A Resource Guide

Developing a Case Study of Programs Serving Orphans and Vulnerable Children

Resource 3: Tools for Case Study Development
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# Acronyms

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<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>CCC</td>
<td>Community Care Committee</td>
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<td>Child Care Forum</td>
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<td>DIC</td>
<td>Drop-In Center</td>
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<td>ESI</td>
<td>Enhanced Strategic Information</td>
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<tr>
<td>HBC</td>
<td>Home-Based Care</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>JSI</td>
<td>John Snow, Inc.</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
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<td>PLWHA</td>
<td>People Living With HIV/AIDS</td>
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<tr>
<td>PMTCT</td>
<td>Prevention Of Mother To Child Transmission</td>
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<td>TSPH</td>
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Introduction

This document — *Tools for Case Study Development* — is provided as a supplement to Resource Guides for the design and implementation of cases studies for programs serving orphans and vulnerable children (OVC). It offers a wealth of additional material designed to complement the practical guidance contained in the Guides, including tools for writing the case study and conducting the fieldwork. The first Resource Guide—*Case Study Contents* — provides detailed recommendations for the structure and content of OVC program case study reports. The second – *Case Study Fieldwork* — offers specific guidelines for conducting fieldwork that is ethically based and structured to yield valid and reliable program information. Readers are encouraged to use the Guides as a joint resource, and to refer to all of the documentation in the series before commencing fieldwork.

This guide contains a variety of resources including descriptions of activities and services common to OVC programs, sample interview guides, practical advice on planning and conducting focus groups, a guardian consent form for child participation, a photography consent form, and a sample OVC case study description handout to share with stakeholders. References to these tools, along with related information, can be found throughout the Resource Guides 1 and 2.

The documents in the series were developed by faculty, staff and graduate students at the Tulane University School of Public Health (TSPH), with financial support from the United States Agency for International Development (USAID) in South Africa. This activity is a sub-component of the USAID funded project Enhancing Strategic Information (ESI), implemented by John Snow, Inc. (JSI) in collaboration with TSPH.

ESI is five-year project initiated in July 2008 with activities in South Africa, Swaziland, and Lesotho. The project’s goal is to provide useful and high quality health systems information throughout the region that contributes to sustainable policy planning and programmatic decision making. TSPH has been contracted by JSI to conduct project support activities in South Africa that will serve to establish a stronger evidence-base for OVC programming. These Resource Guides were designed to aid stakeholders in documenting program models and lessons learned from initiatives in South Africa, and to guide and enhance future OVC programming efforts.
CARE Tumaini

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

Program Goals

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

Family and Community Outcomes

- Healthier, consistent, and attentive parents and guardians
- Increased access of families to basic needs and rights
- Improved physical and mental health of parents and guardians, particularly PLWHA
- Increased household economic security
- Stigma reduction at the household and community levels

Child & Adolescent Outcomes

- Education: Increased school attendance and performance
- Psychosocial and Child Protection: improved emotional and psychological well-being; increased perceived coping capacity & social support; improved behavior, particularly reduced externalizing behaviors; reduced child labor; relationship/secure attachment to a caring adult – volunteer, parent, or guardian
- Health, and Prevention: increased knowledge of HIV/AIDS prevention, increased knowledge of health information (e.g. nutrition), improved health status, improved nutritional status
- Community Support: reduced community discrimination (e.g. school, peers, neighbors), reduced household discrimination (abuse and neglect)

Sub-grantee Activities Targeting OVC & PLWHA

Carried out by sub-grantee staff & community volunteers:

- Home visiting
- Counseling and social support
- Material support (food, school uniforms, materials or fees, HBC-kit drugs)
- IGA
- Peer support and recreational activities
- Household sensitization to PLWHA/OVC issues
- Advocacy for access to services and support
- Referral (e.g. VCT, ART, medical treatment, legal services)

Catholic Relief Services: Kilifi Orphans and Vulnerable Children Project

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

Program Goals

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

CRS Activities

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

Archdiocese Activities

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

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

Expected Child Outcomes

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

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

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

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

Suggested contents:
- **Explanation of activity** – describe the actual activity offered. Explain the purpose and responsibilities of the home visitors. Include a brief list of services offered during these visits (to be detailed in the Services section).
- **Frequency** – detail when the activity is offered (e.g., how often are visits performed for each beneficiary and how is frequency determined).
- **Location of activity** – explain whether the activity is offered at all program sites or only certain ones. Mention the sites where it is offered and detail the type of location (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.
- **Staff/volunteers involved in offering activity** – provide details regarding the level of training of these individuals and numbers who are involved. Indicate how many households each home visitor is assigned to visit. Additionally, explain what type of supervision and support home visitors receive from other staff.
- **Linkages with partner organizations** - If there are other organizations involved with the activity, detail their involvement. Explain how the program interacts with government stakeholders or with Child Care Forums, as applicable.
Drop-In Centers (DIC) are a physical space where children are able to participate in a variety of activities and services. These facilities may be specifically open to serving one group of beneficiaries or open to the community as a whole. The program may have established this facility or may help to support it through the provision of staff, financial support or other goods, or through the implementation of interventions on site.

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

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

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

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

(4) **Support Groups** involve therapeutic interaction in a group setting. Groups typically meet for a pre-defined number of sessions but may also be ongoing and allow participants to “drop-in” as needed. Support group sessions may be directed by a therapist, psychologist, or other professional, or by a peer facilitator with some degree of specialized preparation for the role. At times, support groups also may be facilitated by volunteers, rather than paid staff, with limited to no professional counseling skills. The sessions tend to be psychosocially oriented rather than strictly educational, are characterized by confidentiality, and aimed at helping participants address their difficulties through group discussion, self-assessment and reflection, decision-making strategies, empowerment for positive change and awareness of relevant resources. They may utilize a formal curriculum with structured activities and discussion topics or may be more informal opportunities for group interaction and dialogue. The groups may meet in a program facility or public location such as a church or school, or less commonly in participants’ homes. Within this section provide a clear explanation of who facilitates these tasks and their responsibilities and resources as well as the type of participants and meeting frequency. Additionally, make reference to the trainings detailed in the previous Volunteer or Staff sections by explaining the skills used from trainings during these activities.

Examples: Provision of psychosocial and peer support in a group setting, either relying on a curriculum or ad hoc discussion with a facilitator. Examples include support groups for persons who share certain characteristics or circumstances, such as survivors of trauma or abuse, young heads of household, widows, HIV infected individuals or orphaned children.
Suggested contents:

- **Explanation of activity**: describe the actual activity offered. Explain the purpose of each group, the average number of participants, and responsibilities of the group leader. Indicate if it relies on a curriculum and describe it, or note if instead the group is more ad hoc discussion.

- **Frequency**: detail when the activity is offered (e.g., how often does each group meet, and for how many sessions).

- **Location of activity**: explain whether the activity is offered at all program sites or only certain ones. Mention the sites where it is offered and detail the type of location (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.

- **Staff/volunteers involved in offering activity**: provide details regarding the level of training of these individuals and numbers who are involved. Indicate how many groups each group leader is assigned to conduct. Additionally, explain what type of supervision and support group leaders receive from other staff.

- **Linkages with partner organizations**: If there are other organizations involved with the activity, detail their involvement (e.g., curriculum development by a partner organization or meetings held there or partner helps with participant recruitment).

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

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

Suggested contents:

- **Explanation of activity**: describe the actual activity offered.

- **Frequency**: detail when the activity is offered (e.g., days of the week, its duration, number of days each week or month).

- **Location of activity**: explain whether the activity is offered at all program sites or only a certain few. Mention the sites where it is offered and detail the type of location (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.

- **Staff/volunteers involved in offering activity**: provide details regarding the level of training of these individuals and number who are involved.

- **Linkages with partner organizations**: If there are other organizations involved with the activity, detail their involvement.
(6) **Networking Activities** center on efforts to leverage resources for OVC and their communities. This can be in the form of identifying local and/or governmental partnerships, establishing and facilitating communication and collaboration between agencies, or advocating for appropriate policies and additional funding.

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

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

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

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

- **Explanation of activity** – describe the actual activity offered.
- **Frequency** – detail when the activity is offered (e.g., days of the week, hours of operation, number of days each week or month).
- **Location of activity** – explain whether the activity is offered at all program sites or only a certain few. Mention the sites where it is offered and detail the type of location (e.g., church, community center, etc.). If there is a specific reason it is not offered at some sites, explain why.
- **Staff/volunteers involved in offering activity** – provide details regarding the level of training of these individuals and number who are involved.
- **Linkages with partner organizations** - if there are other organizations involved with the activity, detail their involvement.
- **Linkages with other activities** – if the activity is related to others (e.g., income-generating trainings offered at DICs) explain the overlap and provide further details in the determined appropriate section.
Tool 3: Common OVC Program Services

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

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

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

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

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

Examples of Shelter: Assisting children and family members in identifying potential guardians prior to a parent’s death (i.e., succession planning); providing access to temporary shelter for children in transition; assisting OVC in accessing government housing options when available, and navigating through the associated legal procedures; constructing and/or refurbishing houses for OVC; negotiating rent and utility bills for OVC households on their behalf; supplying household items such as blankets, clothing, toiletries, etc.
(3) **Child Protection** refers to services advocating for the legal rights and status of OVC. These efforts usually attempt to reduce stigma and social neglect by increasing access to education, health care and other social services. These interventions also look at issues and systems to assist OVC with situations of abuse and exploitation. This can include programs that provide direct assistance or participate in referral systems to protect children.

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

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

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

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

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

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

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

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

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

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

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

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

**Examples of Vocational Training:** Encouraging access for OVC and/or family members to receive training in vocational skills including gardening or livestock raising, sewing, tissue-box making, etc.; offering career guidance for OVC.
Tool 4: Sample In-depth Interview Guides

The following provides suggestions for how to model your in-depth interviews. These interviews can occur with program staff at headquarter and focal site level, partner staff and lead volunteers, or any other individual who has insight into the program operations as well as its’ successes and challenges.

There are three components to the Interview: 1) Introduction, 2) Questions, and 3) Closing. The Introduction and Closing are described initially below and sample questions with an overview on how to adjust and select questions follow.

**Interview Introduction Script**

At the beginning of the interview, thank the participant for his or her time and reassure the participant that complete confidentiality will be provided and their name will never be used within the case study document (except in the Acknowledgements). Make sure to properly introduce yourself and provide the OVC case study description handout, if it has not been distributed already (see Tool 9). The introduction below can be used for all interviews.

Thank you so much for taking the time to talk with me today. I realize how busy you are, and appreciate your generosity with your time, as well as your perspective on the work that you are doing.

This interview will take no longer than _____ (time depends on person, but typically between 45 minutes to one hour). The information you provide during this interview will be combined with information from other interviews and from program documents to produce a case study that documents the program model that _____ (organization) uses in working with orphans and other children affected by HIV and AIDS in South Africa. This case study is not an evaluation, it is a way to document the program model and lessons learned during implementation. It provides an opportunity for you to explain what you do and why, program successes, and difficulties encountered in your work.

Feel free to ask questions or for clarifications as we proceed with our discussion. If you feel that you do not have the information to answer a question, or simply do not wish to answer, that is fine. The information you share with me will be confidential and your name will not appear anywhere in the case study document, except in the Acknowledgements. Therefore, it is helpful if you can be as honest and straightforward with your responses as possible.

Please be aware that you do not have to participate and you can cease participation at anytime. Do you agree to participate?

Before we start do you have any questions?
**Interview Closing Script**

Always end your interviews with a closing that expresses your gratitude for the time and information shared by the respondent. Below is a suggested closing statement.

*Thank you for spending time with me today and for sharing your opinions and experiences with me. Your participation in this interview is helpful to us in better understanding the (program).*

*I learned a lot from our discussion today and enjoyed spending time with you. Thank you so much!*

**Interview Questions: An Overview**

In the next several pages of this guide, you will find suggestions for specific questions to ask during in-depth interviews. These are presented under the following thematic areas:

- Background
- Organization History and Resources
- Program Staff, Volunteers
- Program Model
- Lessons Learned
- Unmet Needs
- Partnerships/Collaborative Relationships
- Beneficiary Selection and Progression
- Work with the Community
- Program Monitoring
- Sustainability
- Future Directions, and
- Closing Questions

Questions provided are particularly relevant for headquarter and local program staff, and some questions are appropriate to ask program partners. While in-depth interviews may also occur with key volunteers, see the volunteer-specific questions within **Tool 5: Sample Focus Group Discussion Guide**, to gather further ideas for these participants.

These questions are offered to help you think about the many issues that you should aim to cover in your information gathering. However, you will need to tailor your interviews according to the program and the information your respondent is best equipped to provide. Program staff and other stakeholders often have unique responsibilities within the organization. Thus, you can make the best use of their time by shaping interviews to gather specific information based on your respondent’s roles and responsibilities. Further, where such information can be obtained from program documents, eliminate the question and focus only on collecting outstanding information and program experiences. Remember, this is merely a suggested set of questions to help you begin thinking about the best ways to explore and organize the issues you need to discuss.
Keep in mind that the flow of the interview can be similar to a conversation and that the discussion need not necessarily follow your interview guide exactly. It is helpful to highlight priority questions to ensure they are asked.

In addition to sample questions, you will find other introductory statements in quotations that should be incorporated into your final interview guide. An example of an introductory statement is as follows: *"The next set of questions asks about program description and gives me a better understanding of the program model, activities and services."* These statements are important to include in your final interview guide to introduce a new subject area to your respondent in an appropriate manner and transition the discussion across a range of topics.

Remember that the respondent’s time is precious. Use your time wisely by asking focused questions and keep track of time, but in a non-distracting manner. If you are approaching the one-hour mark and you have more important questions to ask, it may be appropriate to inform the interviewee of the time and respectfully ask if he or she is able to continue. The respondent may or may not have more time for the interview. Therefore, your interview guide should be designed to ensure your most important questions are asked early on in the discussion.

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*Sample interview questions are provided below.*

*Throughout, boxes such as this provide guidance on the best key informants for the questions, resources to request, and other considerations.*
Sample Interview Questions: Organized by Theme

Background

Focal site program staff rather than headquarter staff, may best be able to answer these questions.

Further, some questions may not be needed if such information is available in program or contextual documents.

“I would like to begin by asking you some general background questions about the area served and current OVC situation.”

❖ What is geographic area served by the program? (Ask for map)
❖ What are the characteristics of the area served by the program?
  • Geographical features
  • HIV prevalence
  • Characteristics that make this area vulnerable/resilient to the effects of HIV
  • Ethnic or cultural factors that may affect HIV transmission (for example, migration patterns or wife inheritance)
  • Primary occupations/means of subsistence
  • Total population and trends in population growth
  • Other
❖ What is the estimated number of OVC in the current project area (general estimated number, not just number served by the program)?
  • How are these numbers determined? (Request information sources)
❖ What do you think are the most important issues that OVC and their households face in this area?
❖ In addition to your organization, what other organizations are working with OVC in the current project area? Describe what they provide.
Organization History and Resources

Questions in this section will often be most applicable for Headquarters staff. Further, review questions and exclude those where such information can be found in program documents.

"Next, I would like to ask you some questions about the program’s history, mission and resources."

- When did this organization first begin its work in the community?
  - When did this organization begin working with OVC (if different than inception date)?
  - Are there any other key dates in the organization’s history (date when fully operational, end date)?

- What is the mission of the organization?

- When did the organization first begin receiving support from the Presidents Emergency Plan for AIDS Relief (PEPFAR)?

- Besides PEPFAR funding, what other types of support do you receive from other organizations (for example, donor funding, in-kind supplies, etc.)?
  - Which organizations provide this support?
  - What activities do they support?
  - How often do they provide such support?
  - Please quantify the approximate percentage of support from each donor organization.

Program Staff

Collect staff organizational charts, job descriptions and training guides, if available, and adapt or omit questions accordingly.

“Next, I would like to ask you some questions about how the program is staff and managed.”

- How many paid staff currently work for the program?
  - What are the types/titles of program staff?
  - Please describe the roles and responsibilities of each type of program staff
  - What qualifications must they possess?
  - Do they receive any type of training?

- How many paid staff currently work for the program? Please describe their role and responsibilities.
Collect training guides and documentation of volunteer eligibility criteria, recruitment flyers or advertisements, and descriptions of volunteer roles and responsibilities, if available.

“Next, I would like to ask you some questions about program volunteers.”

- Are volunteers recruited for the program? If so, how are they recruited?
- Do you seek specific characteristics in program volunteers (e.g., personality traits, skills, education level, age, etc.)?
- How many volunteers currently assist the program?
- What are the roles and responsibilities of program volunteers? What types of tasks do they perform?
- Do volunteers receive any form of financial support or incentives for their participation (for example, a program may cover the cost of travel expense for its volunteers)? If so, what types of financial support or incentives do volunteers receive?
- What type of training do volunteers receive?
  - What is the length of the training and over what time period?
  - Who provides the training?
  - What are some of the training topics?
  - How was it developed?
  - Is it accredited or used by any other organizations?
- How is the work of volunteers monitored?
  - What type of supervision do they receive?
The questions below are generic and interviewers should adapt them to gather details on the specific services and activities the program offers (e.g. home visits, food distribution, after school center, etc).

Remember that many details about the programs activities and services may be found in program documents and these should be reviewed before the interview to both eliminate and revise questions accordingly.

Developing a draft Program Framework based on program document review can be helpful to in your interview; reviewing it with respondents to gather confirmation and further details on key activities and services.

Review of Tools 1 & 2 as well as the Program Model section within Resource Guide 1: Case Study Content, will help design specific questions to ensure details are gathered on specific program elements.

During the interview, be sure to adequately explain question wording that might not be fully understood (e.g., the difference between activities and services).

“The next set of questions asks about program description and gives me a better understanding of the program model, activities and services.”

❖ What are the goals and objectives of the program?

❖ What are the key activities used to achieve the goals of the program? (if available, collect program logic model or conceptual framework)
  • How were these activities developed?
  • Please provide details on how each activity is performed:
    o Which program staff are responsible for each activity?
    o Who is the target audience?
    o What is the frequency of activities?
  • How do these activities address the issues facing OVC? What are the intended outcomes?

❖ How does this program fit with other government or non-governmental programs for vulnerable children?
  • How do the specific strategies of this program relate to the general strategies of PEPFAR?
What (direct) services are provided in this area (for example, food and nutritional support, child protection, health care, psychosocial support, housing, education and vocational training, economic opportunity, etc)?
- Please provide details about how each service is provided and who provides it (NGO, CBO, volunteers).
- What is the method of delivery?
- What is the frequency of distribution?
- Does the type of services offered differ by age group? If so, please describe.
- Do all families or children receive this service and at the same frequency?
- How does the program determine what services to offer and who to offer them to?
- What other factors affect variation in service delivery?

**Lessons Learned**

*This section can be extremely valuable in identifying the challenges and innovations within the program that may not necessarily be available in program documents. These questions should be prioritized with all key stakeholders.*

Note that lessons also can be gleaned from other specific topic areas, such as beneficiaries, working with the community, etc.

“Now I would like to ask you some questions related to the successes and challenges you have experienced during your involvement with the program. Again please be assured your answers will remain confidential and your honesty and insight are appreciated.”

- Which program activities have been most successful and why do you think they have been successful?
  - What has been the result of these activities? (e.g., positive outcomes for beneficiaries)
  - What have been the key reasons you think these activities have been so successful?

- What are the biggest challenges that the program faces in achieving its goals?
  - What has made service provision difficult?
  - What are the consequences of this challenge for children and families in need?
  - How have geography, staffing, and funding affected the ability to achieve program goals?
  - How have you tried to deal with program challenges? How well are these strategies working?
What have been the biggest challenges you face in performing your own roles and responsibilities for the program?

How has the program changed over time?

What lessons have been learned in the implementation process?

What unmet needs remain (services not offered, but which children or their guardians would benefit from)?
  • Do unmet needs vary by age group or other characteristics of children or families?
  • What prevents these needs from being met?
  • What is required in order to meet these needs?

Partnerships/Collaborative Relationships

Information on partners may be contained within program documents and these questions can be minimized and adjusted appropriately.

Further, not all programs will have partners with whom they work.

“These questions ask for information about your experience in working with program partners.”

What community structures/organizations does the program work with to achieve program goals? List each structure/organization and describe its role in program activities.
  • How do you identify partners? What qualities do you look for in a successful partner organization?
  • Do partner organizations provide the same or different services as your organization?
  • How does the program partner with local government?

Does your organization hold meetings with partner organizations to discuss program activities?
  • How often do these meetings occur? How are they organized and led?

Has your organization held any training sessions for partners or collaborative groups for the purpose of this project?
  • How many training sessions have been held?
  • What was the purpose of the training sessions? What topics were covered?
  • How many individuals have been trained? (gather time period)

Does the project have referral partners? If yes, who are the referral partners?
  • How is that relationship maintained?
For what services are beneficiaries referred?
Is training offered to referral partners?
Is there follow up for referrals? By who? How often?
Does the agency count a referral as a service provided? Please explain why or why not.

- What lessons have you learned in working with partners?
- What has been successful in working with partners? Why?
- What has been challenging in working with partners? Why?

Beneficiary Selection and Progression

Numbers regarding households, children and guardians benefiting from the program should be obtained from actual reports rather than the respondent. Instead, interviews present the opportunity to obtain further details.

“The next set of questions asks about the numbers of beneficiaries for the program and methodology of how you determine which people can participate in the program.”

- Who are the primary beneficiaries of program activities?
  - What type of community members benefit from program activities (e.g., all children in the community, identified OVC, guardians or family members of vulnerable children, etc?).
  - What are the different outcomes of the program for these different types of beneficiaries?
  - Why did you choose these beneficiaries to be the target of program activities?
  - Who benefits the most (e.g., households, guardians, children, community)? Why?
  - How would you describe the child beneficiaries in terms of demographics such as age and gender? (Collect information if available).

- How are children and/or households chosen for the project?
  - How are they identified?
  - What, if any, are the selection criteria? For example, what criteria are used to designate a child as an OVC?
  - Is the eligibility of identified OVC verified in any manner? Please explain.
  - What happens if more children or households are identified than the program has the capacity to serve?
- How long are beneficiaries enrolled in the program?
  - Is there a point at which they can no longer be enrolled (for example, after a child turns 18, gets a grant, etc)?
  - Is there a formal process in which beneficiaries graduate from the program? Please explain.
  - Is follow up or aftercare provided?

- How are program services allocated (equally among beneficiaries or based on need, or other things)?

- Are the beneficiaries evaluated after receiving services? If so, how are they evaluated and who conducts the evaluation?

- What have been the difficulties in allocating resources and choosing beneficiaries?

- What are the lessons learned from your experience selecting beneficiaries?

**Work with the Community**

“These questions ask for information about your experience in working with the community.”

- To what extent is there a community sense of responsibility for the support of OVC?

- What strategies has the program used to prompt community support/community ownership for the program? Please describe in detail.
  - What role do youth play in program design and implementation?
  - How are ideas from community members (OVC, community leaders, etc) brought to the attention of program staff?
  - How are ideas from community members (OVC, community leaders, etc) incorporated into program design?
  - What do you do if these ideas are in conflict with each other?

- Describe some of the advantages and disadvantages of working with the community.

- Does the community provide in-kind support for the program?
  - If so, what kind and how much support do community members provide?
  - Describe any key fundraising activities the program has undertaken in the community and the amount raised from each activity.

- What are some of the lessons that you have learned in trying to involve the community?
  - What has worked well?
  - What has not worked well?
Program Monitoring

Request monitoring forms and reports.

“These next questions ask about the ways in which your program monitors its activities.”

- What types of activities are conducted to monitor program activities and outcomes?
  - Who is responsible for collecting the monitoring information?
  - Who is responsible for aggregating and reporting collected information?
  - Are there regular reports? Who completes and receives the reports? How is the information used?

- How do you define the number of households/OVC/others being served by the program?
  - How do you monitor the overall number served and the number receiving each type of service?
  - How do you discern number of households versus number of children?

Sustainability

- What activities has the program taken to sustain activities in the event of the loss of PEPFAR or other funding?

- Do you believe the project or certain elements of it can be sustained after funding ends? Why or why not? What aspects will be maintained and discontinued?

- What would be necessary to ensure sustainability of the project?

Future Directions

“These questions ask about the program’s future directions and visions.”

- Does the program plan to expand or limit any program activities or services in the future? Please explain.

- Will the program undertake new activities to reach its goals or scale back current activities? Please describe.

- Will the scope of services provided expand or contract? Please describe.

- Will the number and type of beneficiaries change? Please describe.
Will the geographic area of program activities expand? Please describe.

Will new partners be involved in program additions? Will existing partners be discontinuing their participation in the program?

How were these future program changes selected?

What will be the timeline for program changes?
- Are there any outstanding considerations that could affect these plans? (e.g., pending grants, in-kind contributions, staffing needs, etc). Please describe).

Do you expect the outcomes for children or families engaged in the program to be different as a result of these changes? Please explain.

Closing

Is there anything that I haven’t asked you that you think is important to understanding this program?

Do you have any program reports, service statistics, maps, or other documents that you could share to inform our understanding of the program, region, etc?

Are there are other key program staff or stakeholders with whom you also recommend I interview? If yes, why? (And gather contact details and facilitate such arrangements if possible).

Remember to read the closing statement to convey appreciation for their time.
Focus group discussions provide an opportunity to obtain information from a larger number of key informants in a short amount of time. Focus groups are probably most appropriate for volunteers and beneficiaries; however, this depends upon the program structure.

There are three components to the Focus Group Discussion: 1) Introduction, 2) Topic Guide Questions, and 3) Closing. The Introduction and Closing are described initially and sample themes to explore with example questions follow.

**Interview Introduction Script**

Welcome to everyone, thank you for being here with us today. My name is ______ and I am from (organization). I am here today to learn from you. I'll be asking you some questions about your experiences and opinions of (program name/description). Everyone in this group today is [a guardian of children who have received support from (program), a volunteer that works on the (program), a child that participates in the program]. We want to hear your opinions about the ways the program impacts children’s’ lives and the impact it has on your lives and your suggestions for improving the program. The information you share with us will be used generally and anonymously as part of a research project. This research is being done to guide and improve the program you are participating in. It will help also to improve our understanding of how best to serve vulnerable children [and to support the people who care for them, such as yourselves].

We want this group to be a safe place for you to be honest. Your participation and the things you share with us will not affect your relationships with (program). Everything that is said in this group today is confidential. Your name will not be shared with other people.

We will be taping our discussion so that we won’t miss any of the important ideas and opinions you share with us today. The tapes will be kept safe and confidential, and when we are finished with them for our research, we will erase them. If you do not feel comfortable, you do not have to participate.

We’ll be spending a little over one hour together today. During that time, we want to be respectful of each other. Some of the rules we want to set for our discussion are:

- One voice at a time.
- Don’t interrupt others.
• Everyone’s opinions are important. Be careful not to criticize anyone.
• Confidentiality: what is shared in the meeting today should not be shared with other people.
• Please turn off or silence your cell phones.
• Are there any other rules you can think of that are important?

You can answer the questions based on your own experience or what you understand are the experiences of other involved in the program.

You can decide if you would like to participate in the focus group discussion or not. If you decide to participate but later change your mind, you can stop at any time; however, we would value your participation to the end.

Do you have any questions for me right now?

Before we begin, let’s all get to know each other. We’ll go around the circle and each person say their first name and tell us something about you. [Ask introductory question, such as age, number of children, years volunteers have participated in the program and their role, etc].

If you are utilizing a digital recorder, begin the recorder after the introduction of names for confidentiality and inform participants of this process.

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**Interview Closing Script**

Always end your interviews with a closing that expresses your gratitude for the time and information shared by the respondent. Below is a suggested closing statement.

Thank you all for spending time with us today, for sharing your opinions and experiences with us. Your participation in this discussion is helping us to better understand the (program).

Since I’ve asked you so many questions today, do you have any questions for me?

I learned a lot from our discussion today and enjoyed spending time with you. Thank you very much!

Distribute any tokens of appreciation to participants at the end of the focus group.
**Sample Topic Guide: An Overview**

Below are suggested questions under identified themes that can be explored in focus group discussions. Themes include:

- Program impact for children
- Program impact for guardians
- Program suggestions
- Volunteer work (questions for volunteers to reflect on their role and experiences with the program).

In the next several pages of this guide, you will find suggestions for specific questions to ask of volunteers and beneficiaries. The questions are broad enough to be applied to any program. However, questions specific to particular program activities and services may also be needed. To explore program-specific elements, you should start building the topic guide during your initial document review and identify topics of interest. Upon arrival to the program site, discuss these questions with program staff to identify further lines of questions and modify the topic guide as additional themes and topics are identified.

When developing the guide, prepare a list of topic areas starting from general non-threatening issues to specific topics. Additionally, prepare a list of probing questions to be used if the information does not emerge spontaneously during conversation. Examples of probes are provided in the Fieldwork Guidance section. Lastly, ensure you include introductory statements that help prepare respondents for the topic to be discussed and let them know when the topic is changing (e.g., “Now, I would like to ask you about.....”); examples of these are also provided.

Keep in mind that the flow of the focus group can be similar to a conversation and that the discussion may not necessarily follow your interview guide exactly. It is helpful to highlight priority questions on your focus group guide to ensure you ask them.

Remember that the respondents’ time is precious. Use your time wisely by asking focused questions and keep track of time, but in a non-distracting manner. If you are approaching the one-hour mark and you have more important questions to ask, it may be appropriate to inform the participants of the time and respectfully ask if they are able to answer a couple more questions. They may or may not have more time for the discussion.

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*Remember that fewer questions are asked in focus groups as compared to in-depth interviews. This is because you need to allow time for multiple participants to respond to each question.*
**Sample Focus Group Questions: Organized by Theme**

### Program Impact: Children

“We want to know how the (program) has affected the lives of orphans and other vulnerable children in the community.”

- What are the important things that the program provides for children?

- What has been the impact of the program for children receiving services?
  - Ability to cope with demands of daily life
  - Health and basic needs
  - Emotional health
  - Economic opportunities
  - Educational attainment

- Do you feel that the amount of support being provided to orphans and vulnerable children is adequate? Please explain
  - What more could be done?

- Are there things orphans and vulnerable children need that the program isn’t providing right now? What are some examples?

- Are there certain age groups of orphans and vulnerable children that the program could be doing more for? Please explain what else is needed.

### Program Impact: Parents/Guardians

“We also want to understand the impact the program has had on the guardians and families of orphans and vulnerable children.”

- What services or assistance have guardians received from the program?

- What has been the impact of these services on the lives of guardians or families?
  - Guardian’s ability to help support orphans and vulnerable children in their home
  - Guardian’s knowledge and skills for coping with children in difficult circumstances
  - Knowledge, skills and support for coping in their own lives
  - Guardian’s feelings and emotions

- Do you feel that the amount of support that (program) provides to guardians is adequate? Why or why not?
  - Are there things that guardians need that the program isn’t currently providing?
Program Suggestions

“We would like your opinion on the program and how it is working. Specifically, can you tell us:"

- What aspects of the program have worked well?
- What aspects of the program have not worked well?
- Do you have any suggestions about how to improve the program or services available to children and families in need? Please describe.
- What can be done to help encourage the community to support (the program)?
- Is there anything else you would like to add?

Volunteer Experiences with the Program

Although the above themes are important to explore with volunteers, the questions below are specific to volunteers' engagement in the program. These questions can be adapted for guardians or other stakeholders to ask about the work of volunteers.

- How do volunteers become involved with (program)?
  - Were you recruited or did you approach the organization on your own?
- Do volunteers receive any training when they began volunteering with this organization?
  - On what topics are volunteers trained?
  - How does the training help volunteers in their work? Please provide examples.
  - Do you feel the training is long and comprehensive enough?
  - What additional topics would you like covered in your training?
  - Do you have other recommendations for improving the training?
- Please describe the roles and responsibilities of a program volunteer.
  - What do volunteers do for the children?
  - What do volunteers do for the children’s guardians and families?
  - What, if any, traveling do volunteers do to perform their work? How is this aspect working?
  - What type of reporting are volunteers required to do? How are these reports used? Are there any challenges with completing these? Please explain.
What type of supervision and support do volunteers receive from the program?
- Do volunteers meet with program staff to discuss their work? How often? What, if any, assistance do these meetings provide?
- What type of feedback do volunteers receive?
- Is there compensation or incentives for volunteers? Please describe.
- What else would be helpful to support volunteers in their work?

What challenges have volunteers experienced in their work?
- How do these challenges compromise what volunteers can do for children and families in need? Please provide examples.

What successes have volunteers experienced in their work?
- What has changed in the lives of children or guardians as a result of the volunteers? Please provide examples.
- What has changed in the lives of volunteers since they became engaged in the program?

Is there anything else you’d like to tell me about volunteers’ experiences with this program?
**Tool 6: Focus Group Logistics**

**Focus Group Preparation**

If possible, have local program staff schedule and arrange logistics for focus group meetings before your arrival at the site. However, be sure to communicate clearly with the local program staff as to the desired composition of the group (e.g. similar type of participants in each group and the ideal number to include) as well as informing them that their presence will not be required. Work with program staff to organize a moderator as needed, if the discussion will occur in a language in which you are not fluent. Further, decide with the staff as to whether incentives for participants and the moderator are necessary, and if so, to determine appropriate tokens of appreciation.

Lastly, it may be helpful to provide consent forms and the OVC case study description handout (see **Tools 7 and 9**) to staff for them to distribute to prospective participants, including the date, time and location of the focus group. This will give participants background and ample notice to allow for proper planning. Providing them such information beforehand also gives them the choice of deciding whether they want to participate. Due to personal choice or availability, you should not expect every person you invite to actually participate in the focus group discussion. Plan accordingly so you can ensure at least 6, but no more than 10 participants.

**Focus Group Moderator**

The facilitation skills of the moderator will directly affect the type and quality of information gathered from the focus group. If the case study researcher will not serve as moderator, utilize program and partner organization staff to assist with identifying a qualified person to lead the focus group discussions. A good moderator is one that can easily identify with participants and who is not a program staff member. The moderator also needs to be flexible with an ability to guide the discussion but to not impart their own opinion or to overly steer the discussion. Further, it is imperative that the moderator have fluency in the participants’ language and English.

Be sure to meet with the moderator before the focus group discussion to go over the interview introduction script and guide, provide basic training on focus group discussions, and clarify any other issues. If a digital recorder is being used, make sure the moderator understands when and how to use it.
Focus Group Composition

Each focus group should include participants that share key characteristics. For instance, any given focus group should be comprised of all volunteers, all beneficiaries (parents/guardians or children) or all program staff. This will allow you to focus on the specific questions and themes relevant to that type of individual. Each focus group should contain between 6 to 10 participants. A strong dialogue will be difficult to maintain with less than 5 individuals, but too large a group will be difficult to manage. When determining the particular individuals to invite to each focus group, important elements to consider include gender, age, level of expertise and exposure to program.

Discussion Structure

The outline below indicates how to structure the focus group discussion over the 80 minute time period.

1) Introduction stage (5 minutes)
   - Moderator introduces himself/herself
   - Explains the goals of the discussion
   - Encourages different opinions
   - Establishes moderator neutrality
   - Group rules are presented

2) Rapport building stage (10 minutes)
   - Introduction of the participants
   - Ask 1-2 easily answered questions to encourage discussion
   - Give all participants the opportunity to speak
   - Provides the moderator and note taker with a “picture” of the group

3) In-depth stage (60 minutes)
   - Focus on the main questions of the guide

4) Closure stage (5 minutes)
   - The moderator non-judgmentally summarizes what has been said and identifies common themes or differences of opinion
   - Ask the participants if they have any questions for you
   - Thank the participants with a token of appreciation, if applicable.
   - If appropriate, obtain consent for photography and take photographs of participants.

Be sure to keep track of time in a non-distracting manner.
Tool 7: Sample Focus Group Consent Form

The sample is designed to gather guardian consent for child participation and can be adapted for other participants.

This can be distributed to participants as part of the focus group invitation. However, consent can be provided at the time of the focus group.

In areas with low literacy, this may need to be read to participants and signed by the Program Staff or Liaison.

Guardian Consent for Child to Participate in a Focus Group Discussion

Title: [Program] Case Study

Purpose and Procedures
[CASE STUDY IMPLEMENTING AGENCY, e.g., Tulane University] is conducting focus groups to gather lessons learned in the implementation of [PROGRAM NAME]. The purpose of the focus group discussion is to help program planners understand which services offered by [PROGRAM NAME] are helping to improve the lives of children and their families. We would like to invite one of the children living with you age [give age criteria] to participate in a focus group discussion. We would like to ask children some questions in order to learn more about their experiences with the program. There is no right or wrong answers, we want opinions and experiences.

Everything that the child says in the group will be is confidential. We will not share the child’s answers with anyone at all, not even program staff or other members of the family. We are going to take all the answers that people give us and put them all together to write a report, and no one will know what the child told us. Children will participate in a discussion with a trained facilitator. No program staff, guardians or parents will be present.

You or your child will not receive any money or other benefits in exchange for participating in the focus group discussion. Participation will in no way affect the services you receive from [PROGRAM NAME] or other service providers. Even if you decide not to participates, you can still get these services, they will not be taken away from you. You can decide if you would like the child to participate in the focus group discussion or not.

At the time of the focus group, all of these procedures will also be explained to the child. He/she will also be asked if he/she wants to participate and has the right not to do so if he/she does not want to. Even if the child agrees to participate, he/she can later change his/her mind and can stop at any time.
If you have questions about the focus group, you may call [Provide the contact details for the Case Study Fieldworker or Supervisor or potential program liaison—e.g., volunteer or staff member who contacts the potential participants].

If you agree that the child can participate, please indicate your consent on this form and give it to [PROGRAM CONTACT] or bring it with you at the time of the focus group.

Your participation is appreciated. The answers will help us understand the impact of the program upon participants. It will help also to improve our understanding of how best to support communities and vulnerable children. Thank you for your consideration.

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<thead>
<tr>
<th>CONSENT</th>
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<tbody>
<tr>
<td>I agree to take part in this study. The purpose of the study has been explained to me and I have had a chance to ask questions.</td>
</tr>
<tr>
<td>I am taking part freely and without being forced in any way to do so. I understand that I can stop the interview at any point if I want to.</td>
</tr>
<tr>
<td>I understand that my responses will be combined with responses from others and that the research team will not share my information with others who are not working on the study unless my guardian and I agree to it.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name of Primary Parent or Guardian</th>
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<tr>
<td>........................................</td>
</tr>
<tr>
<td>Signature/mark of guardian</td>
</tr>
</tbody>
</table>

If a mark provided: Interviewer sign to confirm authenticity:

_____________________________
Photography Consent and Release Form

I [INSERT NAME OF INDIVIDUAL], give permission to (NAME OF ORGANIZATION) to take and use photographs of me. I understand that these photographs may be used for (NAME OF ORGANIZATION)’s publications and that they may be put on the Internet. Once I give this permission, (NAME OF ORGANIZATION) can use the photographic images of me in any manner they choose. I understand the detail of this release form, and I understand that I have the right to refuse permission. (FOR ADULTS: I also state that I am over 18 years old.)

Signature: _______________________________________

Date: ___________________

Witness: _______________________________

Photographer: ___________________________________

Subject, location and details of photograph (for use in the photo caption):
_____________________________________________________
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A sample OVC case study description handout is provided on the subsequent page to distribute to key program staff and/or other stakeholders to describe the activity. This handout will need to be modified depending on the specific program. Be sure to include updated contact information, tentative dates of information gathering activities, and other pertinent information. Ideally, this handout should be one-page in length.
Overview of OVC Program Case Studies Activities in South Africa
Conducted by NAME OF ORGANIZATION
With financial support from FUNDING AGENCY

Purpose

Although there are many orphans and vulnerable children (OVC) in South Africa, there is insufficient documentation on the programmatic approaches designed to improve the well-being of these children. More information on program strategies can help to identify gaps in service provision as well as common challenges and best practices in addressing OVC needs. This information can help donors, policy makers and program managers make decisions about allocation of scarce resources. Case Studies are also useful to the focal organization, providing documentation of their approach and lessons learned in program implementation.

Information Gathering Activities

A Case Study team member from [NAME OF ORGANIZATION] will be assigned to lead the information-gathering activities to be used in the development of the Case Study. The team member will visit program sites for approximately two weeks to gather in-depth information. Prior to these visits, the team member will request and review relevant program documents and other project materials. Interviews with program staff will occur at the headquarter level as well as with local project site staff at up to two selected sites. At these identified focal sites, in-depth interviews and/or focus group discussions with consenting and anonymous volunteers and beneficiaries will be conducted. The team member will also observe program activities on these visits.

The purpose of these information-gathering activities is to document the following aspects of the program:

- Beneficiaries - selection criteria, description & numbers served
- Lessons learned - program challenges & successes & unmet needs
- Plans and desires for future programming

Logistics

Information-gathering activities will require some logistical assistance from program staff to retrieve any available program documents describing the initiative, select focal sites and help schedule interviews and site visits. [NAME OF ORGANIZATION] team members will be responsible for all of their own financial aspects pertaining to this work, such as accommodation, travel, etc. However, program staff is kindly requested to provide logistical support in this regard, particularly if rural site visits are required.

The team member assigned to conduct this Case Study is a [DESCRIPTION OF FIELDWORKER] from [NAME OF ORGANIZATION]. HER/HIS name and contact information is as follows:

- Name, email: [INSERT NAME, EMAIL ADDRESS]
- Cell phone: [INSERT LOCAL CELL PHONE NUMBER]
- S/he is tentatively scheduled to visit program sites from [DATES OF ACTIVITIES]

Publication

A draft of the Case Study will be completed in up to three months following information-gathering activities. Key identified program staff will have the opportunity to review and provide comments on the manuscript before it is released. Case Studies are expected to be available for distribution by [DATE]. The Case Study will be posted on a website and electronic and hard copies will be provided to the organization and [FUNDING AGENCY].

For additional information, please contact [NAME OF CASE STUDY SUPERVISOR] from [NAME OF ORGANIZATION] at: [EMAIL ADDRESS]