

SOUTH AFRICAN DEVELOPMENT COMMUNITY



ASSESSMENT REPORT ON THE STATUS OF MONITORING AND EVALUATION SYSTEMS FOR ORPHANS, VULNERABLE CHILDREN AND YOUTH IN THE SADC REGION

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i) Acronyms and Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
ADEA	Association for Development of Education in Africa
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
AYC	African Youth Charter
CRC	Convention on the Rights of the Child
CSD	Comprehensive Service Delivery
CSO	Civil Society Organization
Epi Info	
EMIS	Education Management Information Systems
EMIS	Education Management Information Systems
FHI	Family Health International
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immuno Virus
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information Systems
ILO	International Labour Organisation
KPI	Key Performance Indicator
M&E	Monitoring & Evaluation
MDGs	Millennium Development Goals
MIS	Management Information System
MS	Member State
NGO	Non-Governmental Organization
NPA	National Plan of Action
OECD	Overseas European Development Community
OSY	Out of School Youth
OVC	Orphans and (Other) Vulnerable Children
OVC&Y	Orphans, Vulnerable Children and Youth
PEPFAR	US Government – President’s Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PSS	Psychosocial Support
RISDP	Regional Indicative Strategic Development Plan (of SADC)
SADC	Southern African Development Community
SADCC	Southern African Development Coordination Conference
SAS	Statistical Analysis Software
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNESCO	United Nations Education, Scientific AND Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

WB	World Bank
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ii) Glossary of Terms

Abuse	A deliberate act of ill treatment that can harm or is likely to cause harm to one's safety, well-being, dignity and development
Child	Every human being below the age of 18 years (CRC, 1989; ACRWC, 1999)
Comprehensive Response	An intervention or effort that meets the entire needs or defined minimum standards of quality of service for the child while minimizing or eliminating risk and vulnerability.
Holistic	A comprehensive approach to addressing well-being and development. This process ensures that different options are considered flexibly in combinations that ensure comprehensive and optimal fulfillment of the wellbeing and development of children.
Indicator	Is a performance measure that describes the level of performance achieved in relation to a strategy, objective or activity. Indicators at strategy level are called impact indicators. Indicators at objective level are called outcome indicators and indicators at activity level are called output indicators.
Integration	Incorporating new interventions or services holistically into existing interventions or services of an organization, programme or service provider to ensure improved and comprehensive developmental outcomes. It often requires developing partnerships with other organizations or programmes or service providers to enhance capacity.
Information System	An Information System has been defined as a set of interrelated and interacted elements or components that collect, store, process, and report data and information that can be used to enhance the process of decision making (Al-adaileh, 2008).
Management Information System	MIS can be defined as a system or process that provides information needed to manage organizations and/or their interventions effectively. MIS are regarded as a subset of the overall control procedures in an organization, which cover the application of people, documents, technologies, and procedures used by management to solve organisational problems such as a service or improve an organizational intervention/programme. MIS are distinct from regular information systems in that they are used to analyze other information systems applied in operational activities in the organization, (Laudon & Laudon, 2006).
Monitoring	“Monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an on-going development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds”. It involves “routine tracking of key elements of programme performance (usually inputs and outputs)” (Global Fund et al, 2006:13).
Objective	Outlines the strategic intent of a programme or project. In the Results Based Management (RBM) approach, objectives are statements that concretely and specifically describe a result to be achieved. They serve as a basis for clarifying intentions, planning, guiding activity towards a desired result and assessing an achievement.
Orphan	A child below the age of 18 years who has lost one or both parents.(UNICEF/UNAIDS, 1999). “The concept of ‘social orphans’ is sometimes used to describe children whose parents might be alive but are no longer fulfilling any of their parental duties (e.g. drug addicts who are separated from their children with little chance of reunion, parents who are sick or abusive or who, for other reasons, have abandoned or largely neglected their children” (World Banks’ OVC Thematic Group, 2004).
Psychosocial Support (PSS)	The continuum of care and support which influences both the individual and social environment in which people live. This continuum ranges from care and support

	offered by caregivers, family members, friends, neighbours, teachers, health workers and community members on a day to day basis (SADC, Strategic Framework and Programme Of Action,2008 – 2015)
Vulnerability	Any involuntary situation or condition(s) which exposes a child to high risk of deprivation, or “an expected welfare loss above a socially accepted norm, which results from risky /uncertain events, and the lack of appropriate risk management instruments” (World Bank). Children who are vulnerable are more likely to fall through the cracks of regular support and often require external support because their immediate support system (families/caregivers) can no longer cope. Vulnerability can be defined in terms of (a) the child’s individual condition; (b) the condition or situation of the child’s family /household; (c) the condition of the environment /community in which the child lives (World Banks’ OVC Thematic Group, 2004).
Vulnerable Children	Children who are deprived or likely to be deprived or harmed as a result of their physical condition or social, cultural, economic, political circumstances and environment, and require external support because their immediate care and support system can longer cope. Examples are children living in a household whose parent/s is infected with HIV, lives in a child headed or elderly household, who is disabled or the parents are disabled, who is HIV positive, traumatised by different circumstances, living on the street, neglected by her/his parents, who is undocumented in other countries and is involved as a child labourer, among others. (World Banks’ OVC Thematic Group,2004)
Vulnerable Youth	Young persons aged between 15 and 35 years who are deprived or likely to be deprived, harmed, exploited and or denied necessary age specific developmental needs as a result of their physical condition such as disability, unemployment, HIV and AIDS, conflict and war, living on the street, neglected by her/his parents, illegal migration and substance abuse, among others(SADC, Strategic Framework and Programme Of Action,2008 – 2015)
Youth	The African Youth Charter defines youth or young person as aged between 15 and 35 years. This definition will suffice for the purposes of this assessment.(NB:countries have varying age brackets for Youth)
M&E system	An M&E system is defined as a set of organisational structures, management processes, standards, strategies, plans, indicators, information systems, reporting lines and accountability relationships which enables institutions to discharge their M&E functions effectively. In addition to these formal managerial elements are the organisational culture, capacity and other enabling conditions which will determine whether the feedback from the M&E function influences the organisation’s decision-making, learning and service delivery (Policy framework for the Government-wide Monitoring and Evaluation Systems, SA, 2007)

iii) EXECUTIVE SUMMARY

The SADC Strategic Framework and Programme of Action 2008-2015: Comprehensive Care and Support for Orphans, Vulnerable Children and Youth (OVC&Y) and its accompanying Business Plan were approved by SADC policy organs in 2009 and are being implemented. A major requirement of the SADC Strategy and Business Plan for OVC&Y is the strengthening of the capacity of SADC to establish evidence under the umbrella of a Monitoring and Evaluation Framework (M&E) on: the patterns, levels and trends of vulnerabilities for OVC&Y; progress in the implementation of OVC&Y interventions across different sectors that provide services to vulnerable children and youth; and compare across SADC Member States. In order to establish the priority areas to be addressed in this regard, a review and assessment of the situation of monitoring and evaluation in SADC Member States and at regional level was commissioned and commenced in July 2010 with the specific objectives to:

- ✓ Review the status of M&E among the key sectors that deliver basic services for children and youth in the SADC Region and the extent to which they address the OVC&Y in terms of what exists, the gaps and the opportunities
- ✓ Draw up a regional monitoring and evaluation (M&E) framework consistent with the comprehensive approach to service provision for OVC&Y; and
- ✓ Prepare a capacity building plan for strengthening systems at national and regional levels in SADC.

The review and assessment was conducted following the qualitative research tradition between October 2010 and April 2011. Data was collected in 14 countries using three main methods of data collection which involved field visits to 7 Member States that included interviews with key informants guided by a questionnaire. Data was also collected from countries that were not visited through telephone and email interviews. In addition to that, the study also involved reviewing key documents on M&E from all Member States and conducting physical checks of M&E systems in some cases during field visits. Data from these methods was analyzed simultaneously with a view to ensure cross validation of facts.

Progress

The study demonstrates that some progress has been made in promoting and setting up M&E systems in SADC Member States and in the region and at international levels. Different service providers are guided by policy frameworks that mandate service delivery for children and youth. However, in the area of OVC, most Member States have specific policies and programmes that address their issues including M&E systems but these are narrow on tracking indicators specific to OVC. It was interesting to note that OVC& Y indicators are mostly tracked by sectors responsible for OVC and for youth. Other sectors such as education, health, etc, that provide services to children and youth do not specifically measure service delivery to OVC and vulnerable youth. The study also established that a platform to build on and strengthen M&E for OVC&Y also exists in the existing M&E systems such as EMIS, Labor Market Information Systems, Health Management Information Systems, and also HIV and AIDS indicators that track OVC, in addition to OVC indicators tracked through National Action Plans.

Key Challenges

Despite progress, M&E in the SADC Region still faces a lot of challenges. The following are some of the key challenges that were revealed by the study:

- ✓ Absence of M&E that is specific for tracking OVC&Y in many sectors /departments that provide services to children and youth

- ✓ Currently most M&E frameworks are largely donor driven and M&E is largely based on compliance reporting to donors and not necessarily to improve on service delivery to OVC&Y at national and community levels
- ✓ Weak coordination of sectoral and vertical M&E efforts at community, national and regional levels including poor role clarity on M&E among stakeholders. Fragmented databases of different organisations, often collecting different quality of information that cannot be compared or used by other stakeholders
- ✓ Absence of harmonisation and standardization of M&E and data collection processes, indicators and definitions of what is to be measured. There is no standard curriculum for M&E in SADC.
- ✓ Poor Quality of Data that is collected. Data is often incomplete, inaccurate, of a limited range and not adequately disaggregated.
- ✓ Weak reliability and validity of some indicators applied globally which are difficult to measure and interpret. Some results frameworks that are promoted globally are unrealistic results frameworks and data is often not gotten and used on time
- ✓ Ethical challenges of collecting and reporting data that comprise M&E work including the lack of independence among M&E functions. Sometimes, the need to safeguard and avoid harm to children is often ignored.
- ✓ Weak /absence of child, youth and community participation in monitoring and evaluation. There is no feedback mechanisms to communities
- ✓ Inadequate funding and resourcing (human, infrastructural, equipment and software) for M&E within organisations. Institutional and organisational systems and governance for M&E are often very weak.
- ✓ Generally, there is poor application / use of research and M&E data for strategic and policy formulation purposes and for improving on service delivery.

Key Recommendations

The study draws important recommendations which can be used to strengthen M&E systems for OVC&Y in the SADC Region which includes the following:

- ✓ Confirms the development of an M&E Framework specific to OVC that also tracks different sector interventions targeting OVC&Y.
- ✓ Confirms the development and implementation of a regional capacity building programme for M&E to address the glaring challenges of M&E in the region.
- ✓ Conduct rigorous M&E national assessments as a follow up to the anticipated development and implementation of the M&E Framework and Capacity Building Plan.
- ✓ Roll out training on M&E at regional and national levels using standardised curriculum
- ✓ Advocating and sensitising for the prioritisation of M&E and its application in policy, programmes and service delivery for OVC&Y.
- ✓ Mobilising the participation of children, youth and communities in all aspects of M&E. Providing the necessary ethical guidelines for child and youth and community participation in M&E
- ✓ Engaging with all stakeholders including donors and international organisations, to harmonise M&E requirements and conditions of technical and financial support with those of local stakeholder needs; and
- ✓ Working with relevant sectors to integrate OVC& Youth specific reporting indicators within their existing M&E systems

1 BACKGROUND

The Southern African Development Community (SADC) was established through a Treaty in 1992, replacing its precursor, the Southern African Development Coordination Conference (SADCC) which was established in 1980. It comprises of 15 Member States, namely Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe. The “vision of SADC is that of a common future, a future within a regional community that continue to ensure socio-economic well-being, freedom, social justice and peace” (SADC, 1992). Its mission is to promote sustainable and equitable economic growth and socio-economic development through efficient productive systems, deeper co-operation and integration, good governance, and durable peace and security, so that the region emerges as a competitive and effective player in international relations and the world economy.

To facilitate its work and common understanding of development priorities among Member States, SADC has developed priority policy commitments in the form of treaties, protocols and declarations. These policy commitments are operationalised into programmes through the 15 year Regional Indicative Strategic Development Plan (RISDP) and the Strategic Indicative Programme of the Organ on Politics, Defense and Security (SIPO) adopted in 2004. The “Strategic Framework and Programme of Action 2008 -2015: Comprehensive Care and Support for Orphans, Vulnerable Children and Youth (OVC&Y)”, affected by HIV and AIDS, conflict and poverty, hereinafter referred to interchangeably as “The Strategic Framework for OVC&Y” or “The Strategic Framework”, and its accompanying Business Plan herein after referred to as “The Business Plan”, is one of several efforts by the SADC Secretariat to implement the RISDP.

The Strategic Framework for OVC&Y recognises the need to focus on the most vulnerable population of SADC. In this regard, it strives to integrate vulnerable children and youth as priority in all aspects of the development agenda of SADC at policy, legislative and intervention levels, with a focus to provide them with comprehensive services in a holistic manner. The Strategic Framework has also devoted specific priority to monitoring and evaluation, research and management information systems for OVC&Y in the region.

This Assessment Report establishes M&E needs, capacity gaps and opportunities in the SADC region. The Report begins with a background of the situation of OVC&Y in SADC and the conceptual literature that justifies the assessment and the chosen approach for the review and assessment, followed by an outline of the purpose and methodology that was used. It proceeds to present the findings of the situation of M&E in SADC, and deducing meaning of these findings to its improvement in SADC, as well as highlighting the services being delivered in Member States and the indicators being used to track and measure their delivery. The report concludes with a summary of the findings and key recommendations for improving M&E for OVC&Y in SADC.

In this report, and following discussions and consensus with experts at the SADC Secretariat, Management Information Systems (MIS) is considered a part of Monitoring and Evaluation (M&E). Thus, the document presents M&E as the overall area of focus that subsumes MIS.

2 REVIEW OF LITERATURE AND CONCEPT

2.1 Situation of orphans, vulnerable children and youth in SADC

The SADC Region has a population of approximately 250 million people distributed across 15 Member States. In the majority of Member States, about 50% of the population is below the age of 18 years, with an estimated combined population of 126,094,000 children aged 0-17 years¹. Drawing from UNICEF and UNAIDS data of 2006, The *SADC Strategic Framework for OVC&Y* estimates that there are about 16.8 million orphans in SADC as shown in the table below:

Table 1: Number of Orphans in SADC Member States

Country	Total Orphans	% Of Children Who Are Orphans	Number of Children Orphaned By AIDS	Children Orphaned By AIDS as % Of All Orphans
Angola	1,200,000	14	160,000	13
Botswana	150,000	19	120,000	76
DRC	4,200,000	14	680,000	16
Lesotho	150,000	17	97,000	64
Madagascar	900,000	9	13,000	1
Malawi	950,000	15	550,000	57
Mauritius	23,000	6	-	-
Mozambique	1,500,000	15	510,000	34
Namibia	140,000	14	85,000	62
Seychelles	-	-	-	-
South Africa	2,500,000	13	1,200,000	49
Swaziland	95,000	17	63,000	66
Tanzania	2,400,000	12	1,100,000	44
Zambia	1,200,000	20	710,000	57
Zimbabwe	1,400,000	21	1,100,000	77
TOTAL	16,808,000	14.7	6,388,000	44

Source: *Strategic Framework and Programme of Action 2008 – 2015: Comprehensive Care and Support for Orphans, Vulnerable Children and Youth (OVC&Y) in the Southern African Development Community (2008)*

As the table above shows, 44% of all orphans are estimated to have been orphaned by AIDS, which has affected Southern Africa the most globally. Children and youth are worst affected by the epidemic. The SADC observes that these numbers of orphans are likely to be ‘gross underestimates’ of the entire population of vulnerable children and vulnerable youth “largely because these groups often go unnoticed making their numbers more difficult to quantify” (Strategic Framework and Programme of Action 2008 – 2015: Comprehensive Care and Support for Orphans, Vulnerable Children and Youth (OVC&Y) in the Southern African Development Community ,2008:15) and their numbers are not known, and also because management information systems for OVC&Y are grossly weak at regional and national levels in SADC.

¹ Data for 2007, UNICEF, 2009, *State of the World's Children Report 2009*

Poverty is the key underlying vulnerability that simultaneously causes and reinforces other vulnerabilities resulting in a perpetual cycle of vulnerability and deprivation for many children and youth in the region. An estimated two-thirds of the population in the region live below the international poverty line of US\$1.25 (World Bank, 2010) per day. For example, more than 70% of the youth lack the productive and self-employment skills and opportunities; levels of unemployment are estimated to be over 80% in some countries.

The disproportionate population of children and youth, who are deprived of essential care and the chance to develop to their potential, limits the ability of SADC Member States to meet its human development targets as well as its regional integration and development goals. That deprivation among young people also poses a major threat to political stability, peace and security in the region. Without their basic human needs tended to, children and youth become adults who cannot change their worlds for the better.

2.2 Evidence of progress but significant gaps remain

Regional and global responses to child and youth development, poverty, HIV and AIDS and related challenges and to the OVCY issue in particular have seen the signing of various Declarations and Commitments over the last decade by Member States. Policies, legislations and programmes on children and OVC in SADC countries are guided predominantly by among others, the United Nations Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and the African Youth Charter (AYC). The CRC and ACRWC set out the civil, political, economic, social, and cultural rights of children under the categories of “Survival, Development, Participation and Protection”

Previous regional assessments by SADC and other international organisations have asserted that most SADC countries have national policies, programmes and National Plans of Action (NPAs), and clearly designated Ministries and departments that respond to issues related to OVC (Save the Children, 2006; SADC, 2008; SADC et al, 2010). The majority of NPAs in Member States recognize the principles of comprehensiveness and multi-sectorality, networking and collaboration between different service providers that are promoted by the SADC Strategic Framework for OVC&Y but coordination of such is still weak. The NPAs identify the following as among others as common priority areas: (a) responses to OVC at family and community levels; (b) access to services; (c) government policy/legislative reform; (d) advocacy/ social mobilization; (e) monitoring and evaluation; and (f) capacity building.

Among other policy frameworks, the African Youth Charter (AYC) and the Africa Decade Plan of Action for Youth Development provide clear direction for youth development in the continent and the region. Commitment to youth development is unprecedented, evidenced by for example, the decision by African Heads of States to commit their Summit from 30 June to 1 July on the theme “Youth Empowerment for Sustainable Development”. The AYC sets out the several parameters that should guide youth development for example, Youth Participation; Skills Development; Sustainable Livelihoods and Employment; Health; and Peace and Security.

While it is acknowledged that these are weak, systems and tools for enumerating OVCs exist at different levels of capacity in different Member States. Data is increasingly being gathered through Demographic Health Surveys, census enumerations, special surveys and in some cases, projections are done, particularly with assistance from the United

Nations, using models and assumptions based on patterns, levels and trends on vulnerabilities associated with OVC&Y.

However, successful implementation of national policies and programmes remain a challenge. For example, the NPAs do not provide a standardised and adaptive approach to deliver services to OVC. The involvement of caregivers and people living with HIV and AIDS in policy and programme development for OVCY is minimal while vital registration systems in Member States are generally weak.

It was also evident from the study that, there is no common monitoring and evaluation framework for OVC and Youth at regional level that provides harmonised standards and indicators for comparing efforts and progress across Member States.

2.3 Conceptual Understanding of M&E for OVC&Y in SADC

The study adopts an understanding of M&E provided by the major donors globally and in the SADC region to ensure that the study, its recommendations and follow up implementation of these recommendations have relevance to Member States and are consistent with best practice M&E as promoted by technical and funding partners.

The study adopted the Results-based M&E systems approach designed to address the “so what” question, and provide feedback on the actual outcomes and goals of government actions (Kusek and Rist, 2004: 1) which demonstrates value for money spent. In this study, “*Monitoring* is a continuous routine tracking key elements of programme performance (usually inputs and outputs)” (Global Fund et al, 2006:13). It uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an on-going development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds. The study also operationalises *Evaluation* as the “systematic and objective assessment of an on-going or completed project, program, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact, and sustainability” Kusek and Rist (2004:12). Monitoring and evaluation are complementary and can be done at the project, program, or policy levels (Kusek and Rist, 2004: 13).

3 OBJECTIVES OF THE ASSESSMENT

3.1 Objectives

The overall objective of the consultancy is to establish the extent to which key sectors responsible for delivering services for children and youth in SADC Member States have capacity for M&E/ MIS on OVC&Y. The specific objectives of the assessment are to:

- a) Review the status of MIS of key sectors that deliver basic services for children and youth in the SADC Region and the extent to which they address the OVC&Y in terms of what exists, the gaps and the opportunities
- b) Draw up a regional monitoring and evaluation (M&E) framework consistent with the comprehensive approach to service provision for OVC&Y; and

- c) Prepare a capacity building plan for strengthening systems at national and regional levels in SADC.

3.2 Deliverables

The TORs issued by the SADC Secretariat specified the project outputs from this review and assessment of MIS for OVC&Y in the SADC Region as follows:

- a) A detailed assessment report on the status of MIS for OVC&Y particularly among sectors that deliver minimum basic services for children and youth in the SADC Region
- b) A regional M&E Framework for OVC&Y; and
- c) A capacity building plan for strengthening MIS for OVC&Y in the SADC Region.

4 METHODOLOGY FOR THE ASSESSMENT

4.1 The Scope of the Study

The study targeted M&E for OVC&Y of sectors that deliver services for OVC&Y, primarily those dealing with youth development; social development/services and child welfare; health; education; national statistics and planning in all Member States of SADC (with the exclusion of Madagascar which is currently on suspension). At the Secretariat, the review focused on programmes within the Directorate of Social Human Development and Special Programmes, the SADC Statistics programme in the Directorate of Policy Planning and Resource Mobilisation, and the Hunger and Vulnerability Assessment and Analysis programme in the Directorate of Food Agriculture and Natural Resources. Regional and national civil society organisations and research institutions in SADC were also targeted.

Following the recommendation of the meeting of the Technical Working Group at SADC on the 6th of August 2010, this assessment took the position that MIS is part of M&E systems in general and not the other way round.

The key research questions of this assessment were formulated as follows:

- To what extent does M&E and MIS for OVC&Y exist?
- What services are provided for OVC&Y and what OVC&Y indicators are being tracked?
- What is involved in the process of collecting, analysing, storing and disseminating OVC&Y data and information?
- What are the policy mechanisms that guide the monitoring and evaluation of OVC&Y programming?
- What are the major capacity gaps and challenges that exist in monitoring and evaluating OVC&Y programming?
- What recommendations can be proposed to improve M&E for OVC&Y in SADC?

4.2 Research Methods

The study adopted a phenomenological research paradigm. This approach relied on the collection of mainly qualitative data. Three forms of data collection were used namely: (a) literature review on M&E for OVC&Y from policy and strategic documents, M&E plans and previous research and evaluation reports; (b) field survey and telephone interviews, in particular, interviews with key informants; and (c) observations of M&E systems and operations in Member States and at regional level. The different methods of data collection were meant to complement each other and serve a cross validation function to aid credibility to the research findings. This mixed method research approach

was preferred as it enables the researcher to simultaneously answer exploratory and confirmatory questions and thereby verifying and generating theory about complex social phenomena in the same study (Teddlie & Tashakkori, 2003; Kelly, 2003). The approach also makes up for the weaknesses and limitations inherent in individual methods (Silverman, 1993:2) to avoid jeopardising the study's feasibility (Mathison, 1988). The different methods are described below.

4.2.1 Literature Review

The researchers identified, collected and reviewed documents, from various sources (governments & institutions, civil society organisations, and UN agencies) which provided extensive data/information on OVC&Y issues. These included NPAs, OVCY programme strategies, plans, monitoring and evaluation frameworks, M&E National Policy Frameworks, M&E Action Plans, OVC&Y study reports conducted by other stakeholders such as donors, government, civil society, etc. (*A comprehensive list of materials reviewed in this assessment is given as Annexure 1*). The documents were acquired in the following ways:

- ✓ Downloading from websites through the Google search engine
- ✓ Some were collected from Member States on field visits by the researchers for cross validation purposes and some were sent electronically by respondents as supporting documentation.

The researchers used the documents to draw data on the following themes:

- ✓ Existence of Policy guidelines and legislative framework to enforce M&E of OVC&Y programming.
- ✓ Service delivery Indicators being captured
- ✓ Existence of M&E systems for OVC&Y and M&E capacity
- ✓ Data collection, analysis, reporting and use

(A list of these documents is provided per country as Annexure 2).

4.2.2 Field Interviews with key Informants

Key informants were purposively sampled and interviewed in Member States and at regional level in SADC between August 2010 and April 2011 using a semi structured questionnaire as described below.

4.2.2.1 Sampling Procedures and Sample Size

A three stage sampling protocol was used to sample respondents in this study. The first stage, random sampling was utilised to select the 7 Member States that were to be visited for field work. The Seven Member States were selected randomly using a computer-based random number generation and selection technique through the Stat Trek's Random Number Generator webpage on (<http://stattrek.com/Tables/Random.aspx>). After assigning a number (from 01 to 14 inclusive), to each one of the 14 Member States, the seven countries that were drawn for field work were; (06-Zimbabwe); (14-Mauritius) (07-Namibia; (12-Swaziland; (05-South Africa); (01-Lesotho); (13-Zambia). (*the random generation table is attached as Annexure 3*).

How respondents were chosen:

The second stage of the sampling methodology was purposive sampling which was utilised to identify the M&E/MIS specialists in the various sectors which offer services to OVC&Y in the different Member States who would serve as key informants for the study. The target sample requirements for this group were predetermined and specified at the

planning phase of the Assessment as at least one senior representative from selected sectors that deliver services to OVC and Youth which are: Education; Health; Social Welfare/services; Youth; National Planning (including statistics); NGO/Civil Society Organizations; SADC Secretariat; and national AIDS councils and commissions. The study purposively and conveniently selected these key informants on the basis of their knowledge and participation in M&E and MIS issues and their knowledge of OVC&Y issues at country and regional levels.

The third stage of the sampling methodology was done through snowballing. Snowballing was implemented to identify additional/other respondents who could participate in the study using the purposively identified respondents from the selected countries. The additional respondents were approached due to their unique and comprehensive knowledge of OVC&Y issues (*Expert opinions – leaders in the field of study*).

The researchers visited a randomly selected sample of 7 Member States as opposed to visiting all the 14 Member States due to budget limitations. In countries that were visited, despite efforts provided by country focal points to schedule appointments, it was not always possible to access the desired stakeholders in country visits due to changing schedules and commitments which could not be avoided by the targeted respondents. However, this did not affect the quality and use of the study as the required data was collected from countries that were not visited through telephone and email interviews as well as desk review of existing documents.

4.2.2.2 Response Rate

A total of 84 participants (i.e., 6 participants per country) were contacted to participate in the study, through interviews (telephone or face to face) and email, xxx participants responded giving a response rate of xxxx%. However it is important to note that some countries and sectors were more represented than others. Given below is the distribution of respondents by country and sector.

Table 2: Distribution of respondents by country and sector

COUNTRY	SECTOR						TOTAL
	Education	Health& NACs	Welfare	Youth	Planning	NGO/CSOs	
Angola	-	-	1	-	-	-	1
Botswana	-	-	-	1	-	1	2
DRC	-	2	-	1	1	-	4
Lesotho	3	1	2	2	-	5	13
Malawi	-	-	-	2	1	-	3
Mauritius	2	1	-	-	-	-	3
Mozambique	-	1	1	-	-	-	2
Namibia	1	1	2	2	1	1	8
Seychelles	1	1	1	1	-	1	5
South Africa	2	-	1	1	-	5	9

COUNTRY	SECTOR						TOTAL
	Education	Health& NACs	Welfare	Youth	Planning	NGO/CSOs	
Swaziland	3	2	-	2	3	3	13
Tanzania	1	2	1	1	0	4	9
Zambia	1	2	1	1	1	-	6
Zimbabwe	-	2	1	1	-	2	6
Totals	14	15	11	15	7	22	84

In addition, 5 interviews were conducted with informants from regional and international institutions, in particular UNICEF, UNFPA, UNAIDS, REPSI, and Save the Children. The list of respondents is attached as Annexure 4.

In as much as the Terms of Reference required country reports to be generated from the review and assessment process, to generate country reports would have required an in-depth business process review of M&E systems at a national level in the various sectors that offer services to OVC&Y in the SADC Region. Indeed, this review and assessment would have benefitted from such an in-depth business process review of management information systems (data flow) in the various sectors that offer services to OVC&Y at national than the high level regional review of M&E/MIS systems that was conducted in this case. However, following the piloting of tools in Zimbabwe and South Africa, this process was considered impossible because of the wide range of sectors to be covered, the amount of time and effort that would have been required to visit communities and district data sources, and the subsequent cost. In addition, such information would not have added much value to a regional report, as it would have at national and sub-national levels.

Regarding the profile of respondents who participated in the study, the respondents represented different functions within their organisations ranging from monitoring and evaluation; executive management; statistics; planning, community services; information systems; social work and specific service specialists such as education, and child protection, youth. The largest proportion of the respondents interviewed was from the organizations' M&E functions as shown in Table 3.

Table 3: Respondents' Profiles

Respondent Job Title	Frequency	%
M&E Director/Manager/Specialist/Coordinator/EMIS	18	24.3
Director/Chief Director/Acting	13	18.6
National Coordinator/Administrator	5	7.1
Senior Statistician/Statistics Officer	5	7.1
CEO/SG/Executive Director	4	5.7
Child Rights/Protection Specialist	3	4.3

Respondent Job Title	Frequency	%
Deputy/Assistant Director	4	22.6
Information Advisor/Communications Assistant/Snr PRO	3	16.7
Manager/Snr Manager Community Services	2	6.0
Senior Economist/Economic Planner	3	6.0
Child Welfare Officer/Rights Dev Advisor	2	4.8
Chief Social Welfare Officer	1	3.6
Regional Programme Manager	1	4.8
Chief Systems Administrator	1	3.6
Control Social Worker	3	2.4
Education Specialist	1	3.6
Chief Information System Officer	1	2.4
Social Policy Specialist	1	1.2
M&E officer	4	1.2
Other	6	1.2
Not Stated	1	3.6
Total	84	100.0

In accordance with the tradition of qualitative research, a sample size of 71 key informants together with country specific documentation and observations was considered adequate to meet the requirements of the M&E Assessment. Blanche and Durrheim (1999: 45) argues that “Types of research that are less concerned with statistical accuracy than they are with detailed and in-depth analysis such as interpretive and constructionist research, qualitative research and exploratory research – typically do not draw large or random samples.

4.2.2.3 Semi-structured questionnaire

Prior to being used, the assessment instrument (*see annexure 5*) was reviewed by the SADC Secretariat technical team and piloted in Zimbabwe and South Africa and reviewed for improvement. Interviews involved probing to get in-depth information on the key issues of the M&E that were being assessed. The assessment questions were designed to capture responses to the following themes that were central to this study as informed by the research design:

- Existence of M&E/MIS for OVC&Y
- Policy Guidance on M&E/MIS
- M&E/MIS Data Collection Process
- M&E/MIS Data Storage Processes & Mechanisms

- M&E/MIS Data Analysis Processes & Mechanisms
- Data Reporting, Sharing Dissemination Processes and Mechanisms
- Use and Users of M&E/MIS
- Capacity for M&E/MIS
- Service Delivery for OVC&Y and Measurement/Indicators

4.2.2.4 Administering the questionnaire

The assessment was conducted between August, 2010 and April, 2011. Key informant interviews were conducted over a period of six months from November, 2010 to April 2011. The researchers emailed the questionnaire in advance to pre-identified respondents for them to familiarise with or attempt to complete them in advance of the one on one interview with the interviewer who visited their country. Those who were not available for the face to face interviews were requested to complete the questionnaire and email back their responses to the researchers. This approach was also applied in cases where the researchers could not visit a particular Member State.

4.2.3 Physical Observations

Physical observation of M&E/MIS systems/infrastructure in Member States sectors was also carried out where practical. The researchers observe examples of Member States M&E systems that include some OVC&Y data for instance in Namibia, Zambia, Lesotho, and South Africa. The physical observation of the infrastructure included getting a first-hand view of how data bases are structured and accessed, viewing intranets as well as checking, capacity in terms of personnel, equipment, and observation of staff at work, (data capturing and analysis-software being used).

4.3 Data Analysis and Presentation

4.3.1 Data Analysis

Data analysis sought to provide meaning to the data and to respond to the original questions of the review and assessment on the situation of M&E for orphans, vulnerable children and youth in the SADC region. Data was collected from 71 respondents drawn from the 14 countries and was inclusive of responses to key informant interviews, and responses to emailed questionnaires. Data was also drawn from the documents reviewed from all the 14 Member States. Drawing on the research design matrix that was developed prior to embarking on the assessment and following the piloting of research tools and subsequent discussions with the focal person at the SADC Secretariat, the data sources and data gathered from them was considered sufficient to respond to the main questions of the study, and in particular, for use to generate the regional documents - the M&E Framework and Capacity Building Plan.

Data analysis was conducted at two levels as follows:

- The responses of individual key informants on their understanding of the situation of M&E in their organisations or countries. Whatever the key informants reported was considered as matter of fact. This included using excerpts of sentiments from respondents to emphasise on their perceptions of the functionality of the M&E system in cases where it was said to exist, or the some of the underlying organisational politics or human factors that resulted in the effectiveness or non-effectiveness of the M&E system. These excerpts also demonstrated frustrations and praises of the M&E system.

- The organisation and policy environment with regards to the extent to which it was supportive to M&E for OVC&Y or M&E in general.

Data from key informant interviews and document review played an equally important function during analysis, and together with physical observation. The three approaches also served a cross validation function in cases where they were all applied in the same research setting, to reinforce or add to the data drawn from either of them. It is important to note however, that it was not always as possible to apply both methods in combination in all countries and all research settings. In cases where no interviews were conducted, data from document review comprised the basic “raw material” that was analysed.

With regards to the analysis of data from key informants, the researchers went through each questionnaire and analysed responses question by question. With regards to document review, the researchers went through the documents and extracted the relevant information that responded to questions of the assessment as informed by the research design matrix.

Data from both key informant questionnaires and document review and observation was coded and categorised and presented as explanatory narrative under the main themes of the study that have been highlighted in sub Section 4.2.2.3, which related to establishing: (a) Existence of M&E/MIS – (i) general, (ii) for OVC&Y, (iii) M&E policy framework; (b) M&E processes and mechanisms for (i) data collection, (ii) data storage, (iii) data analysis, and (iv) information dissemination and reporting; (c) capacity needs and gaps; and (d) services delivered to OVC&Y and indicators for measuring service delivery. In other cases, the analysis included drawing out themes that emerged from the patterns of data that may not have been expected in advance of the study. This included conducting an analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) of the M&E systems. This SWOT formed the basis for drawing recommendations for capacity building. Where necessary to highlight a particular phenomenon that was emerging from the study, simple averages and percentages were used.

Data analysis, including the recommendations that emerged from the study, also involved a process of deduction (making sense, and deriving meaning) from the findings, based on an understanding of M&E derived from established theory and existing or recommended good practice on M&E applied globally and in the region as described in sub Section 2.3, “Conceptual Understanding of M&E for OVC&Y in SADC”. This understanding, which was derived during initial literature review, informed the entire research design and the conclusions of the assessment.

As indicated earlier in this section, to enhance the validity of the study, a mixed method approach was employed due to among other reasons, it’s cross validation benefits. For instance, where interviews were conducted, researchers further requested documentation that, for example showed OVC&Y indicators Member State institutions are tracking. Responses to this question in the questionnaires were cross validated by reviewing M&E plans or OVC&Y programming documentation for the particular institution. Thus in this context, data provided by respondents through one on one interviews were cross validated/supported by documentary evidence.

4.4 Study Limitations and How they were Addressed

A major risk that could have compromised the reliability of the study was that the questionnaires could be responded to by people who had little or no knowledge of the technical subject matter of M&E. To minimise this risk, Senior

Officials responsible for M&E and OVC&Y service delivery issues in targeted institutions were contacted beforehand and were regarded as the key informants and experts in their organisations and as such fully adhered to the sample requirements.

Another risk of the study was that of response bias, which could have emanated from respondents viewing the study as a critical review / audit of data management in their institutions. Participants could have interpreted their responses as criticising some of their colleagues, their seniors and institutions, and thus would have been tempted to glorify (Dzirikure, 2010) their M&E systems or carefully avoid issues of rating their own institutions' performance in this matter. To minimise this risk the researchers assured the respondents that their responses were confidential.

The other limitation that was experienced during the study was that of low response rate in some Members States. In areas where such was experienced, researchers relied heavily on country literature to draw responses to answer the questions of the study. Respondents were one source of data among the three methods and all three methods contributed equally to the findings of the study.

5 FINDINGS OF THE ASSESSMENT OF M&E for OVC&Y

5.1 Introduction

This section records the findings of the review. The findings are organised according to the main key themes of the study as indicated in sub Section 4.2.3 in this report which are: a) Existence of M&E for OVC&Y including M&E policy framework and the implications for strengthening the environment for M&E for OVC&Y; b) processes and mechanisms for (i) data collection, (ii) data storage, (iii) data analysis, and (iv) information dissemination and reporting, and (v) implications for strengthening processes and mechanisms for M&E for OVC&Y; (c) strengthening of M&E systems for OVC&Y in particular (i) capacity needs for M&E, and (ii) resources for M&E, and (iii) implications for strengthening resourcing for M&E for OVC&Y; and (d) services delivered to OVC&Y and indicators for measuring service delivery, and implications for strengthening indicators for M&E for OVC&Y, as shown in sub Section 4.2.2.3. The findings are drawn simultaneously from data gathered using the interview questionnaire, document /literature review and observations.

5.2 Existence of M&E for OVC&Y

5.2.1 Evidence of existence of general M&E Systems

The assessment sought to establish if M&E systems of sectors that provide services to OVC&Y were general (that is measuring service delivery to all children and youth or to the entire population regardless of vulnerability) or if they were also specifically measuring service delivery for OVC&Y at national and regional levels in SADC. The findings that are described in this section were drawn from key informant interviews, document review and observations

Findings from key informant interviews indicate that, some institutions had M&E systems in place which were generally responding to the entire population regardless of vulnerability. This finding was consistent with the desk review of the various government ministries' strategic plans which indicated that, their mandates were broader than OVC&Y, such as the Ministry of Health, Ministries of Education, and HIV/AIDS agencies. As depicted in Table 4, responses from the interviews with key informants indicated that, almost all sectors in all Member States reported that

their organisations had M&E systems in place to measure the extent to which they were fulfilling their sectoral mandates in general.

At regional level at the SADC Secretariat, a Statistics Unit and M&E experts exist who serve different sectors including the sector responsible for social and human development and special programmes. However, the M&E systems are still weak. Interviews with experts at the Secretariat indicated that although the SADC main document that guide all programmes called the Regional Indicative Strategic Development Plan (RISDP) was approved in 2003, efforts are only being made now to develop an M&E Framework for this important document. Sector programmes such as Employment and Labour, Education and Skills Development and Gender, some projects on health were also making efforts to establish M&E systems although this appeared to be work in progress. In the directorate for social issues, only the HIV and AIDS programme had an M&E framework which produced a regional progress report on HIV and AIDS. However, this did not track OVC&Y indicators. This provides an opportunity to link the M&E Framework for OVC&Y to the broader Secretariat M&E for RISDP and for specific sector programmes.

Table 4: Existence of M&E Systems for different sectors in SADC Member States

Country	Education	Health	Social Welfare	Youth	CSOs	National Planning
Angola	✓	✓	✓	X	✓	✓
Botswana	✓	✓	✓	✓	✓	✓
DRC	✓	✓	✓	✓	✓	✓
Lesotho	✓	✓	✓	✓	✓	✓
Malawi	✓	✓	✓	✓	✓	✓
Mauritius	✓	✓	✓	✓	✓	✓
Mozambique	✓	✓	✓	✓	✓	X
Namibia	✓	✓	✓	✓	✓	✓
Seychelles	✓	✓	✓	✓	✓	✓
South Africa	✓	✓	✓	✓	✓	✓
Swaziland	✓	✓	✓	✓	✓	✓
Tanzania	✓	✓	✓	✓	✓	✓
Zambia	✓	✓	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓	✓	✓
KEY:						
X	Data not available					
✓	System exists					

5.2.2 Existence of M&E Systems with OVC&Y

A follow up question was asked to establish if Member States had M&E systems specifically for OVC&Y. The study shows that except for departments responsible for coordinating OVC and youth, most institutions' mandates are broad (covering all children and all youth, and people of all ages). Their M&E systems were therefore not specific to capture OVC&Y data or indicators, even in some cases such as in Health, where indicators that were said to measure OVC&Y would identify general lack of service (general vulnerability) and not indicate if those lacking the service were indeed orphans or vulnerable children and vulnerable youth. However, efforts were being made to measure the proportion of a population that was not being reached by services (vulnerable), with some sectors such as HIV and AIDS and to some extent Education specifically using few indicators that capture data on OVC&Y. Interestingly, desk review revealed that there is a lot of support for M&E systems that track OVC&Y data from the donor community such as UNICEF, Global Fund, United Nations to name just a few. This finding was consistent with the consultative interviews with the key informants on the several examples of Member State M&E systems that include some OVC&Y data -that were observed. The table below indicates countries where M&E systems were reported to also include indicators for OVC&Y.

Table 5: Existence of M&E Systems with OVC&Y

Country	Education	Health	Social Welfare	Youth	CSOs	National Planning
Angola	✓	✓	✓	X	✓	X
Botswana	✓	✓	✓	✓	✓	✓
DRC	X	✓	✓	✓	X	✓
Lesotho	✓	✓	✓	✓	✓	X
Malawi	✓	✓	✓	✓	✓	X
Mauritius	✓	✓	✓	✓	✓	✓
Mozambique	✓	✓	✓	✓	✓	X
Namibia	✓	✓	✓	✓	✓	X
Seychelles	✓	✓	✓	✓	✓	✓
South Africa	✓	✓	✓	✓	✓	✓
Swaziland	✓	✓	✓	✓	✓	✓
Tanzania	✓	✓	✓	✓	✓	✓
Zambia	✓	✓	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓	✓	✓
KEY						
X	Data not available					
✓	System exists					

5.2.3 Policy environment for M&E and its enforcement

5.2.3.1 Existence of policies for M&E for OVC&Y

The assessment also sought to establish the existence of policy frameworks that guide implementation of M&E in different organisations and sectors that were targeted.

The study showed that general policies, legislations and programmes on children and OVC in SADC countries, are predominantly guided by the United Nations Convention on the Rights of the Child (CRC), and the African Charter on the Rights and Welfare of the Child (ACRWC). The CRC and ACRWC sets out the civil, political, economic, social, and cultural rights of children. However, these do not have specific indicators to measure their implementation.

All SADC Member States are members of the UN. They have also committed to the MDGs since they were promulgated. MDGs have clearly defined indicators for monitoring most of the services that SADC has defined as basic under its Minimum Package of Services. This provides an opportunity for building a harmonised M&E system in SADC. The desk review on MDGs indicates that, all countries report on MDGs. But MDGs do not dis-aggregate OVC data. They are however some indicators specific to adolescents and youth vulnerability such as in the area of HIV and AIDS. In addition to that, indicators on vulnerable children in Health, HIV and AIDS and Education exist, but do not necessarily disaggregate orphans. They measure general absence of services among children, but do not say which category of children is typically missing out on services. International organisations such as UNICEF, UNESCO, UNAIDS, UNFPA and ILO have developed global M&E indicators some of which are specific to OVC and vulnerable youth. These can be adapted by SADC for OVC&Y.

Member States' progress reporting to SADC for regional comparison was noted to be weak or non-existent for most sectors, particularly on OVC&Y. For example, the SADC Statistical Year Book report focuses primarily on economic indicators and a few general social indicators - school enrolment and health.

Regarding policy frameworks for Youth, the review established that, the African Youth Charter (AYC) creates a binding framework for governments to develop supportive policies and programmes for young people, and serves to fast-track the implementation of such policies and programmes. It also provides a platform for youth to assert their rights and fulfil their responsibility of contributing to the continent's development. However, the AYC was only approved in 2006 and ratified in 2009 and there is currently no M&E system at continental level to guide Member States to develop their own M&E systems. It may be useful for SADC to develop youth M&E indicators that are consistent with AYC and pioneer for the continent.

5.2.3.2 Policy Enforcement Mechanisms

The study also sought to find out if there were any mechanisms in place utilised to enforce M&E among different service providers. From the participants who responded to this question, the most frequently mentioned response was the requirement for periodic and ad hoc reporting, largely to fulfil the reporting requirements of 'external' donors set in Financing Agreements or political/administrative periodic progress reporting. However, this raises the spectre of form filling M&E compliance which may fail to address fundamental questions of improving service delivery. Some respondents reported that their M&E Units undertake random data audits and verifications as well as assessments of how well routine data collection from service transactions is being implemented (they also audited performance

evidence). Document analysis of the various reporting plans of the different sectors, revealed that, other forms of enforcement mechanisms that are being utilised include; M&E compliance Audits; Data Verification, M& E scheduling, and aligning KPIs with the strategic mandates.

A critical analysis of National Action Plans for OVC (NPAs) or (NAPs) in SADC indicated that, the majority of them recognize the principles of comprehensiveness and multi-sectorality, networking and collaboration between different service providers. They also prioritise, among other issues, Government policy/legislative reform, monitoring and evaluation and capacity building.

These policy frameworks in particular the NPAs and their principles provide an important opportunity for the development an M&E system that measures comprehensive service delivery through inter-sector, multi sector collaboration as aspired to by SADC and to enforce their implementation. In strengthening M&E systems for OVC&Y in SADC, reference could be made to the “Three Ones” promoted by UNAIDS for the HIV and AIDS globally. Among the “Three Ones” is one national monitoring and evaluation mechanism – which in this case would be for OVC & Y.

5.2.4 Challenges and opportunities for M&E Systems for OVC&Y

Respondents were asked to indicate challenges facing their M&E efforts and how the situation of M&E for OVC&Y could be improved. Respondents indicated that there were a plethora of challenges facing the operationalization of M&E Systems for OVC&Y at Member State level. Even though M&E systems might exist, these systems are weak due to lack of resources both human and financial. And where finances are scarce, M&E activities are usually not prioritised. These findings are consistent with evidence from existing literature. For example, Keith Mackay (2007) in the World Bank’s primer on *How to Build M&E Systems to Support Better Government* summarizes some of the critical issues and challenges confronting M&E to include:

- limited coordination and harmonization (characterized by separate planning and reporting formats for different funding sources and separation of sector/district policies, budgets, work plans, etc.);
- lack of clarity and consistency in the definition of development goals, targets, and performance indicators;
- inappropriate focus in the assessment of performance (for instance assessing performance in terms of expenditure and bureaucratic activity instead of outcomes and impact crowned rewarding of good paperwork and inconsistent sanctioning of weak performance);
- inflexible adherence to corporate M&E Guidelines; and
- weak management skills at local government levels.

The qualitative findings from key informants are also consistent with the views expressed in a Regional Workshop conducted by UNDP Regional Workshop on Results Oriented Monitoring & Evaluation for countries in Cape Town in November 2004.

Another challenge that was reported was a lack of coordination or harmonization between different sectors and service provider stakeholders, which in most cases resulted in significant duplication of effort.

There were also a few cases of reported absence of M&E systems even when the organizations actually had bonafide M&E functions. In some of these cases, the execution of the M&E function was described as leaning more towards the

ad hoc collection, analysis and reporting of data, at times in reactive crisis mode. In two of these cases, the M&E units were still new and in the process of consolidating their presence and contribution.

The responses with regards to the Strengths, Weaknesses, Opportunities (SWOT) and Threats for M&E that were said to exist in M&E systems for OVC&Y and the policy environment are summarised in Table 6 below:

Table 6: M&E Existence Summary SWOT

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> General M&E Systems exist in most programmes 	<ul style="list-style-type: none"> General M&E for many sector departments and CSOs not specifically designed for M&E for OVC&Y
<ul style="list-style-type: none"> Policies exist that guide service delivery including in some cases, specific to OCVC & youth 	<ul style="list-style-type: none"> Limited harmonization of the understanding of indicators for OVC&Y and coordination among sectors Lack of effective M&E systems makes it difficult to improve and measure services to OVC&Y
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> Since general M&E Systems already exist so sectors can build-in OVC&Y indicators Existing policies that guide services delivery for OVC&Y including MDGs and OVC and youth specific policies provide the basis for M&E systems for OVC&Y where they currently do not exist or strengthening. In particular, the development of minimum package of services provides an M&E benchmark for vulnerable children and youth 	<ul style="list-style-type: none"> Absence of clearly defined policy enforcement mechanisms for M&E, making it difficult to ensure compliance across different sectors and stakeholders at national and regional levels M&E primarily driven by reporting compliance makes it less valuable to inform service improvement

5.2.5 Implications for Strengthening Policy Environment for M&E

Drawing from the findings above, it can be concluded that most sectors do have M&E systems in place but they are very weak, particularly with regard to tracking OVC&Y. In addition to that, a few M&E systems are still in their infancy. Sectoral service provision for OVC&Y is all guided by sound policies and in some cases legislation at international, regional and national levels. It is therefore important to ensure that any effort to strengthen M&E for OVC&Y is built on existing policies, strategies and programmes. These efforts should also be coordinated to avoid overlaps.

Monitoring and evaluation, and in particular performance based monitoring is a fairly recent phenomenon which is often considered as fault finding and thus resisted by management and lower ranks in organisations. It is critical for SADC and its partners as well as government to sensitise and advocate all stakeholders at all levels on the importance of M&E to the benefit of their own efforts and to facilitate effective delivery of services for children and youth. It may be important to put in place guidelines and mechanisms that ensure compliance to M&E by all service providers at national and regional levels. The MDGs for example, provide an opportunity for harmonising impact indicators at national level in SADC as it is globally. However, process indicators are also critical given that “the process is as important as the outcome”.

5.3 M&E Processes: Data Collection to Dissemination and Use

“Errors using inadequate data are much less than those using no data at all” (Charles Babbage British Mathematician and Inventor, 1791-1871)

5.3.1 Collection of data for M&E

One of the key focus areas of this study was the review of OVC&Y related data collection processes in the Member States. Although a comprehensive business process review of M&E systems was not undertaken in this study, a detailed high level analysis of the data collection process that was undertaken revealed some interesting findings. For easier interpretation of these findings, this theme has been broken-down into the sub-variables that follow.

5.3.1.1 Main methods used to collect data and timing of data collection

The assessment established that different methods were being used to collect data depending with the level of data collection, the intended use and also who collected it. The commonly revealed collectors of M&E data in most SADC Member States and at regional level include the Central Statistical Offices, United Nations agencies such as UNICEF, WHO, UNAIDS and UNFPA, USAID, and Family Health International (FHI). Different individual civil society organisations and community based organisations such as church groups and research institutions also collect data, often for programme /project design, performance related assessments and evaluations as well as academic purposes. Government institutions such as departments/ ministries such as Health, Social Welfare, Child Welfare, Home Affairs, Police, Justice, Youth, and Education, often collected data with support from United Nations and donors, or through regular vital registration systems. The choice of methods and tools often depend on whether the data is for national and international use, and for measuring impact and outcomes on the one hand, and or for localised programme /project use measuring outputs and inputs.

(a) Measuring impact and outcomes as well as general population dynamics

The review established that, data is collected in various methods at National and sub-national levels. At the national level, data is obtained through periodic data collection mechanisms and population based mechanisms that utilize globally recommended core indicators such as:

Population based mechanisms

1. National Census: typically collects general information from the entire population with little or no OVC and youth vulnerability indicators measured. However, it collects important demographic information such as number of children and youth that can be used as denominators for when comparing OVC or vulnerable youth to the generalised population of children and youth. This is normally collected every 10 years in most SADC Member States.
2. Demographic and Health Surveys (DHS): a form of household survey, which uses a selected sample of households to generalise information to the entire population. Most SADC countries use DHS to collect specific data on OVC but hardly on youth. DHS are normally collected every 3-5 years. Desk review indicates that, these are often designed in standardised formats globally, driven and supported by USAID in conjunction with Country Health Ministries and with contributions from other donors such as UNICEF, UNFPA, WHO, and UNAIDS. Indicators may differ according to country needs for example; the last DHS in Malawi for example did not collect OVC information.
3. Multiple Indicator Cluster Surveys(MICS),
4. AIDS Indicator Surveys (AIS),
5. Living Standards Measurement Study (LSMS) for cost-effectiveness

6. Special studies/surveys: These are conducted to measure particular population groups or services or vulnerabilities. They may include Behavioural Surveillance Surveys typically used in HIV and AIDS. The government of Malawi for example, collects data on OVC using specially designed vulnerability studies. Generally special surveys can be conducted as frequently as 3- 5 years or less often depending on need.

These are higher-level data collection systems that quantitatively measure outcome and impact through morbidity, mortality, economic effects, etc.

(b) Measuring outcomes, outputs and inputs

Other methods of data collection typically apply to measuring outcomes (to some extent), outputs and inputs, to establish the efficiency and effectiveness of programmes /projects implementation and management processes and strategies. These include routine data collection mechanisms such as:

- Baseline studies and evaluations, organizational capacity assessments
- Monitoring visits
- Review meetings
- Performance, progress and review evaluation studies, and
- Vital registration systems. These are noted in literature to be very weak and less reliable in most southern African countries.

These are often conducted within a period of anything less than a year to 3 years depending on need. The assessment revealed that most organisations, particularly CSOs, conduct these data collection processes routinely primarily to comply with donor requirements.

5.3.1.2 Standardisation of Tools for Data Collection

Several tools are used to collect data. Drawing from the feedback from the participants in the study, verified through the documentation provided, transaction forms and registers were commonly reported as being used to collect data at facility /local level or at source, followed by survey questionnaires. The full range of data collection tools that were noted by key informants are shown in Table 7. These were also confirmed through document review which added cameras to the list.

Table 7: Types of Data Collection Tools

Routine data collection tools	Population based data collection tools
Transaction forms and registers	Census questionnaires
Spread sheets/Online Tools	Survey questionnaires
Qualitative Tools	Qualitative tools
Electronic (Audio/Visual) e.g voice recording gadgets, cameras)	

The type of tools used depends with the type of method used and the frequency of data collection. Routinely collected data (routine data), of which the majority are input and service output indicators, is gathered on a regular basis to provide information on the progress of program implementation, through routine data collection tools. Activities, such as population census and surveys which often take place after a long period to establish nationally representative data

and to measure outcomes and impact, use specifically designed census and survey questionnaires, whereas service /facility or output related data collection uses local registers and forms that can be completed on a daily basis.

It was also evident from the study that, M&E systems of different organisations measure different variables/indicators. To establish this, the study compared these indicators to assess the extent to which they were common among different organisations and countries or not. Table 8 below compares the M&E tools of two civil society organisations and two government sectors in an attempt to establish the extent to which these tools measured similar indicators /variables. An analysis and comparison of responses from key informants and a review of Member State documentation summarised in Table 8, indicates that the tools and questionnaires used to collect M&E data by locally focused or individual organisations vary between organisations, often depending on the type of information required and its purpose (for example donor compliance reporting). Large surveys such as census and DHS would however typically use fairly standard questionnaires.

Table 8: Example on Comparison of two types of data collection tools used by different organisations

FIELDS/VARIABLES	FORM – CSO 1	FORM – CSO 2	FORM 3- SECTOR 1	FORM 4 - SECTOR 2
Name	✓	✓	✓	✓
Gender	✓	✓	✓	✓
Age/DOB	✓	✓	✓	✓
Grade	✓	✓		✓
Village/Location	✓	✓		
Upkeep Responsibilities				
Food	✓		✓	✓
Clothes	✓		✓	✓
Accommodation	✓		✓	✓
Medical Expenses	✓		✓	✓
School Fees	✓		✓	✓
Spiritual Nurture		✓	✓	✓
Health		✓	✓	✓
Disability		✓	✓	✓
Weight		✓	✓	✓
Height		✓	✓	✓
Chores		✓	✓	✓
Family		✓	✓	✓
Primary Care Giver		✓	✓	✓
Single/Double Orphan		✓	✓	✓

FIELDS/VARIABLES	FORM – CSO 1	FORM – CSO 2	FORM 3- SECTOR 1	FORM 4 - SECTOR 2
Involved in education & training			✓	
Name of school	✓			✓
Name of guardian	✓	✓		✓
Parent’s name (deceased)	✓	✓		✓
Parent’s Name(Alive)	✓	✓		✓
Was child abused	✓		✓	✓
What type of abuse	✓		✓	✓
Removed from abuser	✓		✓	✓
Inheritance claim	✓		✓	✓
Not orphaned but vulnerable	✓		✓	

As the table above shows, there are several overlaps in the data collected by the recorded stakeholders. However, there are also significant differences in the fields covered. This suggests that different service providers are not always providing the same services or measuring the same services in the same way. These differences were confirmed by one respondent who indicated that:

“The internal tools include the required indicators nationally; the templates are not the same in that as ‘XYZ’ we would also like to incorporate indicators that will be of importance to the organization only (thus making them different)”.

This implies therefore that to ensure comparability of quality of service delivery, services and indicators measured, and the measurement tools should be standardised across different organisations. Some of the differences in these tools were noted even in cases where a similar service was being provided by different organisations in the same country.

5.3.1.3 Time Taken To Review Tools for Data Collection

Consistent with literature review of data collection tools used in Member States, interviews with key respondents indicated that the time taken to review the tools being used for data collection varies between the sectors. The assessment established that sometimes it may take even up to five years as in the case of the Health Sector to review tools for Demographic Health Surveys whereas in the National Planning sector (Central Statistical Office) in case of census survey tools it may take up to 10 years before a tool is reviewed for purposes of the next population census. Thus, a central statistics office, might not need to redesign the tool every time there is a census as opposed to an OVC&Y private service provider who relies on aid, and needs to account to different types of donor/funders’ request which at times might be ad-hoc.

Institutions such as the HIV and AIDS Commissions indicated that, sometimes their tools are reviewed every time when there is a new indicator that has been put forward to improve service delivery and ensure that the service creates

an impact on the AIDS pandemic. In addition to that, this can also be done in liaison with other implementing partners, donors and other sectors that they work in partnership with if they have new indicator requirements. This is to avoid having more than one template, but try to incorporate all the indicators in one reporting tool. In fact, at the time of this review, it was established that for example in Swaziland, there were current efforts to standardize some of the tools such as the Neighbourhood Care Points (NCP) quarterly monitoring tool to be the same nationally, a draft of which was actually being piloted.

Duration of time that it takes to collect data and report it

The study sought to establish the duration of time that it took to collect data and report it at a central point at national level for different sectors. Consultative interviews with key informants in the various sectors in the Member States revealed that, the duration of data collection from source to head office varies with among other reasons, the urgency and reason for data collection. Most respondents indicated that, the duration of time it took to collect and submit data from a facility at community level, to submitting it at head office ranged from less than a week to 4 weeks across for the 3 key service delivery sectors of health, education and social welfare that were reviewed. Ironically, a review of sector documentation indicated that, there were also sharp differences within each sector with some sectors showing shorter time frames than others. Data would often flow from community through other decentralised national administrative structures, for example as highlighted in the following excerpt from one of the respondents:

“Data is collected from communities and Districts on a monthly and quarterly basis this is according to different partners rendering different services to OVC- Some stakeholders report monthly while others reports quarterly and data is then submitted to central level. Supervision is done quarterly by M&E Officers together with some members of the Social Welfare Staff for mentoring and assessment on the proper use of tools”.

It was also interesting to note that, data collection initiatives by Central Statistical Offices (CSOs) and planning commissions which often collect periodic large scale national data could also take long periods of time ,”*sometimes up to between three and six months”.*

However the study also revealed that, where data is collected on a routine basis, the majority of the respondents indicated that it takes between 2-4weeks for data to be collected from the Source to head office. For example one respondent indicated *“about 2 weeks at school levels then about a month at district offices for capturing and submission to Head Quarters”.* The 2-4 weeks is a general occurrence amongst sectors as most sectors would require monthly reports.

In other cases respondents claimed that, *“It can take approximately three or more months due to distance, poor means of communication and unskilled data collectors”.* This was also true in some instances where an institution has to report to an international funder, where institutions might be reporting on a quarterly basis.

5.3.1.4 Forms of Data collected

Reports from respondents and physical inspection of some M&E systems indicate that data is collected in different forms due to the different needs and uses of the data to be collected data. Shown in table 9 are some of the forms/types of data that is collected.

Table 9: Form of Data Collection

Form/Type Of Data	Example
Quantitative/Statistics	<ul style="list-style-type: none"> • Numbers of OVCY, demographic variables
Qualitative/narrative	<ul style="list-style-type: none"> • Narrative reports, interviews • Written testimonials
Audio/Video Recordings/Pictures	<ul style="list-style-type: none"> • Audio/video recordings • Pictures of beneficiaries taken especially during site visit to beneficiaries

In cases where it is collected, the data for OVC is often disaggregated by gender and age group, and also reflect orphan hood status, whether double orphan, maternal or paternal orphan. Institutions such as the World Bank have introduced the concept of social orphans (or children generally neglected by their surviving parents), but evidence from the study do not show instances in which data was being collected on them. These are generally considered under general vulnerable children.

UNICEF, Working Paper, September (2009) “Developing and Operationalizing a National Monitoring and Evaluation System for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS”, notes that, at this level, the collection of quantitative and qualitative data normally focuses on service coverage, access, social support, behaviour change, etc.

However, the review also established that the steps followed in data collection vary according to sectors or institutional requirements. The, steps generally follow a sequence that seeks to address the following: determining the need and type of data to be collected; designing the methodology and tools to collect the data including pre-testing the tools; administering the tools and collecting data /evidence; analysing the information /data (various levels of analysis can be done on data); storing the data and information for potential use by various sectors (in the case of CSOs); disseminating data.

5.3.1.5 Flow of M&E data

Regarding the different levels at which the M&E System collects and manages data, the study revealed that data is normally collected from communities to district level, to regional, to national level. Review of literature and consistent with data from key informant interviews indicated that, in most sectors, M&E data is collected from village level to national level.

Apart from the Education sector who reported that data is usually collected at school level through school registers and in some cases questionnaires (Swaziland EMIS, Zambia EMIS, RSA ENIS). All respondents from the CSO, Health, and Social Welfare reported that data is usually collected from the communities (villages), to district, and then usually to Head Office.

A review of documentation from the some Member States also indicated a similar process, where data is originated by orphan care committees at household and village levels, and submitted to volunteers in the case of non-governmental organisations and community based organisations or a Child Protection Worker in the case of government programmes. Data is then submitted to a District Social Welfare Worker or Assistant, who in turn submits to M&E

programme at national level. The M&E programme analyses the data and produce reports that are shared with different stakeholders.

5.3.1.6 Completeness and Comprehensiveness of Data Collected

The quality of data depends on the design of the tool and the implementation of data collection protocol, capacity of field staff, turnover rate of qualified staff, and consistency in data collection methods over time. Some of the more comprehensive data collection that affects OVC&Y was observed with respect to Education Management information Systems (EMIS) for various Member States. At national level, EMIS relies on a number of data sources inclusive of school censuses and surveys that were conducted periodically. For example, consistent with best practice, South Africa's (SA) School Administration and Management Systems (SAMS) (as reviewed from the **SA-SAMS, Department of Education; 2009**) are structured around the capturing of Learner Information. In order to use the Learner Information module school term dates are required for attendance and school subjects are necessary for modules such as the Timetable module and the Curriculum module. The South African example shows the possibilities, subject to updating of school and learner details being updated timely and accurately, for a more robust system that can be used to anchor data collection, record keeping and processing targeted at OVC&Y.

However, the study revealed that, for purposes of nationwide censuses just about all sector departments and to a large extent the participating CSOs, relied on the statistical services provided by the national central statistics offices in their respective countries.

5.3.2 Storage of Data and Information

5.3.2.1 Levels of storing data and information

The findings reveal that storage of data and information is required at 3 main levels:

- Storage of raw data at the point of collection at facility level or soon after collection at a centralised district, national or organisation level prior to primary analysis.
- Storage of data after primary analysis, for use by different users for secondary analysis. This applies particularly in the case of large data collection processes such as census, DHS conducted by central statistical offices. This is useful at national level as well as to some extent regional level.
- Storage of information (that can be used as secondary data /literature review) in the form of analysed data and reports. This information is particularly useful for regional use such as by SADC Secretariat

5.3.2.2 Ways of storing data

The means or forms in which data is stored vary. Common forms of data storage that were noted during the assessment include quantitative in the form of numbers, narratives such as testimonials, video and camera pictures and voices stored in hard copies or electronically. The main instruments for storing data: hard copies (printed on paper) in filing cabinets, electronically in computers / data bases, tapes and tape recorders /CDs pictures. Increasingly, secondary data or information is stored on internet and can easily be accessed to those with authority to access the websites.

5.3.3 Data analysis processes

For M&E to add value to service delivery enhancement, sound methodological and statistical treatment of data is necessary. The capacity to disaggregate data by location and other variables of interest to OVC&Y such as gender and age are partly dependant on the form in which the data is collected and made available to those responsible for its final analysis.

With respect to data analysis, practically all respondents alluded to quantitative data analysis as the primary form of analysis undertaken with both primary data they were responsible for generating or secondary data obtained from other sources like national statistical agencies. The study also revealed that data is generally disaggregated according to the need of the data collector to include, age, sex, orphan hood etc . Of the respondents who reported collecting or collating quantitative data, 97% shown in Table 10 reported using electronic means (software applications) for data analysis ranging from simple spread sheets like Excel to statistical analysis packages like SPSS and Epi Info (cf table below):

Table 10: Quantitative Data Analysis Tools

Analysis Tools	Frequency*	%
Spread sheet/Excel	23	32.9
Access	8	11.4
SAS	9	12.9
SPSS	16	22.9
EPI INFO	21	30.0
Bespoke Dashboard	7	10.0
Manual	6	8.6

***NB: Multiple responses possible;**

5.4 M&E Data Dissemination, Use and Users of Information

The assessment asked questions around to establish existing mechanisms for sharing M&E data on OVC&Y as well as the uses and users of such information. As depicted in Table 11, the majority (91%) of the respondents who participated in the assessment of M&E for OVC&Y in the SADC Region indicated that they had some form of mechanism, formal or informal, for sharing information concerning the OVC&Y programmes that they implemented:

Table 11: Existence of Formal or Informal Information Sharing Mechanisms

Does a sharing mechanism exist?	Frequency	%
Yes	76	90.5
No	5	6.0
N/S	3	3.6
Total	84	100.0

Table 12 below shows that according to key informants, the most frequently mentioned users of M&E information were Programme/Project Managers (93%), divisional and/or business unit heads (42%), and other stakeholders like donors (31%) and administrative and political centres (27%).

Table 12: Use of M&E Information

Use	Frequency*	%
Accountability (Resources) Reporting	67	95.7
Planning Improved Service Coverage	32	45.7
Mobilizing Resources	21	30.0
Evaluating Programme Effectiveness	58	82.9
Periodic Progress Reporting	68	97.1
Staff Performance M&E	13	18.6
Obtaining Lessons Learned	19	27.1
Programme Impact Evaluation	8	11.4
Programme Decision Making	8	11.4
*NB: Multiple responses possible		

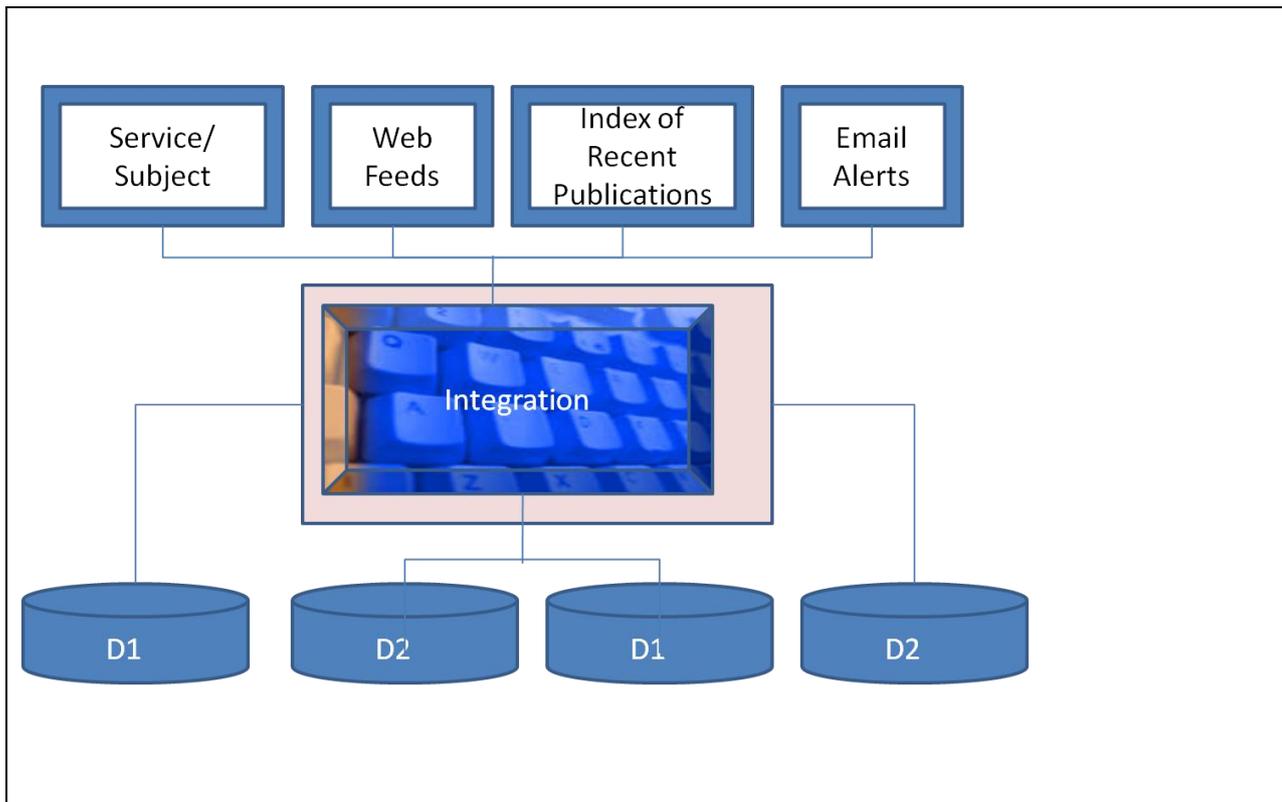
The table above shows that M&E data is used in a variety of ways inclusive of the monitoring and evaluation of programme staff's performance (19%) with the highest uses being given as routine progress reporting (97%) and accounting for programme resource utilization (96%). This is consistent with the observations made by Linda Sussman, Jennifer Lentfer, and Jane Chege (2009); *Beyond Accountability: Harnessing the Power of M&E to Improve OVC Programming* who observes that "Accountability is the primary purpose of the M&E systems required by most donors. For example, PEPFAR set targets and monitors progress toward those targets, requiring grantees to report on the number of children receiving services or the number of caregivers trained".

It is also interesting to note that M&E data is also used for purposes of resource mobilization (30%) as well as improving the coverage of programme services to OVC&Y (45.7%). However, while utilization of M&E data was multi-faceted, it is important to observe that local level and participatory models of M&E data utilization were scarce. Weak utilization for policy planning is corroborated by other secondary data. Utilization of available M&E data for policy formulation and review, strategic planning and programming is weak at local, national and regional levels. For instance, with respect to HIV and AIDS, it has been noted that less effort is invested to advocate for M&E - the 'Third One' of the "Three Ones". Information dissemination systems and strategies are either absence or weak including mechanisms for feedback. Deliberate efforts and mechanisms to learn from each other's successes and mistakes are lacking at all levels – community, national and regional.

The dissemination mechanisms that were mentioned included periodic progress reports (81%), newsletters (22%), workshops (5%), and electronic platforms inclusive of email, internet and databases (12%). The research team were able to view and experience two M&E systems that had capability for a robust dissemination based on integrated

databases and web enabled technology. The technology functionality shown in the diagram below was a reality for some of these respondents with online alerts and publications (cf below):

Figure 1: Electronic Data Dissemination Options



The low mention of results dissemination and discussion workshops may be symptomatic of a weak data utilization culture. Yet M&E data dissemination workshops are generally seen as vital tools for the strategy and programme planning process. Literature from desk review shows that workshops are particularly appropriate for the following:

- presentation and discussion of key M&E findings;
- development of actionable recommendations on the basis of the results;
- development of data use action plans to implement recommendations;
- developing mechanisms to monitor data use action plans;
- development and implementation of follow up plans;
- developing recommendations for M&E teams, programme staff and national stakeholders;
- providing evidence to advocate for programmatic resources;
- better targeting and deployment of programme resources;
- matching service provision and budgets with manifest need; and
- mapping of results and impacts to programmatic interventions.

In some cases, M&E is not necessarily regarded with high esteem and in many others, viewed with suspicion, synonymous with audit and fault finding to expose weaknesses. This is particularly because it is primarily labelled and driven more in terms of compliance reporting than as a tool for learning and improvement.

5.5 Challenges and opportunities for M&E for OVC&Y processes from data collection to dissemination

Adding to concerns raised by key informants, and review of documents such as The SADC Monitoring and Evaluation (M&E) for HIV and AIDS (SADC, 2006), the study notes that there are several challenges relating to the M&E processes in SADC which can be generalised to OVC & youth. The study established that, data collection tools are not standardized across implementers, and indicators are also not harmonised. In particular, global indicators are not always reflected at national level. In many cases, the objectives are not measurable, targets not clearly defined and baseline information lacking.

The data that is collected is often incomplete, unreliable and needs to be validated. Most countries do not have centralised national data bases. This is particularly exacerbated in cases where data collectors do not have enough background or understanding of vulnerability.

There is an inadequate understanding of the concept of M&E and its role in programme management by implementing partners. In addition to that, there is also the issue of unskilled data collectors which lead in most cases to inaccurate data being forwarded to Head Office. Capacity building on M&E is extremely weak and the data that is collected not used at local levels for planning and programming. Technical assistance for M&E is often disjointed and promoted through different organisations with individual needs.

There are generally inadequate resources both financial and human. Tracking of resource commitments to establish the extent to which it is used for its purpose is very weak in the region.

Data is often delayed and data collectors do not always understand the significance of timely collection of data and reporting in time. This is worsened by the fact that the head office is often very far from the different sources of data.

Regarding the type of tools used for data collection and their standardization, it can be concluded that, indicators for which they collect data overlap but are not identical. And the frequency to change/update these tools is guided by need based on sectoral mandate and not a particular national strategy.

Data storage processes varies with institutions and the level at which data is being collected and stored. Thus data storage patterns are not harmonised or integrated. However, as revealed by the findings, it can be concluded that, the most common forms of data storage are hard copy especially for reports and electronic form particularly in the form of statistical data.

The following excerpt from a respondent from Ministry of Youth, Tanzania summarises frustrations with data collection processes in some Member States: *Sometimes it is difficult to receive data timeously but more often than not we have to call stakeholders to remind them to report or submit their reports*". Drawing on the responses from Key Informants and desk review, a summary of SWOT for M&E processes has been drawn as shown in Table 13 below.

Table 13: Summary of SWOTS for M&E processes.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> Some service delivery agency use electronic data capture and data bases already exist for data storage in some cases. 	<ul style="list-style-type: none"> Manual data collection which takes more time to capture data. In addition, some organisations /institutions still keep hard copies of data which do not have any back up in the event of the copy getting lost/missing. Filing of reports is also very weak in the majority of cases.
	<ul style="list-style-type: none"> Data collection tools are not standardized across implementers
	<ul style="list-style-type: none"> Indicators are not harmonised, global indicators are not always reflected at national level
	<ul style="list-style-type: none"> Objectives are not measurable, targets not clearly defined and baseline information lacking.
<ul style="list-style-type: none"> Though under staffed, skeleton staff do exist who can be up-skilled. 	<ul style="list-style-type: none"> Limited human capacity especially in terms of manpower and skills to collect data accurately and timeously, coupled with limited financial resources
<ul style="list-style-type: none"> Examples of close liaison between OVCY service providers and national statistical agencies responsible for censuses and large household surveys. 	<ul style="list-style-type: none"> Limited number of staff with statistical, M&E skills Lack of hardware and software resources
	<ul style="list-style-type: none"> Limited skills for optimum utilization of M&E information among users
	<ul style="list-style-type: none"> Limited automation of most parts of the M&E data value chain
	<ul style="list-style-type: none"> Most countries do not have centralised national data bases.
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> Build on currently existing infrastructure for M&E and harmonise with existing sector service policies and strategies to develop comprehensive M&E systems 	<ul style="list-style-type: none"> Poor communication infrastructure between Head office and implementation level
<ul style="list-style-type: none"> Development and upgrading of data collection skills and associated skills. 	
<ul style="list-style-type: none"> Using web based platform 	<ul style="list-style-type: none"> Cost of software licenses
<ul style="list-style-type: none"> Enforcing use of standard tools for data collection 	
<ul style="list-style-type: none"> Automating data entry and storage for easier access and easy for dissemination 	
<ul style="list-style-type: none"> Strengthening liaison between OVCY service providers and national statistical agencies responsible for censuses and large household surveys 	
<ul style="list-style-type: none"> User training for optimum usage of M&E information 	

5.6 Implications for strengthening M&E Processes for OVC&Y

The study reveals some key issues that have implications for M&E of OVC&Y at national and regional levels in SADC. The general lack of automated M&E systems is a cause for concern as it causes delays and inefficiencies in generating, analysing, sharing and distributing M&E information within Member States and at regional level. It may be useful for SADC to advocate and support Member States to enhance the use of Internet Communication and Technology in ICT. The lack of standardised M&E systems means that it is difficult to share M&E data within Member States, between different stakeholders and in the region. The Minimum Package of Services for OVC&Y and

the African Youth Charter provides opportunities for standardising M&E methods, tools and indicators including key definitions in the region.

Since the basic services for OVC&Y that are promoted by the SADC Strategic Framework for OVC&Y and in particular the Minimum Package of Services are many and delivered through different service sectors, it would be important to capacitate the different sectors to integrate, track and report specific indicators for OVC&Y within their sector mandates. Such capacity strengthening efforts should be targeted at all stages of M&E from establishing M&E, developing /integrating relevant policy framework to enhance compliance as well as planning, data collection, storage, analysis, dissemination, use and feedback.

5.7 Strengthening M&E Systems for OVC&Y in SADC

5.7.1 Capacities required for M&E

In this thematic area, respondents were requested to identify ways in which their M&E Systems could be strengthened in general. The responses to this thematic area represented common issues across sectors in all Member States. These issues range from human and technical capacity improvement, to putting in place the relevant infrastructure as well as the hardware and software required for automation of M&E.

Respondents noted the need for more M&E staff to be deployed at national, provincial and district levels, data collectors. This calls for increased budgets to meet salaries to employ more personnel in M&E, managing statistics, IT personnel, data collection and entry). Specialists such as Programmers, systems analysts, IT specialists are particularly required to modernise M&E in general and of OVC&Y in particular.

The study also points to the specific need to pay attention to specific skills in the areas of epidemiology, training on EMIS, data collection and analysis, basic statistics, use of computer software packages such as Excel, Database design & management, report writing, development of data collection tools, definition of protocols, data auditing, data use, staff develop in all facets of M&E, use of statistical packages, financial management skills, and knowledge management.

Infrastructure should be established or upgraded in the form of offices, internet connectivity, computer network, broader bandwidth, office equipment.

Hardware requirements include Desk tops, laptops, printers, copiers, projectors, scanner, fax machine, servers, data lines, digital cameras, and filing cabinets. Common recommended software includes SPSS, SAS, Antivirus, Statistical packages.

Other necessary things include vehicles for data collection. Overall, a mind shifts is required and stakeholders should be sensitised to ensure that an M&E culture is inculcated in all members of an organisation and among policy and decision makers.

5.7.2 M&E Budgetary Allocations

Most respondents were not in a position to indicate precisely what budget allocation their organizations made specifically for M&E for OVC&Y. In some cases this was because the institutions had not undertaken M&E for

OVC&Y, in others, the M&E function was embedded in other roles, and for the rest, that information was not available to the respondent.

In most cases, M&E budgets were not specified with respect to OVC&Y. The only exceptions were respondents whose service provision was targeted exclusively at OVC&Y. It is also interesting to note of the three respondents who reported not budgeting any resources for M&E activities, two actually had bonafide M&E functions in their organization structures. As indicated earlier, none of the respondents provided M&E budget estimates beyond generic M&E. This means that no disaggregated budgets were reported for OVC&Y.

Some of the feedback received around the issue of budgeting for M&E reflected the following:

- ✓ disaggregating data by selected variables of vulnerability such as orphan hood need not significantly add to the costs of the data collection and processing itself;
- ✓ the absence of a dedicated OVC&Y budget for M&E is consistent with broader institutional mandates for instance focusing on all youth or all children, and not exclusively the vulnerable only;
- ✓ even without this fiscal disaggregation, some respondents expressed the sentiment that resourcing of M&E is generally inadequate; and
- ✓ Considerable reliance on donor funding for such monitoring and evaluation of programmes targeted at OVC&Y.

The assessment also sought to establish the main sources of funding for M&E activities in the organisations. The review established that the **main sources of funding** for M&E are spread across, Government allocations to Departments; support from UN Agencies and Other Development Partners. Specifically, these were mentioned as Global Fund, Government, Africa Capacity Building Foundation (ACBF), Donors, USAID, UNDP, PEPFA, UNICEF, REPSSI, Donors, Government, UN Agencies, World Bank, Global Fund, EU, Development Partners, and project funds. NGO funding was exclusively reported as donor funded.

What was also evident in the findings is that the main funders of M&E activities in most Member States are donors and or Development Partners. This finding is consistent with the earlier claim that most M&E systems are donor led as reported under the theme: Existence of M&E systems. Interviews with M&E specialists in various sectors also revealed frustration with the low appreciation of the role and importance of M&E within many leadership structures in some Member State Governments which leads to lack of prioritisation of M&E activities. Summarised in the words of a senior government official, “*M&E survives on left overs*”.

5.7.3 Implications for strengthening resources for M&E for OVC&Y

Overreliance on donor funding means that M&E systems are not sustainable and tend to respond to specific donor requirements because donor funding often always come in short term projects. Governments and civil society organisations should explore sustainable means of financing M&E activities as part of routine core activities of the organisations. Performance based management should be engrained within the culture of service delivery for OVC&Y at all levels. It may be helpful to those working in OVC&Y if donors could harmonise their M&E and performance reporting standards and requirements and to increase funding for M&E functions. Perhaps donor requirements for

M&E should also compel organisations that receive such funding to prioritise feedback of M&E to communities as well as the participation of communities including children and youth in M&E activities.

5.8 OVC&Y Services and Indicators

5.8.1 Global Indicators that are relevant to child and youth development

At global level, indicators have been set under the auspices of the United Nations to track progress in human development. The main indicators are those of the Millennium Development Goals (MDGs), (*see Annex 6*) and the UNGASS for HIV and AIDS. In the Education Sector, Member States are also guided by indicators provided by UNESCO and in particular through the Education Management Information Systems (EMIS). The International Labour organisation also provides guidance on indicators for youth unemployment as well as child labour. At the time of conducting the study, the Education and Skills Development and Employment and Labour programmes at the SADC Secretariat had developed draft M&E frameworks drawing from the global frameworks.

At regional level, SADC has a Strategic Framework and Business Plan that guide regional efforts to strengthen responses for OVC&Y. However, there are no indicators that can measure the extent to which regional efforts are contributing to improvement in national responses for OVC&Y.

5.8.2 Comprehensive Service Delivery Strategy

Based on the strategic intent around comprehensive service delivery (*as spelt out in the SADC Strategic Framework for OVC&Y*), SADC has defined Minimum Package of Services for OVC&Y to give effect to its strategic intent with respect to OVC&Y. This Minimum Package of Services therefore not only seeks to harmonize service delivery for OVC&Y across the region but also to benchmark service delivery for OVC&Y. The Minimum Package also seeks to monitor, evaluate and compare or spell out the content of such delivery. The assessment noted that the majority of the outcomes proposed in the SADC Minimum Package of Services for OVC&Y were drawn and or adapted from those of the MDGs. This provides a good starting point for harmonising OVC&Y indicators across SADC Member States. The service delivery imperatives and focus areas spelt out by the SADC Minimum Package of Services for OVC&Y covers the following:

- Education and Vocational skills (EVS) – inclusive of ECD, primary, secondary and tertiary education, and non-formal education and vocational training opportunities for adolescents and youth;
- Healthcare and Sanitation (HCS) – this includes services required to fulfill the need for good health and sanitation such as immunization; micronutrient supplementation, therapeutic feeding and oral rehydration therapy for younger children; prevention, treatment, care, and support for malaria, HIV and AIDS, tuberculosis and other diseases; sexual and reproductive health care and provisions for adolescents and youth, as well as counseling and support for psychosocial disorders and problems;
- Food Security and Nutrition (FSN) - this area includes the basic services required to meet the basic need of food and nutrition which often fall under the primary mandate of agriculture and natural resources sectors include, food security and production and provision of nutrition rich food for different age groups;
- Child and youth Protection and Safety (CYPS) – this focus area covers basic needs such as shelter, clothing, building psychosocial skills and competencies, and protection and rehabilitation from physical, mental and

psychological harm;

- Psychosocial Well-Being (PSW) - a cross cutting need that is required for all the other basic needs to be achieved and sustained. It can be provided primarily by all the sectors, and integrated as part of their routine services.
- Social Protection (SP) - this involves “direct external financial and social assistance to restore services and rehabilitate often extreme cases of deprivation”.

The Minimum Package also provides for different strategies for delivering comprehensive services to OVC&Y. However, they are no indicators to measure the extent to which these approaches will be attained by Member States. It may be useful for SADC to provide guiding indicators to Member States to measure the effectiveness of their service delivery processes (see SADC Strategic Framework and Business Plan for OVC&Y documents).

Individual Member States have a wide range of statutory instruments, policies and national plans of action (NPAs) that also inform the range of services provided by various sector departments OVC&Y Services. The services provided by organisations as indicated by the respondents from the various sector ministries and CSOs were generally skewed towards a broader target group than OVC. Thus sector departments responsible for delivering services in the areas of, for instance, health, education and social welfare as shown in Table 14, invariably had a mandate that enjoined the to deliver such services to the entire population, or to all children and all youth.

Table 14: OVC&Y Service Areas

Country	EVS	HCS	FSN	CYPS	PSW	SP
Angola	✓	✓	✓	✓	✓	✓
Botswana	✓	✓	✓	✓	✓	✓
DRC	✓	✓	✓	✓	✓	✓
Lesotho	✓	✓	✓	✓	✓	✓
Malawi	✓	✓	✓	✓	✓	✓
Mauritius	✓	✓	✓	✓	✓	✓
Mozambique	✓	✓	✓	✓	✓	✓
Namibia	✓	✓	✓	✓	✓	✓
Seychelles	✓	✓	✓	✓	✓	✓
South Africa	✓	✓	✓	✓	✓	✓
Swaziland	✓	✓	✓	✓	✓	✓
Tanzania	✓	✓	✓	✓	✓	✓
Zambia	✓	✓	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓	✓	✓

KEY: EVS –Education and Vocation Skills; HCS – Healthcare and Sanitation; FSN –Food Security and Nutrition; CYPS – Child and Youth Protection and Safety; PSW – Psycho Social Well-being; and SP – Social Protection

While there is evidence of some service provision cutting across all the critical focus areas, the critical question is around the breadth, reach and coverage of such service provision with respect to OVC&Y. As one respondent put it – “Somebody, somewhere, whether it’s a government department or ministry, a religious organization or NGO, is providing one or more of all the critical services that children and youth require”.

Qualitative feedback from some of the Member States indicated that there were indeed instances of ‘comprehensive’ service provision available or coordinated from one ‘centre’. For example, Ubuntu Education Fund, a CSO operating in the Eastern Cape Province of South Africa, one of whose founding principles is that “*there is an essential difference between simply touching a child’s life and fundamentally changing it*”, offers the following range of services directly or indirectly targeting OVC&Y:

Table 15: Example of CSO OVC&Y Services

Prevention of mother to child HIV transmission	Nutritional support and emergency food provisions
Organic gardens	Gender equality training
HIV testing and management	Pediatric HIV services
Support to local clinics	HIV prevention counseling
Career counseling	Scholarships for further and higher education
Academic support for school children	Psycho-social counseling for individuals, couples and families
Memory box therapy	Safety reinforcements for child-headed households
Child care committees	Academic and enriching activities for vulnerable children

The Education Sector in SADC also had a pilot project in 5 countries which sought to strengthen the capacity of the sector to provide comprehensive care and support for vulnerable children in addition to teaching and learning services.

Intra-Member States variations in the definitions of the concepts of child, youth or vulnerability have also been observed (SADC, 2008). Maundeni (2004) also observed that “There is no standard legal definition of a child in Botswana. Various policies, acts and statutes define children differently. For example, the Children's Act defines a child as any person under the age of 14, the Adoption Act defines a child as someone below the age of 19, the Matrimonial Causes Act defines a child as a person below the age of 21 and the Affiliation Proceedings Act defines a child as someone below the age of 16”. In a separate study that compared three SADC Member States, Botswana, South Africa and Zambia, Skinner et al (2004) found that there were differences in the definition of vulnerability among Member States where, for example, Botswana’s vulnerability dimensions included children living on the streets, child labourers, sexually exploited children, neglected children, children with disability, children in remote locations/from minorities: in South Africa they include destitute, abandoned children, children in households with terminally adult, children born to single mothers, children with unemployed caregivers and children abused/ill-treated by caregivers; while in Zambia these dimensions included children not at school, children whose parents are or care giver ill, children from the following households (female headed aged headed, disabled headed, children from families with insufficient food, children living in poor housing). Other identified forms of vulnerability included children: young (0–9 years); living in poverty ; living with a chronic illness; in conflict with the law; in need of care and protection because of risk of harm or because they have been abandoned; undocumented minors and/or refugees; who are orphaned; who are affected by HIV and AIDS, which includes children - who are vulnerable to infection,

including those who are HIV exposed, e.g. perinatal exposure, sexual abuse, sexually active or engaged in transactional sex; who are abandoned; who experience high levels of mobility between households; who experience multiple bereavements and trauma of death; in households where they face significant physical, mental, social and emotional harm and neglect; and in need of legal protection and alternative family care. These vulnerabilities were often defined in different policy and legislative instruments in each Member State. It would be important that all these sector or policy specific definitions are harmonized at national level through the National Action Plans of each Member State.

Variations were also noted with regards to vulnerable youth. There was a wide range definitions of what constitute vulnerability for youth across Member States and these generally covered young women; youth with disabilities; unemployed youth; school-aged-out-of-school youth; youth in rural areas; youth at risk (such as youth living with chronic or communicable diseases e.g. HIV and AIDS and non-communicable diseases e.g. asthma; youth heading households; youth in conflict with the law; youth abusing dependency-creating substances; youth affected by conflict and war; and youth at risk of being subjected to all forms of abuse.

5.8.3 OVC&Y Indicators

At programme and sector level, the feedback received shows that a wide range of indicators are used at different levels and they include all the focus areas of the SADC Minimum Package of Services for OVC&Y as shown in Tables 16 and 17.

Table 16: Indicator Focus Areas

Country	EVS	HCS	FSN	CYPS	PSW	SP
Angola	✓	✓	✓	✓	✓	✓
Botswana	✓	✓	✓	✓	✓	✓
DRC	✓	✓	✓	✓	✓	✓
Lesotho	✓	✓	✓	✓	✓	✓
Malawi	✓	✓	✓	✓	✓	✓
Mauritius	✓	✓	✓	✓	✓	✓
Mozambique	✓	✓	✓	✓	✓	✓
Namibia	✓	✓	✓	✓	✓	✓
Seychelles	✓	✓	✓	✓	✓	✓
South Africa	✓	✓	✓	✓	✓	✓
Swaziland	✓	✓	✓	✓	✓	✓
Tanzania	✓	✓	✓	✓	✓	✓
Zambia	✓	✓	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓	✓	✓

KEY: EVS –Education and Vocation Skills; HCS – Healthcare and Sanitation; FSN –Food Security and Nutrition; CYPS – Child and Youth Protection and Safety; PSW – Psycho Social Well-being; and SP – Social Protection

The specific indicators in each of these areas that were observed from each Member State are summarized in table 17 below:

INDICATOR	ANG	BOT	DRC	LES	MAL	MAU	MOZ	NAM	RSA	SEY	SWA	TAN	ZAM	ZIM
Iron deficiency and anemia	x	x	x	x	x	x	x	x	x	X	x	x	x	x
Child and Youth Protection														
Mechanism to track and resolve reported cases of abuse	x	x	x	x	x	x	x	x	x	X	x	x	x	x
Proportion of OVC&Y in institutional care	x	x	x	x	x	x	x	x	x	X	x	x	x	x
Proportion of teenage girls who become pregnant and are married	x	x	x	x	x	x	x	x	x	X	x	x	x	x
Proportion of households headed by children	x	x	x	x	x	x	x	x	x	X	x	x	x	x
Psychosocial Well- being and Support														
Proportion of children and youth and their caregivers exposed to abuse, trauma, armed conflict or an emergency situation who report having received an appropriate range of PSS support services	x	x	x	x	x	x	x	x	x	X	x	x	x	x
Proportion of children and youth receiving PSS services who report a sense of security, self-confidence and hope for the future	x	x	x	x	x	x	x	x	x	X	x	x	x	x
Proportion of OVC&Y who report willingness to take social responsibility and a defined leadership role within the family or community	x	x	x	x	x	x	x	x	x	X	x	x	x	x
Proportion OVC&Y who report forming and maintaining positive relationships with caregivers, peers and community members around them after receiving PSS service	x	x	x	x	x	x	x	x	x	X	x	x	x	x

INDICATOR	ANG	BOT	DRC	LES	MAL	MAU	MOZ	NAM	RSA	SEY	SWA	TAN	ZAM	ZIM
Social Protection														
Youth unemployment rate	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Proportion of households headed by youth (aged 18–25) and older people with no source of income	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

See Annexure 5 for more indicators sourced from Multiple Indicator Cluster Surveys (MICS) documents per Member State.

The secondary data available showed the range of indicators, even on OVC&Y, to be gleaned from NPAs, MICS and DHS are not always identical. Thus for instance, while in most cases these indicators do meet the reporting requirements implied in the MDGs indicators, and are pertinent to the relevant areas of service delivery, they are not always disaggregated for specific groups like OVC&Y.

In some cases, Member States classified indicators in accordance with selected rights of children. For example, their National Plans of Action focus on OVC's rights to food, protection, education, basic services and participation. They provide for M&E that tracks a wide range of indicators at impact and outcome level as shown in Table 18 below:

Table 18: OVC Indicator Examples

Focus Area	Impact Indicators	Outcome Indicators
Right To Protection	<ul style="list-style-type: none"> Prevalence of child abuse cases reduced. Conducive legal environment for protection of abused children. 	<ul style="list-style-type: none"> Percentage of children fostered, adopted Legislation for protecting children passed and implemented. Proportion of national budget allocated for children.
Right To Participation	<ul style="list-style-type: none"> A conducive environment for protection of children's basic rights in society. 	<ul style="list-style-type: none"> Proportion of children's issues incorporated into policy and budgeted for. Proportion of school going age children change behaviour/attitude and are able to claim their basic rights. % of school going age children who are aware of child related celebrations.
Right To Food	<ul style="list-style-type: none"> OVCs have improved food security and nutritional levels in communities Improved nutrition of OVC who attend school Improved school enrolment rates Reduce mortality rate for under fives Reduced vulnerability of children to sexual exploitation, abuse and violence 	<ul style="list-style-type: none"> Percentage of OVC who benefit from fresh vegetables and/or fruit from a vegetable garden at either a NCP, school or household on a weekly basis. Percentage Caregivers, school focal persons and community members are better skilled and equipped to grow vegetables and fruit. Proportion of OVCs of school going age who receive one nutritious meal per school day. Percentage of repetition rates at schools receiving school feeding
Right To Basic Services	<ul style="list-style-type: none"> Reduce morbidity and mortality of the Children 	<ul style="list-style-type: none"> Proportion of eligible OVC's immunised Proportion of eligible OVC's receiving micronutrients Proportion of OVCs MUAC growth monitored
Right To Education	<ul style="list-style-type: none"> Improved quality of life 	<ul style="list-style-type: none"> Ratio of current school attendance among OVC to that of non-OVC Ratio of current school attendance among OVC to that of non-OVC % schools conducting life skills based HIV/AIDS education Ratio of OVC to non-OVC (0 to 5 years) accessing ECD % of OVC with school uniform provided thru bursary support % of OVC with stationery provided thru bursary support % of OVC with exam fees provided through bursary support

5.8.4 Implications for Strengthening Indicators for OVC&Y

Lack of harmonization is evident from the few examples referred to above. However, it is reasonable to expect that Member States' varying circumstances may lead to varying emphases in terms of programming and choice of indicators. The level of focus on, for example, malaria, is likely to vary when comparing Lesotho (where it is not a problem) and the DRC (where it is a major killer disease).

While the findings suggest that some service provision exists across all the focus areas of the comprehensive coverage ideal specified in the SADC Strategic Framework as well as the Minimum Package for PSS, qualitative feedback also points to the following challenges:

- current service delivery is largely driven by rather narrow sectoral and strategic mandates, with limited or no clear inter-sector service coordination and referral protocols for vulnerable children and youth;
- OVC&Y issues currently fragmented which poses a threat to service provision in all sectors that deal with OVC&Y.
- service provision tends to be uncoordinated thus raising the risk excluding large sections of OVC&Y ;
- although coordination is accepted as a critical success factor in embedding comprehensive service delivery, there is little evidence of efforts to measure the effectiveness of the coordination processes and mechanisms;
- very little evidence of clear guidelines on how the various service providers, whether government or CSO, engage each other with respect to service provision to the same OVC&Y, mandate overlaps, and avoiding 'double' counting where mandates overlap;
- no evidence of deliberate attempts to sustain service delivery through the growth cycle and transition from dependent to independent adulthood; and
- ensuring that delivery indeed goes beyond material provision and targets the intangible issues of socio-psychological especially for OVC&Y who experience the different kinds of trauma occasioned by deprivation, loss of parents etc.
- absence of agreed norms and standards defining minimum requirements for service provision for OVC&Y (although the SADC Minimum Package should go a long way in addressing this issue);
- at risk 'hard to reach' children and youth are likely not be profiled for targeted service delivery

SADC is promoting comprehensive service delivery for OVC&Y through its Strategic Framework, Business Plan and the Minimum Package of Services. It is important that efforts are made to measure the effectiveness of Member States systems to deliver comprehensive services, and how regional efforts contribute to improvement of OVC&Y responses at national level.

6 CONCLUSIONS

The findings for this study will form the basis of developing the M&E framework and a Capacity building plan in order to address the gaps identified in the study with the aim to strengthen M&E systems for OVC&Y thereof.

The study noted significant progress made by Member States and the international and regional community to develop and measure indicators for child and youth development.

Strengths/Progress

Notable strengths of M&E systems revealed by the study are as follows:

- a) that, general M&E systems do exist which could be used as basis to build on in strengthening M&E systems for OVC&Y
- b) the development of the minimum services package was a milestone towards the setting of a benchmark for service provision in M&E for OVC&Y programming set as minimum standards for service provision.
- c) there is also a high level participation by various stakeholders (World Bank, Global Fund, UNICEF, etc), in various capacities on issues that related to OVC&Y already, providing a possibility of buy in to the regional framework and capacity building plan the availability of NAPs/NPAs and sector specific M&E efforts at the SADC Secretariat, by different UN agencies and in Member States provides a platform to institutionalise M&E for OVC&Y
- d) efforts at the SADC secretariat to develop M&E systems for different sectors such as employment and labour, and education and skills development, provide opportunities for integrating OVC&Y indicators

Challenges

Despite progress, significant challenges exist; top among which are:

- a) the absence of M&E that is specific for tracking OVC&Y in many sectors /departments that provide services to children and youth
- b) weak coordination of M&E at community, national and regional levels.
- c) Absence of harmonization and standardization of M&E and data collection processes
- d) Poor Quality of Data
- e) Unresolved ethical challenges of collecting and reporting data
- f) Inadequate funding and resourcing (human, infrastructural, equipment and software) for M&E within organisations
- g) Institutional and organisational systems and governance are often weak
- h) Poor Application / use of research and M&E data

The findings of the study provide a case for SADC Secretariat to develop a regional framework to guide the harmonization and coordination of M&E systems for OVC&Y. This is particularly important in view of the decision by SADC to adopt a comprehensive, inter-sectoral approach to the delivery of basic services for OVC&Y. These efforts should include developing mechanisms to measure the extent to which Member States effectively deliver comprehensive services to OVC&Y and the extent to which regional efforts contribute to the improvement of national service delivery efforts.

7 RECOMMENDATIONS

The following were recommendations emanating from the study:

At Member State level:

- Conducting in-depth national assessments as a follow up to the anticipated development and implementation of the M&E Framework and Capacity Building Plan to ensure that its implementation is tailored to country specific needs.
- Member States should create an enabling environment for donors to harmonize and align with national systems
- Establishing /strengthening mechanisms for inter-sector /multi-stakeholder participation in M&E for OVC&Y and coordination (such as establishment of a senior body in Member States for OVC&Y).
- Members States to identify clear roles and responsibilities of specific stakeholders involved in M&E for OVC&Y.
- Establishing /strengthening organisational /institutional systems for accountability and general governance for the effective management M&E
- Developing regional and national standardised /easy to use policy guidelines and mechanisms for M&E and enforce compliance – provide options for methods /tools
- Providing /increasing budgets and all required resources for M&E at regional, national, sectoral /organisational and community levels
- Mobilising the participation of children, youth and communities in all aspects of M&E. Provide the necessary ethical guidelines for child and youth and community participation in M&E
- Engaging with donors and international organisations to harmonise donor and international M&E requirements and conditions of technical and financial support with those of local stakeholder needs
- Developing a standardised M&E Framework that harmonises all donor requirements to ensure comparability of information and use of single set of generated M&E data across donor reporting requirements
- Working with relevant sectors to integrate for OVC& Youth specific reporting indicators within their M&E systems (eg the MDGs for example, provide an opportunity for harmonising impact indicators at national level in SADC as it is globally accepted).
- Providing platforms to share best practice M&E and to share information to avoid duplication of effort and thus waste resources.

At SADC Secretariat level:

- The study confirmed the development and implementation of a regional M&E framework that provides guidance and harmonises M&E work for OVC&Y in the sectors that deal with OVC & youth and in different service delivery sectors. In view of the several gaps and challenges depicted by the study, it would also be used to draw up a capacity building programme for M&E for the region.
- Advocating and sensitising for the prioritisation of M&E and its application in policy, programmes and service delivery.

- Rolling out training on M&E at regional and national levels using standardised curriculum [*review current HIV and AIDS curriculum for M&E and those of major donors /international organisations and adapt*]