Evaluating four approaches to community-based programming for orphans and vulnerable children in Kenya and Tanzania

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Abstract

Worldwide, over 14.3 children under age 18 have lost one or both parents and many more are made vulnerable by HIV/AIDS epidemic. The vast majority of these children live in sub-Saharan Africa. Despite the recognition of the negative consequences of this disease on children, there is little empirical evidence on "what works" to effectively ameliorate these problems. To fill this gap, four different approaches to community-based programming to support orphans and vulnerable children (OVC) in Tanzania and Kenya were investigated. Specifically, this paper provides our experiences to date with these evaluations in four unique community settings. The quality, scope and comprehensiveness of each program activities will be described and research procedures explored. The lessons learned from our experience, some guiding principles, and observations that were not obvious at the outset of this research will be discussed. We highlight some of the opportunities and challenges of targeted evaluation for OVC programs.

Background

Worldwide, the number of children under age 18 who have lost one or both parents to AIDS has increased to more than 14.3 million (Children on the Brink, 2004). Many more children live with a chronically ill parent/caregiver (s). The vast majority of these children live in sub-Saharan Africa. Despite the recognition of the magnitude and the negative impacts of HIV/AIDS on children, there is little empirical evidence on which program interventions could be put in place to ameliorate these problems and improve the well-being of these children. To fully implement National Plans of Action for OVC, governments and program managers need comprehensive information on how to reach more OVC (OVC) with services that improve their well-being. Data on effectiveness and costs of interventions to improve the lives of OVC can help donors, policy-makers, and program managers make better informed decisions on the allocation of scarce resources. In an attempt to fill these knowledge gaps, MEASURE Evaluation is conducting public health evaluations of programs that provide support to OVC in Kenya and Tanzania. The overall goal of these evaluations is to answer the question, "what is the effectiveness of interventions in terms of models, components, costs, and outcomes, in improving the well-being of OVC in resource poor settings?" This paper provides our experiences to date with the evaluation of five programs in four unique settings, two in Tanzania and two in Kenya. The quality, scope and comprehensiveness of each program activities will be described and research procedures explored. The lessons learned from our experience, some guiding principles, and observations that

were not obvious at the outset of this research will be discussed. We conclude by highlighting some of the opportunities and challenges of targeted evaluation for OVC programs for other researchers.

Intervention Descriptions and Study Sites

In response to the needs of children, youth and families, governments and other international organizations have mobilized resources and developed programs to support and care for orphans and vulnerable children. This research focused on evaluating four of these programs to find out what works to effectively meet these needs. The four programs include;

1. The Salvation Army developed the Mama Mkubwa Initiative with a parallel Kids Club Program. Program focus and resources are directed at the community level to sensitize and mobilize communities and build their capacity to meet the needs of the most vulnerable children. Volunteer Mama Mkubwa committees identify MVC, either in collaboration with the most vulnerable child committees (MVCCs), where they exist, or through other community structures. The Mama Mkubwa volunteers are known as the "aunties" of the communities and sensitize the communities to the needs of the most vulnerable children and their families, and mobilize resources to meet the needs of identified MVC and families. Volunteers plan and carry out home visits and Kids Club activities. Services provided through Kids Club and home visiting include: counseling, supportive relationships, spiritual support, education support (encouragement and/or assistance in registering and attending school), social support, referral, and limited instances of material support to address basic needs (e.g. soap, food, clothes, school materials). The site for this study will be Mbeya Rural District, Tanzania.

2. Tumaini Project, CARE and Allamano, Tanzania

The evaluation of the CARE Tumaini program will focus on the Allamano program, a CARE Tumaini's former local sub-grantee. Allamano is a faith-based group run by the Italian based Consolata Sisters. Similar to other CARE Tumaini sub-grantees, Allamano provides services to both PLHA and children. Allamano operates a health center whereby people can be tested for HIV and receive other health services. The organization also provides services directly to children affected or/and infected in the community by providing school materials and health care, individual counseling and through Kids' Clubs, and home visits. The sites for this study will be in Iringa region.

3. Kilifi OVC Project, CRS, Kenya

Catholic Relief Services (CRS) Kilifi OVC Project provides direct material support to individual children as well as indirectly to households with OVC. CRS does not directly implement activities, but works through the Catholic Church networks of volunteers and diocese. The local Archdiocese provides services and partners with volunteer committees and community home-visiting volunteers to identify and support beneficiaries. The project's activities include: household visits to provide psychosocial support to children and their guardians, payment of fees for children enrolled in early childhood development (ECD) Centers, provision of school equipment and uniforms for older children, provision of basic health and medical care, HIV prevention education, and nutrition education. The volunteers, many of whom are guardians of OVC, are

trained in home-based care, basic counseling, income generation activities and HIV prevention. The site for this study will be Kilifi district.

4. Community Based HIV/AIDS Prevention, Care and Support Program (COPHIA), Pathfinder, Kenya

Pathfinder's Community Based HIV/AIDS Prevention, Care and Support (COPHIA) Program works with Faith-Based, Community-Based and AIDS Support organizations to provide home-based care to people living with HIV and AIDS and limited support to OVC in these households. A range of services are provided by the project's 47 local implementing partners (LIPs), and may include: home nursing care for people living with HIV and AIDS, supplemental food and food security programs for households with OVC, paralegal advice, provision of school fees and other educational materials, basic health care, HIV and AIDS education and prevention, food and nutrition counseling, and income generating activities. The evaluation of COPHIA will focus on one of their LIPS, Integrated AIDS Program (IAP). Pathfinder facilitates each of its partner LIPS (i.e., CBOs) to offer universal services such as: psychosocial support through home visits and support groups (for both caregivers and OVC), referrals to health centers, home-based care (including provision of basic supplies through home based care kits), and education to clients and general community about HIV, OVC, children's rights and stigma. IAP also operates a home based care clinic for PLHA and vulnerable children, offers VCT, distributes seeds in need and supports expenses for primary education and vocational training for a few community children. The site for this study will be Thika district.

Hypotheses

The diversity of interventions and rigorous methodologies included in this evaluation will permit the testing of a range of hypotheses. The study designs and analytical approaches were developed to ensure that valuable data concerning program targeting and impact is ascertained immediately, in order to inform the continued development and improvement of programs for OVC. This evaluation uses quantitative methods to compare a sample of OVC who are exposed to interventions and comparison groups of OVC who have previously had no exposure to the package of interventions (children may be receiving a basic level of services and/or may be slated to receive services from the organization in the future). Caregivers are also included in the survey to assess the effectiveness of services aimed at the household level, and to explore relationships between child and adult well-being. Through focus group discussions and the household community survey approach applied in some sites, perspectives from members of the community are also included. A range of hypotheses will be explored across the five studies. However, not every hypothesis will be addressed in each setting.

I. Differences between children in Intervention groups and Comparison groups

In general, the authors hypothesize that children exposed to interventions will fare better on measures of well-being than children not exposed to interventions. In accordance with this general hypothesis, the following specific technical hypotheses will be examined:

a. Exposure to interventions in a particular domain will be associated with better outcomes in that domain for children exposed to those interventions compared with those not exposed to those interventions (e.g., education interventions will improve education outcomes).
b. Exposure to interventions in a particular domain will be associated with better outcomes in other domains for children exposed to those interventions compared with those not exposed to interventions in these domains (e.g., education interventions may enhance psychosocial wellbeing)
c. Children exposed to a greater number of services will fare better on measures of well-being than children exposed to fewer services.
d. Children exposed to more intensive levels of interventions (i.e. higher frequency) will fare better on measures of well-being than children exposed to less frequent, or less intensive, interventions.

II. Impact of Interventions at the Child, Household, and Community Levels

As mentioned above, the programs from which beneficiaries of this study have been selected, provide interventions at various levels – some providing direct services to OVC individually or in groups, others providing support to children's caregivers, and others providing support at the community level. Most provide some combination of all three levels of interventions. The authors hypothesize that:

a. Caregivers exposed to household-level or caregiver-level interventions will fare better on measures of well-being than caregivers not exposed to such interventions.
b. The well-being of caregivers is associated with the well-being of OVC.
c. OVC and caregivers exposed to community-level interventions, or living in communities where such interventions are being implemented, will report higher levels of community support (in terms of in-kind support, support networks, and community attitudes) than OVC and caregivers not exposed to community-level interventions.
d. OVC and caregivers reporting higher levels of community support will fare better on measures of well-being compared to those reporting lower levels of community support.

Lessons Learned

1. A lot of time was spent in identifying and developing consensus among experts who are informed by different disciplines on the key outcomes of child wellbeing to evaluate for OVC programs, with discussions around designs of how OVC programs should be evaluated
2. Engaging most of the key stakeholders in the process from conceptualization, design, measurements in the initial stages to the decisions on how data should be used was key for having collaboration and managing expectations
3. Establishing the sampling frame for OVC proved to be very difficult because most times the program records were not accurate and as a result the list of OVC kept changing
4. Some trade-offs were made especially on the study design because of timeline of project funds and resources. Consequently a post-test only design was used for this study.
5. We also learned that ethical guidelines must be included in the interviewer training protocols, spelled out clearly, and must be updated continuously as new situations come up

6. It is also important to note that the orphans and other vulnerable children's population is always changing (moving targets) due to their relocations from one area to another for various reasons.

Opportunities

1. More research is needed in establishing the optimal package of services that bring the most effects on these key child outcomes examined in this study.
2. There is need to find easy ways of identifying orphans and vulnerable children preferably by community members.