## Measuring Outcomes

## for Vulnerable Children: A Global Snapshot



Lisa Parker, PhD

MEASURE Evaluation, Palladium

May 30, 2019







### Orphans and vulnerable children (OVC)

Monitoring, evaluation, and reporting (MER) Essential survey indicators (ESI)

#### Healthy

% of children (0–17 years) whose primary caregiver knows the child's HIV status



% of children (6–59 months) who are undernourished

% of children (0–17 years) too sick to participate in daily activities

Safe



% of caregivers who agree that harsh physical punishment is an appropriate means of discipline or control in the home or school

#### Schooled

% of children (5–17 years) regularly attending school



% of children (5–17 years) who progressed in school during the last year

% of children <5 years who recently engaged in stimulating activities with any household member over 15 years

Stable

% of children (0–17 years) who have a birth certificate

% of households able to access money to pay for unexpected household expenses

### Implementation to date

### 17 countries

Botswana

Cameroon

DRC\*

Haiti (2 projects)\*



Kenya (3 projects, 2 rounds)\*

Lesotho\*

Malawi

Mozambique (2 projects)\*

Namibia (1 project, 2 rounds)\*

Nigeria (5 projects)\*

Rwanda\*

South Africa

Swaziland

Tanzania\*

Uganda

Zambia

Zimbabwe (4 projects, 2 rounds)

\* MEASURE Evaluation

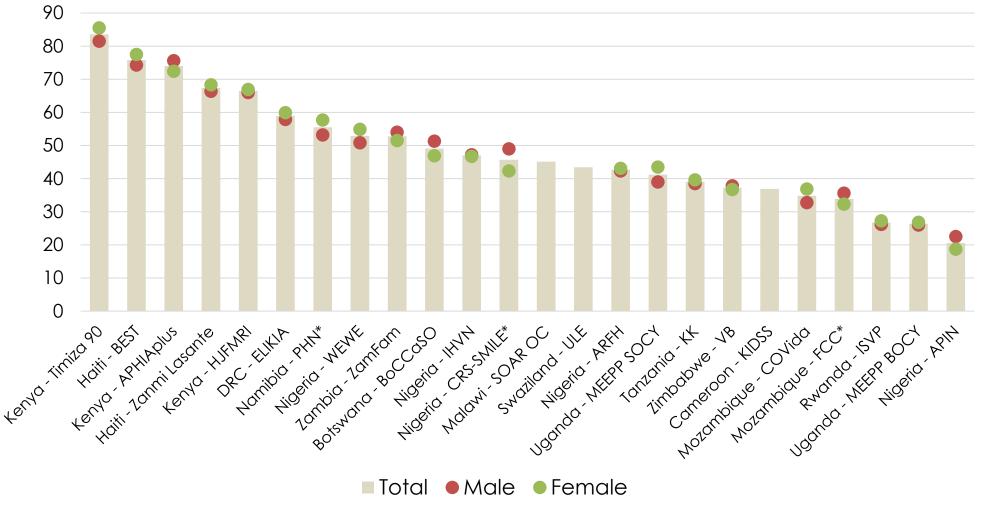
### Round 1 MER OVC ESI results at a glance

	HEALTHY			STABLE		SAFE	SCHOOLED		
MER ESI Survey	OVC_HIVST	OVC_NUT	OVC_SICK	OVC_BCERT	OVC_MONEY	OVC_CP	OVC_SCHATT	OVC_PRGS	OVC_STIM
Botswana - BoCCaSO	49.1	3.0	10.9	50.9	41.9	56.2	77.8	79.9	89.5
Cameroon - KIDSS			23.0		64.9	33.1		72.9	66.7
DRC - ELIKIA	58.9	12.3	28.0	14.2	42.6	64.7	72.5	89.7	95.2
Haiti - BEST	75.8	2.6	24.7	53.1	33.9	58.1	66.4	87.8	95.8
Haiti - Zanmi Lasante	67.4	1.8	23.0	50.4	27.5	49.6	58.0	87.8	87.8
Kenya - APHIAplus	74.0	2.5	31.5	36.2	38.8	72.5	70.7	89.6	94.4
Kenya - HJFMRI	66.5	1.6	18.8	18.5	13.5	70.3	73.5	84.8	88.9
Kenya - Timiza 90	83.6	0.0	23.7	37.0	19.0	71.6	75.9	91.2	85.0
Malawi - SOAR OC	45.1	2.9	46.7	24.7	85.0	10.9	39.6	60.2	92.3
Mozambique - COVida	34.8	3.0	14.3	43.6	46.5	15.5	56.7	73.6	74.8
Mozambique - FCC	33.9	2.6	21.2	42.6	49.5	20.8	63.8	74.8	95.6
Namibia - PHN	55.5	11.2	22.3	56.8	55.3	61.8	69.5	73.7	59.0
Nigeria - APIN	20.6	6.1	17.7	17.6	33.7	59.1	84.3	89.0	93.0
Nigeria - ARFH	42.7	3.9	44.6	15.4	13.5	63.0	51.1	91.6	95.9
Nigeria - CRS-SMILE	45.7	4.6	36.2	17.3	65.9	79.4	55.6	90.6	95.6
Nigeria - IHVN	47.0	3.1	33.3	21.3	53.7	88.1	70.4	91.7	96.6
Nigeria - WEWE	52.9	1.4	35.5	20.4	11.1	77.9	58.6	92.0	94.3
Rwanda - ISVP	26.8	5.9	19.1	1.4	69.0	45.2	68.5	88.5	81.0
Swaziland - ULE	43.4		7.2	83.2	52.8	69.2	93.3	82.8	
Tanzania - KK	39.1	2.5	17.6	10.9	14.6	50.2	55.7	84.8	70.4
Uganda - MEEPP BOCY	26.4	0.8	45.9	14.4	64.5	62.3	39.6	75.0	81.2
Uganda - MEEPP SOCY	41.2	2.0	43.0	13.0	69.7	80.3	36.6	81.0	81.2
Zambia - ZamFam	52.8	3.7	36.5	9.5	50.5	38.5	37.2	78.9	93.2
Zimbabwe - VB	36.5		16.6	66.7	64.0	80.8	69.0	92.3	

Notes: OVC\_NUT, OVC\_SICK, and OVC\_CP use reverse color scale as lower percentage indicates better outcome. Color scale ranges from 0 to 100 for all indicators except for OVC\_NUT (0 – 12.5) and OVC\_SICK (0 – 33).

# Caregiver knows child's HIV status (OVC\_HIVST)

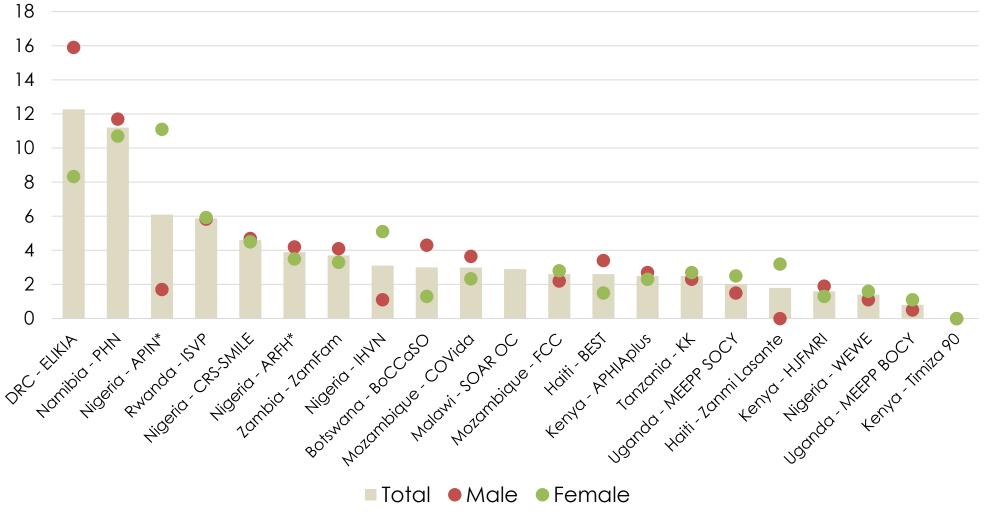
Percent of children whose primary caregiver knows the child's HIV status



<sup>\*</sup> Statistically significant difference between male and female children

### **Undernourished (OVC\_NUT)**

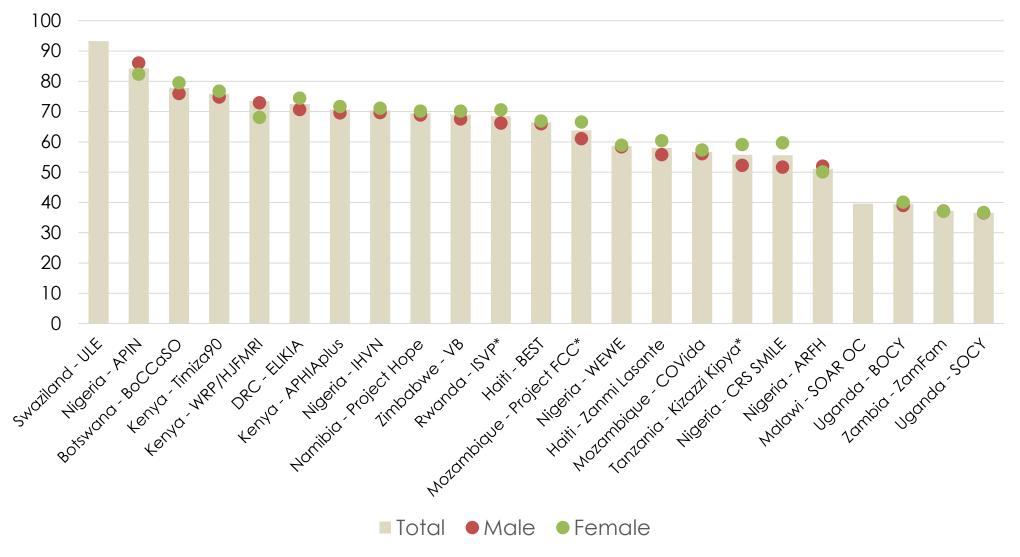
Percent of children age 6–59 months who are undernourished



<sup>\*</sup> Statistically significant difference between male and female children

### Regularly attending school (OVC\_SCHATT)

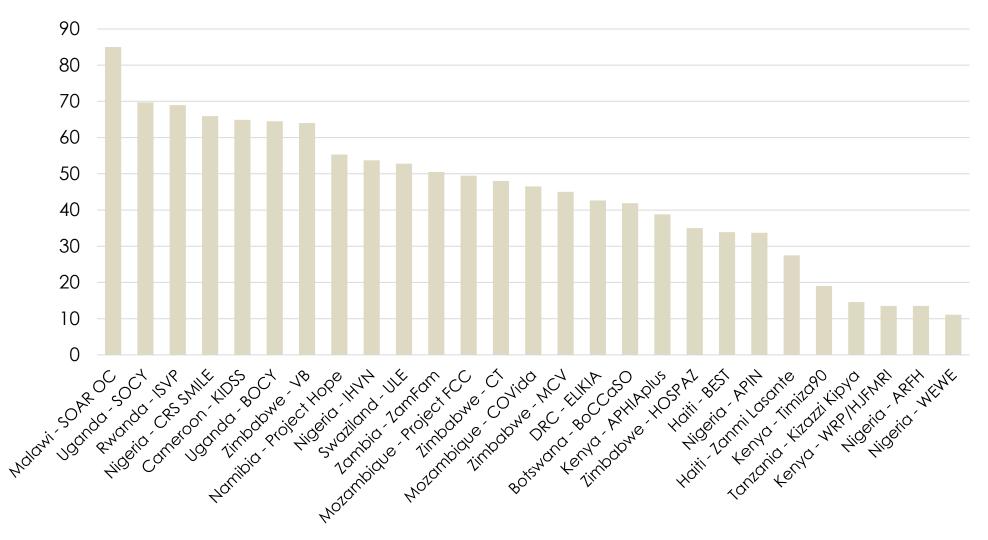
Percent of children regularly attending school



<sup>\*</sup> Statistically significant difference between male and female children

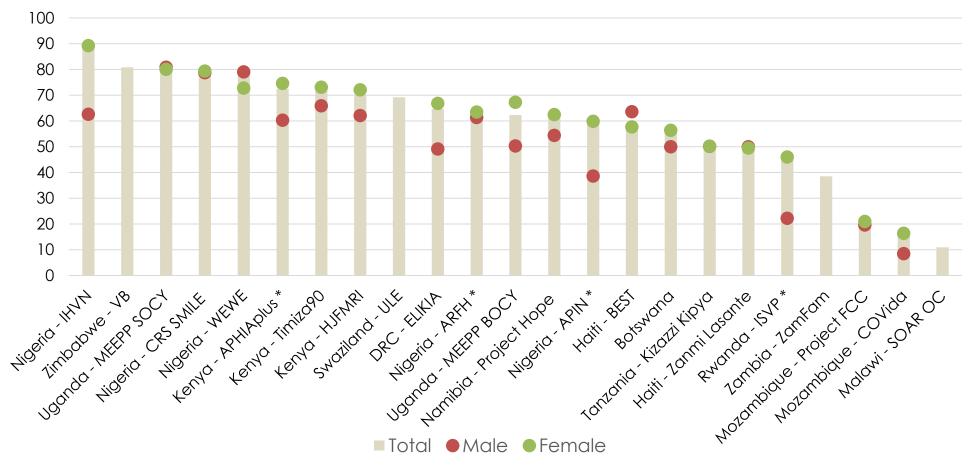
### Access money in emergencies (OVC\_MONEY)

Percent of households able to access money to pay for unexpected expenses



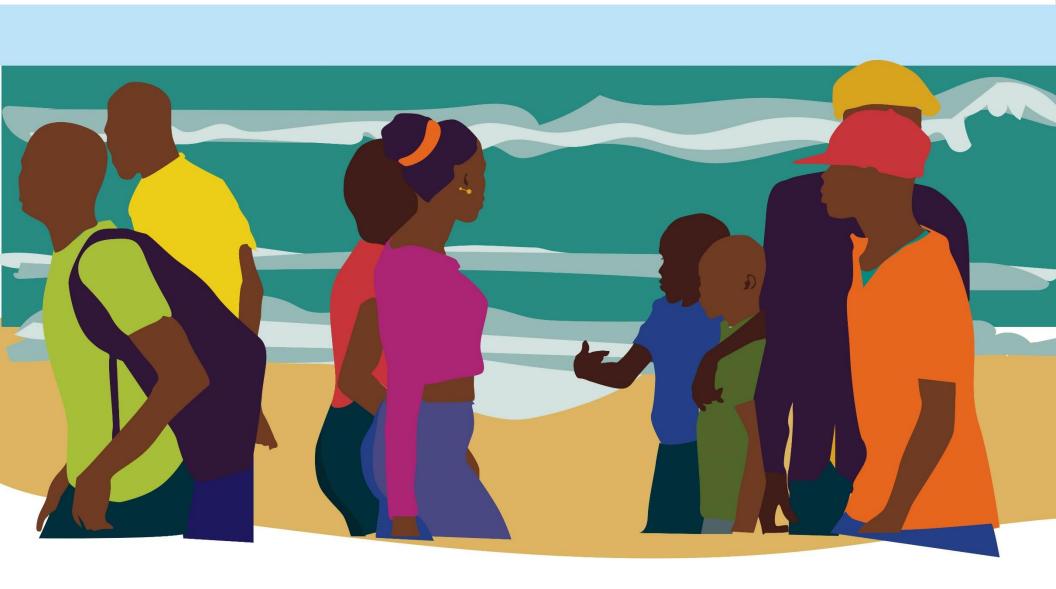
### Harsh physical punishment (OVC\_CP)

Percent of caregivers who agree that harsh physical punishment is an appropriate means of discipline or control in the home or school



<sup>\*</sup> Statistically significant difference between male and female children

Nigeria: Overview



### Nigeria: Overview

- 3 projects supported by the U.S. Agency for International Development (USAID) and 2 by the U.S. Centers for Disease Control and Prevention (CDC) in high HIV-prevalence local government areas (LGAs)
- Sample size:

AIDS Prevention Initiative in Nigeria (APIN): 598 households; 1,735 children

Association for Reproductive and Family Health (ARFH): 606 households; 1,960 children

Catholic Relief Services (CRS)/SMILE: 605 households; 2,340 children Institute of Human Virology, Nigeria (IHVN): 596 households; 2,146 children

Widows and Orphans Empowerment Organization (WEWE): 629 households; 2,223 children

2016 cross-sectional survey

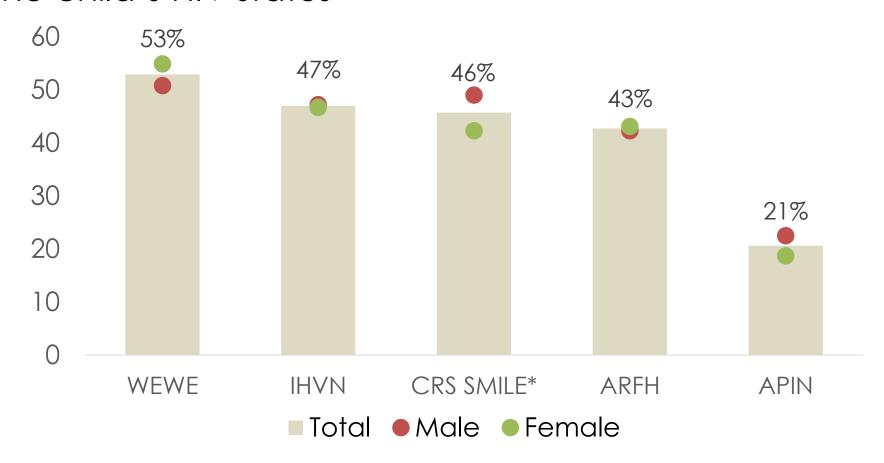
### MER OVC ESI for 5 Nigeria surveys

	MER ESI Surveys	Nigeria - APIN	Nigeria - ARFH	Nigeria - CRS- SMILE	Nigeria - IHVN	Nigeria - WEWE
	OVC_HIVST	20.6	42.7	45.7	47.0	52.9
	OVC_NUT	6.1	3.9	4.6	3.1	1.4
HEALTHY	OVC_SICK	17.7	44.6	36.2	33.3	35.5
	OVC_BCERT	17.6	15.4	17.3	21.3	20.4
STABLE	OVC_MONEY	33.7	13.5	65.9	53.7	11.1
SAFE	OVC_CP	59.1	63.0	79.4	88.1	77.9
	OVC_SCHATT	84.3	51.1	55.6	70.4	58.6
	OVC_PRGS	89.0	91.6	90.6	91.7	92.0
SCHOOLED OVC_STIM		93.0	95.9	95.6	96.6	94.3

Notes: OVC\_NUT, OVC\_SICK, and OVC\_CP use reverse color scale as lower percentage indicates better outcome. Color scale ranges from 0 to 100 for all indicators except for OVC\_NUT (0 - 12.5) and OVC\_SICK (0 - 33).

### Nigeria: Known HIV status

Percent of children whose primary caregiver knows the child's HIV status



### **Example: Survey findings from Nigeria**

#### Monitoring Outcomes of PEPFAR Orphans and Vulnerable Children Programs in Nigeria 2016 Survey Findings from the APIN Public Health Initiatives in Lagos State

#### Purpose

As part of its monitoring, evaluation, and reporting (MER) guidance, the United States President's Emergency Plan for AIDS Relief (PEPFAR) launched a set of outcome indicators for orphans and vulnerable children (OVC) programs in 2014. The purpose of collecting the MER OVC Essential Survey Indicators is to obtain a snapshot of program outcomes at one point in time (Round 1-November 2016) and to assess changes in outcomes among OVC program beneficiaries over time (Round 2-planned for 2018). MEASURE Evaluation, funded by the United States Agency for International Development and PEPFAR, conducted this Round 1 survey in Lagos State, Nigeria, in four scale-up local government areas: Ikeja, Mushin, Ifako-Ijaiye, and Alimosho.

#### **Project Description** The APIN Public Health Initiatives

is a five-year project started in October 2012. The project supports the Federal Government of Nigeria to provide antiretroviral care and treatment to more than 53,000 clients in 38 treatment clinics and 150 primary healthcare centers in the three states of Lagos, Oyo, and Plateau. The project also provides educational, health, food, and nutritional support.

This publication was produced with the support of the United Seas Agency for manufacial Donospreal (JASAS) under their mark WASAS) Extraction responsive agricument AJDCAA. In CoCOM, McASASE Exclusion is implemented by the Cocomic Projection Concess (Jaseph Vol. New York and Chapel Hill in particularly with CP immational; John Snaw, Inc.; Manugament Sciences for Haithy falled large and United Seasons (Jaseph Vol. New York (Jaseph Vol. New York).







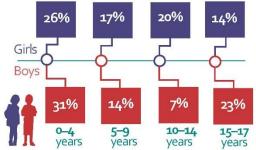


HEALTH





Children ages o-17 years, who were too



#### **ECONOMIC WELL-BEING AND RESILIENCE** of households were able to access money to pay for unexpected household expenses

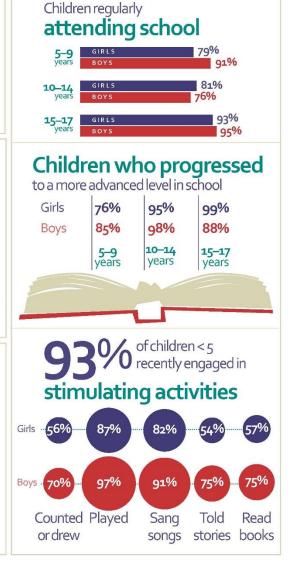
#### Girls and boys who have a verified birth certificate

**16.4**% of girls

#### CHILD PROTECTION

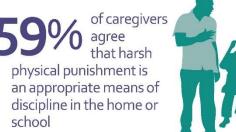
LEGAL PROTECTION

of caregivers that harsh physical punishment is an appropriate means of discipline in the home or school



EDUCATION





increase access to health support services.

2.3 Health education to increase health seeking behaviours,

referrals for HTS/TB Screening, the treatment of minor ailments, immunization, Deworming, use of ITNs and Nutrition Education.

## Nigeria: Management

#### USAID/MEASURE Evaluation Management Response Template ARFH 2016 OVC Survey Findings in [Nigeria]

Prepared by: MEASURE Evaluation

Input into Template: ARFH Country Office: Nigeria Office

Country Office: Nigeria Office

-do-

Ongoing

-do-

input into Tompiato. Fire IT							
Health Issue 1: NC.1: Forty three (43%) percent of children (a	<del></del>	· · · · · ·	ows their child's HIV	status			
Management Response:							
Key Action(s)	Time Frame	Responsible Unit(s)	T	racking*			
			Status	Comments			
1.1Sustained application of the HIV Risk Assessment Tool, to	FY18Q2-Q4	Community	Ongoing	Tracked by ARFH			
ascertain eligibility for HTS and refer accordingly		Volunteers, and CBO		Program Monitors and			
		Staff.		M&E Officers			
1.2 Mobilization and Assisted Referrals for Caregivers and OVC	-do-	-do-	Ongoing	-do-			
to Facilities for HTS.							
	-do-	-do-	Ongoing	-do-			
1.3. Incentivized enrolment of HIV Positive Caregivers and OVC							
to commence ART same day with routine adherence support.							
Health Issue 2: <u>CW.4:</u> Forty five (45%) percent of children (ag	es 0–17 years) too si	ck to participate in daily	activities				
Management Response:							
Key Action(s)	Time Frame	Responsible Unit(s)	Tracking				
			Status	Comments			
2.1. Sustained application of Water, Sanitation and Hygiene	FY18Q2-Q4	Community	Ongoing	Tracked by ARFH			
(WASH) principles for disease prevention and provision of		Volunteers, CBO Staff		Program Monitors and			
Emergency Health Support fund for indigent enrolees.		and ARFH.		M&E Officers.			
	-do-	-do-	Proposed to	-do-			
2.2. Linking of the Households with the National Health			commence				
Insurance Scheme (NHIS)-Community Health Component to			FY18Q2				

-do-

### Nigeria: Data use

It provided the baseline information on current situation of the program, which in turn showed the gaps in programming and service delivery. **Taking cognizance of the gaps will help to better inform both PEPFAR-level programming and government policy** decisions for OVC, their caregivers and households. – Nigeria CDC

It has helped in **reinforcing continuous monitoring** and/or mentoring activities by OVC programs and data specialists for quality and timely data. – Nigeria partner

The results of the OVC ESI has helped in re-aligning program implementation strategies for improved outcomes. – Nigeria partner

Namibia: Overview



### Namibia: Overview

- Project HOPE Namibia (PHN)
- Longitudinal survey:
  - 2016 baseline: 591 beneficiary households
  - 2018 end line: 545 beneficiary panel households (92% household retention)
- Panel data analysis
  - Report results for household panel (same households, potentially different children)

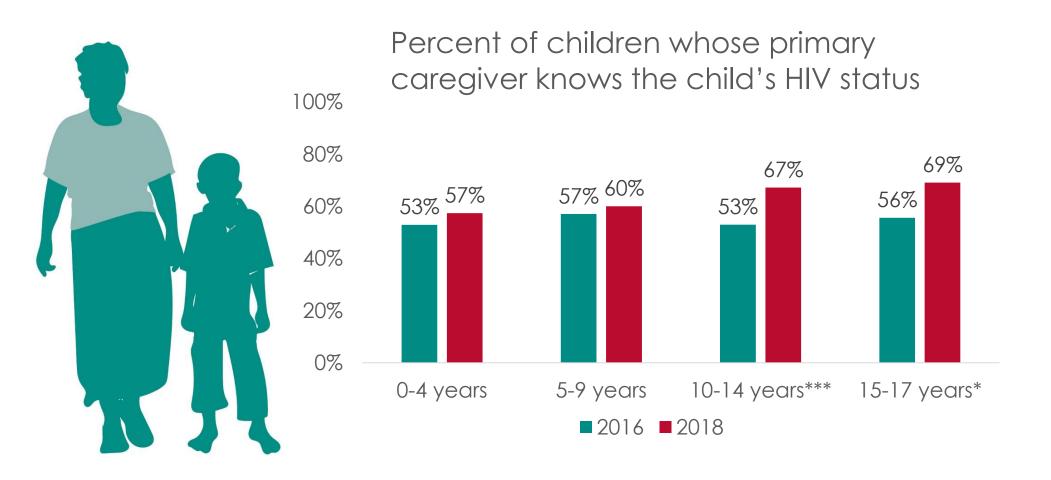
## Namibia: Change over time

MER OVC ESI for Project HOPE Namibia among

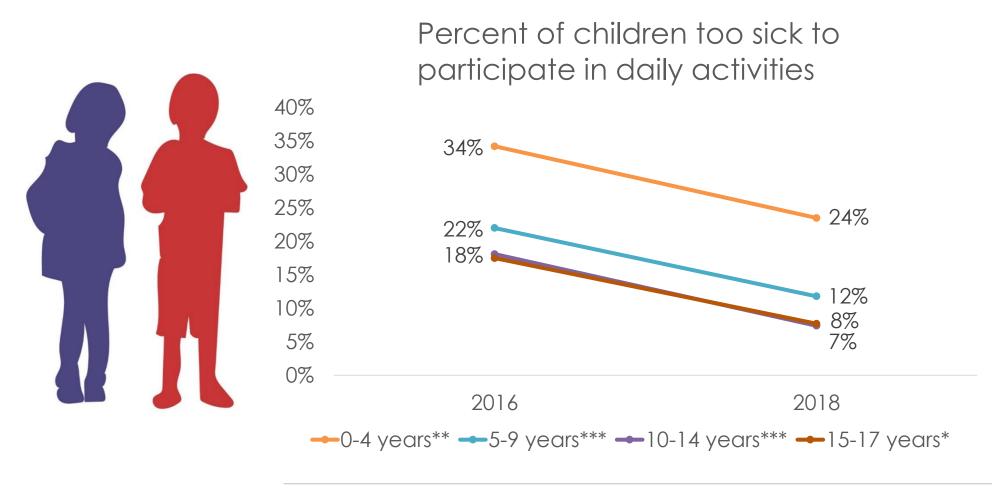
Panel Ho	useholds	Baseline 2016	Endline 2018	Changes over time
	OVC_HIVST	55.1	64.1	Improved ***
	OVC_NUT*	11.2	11.8	Worsened
HEALTHY	OVC_SICK*	24.3	12.8	Improved ***
	OVC_BCERT	57.0	60.1	Improved
STABLE	OVC_MONEY	56.0	48.8	Worsened
SAFE	OVC_CP*	61.8	42.0	Improved ***
	OVC_SCHATT	67.9	76.9	Improved ***
	OVC_PRGS	73.2	75.2	Improved
SCHOLLED	OVC_STIM	59.3	87.1	Improved ***

Notes: OVC\_NUT, OVC\_SICK, and OVC\_CP use reverse color scale as lower percentage indicates better outcome. Color scale ranges from 0 to 100 for all indicators except for OVC\_NUT (0 – 12.5) and OVC\_SICK (0 – 33). Significant difference between survey rounds indicated as \*\*\* p<0.001, \*\* p<0.05, + p<0.10.

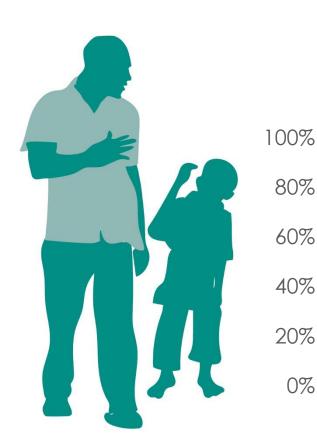
### Namibia: OVC\_HIVST



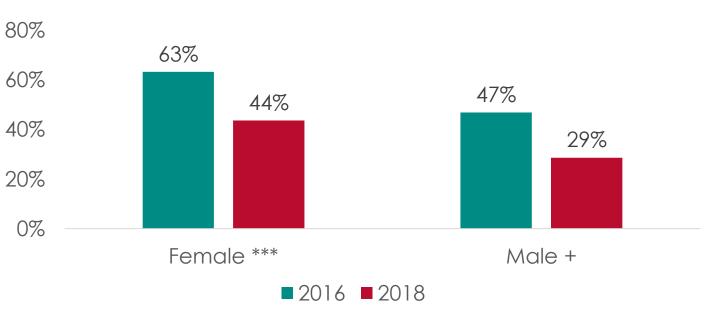
### Namibia: OVC\_SICK



### Namibia: OVC\_CP

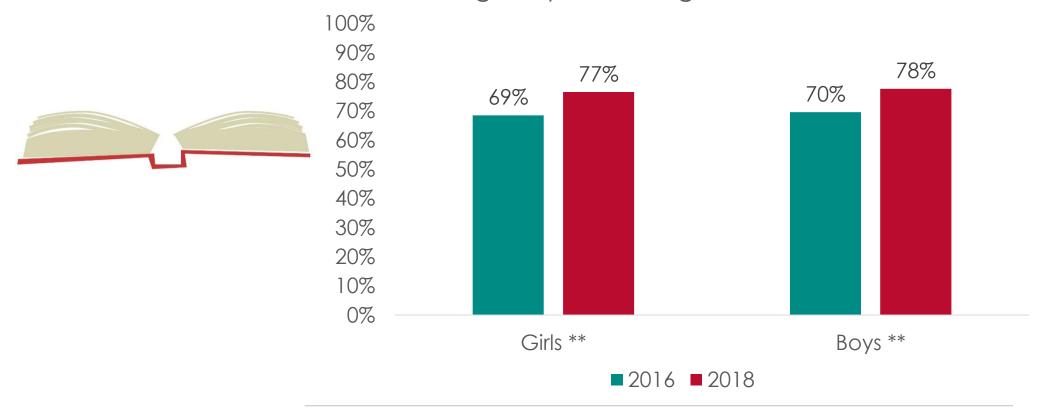


Percent of caregivers who agree that harsh physical punishment is an appropriate means of discipline or control of children in the home or at school



### Namibia: OVC\_SCHATT

Percent of children aged 5-17 years regularly attending school



### Next steps

### Updating the ESI

- Set of outcome indicators that can be used in outcome evaluations vs. reported into DATIM as MER indicators
- Results reported according to evaluation standard operating procedures
- Some ESI may be removed and others added through stakeholder-driven review process



### Questions?

This presentation was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government.

www.measureevaluation.org





