

The impact of Community Caregivers on OVC in Côte d'Ivoire

Making the Case for Expansion and Uptake of ParaSocial Workers for Vulnerable Children



Summary

- Location: Côte d'Ivoire
- Study Conducted: July 2013-December 2013
using data from 2010-2013 implementation
period

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 are usually members of the community in which they 'work' who offer care and support through home visits.
 - They assess the families' needs, refer them to appropriate services, and provide emotional, psychosocial, and practical support



Background Cont'd

- The CC receive training in coordinated care/case management using the PEPFAR services as a guide, gender, child protection
- The CC are considered invisible workforce - a largely unrecognized, unregulated work force.
- They are not remunerated or officially recognized by the state

Objective of the Study

- To investigate the CC impact on access to health care and social services for the vulnerable children and families 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 needs or barriers that CC must overcome to provide quality care to vulnerable children and their families.
- To identify a way forward for this workforce after project ends (government uptake)

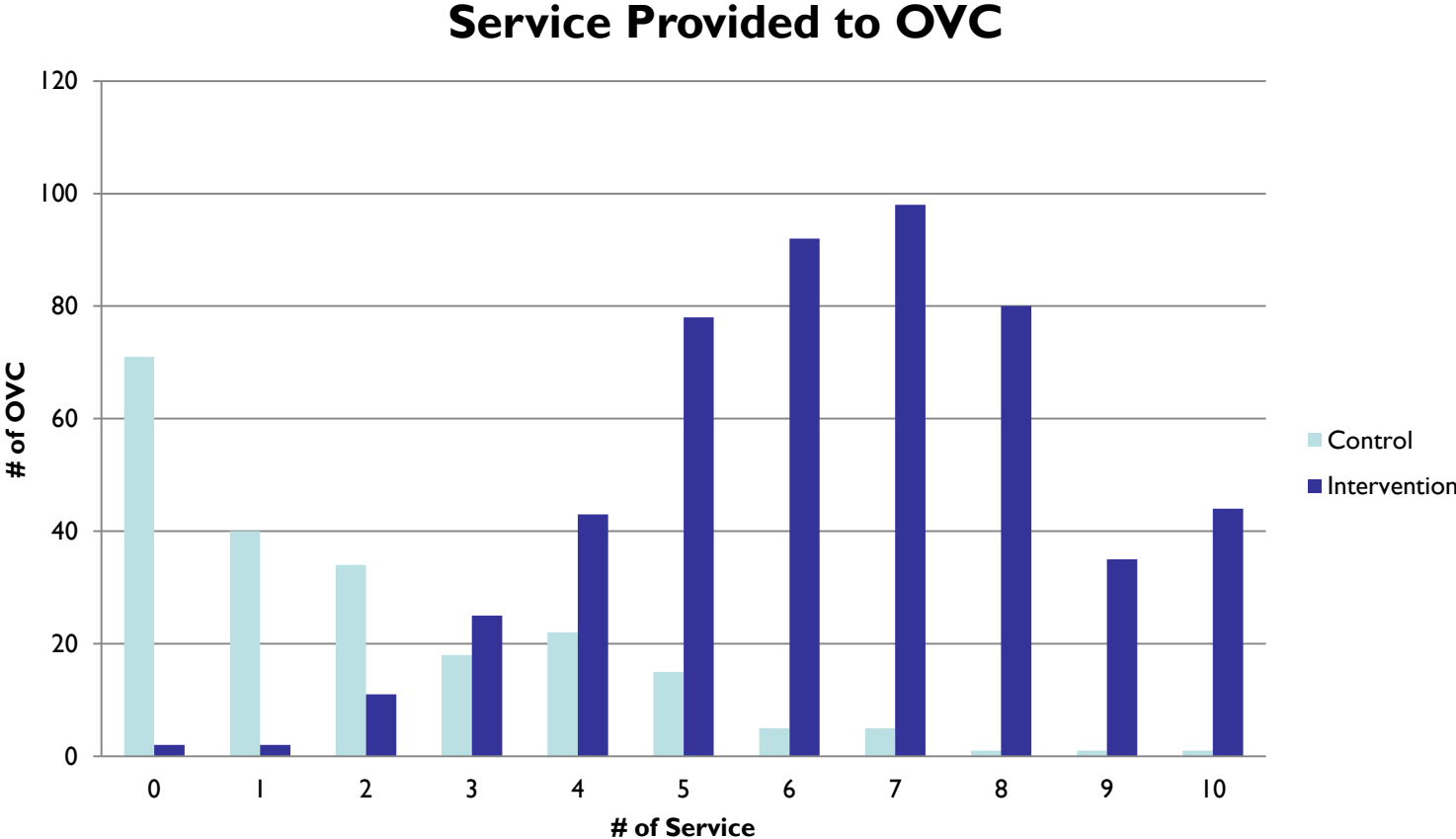
Design

- **Mixed-methods approach to evaluate the impact**
 - A quasi-experimental design 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 74 CC who worked with 13 NGOs
 - Control group included vulnerable children who lived in the same program area as the intervention group children

Results

- **On average, those with CC**
 - had received 2 years of support.
 - 86% of the households indicated a high level of satisfaction
 - Over 68% had received 5 to 8 services out of the 10 available.
 - Higher levels of uptake for HIV testing
- **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

Results: Number of services provided to OVC



Barriers and Challenges for Community Caregivers

- **Significant barriers exist for the CC including**
 - Lack of remuneration to meet their own needs and those of their families;
 - The limited funds and their informal status render CCs vulnerable;
 - there is no insurance to protect them at the workplace as they are viewed as volunteers
 - There is no formalized linkages with the social centers for supervision and support
 - No plan for further uptake post program

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 beyond travel allowance
- 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.