

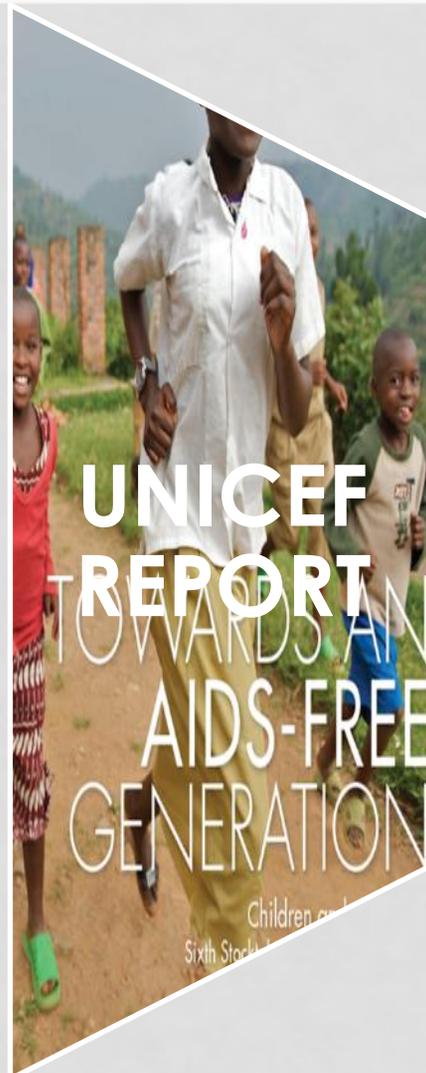
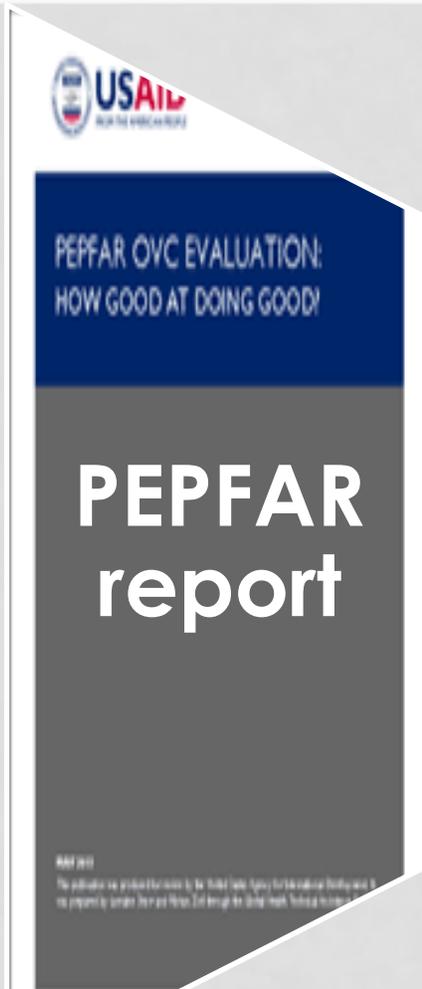
**COMMUNITY BASED  
ORGANISATION CARE  
FOR CHILDREN -  
*THE COMMUNITY CARE  
STUDY***

**TEAM:**

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STELLENBOSCH PROF M TOMLINSON, S SKEEN,  
DATA COLLECTORS, Z JACOBS

OTHER: PROF L CLUVER, A YAKUBOVICH YC

# HIGH INVESTMENT AND PROLIFERATION OF CBOS POOR EVIDENCE BASE



# COMMUNITY-BASED ORGANISATIONS

**Communities are central for children affected by HIV/AIDS**

**Infrastructure limitations**

**CBO access to marginalised and isolated children and families**

**Home visits, rapid response, cultural relevance, local know how**

**More sustainable than traditional externally-driven interventions**

**BUT.....**



# CHILD COMMUNITY CARE STUDY



- **11 funding partners**

- World Vision,
- Comic Relief,
- Save the Children,
- Firelight Foundation,
- Help Age,
- UNICEF,
- REPSSI,
- Bernard van Leer,
- TOP AIDS Now,
- IDS Alliance,
- Diana Memorial Fund

- All CBOs n=588
- 28 randomly selected 24 SA, 4 Malawi – (6 in Zambia funded by UNICEF now)
- 989 children affected by HIV
- (4-13y; 50.9% girls) and their carers

# OVERALL AIMS

**Gather psychosocial information on children and families affected by HIV attending CBOs**

**Evaluate the impact of CBO provision to improve child and family outcomes**

**Examine change over time**



Bhekuzulu Self Sufficient Project,  
Durban

# DATA COLLECTION

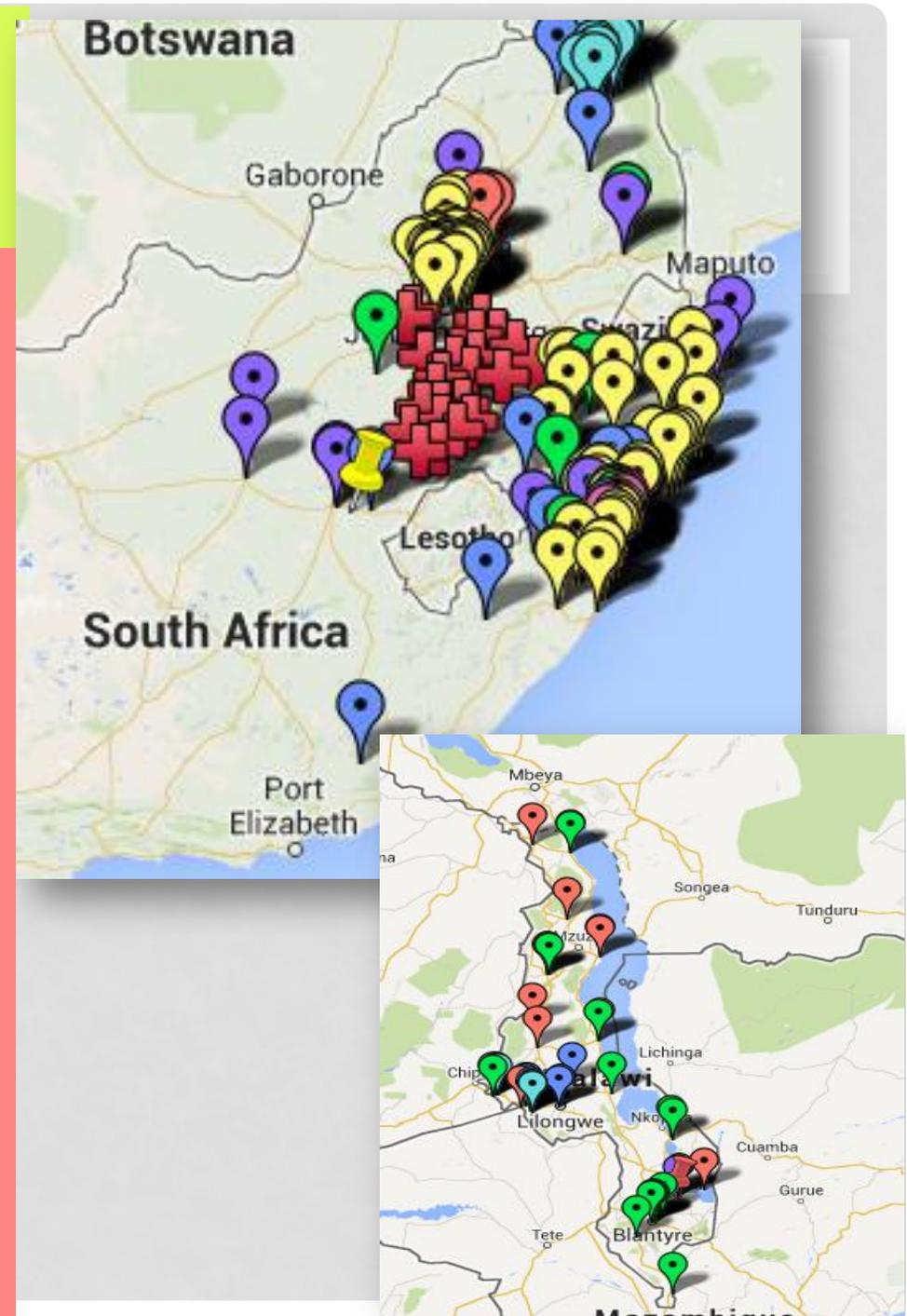
## 2012 BASELINE

0.7% refusals.

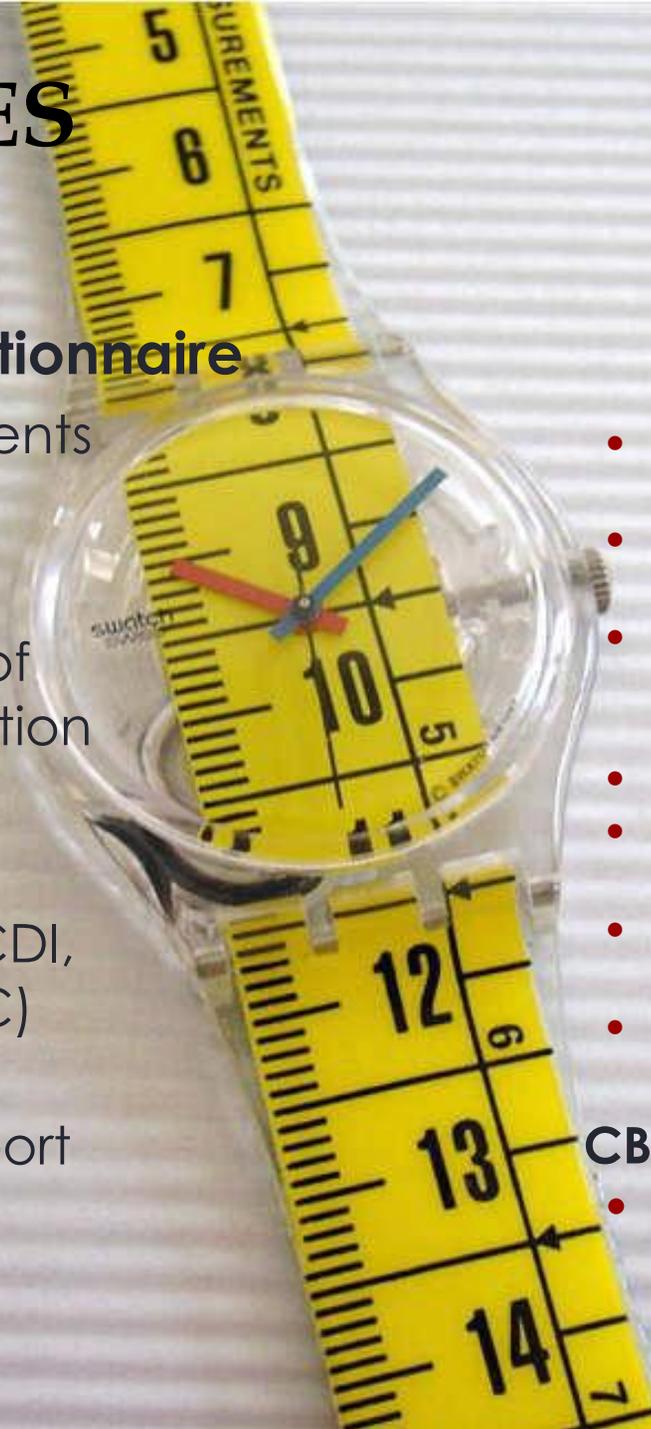
## 2013-14 FOLLOW-UP

86.3% response rate

***Children retained and lost to follow-up were similar (gender, age, HIV status). Some differences: children lost to follow-up more likely to be from SA, living in informal dwellers, not attending school, more depressive symptoms, report more stigma.***



# MEASURES



## Child questionnaire

- Living arrangements
- HIV status
- Violence
- WHO measures of growth and nutrition
- Cognitive development
- Mental health (CDI, Rosenberg, TSCC)
- Stigma and community support

## Carer questionnaire

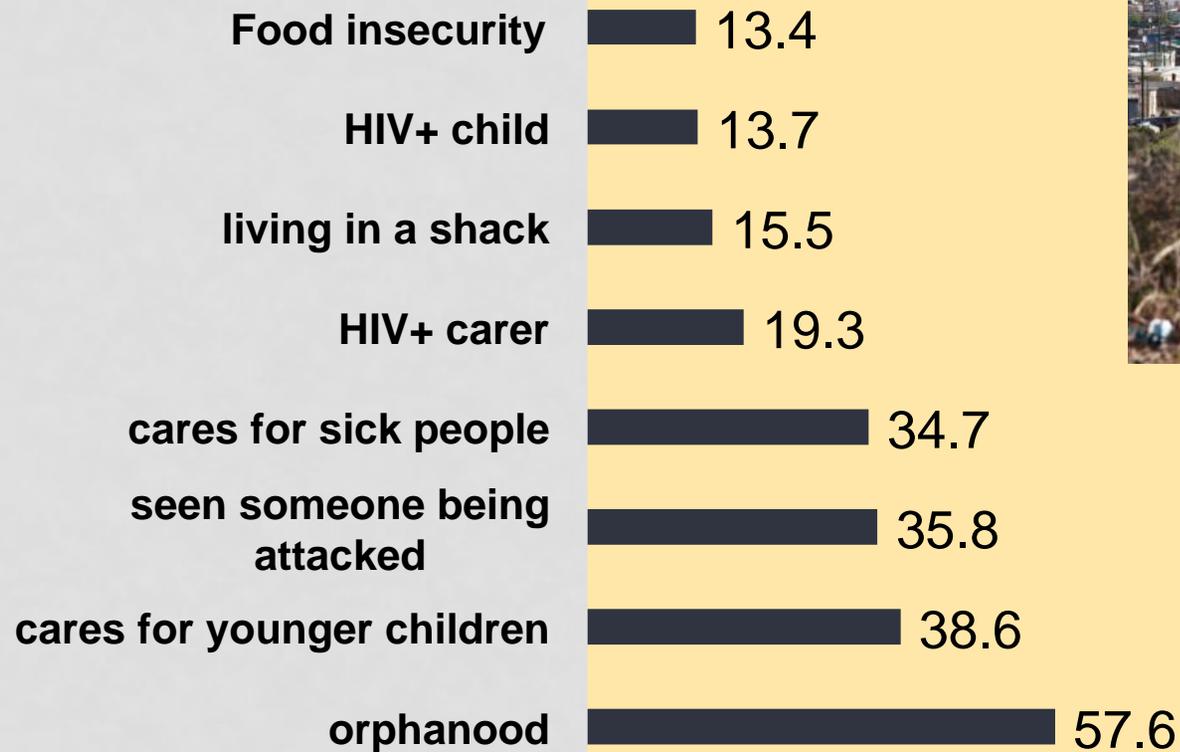
- Demographics and psychosocial situation
- HIV and illness in home and stigma
- Child disability and functioning (TQ, SDQ, PedsQL)
- Child education
- Parental practices and violence
- Carer mental health (SSQ, PHQ, help seeking)
- Engagement with CBO

## CBO Questionnaire

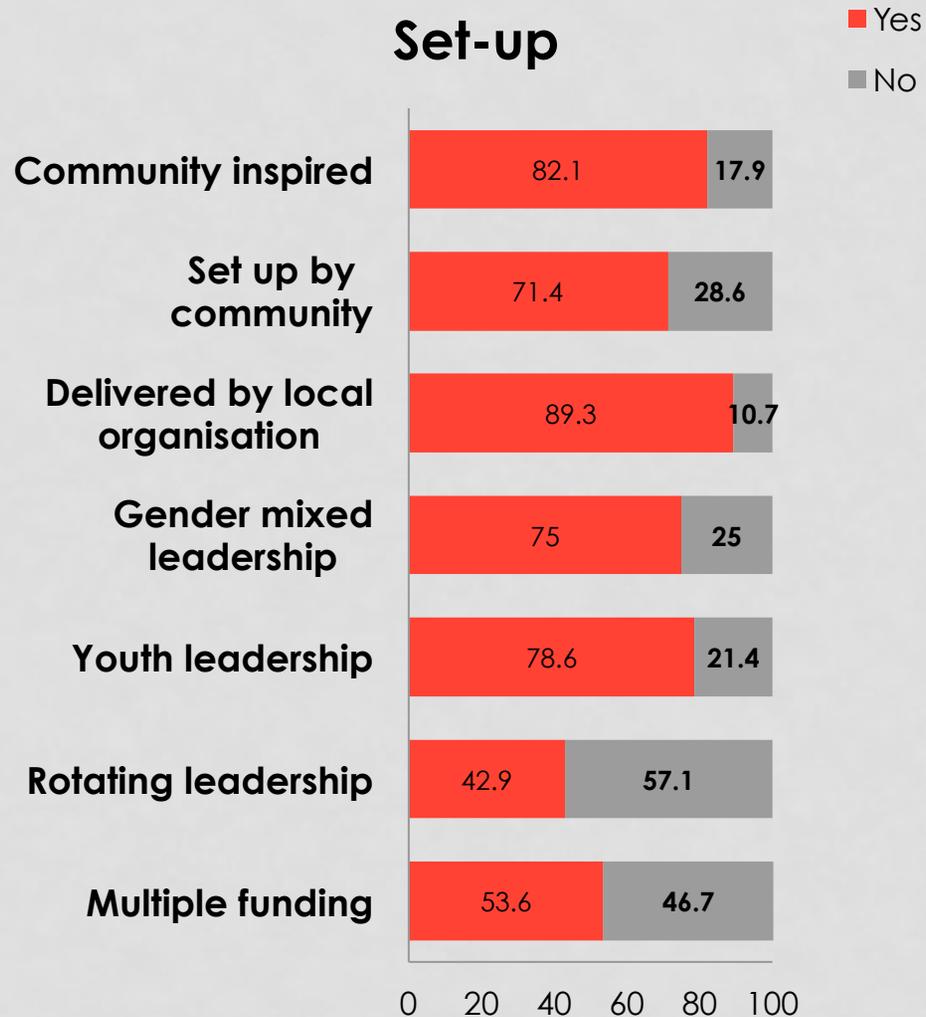
- Staff, structure and services

# HIGH LEVELS OF DEPRIVATION

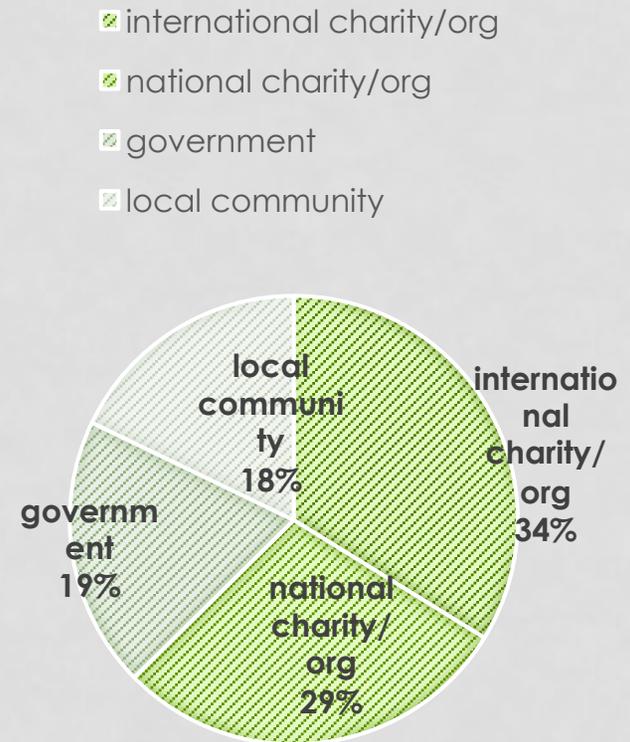
**Sample:** N=989, M age= 8.9 years,  
503 girls (51.4%), 834 SA (84.3%), 155  
Malawi (15.7%)



# CBOS: SET-UP

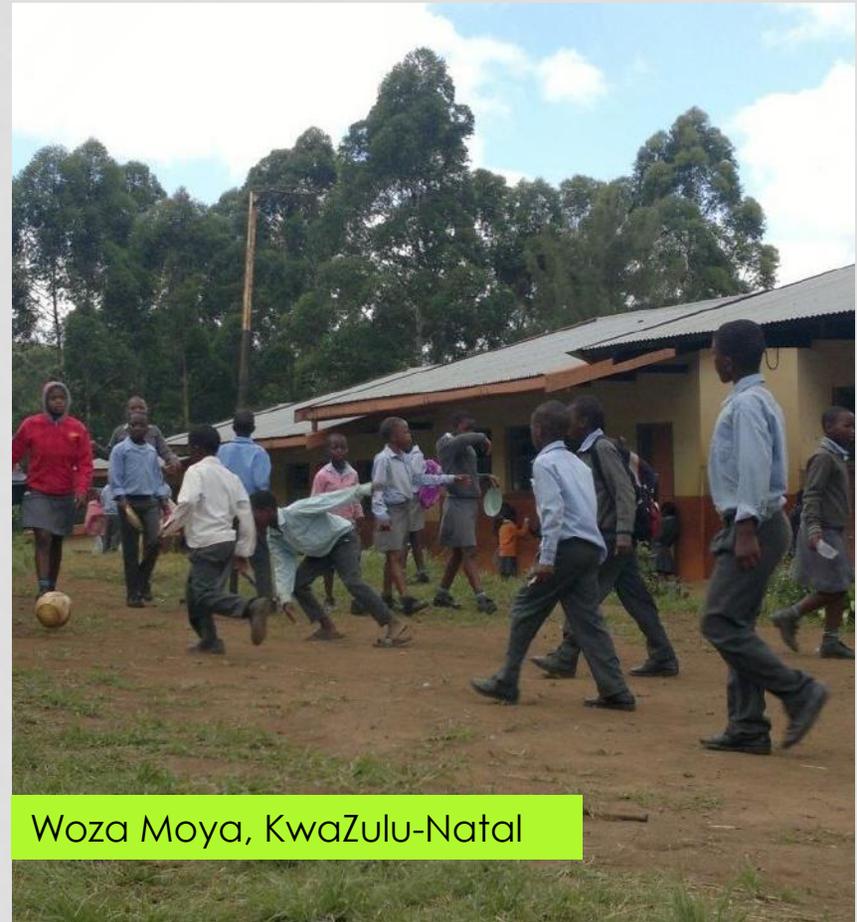


## FUNDING SOURCE



# CBOs: CAPACITY

- Most CBOs (24/28) were **full**, only 4 had capacity left to take in more children
- 11 CBOs had **children visits** everyday, 6 had weekly visits, 11 had monthly visits.
- Half of CBOs had **visits lasting  $\leq$  1 hour**, only 2 had all day visits. The remaining had visits lasting 2-5 h.
- Most CBOs (21/28) saw **children at CBO premises**, 19 visited children at home and 13 also visited at school.

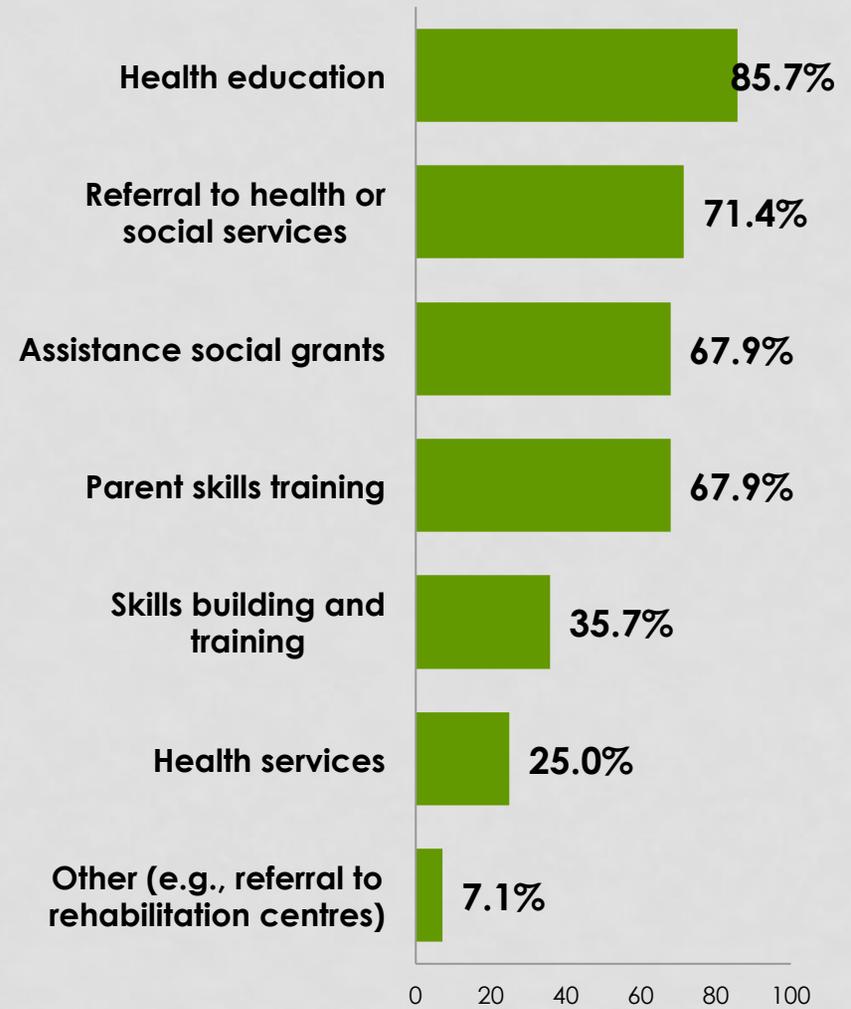
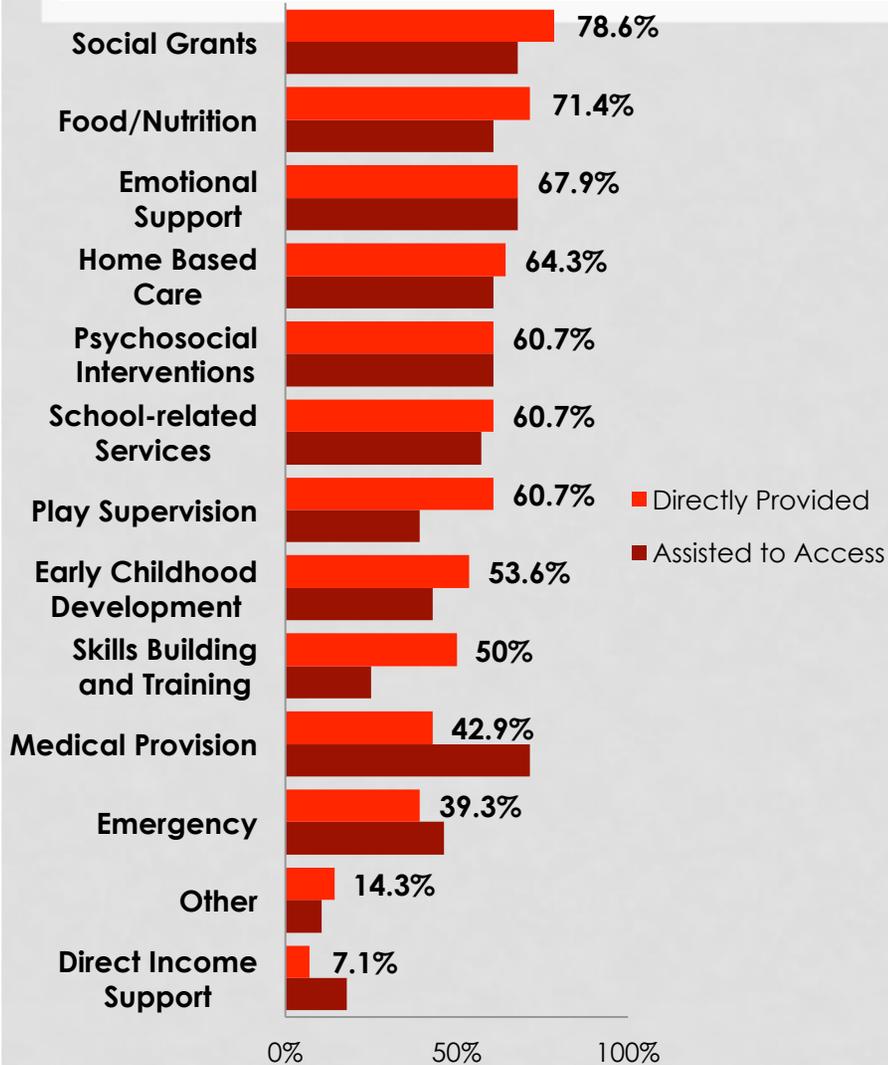


Woza Moya, KwaZulu-Natal

# CBOs: SERVICES PROVISION

## Services provided to children

## Services provided to caregivers



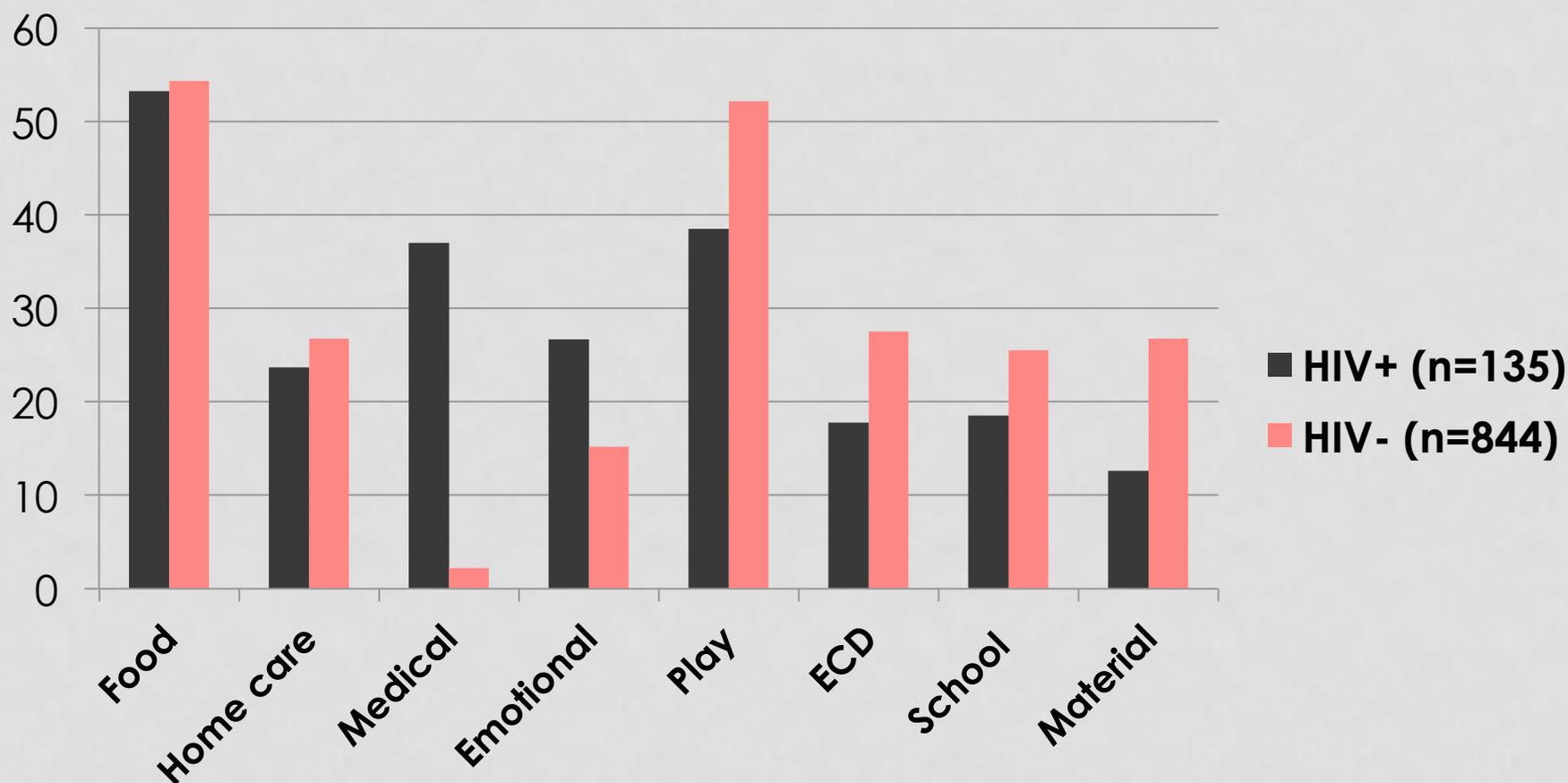
# CBOS: TARGET



- Target: **HIV infected or affected children**
- All CBOs provided services for **primary school children and adolescents**. Fewer aimed at children  $\leq 2$  years.

Target age group	N children enrolled	Mean	Median
Toddlers ( $\leq 2$ yrs)	147	20	10
Preschool children (3-5 yrs)	274	43	27
Primary school children (6-12 yrs)	1359	149	66
Adolescents (13-18 yrs)	960	143	34

# CBO PROVISION BY CHILD HIV STATUS



Skeen S, Tomlinson M, Macedo A, Miltz A, Croome N, Sherr L (2014). Child development in HIV-positive and Hiv-affected children in South Africa and Malawi – what role for community organisations? *Children and Youth Services*, 45, 90-97

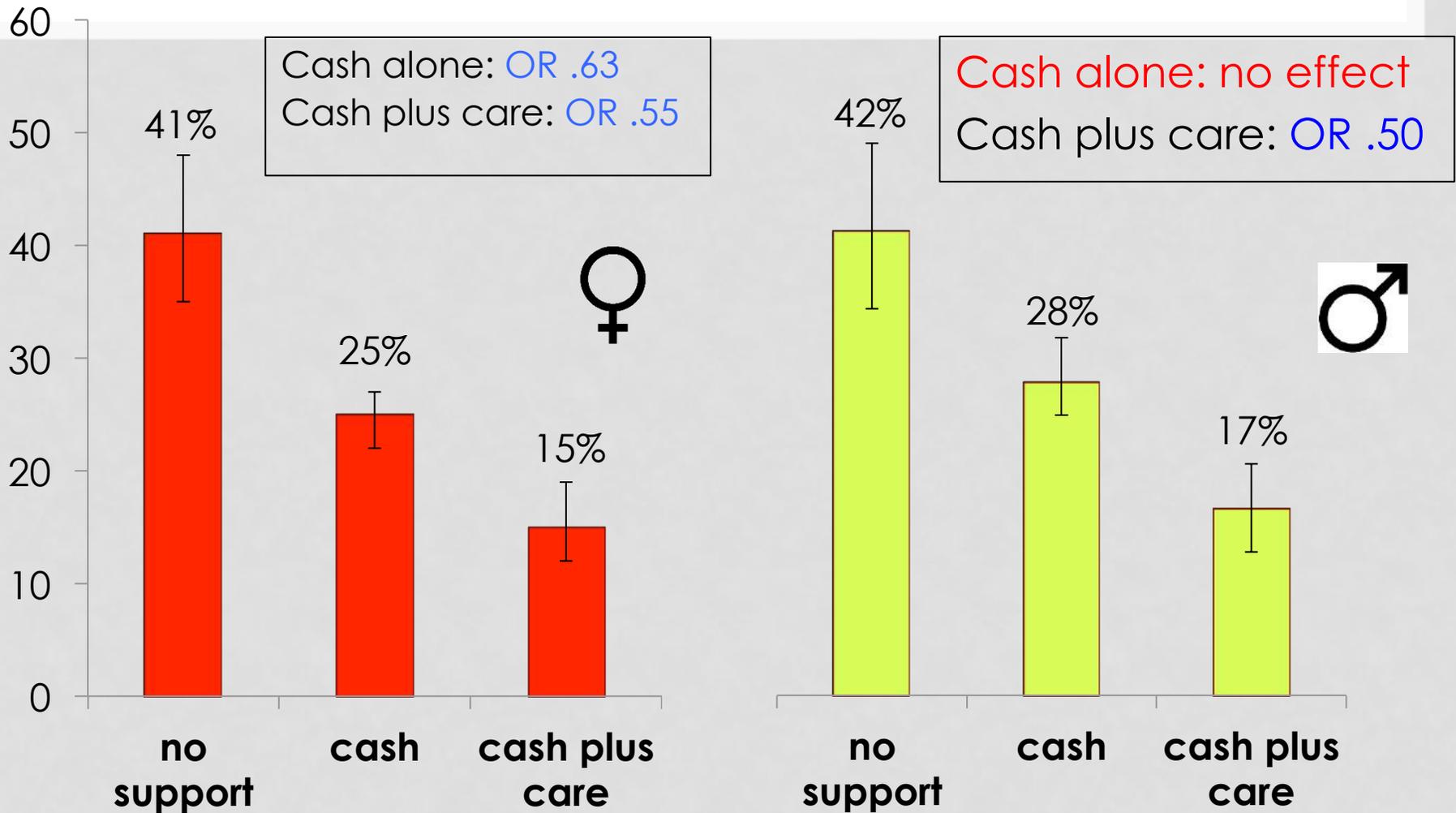
# **CASH + CARE**

**Cash transfer/ social protection**

**Good evidence (Kenya, Malawi,  
South Africa Zimbabwe)**

**Conditional vs unconditional**

**% ADOLESCENTS 1+ HIV RISK BEHAVIOR:  
CASH + CARE = HALVED RISK (N=3500, RSA)**



Cluver, Orkin, Boyes, Sherr (2014). *AIDS*.

Controlling for: family HIV/AIDS, informal/formal housing, age of child, poverty levels, number of moves of home, baseline HIV risk behaviour

# LIMITATIONS

- This data is from adolescents
- Paucity of data for younger children
- At this age not yet involved in Sexual risk behaviours
- Examine studies that show the pathways to risk
  - Abuse
  - Education
  - Cognition
- Could cash in younger children interrupt the pathway?
- Furthermore, could cash plus care do this more effectively?

# MEASURES

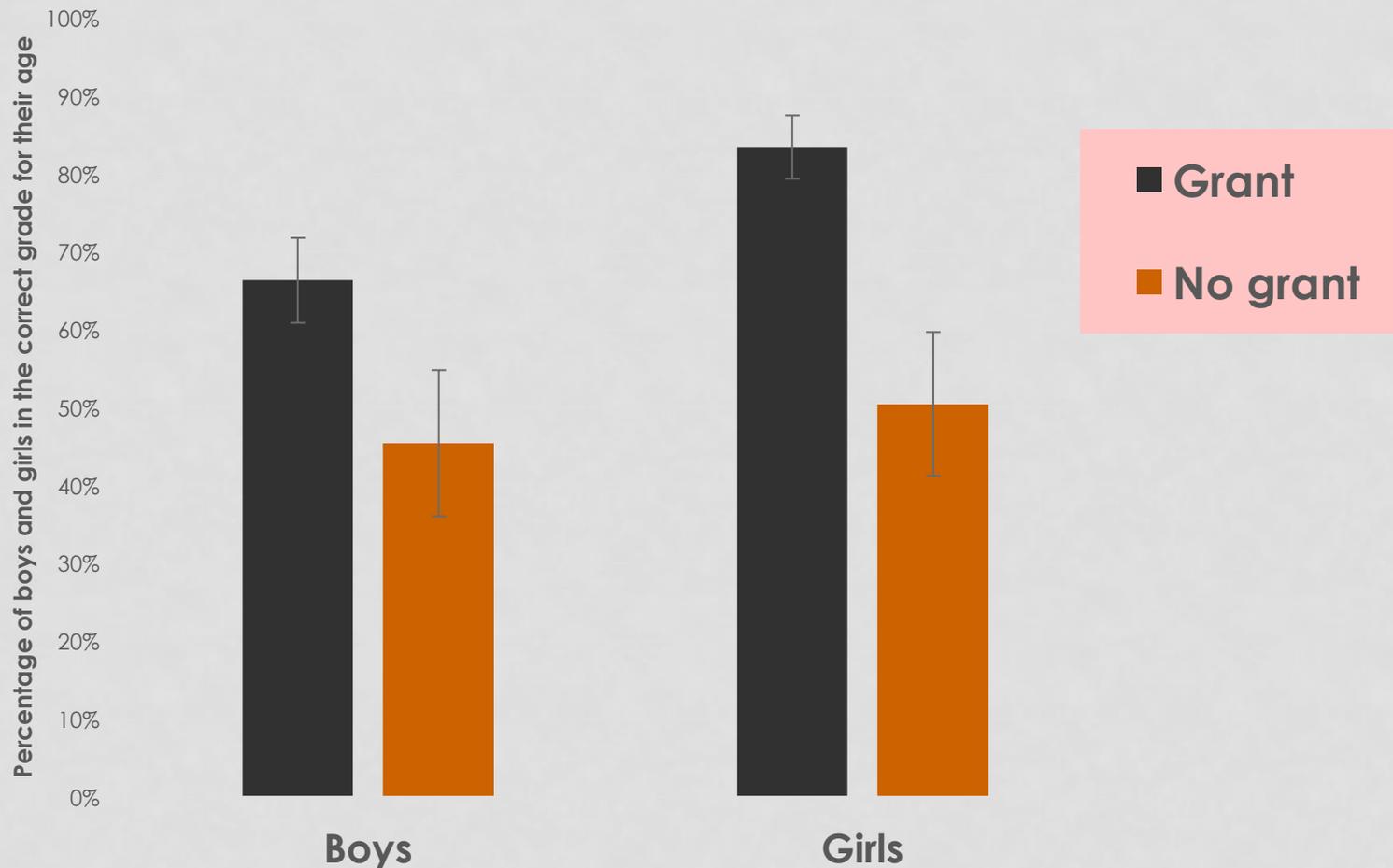
Cash receipt any  
of 6 grants into  
the household

Care = good  
parenting.

10 items good  
parenting  
defined as 8/10

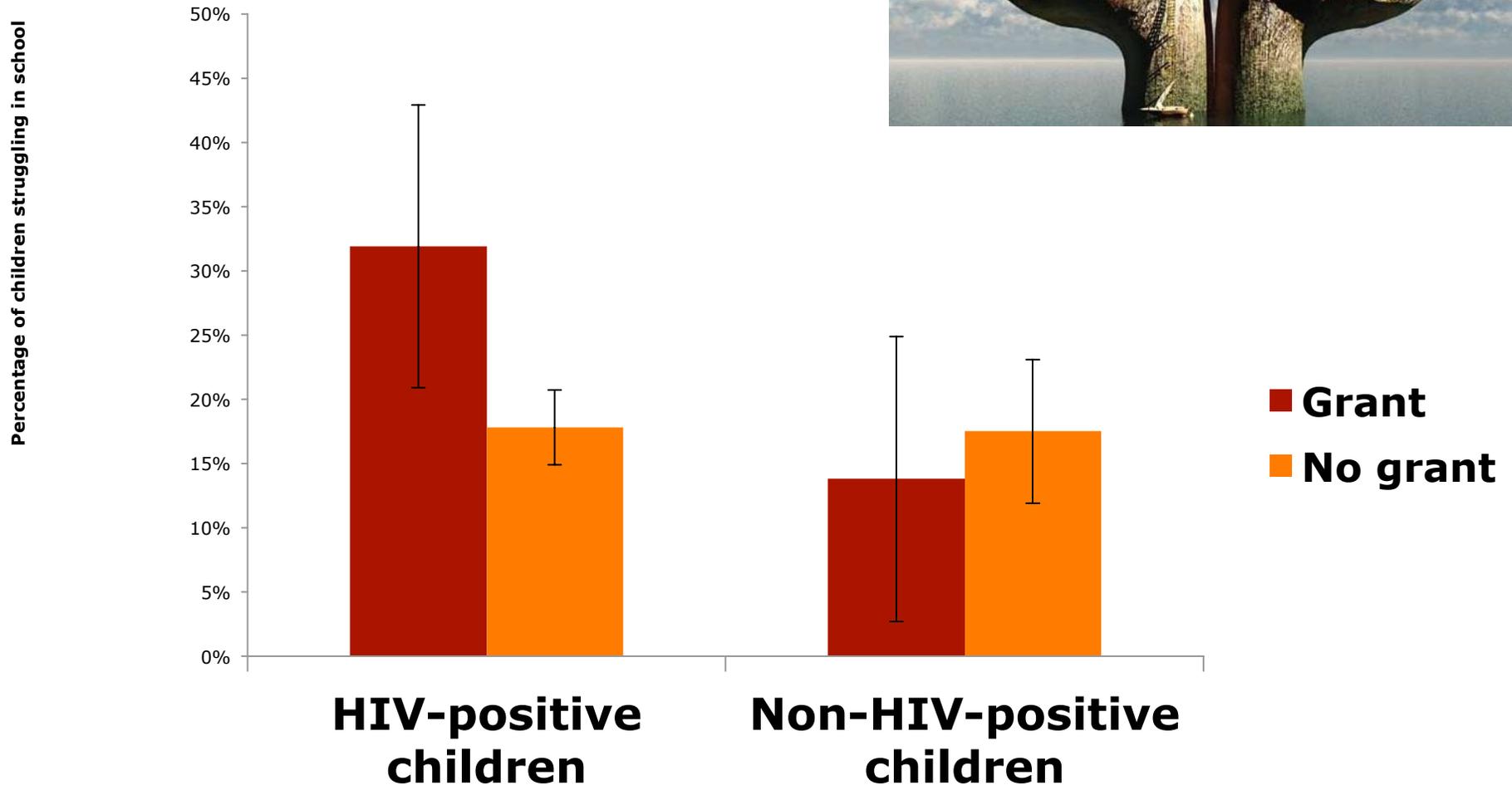


# CASH AND EDUCATION



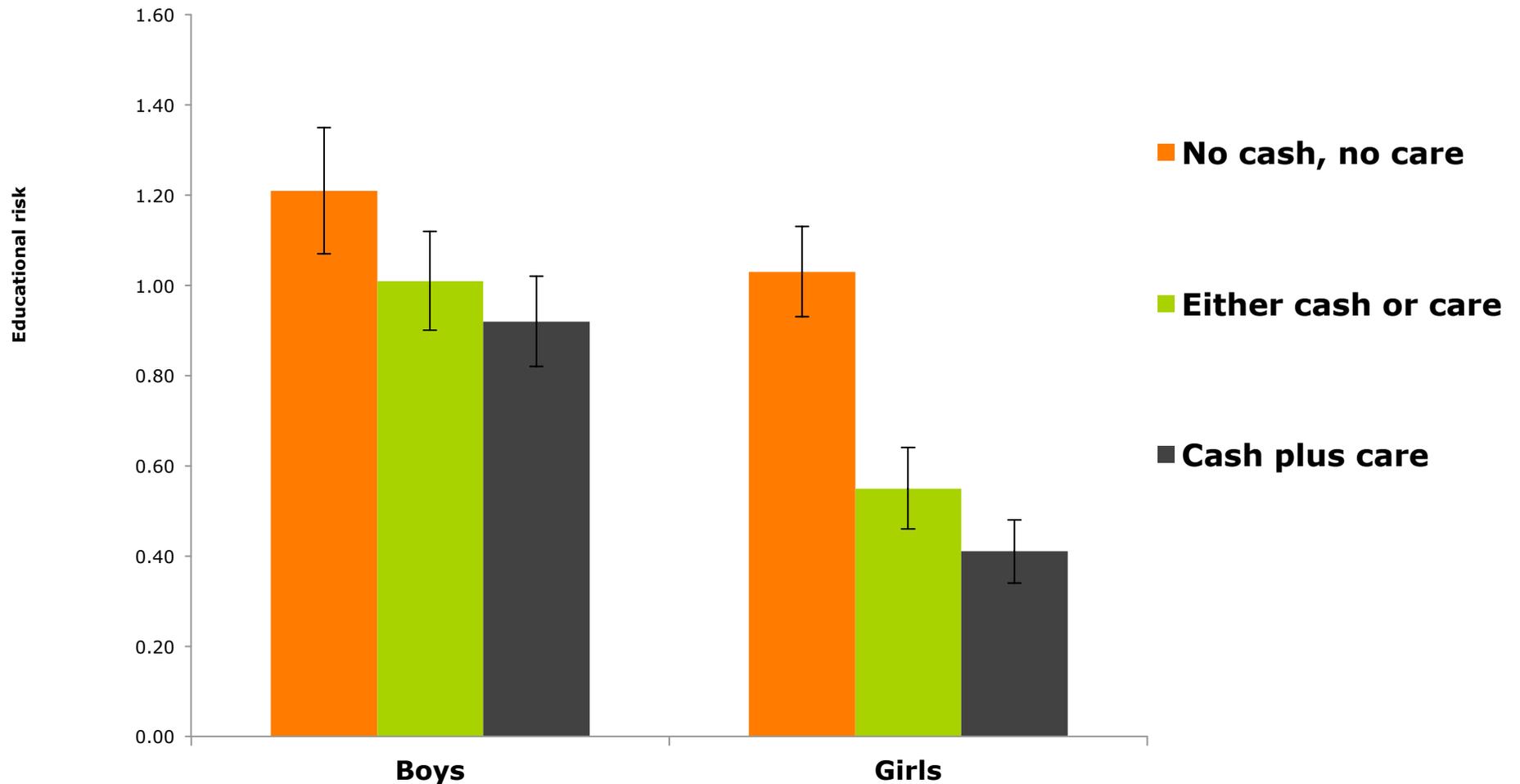
**Moderation effect of gender on the association between grant receipt and being in the correct grade for age (OR=1.97; CI=1.01, 3.84;  $p=.048$ ).**

# STRUGGLING IN SCHOOL



**Moderation effect of child HIV status on the association between grant receipt and school performance (OR=0.34; CI=0.11, 1.004;  $p=.051$ ).**

# CASH + CARE AND EDUCATION

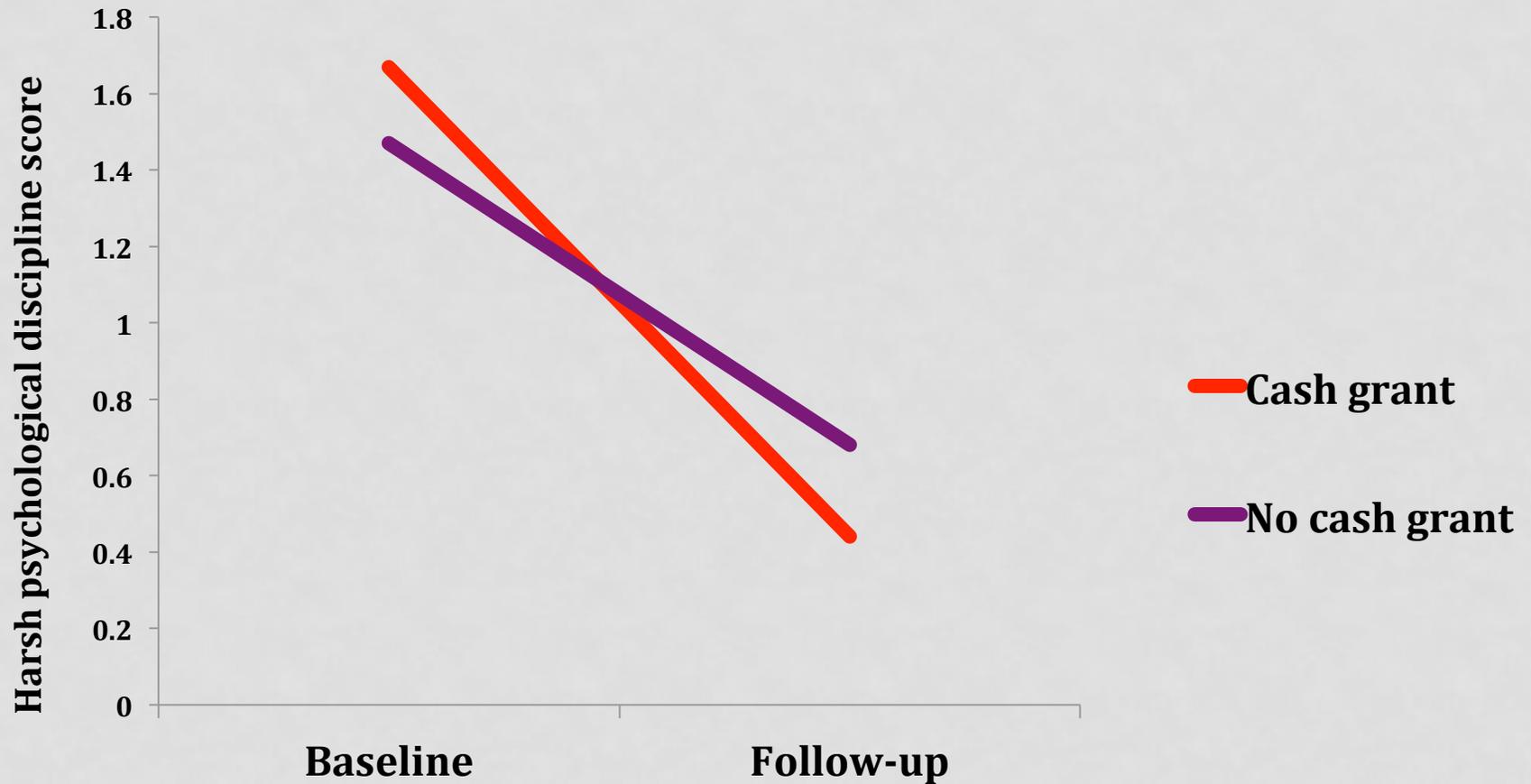


Boys either cash or care not associated with lower educational risk than receiving no cash and no care ( $t(328)=1.29$ ,  $p=.20$ ), Girls cash or care significant. ( $t(342)=4.02$ ,  $p<.001$ ). For neither receiving cash + care better than receiving either cash or care.

# Cash and Violence

<b>Variable</b>	<b>Overall</b>	<b>Cash Grant</b>	<b>No Cash Grant</b>	<b>Sig</b>
<b>Any Domestic Violence</b>	<b>404 (47.9%)</b>	<b>97 (42.5%)</b>	<b>307 (49.9%)</b>	<b>3.63 (.057)</b>
<b>Any Community Violence</b>	<b>359 (42.6%)</b>	<b>99 (43.4%)</b>	<b>260 (42.3%)</b>	<b>0.089 (.77)</b>
<b>Any Harsh Physical punishment</b>	<b>409 (47.9%)</b>	<b>66 (28.7%)</b>	<b>343 (55.0%)</b>	<b>46.48 (&lt;.001)</b>
<b>Any Harsh Psychological Punishment</b>	<b>391 (45.8%)</b>	<b>83 (36.1%)</b>	<b>308 (49.4%)</b>	<b>11.93 (.001)</b>

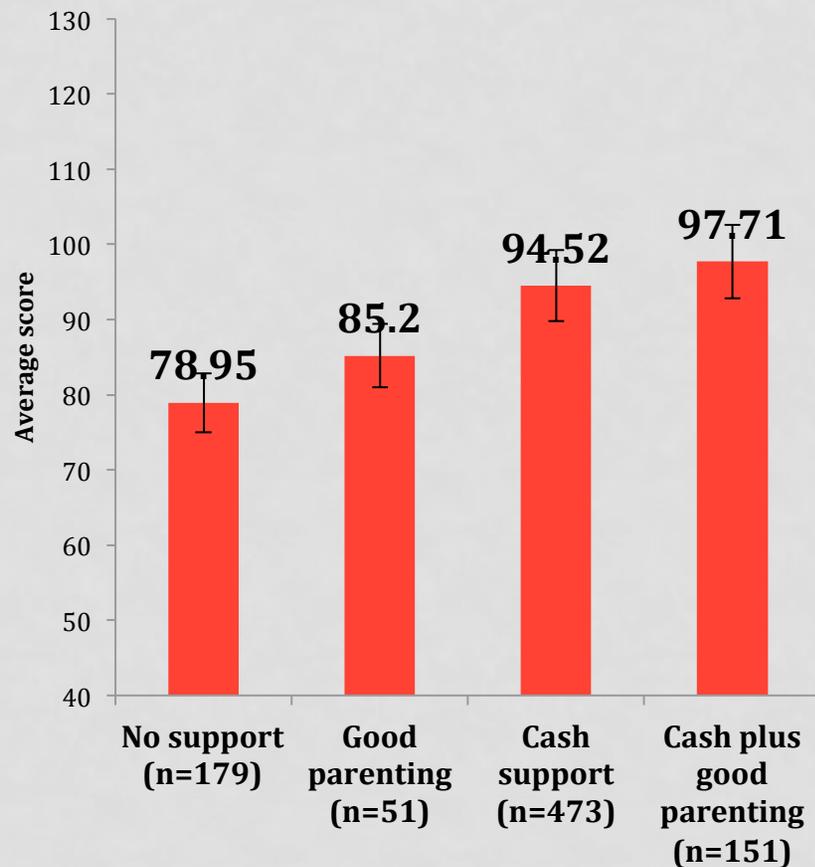
# Change over time Harsh discipline



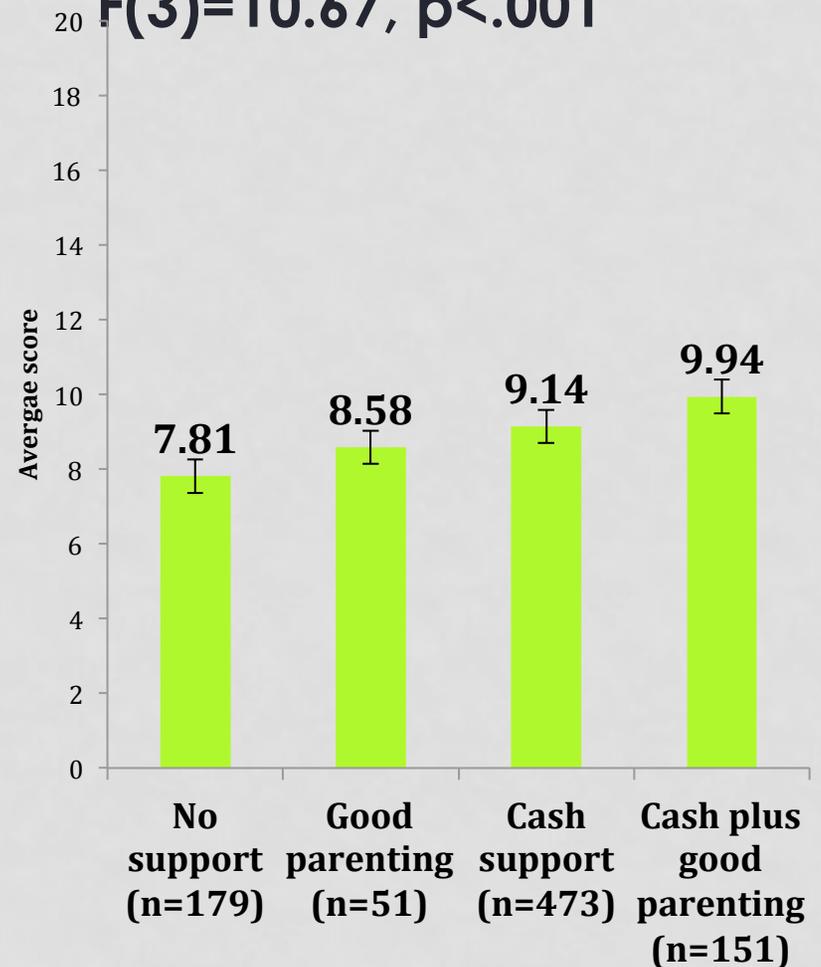
Those receiving a grant experienced a steeper reduction over time ( $F(1, 502)=17.18$ ,  $p<.001$ ).

# CASH + CARE AND COGNITIVE ABILITY

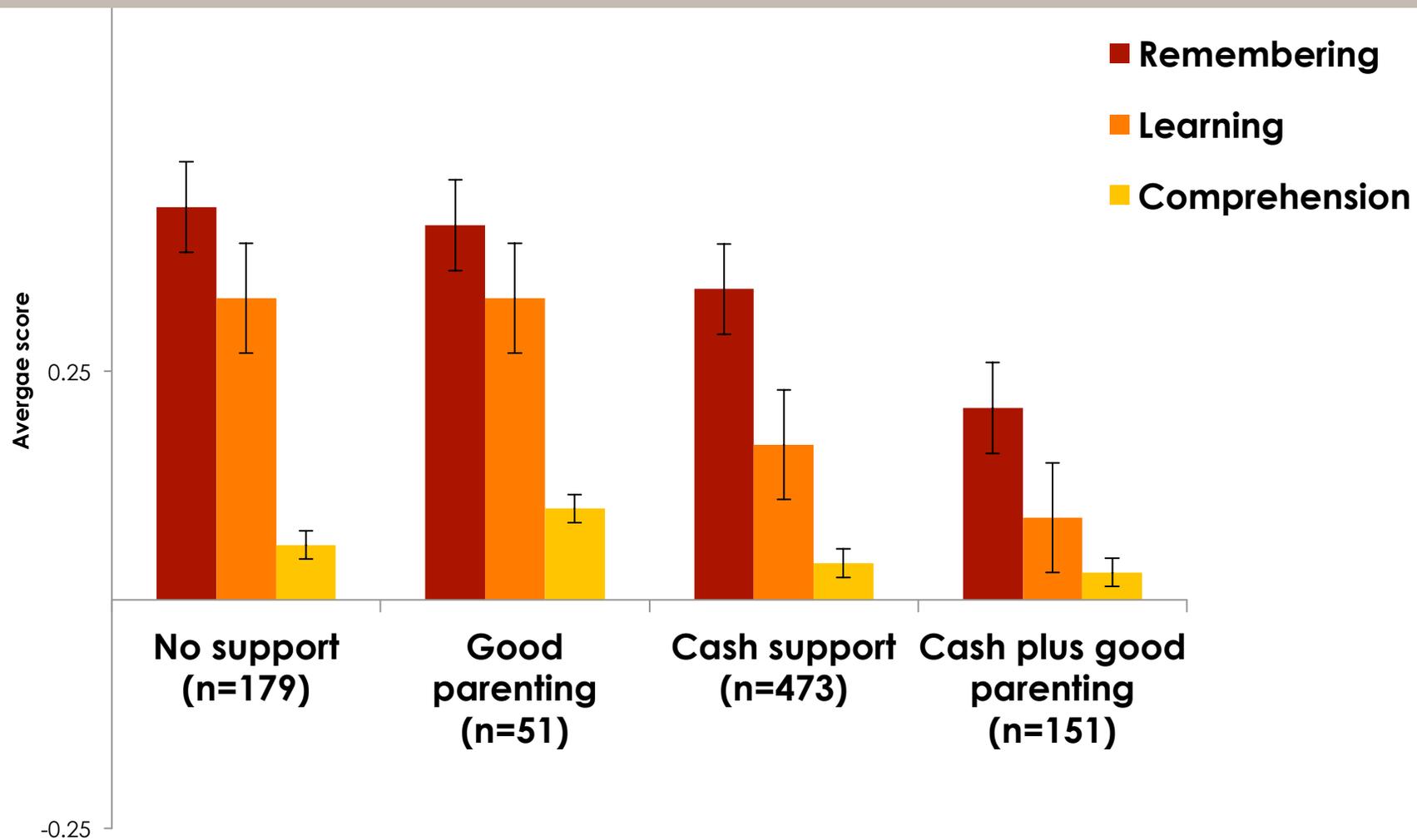
Draw-a-person,  
 $F(3)=52.31, p<.001.$



Digit span  
 $F(3)=10.67, p<.001$



# ASSOCIATIONS BETWEEN SOCIAL PROTECTION ACCESS AND DIFFICULTIES IN REMEMBERING ( $F(3)=3.99, P=.008$ ), LEARNING ( $F(3)=9.92, P<.001$ ), AND COMPREHENSION ( $F(3)=1.68, P>.05$ )



# **CBO AS SOCIAL PROTECTION?**

## ***COMPARISON DATA***

- Collaboration with Prof L Cluver and Young Carers study
- Longitudinal data collected at similar time frames, similar follow up, overlap of measures and clear enumeration of CBO contact.
- Generate sub group of overlap ages (10-13) with NO CBO CONTACT whatsoever.

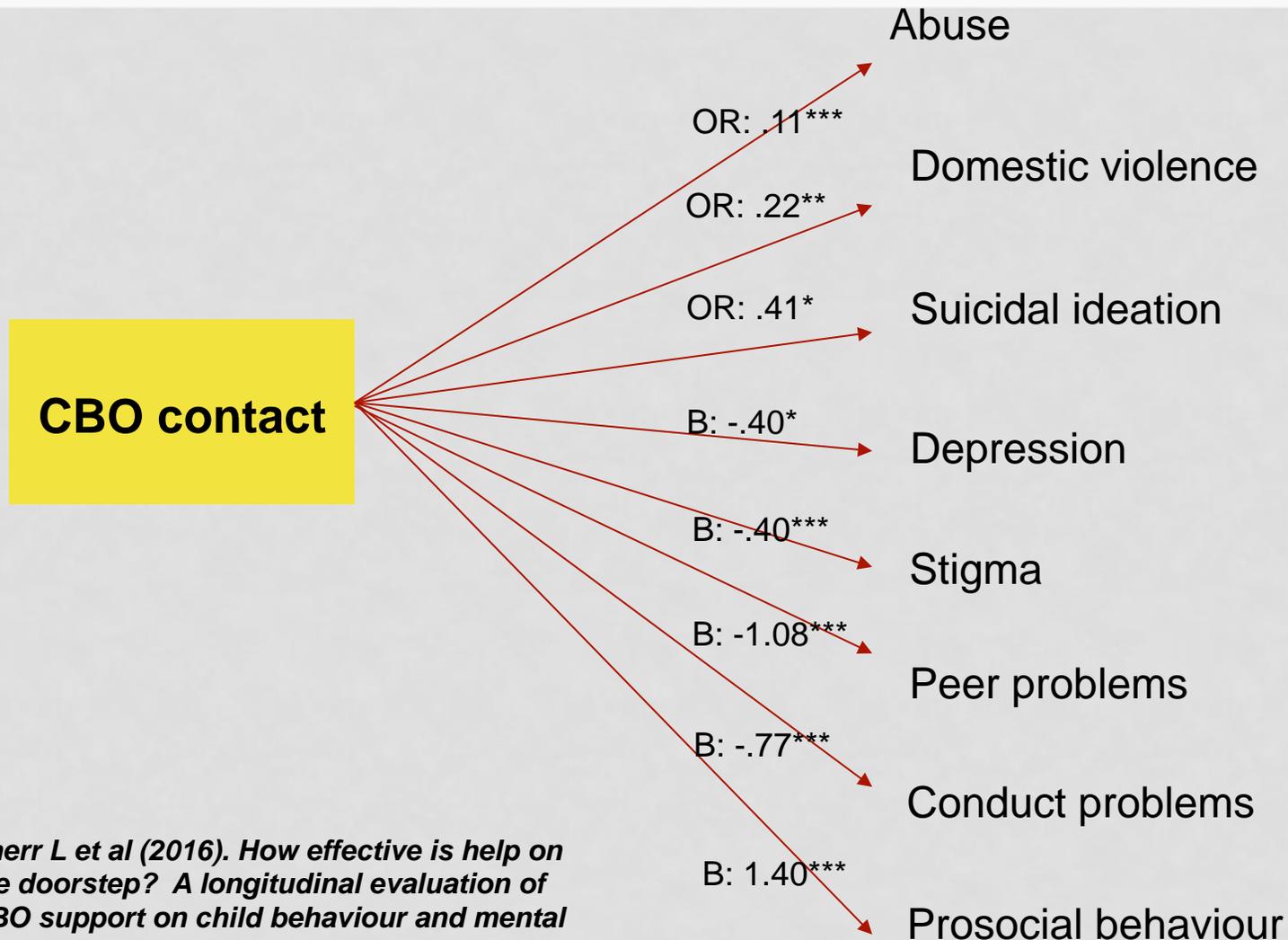
# ARE CBOS REACHING THE MOST VULNERABLE?

(SEE ALEXA YAKUBOVICH TALK ON SATURDAY)

	With CBO contact (n=446)	Without CBO contact (n=1402)	P value
Informal housing	13.5%	30.3%	<.001
HH unemployment	44.2%	23.7%	<.001
Mother died	19.4%	5.3%	<.001
Father died	19.4%	13.6%	.003
Double orphan	22.6%	2.1%	<.001
School non-enrolment	0.7%	0.6%	n.s.
HIV+ carer	15%	22.3%	.001
Been attacked	11.9%	7.8%	.007
Seen someone be attacked	42.7%	33.4%	<.001
Care for young children	47.3%	19.0%	<.001
Care for sick people	37.7%	26.4%	<.001

*Yakubovich AR, Sherr L, Cluver LD, Skeen IS, Macedo A, Tomlinson M (2016). Community-based organisations for vulnerable children in South Africa: reach, psychosocial correlates, and potential mechanisms. Children and Youth Services.*

# CBO ATTENDANCE PREDICTS BETTER OUTCOMES



*Sherr L et al (2016). How effective is help on the doorstep? A longitudinal evaluation of CBO support on child behaviour and mental health. PlosOne.*

# CONCLUSIONS

- CBOs are well placed at the front line to meet the needs of children and deprived families
- CBOs effectively reach the most at risk
- CBOs effectively intervene to improve child outcome
  - *Abuse, Depression, Suicidality, Domestic Violence, Stigma, Peer conduct and prosocial problems. Not for Trauma*
- For younger children cash transfer and cash+care shows promise for education, violence and cognition
  - Cash and Cash + care was significantly associated with improved cognitive outcome especially in the particularly needy (HIV, disability, poverty)
  - Cash associated with a significant reduction in educational risk for girls.
  - Cash + care affected some educational outcomes in a stepwise manner, but did not provide additive protection.
  - Cash associated significantly with lower harsh physical and psychological discipline.
  - Cash did not have an effect on progression of violence over time.

# Child Community Care study



- Funded by SIDA-NORAD, through HelpAge
- Supported by Coalition for Children Affected by AIDS



Eastern & Southern Africa  
Regional Inter Agency Task Team on Children & AIDS

YC Funders thanks



European  
Research  
Council



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA



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**Thank  
You**

