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PEPFAR OVC EVALUATION: HOW GOOD AT DOING GOOD?

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EXECUTIVE SUMMARY

The PEPFAR OVC TWG, through the USAID Office of HIV/AIDS, requested the GH Tech Project to (a) conduct a review of the findings of evaluation studies involving 22 PEPFAR programs; (b) analyze the strengths and weaknesses of these findings in terms of applicability for developing programming principles and identifying trends; and (c) formulate and prioritize practical recommendations to strengthen the evidence base for future PEPFAR programming for orphans and vulnerable children.

This PEPFAR Orphans and Vulnerable Children (OVC) Research Synthesis used two external researchers to conduct extensive desk reviews and synthesis of data from 18 evaluations surveying 22 programs in 9 countries (Kenya [4 programs], Tanzania [5 programs], Uganda [2 programs], Mozambique [2 programs], Rwanda [1 program], Namibia [2 programs], Zambia [4 programs], South Africa [1 program] and Haiti [1 program]). Researchers tracked patterns and emerging trends in seven basic needs categories plus HIV prevention, as well as in evaluation methodology and costing where applicable.

The methodology for this exercise utilized desk-based reviews of 18 evaluations. The steps were:

1. Systematic reading of project reports by reviewers.
2. Coding of reports on core items to extract themes. Emerging concepts and extracted information coded according to themes (agreed to by two reviewers).
3. Sub-analysis of costing.
4. Systematic review of methodology of the evaluations according to adequacy criteria.
5. Specific attention on key findings in seven basic needs categories, plus HIV prevention and significant discussion points.
6. Based on these reports, a set of recommendations for future evaluation and evidence-based policy was presented.

The evaluations reviewed for this OVC Research Synthesis fell into two major methodological categories: *qualitative* and *quantitative* methods, with some using a combined methods approach. Despite methodological limitations and voids, cautious conclusions could be drawn from these studies.

The evaluations assessed some combination of the following seven core service areas as outlined by PEPFAR's OVC Guidance documents, as well as HIV prevention, which is generally included as a subset of health. The number of studies for each core service area is shown below:

1. Food/Nutrition: 14
2. Health: 11
3. Education: 15
4. Psychosocial: 13
5. Economic Strengthening: 9
6. Child Protection: 16
7. Shelter: 6
8. HIV Prevention/Education: 15

In summary, the following observations were noted for these evaluations:

- No study used a randomized controlled design in any form; as a result, no study was graded as “strong.”
- Eight studies graded “adequate” used some form of before/after, case control, and post-intervention comparison design.
- The two costing studies were also graded as adequate, as they used consistent audit/costing data.
- Six studies were graded as “weak” and conclusions/findings from these studies should be viewed with caution.

FINDINGS

Despite methodological shortcomings, it was possible to identify effective interventions. Based on the available data, we found the following key practices to be the most effective in improving the lives of OVC and caregivers and indicating areas of further monitoring.

- **Food:** Consistent food supplementation activities and economic strengthening (local savings and loan activities) positively affect OVC household nutritional status.
- **Health:** The most successful PEPFAR interventions for improving OVC and caregiver/guardian health are consistent home visits, individual and community health education, and economic strengthening activities. Health outcomes noted included increased HIV testing and an emerging need for adherence skills in home visiting initiatives.
- **Education:** Program or government education subsidies and caregiver engagement in local savings and loan schemes improve OVC school enrollment and improves OVC’s psychosocial outlook. Where baseline data existed, improvements in school enrolment were noted – but not always equally for boys and girls. Gender specific initiatives and outcomes need attention.
- **Psychosocial:** Consistent home-based visits clearly benefit OVC while guardian support groups and group therapy were reported as beneficial to caregivers on a number of outcomes, as well as OVC (i.e., reduction in child abuse). The format of delivery affected impact. Kids’ Clubs at times resulted in beneficial outcomes but at times showed no effect. Lack of effect was associated most commonly with poorer organization, insufficient training, low dose, and unclear targeting.
- **Economic strengthening:** Caregiver access to local savings and loan schemes improved OVC care and protection in multiple areas, including food, health, education, psychosocial, and shelter.
- **Child Protection:** Program interventions increased legal protections for OVC (birth certificates, will preparation) and support groups, group therapy and home-based visits improved family relations and reduced reports of child abuse.
- **Shelter:** Improvements to shelter elevates OVC general standard of living.
- **HIV prevention/education:** Home-based visits, Kids’ Clubs, cost-effective school-based programs, and community forums were the most effective at increasing OVC and caregiver knowledge and improving rates of testing.

THE WAY FORWARD

Based on the evidence presented in this research synthesis, PEPFAR now has an opportunity to proceed with a more informed mindset concerning some of the more serious challenges facing OVC programming. In conclusion, the suggestions listed below are meant to serve as preliminary strategies for bolstering weaknesses and fortifying the very important work PEPFAR funds.

The Very Mention of "PEPFAR" Should be Synonymous with Quality Evaluation Data and Methodology Standards.

Of the many lessons learned from conducting this research synthesis, one that reappeared over and over again was the need for PEPFAR to focus more attention on evaluation quality and standards. Data gathered in the field about OVC must be comprehensive and based on good research design. Randomized controlled trials of concepts should precede rollout if possible. When programs commence, useable baseline data should be gathered so that follow up can be contrasted for solid evaluation of change. Adequacy requirements according to systematic review criteria should be applied in advance to PEPFAR evaluations of programs. PEPFAR has an ideal opportunity to upgrade and incorporate improved quality evaluation methodology standards. Such prioritization would be invaluable to the field of OVC care and support, and would position PEPFAR to play an important leadership role in a field of cohorts that also includes the European Collaborative study, the WITS study, the DART study, and the CHIC database.

An Emergency Response Should Be Saved for Emergencies.

While the urgency of delivering medical treatment and basic needs such as food, health care, and education to OVC is far from over, PEPFAR's emergency-style response may be. Given the epidemic's long-term lifespan, PEPFAR may best be able to mitigate it by investing more in theory-based planning that includes adequately evaluating interventions to determine their true value and efficacy. Though innovative approaches are always welcome, it may now be time for PEPFAR to take stock of what has worked successfully in the past and discard what has not. The HIV epidemic for children in Africa is no longer an emergency in the commonly understood sense of the word as the current strides forward with providing ART to OVC has decreased the emergency-levels of overall OCV deaths, and increased the numbers of OVC who are living with HIV but managing it through treatment. As we enter the 4th decade of the epidemic, response should benefit from thoughtful planning and be informed by theory based on adequately evaluated interventions. Components should be clearly defined so that comparisons are balanced. Minimum standards should be clearly articulated. PEPFAR is uniquely placed to instigate a high-quality database for ongoing monitoring.

Harmonizing and Integrating Complex PEPFAR-funded OVC Programs Can Yield Better and Multiple Outputs.

The evaluations indicated that harmonizing services with services offered by local providers or by consolidating multiple services at a single locale provides a bigger boost to PEPFAR efforts and often yields multiple beneficial results. In many cases services were delivered via single volunteers through home-based visits. Using this model, nutritional counseling coupled with hygiene education and helping OVC with homework met three basic needs: food/nutrition, health, and education. In other program approaches, multiple services were delivered through one geographic site – for example, a school-based program might provide OVC with HIV prevention, at least one hot meal, educational support, and bereavement counseling.

Evidence-based Programming Should be a Priority.

Overall the strength of findings from this synthesis report is greatly tempered by the total absence of randomized controlled trials. The comparison studies provide weaker evidence and the lesson for future planning needs to address the strength and quality of evaluations emerging from programming. The evaluations show that data gathering is viable and large representative samples can be efficiently interviewed utilizing sound, validated, theory-driven measures. When interventions are up and running, it is difficult (though not impossible) to provide good quality evaluation that can provide definitive answers on efficacy and causality. If evidence-based programming is to guide future PEPFAR policy, from this point forward investment in and attention to quality monitoring and evaluation should be seen as a priority.

High-quality, Comprehensive Data are Needed as Evidence to Support Overall Findings.

There was weak evidence of gains and impacts in the five core area, with a number of caveats and some conflicting findings. For strong evidence, data should be high in quality and comprehensive, include baseline measures, and ideally use stronger designs to ensure that outcomes can be attributed directly to interventions.

There is now an ideal opportunity to ensure that future data is gathered systematically and is of the highest standard. PEPFAR is well positioned to initiate, incorporate, and enable this process to transpire. Standardized indicators should be incorporated so that cross-study comparisons are possible. Such an initiative would be invaluable to OVC research and would elevate PEPFAR's role in this field of children. Other examples of cohorts at such a level include the European Collaborative study, the WITS study, the DART study, and the CHIC database. These are large cohort studies where data is routinely collected and which provide an ongoing source for analysis of biomedical outcomes. Such a database for children would provide comparable initiatives.

Human resources must be Cultivated and Managed.

This evaluation brings up a key point with regard to human resources, training, quality and adequacy, and investments for the future. In particular, we found that many projects rely on untrained, poorly recompensed volunteers. Thirteen of the 18 evaluations stated that programs depend on volunteers to deliver services to OVC and HIV-affected households. Six out of 13 evaluations found that infrequent visits to OVC households undermined program quality and continuity. The reasons cited ranged from a low number (dose) of visits to high volunteer drop-out rates to volunteers feeling overwhelmed by a lack of counseling skills and training.

In many cases, reliance on inadequately trained volunteers feeds a downward cycle of program mediocrity. Quality standards consequently become difficult to enforce and monitor. Turnover is high. Commitment from volunteers is variable, unpredictable, and uncontrollable, and attrition rates can be high. Thus the services provided to vulnerable OVC households end up being a product with delivery – its most important ingredient – left to a cadre of well-meaning volunteers. As several evaluations highlight, these volunteers are hungry for more training and professional education. But the term “volunteer” is often a misnomer. At worst they are not truly volunteers but the desperately poor who consider the program's scant benefits – bus fare, lunch, a t-shirt – to be actual recompense.

The time may have arrived for PEPFAR to encourage minimum quality standards, validate training, and consider competent recompense.

Notable Gaps

In addition to the points raised in terms of methodology, gaps emerge in relation to early childhood, gender, and the voice of the child.

The majority of the evaluations focus on school-aged children and older, leaving a dearth of understanding and insight into the needs of extremely vulnerable younger children, particularly infants and the early childhood period. The evaluations also suggest that gender is an important factor, yet most programs are not routinely using disaggregated data in their programming and evaluations. In the future, both programming and evaluation teams must consider gender as a key category for measuring intervention impact. Many studies utilize guardian reports that eclipse reports from and the voice of the child. Amplifying the experiences and opinions of children receiving PEPFAR-funded services is a powerful way of assessing program impact and should be utilized more in future activities and evaluations.

Mechanism and Pathways

Many types of interventions can lead to positive psychosocial outcomes. Programs that provide educational inputs such as school supplies not only enhanced children's educational access but greatly improved their self-esteem and psychosocial outlook as well. Similarly, economic strengthening initiatives were found to have positive effects not only on increased household income, but also on OVC nutritional levels, health status, educational access, and condition of living quarters, among other benefits. These kinds of interventions are noteworthy from a costing perspective as well as from the vantage point of programmatic design.

Combination Approaches

For the most part the evaluations covered complex interventions. There is a well-developed methodology for such evaluations and these should inform future PEPFAR work.

CONCLUSIONS

Despite problems in the methodology of the 18 evaluations reviewed, it was possible to identify the lessons learned from PEPFAR interventions. Based on the available data, the following key practices were found to be the most effective in improving the lives of OVC and caregivers, indicating the following areas requiring further monitoring.

Food: Consistent food supplementation activities and economic strengthening (local savings and loan activities) positively affect OVC household nutritional status.

Health: The most successful PEPFAR interventions for improving OVC and caregiver/guardian health are consistent home visits, individual and community health education, and economic strengthening activities. Health outcomes that were noted included increased HIV testing and an emerging need for adherence skills in home-visiting initiatives.

Education: Program or government education subsidies and caregiver engagement in local savings and loan schemes improve OVC school enrollment and OVC's psychosocial outlook. Where baseline data existed, improvements in school enrolment were noted – but not always equally for boys and girls. Gender-specific initiatives and outcomes need attention.

Psychosocial: Consistent home-based visits clearly benefit OVC while guardian support groups and group therapy were reported as beneficial to caregivers on a number of outcomes, as well as OVC (i.e., reduction in child abuse). The format of delivery affected impact. Kids' Clubs at times resulted in beneficial outcomes but at times showed no effect. Lack of effect was

associated most commonly with poorer organization, insufficient training, low dose, and unclear targeting.

Economic strengthening: Caregiver access to local savings and loan schemes improved OVC care and protection in multiple areas, including food, health, education, psychosocial needs, and shelter.

Child protection: Program interventions increased legal protections for OVC (birth certificates, will writing) and support groups, group therapy, and home-based visits improved family relations and reduced reports of child abuse.

Shelter: Improvements to shelter elevates OVC general standard of living.

HIV prevention/education: Home-based visits, Kids' Clubs, cost-effective school-based programs, and community forums were the most effective at increasing OVC and caregiver knowledge and improving rates of testing.

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