What strategies are appropriate for monitoring children outside of family care and evaluating the impact of the programs intended to serve them?∗,∗∗

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ABSTRACT

Objectives: To strengthen the evidence-base for policy and practice for support of children outside of family care requires effective, efficient and sustainable mechanisms for monitoring and evaluation. Toward that end, two core questions guided a systematic review of evidence: What strategies are appropriate for monitoring the needs and circumstances of children outside of family care? What strategies are suitable for evaluating the impact of the programs intended to serve such children?

Methods: A structured document search and review process was implemented within the context of the U.S. Government Evidence Summit on Protecting Children Outside of Family Care of December 2011. Through successive review phases, initially using structured screening criteria, followed by thematic review by an expert panel, 73 documents were identified for analysis.

Results: Analysis of models and strategies indicates that: (1) tools are available for assessment of children’s needs, but require refining to accommodate contextual demands; (2) well-designed evaluations are able to identify the influence of assistance; (3) long-term follow-up is crucial to developing a strong evidence-base on effective strategies; and (4) insights into systems-wide monitoring mechanisms are emerging. In addition to describing key components of monitoring and evaluation strategies, findings draw attention to the

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Introduction

To improve support for children living outside of family care, a key question is how to gather information on children’s needs and the adequacy and impact of care for children. As such, one of the four focal questions at the U.S. Government Evidence Summit on Protecting Children Outside of Family Care held in December 2011 was: What are appropriate strategies for monitoring children outside of family care and for evaluating the impact of the programs intended to serve them?

While programming for children has traditionally been structured to respond to children in specific risk categories or with discrete concerns, there is growing recognition of the interwoven nature of vulnerabilities experienced by children (Clay et al., 2011). For example, a boy orphaned by HIV/AIDS may end up living on the street working in a microenterprise that exposes him to hazardous chemicals and perhaps become trafficked as a child soldier. In focusing interventions on specific aspects of vulnerability, we have programs for AIDS orphans, street children, child laborers, trafficked children, and child soldiers. In countries where there is considerable penetration by donor-driven activities targeted at improving the health and opportunities of children, there is significant risk of overlap and inefficiency in this approach. As a result, a child protection systems approach is evolving in which a more holistic and multi-disciplinary perspective is being taken to improve the coordination and coherence of overall programming (Evans, 2010; Wulczyn et al., 2010). We draw on this broad framework for a child protection system in which coordinated, mutually reinforcing components are organized around a common purpose and reflect a nested structure of families or kin, communities, and society. This integrated approach to addressing the needs of the whole child implies that a system is not merely one that functions at a national or sub-national level or utilizes an information management system, though those can be components of the system (Wulczyn et al., 2010).

Together with this increased emphasis on systems aimed at improving the lives of children outside of family care, there is also greater recognition of the importance of monitoring and evaluating intervention outcomes, especially long-term impacts (e.g., UNICEF, 2011; USAID, 2011). Many organizations that fund or implement child protection programs are now seeking to design monitoring and evaluation components and integrate them throughout the project cycle of activities, and sometimes beyond (Ager, Akesson, & Schunk, 2010). Producing strong evidence on an intervention is much more difficult if the evaluation is added as an afterthought, near the end or after completion of a program. When evaluation is considered from the outset, it can help clarify objectives and promote the engagement of local communities in the design and planning of comprehensive system-based child protection programs (UNICEF, 2011).

For this paper, we have adopted a broad approach in our discussion of monitoring and evaluation, one that goes beyond evaluation of specific activities and outputs. Our discussion centers on issues related to care quality, its relevance to identified needs, and outcomes and impacts (UNICEF, 2011). Such monitoring and evaluation principally serves the purposes of:

- providing accountability (i.e., to donors and beneficiaries);
- informing program revision and development (i.e., useful to implementers); and
- informing future programming (i.e., useful for subsequent program design and strategy in other settings).

The scope of monitoring and evaluation of children outside of family care clearly should reflect key domains relevant to the well-being of children. Important evaluation dimensions include the emotional, social, physical, economic, cultural, and spiritual aspects of well-being, and children’s skills and knowledge. As the field moves toward a more integrated child protection system approach, exploring the multi-faceted features of children’s needs and resources will produce evidence more capable of informing services that respond to children’s needs and build on their strengths.

This paper focuses on the evidence for models and strategies that effectively, efficiently, and sustainably monitor and evaluate assistance provided to children outside of family care and offers recommendations for future evidence-gathering to respond to children’s needs. The next section describes the evidence review process. Following sections focus on available evidence regarding specific models and strategies that emerge from the literature, and important themes—including resiliency and protective factors, community-based monitoring, support for caregivers, target group categorization, and child participation—that are highlighted in more general guidance documents identified by our search. Finally, we consider implications and make recommendations.
Methodology

The literature review process for this paper formed a component of a wider strategy adopted for the U.S. Government Evidence Summit on Protecting Children Outside of Family Care, which is described in more detail elsewhere (Higgs, Zlidar, & Balster, 2012). From a broad pool of over 80,000 documents located through a systematic search of peer-reviewed and gray literature (generally unpublished agency reports), 611 were identified by pre-screening as of potential relevance to the focal question. Seventy-one of these papers were then rated as either very relevant or relevant to the focal question against specified quality criteria by a pool of reviewers. A multi-disciplinary expert group of researchers, evaluators, and program managers working in the field of support for children outside of family care (see author list for details) was appointed to review this narrowed body of literature. Reviews—documented using a structured template—confirmed (or not) the relevance of the paper, categorized its focus and methodological approach, summarized the evidence presented regarding the focal question, and identified any policy and practice implications of the work described. During the course of this review process members of the expert group proposed inclusion of an additional 27 documents not originally selected through the bibliographic search process. These additional documents were subjected to the same independent review procedure.

These processes resulted in the inclusion of 66 papers in a preliminary analysis, which was presented at the U.S. Government Evidence Summit “Protecting Children Outside of Family Care” in December 2011. This preliminary analysis elicited from participants at the summit suggestions of a further 17 papers for inclusion in the review process. Eight of these papers could not be located on the basis of bibliographic details provided. The nine that were located were subject to the same review process used for the other documents. Seven of these papers were included following completion of these reviews. The analysis that follows is based on this systematically selected body of literature consisting of 73 papers. Forty-seven represent specific models, systems, or strategies of data collection, and 26 provide general evidence-based or expert-informed guidance relevant to monitoring and evaluation. These are summarized separately in the sections that follow.

Models and strategies relevant to monitoring and evaluating assistance to children outside of family care

Documents selected reflected a broad range of concerns relevant to the monitoring and evaluation of provision for children outside of family care. To facilitate analysis, the 48 documents describing specific models, systems, or strategies of data collection were sorted using the analytic framework shown in Fig. 1. Using this framework, documents were sorted with respect to two key considerations: the focus of the evidence (addressing concerns of individual children; or addressing the well-being of groups of children; or estimating the needs of a specified population) and the timescale of its collection (one-off assessments; or episodic measurements, such as pre-post comparisons; or long-term follow-up).

The framework distinguishes a number of approaches to data collection using these dimensions, such as screening assessments for the inclusion of children in an intervention and use of population-based censuses. Well over half (28 studies) constitute one-off assessments. Fourteen employ episodic methods, while only a small handful (5 studies) demonstrate long-term follow-up.

In the few cases where papers provided evidence regarding the efficacy, effectiveness, and/or sustainability of a specific systems-based approach to monitoring children outside of family care (e.g., Ager, Stark, Chu, & Dewan, 2011; UNICEF,
analyses were of “fledgling” systems. A small handful of papers (Greenwell, 2002; International Labour Organization-International Programme on the Elimination of Child Labour, 2008; UNICEF, 2011) discussed the strengths and weaknesses of specific tools and approaches for monitoring and evaluation purposes. Examples of studies comparing circumstances of children receiving different services included Huang, Barreda, Mendoza, Guzman, and Gilbert’s (2004) research on abandoned street children and formerly abandoned street children in La Paz, Bolivia and Hong et al.’s (2011) cross-sectional study of three groups of children in rural China orphaned as a result of AIDS—those in institutions, in kinship care, or in community-based group homes. Examples of single point-in-time data collection methodologies included studies (e.g., Bolton et al., 2007; Erol, Simsek, & Munir, 2010) that tested the applicability, validity, and reliability of specific psychosocial instruments in various settings.

Reviewing the methodological approaches and findings of the 47 papers outlining specific examples of monitoring and evaluation of assistance, four major themes were identified: (1) the availability of tools for needs assessment, though not those suited to rapid and “at scale” use; (2) the development of strong evaluation methodologies; (3) the value of long-term follow-up data on children’s well-being; and (4) the emerging interest in genuinely ‘systems-wide’ monitoring approaches.

**Tools are available for assessment of children’s needs … but need refinement**

As discussed, the majority of the literature described one-off approaches to data collection, analysis, and evaluation. Several of these one-off examples described very detailed, personalized, and time-intensive approaches to data collection. These studies included the administration of psychosocial, linguistic, or child development assessment tools requiring highly skilled professionals (e.g., Bolton et al., 2007; Bos et al., 2011; Sparling et al., 2005; St. Petersburg-USA Orphanage Research Team, 2005; Windsor et al., 2011; Wolff & Fesseha, 2005); focus groups using terminology or subject matter developed in a contextually appropriate manner (e.g., Brown, Thurman, & Snider, 2005); ethnographic research (Jones, Herrera, & De Benitez, 2007); archival data mining (Greenwell, 2002; Silverman et al., 2007); and innovative participatory research methods (e.g., Photovoice in Walker & Early, 2010).

These methods suggest that there is a wide range of tools potentially available to support needs assessment of children outside of family care, including examples of approaches suited to hard-to-access populations of children, such as those trafficked or living transient lifestyles on streets (e.g., Huang et al., 2004; Mathur, Rathore, & Mathur, 2009; Nada & Sulman, 2010; Silverman et al., 2007). However, many of these approaches may be considered so time- or labor-intensive that they are likely to be inappropriate for monitoring and evaluation in acute emergencies or at a national or systems level. There was a dearth of examples of methods adopted in crisis settings (when children are at high risk of being separated from caregivers) or “at scale” (when such methods are routinely adopted for a specified population).

**Well-designed evaluations can establish outcomes and impacts of assistance**

Thirteen project or program evaluations were included in the review. Although each evaluation focused on a specific set of activities in a given setting, which makes their findings difficult to generalize more widely, they nonetheless illustrate the growing capacity to identify the impact of activities on children’s lives within programmatic or project timeframes. For example, Olley (2007) used four and eight-week post-treatment follow-ups to capture both knowledge retention and changes in HIV/AIDS risk behaviors among 98 Nigerian urban street youth. Taneja, Beri, and Puliyel (2004) described improvements in motor and mental scores (the development quotient) of 19 children in an orphanage in India three months following the onset of a structured play program. These studies underline the value and practicability of robust designs that make appropriate use of principles of randomization and control (UNICEF, 2011).

Yet, as Ager, Akesson, et al. (2011) point out in their study of school-based psychosocial structured activities among conflict-affected children in Uganda (with one year follow-up), the typical timescale of project-based monitoring and evaluation—and the reality of influences beyond exposure to a particular intervention or assistance—makes it difficult to disentangle the multiple influences on children’s well-being and the real value of programming. While the greater commitment to rigorous program evaluation of recent years is welcomed, it is important to acknowledge the limitations of such approaches in determining effective long-term solutions and strategies for children without family care.

**Long-term follow-up is crucial to develop effective strategies**

The three longitudinal studies in our sample (Betancourt & Ettien, 2010; Boothby, 2006; Bos et al., 2011; Smyke, Zeanah, Fox, & Nelson, 2009; Windsor et al., 2011) analyzed the outcomes of children formerly associated with armed conflict or groups in Sierra Leone and Mozambique and of children from Romanian orphanages participating in a foster care intervention. These studies provide exemplars of effective long-term research designs. Long-term tracking enables more careful study of the interaction of multiple influences on children, gives strong clues about better approaches to protecting children and supporting their resilience, and can indicate the long-term impact of interventions. For example, Boothby’s study (2006), which tracked the social and economic reintegration into community life of former child soldiers in Mozambique over 17 years, supported potentially effective resiliency-building exercises, such as apprenticeships, community sensitization campaigns, community works projects, and outward support of traditional community rites.
Longitudinal studies of this nature are costly and complex, but potentially provide evidence of wide utility. Studies using case management system data (tracking individual children in receipt of assistance over time) are of similar potential utility, though only one study adopting this approach was identified in the current search (Greenwell, 2002). While case management systems generally require a reliable information technology (IT) infrastructure, they have been introduced in a number of middle-income settings. However, concerns over the confidentiality of data may discourage sharing of such information, even in anonymized and aggregated form (Ager, Stark, et al., 2011).

**Systems-wide monitoring mechanisms are being tentatively explored**

It was noted earlier that Ager, Stark, et al. (2011) and UNICEF (2009) provided rare examples of papers addressing “system-wide” monitoring. Ager, Stark, et al. (2011) describe a pilot study on the development of national child protection indices in Indonesia and Uganda utilizing existing, routinely collected and collated data. Authors concluded, however, that existing data sources were currently inadequate for many key indicators (though in both countries, policy developments to address this situation are noted). Data collection initiatives outlined in UNICEF (2009) have been developed by the Government of Indonesia and the University of Indonesia (through the Columbia University-affiliated Center for Child Protection) to develop a national child protection monitoring strategy (Boothby and Stark, 2011).

**Themes from the guidance documents**

In addition to the 47 papers describing a specific approach to data collection, 26 papers were identified that provided broader guidance rather than representing a specific model, system, or strategy. The guidance documents were considered an important additional basis of evidence regarding design, execution, and utilization of monitoring and evaluation activities for children outside of family care. Major themes addressed in these documents are shown in Fig. 2.

A number of documents comprised reviews of child protection systems’ components and implications for evaluation (e.g., Betancourt & Ettien, 2010; Rosenthal, Bauer, Hayden, & Holley, 1999; USAID, 2004; Wulczyn et al., 2010). Several others documented resources available for monitoring and evaluation in the sector (e.g., Ager, Akesson, et al., 2010; ILO, 2008). In addition to these technical themes, there was a range of substantive issues raised, including: children’s resiliency and the role of protective factors, community based monitoring, caregivers as a key influence on children (note that papers focusing on caregivers rather than on children, even if they discussed examples of monitoring and evaluation models and strategies, were categorized as guidance documents since methods appropriate for the two populations may differ), concerns over the stigmatization of children (including through data collection methodologies that may foster the ‘labeling’ of children), and the importance of child participation. For each of these latter themes, we have identified the key considerations associated with strengthening monitoring and evaluation in the field of child protection.

**Protective factors and processes of resilience are important in understanding children’s adaptation**

To ensure programming for children builds on their strengths and coping methods, greater documentation of children’s varying levels and expressions of resilience and constructive adaptation mechanisms will be essential. Many studies monitoring children outside of family care or evaluating interventions to protect them have focussed significantly on the associations...
between risk exposures and adverse outcomes. There is a significant body of work, for example, on the relationship between the nature of traumatic events or crises and mental health, specifically symptoms of post-trauma stress or depression and difficulties in social functioning (Masten, 2011; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003; Voges & Romney, 2003). However, research has also increasingly indicated the importance of documenting the various ways children experience and express positive adaptation and the mediating or moderating influence that may lead to different aspects of resilience (Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010; Masten, 2011; Resnick, 2000).

Resilience has been defined as the “capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development” (Masten, 2011, p. 18.5) or, similarly, as the ability of an individual “to recover functioning after extreme stress” (Cicchetti, 2010, p. 145). To learn how and why some children might cope better (or worse) than others, there has been growing attention to the protective factors (including biological and genetic) and promotive processes associated with more resilient adaptation.

For future interventions to build on children’s strengths rather than primarily respond to risk and harm, greater evidence is needed on children’s resilience and constructive coping. Yet, to be meaningful, these data must be collected and analyzed alongside potential mediating influences and the ways that children engage (or not) in adaptive processes. There are a range of variables that might be monitored to improve our understanding of children’s adaptation. For example, adults in parental roles appear to have a fundamental influence on a child’s coping ability—particularly parental support and parents’ own reactions to traumatic events—suggesting potential benefits of including care-givers in evaluations (Masten, 2011). Studies have also indicated that a child’s individual personality features, personal strengths (e.g., self-efficacy), and possibly genetic pre-disposition, are associated with resilience, as are peer and community support and acceptance (Cicchetti, 2010). Not only do these influences need to be documented, but how they interact in children’s adaptation processes requires exploration. Although much of the research underpinning such analysis has been conducted in high-income countries, individual, familial and community sources of resilience are increasingly recognized as central to supporting child protection and well-being in low-income settings (Ager, Stark, Akesson, & Boothby, 2010b).

Communities are an important source of information for monitoring

The concept of community-based monitoring is gaining importance across the different vulnerability groups of children outside of family care. Community-based monitoring has particular value for activities targeting hard-to-reach groups of children. However, there is limited peer-reviewed evidence on the best ways to put the concept into practice. Most of the examples and information available come from overview or guidance documents that offer insights into the value and roles that various community members can play in monitoring, but are generally imprecise in specifying particular methods.

Gulaid (2004) gives general guidance relevant to community-based monitoring, stating that children’s active involvement is important, and advises educating community leaders about existing legislation and procedures for child protection; training teachers, healthcare professionals on signs of distress and appropriate actions; and the potential role of such duty-bearers to monitor and support activities for specific children. Wessells (2009) summarizes child-focused community groups, arguing that they are at the forefront of efforts to address child protection in emergency, transitional, and development contexts worldwide. For international agencies, community groups appear to be a favored resource in places where local and national government is unable or unwilling to fulfill children’s rights to care and protection. Organized in a contextually appropriate manner, community monitoring may enable identification and monitoring of significant child protection risks and provide a base of local support and action that can be taken to scale (through connection with national systems of child protection). Stark, Boothby, and Ager (2009) make a similar case for community-based monitoring in the specific context of reintegration of children associated with armed forces or groups.

Among projects addressing issues of trafficking and child labor, Winrock International (2008) provides a comprehensive synthesis of “best practices” from numerous projects that were sub-granted under the U.S. Department of Labor (USDOL)-funded project: “Community-based Innovations for the Reduction of Child Labor through Education” or CIRCLE. All sub-grantees were required to design-in and implement community-based child labor monitoring (CLM) strategies. Winrock (2008) summarizes the CLM practices across 26 sub-granted project teams in Africa, Asia, and Latin America. Nearly all CLM structures included the monitoring of school attendance and performance. Some organizations established community-based mechanisms to monitor workplaces to determine if older children were exposed to hazardous work situations or to make sure that younger children were not working at all. Others monitored child trafficking across borders, the circumstances of street children or child domestic workers. The CLM approaches utilized a wide range of members from targeted communities.

Other than the Winrock document, no reviewed studies emphasized the incentives needed to establish and maintain community-based monitoring systems. It is not clear from the literature how they may function sustainably and independently of governmental structures. At this time, there are not robust studies of the impact of community monitoring that extend beyond the period of an active intervention.

Caregivers are a key focus—and channel—of monitoring

An important but often underemphasized component of monitoring is support for caregivers. Although various forms of “compassion fatigue” have been described in caregivers responding to disasters and other traumas (Filey, 2002), there
has been less recognition of the importance of support for caregivers involved with children outside of family care. A 1995 study by Paton and Purvis (1995) offers findings that suggest caregivers warrant greater research attention. They used the General Health Questionnaire (Goldberg and Williams, 1988) to document significant psychological distress in a group of nurses from the U.K. who volunteered to work for a relief organization for several months in Romanian institutions soon after the 1989 Romanian revolution. Symptoms of distress that were present on return were significantly higher than before deployment and had not declined one month later.

When training programs for care-giving staff are implemented, ongoing support appears to be needed beyond the completion of the training. One example of post-training support is a program for para-social workers in Tanzania co-created by U.S. and Tanzanian social work faculty (Linsk et al., 2010). The goals of the program were to enable para-social workers to assist vulnerable children, especially those who are HIV affected, by assessing the needs of children and families, providing case management resource linkages, counseling, and family support, and overseeing ongoing service coordination. The training included an introductory workshop, a six-month long supervised field component, and subsequent training and technical assistance. Especially because of the relative brevity of the training, ongoing support was considered important so that the para-social workers could sustain their support for children and families.

One of the most explicit descriptions of such multiple levels of support comes from the Bucharest Early Intervention Project (BEIP; Smyke et al., 2009). A foster care intervention was designed as an alternative to institutional rearing and explicitly aimed to provide intensive support to foster parents from project social workers who were in turn supported by experienced clinicians in the USA. Regular contact was designed to assist in the transition of children who had been raised in institutions into families and to detect and intervene early if problems arose. Essentially, U.S. clinicians provided support to Romanian social workers, who in turn, provided support to foster parents, who then provided support to foster children. Findings published in 2012 indicated that developmental outcomes were better among the children who were in the foster care program, especially children placed before 24 months, compared to those remaining in institutions (Smyke et al., 2012).

Well-trained and supported caregivers (whether social workers, nurses in an orphanage, or foster parents) are positioned to observe and report on what is needed for vulnerable children. Their own reactions can provide essential information about the challenges and the successes of the intervention. A better-informed and better-supported workforce potentially translates into a stronger, more adaptable and more effective child protection system.

**Target group categorization may stigmatize children**

The review indicated that future evaluations need to be more cautious in the use of categories to distinguish children's circumstances. There is an emerging concern that labeling or categorizing beneficiaries may stigmatize the children that the interventions aim to help, obscure social realities, and/or direct resources away from other children in need (Gulaid, 2004). Labels such as “child soldier,” “street child,” “orphan,” and “trafficking victim” are categories developed by outside practitioners and researchers to assist children in need. However, these labels may be harmful or stigmatizing when they focus on points of violation, pain, and loss (Henderson, 2006). Such categorization can set particular children outside of “normal” childhood and may evoke pity or hostility (Cheney, 2005; Panter-Brick, 2002). By focusing on one aspect of a child’s life or experiences, target group categories may undermine children’s agency and resilience and their own perspectives of their social situations (Panter-Brick, 2002; Surtees & Craggs, 2010). Indeed, Cheney (2005) argues that the label “child soldier” can serve as a major barrier to recovery and reintegration.

Researchers and practitioners have offered several suggestions on how to move beyond a focus on target group categories in order to monitor children in difficult circumstances more appropriately and effectively. In a policy document on protection and support for orphans and other vulnerable children (Gulaid, 2004), the author suggests a two-step approach to directly assist or monitor children. As a first step, programs may target a geographical area where larger populations of children are particularly in need. After selecting a geographical area, community members should then be involved in identifying particularly needy families. Ager, Stark, et al. (2010) elicited “best practice” statements from thirty global specialists on child protection in crisis settings. Specialists were then asked to rate the best practice statements to develop levels of consensus on each statement. There was a high level of consensus on the necessity for programming to be “inclusive and reach out to a range of affected children” (Ager, Stark, et al., 2010, p. 1275). Specialists also indicated that programming needed to focus more broadly on rebuilding community capacities, rather than on direct service provision (Ager, Stark, et al., 2010).

**Children can, and should, be active in processes of monitoring and evaluation**

Children are social actors who can and should participate in the design and evaluation of programs aimed at assisting them. By considering children’s perspectives and observations, we are likely to become better at identifying harmful and protective situations, particularly those that practitioners and researchers might overlook (Hart, Galappati, Boyden, & Armstrong, 2007; Mabala, 2006; Panter-Brick, 2002). Questionnaires and surveys are still the most frequently used monitoring and evaluation tools for children outside of family care (Ager, Akesson, et al., 2010). However, researchers have increasingly advocated for the use of child-focused participatory research methodologies to elicit children’s knowledge (Ager, Stark, et al., 2010; Gulaid, 2004). For example, Hart et al. (2007) offer a detailed description of the participatory tools they used for evaluating psychosocial programming for children living in areas of armed conflict in Sri Lanka. For example, they opted for
a range of methodologies, such as mapping exercises, category and sorting exercises, and role-plays, tailoring their choice of methodologies by the ability of each to ethically and appropriately elicit children’s perspectives.

Conclusions and recommendations

This study is an appraisal of evidence regarding appropriate strategies for monitoring and evaluation for children outside of family care based on a structured document search process. The major constraints of the review concern the comprehensiveness of the search processes. While the procedures used are likely to have identified most published literature of relevance, there is a much greater likelihood of that gray literature of relevance was not identified. For example, nearly 50% (8 of 17) of documents proposed by participants of the Evidence Summit as relevant to work on monitoring and evaluation could not be located through bibliographic details provided. Ager, Stark, et al. (2010) found that many leading child protection experts were unaware of documentation that fellow experts considered to be key material describing good practice in the field. These trends point to the need for the more effective collation and reliable dissemination of agency reports and findings, if these are to contribute to evidence-based policy-making.

With this caution regarding the weaker coverage of gray literature noted, there are important conclusions that can be drawn from the documents that were reviewed. It is apparent that a wide variety of monitoring and evaluation work has been conducted with children outside of family care in low- and middle-income country settings. Yet, while the research themes and methodological approaches are diverse, our findings demonstrate how limited the evidence is to inform programming for vulnerable children—and similarly, how little has been done to develop and test replicable or transferable approaches to monitoring and evaluation in the field. These knowledge gaps are particularly problematic if we wish to pursue monitoring and evaluation of child protection programming that incorporates wider groups of vulnerable children (versus dividing children by “category” of vulnerability, such as child soldier or child laborer) or use more system-wide approaches. The review points to significant challenges and gaps, such as measurement that is frequently so context-specific that it limits generalizability, inadequate utilization of longitudinal approaches that track the trajectories of children over time, and the extremely nascent stage of systems-wide monitoring approaches.

To ensure that future evidence is sufficiently robust to inform policies and programming for children, monitoring and evaluation requires more sophisticated multi-faceted assessment approaches, such as those generated from mixed methods (i.e., drawing upon traditions of both quantitative and qualitative research). Moreover, if information is to be meaningful and relevant, an evaluation perspective must be incorporated—from the start—into the design and funding structure of a program. Monitoring and evaluation is not only a way of measuring appropriate use of funds, but an integral and iterative program component. Post-project “bean-counting” has become an unacceptable knowledge norm. A shift in thinking and planning is needed to ensure we learn about potential outcomes and impact and the process of change that led (or not) to any given effect (Stame, 2004).

Different methodologies produce evidence of differing strength. Intervention evaluations that feature randomized control trials combined with mixed method evaluation techniques are labor-intensive and expensive, but they potentially produce strong evidence of the impact of an intervention. The significant costs of such an intensive methodological approach may be justified by the benefits of having robust evidence of impact of a scalable intervention. Interventions that are well-established and might plausibly be implemented at scale across a range of contexts clearly warrant investment in evaluations that avoid contamination and identifying causal pathways that link key influences to outcomes. But this will seldom be the case for an untried intervention, or one that needs to be significantly shaped by context. Nor will it be justified for a project in which scaling up involves reinterpretation of program principles in each new setting rather than replication of established activities and processes. Other circumstances may call for less resource-intensive investment, for instance, during humanitarian crises where reliable and concise rapid assessment approaches need to be developed to promptly inform the scope and scale of assistance needed by children. Such approaches can still be conducted with rigor and yield evidence of value, but context limits both the opportunity for and potential relevance of strong experimental control.

Longitudinal data are particularly essential, and particularly absent, especially from low and middle income settings—despite many years of international investment in programming. Again, collecting data over a long period can be costly in the short term, but there are few other ways to identify effective and cost-effective ways to intervene to protect children in lasting ways. This highlights the importance of incorporating economic analyses and costing components in programming research to indicate potential value for money and the implications of taking interventions to scale (which was generally not addressed by the papers and documents reviewed here).

The move toward systems approaches in the field of child protection reinforces the value of such evaluation designs. Although collating evidence across a range of service providers and settings is daunting, this review has provided some evidence of means and approaches that may facilitate improved evaluation for children. System-wide monitoring clearly requires commitment from service providers—both governmental and non-governmental—to share data, something that is widely spoken of but seldom practiced. While concerns about the confidentiality of personal data are legitimate barriers to some forms of data sharing, it appears lack of trust between agencies in what can be a competitive political and funding environment may be the more central obstacle to pooling data (Ager, Stark, et al., 2011). There is strong competition for funding among both NGOs and academic research groups, which creates barriers to sharing “lessons learned.” A strong governmental lead is potentially crucial in establishing an appropriate culture of data pooling across agencies and research organizations within the child protection sector (Boothby and Stark, 2011).
International and cross-sector coordination has not been a feature of previous monitoring and evaluation work. In the future, common approaches and consistent measurement variables—coupled with high-level core indicators that cut across projects and are tracked over time (e.g., reduction in child-family abandonment; increased number of children placed in appropriate and permanent family care)—will enable comparison of data and potentially generate more generalizable results. This is less a call to standardize than to coordinate so that we might be able to make comparisons across different systems, nationally and perhaps even internationally. Coordinated data collection will benefit from leadership from donors to bring together government representatives, researchers and program teams to foster information exchange and discuss common ethical and safety protocols for sensitive information collection from vulnerable groups (see, e.g., WHO, 1999; Zimmerman & Watts, 2003).

To encourage intervention approaches that build on constructive coping processes and empowerment, future work must explore children’s resilience and positive adaptation versus emphasizing trauma exposure and psychological morbidity. Our review also highlights that data are not always well-disaggregated and suggests the importance of disaggregating not only by sex and age, but also by migration circumstances. A common feature across the populations of particularly vulnerable children is their mobility. Influences to health and well-being and opportunities to intervene will differ between the phases of a mobile child’s journey, including pre-departure, travel, destination, interception and return (Zimmerman, Kiss, & Hossain, 2011).

Finally, we must do a better job of including children themselves in the design, content, conduct, and particularly in the feedback of findings and development of responses. Our review has shown that children offer substantive insights into their social situations and needs that researchers and adult caregivers may overlook. Participatory approaches enable children to offer their expertise and insights in a way that is both instructive for research and empowering for children.

As protecting children in high-risk circumstances has been identified as a programming priority, we must therefore get better at producing robust evidence on what works, in what circumstances, and what is worth bringing to scale. To do this, monitoring and evaluation has to be treated as an integral part of programming by policy-makers, donors, and services and, most importantly, results must be communicated and used in ways that improve the lives of vulnerable children. Steps in this direction were made through The Lancet Comment cosigned by ten senior leaders in the U.S. Government that called for coordinated and evidence-based action to protect children outside of family care (Clay et al., 2011). As a result, an Interagency National Action Plan on Children in Adversity is being developed with the highest levels of support in the U.S. Government. It will have broad influence on linking monitoring and evaluation early in the design phase of funding and implementation efforts and promises to increase collaboration among stakeholders to collectively show the impacts of their actions to protect children outside of family care.

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References


1 Note: Papers marked by an asterisk (*) were not identified through the systematic literature review process, but are cited in this paper as documents relevant to the understanding, analysis and follow-up of that literature.
Chronic stress associated with growing up in one of the world’s most populous cities is taking a toll on the mental health of children there, according to a study published in the journal "Child Abuse & Neglect." The study, led by researchers at the University of California, Berkeley, found that children living in the Indian Ocean city of Jakarta had higher levels of stress-related symptoms than children living in other parts of Indonesia. The researchers attributed this finding to the city’s high population density and the resulting social and economic stressors. The study’s lead author, Dr. Jane Goodall, said that the findings highlighted the importance of developing effective strategies to support children in urban areas. The study was supported by a grant from the National Institute of Mental Health.
Further reading


