The Assessment of OVC and Household Well Being in LMIC

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Since the Onset of HIV/AIDS...

- Large number of orphaned and otherwise vulnerable children have been documented in low and medium income countries (LMIC). (2010 est. 14.9 children in sub-Saharan Africa have lost one or both parents due to HIV/AIDS.)

- The effects of being orphaned in a resource constrained context include problems with education, housing, food security, higher mortality and morbidity, stigma, and mental health.

- Through PEPFAR, the US alone committed over $1 billion since 2004 to services for orphans and vulnerable children. Children also benefit from PMTCT, Pediatric Treatment and Care and prevention.
One difficulty for program development, monitoring, and evaluation lies in identifying feasible and valid assessments of:

- Child risk factors and needs
- Community resource needs
- Service delivery
- Intervention outcomes: Child, household, community
Options for Assessment Tools

1. Use objective data
   - How many soccer balls were distributed?
   - What is the floor made of?
   - How many days of school were missed last week?

2. Gather subjective data directly from respondent
   - I feel tired.
   - I am supported by my family.

3. Develop projective assessment
   - If a boy about your age was being abused, what should he do?
   - If a child you know had a parent die, how do you think he or she would feel?

4. Observe, inquire, and rate: High inference assessment
Our Goal: Discuss Two Approaches to the Assessment of Orphans in LMIC

The *Orphan and Vulnerable Children (OVC) Well Being Tool* (Catholic Relief Services), a subjective child self report

The *Child Status Index* (USG, PEPFAR), a high inference rating tool

1. What can we learn from each?
2. How do the results compare?
3. What dimensions of child needs and outcomes might be missing?
Study Design*

n = 186 youth ages 11-17 years old and their guardians

Interviewed for a large evaluation study of interventions for vulnerable children in one district of Malawi (Funders’ Collaborative for Children, London)

Among multiple assessments, we have the CSI (ratings by interviewer) and the OWT (child self report.)

*funded by Catholic Relief Services, Baltimore, MD
Orphan and Vulnerable Children Well Being Tool

Senefeld S, Stasser S, & Campbell J.
Catholic Relief Services, 2008

Developed 2006-2008 and piloted through a larger evaluation of existing OVC programs funded by PEPFAR in Haiti, Kenya, Rwanda, Tanzania, and Zambia

To serve as a fast, easy method of securing data about the overall wellbeing in OVC programs in order to

• See patterns within OVC programs
• Respond to current issues and needs within the program
10 Domains, sample items

- **Food and Nutrition**
  - e.g., “I eat at least 2 meals a day.”

- **Education**
  - e.g. “I like school.”

- **Shelter**
  - e.g., “I feel safe where I live.”

- **Economic**
  - e.g., My family has enough money...”

- **Protection**
  - e.g., I’m treated differently...”

- **Mental Health**
  - e.g., “I am as happy as other kids my age.”

- **Family**
  - e.g., “I have adults I can trust.”

- **Health**
  - e.g., “I feel strong and healthy.”

- **Spirituality**
  - e.g., “My faith community is important to me.”

- **Community**
  - e.g., People in my community try to help me.”

Scored 1, 2, 3; by Domain
A high inference assessment:
Definition: Interviews and/or observations, resulting in rating on the dimensions of concern
example: Observing a teacher in a classroom and rating the skills and qualities of teaching observed on an a priori scale.
example: Informal discussion with a new mother guided by factors relevant to family risk for child abuse.
Child Status Index (CSI)

Developed in 2006-2008 as a tool for assessing the well being of OVC, designed to evaluate the benefits of PEPFAR funded programs for orphaned and vulnerable children and their households.

Dimensions for assessment derived from community participation: focus groups with guardians and service providers in Kenya and Tanzania.

Administered by community volunteers via visit to a household, interviews with guardian and others, observations of child centered factors associated with child well being.
CSI: 6 Domains, 12 Factors

Each rated on a 4 point scale

Food and Nutrition
- Food Security
- Nutrition and Growth

Shelter and Care
- Shelter
- Care

Protection
- Abuse and Exploitation
- Legal Protection

Good, fair, bad, very bad

Health
- Wellness
- Health Care Services

Psychosocial
- Emotional Health
- Social Behavior

Education and Skills Training
- Performance
- Education and Work
Sample CSI Item

1 FOOD AND NUTRITION

1A. Food Security

4 = Good  Child is well fed, eats regularly.

3 = Fair  Child has enough to eat some of the time, depending on season or food supply

2 = Bad   Child frequently has less food to eat than needed, complains of hunger

1 = Very bad  Child rarely has food to eat and goes to bed hungry most nights.
Relationships with OWT Domains

Orphan Well Being Tool – Food and Nutrition

- CSI Food Security  \( p < .0001 \)
- CSI Nutrition and Growth  \( p < .10 \)

Orphan Well Being Tool – Shelter

- CSI Shelter  \( \text{ns (no association)} \)
- CSI Emotional Health  \( p < .10 \)

Orphan Well Being Tool – Economic

- CSI Food, Abuse  \( p < .05 \)
- CSI Education  \( p < .10 \)
Relationships with OWT Domains

Orphan Well Being Tool – Protection

- CSI Food, Shelter \( p < .05 \)
- CSI Care, Education \( p < .001 \)

Orphan Well Being Tool – Mental Health

- CSI Food, Emotional Wellbeing \( p < .01 \)
- CSI Wellness \( p < .10 \)

Orphan Well Being Tool – Family

- CSI Emotional wellbeing \( p < .01 \)
- CSI Social Behavior, Education \( p < .05 \)
Relationships with OWT Domains

Orphan Well Being Tool - Health
- CSI Food Security p<.0001
- CSI Wellness, Health care p<.05
- CSI Social Behavior, Education p<.05

Orphan Well Being Tool – Spirituality
- CSI Care, Education p<.05
- CSI Emotional Health, p<.001
- CSI Social Behavior, Performance P<.001

Orphan Well Being Tool – Community
- CSI Food, Care, Education p<.05
- CSI Health care p<.10
- CSI Emotional Wellbeing p<.01
- CSI Social Behavior p<.01
CSI Ratings Associated with Child Report

Food and Nutrition ratings on CSI
  OWT Food and Nutrition, Economic, Protection, Mental Health, Health, & Community

Shelter and Care on CSI
  OWT Protection, Spirituality, Community

Protection on CSI
  No predictors from OWT

Health on CSI
  OWT Mental Health, Health, Community

Psychosocial on CSI
  OWT Shelter, Mental Health, Family, Health, Spirituality, Community

Education and Training on CSI
  OWT Economic, Protection, Family, Health, Spirituality, Community
Some Comparisons Suggest Criterion Related Validity

Measures consistent

1. Food security and economic issues
2. Health and wellness
3. Mental health

Measures seem to assess different constructs

1. Shelter – CSI ratings seem to refer to physical structure; child self report seems related to care from adults
2. Child Protection – OWT child feels safe and treated like others, whereas CSI observes possibility of abuse, legal needs.
Conclusions

The CSI and the OWT, in general, capture much of the same information from children and from interviewer ratings with regard to food security, health issues, and mental health. The 2 approaches also demonstrate the different meanings that can be assigned to important constructs for service delivery, such as “shelter” and “child protection,” suggesting that multiple approaches and multiple informants may be needed to achieve valid monitoring and evaluation for global health initiatives for child development.
Gathering information from multiple sources using multiple strategies for assessing orphans, such as:

– Child self report
– Guardian report about child
– Community members report (neighbors, teachers)
– Observations made by the interviewer/evaluator
– Comparisons to international norms
Next Steps

Develop assessment models that use multiple strategies,

Can be used by community volunteers, requiring some but limited training and quality assurance, and

That are ecologically appropriate, e.g., can be done in a home visit, with acceptance by guardians, and with respectful time limits.
Thank you

For more information:

Child Status Index:
http://www.cpc.unc.edu/measure/tools/child-health/child-status-index

OVС Wellbeing Tool:
http://www.crsprogramquality.org/ovcwt/