

How are the children? Community-based approach to monitoring and evaluation of child well-being in Sub-Saharan Africa

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Abstract

“How are the children?” is a common greeting with deep cultural meaning throughout Sub-Saharan Africa. Child well-being among African communities is of highest priority and is monitored and evaluated continuously. This study focuses on developing a culturally sensitive and practical measurement to assess child well-being through a community-based approach. Five communities supporting orphans and vulnerable children (OVC) in Kenya and Tanzania are involved in the study. Community members helped conceptualize and develop the tool through interviews and focus groups. The community identified ten domains including food security, shelter, care, abuse, and emotional, behavior, and wellness, access to health services, education/activity, and performance as essential components of monitoring child wellbeing. Challenges and lessons learned on the integration of community workers in this research to produce a locally acceptable tool will be discussed. This bottom-up approach also provided an opportunity for community buy-in, useful feedback, improved communication, and commitment to applying the tool appropriately.

Background

Millions of children affected by HIV/AIDS are vulnerable because their parents are ill, they have lost one or both parents and/or they live in poor communities or households that have absorbed orphans. In response to this human crisis, efforts to care and support OVC have become a top priority among local and international communities with increased attention and funding. However, the multidimensional nature of the impact of HIV/AIDS on children poses a challenging task of measuring program performance and assessing how children are faring in these communities. The monitoring and evaluation of OVC programs is challenging and complex mainly because of the multifaceted nature of the OVC problems coupled with the involvement of many organizations and M&E experts informed by different disciplines. Hence, involving local communities in developing measurements on how to monitor and evaluate child well-being is urgently needed. This approach can also lead to improved community level practices and service delivery to orphans and vulnerable children. The purpose of this paper is to illustrate how to involve the local people to participate and provide input to developing a practical tool and to improve their capacity to monitor OVC on a continuous basis. This is because they live in the affected communities and are better placed to assess child wellbeing. Thus, such a process will promote local ownership, shared learning, continued child outcome

monitoring, and providing consistent information for program decisions to improve the quality of services offered to children.

The specific objectives:

1. Involve community workers in M&E research to develop a practical monitoring tool
2. Develop a tool that can be widely adapted, used practically, and in a sustainable manner to collect data at the child level, and also can be analyzed at community, program, and national levels to monitor child well-being.

Methodology

Community Approach:

It is a common greeting in Africa among adults to ask the question “How are the children?” This question is normally asked to find out how everybody in the family including children are faring. Guided with this knowledge the research team set to find out from community members how they measure and monitor progress of “Child Well-being” The research was conducted in stages;

1. Local organizations supporting orphans and other vulnerable children were first contacted about the study as the entry points to communities.
2. These organizations then contacted local leaders in communities where they work about the study, who in turn organized for group meetings.
3. Focus group meetings were held between researchers, community members, children, youth in vocational schools, and local organizations to discuss child wellbeing.
4. Interviews with key informants including street leaders, church leaders, volunteers, caregivers committees, and youth leaders were conducted.

Conceptualizing the tool

Determining whether children affected by HIV/AIDS in poor resource countries are growing up healthy, confident, secure, and hopeful is more complex than in developed countries. Therefore, the guiding principle for conceptualizing Child Status Index was that it must be based on local community perceptions of child well-being. As a result, a community-based participatory approach was adapted by the CSI development research in both countries (Kenya and Tanzania) that have high HIV prevalence rates and were willing to participate in the study. The participation of community members involved a series of field consultations with local community workers, guardians, and children conducted through unstructured interviews and by focus groups in Kenya and Tanzania. Concerted efforts were made to involve them fully in the development of the tool to have their invaluable information about the proposed child wellbeing tool – CSI - content and use, facilitate their buy-in, and to ensure its use in the future. After several interviews of guardians and children, the notion of “hope for the future” became the critical goal for child wellbeing. Through the community consultations outcome areas including food security; Shelter (how the child lives); Care; Abuse

and Exploitation; Wellness; Health Care Services; Emotional Health; Social Behavior; Performance; and Access to Education/Skills training or age appropriate activity were identified. Likewise, the descriptive anchors for rating each factor were developed through consultations with service providers in the field as well as technical experts for each domain (e.g. health, education, psychologists). Although, community responses were subjective they were detailed enough to tap into and develop a measure for child well-being.

Field-Testing

The ten outcome areas were field-tested for reliability and for validity alongside other objective measures. The process-involved consensus building among experts and potential users on the tool drafts, which were reviewed, revised, and field-tested. The revised draft of the index was translated to Kiswahili, and field-tested for inter-rater reliability with community workers in Mombasa, Kenya and Dodoma, Tanzania.

Results

Despite conceptual and statistical overlap among the ten factors, it was evident from field-testing that each of the domains provides an important and specific (if not independent) view of the child's well-being and needs. Indeed, the program-level collaborators indicated that the domains on the CSI caused them to consider a child and household more comprehensively, at times in areas they did not generally assess. This was seen as a very positive contribution to their practice. The domains involved the synthesized information derived from interviews and from focus group that were qualified with real-world examples.

Lessons Learned

During the development of the tool, and with the involvement of local community workers, many lessons were learned. Some of these lessons learned are highlighted below.

- The integration of community workers and other potential users in the research to develop the CSI tool from conception to its application stage proved to be not only very informative but also essential to produce a culturally appropriate tool that will, in fact, be used. The process provided an opportunity for potential users to give useful feedback and to make essential corrections; the notion of an optional factor to be determined by community and program priorities was suggested at a meeting with community workers.
- The bottom-up approach to the development of the CSI tool improves communication, leads to buy-in, and ensures commitment to applying the tool appropriately. In the course of this research, community workers' suggestions were discussed collectively during the focus group meetings and consensus was established before a change was made. During these discussions, even rudimentary ideas of measurement were taken into consideration, which proved to be a key moral booster and attitude changer, leading to ownership and commitment to the tool.

- The CSI can be used effectively to generate feedback from the community upstream and downstream of the decision-making hierarchy.
- The process of gathering data using the CSI and rating the children has been made faster and simpler, thus making it more accessible to many people and adaptable to various situations.
- The fieldwork also revealed that the scale was very well accepted and local workers indicated that the interview and rating process changed their practices and increased their knowledge of the household significantly. The data collected using the CSI also raised awareness among caregivers and community workers about the multiple dimensions of child well-being including child abuse, education, and health, which will help them to understand and address those areas routinely in their work.
- The use of the CSI tool in monitoring child well-being promotes communication between community workers and caregivers/guardians by encouraging listening more, instead of asking direct questions that lead to short, less informative answers.
- The CSI requires little training to use reliably and it can be used by anyone, even persons with limited literacy skills, thus encouraging wider participation in the M&E process and better communication.
- The CSI tool has great potential for building broad consensus within a community about the best ways to serve children.

Challenges

The process of developing the Child Status Index was a new research approach for most communities and other stakeholders and as a result several challenges were encountered including:

1. Balancing the interest of decision-makers and community people in developing a tool that will be useful to them and beneficiaries.
2. Coordination of multiple agencies including USAID/Country missions, local governments, OVC implementing partners, and communities.
3. Engaging the local communities fully.
4. Building a flexible, multi-disciplinary research team and experts.
5. Resistance to change by local organizations to this new approach to M&E for OVC as opposed to the existing one which responds directly to their requirements of accountability reporting to donors.
6. Mobilizing community workers, volunteers, caregivers, and other leaders who are already overloaded with voluntary work.
7. Overcoming cultural and language barriers

Overcoming Challenges:

1. We were successful because of the help we received from USG both in Washington, DC and the field. The field was contacted ahead of time and we were able to link up with implementing partners and their grassroots organizations, who

then linked us to their frontline staff, then community committees, members, and orphans and vulnerable children.

2. Participatory process with initial engagement of the local people and enabling them to join scientists in the research through the conceptualizing, developing, reviewing, translating, and field-testing the CSI tool.
3. Language problems – the tool was translated to Kiswahili, and there are plans to adapt the index to other cultural contexts and languages and to make it available for use by programs in other countries.