

Improving OVC Health And Social Outcomes Through Community Caregivers In Côte d'Ivoire

ParaSocial Workers Improving the lives Vulnerable Children

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Summary

- Location: Côte d'Ivoire
- Study Conducted : July 2013-December 2013 using data from the 2010-2013 implantation period & a review of 724 OVC
- Funded: Save the Children USA, USAID, a key implementing agency of the President's Emergency Plan for AIDS Relief (PEPFAR) and the Wellspring Foundation

Background

- Côte d'Ivoire has one of the highest adult HIV prevalence rate in West Africa, estimated at 3.7%.
- HIV-related orphans and vulnerable children (OVC) are estimated to number 410,000
 - 61,000 are children living with HIV.
- Community caregivers (CC) are at the forefront of efforts to provide care and support to children left vulnerable by the epidemic.

Community caregivers (CC)

- CC are usually members of the community in which they ‘work’
 - Offering care and support through home visits.
 - Assess families’ needs and refer them to appropriate services.
 - Provide emotional, psychosocial, and practical support.
- Training
 - Have received coordinated training in care/case management.
- Current Status in Côte d’Ivoire
 - They are considered an invisible workforce - a largely unrecognized, unregulated work force.
 - Not remunerated or officially recognized by the state.
 - Collect data that is used by both national & international policy makers.

Objective of the Study

- To investigate the CC impacted on access to health care and social services for the vulnerable children and families in Côte d'Ivoire by
 - Evaluating a range of activities carried out by CC and their impact on clinical and social outcomes.
- To understand the support or barriers that CC must overcome to provide quality care to support to these vulnerable children & family.

Design

- Used mixed-methods approach to evaluate the impact
 - Used 2010-13 Program Data used to identify regions and CC to include in the study.
- A quasi-experimental design was used to compare an intervention group of 512 households who received CC support to a control group of 212 households not in the CC program
 - Selected from 5 of 8 regions in Cote d'Ivoire:
 - Lagune (Abidjan), Indenié-Djuablin (Abengourou), Guémon (Duékoué), Tonkpi (Danané) and Kabadougou (Odienné).
 - Selected 174 CC who worked with 13 NGOs.
- Control group included vulnerable children who lived in the same program area as the intervention group children.

Data

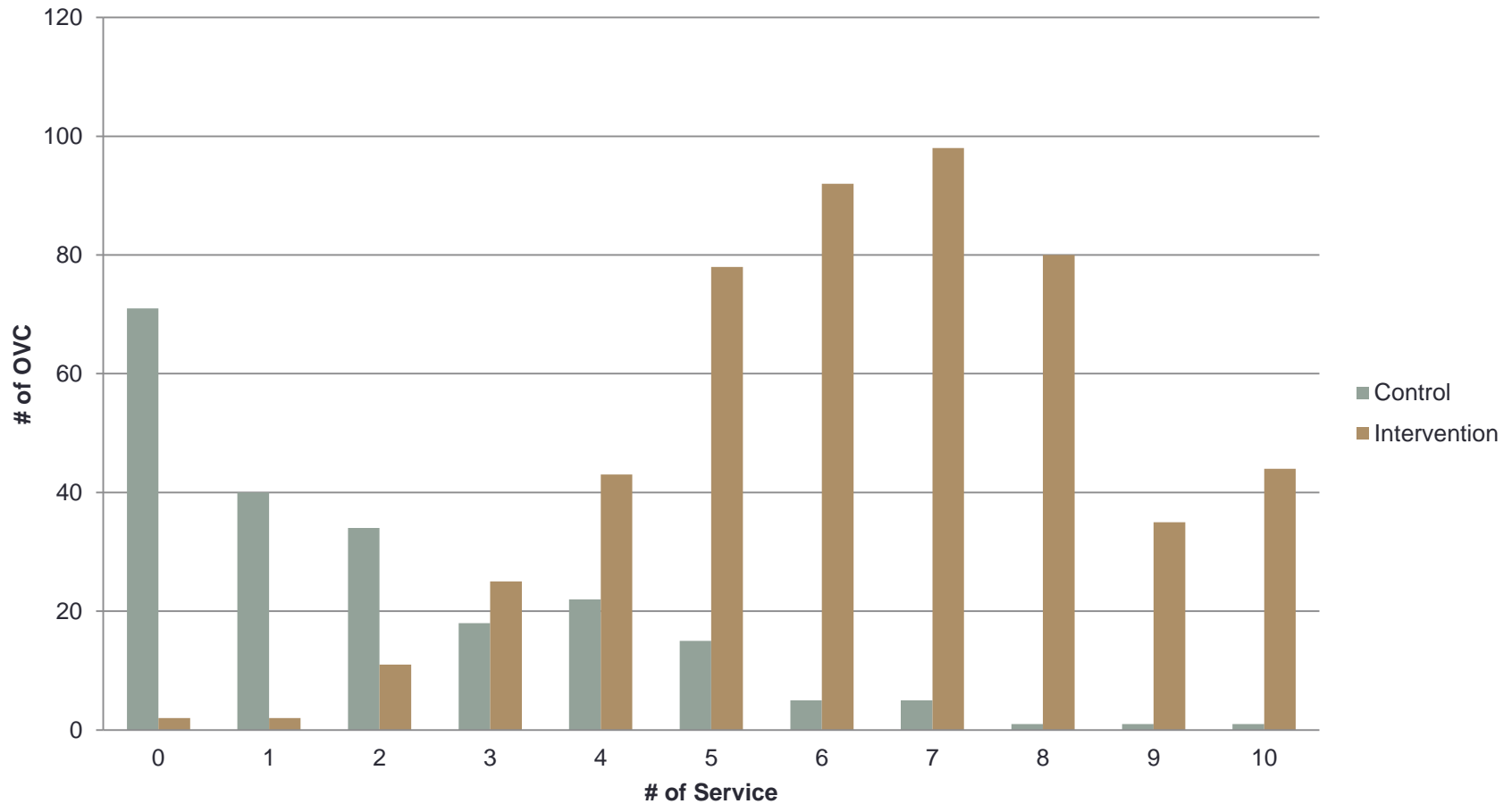
	Intervention	Control
	N = 512	N = 212
Mean Age (years)	10.8 (<i>SD</i> =4.3)	10.3 (<i>SD</i> =4.2)
Range	0.6 to 19 years	1 to 24 years
Average Time with CC	2 years	-
Gender		
Male	227 (45%)	106 (50.5%)
Female	283 (55%)	104 (49.5%)

Results

- On average, those with CC
 - Almost all received some support or/and access to services compared to 70% in the control group.
 - received 2 years of support.
 - 86% of the households indicated a high level of satisfaction.
 - OVC receiving or accessing any of the 10 available.
 - CC support OVC had over 68% receiving 5 to 8 services.
 - Control had 35% receiving 1 to 2 services.
- Significant at $p < 0.001$
 - 27 times in accessing Nutrition and food.
 - 48 times in getting Psychosocial support.
 - 21 times in getting Household eco. Strengthening.
 - 3.2 times in having tested for HIV.
 - 9.3 times to Adherence to HIV treatment (for those HIV+ & on ARV).

Results: Number of services provided to OVC

Service Provided to OVC



Limitations of the study

- Control group
 - A challenge recruiting OVC in some regions due to the transient nature of OVC in some urban areas - Abidjan and Kabadougou.
- NGO
 - Not all non-Save the Children supported NGOs were willing to participate. Some did not allow access to the OVC they supported and serviced.
- OVC
 - Due to the age of the children, a number of the respondents were the children caregivers and guardian.

Discussion

- Impact
 - CC made a significant difference in the children's lives and on their well-being.
 - Received better access to care than those who did not have a CC
 - Better records & medical information.
- Barrier and Challenges
 - Significant barriers existed for the CC that included.
 - Lack remuneration to meet own needs and family (part time workers).
 - Poor administration and support for some NGO – e.g. transport to location, selection and training, education, monitoring.
- Privacy and Stigma
 - Visits from the CC could indicate HIV status and a family in need of help. Many some thought it was an issue of privacy.
 - Fears deeply embedded in the cultural stigma associated with HIV.

Recommendations

- Advocate for the official recognition of CC
 - as para social workers (health professional).
 - Formalize the CC status.
 - Outline their role and responsibilities.
- Improve remuneration for CCs in Côte d'Ivoire.
- Improve the NGOs infrastructure to support CC and OVC.
 - Some NGO lacked adequate resources (human and material) to support the CC to be effective and performing their work.
- Standardize training, the evaluation tools and methods for all CCs to allow reliable comparison.
- Recruit CCs with a common set of performance criteria across NGOs (education background, behaviors, ability to provide counseling, language).

Conclusions

- CC-supported households have better clinical and social outcomes.
- CC supported OVC access the program services a higher rate than those not being supported by a CC/HW.
- Programs should consider using CCs to support adherence to treatment, improve psychosocial wellbeing of caregivers and children and increase overall access to needed services.