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4Children
Coordinating Comprehensive Care for Children

Supporting Graduation and Sustainable Outcomes

Results from Nigeria and Kenya Tracer Studies

Meg Langley, MPH

Technical Advisor, 4Children



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Nigeria Tracer Study

- Conducted in 2017
- Included households who graduated before Nov 30, 2016
- 3,205 participating caregivers (83% female, 17% male, mean age 41)
- 3,002 participating OVC (50.2% male, 49.8% female)



Kenya Tracer Study

- Conducted in 2018
- 7 counties in Northern Arid Lands
- Included households who graduated before September 30, 2017
- 547 participating caregivers (85% female, 15% male, mean age 44)
- 456 participating OVC (52% female, 48% male)



Changes in well-being (Kenya)



HEALTHY



SAFE



SCHOOLED



STABLE

Domain	At Graduation	Post-Graduation	% Change
Healthy (Max score 6 points)	100%	79%	-21%
Stable (Max score 3 points)	100%	22%	-78%
Safe (Max score 5 points)	100%	96%	-4%
Schooled (Max score 2 points)	100%	44%	-56%
Total (n) = 513			

Changes in well-being (Nigeria)



HEALTHY



SAFE



SCHOOLED



STABLE

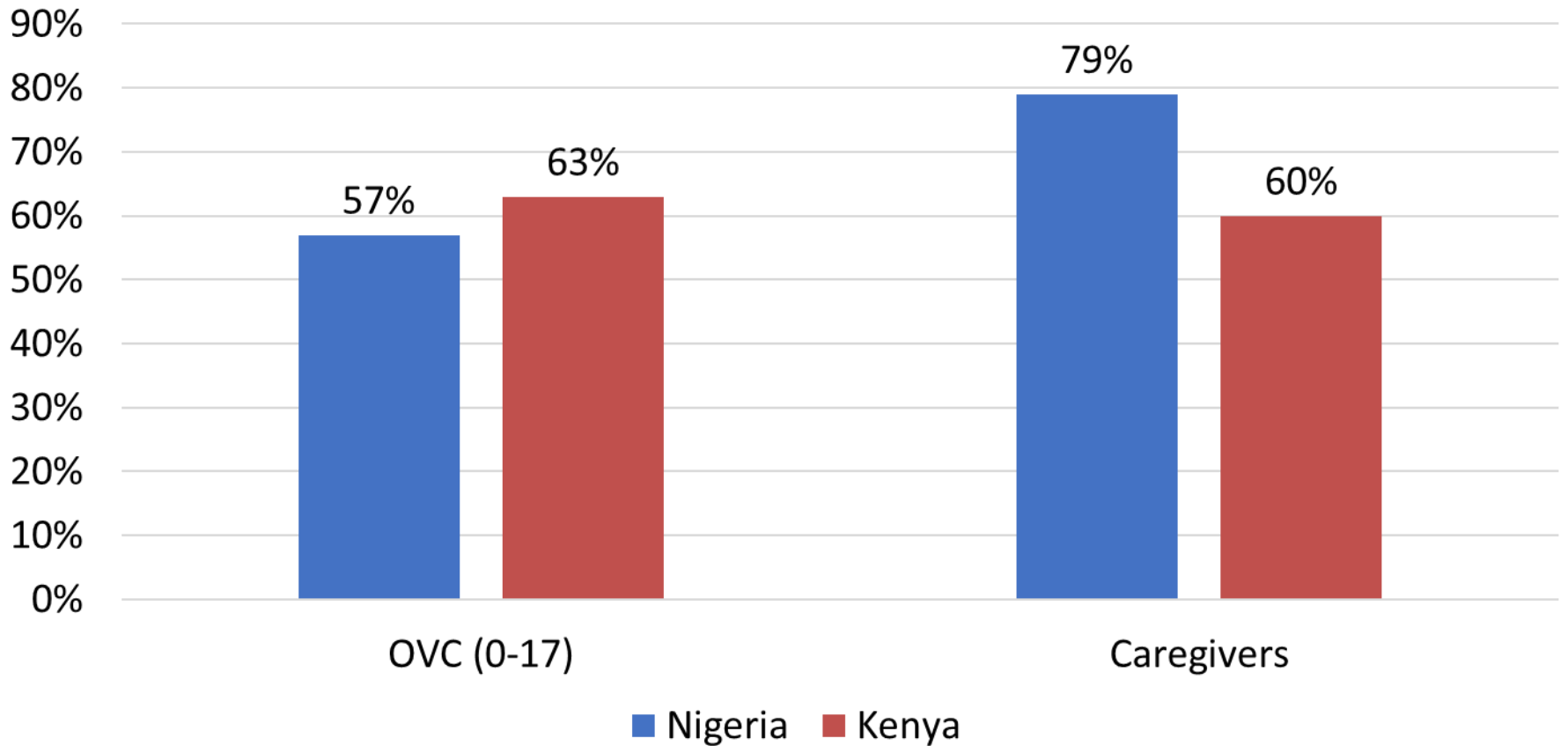
Domain	At Graduation	Post-Graduation	% Change
Healthy (Max score 6 points)	77%	57%	-20%
Stable (Max score 4 points)	78%	51%	-27%
Safe (Max score 5 points)	78%	56%	-22%
Schooled (Max score 3 points)	64%	27%	-37%
Total (n) = 869			



HEALTHY

HIV Status

% of OVCs and Caregivers reported to have been tested for HIV and knew their status (at graduation)





HEALTHY

HIV Prevention

- HIV knowledge was assessed post graduation
- The majority (89%) of children had heard of AIDS
- Only 55% of kids 13-17 in Nigeria and 41% in Kenya could correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission

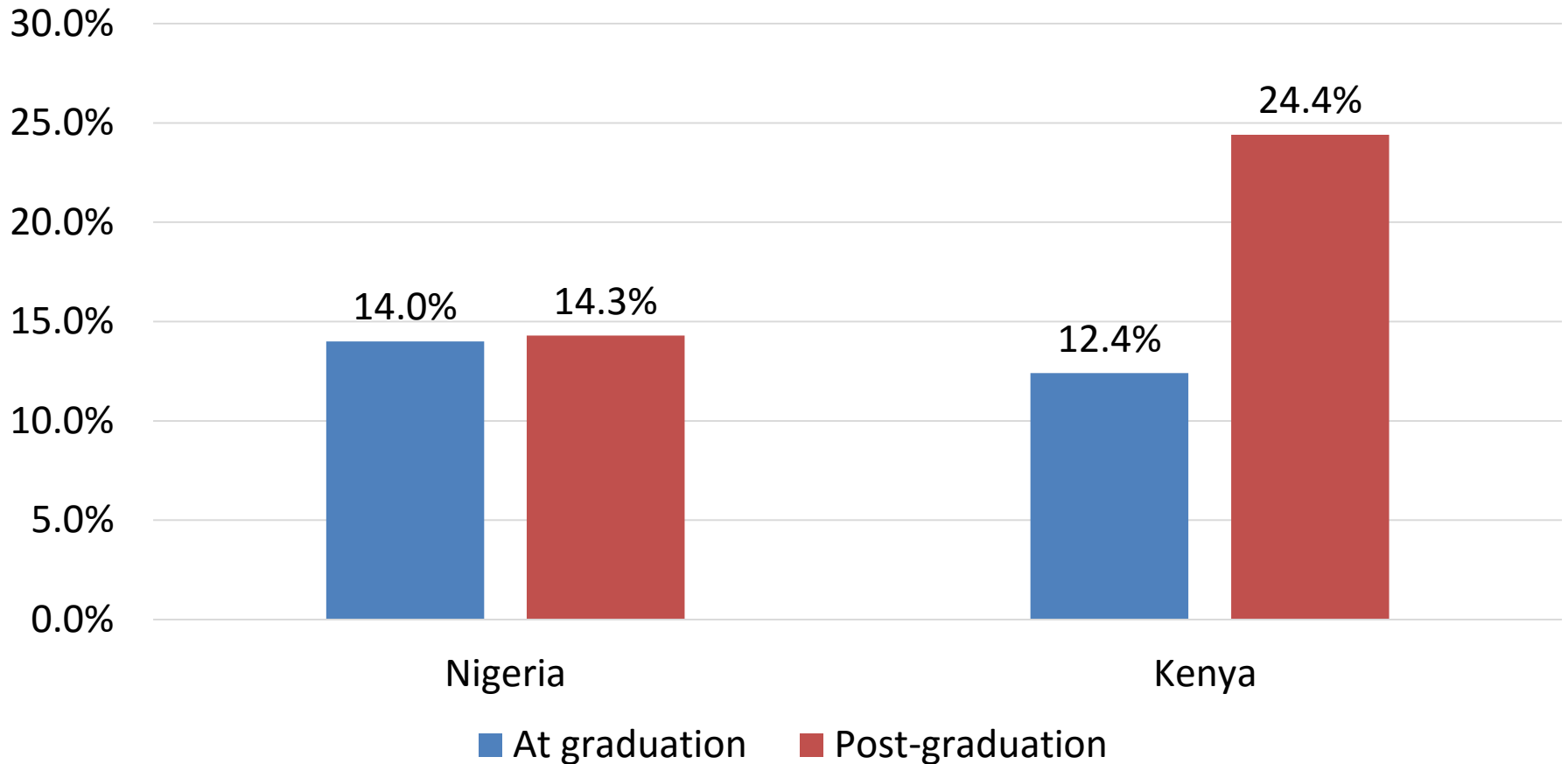




STABLE

Financial Self-Efficacy

% of caregivers that believe they can manage their own finances

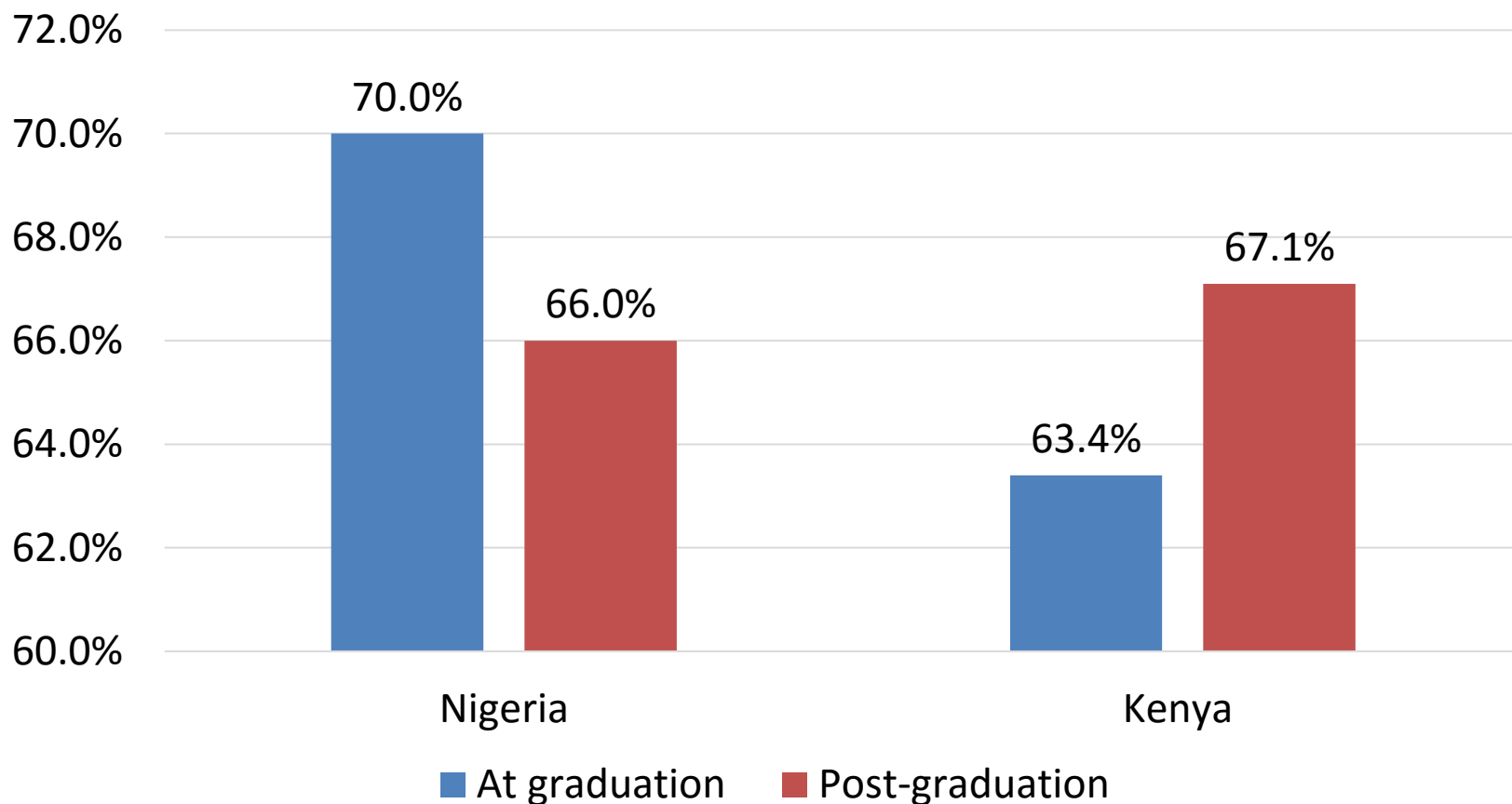




STABLE

Savings Group Participation

% of caregivers who are saving in a formal or community savings group





SAFE

Working for Money/In-Kind Benefits

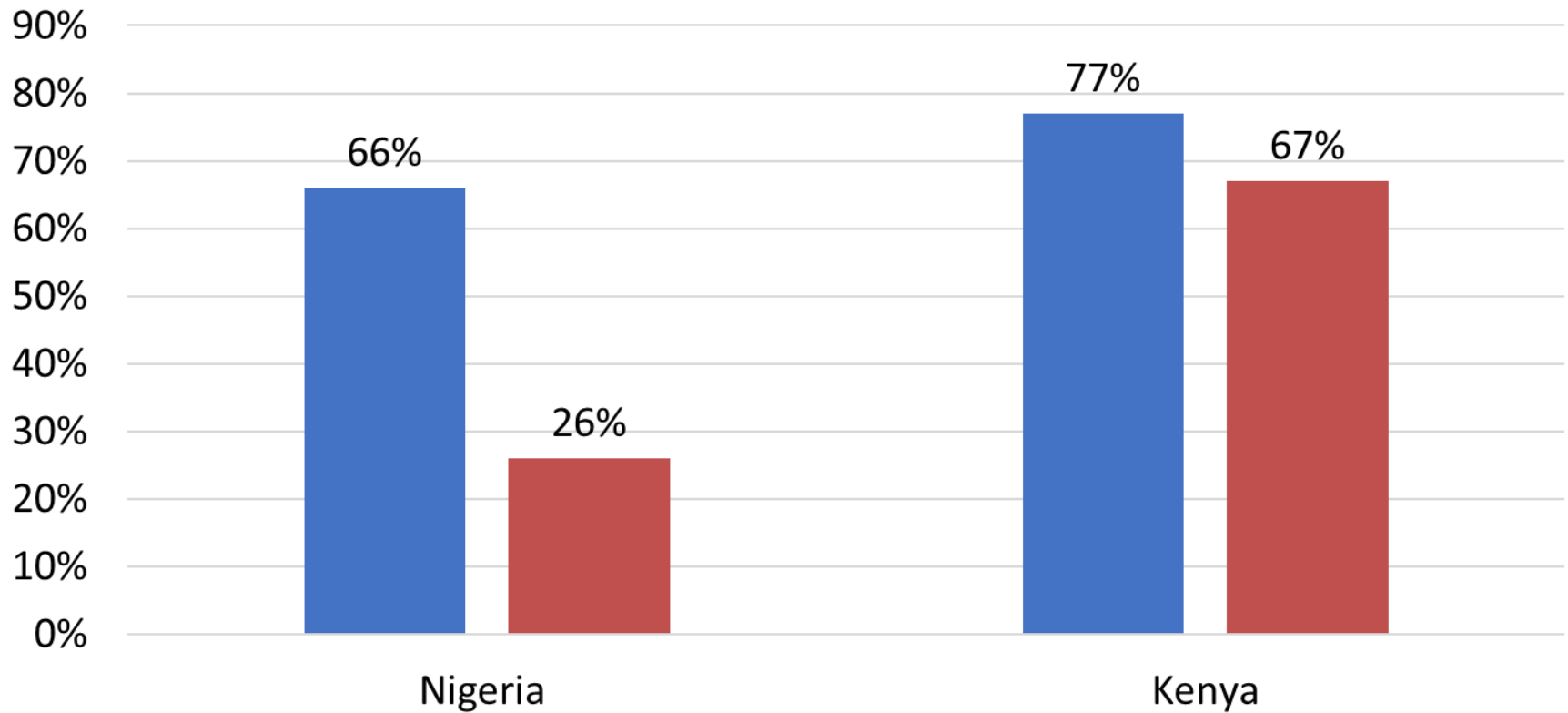
- The proportion of children 5-9 years who reported working for money or in-kind benefits in the last 6 months:
 - In Nigeria, increased from 40% (graduation) to 50% (post-graduation)
 - In Kenya, remained the same at 0
- The proportion of children 10-17 years who reported working for money or in-kind benefits in the last 6 months:
 - In Nigeria, increased from 70% (graduation) to 100% (post-graduation)
 - In Kenya, remained the same at 9%



SAFE

Birth Certificates

% of OVC that indicate they have a birth certificate and can produce it at the time of interview (post-graduation)



- % of OVC that indicated they have a birth certificate
- % of OVC that could produce the birth certificate



SCHOOLED

Enrollment/Progression

- Post-graduation school enrollment was high in Nigeria (89%) and Kenya (72%), 1% increase from graduation
- Post-graduation, 92% of children in Kenya and 55% in Nigeria were found to have progressed in school during the last year
- In Kenya and Nigeria, 90% of caregivers post-graduation agreed that girls' schooling is not a waste of resources



Conclusions

- There was a **general regression** in the well-being of OVC and caregivers in Kenya and Nigeria.
- Record reviews revealed graduated households in Nigeria **did not meet graduation benchmarks** and there was low utilization of the benchmarks by IPs to determine eligibility for graduation.
- Key informants acknowledged that **graduation was a good practice** for sustainable OVC programming. However, they observed that there was inadequate understanding of the graduation process and limited time for preparation and execution.

Recommendations

- Provide **clear communications with households** on graduation process and outcomes at the beginning of the project.
- **Improve coordination among IPs, LIPs and government officials** to ensure sustainable provision of services and support at the project exit.
- Ensure OVC programs have a **sustainability design and emphasis is placed on household resilience** from implementation to graduation.



Read more at OVCsupport.org



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Coordinating Comprehensive Care for Children

After help leaves: post-graduation outcomes in PEPFAR-supported OVC projects in Nigeria

Background

The United States Government's support to Nigeria's national HIV response, through the President's Emergency Plan for AIDS Relief (PEPFAR) multi-year investment, includes programming for orphans and vulnerable children (OVC). Recently PEPFAR has implemented a geographic pivot, intensifying scaling up interventions in prevention, care and treatment in 32 high-burden local government areas (LGAs) (known as "scale-up LGAs") and sustaining support for the people living with HIV in other LGAs (known as "sustained support LGAs").

Over 800,000 children and their families benefited from PEPFAR-supported services, across more than 100 LGAs, in 2015. Because of the PEPFAR pivot, partners were expected to graduate or transfer 30% of their active participants in sustained support LGAs by the end of September 2016 and an additional 600,000 OVC by the end of September 2017. While this graduation was mandated by PEPFAR, the original program designs did not place a major emphasis on graduating households prior to project conclusion; rather, in line with previous designs, projects were focused on delivering services and transferring the case load to upcoming implementers. While graduation presumed that households would continue to maintain the improvements in their well-being after graduation, prior to the strategic geographic pivot, this definition of graduation had not been implemented in the PEPFAR Nigeria OVC program and was yet to be proven as effective or feasible. It therefore remains unclear whether the effects of OVC program interventions on participants (at the point of graduation) will be sustained in the post-graduation periods. There is also a dearth of information on the mix of criteria, benchmarks and procedures for responsible OVC household graduation that best suits programming in Nigeria.

Study Objective

This study aimed to trace a sample of graduated OVC and their primary caregivers to assess their well-being and to understand the perceived changes in OVC well-being following graduation from a PEPFAR-funded OVC program.

This tracer study provides evidence on the state of and perceived changes in child and caregiver well-being since graduation. The study will also contribute to the national and global evidence on the OVC household graduation approaches, its effect on the well-being of graduated households and implications for future programming.

Methodology

The survey was conducted among households who graduated under the individual implementing partner graduation criteria (before November 30, 2016) and under harmonized criteria thereafter. The proportion experiencing indicators (that were measured at both study time points) were compared between post-graduation and at graduation using McNemar test. Children and caregivers' factors associated with the indicators that were significantly different between study time points were investigated using multiple logistic regression analysis. The effect of the factors on the indicators were quantified using odds ratios with their respective 95% confidence intervals derived from logistic regression models (adjusted for relevant covariates). All quantitative analysis was carried out using IBM SPSS Statistics version 22 at 95% confidence level.

Sample

A total of 3,205 participating households (caregivers) with 2,655 (82.8%) of those being women with a mean (±SD) age of 40.77 (±12.22) years were sampled. Most the caregivers (1,026 / 32.0%) had completed primary school education while 189 (5.9%) reported to have completed tertiary education. The study included 3,004 OVC (1,967 aged 0-9 years and 1,037 aged 10-17 years) from the selected households. The OVC participants comprised of almost equal proportion of male, 1,509 (50.2%) and female, 1,495 (49.8%) but more than half, 544 (52.5%) of the OVC (10-17 years) were boys while 1,002 (51.0%) of the children (0-9 years) were girls.



Tracing children and caregivers is important for understanding how to responsibly graduate OVC and their households.



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Coordinating Comprehensive Care for Children

After help leaves:

Tracer study findings on graduation approaches and short-term post-graduation outcomes among households in Kenya's northern arid lands

Background

In Kenya, the Coordinating Comprehensive Care for Children (4Children) project was providing technical assistance to the APHAplus IMARISHA OVC project and the local implementing partners to implement PEPFAR's geographic pivot through responsible graduation or transition at basin the programmatic and case level for orphans and vulnerable children (OVC). To assess readiness to exit the project, 4Children developed a case management approach that include a set of case plan achievement benchmarks that informed "readiness." These benchmarks provide criteria against which a household can be measured to determine if they are reaching or have reached case plan achievement. In 2017, the project technically supported APHAplus IMARISHA to conduct household-level assessments to identify readiness for graduation from the OVC project. From the results, 30% of households were identified as ready to graduate. These households were prepared for graduation and officially exited from the OVC project by end of September 2017.

This report summarizes findings of a tracer study conducted by 4Children in 2018 to examine the health and well-being outcomes for children and households living with or affected by HIV and AIDS in seven counties of the Northern Arid Lands of Kenya. The study was conducted at six months following case plan achievement (graduation) and exit from the 4Children project.



Sustainable outcomes were assessed in the well-being domains of health, safety, stable and schooled.

Study Objective

This study was designed to assess the well-being of graduated OVC and their primary caregivers and to understand the perceived changes in well-being since graduation from OVC programming provided by APHAplus IMARISHA through its local partners.

Methodology

The assessment employed a cross-sectional design using a mixed method approach. The quantitative data was collected through household survey with interview guides mounted on a computer assisted platform using the CommCare¹ application. The survey collected data on the current state of OVC well-being and caregiver knowledge, attitude and practice and on perceived changes in these outcomes since graduation. The survey was conducted among households who were assessed against the graduation benchmarks and met criteria for graduation.

A total of 686 households were randomly sampled from 3,062 households. The study achieved a response rate of 80% (547) for caregivers and 79% (530) for children. Qualitative data was collected from a total of 46 key informant interviews, including key stakeholders engaged in OVC programming in the area.

Quantitative data were analyzed using SPSS statistical software. Chi-square at $P < 0.005$ and Wilcoxon signed ranked tests were used to determine factors associated with changes in the child and caregiver/household well-being. Qualitative data were transcribed using a standard transcript template, uploaded to Atlas.ti, coded, and analyzed for broad themes and relationships.

Sample

Of the 547 households, 85% of the caregivers interviewed were female and 15% male. The majority of the caregivers sampled were aged between 30-59 years (73.1%). Seven in every ten of the caregivers had no formal education. The majority of the caregivers (65.1%) support fairly large families of between 6 and 10 household members. Of the 456 children sampled, 49% were between 0-9 years and 51% between 10-17 years.