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4Children
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 APHIAplus IMARISHA OVC project and the local implementing partners to implement PEPFAR's geographic pivot through responsible graduation or transition at both 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 APHIAplus 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.



Photo by Lily Bekele Piper for CRS

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 APHIAplus 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% (539) 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.

Key Study Results

CHANGES IN OVC AND CAREGIVER WELL-BEING

Change in OVC and caregiver's well-being status was assessed by comparing the proportion of households that attained the maximum possible score of 16 points at point of graduation (T1) and nine months after graduation (T2). Only 6.5% of the households maintained the score of 16 points at post-graduation; 79.9% of the households scored between 10-15 points and 13.6% scored between 0-9 points. When assessed per domain, the most regressed was the stable domain as reported by (-78%) of households, followed by the schooled domain (-56%), healthy domain (-21%) and safe domain (-4%).

CHANGES IN CAREGIVER'S CAPACITY TO CARE FOR CHILDREN

The study assessed how caregiver capacity to address the basic needs of children in their care changed after graduation. The most regressed caregiver capacity was the inability to adopt household budgets (-55% of caregivers), followed by participation in caregiver forums (-19%) and self-efficacy in saving practices (-4%).

PERCEPTION OF COMMUNITY STAKEHOLDERS

Data from stakeholders were consistent with the quantitative data as they indicated that "households were struggling to take care of the health of the OVC after the project." Some of the coping mechanisms that households resorted to were, for example, natural herbs instead of medication. Households that had been linked to national social protection systems such as the National Health Insurance Fund were better at sustaining the gains. While there was a common perception that the project enhanced capacity of households to take care of OVC, sustaining this was difficult, especially after graduation and in relation to schooling indicators and financial stability. There was a much often expressed view that the capacity building should have included skills training for the older children to address unemployment.

PERCEPTIONS OF PARTNERS AND TRANSITION TEAM MEMBERS ON THE GRADUATION PROCESS

While partners indicated that promoting sustainability within OVC programming was a good idea, in this instance, it was rushed and not well coordinated with national or county government agencies. Stakeholders also mentioned that the concept of graduation and expected outcomes was not well understood prior to transition. A commonly held perception was that more investment in time and money should have been done to enhance capacity of households to provide for livelihood needs of OVC.

Conclusion

- Positive results in the safe domain appeared to be sustained over time. This was attributed to the positive impact of training and community awareness around the girl child, early marriage and violence.
- There was a general regression in the well-being of OVC and caregivers within all four domains: healthy, safe, stable and schooled. Regression was also reported in all households in relation to caregivers' capacity to care for children as demonstrated in parenting efficacy, participation in caregiver forums, adopting household budget and savings.
- Overall, key informants interviewed in this tracer study 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.
- The study established that all key stakeholders (government and non-governmental) were not involved in all the critical steps and preparation of the beneficiaries for the graduation process. As a result, there was no common understanding of the need to graduate OVC from program support leading to inadequate policies and procedures among stakeholders that could have provided sustainable services and support to households after project exit.
- The study established that stakeholders support the concept of case plan achievement and could be better implemented if it is integrated from the beginning, during project design.

Key Recommendation

While stakeholders perceive the concept of graduation and sustainability as positive, there is a need for more training and sensitization to ensure a common understanding and facilitate more active buy-in on the concept and approach from all stakeholders. This should include clarifying the appropriate time frame for a graduation process and the types of post-graduation support. This process should also be integrated into policy, programs, procedures, and government budgeting processes at national and county level to help facilitate a longer-term approach to sustainable results for OVC and their households.

For a full copy of the report, please write to the 4Children team at contact@4-children.org

This fact sheet is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061. The contents are the responsibility of CRS and (relevant contributor) and do not necessarily reflect the views of USAID or the United States Government.