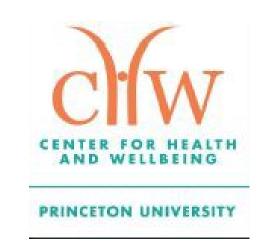
### What are we doing? Orphans and Vulnerable Children in Sub-Saharan Africa



### Gabriela Oseguera Serra, 2020, Politics Peace Corps, Office of Global Health and HIV Funded by CHW under Health Scholars Program and SINSI

### Introduction

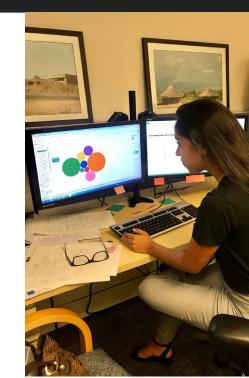
- \* 7,000 volunteers; 700 focus on HIV.
- \* Orphans and Vulnerable Children (OVC) as a key population.
- \* Peace Corps (PC) HIV work funded by PEPFAR.
- \* Set PEPFAR indicators outline activities to be performed by volunteers.
- \* PCVs required to report quarterly (every3 months) every activity on the field.
- \* PCVs focus on behavior change andresource facilitation.



Peace Corps, D.C., Morgan Nicolao & Gabriela Oseguera Serra

### **Objective of the Study**

- \* The key aim of the study was to better understand the activities that the PC Volunteers (PCVs) are performing on the field to serve OVC.
- \* Key Questions:
  - \* Are PCVs working with OVCs and caregivers over multiple sessions or as a one timeactivity?
- \* Are PCVs working with orphanages?
- \* Does the activity description match the indicator under which it was reported?
- \* Are OCVs working to support case management?



Peace Corps, OGHH, D.C., Gabriela Oseguera Serra

### Results 2019 OVERVIEW

Figure 1. 2019 Activity Description **Overview. Key Insights:** 

- \* About ½ meet official gov. indicator.
- \* Females more often served than males.
- \* Most beneficiaries are HIV negative.
- \* Most beneficiaries are Youth \* Most activities delivered are Clubs.
- \* There is little orphanage involvement.
- \* Most activities have a Health focus.

## **CLUBS SUMMARY**

# Figure 1. OVC Categorization Framework.

The framework serves to categorize the qualitative activity data reported by PCVs. Every single activity description falls under a set of boxes in this framework.

### Figure 3. 2019 Activity Description Other Summary. Key Insights:

- \* Most activities address a combination of HIV, Gender and Life Skills.
- \* Most HW activities focus on Nutrition.
- \* Most Life Skills interventions are a combination of Youth Development and Sexual and Reproductive Health activities.
- \* Most HIV activities focus on prevention.
- \* Most Gender activities address Gender-Equity and Gender Norms.

### Discussion

- \* About ½ of the activity descriptions do not match the official Indicator. This raises important questions and considerations:
  - \* Need to further encourage sustained contact as opposed to one time engagement. Need to increase number of Club activities.
  - \* Disconnect between government expectations and the work volunteers understand themselves doing on the field.
  - \* Better volunteer training needed (co-developed a document outlining volunteer training recommendations).
- \* Need to rethink the motive behind the federal programs implemented. PEPFAR is one of the most quantitative and data driven programs.

### Acknowledgements

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### Methods

- \* Overall study:
- \* Qualitative analysis to develop a framework for the HIV OVC PCVs data.
- \* Collaborated with an OVC specialist and a Data Analysis specialist.

### \* Process:

- \* Read about 150 2017 PCVs activity narrative entries.
- \* Developed a qualitative framework to categorize the HIV OVC activities.
- \* Read 230 2019 OCVs activity narratives, and used Excel to categorize them according to the framework described above.
- \* Used Tableau software to quantify and visualize 2019 results.

### \* Data:

- \* Obtained from the Volunteer Reporting Tool, where volunteers enter descriptions of all the activities they perform while on the field.
- \* Botswana, Cameroon, Swaziland, Lesotho, Mozambique, Namibia, Zambia.

### 2019 International AIDS Conference (IAS), Mexico City

### **HIV Among Indigenous Populations in Mexico**

- \* Patterns of Vulnerability
  - \* Economic exploitation
  - \* Social marginalization
  - \* Political and cultural marginalization
  - \* Symbolic domination
  - \* Only 1% of HIV testing happens in indigenous municipalities.

### **HIV Among Indigenous Populations in Oaxaca**

- \* HIV Prevalence in CAPASITS
- \* Indigenous: 23% Non-Indigenous: 16%
- \* Mortality due to abandonment of treatment \* Indigenous: 58% Non-Indigenous: 42%
- \* HIV Prevalence among CAPASITS migrants
  - \* Indigenous: 35% Non-Indigenous: 23%



IAS, Mex. City

IAS, Mex. City, featuring indigenous leader Amaranta Gomez

IAS, Mex. City, Hannah Gardi and Gabriela Oseguera Serra.