

Integration of Community Based Services

It seems like a good idea, but how to make it work?

Molly Cannon

Palladium/MEASURE Evaluation

September 28, 2015

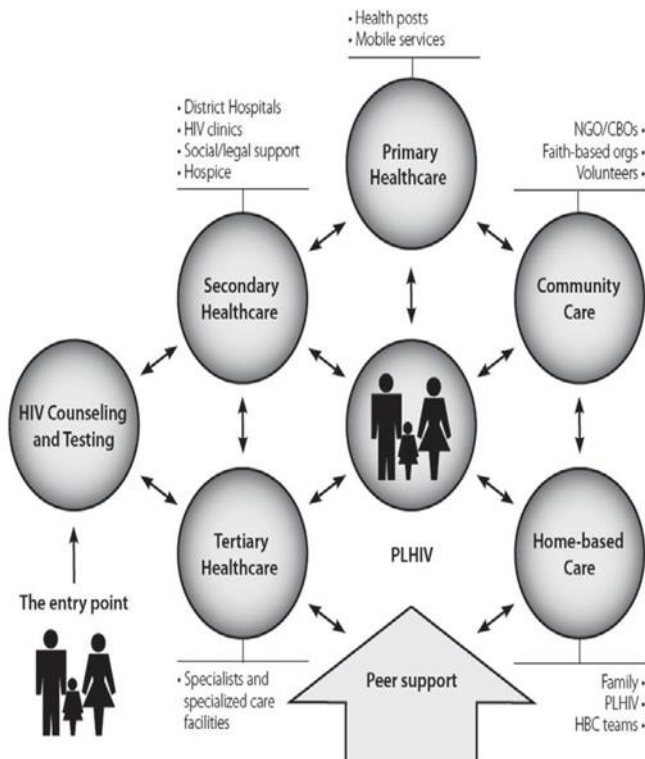


The Story: A Family in Mozambique

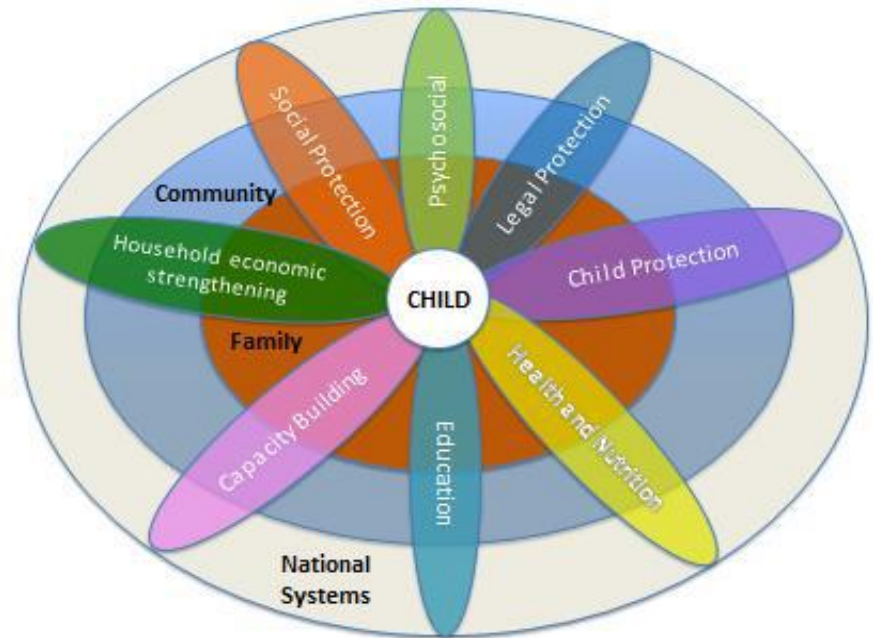


PEPFAR Supported Community Based Programming

Home Based Care (HBC) - MOH



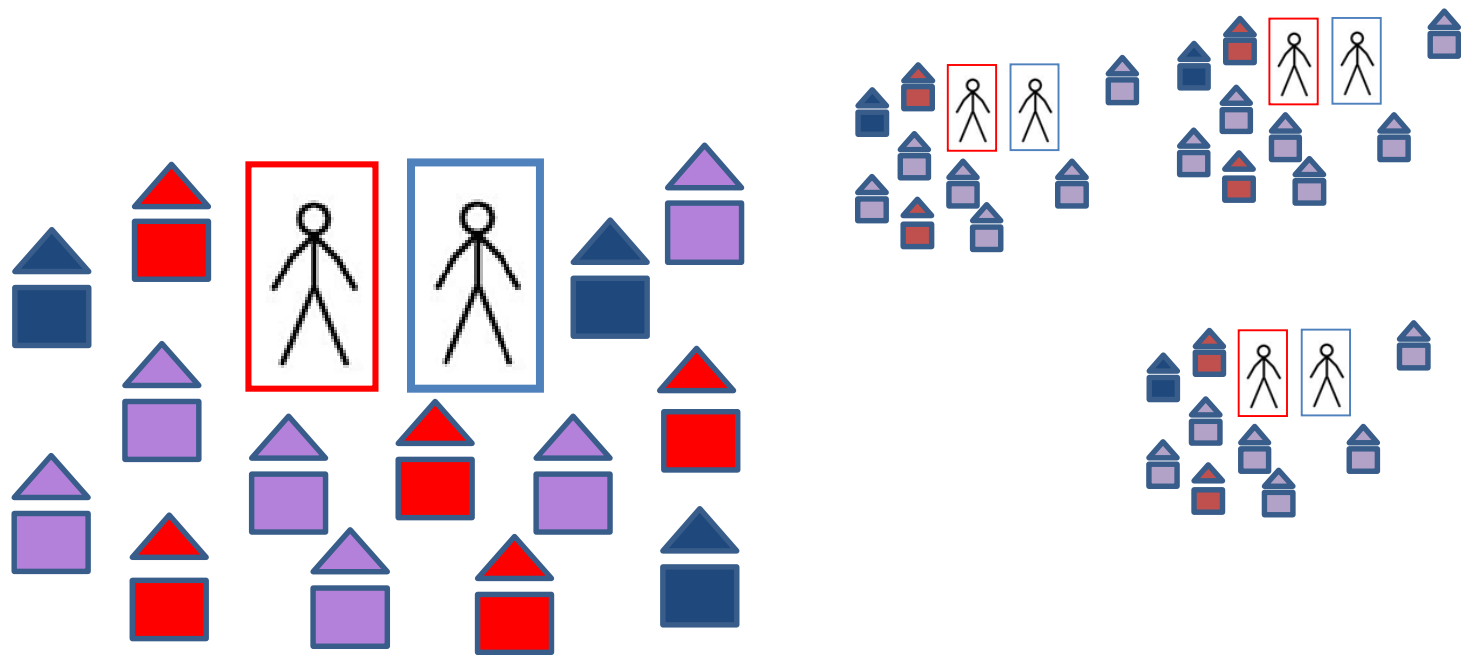
Orphan and Vulnerable Children - MMAS



Community View

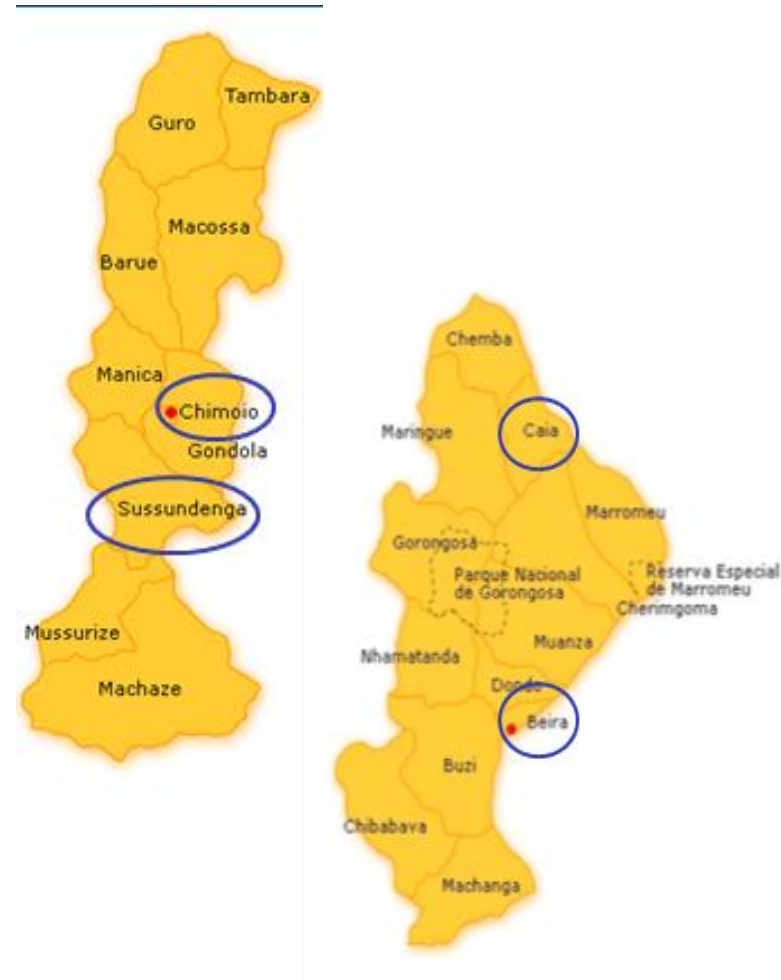


Community Based Organization



MEASURE Evaluation's Role

- Purpose - Study aiming to understand how integration was working and what integration of services meant for children at different client phases.
- Methods – Cross sectional mixed methods.
 - Volunteer survey (47)
 - Household survey (350)
 - Stakeholder interviews (24)
 - Focus group discussions (37)
- Conducted data interpretation and use with our Framework for Linking Data with Action



What did we Find?

- Stakeholders reported:
 - The integrated model was not formally adopted at the national level.
 - At the sub-national level, involved coordination between MMAS, MISAU
 - HBC existed first in many CBOs and were adding OVC programming.
 - CBO's had different approaches for targeting OVC
 - Programs report vertically - no joint planning, different government and program reporting lines.
- *Activistas* reported:
 - Being more prepared to provide care and support to HBC clients (93 percent) than OVC (71 percent).
 - Having a mixed caseload of beneficiary houses – though rare to provide care to OVC only households.
 - Spending more time with HBC clients (66%) than OVC clients and serving sick HBC clients before children.

What did we Find?

- *Household interviews revealed:*
 - Only 10% of HHs were OVC only
 - 22% of HHs did not have any children visited 1:1 in the last 12 months
 - 80% of HHs reported receiving at least one HH service at last visit.

Odds Ratios for household and child characteristics						
Province	Province or CBO	# of children	Active vs transitioning	Graduating vs. transitioning	Sex	Age
Manica (n=423)	NS	.6**	2.0*	.1**	NS	2.1**
Sofala (n=339)	.5**	.8**	2.7**	1.8*	NS	NS
Total (n=762)	1.5*	.7**	3.3**	.6	NS	1.9**

NS=not statistically significant

*statistically significant at .05; **statistically significant at .01

Conclusion

- Conclusion - Home based care is driver of OVC services in these settings; some OVC households could be missed, and kids in need of care may not be receiving it due to pressing needs of HBC clients.



Recommendations

- Integration of HBC and OVC may indeed work, but it would be important to consider the following recommendations:
 - Policy – Integration needs to be nationally adopted
 - Organizational Supports – guidance documents and checklists for targeting, home visits, service delivery; forms and family folders, reporting, joint supervision
 - Reconfigure delivery - reconsider case load and training
 - Measurement – develop a specific measure of integrated services, in order to monitor the progress of integration, assess data quality, periodic assessment to fidelity of implementation

Contact Information

Molly Cannon: Molly.Cannon@thepalladiumgroup.com

MEASURE Evaluation OVC Page:

<http://www.cpc.unc.edu/measure/our-work/ovc>

MEASURE Evaluation is funded by the U.S. Agency for International Development (USAID) under terms of Cooperative Agreement AID-OAA-L-14-00004 and implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with Futures Group, ICF International, John Snow, Inc., Management Sciences for Health, and Tulane University. The views expressed in this presentation do not necessarily reflect the views of USAID or the United States government.

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