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

ParaSocial Workers Improving the lives Vulnerable Children

Andrew M. Muriuki, PhD
September 24th 2014
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

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

- Control
- Intervention

<table>
<thead>
<tr>
<th># of Service</th>
<th>Number of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>9</td>
</tr>
</tbody>
</table>

Number of services 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.