

ABSTRACT

"The Effects of community based provision on child outcomes in Sub Saharan Africa"

There is a high burden of HIV, poverty and vulnerability among children in much of Sub Saharan Africa. Financial resources targeted at this group are considerable, but rarely rely on evidence based provision to direct the nature and type of services provided. A systematic review in 2009 by King et al failed to identify a single study that met adequacy criteria for evaluation of psychosocial provision for children. As a result the Community Care study was set up. The study aimed to recruit young children (aged 4-13) within the community who attended community based organisation support. 11 International Donors collaborated with the study and provided lists of all their funded organisations in South Africa, Malawi and Zambia. From this list of 588 organisations, stratified by geography and funder, a random sample was drawn - 24 from South Africa, 4 from Malawi and 6 from Zambia. Consecutive child attenders and their primary caregiver were interviewed at baseline. Data was gathered on demographics, health, education, psychological function and wellbeing. For South Africa and Malawi 15-18 month follow up data was also gathered. A comparison group was generated from a household survey (Young Carers study) for the overlap aged children (9-13 years) to provide the opportunity to compare those with no access to a community based organisation with those attending such provision both at baseline and follow up.

This talk will provide an overview of these results. Baseline data was available for 1228 children (834 South Africa, 155 Malawi and 239 Zambia). Refusal rate was low (.7%). Follow up rates were 86%. Comparison data was available from 1402 children. Analysis of education risk, functioning, mental health and child well being was carried out. The data will explore whether community based organisations reach the most vulnerable children, whether they are effective in enhancing child outcome over the long term. Specific issues such as experience of violence, caregiver mental health and HIV ramifications will be explored. The mechanisms of provision will also be explored, with specific reference to workforce issues and the use of volunteers. Finally the impact of cash transfers and cash plus care will be analysed in terms of cognitive development, educational risk and violence.

The findings, together with an updated systematic review, will show the direction of future community based provision and provide insight into the needs of children living in high HIV endemic countries.