovations and successes have been described. Thus, begin writing and once the key element in a successful activity becomes evident, modify the summary statement to reflect it. Remember, the point is to identify and highlight unique, especially successful features of the program for program planning and others implementing similar initiatives.
- ❖ *Explanation of the success* – explain why each highlighted program aspect is considered a success. Give details about how this conclusion was made (e.g., common theme which emerged in 5 out of 7 focus groups).
- ❖ *Implications for the program* – If this success has improved operations or contributed measurably to other program objectives, explain here. Also provide information about any significant effects on program staff, beneficiaries or partners.
- ❖ *Useful information to share* – provide any additional information that would be helpful for similar programs seeking to replicate these innovations and successes.

Program Challenges

This section describes difficulties faced in implementing the program's activity and service model. This section should directly reference any obstacles to accomplishing program goals or objectives. In general, focus on ongoing challenges with program implementation (i.e., occurring two or more times). However, isolated events that had a direct and significant affect on the program (e.g. a natural disaster) may also be included in the Challenges section. Example topics for this section could include: high staff turnover, stigma and discrimination, monitoring and evaluation, identification of beneficiaries, community ownership, and sustainability. To facilitate understanding and comparability with other case studies, use concise overarching summary statements for each new challenge identified in the section.

Suggested contents:

- ❖ *Overarching summary statement as a subheading* – brief statement describing the challenge, including its general effect (e.g., reliance on community donations causes lack of continuity in services).
- ❖ *Explanation of the challenge* – describe the challenge. Give details about how this conclusion was made (e.g., common theme mentioned by program staff).
- ❖ *Implications for program operations/objectives* – explain the impact of this challenge on program activities and services including daily operations.
- ❖ *Implications for beneficiaries* – describe any impact on program beneficiaries due to the challenge. This may include service interruptions, delays or limitations and reductions in expected program outcomes at the beneficiary level.
- ❖ *Corrective actions* – if the program has identified or undertaken any possible solutions to the challenge, explain them here.

Guidelines: Lessons Learned

DO: Give details and guidance

When discussing program challenges and successes, be specific and avoid listing outcomes or reiterating program activities and services. For successes, indicate the reasons for success and discuss a replicable approach. Consider and explain what exactly the program is doing that makes the component work well. For example, if the program indicates their biggest success is grant linkage, explain why. Do not list “Grant Linkage” as the success, instead, elaborate: “Linking volunteers to social workers.” For challenges, it is usually appropriate to include potential solutions.

Unmet Needs

This section provides an opportunity to discuss any services which the program does not currently offer but that would be beneficial for OVC or their guardians. Unmet needs are not necessarily services that the program itself could or would initiate given current program goals and resources. This section is merely an observation and explanation of the principal identified unmet needs along with possible suggestions for meeting these needs (e.g. through partner organizations, referral networks, specific collaboration, or program expansion). Examples of unmet needs could include: lack of support for OVC in secondary school; limited legal protection for OVC within the country; or lack of psychosocial support and professional counseling services in the region. Instead of providing a list of all possible unmet needs, acknowledge two to four specific

needs identified as principal by case study participants, along with an explanation of the gap and possible corrective actions. Limit this section to a discussion of unmet OVC needs. Program needs (e.g., volunteer retention, staff training, etc.) should be incorporated into the Program Challenges section.

Suggested contents:

- ❖ *Explanation of need* - describe the unmet need and how it affects OVC and/or their families.
- ❖ *Reason for unmet need* - explain why this need has gone unmet (e.g., lack of necessary funding, need for additional partners, insufficient political support).
- ❖ *Suggested solutions* - if the program has identified possible solutions to the unmet need, explain here.

FUTURE DIRECTIONS

The Case Study concludes with The Way Forward - an opportunity to convey the programmers' future plans and visions for the organization. Information presented should be limited to actual plans or visions for enhancing service delivery shared by various program staff, and should not reflect the singular view of any one case study participant.

The Way Forward

This section should detail future plans for the program. It presents projected or planned changes or additions to program implementation. If program modifications are anticipated, describe them and their expected timelines, as well as any funding cycles influencing the roll-out. Beyond interventions, explain if there are other operational areas the program plans to address, such as activities related to financial development and sustainability. Additionally, if other organizations and programs are planning to begin operating in the same geographic

area, discuss how this might affect the program either as a complicating factor or positive development.

Suggested contents:

- ❖ Any projected or planned changes (either expansion or scaling back) in relation to:
 - Program objectives
 - Program activities
 - Services provided
 - Beneficiaries served
 - Geographic areas served
 - Program partners
 - Funding
 - Staffing

FINAL TOUCHES

Final touches to the case study document include: Executive Summary, Acronyms, Acknowledgements, and References. These sections may be drafted while writing other case study sections; however, they should be revisited as a last step to ensure consistency and completeness.

Executive Summary

This section provides a concise summary of the material contained within the report. Make sure to highlight key points from each section so that readers are able to glean the overall content of the case study from this section alone. The section should provide an overview rather than a great deal of detail, and introduce issues and concepts whose further explanation is left for the sections that follow.

Suggested contents:

- ❖ *Overview of OVC situation* – give a one-paragraph explanation of the key issues facing OVC in the country and program region.
- ❖ *Purpose of case study* – provide brief justification for the case study and, if applicable, people or organizations instrumental in developing it.
- ❖ *Reference to donors* – mention donors that provide support to the program, and if appropriate, those that funded the case study.
- ❖ *Case study methodology* – summarize the data collection methods (e.g., primary data sources and time period of case study development).
- ❖ *Program goals and objectives* – briefly summarize program goals and objectives.
- ❖ *Short explanation of program activities* – provide a few sentences summarizing the main program activities.
- ❖ *List of services provided* – highlight the key services offered by the program and modes of service delivery.
- ❖ *Program targets/beneficiaries served to date* – include the most recent data available regarding the number and type of beneficiaries the program serves.
- ❖ *Program challenges and successes* – include a few sentences summarizing the main points contained within the Lessons Learned and Unmet Needs sections. Refer to the subheadings

in these sections for guidance on key elements.

- ❖ *Anticipated program changes* – mention any major changes anticipated in the future (e.g. scale up, program discontinuation in certain areas).

Guidelines: Executive Summary

Do: Update your Executive Summary

When revisions are made to other sections, make sure that they are also reflected in the Executive Summary. Carefully review this section during final editing to ensure it is consistent with the rest of the text.

Acknowledgements

This is an opportunity to publicly recognize those who provided substantive assistance for the case study. This section should contain the full names of individuals and organizations that assisted with tasks such as background research, key informant interviews, editing, technical advising or funding. Additionally, if photographs are used within the document or on the

cover page, name their source. If photographs include individuals met as part of the case study, be sure to identify them and indicate that their consent for distribution of the photo was provided (see *Resource 2: Case Study Fieldwork*, **Appendix 5**). Further, acknowledge the funding source for the case study and any persons who reviewed draft versions of the document.

List of Acronyms

Provide an alphabetized list of all acronyms used within the case study, with the appropriate full phrase written next to each acronym. Upon final editing, review this list to ensure that all acronyms are included and correctly explained. Don't assume universal knowledge of acronyms, even common ones like OVC, HBC, and PLWHA. The first

time a term appears in the text of the report, spell it out and introduce the acronym. Note that an acronym is only needed if the phrase is mentioned more than one time in the manuscript (e.g., if Ministry of Health is only mentioned once throughout the document, there is no need to introduce the acronym MOH).

References

List all references used to compile the information included in the case study. This includes titles of data sources, dates of publication and authors. Don't forget to include any references used to provide statistical information within the text. Additionally, when referencing

information from websites, provide proper source information. Use consistent formatting for reference citations in the body of the report and in the reference list. The guideline box below provides a common reference format to consider applying.

Guidelines: APA Reference Style Format

The American Psychological Association (APA) format is commonly used to cite sources. Below are examples of citations and references in APA format:

In-Text Citations

One Author: (Thurman, 2008)

Two Authors: (Hutchinson & Thurman, 2009)

Three to Five Authors: The first time the source is cited, list the last names of all authors (Foster, Levine, & Williamson, 2005). For subsequent citations, list the first author's last name with et al. (Foster et al., 2008).

Six or More Authors: List the first author's last name and et al. (Thurman et al., 2008)

Examples: "According to Thurman et al. (2008)..." "Hutchinson & Thurman (2009) noted..."

Reference List

The list of References should be listed in alphabetic order.

Articles

Thurman, T., Snider, L., Boris, N., Kalisa, E., Nyirazinyoye, L., & Brown, L. (2008). Barriers to the community support of orphans and vulnerable youth in Rwanda. *Social Science & Medicine*, 66: 1557 – 1567.

Reports

Hutchinson, P. & Thurman, T. (2009). *Analyzing the Cost-Effectiveness of Interventions to Benefit Orphans and Vulnerable Children: Evidence from Kenya and Tanzania*. New Orleans, Louisiana: MEASURE Evaluation, Tulane University School of Public Health, International Health and Development Department. Available from:
<http://www.cpc.unc.edu/measure/publications/pdf/sr-09-51.pdf>

Books

Foster, G., Levine, C., & Williamson, J. (2005). *A Generation at Risk: The Global Impact of HIV/AIDS on Orphans and Vulnerable Children*. New York: Cambridge University Press.

Webpage

USAID South Africa: HIV/AIDS and Health. Retrieved May 19, 2009, from
<http://www.usaid.gov/sa/uss03a.html>

CASE STUDY REPORT CHECKLIST

A final case study report checklist is provided below. Review this checklist of key elements before sharing the report with the program and other stakeholders.

Final Checklist for Case Study Contents

Acknowledgments

- o Full names of reviewers and other contributors (photographed subjects, funders, etc.)

Executive Summary

- o Inclusion of all key elements
- o Dates of information-gathering activities
- o Mention donor support of program and case study

Methodology

- o Dates of information-gathering activities
- o Numbers of in-depth interviews and focus groups individuals and number who participated
- o Description of direct observational activities (home visits, food gardens, etc.)
- o Detailed information of focal site(s) (statistics such as HIV prevalence, etc.)

Program Model Description

- o Program Framework includes all activities and services described in the report
- o Dates for all figures/numbers provided
- o Numbers of various staff and volunteer positions
- o If applicable, incentives and training for volunteer positions are detailed
- o Numbers, dates, and other descriptive information (age, sex, etc.) about beneficiaries (OVC, guardians, PLHWA, and households)

Resources

- o Percentages of donor contributions in Donor section
- o Inclusion of specific contributions in Donor and Community In-Kind Contributions sections

References

- o Captions and references of all photographs/images
- o Make sure all acronyms are listed appropriately and explained clearly
- o Citations for all data sources (quotes, photographs, statistics, maps, articles, books, websites)
- o All citations in Reference list

Proofing

- o Proper formatting of document (framework, organizational charts, tables, photographs, maps, bullet points, text boxes, headings, etc.)
- o Consistent and clear use of program terminology
- o Spell check and grammar check

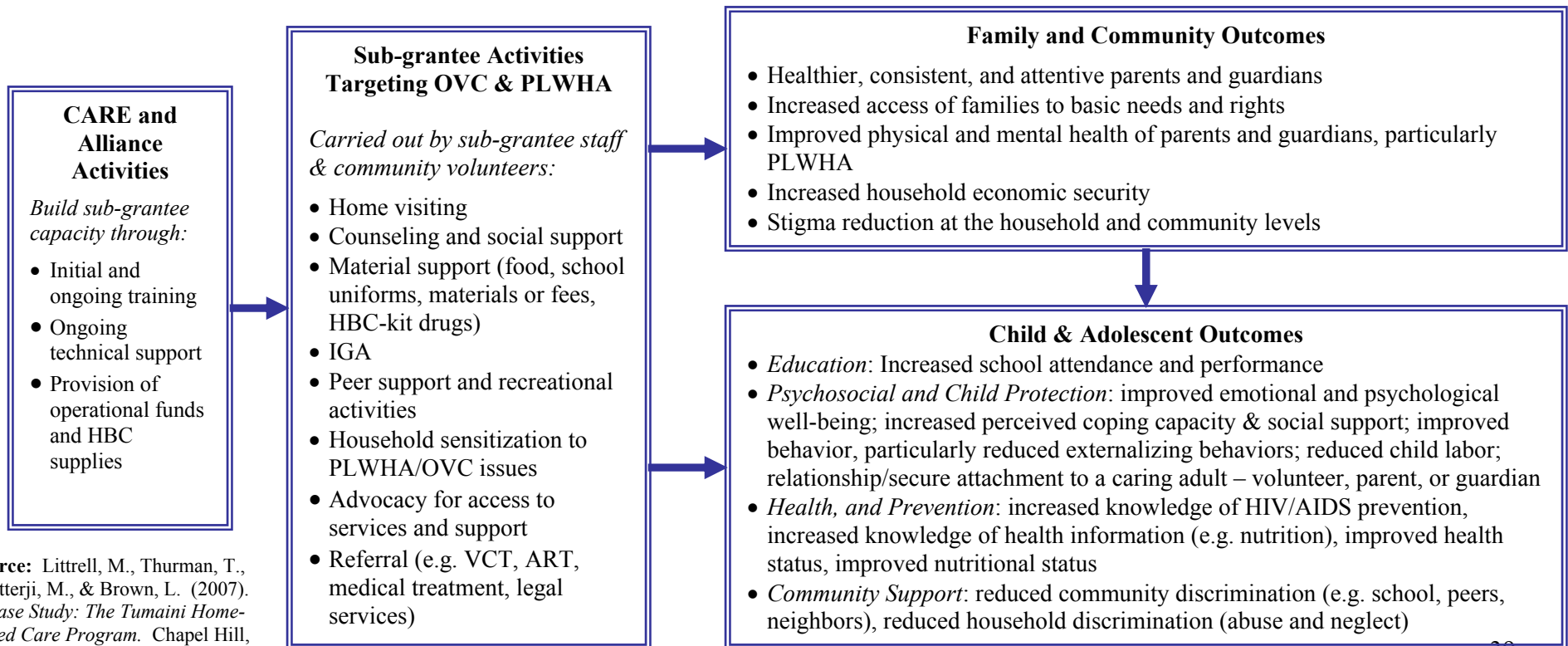
APPENDIX 1: SAMPLE PROGRAM FRAMEWORK 1

CARE Tumaini

CARE and Tumaini Alliance partners support 23 local sub-grantee organizations to provide HBC for both PLWHA and OVC. Assessment and service provision target the needs of families. Target numbers to be served between 2004 and 2006 were 20,500 PLWHA and 30,000 OVC.

Program Goals

1. To provide care and support to OVC & PLWHA
2. To build the capacity of local organizations to provide sustainable HBC services



Source: Littrell, M., Thurman, T., Chatterji, M., & Brown, L. (2007). *A Case Study: The Tumaini Home-Based Care Program*. Chapel Hill, NC: MEASURE Evaluation and CARE International.

SAMPLE FRAMEWORK EXAMPLE 2

Catholic Relief Services: Kilifi Orphans and Vulnerable Children Project

Implemented in Kilifi District, Coast Province, CRS works through the Archdiocese of Mombasa to deliver services to 20,000 OVC and support 7,950 caregivers. Expansion throughout Coast Province will target 35,000 OVC.

Program Goals

1. Increase the capacity of communities, families and orphans to respond to the needs of OVC
2. Increase the institutional capacity of local partners to deliver high quality and sustainable interventions

CRS Activities

- Provide financial support to local archdiocese to support social workers and other project staff
- Conduct periodic supervisory visits
- Develop and support program plans and monitoring and evaluation (M&E) strategies
- Provide technical, financial and administrative support
- Train archdiocese staff in HBC, microfinance, gender, M&E, and financial management

Archdiocese Activities

Implemented through community-based social workers, parish and village committees, and local partner institutions

- Facilitate free health care for OVC and ARVs for HIV positive OVC through partnerships with health facilities
- Train teachers in life skills education and HIV prevention
- Provide financial and infrastructure support to ECD Centers
- Develop village and parish management committees who select and support OVC beneficiaries
- Train and support CHWs to document household needs and provide psychosocial support to OVC households
- Provide primary and pre-primary OVC with educational assistance
- Conduct community education and sensitization about HIV prevention
- Provide OVC with vocational training
- Renovate shelters for neediest OVC households
- Engage OVC guardians in Caregiver Support Groups to provide social support and microfinance opportunities

Expected Outcomes among OVC

- *Education:* increased school attendance
- *Health and Prevention:* prompt health-seeking behavior leading to decreased morbidity and mortality among OVC and fewer cases of immunizable diseases; fewer pregnancies among adolescents; reduced HIV transmission
- *Economic Security:* increased ability of OVC households to meet basic needs
- *Psychosocial and Child Protection:* increased resilience and self-esteem
- *Community Support:* decreased community stigma and discrimination; increased community support for OVC and their caregivers

Source: Thurman, T., Hoffman, A., Chatterji, M., & Brown, L. (2007). *A Case Study: Kilifi Orphans and Vulnerable Children Project*. Chapel Hill, NC: MEASURE Evaluation and Catholic Relief Services.

APPENDIX 2: COMMON OVC PROGRAM ACTIVITIES

Suggested content and details for describing six common key activities of OVC programs are provided, including: 1) Home Visits, 2) Drop-In Centers, 3) Child Care Forums or Community Care Committees, 4) Community Sensitization, 5) Networking Activities, and 6) Capacity Building Activities.

(1) *Home-Visits* include direct observation and analysis of the home environment of OVC with supplemental activities or services such as HBC, psychosocial counseling, and referrals to other social services. Home visits also provide a means by which to identify OVC not yet receiving program services. This activity tends to be conducted by volunteers recruited and trained by the program, but staff may make visits as well. Within this section provide a clear explanation of who performs these tasks within the program staff structure and what their responsibilities are. Additionally, make reference to the trainings detailed in the previous *Volunteer or Staff* sections by explaining the skills used from trainings during these activities.

Examples: Volunteers and/or program staff providing home-visits to identified OVC may offer services such as: palliative care for AIDS patients, assistance with household tasks, needs assessment for other support services, psychosocial support, delivery of goods provided by the program or other resources, and training for guardians.

Suggested contents:

- *Explanation of activity* – describe the actual activity offered. Explain the purpose and responsibilities of the home visitors. Include a brief list of services offered during these visits (to be more detailed in the following section).
- *Frequency* – detail when the activity is offered (e.g., how often are visits performed for each beneficiary and how is frequency determined).
- *Location of activity* – explain whether the activity is offered at all program sites or only certain ones. Mention the sites where it is offered and detail the type of location (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.
- *Staff/volunteers involved in offering activity* – provide details regarding the level of training of these individuals and numbers who are involved. Indicate how many households each home visitor is assigned to visit. Additionally, explain what type of supervision and support home visitors receive from other staff.

- *Linkages with partner organizations* - If there are other organizations involved with the activity, detail their involvement. Explain how the program interacts with government stakeholders or with Child Care Forums, as applicable.

(2) Drop-In Centers (DIC) are a physical space where children are able to participate in a variety of activities and services. These facilities may be specifically open to serving one group of beneficiaries or open to the community as a whole. The program may have established this facility or may help to support it through the provision of staff, financial support or other goods, or through the implementation of interventions on site.

Examples: Establishing or supporting existing DICs with services such as: drama clubs, organized sports, educational assistance or tutoring, psychosocial counseling, support groups, health education, provision of meals and nutritional education.

Suggested contents:

- *Explanation of activity* – describe DIC daily activities.
- *Overall management* - provide a detailed explanation of the relationship the program has with the DIC (e.g., does it run the full program or certain aspects; does it support the center financially; etc.).
- *Participants* – mention whether the DIC is open for the general public, only children of a certain age or only OVC. If there are limits to public usage, explain the criteria used to determine who can use the facility.
- *Frequency* – detail when the activity is offered (e.g., hours of general operation). If the program only offers specific activities within the center, indicate when these are offered.
- *Staff/volunteers involved in offering activity* – provide details regarding the level of training of these individuals and which type are involved. Mention how many are involved and what is their role within the overall center operations.
- *Location of activity* – explain whether the activity is offered at all program sites or only certain ones. Mention the sites where it is offered and the type of location (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.
- *Linkages with partner organizations* - If there are other organizations involved with the activity, detail their involvement.

(3) Child Care Forums (CCF) or Community Care Committees (CCC)

convene a group of community leaders and key stakeholders to address issues pertaining to OVC in their area. These forums typically provide an opportunity for identification and monitoring of OVC. They also promote discussion of ways to address the issues facing these children and their families. Programs may be involved with these groups in a variety of ways and to varying degrees. This section should only be included if the program actually assists with establishing, implementing or providing substantial support to CCF/CCC. If the program serves as a casual liaison with the forum or committee this information should be included in instead within the Networking activity (described below). Provide as much detail as possible to explain how the program supports these CCF and what role the CCF plays within the overall program.

Examples: Assisting a community to establish CCFs, providing an existing CCF with administrative training and support, helping a CCF to identify potential funding sources for programming efforts.

Suggested contents:

- *Explanation of activity* – describe the actual activity offered. Detail how many CCFs are working with the program, their purpose and significant past accomplishments.
- *Frequency* – mention how often the CCF meets and whether it has a regular meeting schedule or convenes on an ad hoc basis.
- *CCF members* - provide details regarding the number and type of members of the CCF and how they are recruited (e.g., community members, volunteers, social workers, clergy, etc.).
- *Staff/volunteers involved in offering activity* – provide details regarding the level of training of these individuals and number who are involved.
- *Location of activity* – explain whether the activity is offered at all program sites or only certain ones. Mention the sites where the CCF meetings are held (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.
- *Linkages with partner organizations* - If there are other organizations involved with the activity, detail their involvement (e.g., explain how the program liaises with government stakeholders).

(4) Community Sensitization includes activities designed to generate awareness and educate the community regarding social and health issues associated with HIV and AIDS, as well as to promote the acceptance, support and integration of PLWHA and OVC. These are efforts intended to educate the community about HIV and AIDS related issues and to reduce stigma and marginalization of OVC.

Examples: Door-to-door HIV prevention and education campaigns; education workshops focusing on the situation of OVC within the community, for community leaders and key stakeholders; peer educators' training and programs; drama presentations and community discussions

Suggested contents:

- *Explanation of activity* – describe the actual activity offered.
- *Frequency* – detail when the activity is offered (e.g., days of the week, hours of operation, number of days each week or month).
- *Location of activity* – explain whether the activity is offered at all program sites or only a certain few. Mention the sites where it is offered and detail the type of location (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.
- *Staff/volunteers involved in offering activity* – provide details regarding the level of training of these individuals and number who are involved.
- *Linkages with partner organizations* - If there are other organizations involved with the activity, detail their involvement.

(5) Networking Activities center on efforts to leverage resources for OVC and their communities. This can be in the form of identifying local and/or governmental partnerships, establishing and facilitating communication and collaboration between agencies, or advocating for appropriate policies and additional funding.

Examples: Organizing meetings of key stakeholders; collaborating with multiple partners to ensure comprehensive services with minimal overlap between agencies and organizations; linking staff and/or volunteers between program sites to share experiences; establishing and improving referral systems; encouraging lawmakers to enact legislation to define legal rights for OVC; identifying key government stakeholders to lobby for OVC rights; liaising with CCFs or CCCs.

Suggested contents:

- *Explanation of activity* – what is the actual activity offered.
- *Frequency* – detail when the activity is offered (e.g., days of the week, hours of operation, number of days each week or month).
- *Location of activity* – explain whether the activity is offered at all program sites or only certain ones. Mention the sites where it is offered and detail

the type of location (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.

- *Staff/volunteers involved in offering activity* – provide details regarding the level of training of these individuals and number who are involved.
- *Linkages with partner organizations* - If there are other organizations involved with the activity, detail their involvement (e.g., explanation of how the program liaises with government stakeholders or with Child Care Forums, where applicable).

(6) Capacity Building Activities involve efforts to either increase the ability of OVC to care for themselves or the capability of partner organizations, community members and guardians to better serve OVC. It can be difficult to determine whether activities should be labeled as capacity building where activities overlap. For example, training community volunteers in psychosocial support and techniques to carry out home visits is a capacity building activity in that it is giving skills to community members to support OVC. However, this example should be mainly described within the home-visit section since that is the primary focus of the activity. The activity can be referenced in the capacity building section, with greater detail and emphasis included in the section on home visits.

Examples: Income-generating training for OVC; First Aid training for community members; trainings for partner organizations in financial management; workshops for leadership development of community members on topics such as, OVC guardian trainings in psycho-social support.

Suggested contents:

- *Explanation of activity* – describe the actual activity offered.
- *Frequency* – detail when the activity is offered (e.g., days of the week, hours of operation, number of days each week or month).
- *Location of activity* – explain whether the activity is offered at all program sites or only a certain few. Mention the sites where it is offered and detail the type of location (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.
- *Staff/volunteers involved in offering activity* – provide details regarding the level of training of these individuals and number who are involved.
- *Linkages with partner organizations* - if there are other organizations involved with the activity, detail their involvement.
- *Linkages with other activities* – if the activity is related to others (e.g., income-generating trainings offered at DICs) explain the overlap and provide further details in the determined appropriate section.

APPENDIX 3: COMMON OVC PROGRAM SERVICES

Suggested content and details for describing eight common OVC program services are provided, including: 1) Food and Nutritional Support, 2) Shelter, 3) Child Protection, 4) Health Care, 5) HIV Prevention Education, 6) Psychosocial Care, 7) Educational Support, and 8) Economic Strengthening.

(1) *Food and Nutritional Support* includes all services that provide beneficiaries and/or their guardians with food for direct consumption or any kind of support to improve nutritional status. This includes both Clinical Nutrition interventions and Food/Food Parcels. Food and nutritional support can be from a tangible item such as food parcels, livestock or seeds donated to a family. However, any involvement in a food parcel or meal referral system, nutritional education or cooking classes would also be included in this service category.

Examples of Food/Food Parcels: Providing or donating food parcels for OVC and/or guardians; establishing or participating in a referral system for food parcels; donating resources for food preparation (e.g., church kitchens); dispensing shopping vouchers for local markets; donating livestock to OVC and/or guardians; providing seeds or tools for community or home gardens; teaching children about nutrition and food preparation during home visits.

Examples of Clinical Nutrition: Therapeutic and supplementary feeding of malnourished children; providing free infant formula for HIV-positive mothers.

(2) *Shelter* refers to any support provided to OVC, their families or communities that assists in identifying or strengthening the housing situation of OVC. This can take the form of direct services such as home renovation or the furnishing of household items. In addition, it may include assisting OVC to access government housing services and advocating for fair housing practices. Within this section remember to include details about any involvement from community groups or beneficiaries (e.g., community members and beneficiaries donating labor to housing renovations, linkages with social workers).

Examples of Shelter: Assisting children and family members in identifying potential guardians prior to a parent's death (i.e., succession planning); providing access to temporary shelter for children in transition; assisting OVC in accessing government housing options when available, and navigating through the associated legal procedures; constructing and/or refurbishing houses for OVC; negotiating rent and utility bills for OVC households on their behalf; supplying household items such as blankets, clothing, toiletries, etc.

(3) Child Protection refers to services advocating for the legal rights and status of OVC. These efforts usually attempt to reduce stigma and social neglect by increasing access to education, health care and other social services. These interventions also look at issues and systems to assist OVC with situations of abuse and exploitation. This can include programs that provide direct assistance or participate in referral systems to protect children.

Examples of Child Protection: Offering legal aid or social work referrals for abuse; counseling and rehabilitation for OVC substance abusers; providing community-based assistance to OVC for inheritance claims; conducting family assessments and recording signs of abuse; moving children from abusive situations into safe housing placements; organizing door-to-door campaigns to educate community members regarding OVC discrimination and stigmatization; trainings for OVC and/or families on legal rights.

(4) Health Care is focused on increasing OVC and their guardians' access to appropriate general health care as well as HIV-specific services. These services are categorized as either General Health Care or Health Care Support for Antiretroviral Therapy (ART). General Health Care includes improving access to maternal and child health for services such as general medical care, immunizations, antenatal and postnatal care. Health Care Support for ART is characterized by assistance with referrals and access to services related to HIV testing, care and treatment.

Examples of General Health Care: Transporting OVC to a health facility for treatment; improving access to general check-up or immunization services; providing emergency medical assistance to OVC; training OVC and/or guardians in first aid or basic hygiene; delivering medication to OVC; monitoring the general health of OVC using immunization records or growth charts; providing referrals and linkages to child health care.

Examples of Health Care Support for ART: Providing referrals for HIV counseling and testing; assisting OVC to access ART medication; monitoring adherence to ART and educating OVC and guardians about medication use; HBC for PLWHA; supporting community or facility-based support groups

(5) HIV Prevention Education includes the provision of education regarding HIV transmission, prevention practices and risk behaviors. This could be in the form of behavior change communication, prevention of mother to child transmission (PMTCT) interventions or peer education campaigns and may be offered through a variety of activities including individual education through home-visits, prevention classes at DICs or regional radio messaging.

Examples of HIV Prevention Education: Prevention of Mother to Child Transmission (PMTCT) programs for children of mothers living with HIV/AIDS to be visited regularly during home visits; trained volunteers presenting HIV and AIDS prevention education during home visits for OVC and family; conducting community campaigns to educate communities on HIV and AIDS to decrease stigma; supporting peer education programs in schools.

(6) Psychosocial Care refers to services that focus on the emotional needs of OVC and guardians. These can be direct services or referral systems. Within this section it is important to include information regarding the level of training and support that program staff/volunteers receive.

Examples of Psychosocial Care: Providing direct counseling or referrals to counseling for OVC and/or guardians; assisting support groups for OVC (general or specialized for PLWHA, abuse, addiction); offering art, play, or memory box therapy opportunities to help OVC cope with a traumatic life event and develop interpersonal skills; organizing special events for OVC such as fun days, camping trips or field trips; leading life-skills classes.

(7) Educational Support efforts focus on eliminating short and long-term barriers to educational opportunities for OVC. These services can be conducted on an individual level by providing OVC with school fees and uniforms or on a national level by advocating for nation-wide school fee reduction for OVC.

Examples of Educational Support: Advocating for access to the formal education system for OVC by waiving school fees; negotiating discounted or sponsored school uniforms; organizing clothing banks to assist OVC and other needy children with school uniforms or referrals to other resources; directly providing school supplies;; campaigns to encourage OVC attendance in school; tutoring for OVC; scholarship programs.

(8) Economic Strengthening involves efforts to increase the economic stability of OVC and their households.

Examples of Economic Strengthening: Creating networking systems for OVC and family members to link them with potential employers; encouraging membership in and access to programs such as Voluntary Savings and Loans; financial management training; promoting small-business development; increasing access to micro-finance; advising on government grants and assisting with application processes for these opportunities including in the referrals or accompaniment to relevant government departments to obtain necessary documentation such as birth and death certificates, identity documents and grant application materials;

Examples of Vocational Training: Encouraging access for OVC and/or family members to receive training in vocational skills including gardening or livestock raising, sewing, tissue-box making, etc.; offering career guidance for OVC.

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