

Evaluation of a Community-Based Response to the Needs of Orphaned and Vulnerable Children

Godfrey's Children Center – Idweli, Tanzania – East Africa

The Challenge

- Over 80% (12 million) of the world's children orphaned by HIV/AIDS live in sub-Saharan Africa. Approximately half of the OVC in Tanzania have been orphaned by HIV/AIDS.
- The poorest households in sub-Saharan Africa are currently suffering a 20% decline in income due to HIV/AIDS, yet these same households are assumed to be absorbing most of the growing population of orphaned and vulnerable children (OVC). By 2020 the number of OVC in the region is expected to double.
- The sheer numbers of OVC has overwhelmed the traditional response system of placing children with extended family members; at the same time, the alternative of placing children in orphanages, and removing them from their home communities has been broadly criticized both for the high costs and detrimental effects on OVC.
- In order to fill the gap between family and institutional placements, communities and NGOs throughout the region are responding by developing new community-based alternatives that care for children in their home communities.
- Community-based alternatives (e.g., programs that provide shelter, supplement nutrition, and support the continued schooling of OVC in their home community) promise greater cost effectiveness, flexibility and responsiveness to local needs.

However, little is currently known about processes for developing these alternatives or about their effectiveness. It is essential to conduct comparative, longitudinal evaluations of community-based alternatives, in order to identify best practices for improving the well-being of OVC.



The Idweli Experiment

- The Godfrey's Children Center is situated in Idweli, Tanzania — a rural village located 28 kilometers (17 miles) outside Mbeya. The Center is an example of a community-based alternative that provides residential care for 58 OVC in a village of approximately 2,500 people, where 40% of the children are orphans.
- The Center came about through a participatory process that included women and children, as well as the community's traditional male decision makers. A collaboration of one local Tanzanian NGO and two U.S.-based non-profit organizations supported the decision-making process. With financial and technical support from these three organizations, villagers constructed the children's center complex. Center operations are governed by a Board consisting of the village chairman and eight community members (including women and youth).
- The Center complex includes two dormitories accommodating 58 children and four adult caregivers; a kitchen, dining room, small medical office, and modest hall for community gatherings, preschool and after-school programs; space for recreation; and land for cultivating vegetables and other crops. The Center began operations in May 2005.

Evaluation Design

- **Key research questions.** Evaluation of the Center focused on four questions. Does living at the Center positively impact the psychosocial well-being of resident orphans? Does living at the Center positively impact the orphans' physical health? Is the support provided by the Center socially and economically sustainable? What culturally appropriate measures and methods are effective in scientifically evaluating the well-being of OVC in Tanzania?
- **Research Team.** With funding from the Rockefeller Foundation, a cross-cultural team of Tanzanian and American researchers participated as equal partners in designing and conducting the 18-month long evaluation. The team's combination of both interpersonal and technical skills assured greater cultural competency, a richer understanding of the data, a more robust interpretation of findings, and broader comprehension of the global implications this research may have on OVC care.

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Research Design

- The study utilized a combination of quantitative and qualitative instruments that provided for a more robust analysis of children's well-being than could be attained through either approach alone. A total of 209 children — Center orphans, village orphans and village children living with both parents — participated in the study. Additionally, interviews were conducted with parents and caregivers of the participating children, plus 70 key stakeholders from the village. The evaluation was designed in the fall of 2005 and data were collected from January 2006 through May 2006. Because children were already living at the Center before data collection could begin, comparison groups were used to compensate for not being able to use pre/post measures of change. Findings are based on short-term impacts (eight months residency at the Center). Statistical tests included analysis of variance, t-tests, Pearson correlations and Chi-squares.

Evaluation Findings

- **Depression.** Center orphans were significantly less depressed (on average, they reported half as many symptoms) than orphans living in the village with extended family members ($p < .05$). They also were significantly less depressed than children living with both parents ($p < .05$).
- **Emotional and behavioral functioning.** There were no significant differences among the groups of children with respect to their emotional and behavioral functioning ($p > .05$), even though previous research suggests that OVC would be expected to demonstrate more emotional and behavioral problems.
- **School performance.** School attendance of Center orphans was better than village orphans. Center orphans expressed greater optimism and hopefulness about being able to shape a positive future for themselves, specifically through knowledge and study.
- **Physical health.** The three groups of children did not differ significantly in weight and other measures of physical health, even though Center orphans were chosen from amongst the neediest children in the village.
- **Social integration.** Center orphans reported as many social supports as the other groups of village children, and expressed no sense of being stigmatized or isolated. Many Center children visit with family members on weekends, and village children attend pre- and after-school programs at the Center.
- **Costs.** Although the cost of maintaining a child at the Center appears to be somewhat greater than maintaining a child in a home environment, expenses are consistent with other community-based alternatives, and are significantly less than placements in traditional orphanages.

- **Sustainability.** Overall, the Center is becoming increasingly integrated into the social life of the village. It operates under a local governing board that includes women and youth. Ongoing external financial support will be essential to its long-term sustainability of the Center.

** Both the measure of depression and the measure of emotional and behavioral functioning demonstrated very good reliability using a statistical test, Chronbach's alpha. The Idweli evaluation demonstrates that scientifically valid and reliable tools developed in the United States, Europe and other western countries can be adapted to help assess the psychosocial well-being of OVC in Tanzania.*

Policy Implications

- Community involvement in decision making is an important factor in developing responsive solutions that a community is willing to own and sustain. Consequently, it is essential to provide financial and technical support for local decision-making processes that effectively respond to the needs of OVC.
- Community-based alternatives offer a promising response to the challenge of meeting the needs of a growing population of OVC in sub-Saharan Africa. Alternatives that allow children to stay within their home communities and in contact with family and friends can provide significant psychosocial and physical health benefits and be more cost-effective than traditional institutionalized placements. Development of these alternatives should be encouraged and supported within interested communities.
- As demonstrated in Idweli, the effectiveness of community-based alternatives can be objectively and reliably measured through a process of systematic evaluation. Ongoing, longitudinal evaluation, assessing psychosocial, physical and economic outcomes for a variety of alternative placements is essential to determining whether specific placement alternatives are positively affecting the well-being of OVC. Additionally, a cost-benefit analysis should be conducted to determine what level of expenditure is needed to support OVC in becoming physically and psychologically healthy, productive members of society.

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