

Monitoring and Evaluating Youth Programs in Sub-Saharan Africa

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MEASURE Evaluation/Futures

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Presentation Outline

- ❖ **Background**
- ❖ **Why examine M&E methods designed for Youth programs?**
- ❖ **Efforts**
 - ❖ **Globally –USAID, UNICEF, WFP, etc.**
 - ❖ **MEASURE Evaluation’s work**
 - ❖ **Targeted Evaluation /OVC programs**
 - ❖ **Child Status Index tool (CSI)**
- ❖ **Challenges**
- ❖ **Overcoming challenges**
- ❖ **Lessons learned**
- ❖ **Conclusions**

Background

- ❖ Number of orphans (0-18 Years Old)
 - ❖ Worldwide = 15 million
 - ❖ Sub-Saharan Africa = 12 million
- ❖ Young people living with HIV in SSA = 6.2 million (UNAIDS, 2004a)
- ❖ Add - Other vulnerable children due to - Food insecurity, war, poverty etc
- ❖ Response – OVC programs developed - (partnerships)
- ❖ After 5-Years Results – NO clear picture on the lives of Youth that can guide the development of relevant programs.

Why M&E for Youth programs?

Previous assessment of OVC programs show that.....

- ❖ Most programs focus on younger children partly because their needs and expected outcomes are understood – justifiable
- ❖ Most programs use indicators that are not reflective of youth experiences i.e. marital status, childbearing, work, etc
- ❖ M&E approaches for youth and OVC programs in general are not consistent among partners (*definition issues, funding, etc*)
- ❖ Minimal assessment of youth interventions even qualitatively
- ❖ Minimal use of outcome indicators to monitor progress of the wellbeing of youth.

Efforts to understand and improve M&E for Youth programs

- ❖ Develop tools that capture the multidimensional nature of the problem e.g. CSI
- ❖ Gather information regarding most effective practices as a basis for improving programs in the future e.g. TE/OVC

Child Status Index - an M&E tool

- ❖ The Child Status Index (CSI)
 - ❖ Developed - participatory process – (children, youth, researchers, village leaders, caregivers, and other community members).
 - ❖ Guiding principle “Knowing How the Children are faring” by;
 - ❖ visiting them and making observations,
 - ❖ asking those who know and care for them
 - ❖ asking them about how they feel
- ❖ A tool to routinely assess children including youth wellbeing



Characteristics of the Child Status Index

Developed in 2006/07 and publication due September 30, 2008

- ❖ Child focused
- ❖ Simple, reliable & intuitive
- ❖ Its domains are measurable, changeable by program interventions
- ❖ Broad domains to reflect overall child wellbeing NOT one-dimensional
- ❖ Captures all the key dimensions of child wellbeing
- ❖ Reflect both positive and negative outcomes/benefits of children receiving services
- ❖ Constructs that can be measured or adapted across ages and cultures

Why Use the Child Status Index?

- ❖ Help field staff/caregivers monitor problems and benefits of their efforts in serving children.
- ❖ Help decision-makers plan, implement and modify child services based on aggregate information about child wellbeing over time.
- ❖ Support advocacy for resources and improvements in service quality.
- ❖ Raise awareness among frontline staff (such as community health workers and caregivers) on the multiple dimensions of child wellbeing, to help them understand and address these areas routinely in their work.
- ❖ Compare performances within and across programs, countries and cultures.

Can the CSI be useful for Youth programs?

Absolutely....to;

- ❖ Collect individual youth wellbeing information to assist in improving services and support.
- ❖ Assess programs collectively to understand their potential to improve youth wellbeing



Lessons learned from CSI development Experience

- ❖ Useful measures can come from the beneficiaries
- ❖ Local communities conduct M&E activities everyday of their lives
- ❖ Involving stakeholders promotes ownership and enthusiasm to use the tool and information
- ❖ The meaning of collecting or providing data completely changes from being seen as an obligation to a necessary process

Four OVC Evaluation Studies

To find out “what works” and “what does not work”

- *Mama Mkubwa & Kids Club*, **The Salvation Army, TZ**
- *Tumaini Project*, **CARE/Allamano, TZ**
- *Kilifi OVC Project*, **Catholic Relief Services, KE**
- COPHIA project , **Pathfinder & Integrated AIDS Program, KE**

Interviewed children aged 8-14 years and their caregivers

Key Research Questions

- Do children exposed to interventions fare better on measures of wellbeing than children not exposed?
- Do children exposed to more intensive levels of interventions fare better on measures of wellbeing than children exposed to less frequent interventions?
- Do caregivers who are exposed to household or caregiver levels of interventions fare better on measures of wellbeing than caregivers not exposed to such interventions?
- Do children and caregivers exposed to or living in intervention community, report higher levels of community support than those not exposed?
- Cost effectiveness of each model?

Challenges

- ❖ Different programming approaches (i.e. Life skill training not the same across partners)
- ❖ Difficult to develop multi-dimensional tools to capture all key dimensions of OVC wellbeing.
- ❖ The focus has been on data collection rather than information and knowledge generation
- ❖ Lack of validated survey tools (PSS) – led to pre-testing and numerous revisions of survey instruments
- ❖ Unreliable records - sampling frames (age, existence, etc)
- ❖ OVC target population is problematic - a moving target
- ❖ Unexpected language barriers (bias)
- ❖ Urgency for results (quick turn-around) but behavior change or program effects are long-term
- ❖ Limited funding (determined how much we could do, study design, etc).
- ❖ All these affected the study design selection – settle for less – a limitation

Overcoming Challenges

- ❖ Involved stakeholders throughout the process to get practical guidance to the challenges and together design solutions which lead to;
 - ❖ Changes in the data collection approaches combining;
 - ❖ Qualitative (case studies) – first to understand each program approaches and components
 - ❖ Quantitative – pre-testing each and every questionnaire with each program
 - ❖ Study design – post-test – because of time factor, funds, other challenges.
- ❖ Across programs and countries questionnaires were the same to allow for comparisons BUT the Intervention Modules were specifically tailored to each program based on the case study findings
- ❖ Flexibility – allowed for translations of the instruments in the middle of the survey,

Lessons Learned

- Investing in case studies – very valuable
- Involve children and guardians
- Researchers must be flexibility in response to the situations in the field
- Involving and properly train a local based research organization with a motivated staff to collect data
- Sensitize the interviewers and emphasize on research ethics especially confidentiality issues
- Consultations with donor and other stakeholders helps manage expectations

Conclusions

- Need to develop tools that are reflective of youth life experiences especially older youth 14+ (adapt CSI)
- Older youth program evaluations are few and concerted efforts must be made to set aside enough resources for evaluations – if we have to conduct good business by documenting and understanding what is happening in their.
- International, national, community, and youth collaboration is needed (from start to finish) if these studies have to be meaningful at all.

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