

EVIDENCE REVIEW OF CHILD AND YOUTH PARTICIPATION IN PROGRAMMING FOR CHILDREN AFFECTED BY HIV/AIDS

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Research Goals



- *To build evidence-based knowledge of how to effectively involve children and youth in community responses for children affected by HIV/AIDS.*
- *To better inform policies and practices of external organizations.*

Research Questions



- What domains of impact exist in the literature?
- What are the key gaps in evidence in child and youth participation?
- What methodologies exist to monitor and measure the effects of their participation over time?

Objectives of Review



To identify:

- Existing frameworks for defining and evaluating child and youth participation.
- Gaps in evidence-base.



Framework for Measuring Child/Youth Participation

Developed by WHO Interagency Consultations
2002-03

Components of framework:



- 1) Assess organizational capacity and commitment, i.e., policies, strategies, and guidelines.

- 2) Process monitoring at all program stages/activities:
 - ▣ *extent/coverage (number, proportion, characteristics)*
 - ▣ *quality (representativeness, skills assessment)*
 - ▣ *documentation (main activities, roles/responsibilities, ad-hoc vs. institutionalized process, time span)*

Components of framework (2)



3) Domains and measures of effects on:

- ▣ *Organizational structure and process*
- ▣ *Community/environment*
- ▣ *Individual adolescents*
- ▣ *Program effectiveness*

Review methodology



- Searched literature since WHO Interagency Consultations (2002-03), i.e., 11/2003-7/2007.
- Inclusion criteria:
 - children/youth focused
 - HIV/AIDS
 - in developing countries
 - evaluated
 - positive results
- 125 documents (published and gray literature)

Defined Terminology



- Child and Youth

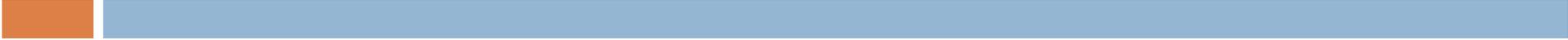
- Participation

6 projects identified



- ▣ 4 Sub Saharan Africa
- ▣ 1 South Asia
- ▣ 1 Central Eastern Europe/Commonwealth of Independent States and the Baltic Region

Applied framework to analyze studies



- Program area
- Country, timeframes
- Study design
- Principal investigators
- Areas for youth involvement
- Domains of effects
- Evaluation results

Program areas of studies



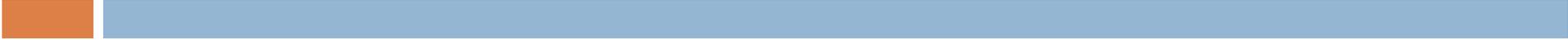
- 2 OVC programs – 1 home-based care, 1 economic strengthening
- 3 adolescent reproductive health/HIV
- 1 youth participation in multiple programs across a region

Evaluation trends



- All focused on youth, 3 on ages 14-24, and 2 included younger youth; None focused on children below 9.
- All 6 projects examined the effects on “program effectiveness”; 2 effects on community/environment”, 2 the effects on “individual youth/adolescents”; 1 effects on “organizational process”.

Evaluation trends (2)



- Studies were conducted between over 2 to 5 years.
- 2 of the studies were quasi-experimental in design.
- 2 of the studies used comparison and control sites; intervention sites provided expanded services.
- Only 1 of these studies rigorously studied the impacts of youth participation in the care of children and PLHAs

Evaluation trends (3)



- Most conducted by teams of researchers from well-reputed institutions leading; evaluations were resource-intensive.
- Youth were capable of contributing to projects in a variety of roles, including evaluation, with appropriate capacity building, guidance, support from adults, and space “at the table”.

Evaluation trends (4)



- Most studies required significant dedicated research teams, managed complex partnerships in each country in addition to designing, implementing, and documenting the results.
- Serious, useful evaluations require dedicated resources, especially since such few studies have been conducted for programming for children affected by HIV/AIDS.

Recommendations for future monitoring and evaluation:

1. Research dedicated to studying very young child participation needed, i.e., below 9 years.
2. More research on youth participation for children affected by HIV/AIDS.
3. Studies of c/y participation in various program areas (psychosocial support, economic strengthening, education, health, etc.) needed.

Recommendations for future monitoring and evaluation (2):

5. “Girls’ participation” area to research c/y participation.
6. “Male involvement”, another area to study c/y participation.
7. Case study documentation formats that could be used by different organizations in future research to expedite building new evidence.
8. Costing of evaluation studies should be shared to design and plan future evaluations.

Recommendations for future monitoring and evaluation (3):

9. Continued focus on studying c/y participation in developing countries.
10. Use framework developed by WHO 2002-03 Consultations.
11. Clear documentation of ages of c/y participating, in addition to quality and extent of participation.
12. Research with control designs needed to better understand c/y participation.

Conclusions



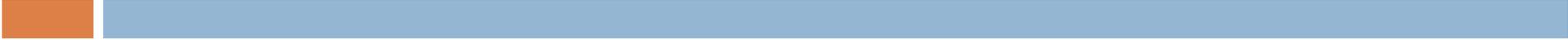
- The six evaluations are a positive contribution to the field of c/y participation.
- More systematic study of c/y participation required to build sufficient evidence to develop “best practices”.

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