In sub-Saharan Africa, an estimated 12 million children 17 years of age or younger have lost one or both parents to AIDS. Many more children live with one or more chronically ill parent. Despite the recognition of the magnitude and negative consequences of this problem, there is little empirical evidence on “what works” to improve the well-being of children affected by HIV and AIDS.

Governments, program managers, and service providers need strategic information on how to reach more orphans and vulnerable children (OVC) with services that improve their well-being. Information on effectiveness and costs of interventions for OVC can help donors, policymakers, and program managers make better informed decisions on the allocation of scarce resources.

In an attempt to fill these knowledge gaps, MEASURE Evaluation with U.S. President’s Emergency Plan for AIDS Relief funds from the U.S. Agency for International Development (USAID) will conduct evaluations of four programs for OVC in Kenya and Tanzania. There will also be a costing component of the study that will inform resource allocation and help estimate the costs of scaling up programs.


In 2005, 13 percent of all children in Kenya and 12 percent of all children in Tanzania were orphans.

AIDS-related deaths accounted for almost half of all orphans in 2005 in Kenya and Tanzania.
Research Objectives
The objective of this evaluation is to answer the question, “What is the effectiveness of interventions in terms of models, components, costs, and outcomes in improving the well-being of orphans and vulnerable children ages 8-14 in resource poor settings?”

The programs included in this evaluation have adopted one or more of the strategies to support children from The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (listed below). All these programs are multi-faceted, employing some combination of child-, family-, or community-centered approaches. Though the emphasis on community versus externally driven solutions varies across the programs included in this evaluation, all include some degree of community mobilization through various strategies. While the approaches vary, each program aims to improve the well-being of OVC. The evaluations will assess the extent to which they achieve this aim.

Methodology
MEASURE Evaluation will evaluate programs in the following locations in collaboration with service delivery partners.

In Kenya:
- Community Based HIV/AIDS Prevention, Care and Support Program implemented by Pathfinder and Integrated AIDS Program in Thika District
- Kilifi OVC Project implemented by Catholic Relief Services in Kilifi District

Case studies were conducted on the above programs in the summer of 2006 to gain a better understanding of the programs to be evaluated and inform the study design and sampling methodology. These case studies describe the program model, approach to working with the community, method of beneficiary selection, the services received by beneficiaries, as well as lessons learned.

MEASURE Evaluation will also undertake a quantitative impact assessment of each of the programs. To provide immediate results on program impact, all four evaluations are post-test designs (that is, the surveys to assess impact). The samples for these studies have been designed to measure a range of variables, including outcomes related to the care and support of OVC. In each of the evaluations, a survey will be administered among children ages 8-14 and their guardians. The two survey instruments have been designed to measure a comprehensive list of outcome variables.

The evaluation will examine child-level outcomes related to the following areas:
- education
- health, food, and nutrition
- child protection
- psychosocial well-being
- HIV/AIDS knowledge
- sexual behavior (adolescents only)
- community support

The study will also assess physical and psychosocial well-being of the guardian and provide his or her perception of the well-being of the child under his or her care.

MEASURE Evaluation will review budget and expenditure information to assess the cost of implementing programs that achieve outcomes measured by the survey. The costs will be linked to outcomes among children and their guardians to measure cost-effectiveness.

In Kenya, the evaluations will also be complemented with qualitative data, including focus groups with youth, guardians, and volunteers to provide in-depth information on program impact and processes.

Next Steps
Case study reports will be disseminated in Kenya and Tanzania from May through July 2007. Quantitative and qualitative data will be collected from April through October 2007, and results will be available in early 2008. MEASURE Evaluation will work with policymakers and program implementers in Kenya and Tanzania to identify effective approaches for ensuring that research findings are used to make informed decisions about allocation of resources, policy development, and designing new programs to improve the well-being of children.

Special Thanks
The evaluation objectives and methodologies have been guided by the voices of OVC stakeholders. Thus, the research team from the MEASURE Evaluation project would like to thank the following organizations for the valuable input during the design phase of this study. In Kenya: Academy for Educational Development, AVSI, CARE, Catholic Relief Services, Pathfinder, World Relief, World Vision, and USAID. In Tanzania: Africare COPE, Catholic Relief Services, CARE Tumaini, Department of Social Welfare, FHI, Pact, Salvation Army, United Nations Children’s Fund, and USAID. In the United States: USAID and the Office of the Global AIDS Coordinator.