

Measuring OVC Wellbeing

Results from a 5-country evaluation

Presented by

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Introduction

OVC Wellbeing

- Needs across various domains
- Ranging from concrete such as health
- To abstract such as spiritual
- Need one comprehensive approach to see cross-country results



Evaluation

- Incorporated a newly developed OVC Wellbeing Tool (OWT) into 5-country evaluation
 - Rwanda
 - Kenya
 - Zambia
 - Haiti
 - Tanzania



Methodology

- Sample
- Translation
- Training Enumerators
- Field Testing
- Data Collection

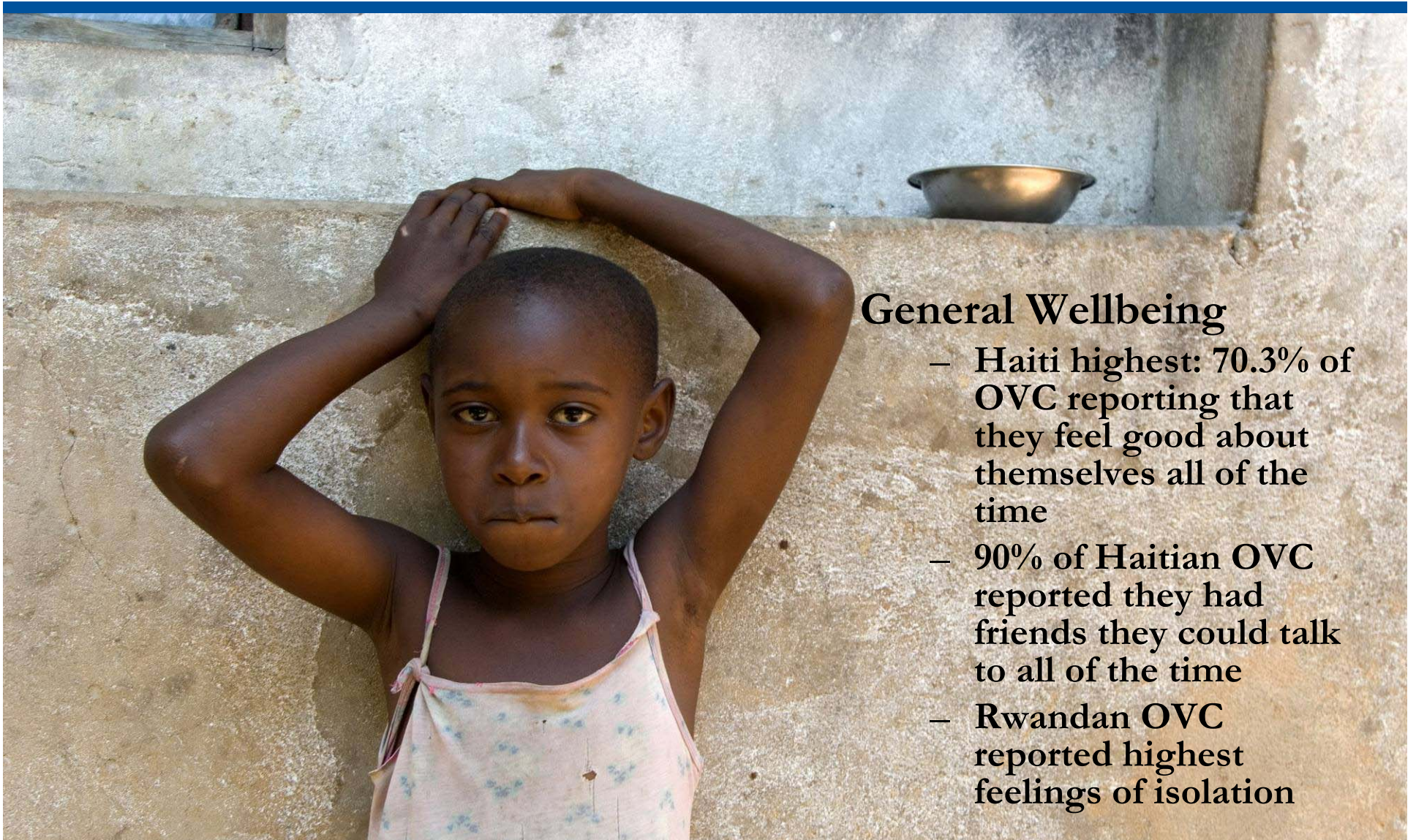


OVC Wellbeing Tool

- Standardized tool developed by CRS
- Covers 10 domains:
 - Nutrition and Food Security
 - Education
 - Shelter and Environment
 - Economic
 - Child Protection
 - Mental Health
 - Family Support
 - Health
 - Spirituality
 - Community Support



Results: General



General Wellbeing

- Haiti highest: 70.3% of OVC reporting that they feel good about themselves all of the time
- 90% of Haitian OVC reported they had friends they could talk to all of the time
- Rwandan OVC reported highest feelings of isolation

Results: Nutrition

Haitian OVC most likely to report never going to bed hungry.

Kenyan OVC were most likely to report that they never had enough to eat.



Results: Education



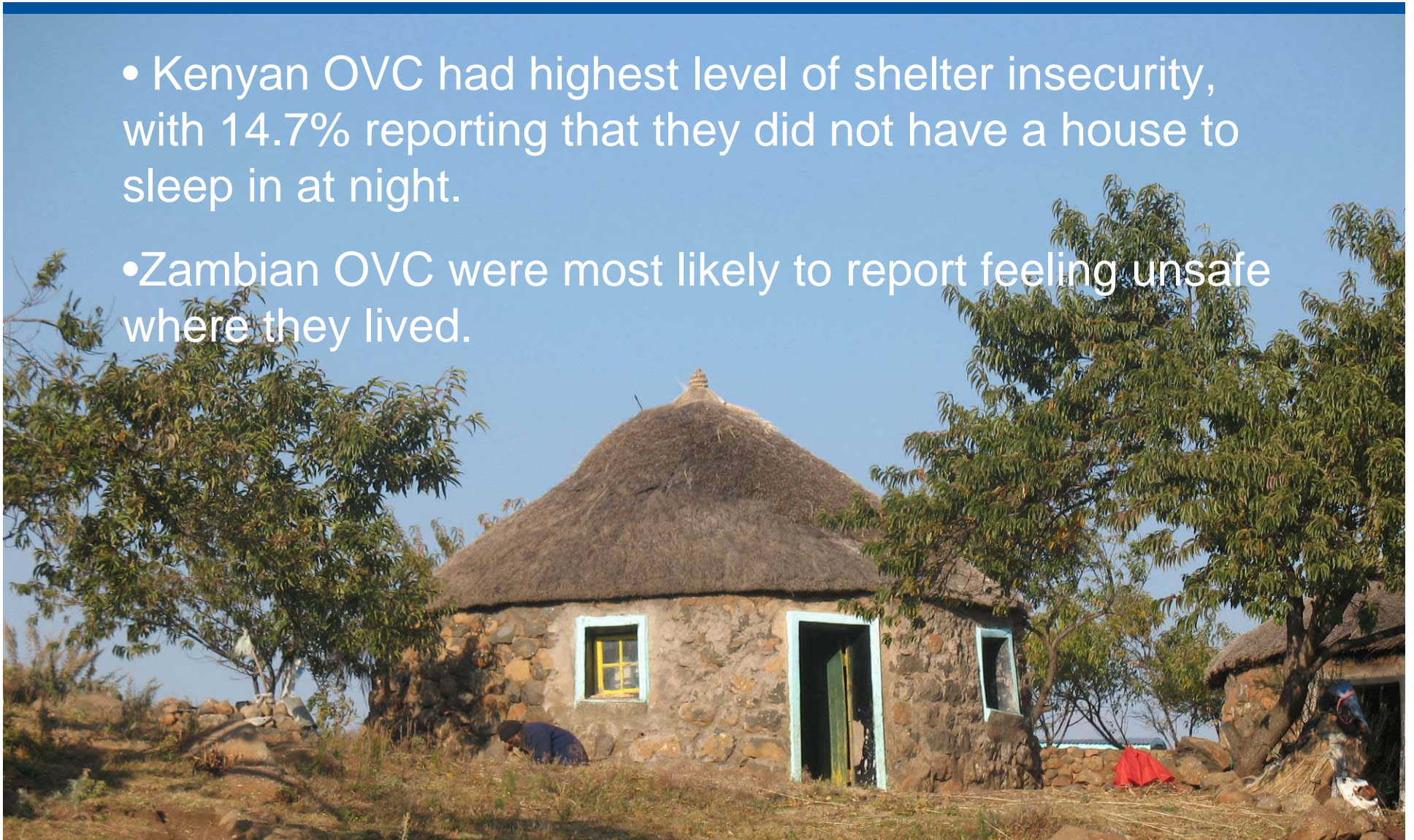
Kenyan OVC had highest levels in education:

- 100% reporting they like school all the time

- 93.4% reporting that their teachers treated them like the other students all of the time.

Results: Shelter and Environment

- Kenyan OVC had highest level of shelter insecurity, with 14.7% reporting that they did not have a house to sleep in at night.
- Zambian OVC were most likely to report feeling unsafe where they lived.



Results: Economic

- Low across countries
- Haitian OVC most likely to report school attendance was affected by need to work
- Rwandan OVC most likely to report gaining the skills needed to support themselves in the future
- Zambian OVC least likely to report a steady job by one of the adults in the household



Results: Protection

OVC reported being treated differently from other children in their households infrequently.

- Some differential treatment at the school setting however.
- Sleep affected because of current workload in some settings.



Results: Mental Health

Mental health domain revealed fairly standard answers across the countries.

Rwandan OVC reported less support.

Kenyan OVC reported worrying the least, but also most often that their future looked gloomy.

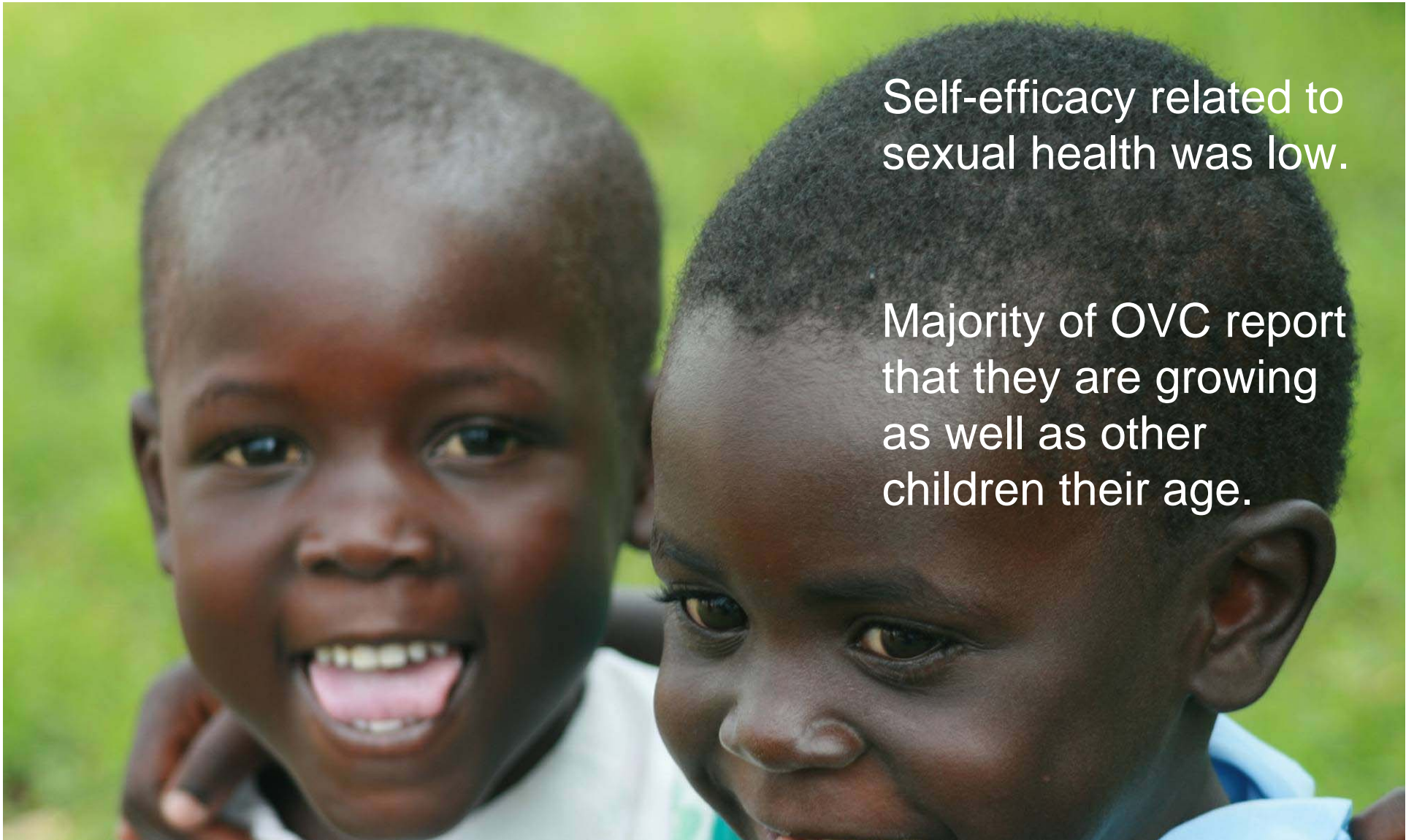


Results: Family



Family was one of
the highest domains
across the countries.

Results: Health



Self-efficacy related to sexual health was low.

Majority of OVC report that they are growing as well as other children their age.



Results: Spirituality

OVC overwhelmingly reported that their belief in God helped them to face difficulties.

Faith communities play a supportive role.

OVC value these communities.



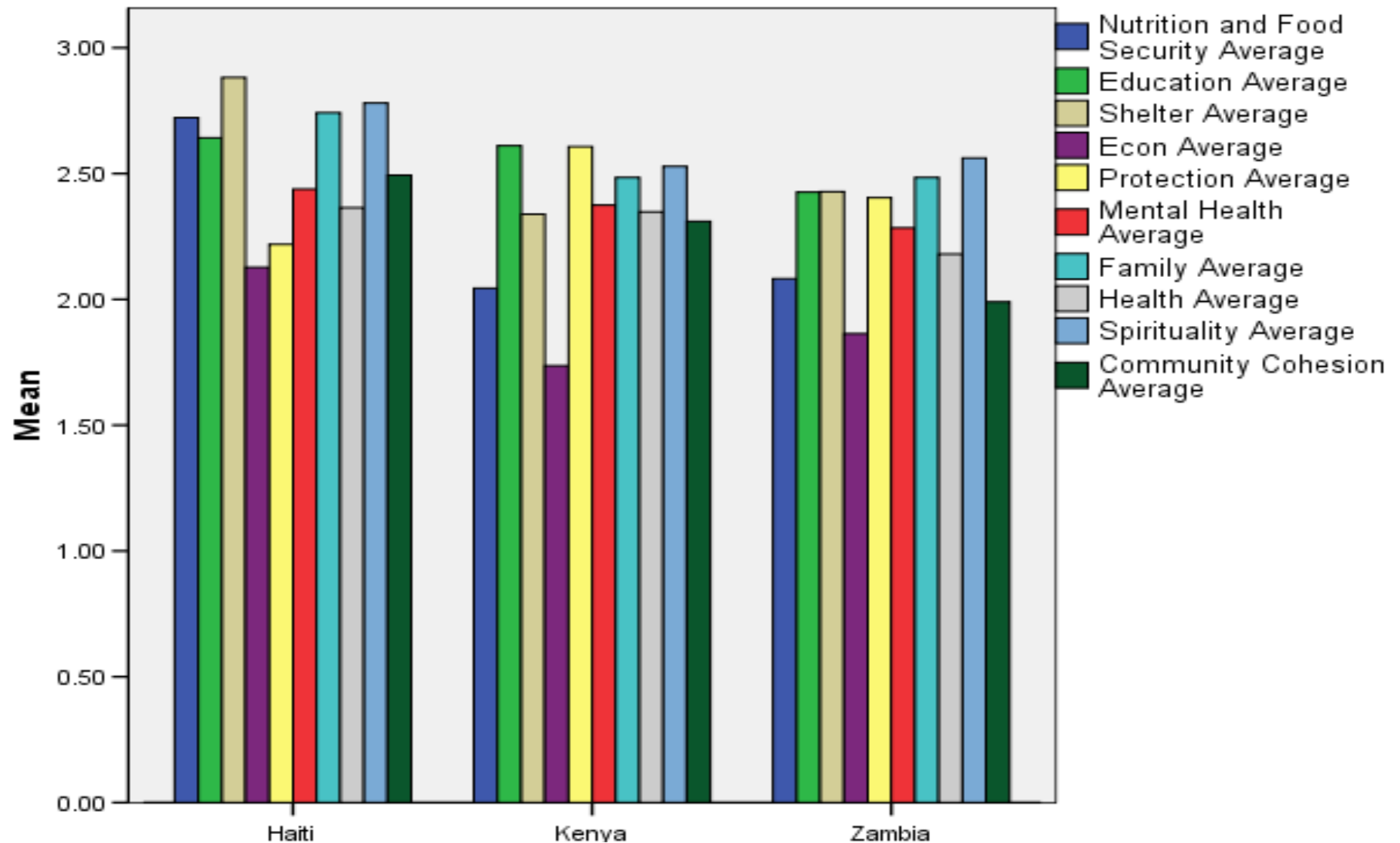


Results: Community Cohesion

Community acceptance and support matters to OVC.

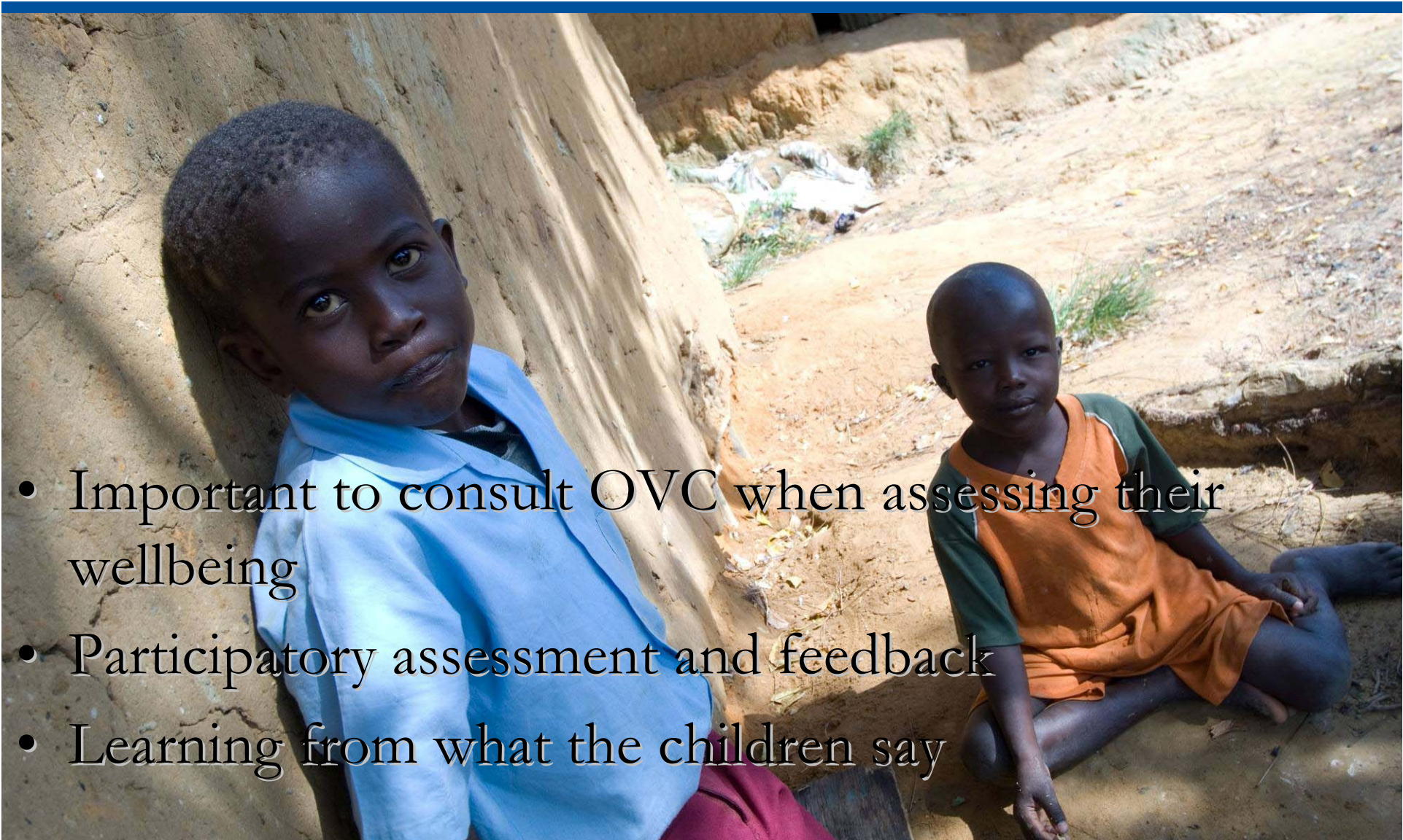


Discussion



- OVC seem to be doing much better than we had imagined.
- Some weaknesses in some domains depending on the country
- General strengths
- General weaknesses
- Way forward

Take Home Points

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- Important to consult OVC when assessing their wellbeing
 - Participatory assessment and feedback
 - Learning from what the children say



Thank you



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