CATHOLIC RELIEF SERVICES

A tool for assessing changes in OVC wellbeing over time:

Longitudinal data from a child's perspective

Background

One challenge facing orphan and vulnerable children (OVC) programs is assessing program impact on a child's overall wellbeing. OVC programming is often multisectoral in nature and difficult to assess, as it addresses so many facets of child wellbeing. An OVC Wellbeing Tool (OWT) developed by Catholic Relief Services (CRS) assesses self-reported child wellbeing measuring 10 domains (food/nutrition, education shelter, economic opportunities, protection, mental health, family, health, spirituality, and community cohesion). The OWT captures wellbeing from a child's perspective by asking children to self-report on 36 questions using a three-point Likert scale. The OWT was validated during a five-country pilot, including Kenya, in 2006-2007. However, while the OWT was deemed to have strong validity, there was no research on the longitudinal use of the OWT. The purpose of the present research is to understand the usefulness of the OWT in assessing longitudinal outcomes of OVC programming.

Program Description

Program Area

With an estimated HIV prevalence of 15.3%, Nyanza Province has the highest HIV prevalence in Kenya[1]. It is estimated that there are 500,000 orphans in Nyanza Province, accounting for about 25% of the orphans in Kenya[2].

Core Program Areas

(1) Education and Vocational Training

More than 70% of OVC enrolled in the program receive education support in the form of school fees, uniforms, materials and school visits by the community health workers. Graduates of primary school are enrolled in secondary school or in polytechnics for vocational training.

(2) Health

In partnership with government health facilities, the program pays for treatment of all beneficiaries (OVC and caregivers) who are in need. The program also carries out HIV counseling and testing within the project area and makes referrals for antiretroviral treatment. OVC are trained using "In Charge," a curriculum for HIV prevention and are guided in training their peers.

(3) Psychosocial Support

All OVC are visited twice a month by a social worker or a community health volunteer. Volunteers are trained to identify and provide or refer counseling for children with special needs.

[1]National AIDS and STI Control Programme, Ministry of Health, Kenya. July 2008. Kenya AIDS Indicators Survey 2007: Preliminary Report. Nairobi, Kenya.

[2]Biemba, G., Njoka J.M. and Simon, J.: Kenya Research Situation Analysis on Orphans and other Vulnerable Children: Final Report 2009: Boston University, Center for International Health and Development in collaboration with University of Nairobi, Institute for Development Studies.

Psychosocial support is also delivered through trainings for caretakers who have formed support groups.

Supplemental Program Areas

In addition to the core services provided to all primary beneficiaries, supplemental services such as shelter renovation, protection, agricultural training, nutritional training and microfinance linkages are prioritized by volunteers through periodic needs assessments.

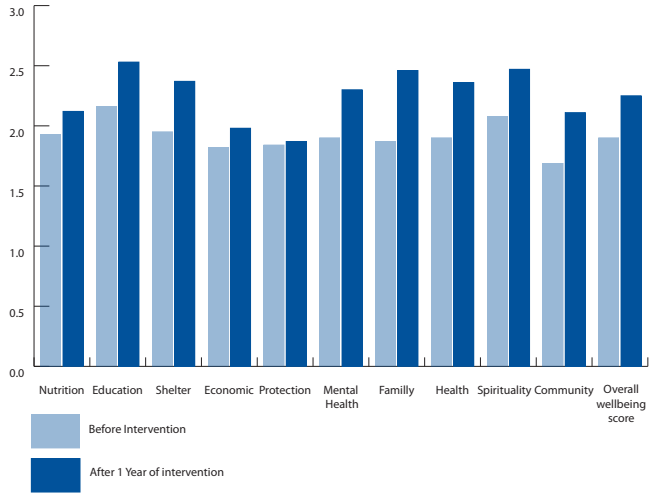
Design

CRS trained social workers administered the OWT to all OVC entering the OVC program in Nyanza Province of Kenya in April 2008. The respondents were age 13-18. Data were entered into an Access database; a mean score was calculated for the 10 domains and an overall wellbeing score (ranging from 10 to 30) was also calculated. The OWT was subsequently re-administered to a subset of these same OVC in March 2009.

Results

The OWT was administered by a local implementing partner to a total of 633 OVC in April 2008. In March 2009, the implementing partner re-administered the OWT to 345 children, a subset of the original 633. The loss to follow up of just over 50% was due to children being discharged from the project after they turned 18 years of age, dropping out of school, or moving out of the project area to attend secondary school. Repeated-measures data was obtained for a sub-sample of 178 of the original 633 OVC who remained in the program one year after baseline.

Table One: OWT domain scores before and after one year of OVC programming



At baseline, this sample had the lowest overall scores in the community (1.65), family (1.81), economic (1.82), and protection (1.84) domains. The highest scores were in education (2.12) and faith domains (2.08). The overall average wellbeing score was 18.7 out of 30. One year later, all domains had improved. The lowest domains were protection (1.90) and economic (2.00). The highest domains were education (2.50) and faith (2.49). The overall wellbeing score was 22.46.

A paired samples t-test between the baseline and post-intervention group revealed statistically significant changes in overall wellbeing score, along with significant changes in 8 of 10 domains. Only protection and economic domains were not statistically significantly changed, although there were positive increases in both domains. Noteworthy, the targeted intervention areas of the program (i.e., education, psychosocial support, and health) all were significantly increased from baseline after the one-year intervention period.

Table 2: Paired samples t-test

Domains	Baseline	One-year follow-up	Sig. (2-tailed)
Overall wellbeing score	18.96	22.46	.001
Food Security	1.95	2.11	.049
Education	2.12	2.50	.047
Shelter	1.95	2.33	.047
Mental Health	1.86	2.26	.047
Family	1.81	2.41	.046
Health	1.88	2.32	.047
Faith	2.08	2.49	.047
Community	1.65	2.14	.047
Economic	1.82	2.00	.052
Protection	1.84	1.90	.206

Conclusions

The OWT is an easy tool to administer. The changes in scores from baseline correspond to the targeted interventions within the program. Those programs that were not directly targeted, but addressed primarily through referral networks, demonstrated the least amount of change from baseline. However, all domain scores increased over time, along with the overall wellbeing score, suggesting that even indirect interventions contribute to the overall wellbeing of children in the program.

The OWT's particular strength is that it provide's children's perspectives of their wellbeing in a holistic, age appropriate manner. In addition, the OWT is a low-cost, rapid assessment measure. Children appear enthusiastic about the OWT, as they indicate that they are pleased to be asked their opinion. The OWT can be used as a repeated measure to assess the impact of OVC programming on child wellbeing. It should be used to monitor OVC programs at an aggregate level to identify patterns of change in OVC wellbeing over time. The results of the OWT assist the program to focus interventions in lowest scored domains. Future research in Kenya will also explore how the self-report OWT compares to the Child Status Index.

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