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DOVCU
Learning
Brief

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The effect of DOVCU's integrated package of services on reintegrating children and families



Introduction

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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Disclaimer

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The number of childcare institutions (CCIs) in Uganda has ballooned from 35 in the mid-1990s to an estimated 600+ today. Many CCIs operate with poor standards of care and often have little knowledge of the operational guidelines established by the Ugandan Government. Many CCIs remain unregistered and are unknown to government authorities.^{1, 2, 3}

A 2015 baseline study of CCIs in Jinja, Wakiso, and Kampala districts extensively examined 29 institutions, finding only one-third of the facilities to be properly registered with the government.⁴ The cohort were nearly all privately funded, with 80 percent receiving their funding from outside Uganda, through mechanisms such as child sponsorship.⁵ A concern is that many CCIs essentially function as boarding schools to obtain funding under the pretense of caring for vulnerable orphans and that little to no efforts are made for reintegration when child sponsorship is present.³

The Ugandan government has made great strides to curb unnecessary institutionalization and to reintegrate children with their families. The 2012 National Alternative Care Framework prioritizes prevention of separation and considers institutional care as a last resort. Implementation is now guided by the National Action Plan for Alternative Care (2016/7-2020/21). The Ministry of Gender, Labor and Social Development (MGLSD) is the primary government organ that establishes standards, coordinates care implementation, and provides follow-up for vulnerable children in Uganda. Probational and Social Welfare Officers are the MGLSD officials tasked with monitoring child protection cases, authorizing admissions to alternative care and monitoring orphanages and CCIs.



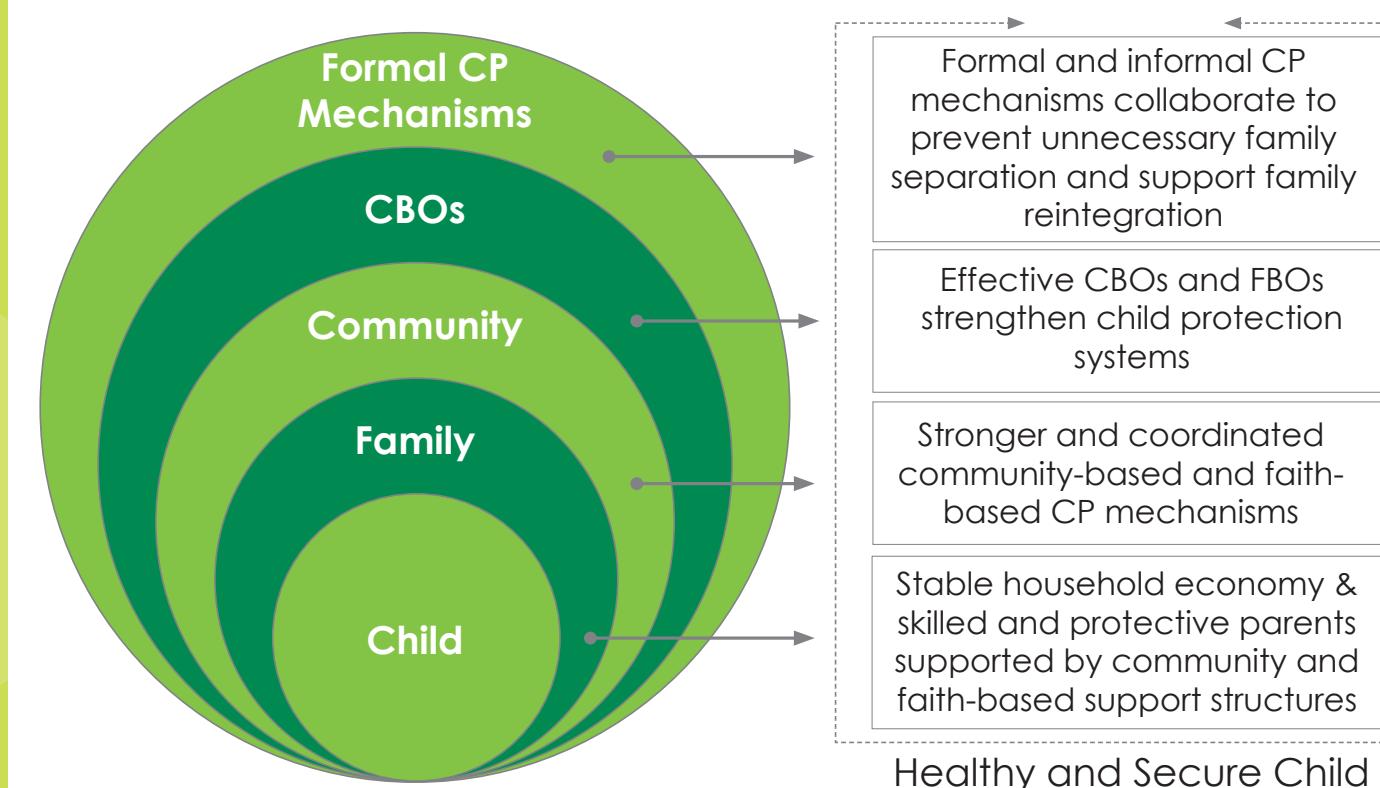
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Analysis

In coordination with the MGLSD, ChildFund International led a consortium of project partners, including Transcultural Psychosocial Organization (TPO Uganda), Child's i Foundation (CiF), and Retrak, to implement the three-year "Deinstitutionalization of Orphans and Vulnerable Children in Uganda" (DOVCU) project (2014-2017). 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 CCIs. 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 second of the project's stated objectives: examining the extent to which DOVCU project interventions decrease vulnerabilities for reintegrating children and their families. Figure 1 illustrates an ecological framework for addressing child separation, highlighting the multi-dimensional nature of risk and resilience and the need for integrated service delivery. This brief will examine ChildFund's approach to reintegration, addressing vulnerability at the family level, and 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 528 households with 786 reintegrated children who had left an institutional facility and were returning to the care of parents or relatives—hereafter referred to as “reintegrating”—over the course of 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.



As with at-risk households (Learning Brief 1), 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)

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

**Figure 2.
DOVCU's
Graduation
Approach**



These classifications were used by the project to help identify what package of services would be most beneficial with the economic interventions offered through a graduated model (Fig. 2). Destitute households were given cash transfers to help stabilize household consumption. Struggling households were provided options such as savings and credit to manage household cash flow and promote asset growth. Growing households were linked to options such as micro-enterprise opportunities to expand their household income. 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.

Descriptive analysis of sample

The final sample for this analysis was comprised of 528 households and 764 children with paired data from baseline and endline. The mean age of reintegrating children participating in the project was 10 years (10.3), with 58 percent female and 42 percent male. Caregivers were predominately biological mothers (51 percent) followed by grandparents (21 percent) and biological fathers (14 percent). At baseline, 60 percent were identified as Destitute, 39 percent were classified as Struggling, and 1 percent were classified as Growing. The highest percentage of children classified as Medium or High Risk at baseline came from Mbale (23 percent of all Destitute households), Kabale (18 percent) and Luwero (9 percent) districts.

The mean age of reintegrating household heads was 45 years, with over two-thirds classified as female-headed households (68 percent). As with at-risk households, reintegrating families also primarily resided in rural areas (76 percent). At baseline, female-headed households constituted the majority of Destitute (65 percent) and High Risk (64 percent) classifications.

Findings

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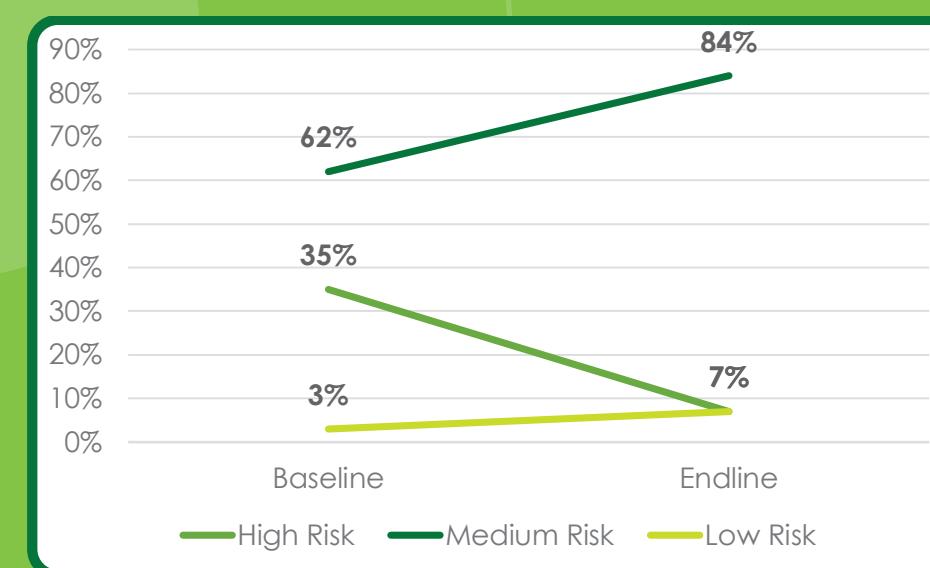
For families in the process of reintegration, DOVCU was effective at reducing high risk classifications for 28% of the sample, moving these families into Medium or Low Risk classifications by endline.

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 in the process of removal from CCIs and reintegration to family-based care. 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 moving these families into Medium (+22 percent) or Low Risk classifications (+4 percent) by endline (Fig. 3).

When comparing with Learning Brief 1, which assesses the effect of the DOVCU project on households at risk of separation, we find the change in classifications between baseline and endline to

be very similar (+/- 3 percent). This suggests that the DOVCU package of interventions has around the same rate of effectiveness for reducing overall family vulnerability among both at-risk and reintegrating families.

Figure 3. Change in Classifications for Sample Households between Baseline and Endline^a



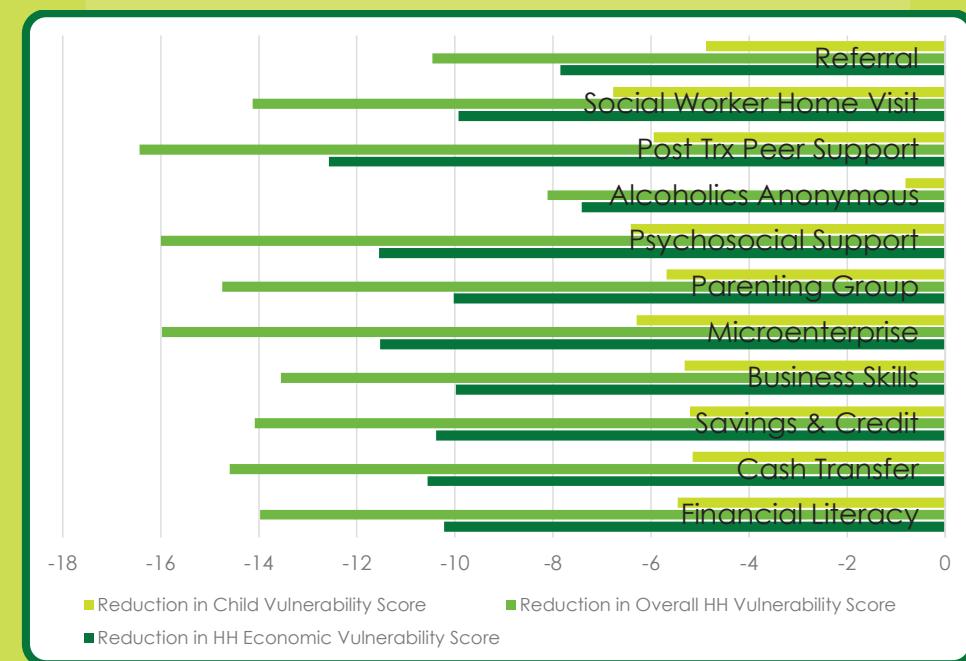
^aAll findings statistically significant at p<.05

Social interventions (peer support and social worker home visits) were particularly beneficial for reducing vulnerabilities for reintegrating families and their children.

With the exception of Alcoholics Anonymous, where the small sample size deterred statistically significant findings,* each of the interventions provided by the DOVCU project and included within these analyses were effective in reducing vulnerability scores for reintegrating children and their families by the end of year 3. However, children with family members who participated in peer support showed the greatest reduction in both household economic vulnerability (-12.57 points) and overall household vulnerability (-16.43 points). Children with families who received a social worker home visit demonstrated

*Participation in AA was also associated with vulnerability reductions, however, because the number of participants were so few, we were unable to confirm its effectiveness from a statistical standpoint. This is common when working with small sample sizes and does not mean the intervention is not effective but rather warrants further study with a larger group.

Figure 4. Reduction in Assessed Vulnerability between Baseline & Endline by Participation in Program Intervention (Single), Reintegrating^a



^aHH 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

the greatest reduction in child vulnerability between baseline and endline (-6.77 points) (Fig 4).

In contrast with at-risk families examined in Learning Brief 1, families with reintegrating children appeared to receive slightly greater benefit from social interventions. Participation in peer and psychosocial support services were of greatest benefit for reintegrating families, highlighting the need for socially supportive interventions for families with reintegrating children. Peer support offered families the opportunity to both obtain and provide encouragement from peers, particularly around issues such as substance abuse and mental health, whereas psychosocial support provided initial assessments and supportive services followed by referrals to more specialized care as indicated. Such individualized support was also beneficial for reducing child vulnerabilities, which were reduced in largest measure when families of reintegrating children received a social worker home visit. Again, the documented benefits of such socially supportive interventions within the DOVCU project highlight the importance of including non-economic responses to vulnerability in order to meet the unique needs of reintegrating children and their family members.

Also to note, when compared to other economic interventions, participation in micro-enterprise yielded the greatest reduction in vulnerability scores for reintegrating families. This contrasts with at-risk families, who appeared to benefit more from direct cash transfers, suggesting that reintegrating families may be investing in longer-term solutions to address economic insecurity as they are newly faced with one or more children who are now under their care.



For reintegrating families, peer and psychosocial support demonstrated the most benefit for reducing vulnerabilities when combined with economic interventions.

Compared to other intervention combinations, the addition of peer support was particularly beneficial for reducing household economic vulnerability, with a -0.75 average point reduction. For overall household vulnerability scores, peer support also added the most benefit, again reducing scores by an average of 1.2 points compared to other combinations. Where this differs is in micro-enterprise, where clients participating in psychosocial support saw marginal improvements compared to those receiving peer support (-0.1 avg). In regard to child vulnerability scores, when combined with economic interventions, psychosocial support (-0.08 avg) and social worker home visits (-0.15 avg) were of greatest value when compared to other combinations.

When examining the combination that reduces vulnerability to the largest extent, we find peer support to be most effective at reducing household economic vulnerability scores when combined with financial literacy, cash transfers, or savings and credit (-12.65). Microenterprise + psychosocial support was found to be the most beneficial in reducing overall household vulnerability (-17.10) and overall child vulnerability (-6.94) (Table 1).

Table 1. Reduction in Assessed Vulnerability between Baseline & Endline by Intervention (Combination), Reintegrating^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	202	-10.58	-15.60	-5.83
Financial Literacy +PSS	182	-11.34	-15.91	-6.30
Financial Literacy + AA	25	-7.16	-8.24	No statistically significant change
Financial Literacy + Peer Support	49	-12.65	-16.84	-5.53
Financial Literacy + Home Visit	294	-10.40	-14.69	-6.46
Financial Literacy + Referrals	116	-7.83	-10.93	-4.59
Cash Transfers + Parenting Group	198	-10.52	-15.61	-6.06
CTs + PSS	178	-11.33	-15.97	-6.52
CTs + AA	25	-7.16	-8.24	No statistically significant change
CTs + Peer Support	49	-12.65	-16.84	-5.53
CTs + Home Visits	306	-10.83	-15.27	-6.84
CTs + Referrals	112	-8.05	-11.49	-5.04
Savings/credit + Parent Groups	201	-10.67	-15.76	-5.87
SC + PSS	179	-11.47	-16.18	-6.18
SC + AA	25	-7.16	-8.24	No statistically significant change
SC + Peer Support	49	-12.65	-16.84	-5.53
SC + Home Visits	283	-10.69	-14.90	-6.23
SC + Referrals	117	-7.85	-11.03	-4.65
Business Skills + Parent Groups	195	-10.55	-15.55	-5.76
Biz + PSS	178	-11.25	-15.79	-6.14
Biz + AA	22	-6.05	-6.59	0.14
Biz + Peer Support	46	1.67	-15.89	-5.48
Biz + Home Visits	273	-10.30	-14.43	-6.15
Biz + Referrals	107	-7.37	-10.46	-4.43
Microenterprise + Parenting Groups	161	-11.48	-16.86	-6.46
Micro + PSS	146	-12.24	-17.10	-6.94
Micro + AA	14	-7.57	No statistically significant change	No statistically significant change
Micro + Peer Support	41	-12.27	-17.00	-6.20
Micro + Home Visits	229	-11.48	-15.95	-6.68
Micro + Referrals	83	-8.78	-12.22	-5.12

^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

Limitations

The quantitative data analyses conducted for this learning brief provide insight into the benefit of the DOVCU project in reducing vulnerabilities for households with reintegrating children. Not only did the DOVCU project address economic insecurity, but we found social interventions such as peer and psychosocial support as well as social worker home visits to be particularly effective at reducing vulnerabilities for this cohort of clients, suggesting that reintegrating families have unique needs and obtain slightly greater benefit from social interventions than families 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. In the case of the reintegrating cohort, baseline data was collected on a rolling basis, thus intervention duration varied between households. This type of program design makes it difficult to isolate the effects of individual interventions or even combination interventions when the number of unique combinations is quite large and variable. Therefore, the analyses provided in this brief offer a glimpse at program effects, while working within the constraints of the program design.



Conclusions & Recommendations

Transitioning children out of CCIs and into family-based care requires the coordination of government and non-governmental entities to thoughtfully consider the package of interventions necessary for the successful deinstitutionalization and reintegration of children.

Analysis of sample data from the DOVCU project provides some insight on what kinds of interventions are most effective for reintegrating children and their families.

- Peer support is associated with the largest reductions in economic and overall household vulnerability.
- Social worker home visits are associated with the largest reduction in child vulnerability, highlighting the importance of direct case management for reintegrating families.
- Both peer and psychosocial support combined with economic interventions further reduce vulnerability for reintegrating households.
- Social support interventions provide greater benefit to reintegrating households as compared to at-risk households, likely due to their unique needs during the transition.

As the DOVCU vulnerability assessments were no longer carried out after project close-out, there is a need for follow-up assessments to ensure that the vulnerability reductions that resulted from DOVCU interventions can be sustained. Where feasible, it is recommended that assessment tools and implementation guidance be standardized within the protocols of the relevant government ministries in order to continue the work that was initiated through the DOVCU project, specifically, an assessment-informed delivery of targeted interventions to reduce vulnerabilities.

ENDNOTES

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