



SYNERGIES BETWEEN CASH AND CARE INTERVENTIONS TO IMPROVE HIV OUTCOMES FOR ORPHANS AND VULNERABLE CHILDREN:

GAP ANALYSIS REPORT AND RECOMMENDATIONS

Michael Samson, Selwyn Jehoma & Preksha Golchha, Economic Policy Research Institute (EPRI)

Introduction

Over the past two decades, a wave of gold-standard evidence¹ on social cash transfer programs has transformed evaluation standards for evidence-informed policy-making. Assessments of care-based social services, while not as numerous, have informed policy development in important ways. Evaluations of the increasing number of integrated systems approaches that link cash and care, however, remain relatively scarce, and there are gaps in the information base policy-makers require to better design and implement integrated cash-plus-care interventions.

Cash plus care is an emerging model receiving growing attention as a comprehensive social protection approach, specifically within the context of HIV protection for orphans and vulnerable children (OVC). The existing evidence shows potential for positive impacts in multiple domains, including meeting basic needs, education support, and psychosocial support and wellbeing development. However, as an under-explored model, there are significant evidence, research and implementation gaps that require further research, particularly within the context of HIV risk. This document complements a separate evidence brief on cash plus care,² providing a summary of the major

¹ “Development economists have extensively used randomized control trials (RCTs) as the “gold standard” of evidence for informing development policy. The reason is that, by randomly assigning people to be in the treatment group and control group, you are able to sift away other factors, thereby identifying the causal link between treatment and outcomes.” (Hammer 2017) See also Bothwell et al. (2016) for a relevant critique from the medical literature.

² Samson, Michael, Selwyn Jehoma and Preksha Golchha (2018) “Synergies between cash and care Interventions to Improve HIV outcomes for orphans and vulnerable children: Cash plus Care evidence brief”.

research gaps in terms of design issues, implementation challenges and impact questions.

Cash-plus-care Research Gaps

Several challenges create risks for the effective implementation of cash plus care approaches for orphans and vulnerable children, and the state of the evidence today provides insufficient guidance to address the associated issues.

A major design barrier to effective cash plus care interventions is the lack of a consistent understanding of ‘care’ and what this means within OVC

programming. Although studies have explored the impact of psychosocial care on HIV-risk behavior and vulnerability, the definition of ‘care’ in this research varies widely. Further study is required to provide an overarching conceptual framework and consistent operational definitions that can guide the appropriate design of integrated interventions and comprehensive evidence-building frameworks to inform monitoring and evaluation systems.

In the literature, the term “care” refers to multiple services whose relevance are largely context-specific. Studies describe “care” as including positive parenting, therapeutic support, skills development, economic empowerment, mentorship and many other supports. While these may all fit within a broad definition of care, *operational guidance requires greater clarity about the most effective and necessary types of care to combine with cash transfer interventions*. This question includes the appropriate combinations of types of care as well as the most important life cycle stages for these care interventions.

An associated implementation barrier to cash plus care is the supply of high-quality care services (Giese 2009). This is not a new issue (Tracy 1995), but it remains a persistent theme in the literature. The availability and quality of care services provides a primary determinant of the success of integrated approaches. Little research, however, answers the question of which services are most important given their cost and the binding resource constraints. An effective operational evidence base must answer important questions:

- What services are available within communities?
- What are the access levels of these services?
- What are the care services needed to reduce HIV vulnerability?

Answering these questions in the specific context of an integrated implementation model will better enable the identification of the service and care gaps within

communities and encourage the development of services that have been identified as necessary but poorly available.

A third significant challenge to the cash plus care approach is the ***lack of operational guidance on the specific mechanisms that can be used to link cash transfers to vital care services***. Much of the research examines cash and care separately, or interventions where cash and care are provided simultaneously but without explicit mechanisms to build linkages between the cash and care interventions. Feasibility studies are required to assess appropriate mechanisms for specifically linking the cash and care components to maximize developmental synergies.

The cash plus care model promotes systems strengthening and the development of community-based care services; it calls for a multi-agency approach to social protection. The main research gap centers on how cash and care can be effectively and sustainably interlinked and connected. The existing research focuses on linking cash transfers to health and education services (Roelen et al., 2017; Perezniето et al., 2014; Samson, 2016) – not social care. Sherr et al. (2017) provide a starting point for exploring contact points ***where*** cash and care can best be linked within the lifecycle of OVC and ***how***, concretely and practically, this can be done.³ More research is required to provide operational guidance.

As a result of these design and implementation gaps, there is ***a lack of established standards and quality assurance approaches to deploy, monitor and evaluate cash plus care programs***, particularly within the context of HIV. Studies that have examined cash plus care for orphans and vulnerable children have focused on areas of impact, rather than questions of how implementation is or should be undertaken. Gaps include the development of cost-benefit analysis tools or frameworks for evaluating cash plus care. An extensive evidence base supports the business case for social cash transfers (cf. Brent, 2013; Remme et al. 2014), including some research on the investment returns to linking cash transfers to a basket of services (Samson, 2016). A cost-benefit analysis for the cash plus care approach would provide a valuable means of evaluating impact and advocating for further exploration into the model.

³ See also Sherr et al. (2008) and Richter et al. (2009).

Recommendations for Future Research Themes to Address Gaps in the Evidence Base

Policy-makers and program implementers require further research exploring the synergy between cash and care interventions. This will enable the development of a more holistic approach to ensure systems strengthening to promote positive HIV outcomes for OVC populations. Current research has identified multiple gaps:

- **Insufficient studies robustly explore the synergy between cash and care.** More research must assess the effect that multiple care-related interventions have when functioning in conjunction with cash transfers. Research is also needed to fill in the gaps in the evidence about the differential effects cash plus care may have on different sub-groups within OVC populations, including orphaned adolescents and those living with AIDS-unwell caregivers, as well as what is required for HIV prevention for particularly vulnerable sub-groups (for example, children of sex workers).
- **Few longitudinal evaluations focus on the effect of increasing financial assets on the HIV-related risk behavior and vulnerability of individuals and households.** Further studies must rigorously evaluate multiple care-related interventions in collaboration with cash transfers, employing long-term randomized control trials or other appropriate approaches (Dunbar et al., 2014). Integrated qualitative-quantitative research should explore the causal pathways between economic strengthening through financial inclusion and the changes in HIV-risk behavior and vulnerability.
- **Larger randomized trials and other appropriate studies are required to determine the difference rate for HIV infection.** There is a need for larger randomized trials and other appropriate studies to inform programs and the expansion of social protection. Much of the evidence on cash plus care is from small pilot-based studies, and without larger sample sizes, it may be difficult for RCTs to detect differences in HIV-infection incidence.
- **Evidence is needed about the effect of multi-sectoral interventions on HIV resilience.** Evidence is required about combinations of interventions that address sexual risk behavior, including which combination types are most effective for specific target groups. Research is needed on the longitudinal effects of cash plus care, with a variety of interventions for several age groups. Evidence-based interventions are further needed to address multidimensional youth risk behaviors.

There needs to be an “[e]ffort to design, implement, and rigorously evaluate behavior change interventions among adults as well as young people, with a stronger support from political leaders” (Doyle et al., 2010).

- **Evidence is needed on the differences between providing care support for caregivers and for children.** Original interviews with practitioners⁴ noted that in an ideal situation they would opt initially to provide care support for the caregiver rather than the child so as to address the root of the issue, and to support the caregiver to provide long-term care for the child. However, further research must be undertaken to determine if this is the more effective care-related intervention of the two, or whether there is a greater impact of providing support to children, caregivers or both.
- **Mentorship** is a particularly effective tool in bolstering community resilience and building social and economic capacity. However, little research has been done to identify the long-term effect that individuals employed or deployed as mentors have HIV outcomes.

These research gaps represent important opportunities for which vital research initiatives can contribute to a global effort to identify combination prevention strategies that can significantly reduce HIV incidence and address the associated effects on orphans and vulnerable children.

Recommendations for Future Research Approaches to Address Gaps in the Evidence Base

Cutting across the research themes identified in the previous section, a number of improvements in research approaches can further address gaps in the required evidence base:

- **Clarity in objectives:** It is important for NGOs and government programs to establish objectives that are specific and measurable in order to track the effectiveness of their programs. The purpose of this is both to determine if the intervention is successful – or otherwise implement an exit strategy – and to enable successful interventions to be documented as part of the global evidence

⁴ Key informant interviews were undertaken with implementing organizations in South Africa (CMR Mpumalanga, Etafani Daycare Centre Trust, Mothers2Mothers, The Sozo Foundation) and eSwatini (Challenge Ministries Bulembu Program, Claypotts, Salvation Army eSwatini)

base. This is especially true of NGOs working in local communities and adopting holistic approaches to interventions. Comprehensive and integrated multi-sectoral approaches involve multiple interventions and objectives, substantially increasing the complexity of the required evaluation approach. Appropriate frameworks must be designed and implemented to build an operational evidence base.

- **Focus on comprehensive evaluation—including process:** Much of the existing research focuses exclusively on impacts, employing what Amartya Sen refers to as “culmination evaluations” (Samson 2015). “Comprehensive evaluations” go further, broadening the research scope to include process and equity. For example, one important research area often ignored by culmination evaluations involves barriers to access to cash transfers and care services. Interviews with practitioners indicate that many grant-eligible OVC households do not receive adequate cash transfer support. In South Africa, many children technically eligible for the more generous Foster Care Grant only received the smaller Child Support Grant, due to bottlenecks in grant administration. Culmination evaluations will not effectively identify these barriers. More comprehensive evaluations that integrate process reviews with quantitative assessment and examine institutional arrangements in greater detail provide a more effective operational evidence base for delivering impact as well as equity.
- **Improved stakeholder cooperation and coordination:** Practitioners identified insufficient cooperation among and coordination of key stakeholders including governments, schools, community-based organizations (CBOs), researchers and other relevant institutions as a barrier to effective cash plus care programming. The limited research and evaluation resources, particularly in sub-Saharan Africa, highlight the importance of efficiency and cost-effectiveness as guiding principles in building an evidence base. Stakeholder collaboration, cooperation and coordination offer an effective way to improve value-for-money.
- **Investment in thorough research, monitoring and evaluation (M&E):** Government, development partners, NGOs and CBOs must invest more financial and human resources in research and M&E to build a more effective operational evidence base. A persistent theme in this research – both the literature analysis and practitioner interviews – revolved around the lack of evidence undermining the implementation of adequate interventions. Practitioners identified resource constraints as the primary barrier to producing more high-quality studies and evaluations.

- **The economic argument for cash plus care and the resulting multipliers:** cash plus care synergies offer multi-dimensional and sustainable impacts that not only address offer potential positive outcomes for HIV risks – they also improve mental health, strengthen families, build community resilience, improve educational outcomes, and build the economic capacity of communities and nations. The resulting economic impact tackles poverty and vulnerability, with a virtuous circle reducing the social vulnerabilities that exacerbate HIV risk. Research approaches should explore the complex economic linkages that both create multiplier effects for these investments in OVC while contributing more broadly to inclusive social development and equitable economic growth.

More and better evidence offers the potential to expand the capacity of integrated cash plus care programming to achieve prevention, treatment and care and support outcomes for orphans and vulnerable children. In particular, more concrete operational guidance about specific mechanisms that can build linkages between cash transfer programs and social care interventions can better enable policy and programming to maximize developmental synergies. In addition, evidence that builds a more comprehensive understanding of both impact and causal pathways can better strengthen an understanding of the complex challenges that HIV outcomes represent. Integrated quantitative-qualitative evaluations that harness learning-by-doing approaches can shed light on these most pressing challenges and offer opportunities for better policy and programming.

References

- Cluver, L.D., Orkin, F.M., Boyes, M.E. and Sherr, L. (2014). Cash plus care: social protection cumulatively mitigates HIV-risk behaviour among adolescents in South Africa. *AIDS*, 28(8)
- Brent, R.J. (2013). A cost-benefit framework for evaluating conditional cash-transfer programs. *Journal of Benefit-Cost Analysis*, 4(2): 159-180
- Giese, S. (2009). UNICEF special issue: Spotlighting the relationship between social welfare services and cash transfers within social protection for children. *Vulnerable Children and Youth Studies*, 4:1
- Hammer, J. (2017) Randomized control trials for development? Three problems. *Future Development*. Available at: <https://www.brookings.edu/blog/future-development/2017/05/11/randomized-control-trials-for-development-three-problems/>
- Handa, S., Halpern, C., Pettifor, A. and Thirumurthy, H. (2014). The government of Kenya's cash transfer program reduces the risk of sexual debut among young people age. *PLoS ONE*, 9(1): 15–25.
- Bothwell, L.E., Greene, J.A. and Podolsky, S.H. (2016) Assessing the Gold Standard — Lessons from the History of RCTs. *N Engl J Med*, 374:2175-2181. Available at: <http://www.nejm.org/doi/full/10.1056/NEJMms1604593>
- Pereznieto, P., Jones, N., Hamad, B. A. and Shaheen, M. (2014). Effects of the Palestinian National Cash Transfer Programme on children and adolescents: A mixed methods analysis. ODI report. Retrieved from <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8936.pdf>.
- Remme, M., Vassall, A., Lutz, B., Luna, J. and Watts, C. (2014). Financing structural interventions: going beyond HIV-only value for money assessments. *AIDS*; 28:425-432
- Richter, L.M., Sherr, L., Adato, M., Belsey, M., Chandan, U., Desmond, C., Drimie, S., Haour-Knipe, M., Hosegood, V., Kimou, J., Madhavan, S., Mathambo, V., and Wakhweya, A. (2009) Strengthening families to support children affected by HIV and AIDS, *AIDS Care*, 21:sup1, 3-12, DOI: 10.1080/09540120902923121
- Roelen, K, Devereux, S., Abdulai, A., Martorano, B, Palermo, T., and Ragno, L.P. (2017). How to make cash plus work: Linking cash transfers to services and sectors. Working Paper 2017-10. UNICEF-IRC.
- Samson, M., van Katwyk, S., Froling, M., and Ndoro, R. (2015). Methods of Measuring the Impacts of Social Policy in Political, Economic and Social Dimensions. *Working Paper 2015-4*. UNRISD
- Samson, M. (2016). *Child-sensitive Social Protection as a Pathway for Asia to Inclusive Social Development and Equitable Economic Growth (Draft)*. Cape Town.
- Samson, M., Jehoma, S. and Golchha, P. (2018) Synergies between Cash and Care Interventions to Improve HIV Outcomes for OVC: State of Literature and Practice.
- Sherr, L., Varrall, R., Mueller, J., Richter, L., Wakhweya, A., and Adato, M. (2008) A systematic review on the meaning of the concept 'AIDS Orphan': Confusion over definitions and implications for care. *AIDS Care*, 20(5): 527–536.
- Sherr, L., Tomlinson, M., Macedo, A., Skeen, S., Hensels, I. S. and Cluver, L. D. (2017). Can cash break the cycle of educational risks for young children in high HIV-affected communities? A cross-sectional study in South Africa and Malawi. *Journal of Global Health*, 7(2). <http://doi.org/10.7189/jogh.07.020409>
- Tracy, E.M. (1995) Family preservation and home-based services. *Encyclopaedia of Social Work* (19th ed.). Washington: NASW Press: 973-981.