Beyond beneficiary numbers: A multi-country midterm OVC program evaluation

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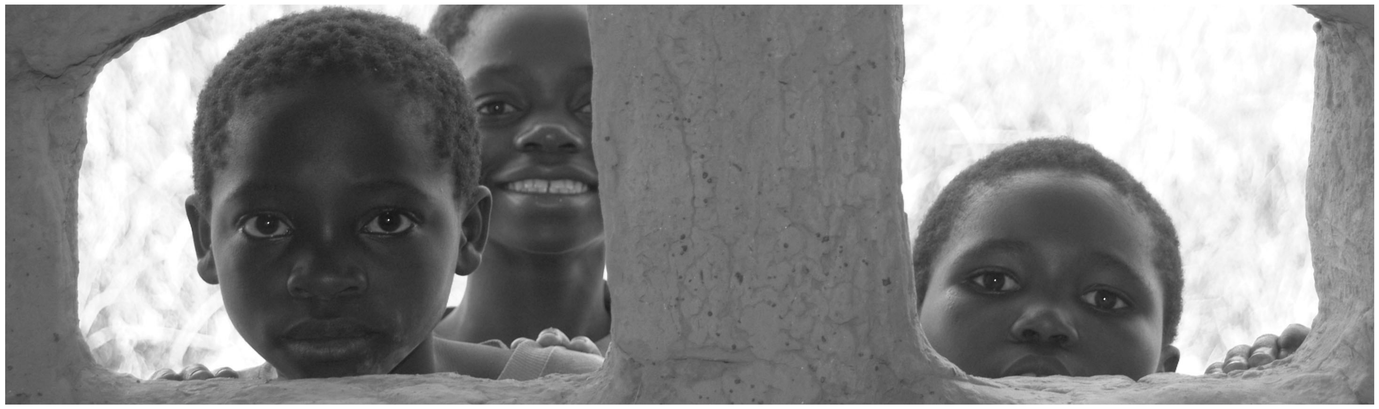
Research Question:
Is the program accomplishing its goal of improving the quality of life for orphans and vulnerable children?



Background

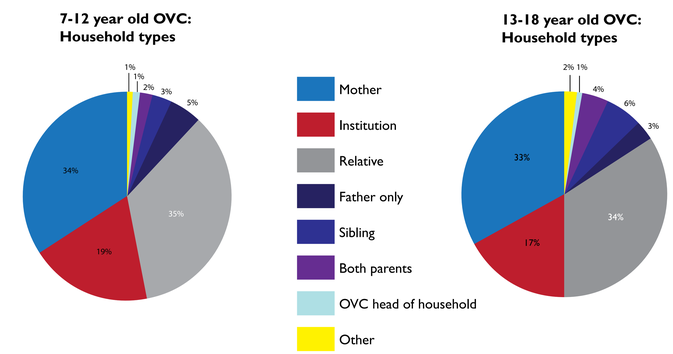
In 2004 Catholic Relief Services (CRS) began implementation of a 5-year PEPFAR-funded OVC program in 5 countries: Haiti, Kenya, Rwanda, Tanzania, and Zambia. The goal of the program is to improve the quality of life of orphans and vulnerable children (OVC) affected by HIV and AIDS. Each country program has prioritized core services to OVC based on PEPFAR priority areas of education, health, psychosocial support, economic strengthening, food security, shelter and child protection. CRS undertook a midterm evaluation to assess implementation and to improve services to OVC.

Methods

Two groups, stratified by age, were surveyed about the services offered by Catholic Relief Services' OVC programs. Two questionnaires were developed: one was given directly to the OVC, aged 13-18 years, and the other questionnaire was given to caregivers of younger OVC, aged 7-12 years. Two hundred twenty-five OVC in each age group were chosen for interviews in five countries, using a systematic sampling technique, resulting in a total of 2,250 OVC surveyed. Rwanda and Tanzania also selected a group of OVC to serve as a comparison group, and this group was also interviewed using the same survey instrument. This control/comparison group was selected from the subpopulation of OVC living in the same region who were not accessing CRS' OVC program services.

OVC Characteristics

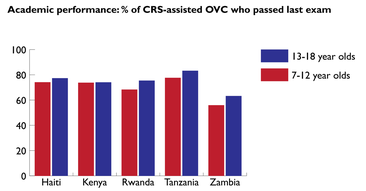
All children enrolled in their country's OVC program were deemed to be the most vulnerable of the vulnerable children living in the target areas. Only 2% of younger OVC and 4% of older OVC live with both parents. One third of OVC in both age groups lived with their mothers. Five percent of younger OVC and 3% of older OVC lived in father-headed households. In both age groups, 34% of OVC lived with other adult relatives. The 17-19% of OVC living in institutions represents the Haitian OVC in the program.



Results

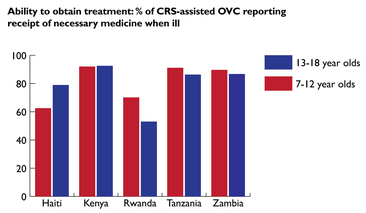
Education

- 94-99% of OVC regularly attended school.
- 3 of 4 children indicated that they passed final exams.
- Illness was the most common reason for school absence.



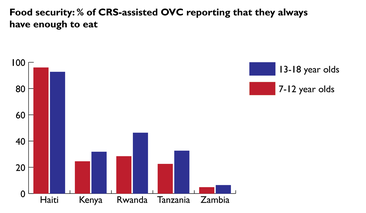
Health

- Illnesses were common, but the majority of OVC in the CRS program (53%-92.5%) were able to obtain treatment.
- The highest proportion, one-third, of OVC who report they do not receive treatment live in OVC headed households.
- Payment for health care is largely provided by caregivers and parishes.



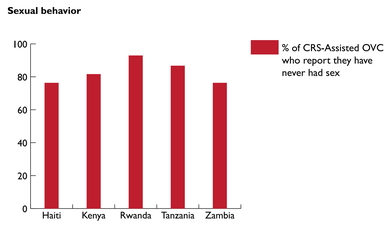
Nutrition

- The percentage of OVC stating that they always have enough to eat ranged from a low of 4.8% among younger Zambian OVC to a high of 46.2% among older Rwandan OVC. Most OVC reported "sometimes" having enough to eat.
- Very few OVC reported eating protein-rich foods daily.
- There was a statistically significant link between food aid and OVC reporting always having enough to eat.



Risky Behaviors

- Risky behaviors such as early sexual involvement and drug/alcohol consumption were less commonly reported by church-going OVC.
- Reported alcohol and drug use was extremely low across all five countries.
- The percentage of CRS-assisted OVC who reported "never had sex" ranged from 92.9% in Rwanda to 76.3% on Haiti and Zambia.



Why this Multi-Country Midterm Evaluation is important

- This evaluation describes a multi-country, multiple variable, multiple sample evaluation methodology.
- The evaluation looked beyond target numbers to the quality of services.
- Results were applied and changes were made mid-cycle in order to improve services for OVC.

Conclusions

- The evaluation confirms that CRS OVC programs have provided important services to OVC. The services include education support (payment of school fees and supply of school materials, uniforms, etc.), medical support (payment for treatment or medicines and referrals), food and nutrition education, and psychosocial and spiritual support.
- The OVC and their guardians reported that the project activities have responded to the needs of the OVC and have improved the quality of life of OVC affected by HIV and AIDS.
- A rigorous midterm evaluation is important for understanding project needs and making mid-course changes. As a result of this midterm evaluation, CRS increased agricultural activities, life skills education, and scaled-up training for caregivers in psychosocial support and child protection.