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**DOVCU  
Learning  
Brief**

**3**

# **Examining the effects of DOVCU through a gender lens**



# 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 at-risk families and families going through the process of deinstitutionalization and reintegration. At project completion, ChildFund partnered with academic institutions and private consulting firms 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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In Uganda, the number of children separated from their families has expanded exponentially since the 1990s, with an estimated 57,000 children residing in a child care institution (CCI) and another 10,000 living on the street.<sup>1</sup> Poverty has been reported as one of the primary factors in children being placed in institutions. In Uganda and globally, women and children are disproportionately represented among the poor, with inequitable gender norms on labor, caregiving, and decision-making power affecting economic outcomes for women.

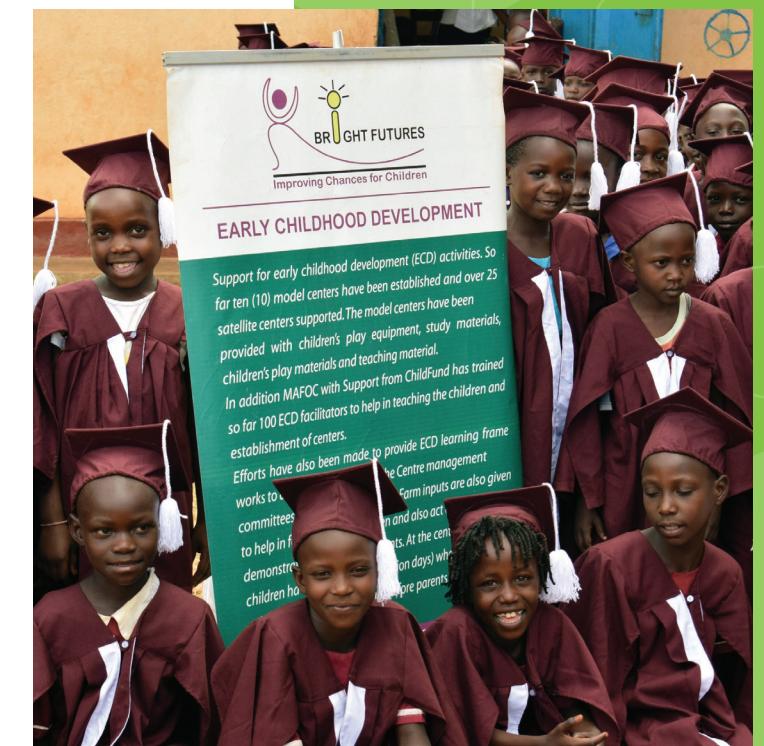
While significant progress in poverty reduction has been made in Uganda, rates remain high in rural areas, where agriculture is the predominant source of livelihood.<sup>2</sup> Due to social and economic inequities that persist both globally and in Uganda, women constitute a larger fraction of the rural poor.<sup>3</sup>

Poverty, which is often gendered, remains a precipitating factor in children being placed in institutional facilities.<sup>4, 5</sup> While the Ugandan government has taken numerous steps to reduce the unnecessary separation of children, including the establishment of the 2012 National Alternative Care Framework, which prioritizes prevention and views institutional care as a last resort, poverty has been identified as a driving factor in CCI placement.<sup>4</sup> Little is known about how efforts at prevention and deinstitutionalization affect vulnerable households and children differently, depending on the sex of caregivers, household heads, and children.

"Deinstitutionalization of Orphans and Vulnerable Children Project 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, the 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 operationalize

the Alternative Care Framework and strive for family-based care for all children.

This learning brief analyzes quantitative data from both households at risk of separation and reintegrating households to understand how the DOVCU package of integrated social and economic interventions affects children and households differently depending on the sex of the child, caregiver, and/or household head.



# Analysis

For this learning brief, data was analyzed on a sample of 1,511 households with 2,675 children at risk of separation and 528 households with 786 reintegrated children, 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.

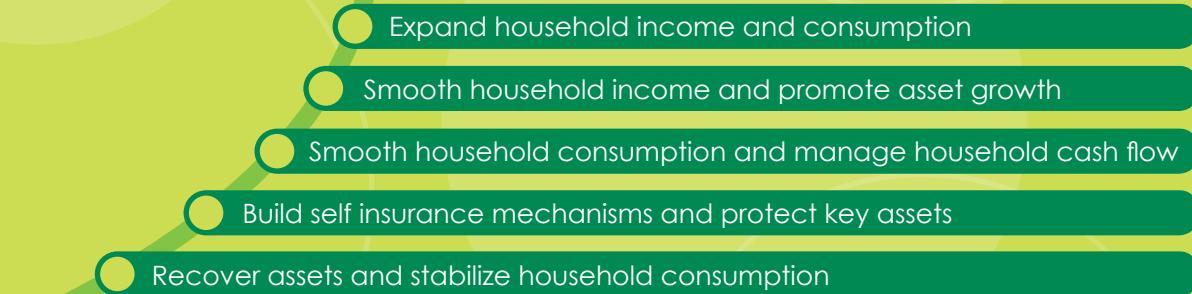
**Box 1.  
Household risk classification at baseline based on assessment scores**

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

<sup>a</sup>Based on components 1-2 on FSVI (range 0-78),

<sup>b</sup>Based on FSVI (range 0-122),

<sup>c</sup>Based on CSI (range 0-72)



**Figure 1.  
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. 1). 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.

For this brief, we first assessed change in child vulnerability class between baseline and endline depending on the sex and age cohort of the child. Next, we examined the difference between baseline and endline scores on all assessment measures depending on the sex of the household head and caregiver. Finally, we assessed the effect of participation in each of the DOVCU interventions, examining differences between female- and male-headed households. This analysis was done separately for at-risk and reintegration family cohorts.



# Findings

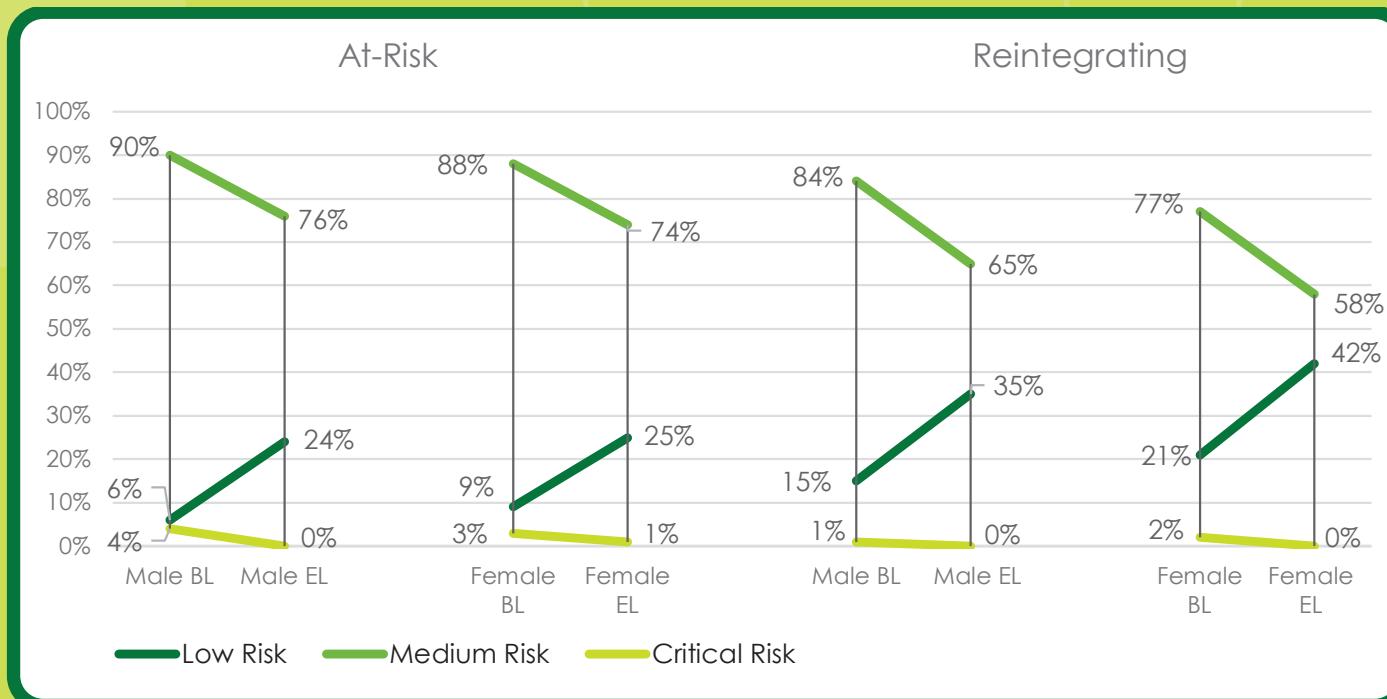
## 1 Across both at-risk and reintegrating families, there is relative parity between male and female children when assessing changes to child vulnerability class.

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 and those with reintegrating children. The Critical, Medium, and Low Risk classifications were drawn from the CSI, which assesses child vulnerability. Overall, our analysis shows relative parity between male and female children in regard to their change in child vulnerability class over the life of the project (Fig. 2). For instance, for at-risk children, the percentage of boys assigned to "critical risk"

decreased from 4 percent to 0 percent. Similarly, the percentage of girls assigned to the same category decreased from 3 percent to 1 percent. Differences between male and female children were minimal, at 1-2 percent, indicating that, by and large, male and female children equally benefited from the DOVCU project.

When examining reductions in child vulnerability scores between baseline and endline, no statistically significant changes existed between boys and girls for either the age 0-5 cohort or the age 6-14 cohort. Where statistically significant differences between males and females did exist was in the age cohort of 15-17, for both at-risk and reintegrating adolescents, with girls demonstrating more benefit among the at-risk group and boys benefiting more among the reintegrating group. However, these differences were minimal, with a less than one point difference in the mean score reduction and no significant differences based on intervention (excluding results with very limited sample size). These results further demonstrate the success of DOVCU in reducing vulnerabilities equally between male and female children.

**Figure 2. Change in Child Vulnerability Class between Baseline (BL) & Endline (EL), by Sex of Child**



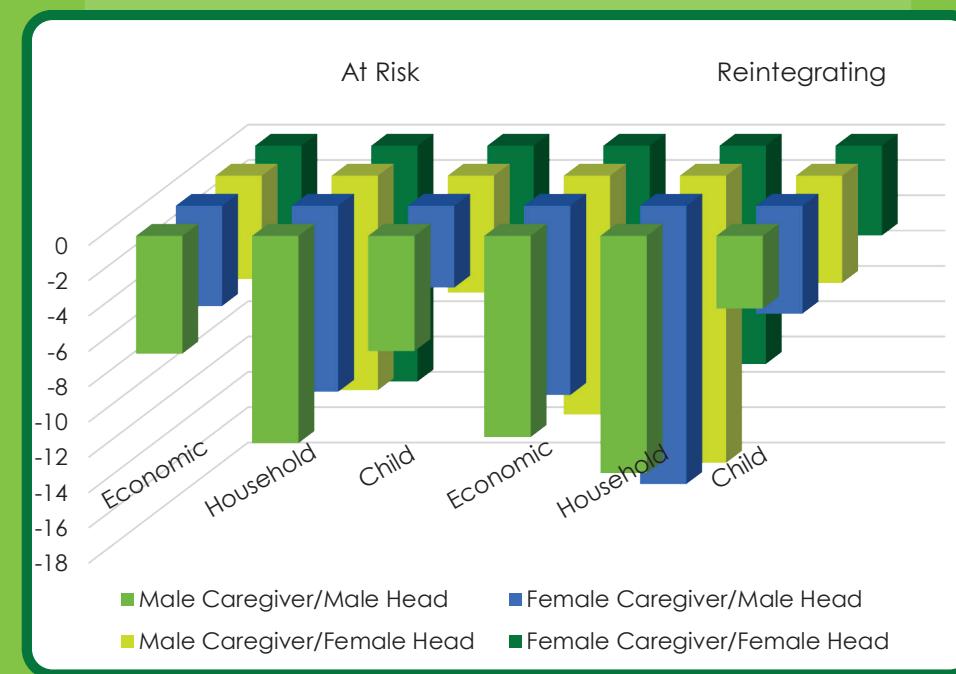
## 2

Across both at-risk and reintegrating cohorts, female-headed households saw the largest benefits from the DOVCU project.

For at-risk families, between baseline and endline, those with female household heads and female caregivers showed the greatest reduction in vulnerability scores across all three assessment measures: economic (-7.52), household (-13.36), and child vulnerability (-7.40).

For reintegrating families, households with female heads and male caregivers saw the greatest benefit, reducing economic vulnerability by 13.52 points and overall household vulnerability by 16.26 points. Male-headed households with female caregivers demonstrated the largest reduction in child vulnerability, however only by .04 points compared to households with female heads and male caregivers. To note, the sample size for male caregivers with female household heads was small relative to the other groups, suggesting that it be interpreted with caution.

**Figure 3. Reduction in Vulnerability Scores by Sex of Household Head and Caregiver<sup>a</sup>**



<sup>a</sup>All findings statistically significant at  $p < .05$

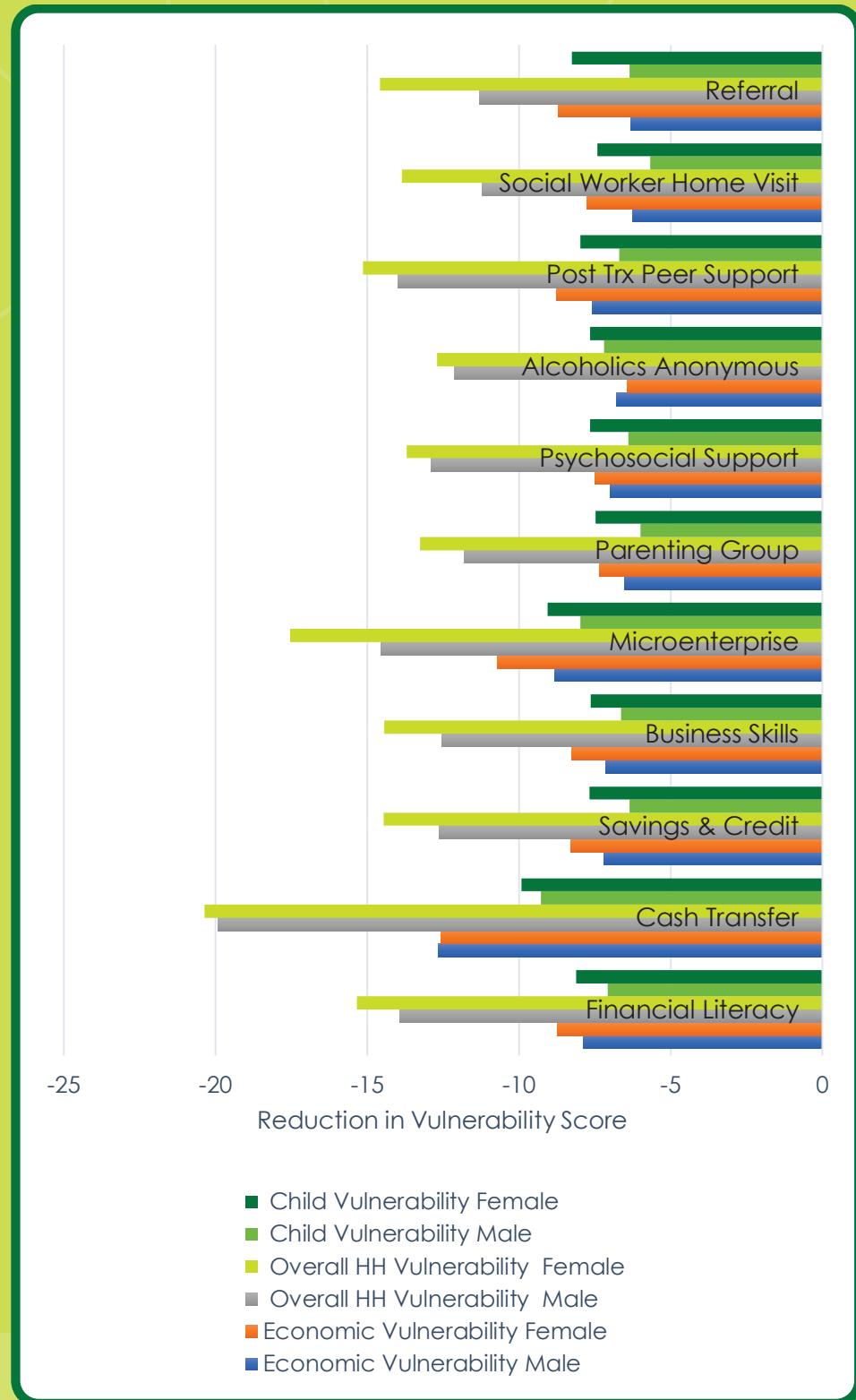
## 3

Economic interventions are particularly beneficial for female-headed households when seeking to reduce the vulnerability of families at risk of institutionalization.

For at risk families, each intervention was effective in reducing vulnerability scores for at risk children and families after three years, regardless of the sex of the household head. However, across all interventions and all assessment measures, female-headed households showed a larger reduction in vulnerability scores (on average 1 point reduction). The largest discrepancy between males and females in both economic (- 8.81 [m] vs. -10.70 [f]) and overall household vulnerability (-14.54 [m] vs. -17.55 [f]) was participation in micro-enterprise, where females reaped greater benefits. In regard to child vulnerability, the largest discrepancy between male- and female-headed households was in the receipt of a referral (-6.35 [m] vs. -8.25 [f]) yielding a greater reduction in vulnerability for female-headed households (Fig. 4).

This analysis helps to identify which DOVCU interventions were of particular benefit based on the sex of the household head. In Learning Brief 1, we found participation in cash transfers to provide the greatest benefit to at-risk families, in terms of reduction in household vulnerabilities. What Figure 4 illustrates is that cash transfers offer relatively equal benefit to households, regardless of whether the household head is male or female. Interestingly, other household economic strengthening (HES) interventions yielded greater benefit for female household heads, including financial literacy, savings and credit, business skills, and micro-enterprise. This may suggest the importance of long-term HES interventions for females needing sustainable economic solutions to meet the needs of their families. Figure 4 also illustrates the relatively minor difference in outcomes between males and females when examining the effect of most social interventions. Where differences are more pronounced are in referrals and home visits, demonstrating the potential importance of direct case management support, particularly for female household heads.

**Figure 4. Reduction in Assessed Vulnerability between Baseline & Endline by Participation in Program Intervention and Sex of Household Head (At Risk Families)**



## 4

**Social interventions (parenting groups and psychosocial support) are particularly beneficial for male-headed households when seeking to reduce the vulnerability of reintegrating families.**

For families in the process of reintegration, differences in outcomes between male- and female-headed households continued to exist. When examining differences in household economic vulnerability scores and taking into consideration statistical significance, we find that, on average, male-headed households show largest declines (compared to women) when participating in psychosocial support (-13.51 [m] v. -10.46 [f]). In regard to overall household vulnerability, the largest discrepancy between male- and female-headed households was also associated with participation in psychosocial support, where males demonstrated a reduction of -18.77 points as compared to a reduction of -14.51 points for females. When examining the overall child vulnerability scores, participation in parenting groups showed the greatest differential between male- and female-headed households (-3.60 [m] v. -6.84 [f]), with females demonstrating greater benefit (Figure 4). In the case of reintegrating families, there were several results that were not statistically significant due to their small sample size. Score reductions shown in the table below were bolded when the difference between male- and female-headed households was statistically significant.

In contrast with at-risk families where we see the largest gender differences in economic interventions with greater benefit for females, for reintegrating families the largest differences in household vulnerability are noted in social interventions, with male household heads benefiting more. In regard to child vulnerability, however, participation in parenting groups demonstrated the largest divergence between male and female benefits, with female-headed households showing larger reductions. Aligned with Learning Brief 2, these findings again suggest that social interventions are of particular importance to reintegrating families. Groups that offer social support and guidance can be of great assistance to families accepting one or more children back into their home after residing in an institutional facility, and this appears to be the case for DOVCU's reintegrating cohort for



# Limitations

households with both male and female heads. Of particular interest is the finding on psychosocial support for male-headed households. If males considered heads of household are also the ones participating in the intervention, this finding provides interesting insight into the benefit of male engagement in social support activities for vulnerable families in transition. At the same time, our findings on parenting groups also highlight the importance of social interventions for females, this time with children of female household heads yielding the greatest benefit. What can be concluded here is that the effect of social interventions on reintegrating families can be gendered depending upon the sex of the household head. For instance, male participation in certain social interventions, such as psychosocial support, benefitted the family in a more holistic way, while the participation of female household heads in a socially supportive intervention such as parenting groups, resulted in more direct benefits to children.

**Table 1. Reduction in Assessed Vulnerability between Baseline & Endline by Participation in Program Intervention and Sex of Household Head (Reintegrating Families)<sup>a</sup>**

Intervention	Reduction in HH Economic Vulnerability Score <sup>a</sup>		Reduction in Overall HH Vulnerability Score <sup>b</sup>		Reduction in Child Vulnerability Score <sup>c</sup>	
	Male	Female	Male	Female	Male	Female
Financial Literacy	-10.79	-9.77	-15.55	-13.08	-5.70	-5.58
Cash Transfer	<b>-11.42</b>	<b>-10.20</b>	<b>-16.13</b>	<b>-13.86</b>	-5.26	-5.45
Savings & Credit	-11.33	-9.92	-15.68	-13.27	-5.11	-5.55
Business Skills	-10.84	-9.56	-15.44	-12.59	-5.29	-5.72
Microenterprise	-12.06	-11.41	-17.16	-15.60	-6.20	-6.86
Parenting Group	<b>-10.56</b>	<b>-9.42</b>	-16.38	-13.58	<b>-3.60</b>	<b>-6.84</b>
Psychosocial Support	<b>-13.51</b>	<b>-10.46</b>	<b>-18.77</b>	<b>-14.51</b>	-6.11	-6.74
Alcoholics Anonymous	-10.43	-6.16	No stat. signif. change	-5.84	No stat. signif. change	No stat. signif. change
Post Trx Peer Support	-11.00	-13.08	-13.55	-17.54	No stat. signif. change	-5.69
Social Worker Home Visit	-10.79	-9.36	-15.99	-12.97	-7.16	-6.79
Referral	-7.55	-7.57	-9.84	-10.52	-6.68	-3.86

<sup>a</sup>HH Economic Vulnerability based on a 78-point scale (range 0-78)

<sup>b</sup>Overall Household Vulnerability based on a 122-point scale (range 0-122)

<sup>c</sup>Child Vulnerability based on a 72-point scale (range 0-72)

Using a gender lens, 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 and disaggregates findings between males and females.

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 also collected on a rolling basis, thus intervention duration varied between households. 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 program effects, while working within the constraints of the program design.



# Conclusions & Recommendations

## ENDNOTES

1. Government of Uganda. Ministry of Gender, Labour, and Social Development (MGLSD). (2012). *The State of Institutional Care in Uganda. Baseline Study.*
2. MoFPED. (2014). *Poverty status report 2014: Structural change and poverty reduction in Uganda.* Kampala. EPRC/MoFPED.
3. Interagency Task Force on Rural Women. (2012). *Rural women and the millennium development goals.*
4. Walakira, E.J., Dumba-Nyanzi I, Bukenya B. (2015). *Child Care Institutions in Selected Districts in Uganda and the Situation of Children in Care: A Baseline Survey Report for the Strong Beginnings Project.* Kampala: Terres des Hommes Netherlands.
5. Milligan, I. (2016). *Alternative child care and deinstitutionalisation: A case study of Uganda.* CELSIS.

The needs of households with children at risk of separation as well as households reintegrating one or more children from a CCI are gendered. Male and female caregivers and household heads benefited from the DOVCU project in different ways.

Analysis of sample data from the DOVCU project provides insight on these gender differences.

- Male and female children benefited equally in terms of overall risk reduction.
- For at-risk families, female-headed households received the largest benefit from the project, demonstrating the largest reduction in vulnerability across all three assessment measures.
- For reintegrating families, female-headed households (with male caregivers) appeared to receive the largest benefit, showing the largest reduction in vulnerability across two of the three assessment measures.
- While cash transfers offer the greatest benefit to at-risk families overall, micro-enterprise was particularly beneficial for at-risk female-headed households (as compared to male-headed households).
- Social support interventions were particularly beneficial to reintegrating households with male heads.
- In terms of child vulnerability, for both at-risk and reintegrating families, female-headed households demonstrated larger reductions than male-headed households

While these findings cannot be generalized to a larger population, they do offer a glimpse at how efforts at deinstitutionalization may affect households differently, based on the sex of the household head and predominant caregiver. Data should continue to be collected and disaggregated by sex to build a base of programmatic evidence on what works to reduce unnecessary separation and support family-based care. In addition, qualitative data would be beneficial to provide context and further insight on the findings of this quantitative analysis. Whether it be greater investment in economic support for at-risk female-headed households or improved social support to reintegrating families, continued data collection and analysis on such efforts will improve future program design and implementation.



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