

MAPPING THE EFFECTS OF OVC PROGRAMMING AND SOCIAL PROTECTION: A CASE STUDY OF THE COMMUNITY CARE PROGRAM IN MOZAMBIQUE

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Case Study Summary

USAID-funded programs for orphans and vulnerable children (OVC) provide a comprehensive set of services to improve child and household wellbeing for households affected by HIV. Although research suggests that OVC programs enhance household- and child-level resilience to shocks in contexts of high HIV prevalence, there is little evidence elucidating the causal pathways by which multiple intervention components, including economic strengthening (ES) and linkages to government social protection (SP) programs, affect these outcomes. This case study uses exploratory qualitative research to generate an empirically-based causal model for the Community Care Program (CCP) in Mumemo, Mozambique. Through a combination of interviews and focus groups, we used the Most Significant Change methodology to compile “mini case studies” and identify primary causal pathways between program components and outcomes. We also used the Community Capitals Framework to explore how CCP

affected community-level resilience. Our findings suggest that CCP’s multi-component approach generated mutually-reinforcing causal pathways to child-, household-, and community-level resilience. CCP’s effects on stigma reduction, increased social support, and economic status emerged as important supports for these pathways. This case study shows that multi-sectoral, integrated programs can generate synergistic effects to enhance resilience.

CAUSAL PATHWAYS AND THE ROLE OF SP

Mozambique has been hard-hit by conflict, economic difficulty, and the HIV/AIDS epidemic (CIA World Factbook, 2016). The site for our case study, Mumemo, was built in 2000 to house families displaced by catastrophic flooding, with the Catholic NGO CONFHIC playing a major role in service provision (CONFHIC, 2009). Mumemo is located in Maputo Province, which has benefited from Mozambique’s rapid economic growth to drastically reduce poverty from 56% in 2008 to 19% in 2014 (Ministry of Economics and Finance, 2016) but suffers from an HIV rate of about 23% as of 2015 (Instituto Nacional de Saúde, Instituto Nacional de Estatística (INE), ICF Internacional, 2015).

Our case study reinforced earlier evaluations finding (Cannon et al., 2014; Oliveras et al., 2015) that CCP (2010-2015) clearly had positive impacts on participants, many of which derived from the direct interactions with community lay workers called *activistas*. *Activistas* visited OVC households and helped caregivers access government SP benefits and in-kind transfers such as food baskets and school supplies, counseled OVC caregivers on

how to properly care for loved ones with HIV, and educated OVC households and the broader community on HIV prevention and treatment and home gardens for nutritional support. One respondent reported:

“Since I became a beneficiary of CCP, my life has changed a lot. I was severely sick and very weak when I was recruited to join this program. Presently, I am very healthy and work hard and without difficulties”

Based on interview and focus group data, we developed a causal model highlighting key pathways that led to program outcomes for

CCP participants (see Fig. 1). These include:

- Health pathways involving linkages to HIV health services, counseling and support
- Economic pathways such as in-kind transfers, savings groups, and referral to government programs
- Nutritional pathways that improved diets and supported home gardens
- Reducing stigma and improving OVC household social capital and community integration.

With a foundational role of overall improvements in health, these pathways intersected, overlapped, and reinforced each other, demonstrating the value of multi-component interventions to address the complex needs of OVC households. One key

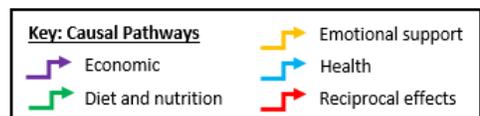
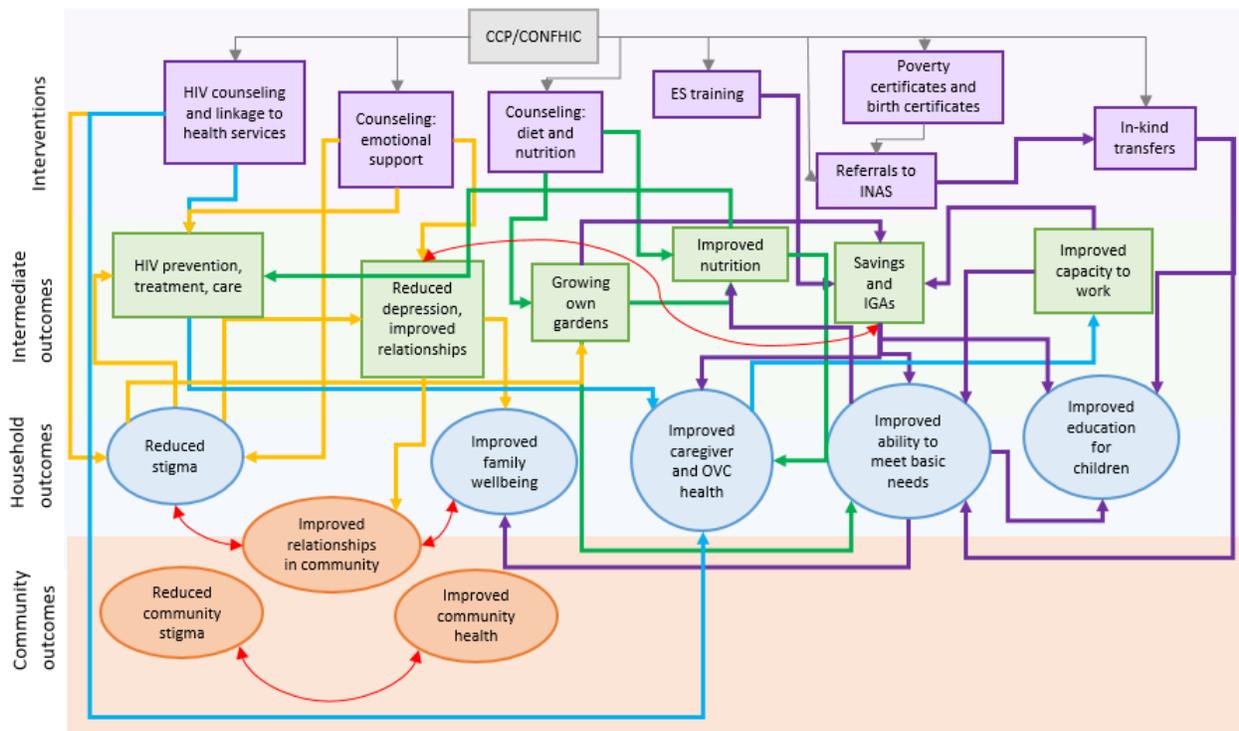


Figure 1. Theory of change for pathways to community wellbeing resulting from integrated OVC programming

theme emerged around the emotional support pathway, which linked *activista* counseling to community-level stigma reduction, leading to enhanced resilience through other pathways.

Although our interviews demonstrated that CCP participants experienced lasting improvements to their wellbeing, many are still vulnerable to shocks and require additional safety net support. Participants reported benefiting from government transfers of food and school supplies through CCP, but many were unfamiliar with the government agency responsible for providing SP services, the National Institute for Social Action (INAS), and few reported receiving cash transfers. Some participants complained that transfers were too small or ended with the conclusion of CCP. Others had applied for assistance but never heard back from INAS. If SP is not reaching the needy in Mumemo, which is 30km away from Maputo and connected by a large highway, it is likely much less likely to reach the neediest in poorer and more remote provinces in the center and north of the country.

In the face of increasing social, political, economic and environmental fragility, many researchers are focusing on increasing resilience and adaptive capacity at the local level (MacKinnon et al., 2013; Peeters, 2016). Social capital plays a critical role in fostering resilience and development at the local level and, as we found in our study, is a central factor to driving grassroots development (Aldrich et al., 2014; Flora and Flora, 2006; Emery and Flora 2012; Peeters 2016). Our findings suggest that building social capital at the community level through *activista* support and anti-stigma messaging may improve HIV outcomes via multiple, integrated pathways – tying together social, economic and nutritional factors that improve OVC health and wellbeing.

IMPLICATIONS FOR FUTURE PROGRAMS

Our study findings have broader implications for the role of civil society and grassroots development within low-income country settings. In the case of CCP in Mozambique, participants repeatedly and clearly conveyed the central and vital role of social integration, stigma reduction, and sustained support from the *activistas* from CONFHIC. While NGOs and civil society may not completely fill the gap created by neoliberal policies and ineffective state institutions, they offer a path to improving the health status of vulnerable populations at the local level. Policy makers and researchers would do well to continue exploring ways in which civil society can be harnessed to drive development and prevent the spread of HIV.

ADDITIONAL LESSONS LEARNED AND RECOMMENDATIONS

Study participants reported sustained results across community capitals, including physical, financial, and cultural capital, with community leaders and CONFHIC staff indicating that CCP's efforts to sensitize the community to the needs of OVC had increased local capacity to address them. However, leaders, NGO staff, and community members all observed that the close-out of the CCP program left a gap in the community which, in the face of ongoing stresses and shocks, could reduce progress made by the program and reported in our study. Additional programming would enhance the sustainability of gains made by CCP in reducing the vulnerability of OVC households.

- Our study showed that social capital is a vital resource that can enhance the impact of multi-component programming for OVC households. Future program designs should consider strategies to reinforce and amplify

the positive impacts of local social capital.

- Further research is needed to test the pathways identified in our causal model that contribute to improved HIV outcomes for OVC households.
- Participants reported that while savings groups helped them better manage money, many still had difficulty meeting their families' needs. Additional livelihood programs could build on the work that CCP has already done to help future participants expand their incomes.
- Drought has had a major impact on food security in Mozambique. Future interventions should address the effects of climate change, including climate-smart agricultural practices.
- Home gardens were cited as an important source of nutrition, especially for people on HIV treatment, and future programs should continue incorporating them.
- Several participants expressed difficulty in completing the paperwork required to register for social assistance. Future programs should sensitize community members to available resources and help participants complete their applications.
- In focus groups, community and NGO leaders expressed gratitude for *activistas*, but also concern about turnover due to low compensation. Given the central role of *activistas* in CCP, we recommend future programs budget in adequate compensation to ensure staff retention.
- Finally, the Government of Mozambique, in partnership with international donors,

should continue efforts to strengthen and improve the outreach of its SP system.

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