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**DOVCU
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The effect of DOVCU's integrated package of interventions on children and families at risk of separation



Between July 2014 and June 2017, ChildFund International, Uganda implemented the Deinstitutionalization of Orphans and Vulnerable Children in Uganda (DOVCU) Project. This publication was produced by ChildFund, under agreement number APC-GM-0031 Advancing Partners & Communities, a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047. Over the course of the project, ChildFund staff collected data on both families at risk of separation and families going through the process of reintegration. At project completion, ChildFund partnered with academic institutions and consultants to analyze and present data on the effect of DOVCU for program participants.

This document is part of a series of three learning briefs. Each learning brief is designed so that it can be read independently, however, reviewing all three briefs enables the reader to obtain a more comprehensive view of the program's effects.

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This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The content of this publication is solely the responsibility of the authors and does not necessarily reflect the views of the US government, USAID and JSI (holder of the APC Agreement with USAID).

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Introduction

In Uganda, the number of children living in childcare institutions has soared in the past decade. In 2012, an estimated 57,000 Ugandan children were in residential care, with another 10,000 living on the streets, often despite having a surviving parent or relative.¹ Living outside of family care can have serious implications for development, depriving children of an optimal environment for physical, social, and emotional growth.

Poverty is considered to be a major factor in child separation in Uganda. Indeed, a prior three-district survey on childcare institutions (CCIs) found that over 40 percent of children residing in CCIs had been placed there by economically insecure parents or caregivers who could not meet their children's basic needs. Despite notable progress in reducing economic insecurity, poverty remains pervasive in Uganda, with rates highest in the eastern and post-conflict northern regions.² Poverty is also multi-dimensional, with caregiver disability or death, violence against children, and the HIV epidemic intersecting to affect children and families in Uganda in numerous ways.



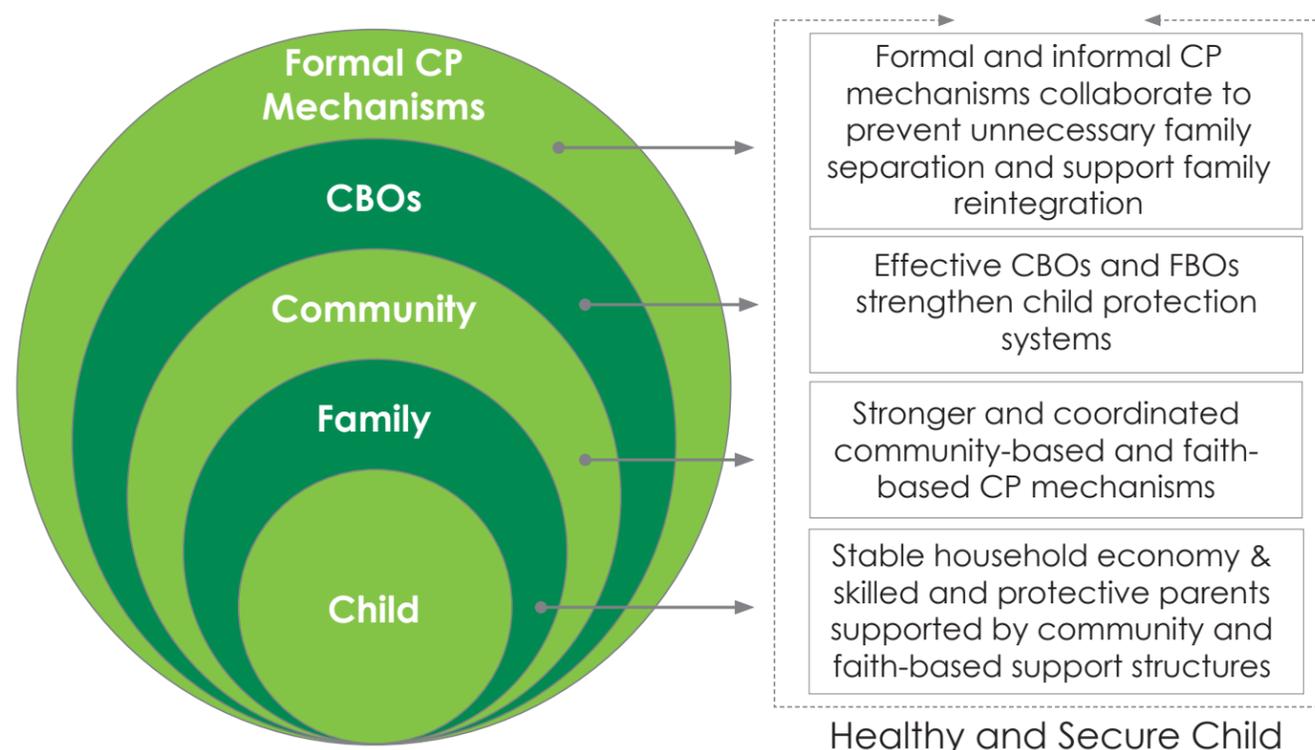
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Analysis

“Deinstitutionalization of Orphans and Vulnerable Children in Uganda” (DOVCU) was a three-year project (2014-2017) that aimed to keep and reintegrate children into the care of families. ChildFund International led the consortium of project partners, including Transcultural Psychosocial Organization (TPO Uganda), Child’s i Foundation (CiF) and Retrak. Together, DOVCU project partners delivered an integrated package of interventions with the aim of decreasing household vulnerabilities for 1) households at risk of child separation, and 2) households with children reintegrating from CCl. The project also aimed to strengthen the institutional capacities of government officials and other key stakeholders to successfully adapt the Alternative Care Framework and strive toward family-based care for all children.

This learning brief analyzes quantitative data from the first of the project’s stated objectives: examining the extent to which DOVCU project interventions decrease vulnerabilities for households and children at risk of separation. Figure 1 illustrates an ecological framework for addressing child separation, highlighting the multi-dimensional nature of risk and the need for integrated service delivery. This brief will examine ChildFund’s approach to addressing vulnerability at the family level, complementing other efforts to evaluate DOVCU’s macro-level work.

Figure 1.
Ecological
Framework for
Addressing
Separation



For this learning brief, data was analyzed on a sample of 1,511 households and 2,675 children at risk of separation, collected over a three-year implementation period. Children and families were assessed for vulnerability in three categories: 1) Household Vulnerability, 2) Household Economic Vulnerability, and 3) Child Vulnerability. Assessments were carried out as follows:

Household Economic Vulnerability – measured through an index comprised of the first two components of the Family Status Vulnerability Index (FSVI) that inquire on land tenure, employment, financial capital, and livestock ownership. Possible scores on this index ranged from 0-78, with higher scores indicating greater vulnerability.

Household Vulnerability – measured through the full FSVI assessment including scores on economic vulnerabilities (mentioned above), plus access to healthcare, psychosocial support, as well as child and legal protection. Possible scores on this index ranged from 0-122, with higher scores indicating greater vulnerability.

Child Vulnerability – measured through an adapted Child Status Index (CSI) that inquired on issues such as nutrition, shelter, protection, education, and skills training. Possible scores on this index ranged from 0-72, with higher scores indicating greater vulnerability.



Program participants were classified at baseline based on their respective vulnerability scores.

	Classifications		
	Destitute	Struggling	Growing
HH Economic Vulnerability ^a	50-78	25-49	0-24
	High	Medium	Low
HH Vulnerability ^b	70-122	35-69	0-34
	High/Critical	Medium	Low
Child Vulnerability ^c	50-72	20-49	0-19

^aBased on components 1-2 on FSVI (range 0-78)

^bBased on FSVI (range 0-122)

^cBased on CSI (range 0-72)

These classifications were used by the project to help identify what package of services would be most beneficial. Economic services generally followed a graduation approach, which is widely regarded

Box 1.
Household risk
classification at
baseline based
on assessment
scores

Figure 2.
DOVCU's
Graduation
Approach



as a good practice.^{3, 4, 5} The typical graduation model, popularized by the Consultative Group to Assist the Poor (CGAP) and the Ford Foundation, involves meeting the immediate needs of destitute families with consumption support (such as cash or assets transfers), connecting families that struggle to make ends meet to skills and resources (financial literacy, village savings and loans groups, income generating activities), and then supporting families to grow out of poverty (micro-credit and microfinance, private sector linkages, etc). The graduation model approach is also included in PEPFAR and LIFT Household Economic Strengthening (HES) guidance.^{3, 6} For children over the age of 16 residing in Struggling households, vocational training was also offered, however, the sample size for this intervention was too small to include within our analyses. Social interventions, including parenting groups, psychosocial support, Alcoholics Anonymous, peer support, home visits, and referrals, were then combined with economic interventions to provide a holistic response to vulnerability.

For this brief, we analyzed the demographic characteristics of the at-risk cohort at baseline to obtain a profile of households considered vulnerable to separation. Next, we assessed change in vulnerability scores between baseline and endline depending on participation in various DOVCU project offerings. This aims to illuminate which individual interventions were the most promising for reducing child and household vulnerabilities. Lastly, we ran the same aforementioned tests but this time assessed the effect of potential combination interventions. As most participants were receiving more than one intervention, we were interested to understand which combination delivered the most benefit to children and their families.

Descriptive analysis of sample

The sample for this analysis is comprised of 1,511 households and 2,675 children at baseline. The mean age of sampled children participating in the project was 8.9 years, with 47 percent female

and 53 percent male. Caregivers were predominately biological mothers (53 percent) followed by biological fathers (25 percent) and grandparents (19 percent).

When assessing household data, we find that at baseline, among the 11 districts included in the DOVCU project, Mbale and Kasese had the highest number of children classified within the High Risk category (with Mbale having 177 children in this category; Kasese had 133 children in the same category—the two combined represented 30.5 percent of families classified as high risk); Kampala, Kabale and Karabole had the lowest number of children classified within the High Risk category (27 children for Kampala, 43 for Kabale, and 45 for Karabole); whereas Lira, Iganga, and Kasese had the highest number of households classified as Medium Risk (Fig. 3).

Household heads were nearly evenly split between males (51 percent) and females (49 percent). Household heads had a mean age of 44 years and were non-migratory, with the mean number of months the household head had been near their residence in the last year at 11.6 months. Program participants also primarily resided in rural areas (85 percent) with households headed by females more predominately falling within the High Risk sub-group at baseline and more likely to be classified as Destitute (60 percent) as compared to male-headed households (40 percent).

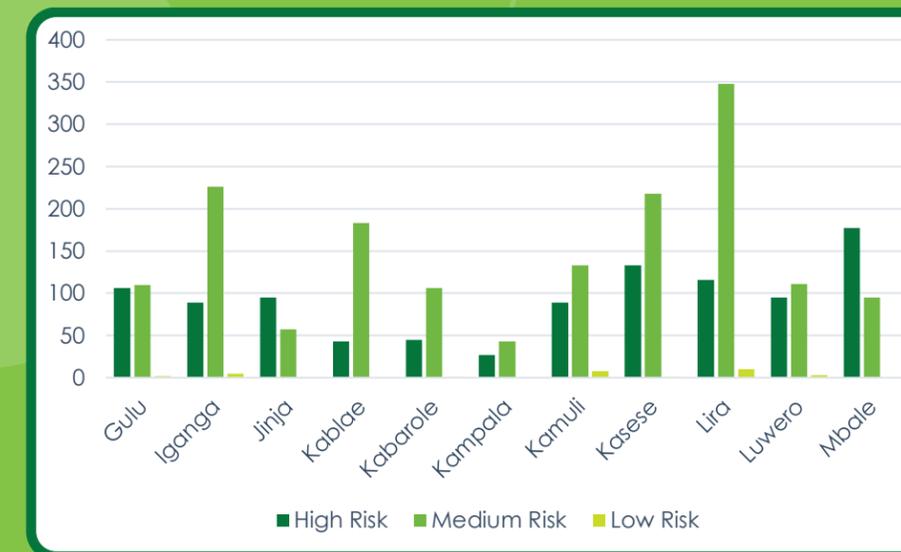


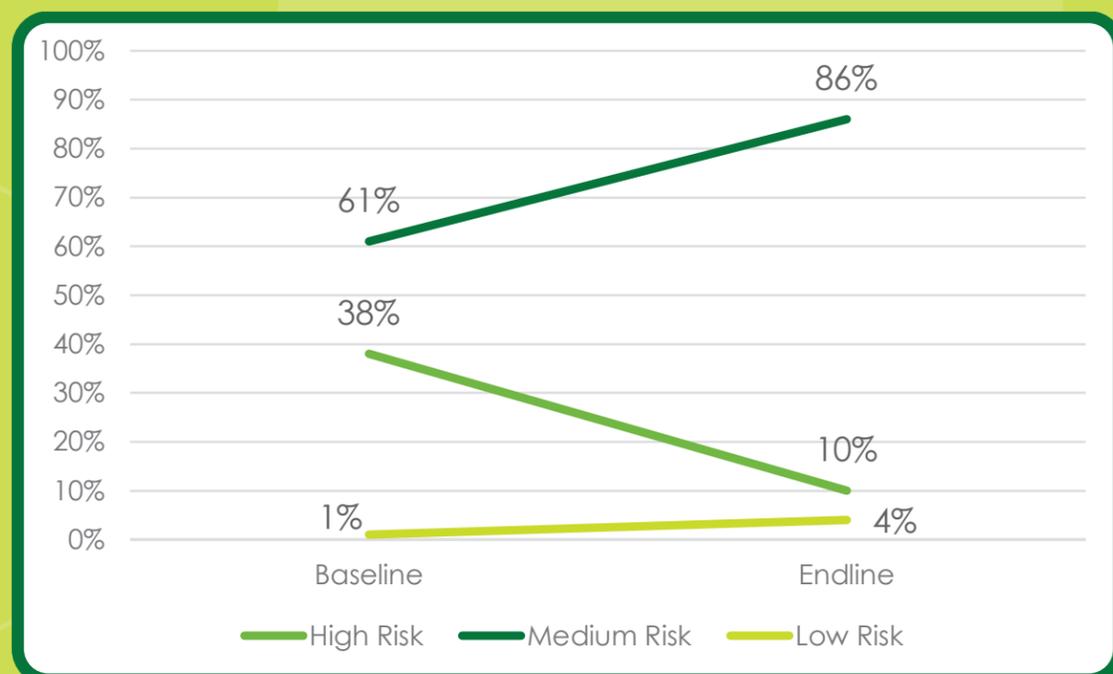
Figure 3. Household risk classification by geographic location at baseline

Findings

1 For families at risk of separation, DOVCU was effective at reducing high risk classifications by nearly one third and moving these families into Medium or Low Risk classifications by endline.

Over a period of three years, the DOVCU project provided a package of integrated social and economic interventions with the aim of reducing vulnerabilities for households at risk of separation. The High, Medium, and Low Risk classifications were drawn from the full FSVI, which assessed overall household vulnerability. Our analysis demonstrated statistically significant changes between baseline and endline assessments, reducing High Risk classifications by 28 percent and transitioning these families into Medium (+25 percent) or Low Risk classifications (+3 percent) (Fig. 4).

Figure 4. Change in Classifications for Sample Households between Baseline and Endline^a



^a all findings statistically significant at p<.05

2 Economic interventions (cash transfers and micro-enterprises) were particularly beneficial at reducing vulnerabilities for at-risk families and their children.

Each of the interventions provided by DOVCU and included within these analyses were effective in reducing vulnerability scores for at-risk children and families by the end of year 3. However, children with family members who participated in cash transfers showed the greatest vulnerability reduction across all three assessments: household economic vulnerability (-12.62 points), overall household vulnerability (-20.18 points), and child vulnerability (-9.65 points). This was followed by micro-enterprise, which showed the second

Figure 5. Reduction in Assessed Vulnerability between Baseline & Endline by Participation in Program Intervention (Single), At-Risk^a



^a HH Economic Vulnerability based on a 78-point scale (range 0-78), Overall Household Vulnerability based on a 122-point scale (range 0-122), Child Vulnerability based on a 72-point scale (range 0-72), all findings statistically significant at p<.05

highest reduction in vulnerability across all three assessment measures: household economic vulnerability (-9.86 points), overall household vulnerability (-16.21 points), and child vulnerability (-8.58 points) (Fig. 5).

In Uganda, poverty is widespread and families may resort to negative coping strategies, such as children dropping out of school, increased child labor, early marriage, or surrendering children to institutions. In the aforementioned survey of CCI in Uganda, 41 percent of children had been brought to institutions by parents/caregivers because they could not meet their children's basic needs.⁷

Our analyses show the benefit of HES interventions with participation in cash transfers associated with the largest reduction in vulnerability scores between baseline and endline. This is followed by micro-enterprise and financial literacy. These findings reiterate the importance of HES interventions for households at risk of separation. While the data collected for this project was not designed in such a way as to measure prevention, the findings undoubtedly highlight the potential for HES interventions to reduce CCI placements. Also to note, the HES interventions were effective in not only reducing economic vulnerability but also showed the largest reductions in overall household and child vulnerability, emphasizing the importance of economic interventions for addressing vulnerability in a holistic and multi-dimensional way.



3 When combined with an economic intervention, peer support demonstrated the most added value. Cash transfers + peer support was the combination yielding the largest reduction in vulnerability across all three assessment measures.

Across all economic interventions and all vulnerability assessments, participation in peer support consistently resulted in a greater reduction in vulnerability as compared to combinations of other economic and social interventions, after three years. DOVCU's peer support model primarily targeted adults who had previously received some form of treatment or counseling for substance use and/or mental health concerns. The model offered beneficiaries peer-to-peer support while also enabling those who benefitted from the supportive structure to serve as mentors to newer members. Comparing within cohorts of beneficiaries receiving the same economic intervention, we find that when peer support is included, it consistently reduces average vulnerability scores: household economic vulnerability (-1.1 avg), overall household vulnerability (-1.75), and child vulnerability (-0.6) on average. When examining the combination that reduces vulnerability to the largest extent, we find that cash transfers + peer support was most effective: household economic vulnerability (-14.12 points), overall household vulnerability (-22.13 points), and child vulnerability (-10.02 points) (Table 1).

Our analysis above was limited to combinations of two interventions. Given the infinite number of potential combinations, we limited the analysis to include two interventions—one economic and one social. This provides a glimpse at which combinations are most effective, though is not exhaustive as potential combinations of three, four, and five different interventions may also yield promising results. Nevertheless, the analysis reiterated the importance of cash transfers for at-risk households while also illuminating the added benefit of peer support, regardless of the economic intervention. Peer support has been shown to be beneficial in Uganda, particularly among households affected by HIV and AIDS,^{8,9} though its role in preventing the separation of children is lesser researched. Our findings acknowledge the benefit of DOVCU's peer support intervention model and recommend additional research to fully understand its impacts for this population.

Limitations

The quantitative data analyses conducted for this learning brief provide insight into the benefit of the DOVCU project in reducing vulnerabilities for households and children at risk of separation. However, these analyses were limited by the design of the project. DOVCU was not designed with a comparison or control group, thus analyses could not infer causality. Further, measuring program effects can be notoriously difficult when clients are each receiving an integrated package of services tailored to their own needs. This client-centered structure, while arguably a better implementation model, makes it difficult to isolate the effects of individual interventions, or even combination interventions, when the number of unique combinations is quite large. Therefore, the analyses provided in this brief offer a glimpse at these effects, while working within the constraints of the program design.



The effect of DOVCU's integrated package of interventions on children and families at risk of separation

Table 1. Reduction in Assessed Vulnerability between Baseline & Endline by Intervention (Combination), At Risk^d

Intervention	N	Reduction in HH Economic Vulnerability Score ^a	Reduction in Overall HH Vulnerability Score ^b	Reduction in Child Vulnerability Score ^c
Financial Literacy + Parenting Group	1665	-8.05	-14.31	-7.57
Financial Literacy +PSS	1585	-8.28	-14.91	-7.78
Financial Literacy + AA	618	-7.83	-14.26	-8.12
Financial Literacy + Peer Support	853	-9.37	-16.43	-8.44
Financial Literacy + Home Visit	1982	-8.46	-14.88	-7.64
Financial Literacy + Referrals	917	-8.94	-15.53	-8.58
Cash Transfers + Parenting Group	946	-12.50	-20.09	-9.57
CTs + PSS	884	-12.68	-20.63	-9.83
CTs + AA	292	-13.44	-20.46	-9.83
CTs + Peer Support	450	-14.12	-22.13	-10.02
CTs + Home Visits	1198	-12.63	-20.23	-9.65
CTs + Referrals	527	-13.02	-20.42	-9.65
Savings/credit + Parent Groups	1780	-7.52	-13.35	-7.04
SC + PSS	1670	-7.76	-13.96	-7.37
SC + AA	631	-7.53	-13.65	-7.97
SC + Peer Support	891	-8.82	-15.34	-7.71
SC + Home Visits	2127	-7.88	-13.78	-7.01
SC + Referrals	951	-8.45	-14.39	-8.03
Business Skills + Parent Groups	1705	-7.49	-13.36	-7.31
Biz + PSS	1596	-7.70	-14.01	-7.51
Biz + AA	611	-7.30	-13.29	-7.91
Biz + Peer Support	849	-8.80	-15.37	-8.23
Biz + Home Visits	2017	-7.81	-13.67	-7.14
Biz + Referrals	912	-8.03	-13.81	-7.75
Microenterprise + Parenting Groups	930	-9.55	-16.14	-8.97
Micro + PSS	868	-9.85	-16.78	-9.11
Micro + AA	308	-8.90	-15.13	-8.78
Micro + Peer Support	437	-10.88	-18.30	-9.83
Micro + Home Visits	1134	-9.93	-16.37	-8.64
Micro + Referrals	499	-10.09	-16.55	-8.71

^aBased on a 78-point scale (range 0-78), ^bBased on a 122-point scale (range 0-122), ^cBased on a 72-point scale (range 0-72), ^dAll findings statistically significant at p<.05 unless otherwise noted

Conclusions & Recommendations

In order to reduce unnecessary child separation and institutionalization, government stakeholders and non-governmental entities must continue to design and evaluate holistic prevention efforts that address economic and social vulnerabilities.

Analysis of sample data from the DOVCU project provides some insight to what kinds of interventions are most effective for at-risk children and their families.

- For at-risk households, participation in economic interventions, specifically cash transfers and micro-enterprise, yielded the greatest reductions in vulnerability, across all three measures.
- When added to economic interventions, peer support provided the greatest added value, reducing vulnerability assessment scores more than any other added social intervention.
- Participation in an intervention package that included the combination of cash transfers and peer support was the most effective at reducing vulnerability, across all three measures.

While these findings cannot be generalized to a larger population, they do offer a glimpse at how the DOVCU project benefitted children and households at risk of separation. As the data allowed for analysis of vulnerability reduction rather than actually prevention of institutionalization, further research is needed to see if such packages of social and economic interventions prove effective at reducing child placement in CCIs. In general, continued data collection and analyses on vulnerable families in Uganda will help inform future program design and implementation of deinstitutionalization efforts.

ENDNOTES

1. Official figures indicate that 12,000 children are known to be living in institutions, while an additional 45,000 are estimated to be living in institutional care. Government of Uganda. Ministry of Gender, Labour, and Social Development (MGLSD). (2012). *The State of Institutional Care in Uganda. Baseline Study.*
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