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Item Type	Presentation
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Download date	2026-06-12 11:46:29
Link to Item	https://hdl.handle.net/11288/596727

Early lessons learned from a cash transfer plus gender transformative economic intervention seeking to improve wellbeing among women caregivers of CALHIV in South Africa

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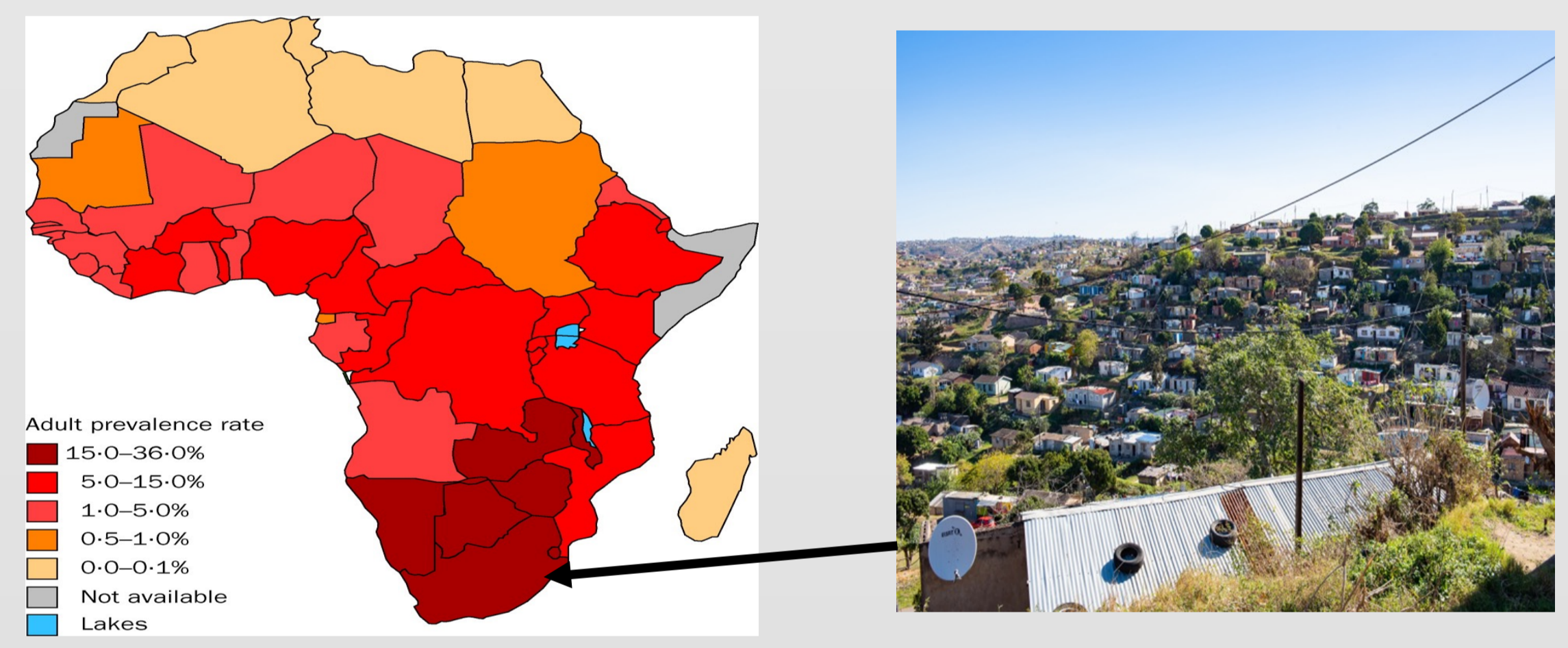
Background

- COVID-19 has amplified the drivers of poor wellbeing and gender inequality among informal caregivers of children and adolescents living with HIV (CALHIV)¹⁻³. However, informal caregiving has been linked to numerous negative effects on caregivers themselves¹⁻³.
- This impacts both caregivers' ability to provide care and their own wellbeing, particularly if they are living with HIV themselves⁴.

The Caregiver Wellbeing Plus trial (CWEL+) is evaluating a cash transfer + gender transformative economic empowerment intervention for improving psychological wellbeing and reducing depressive symptoms and IPV among women caregivers of CALHIV in KwaZulu-Natal, South Africa.

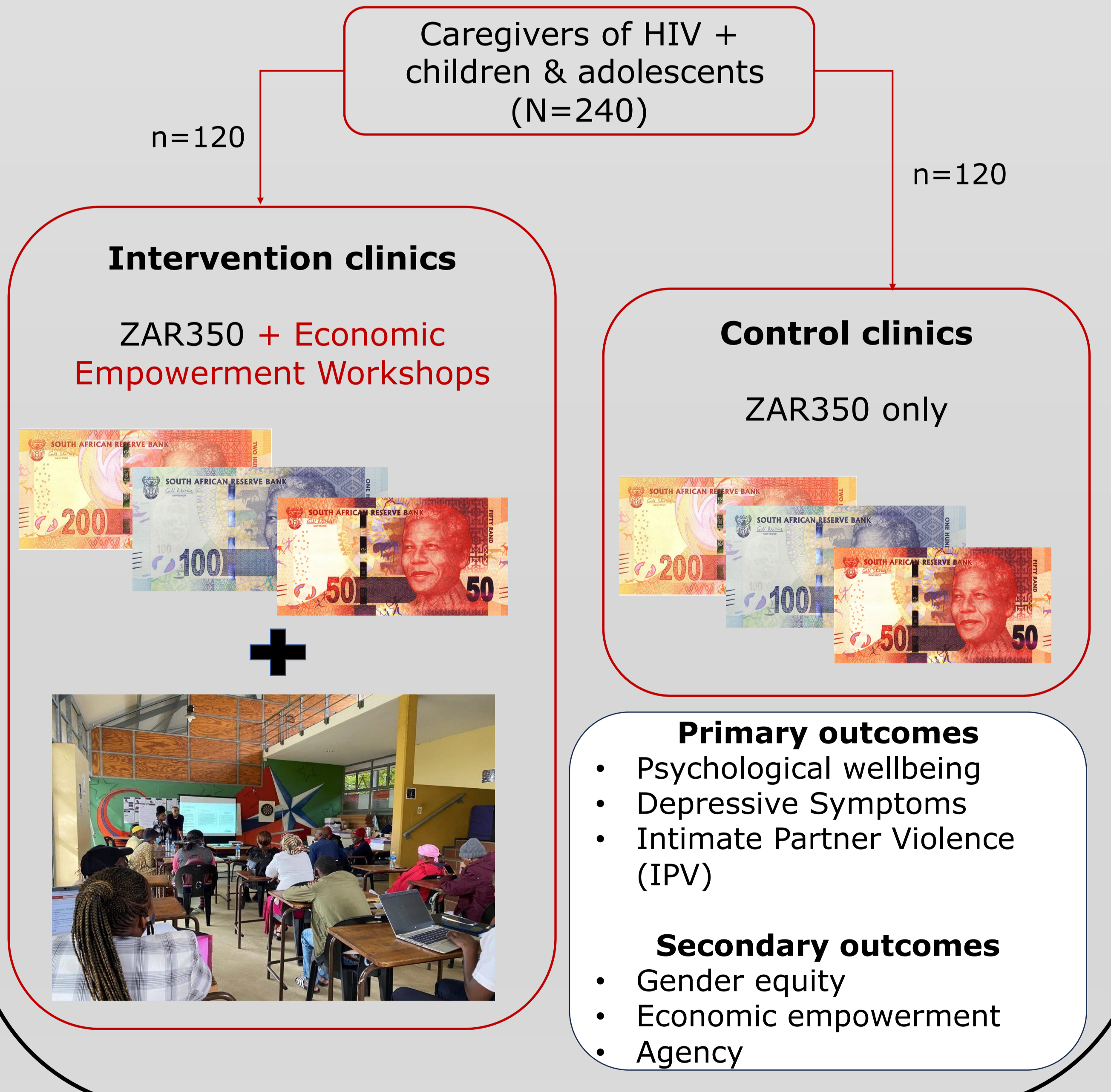
Methods

Setting: eThekweni Metropolitan Health District, KwaZulu-Natal, South Africa (HIV hotspot)



Study Design: Two-arm cluster randomized trial, featuring a quantitative survey, an economic evaluation, and a qualitative sub-study.

Intervention Components:



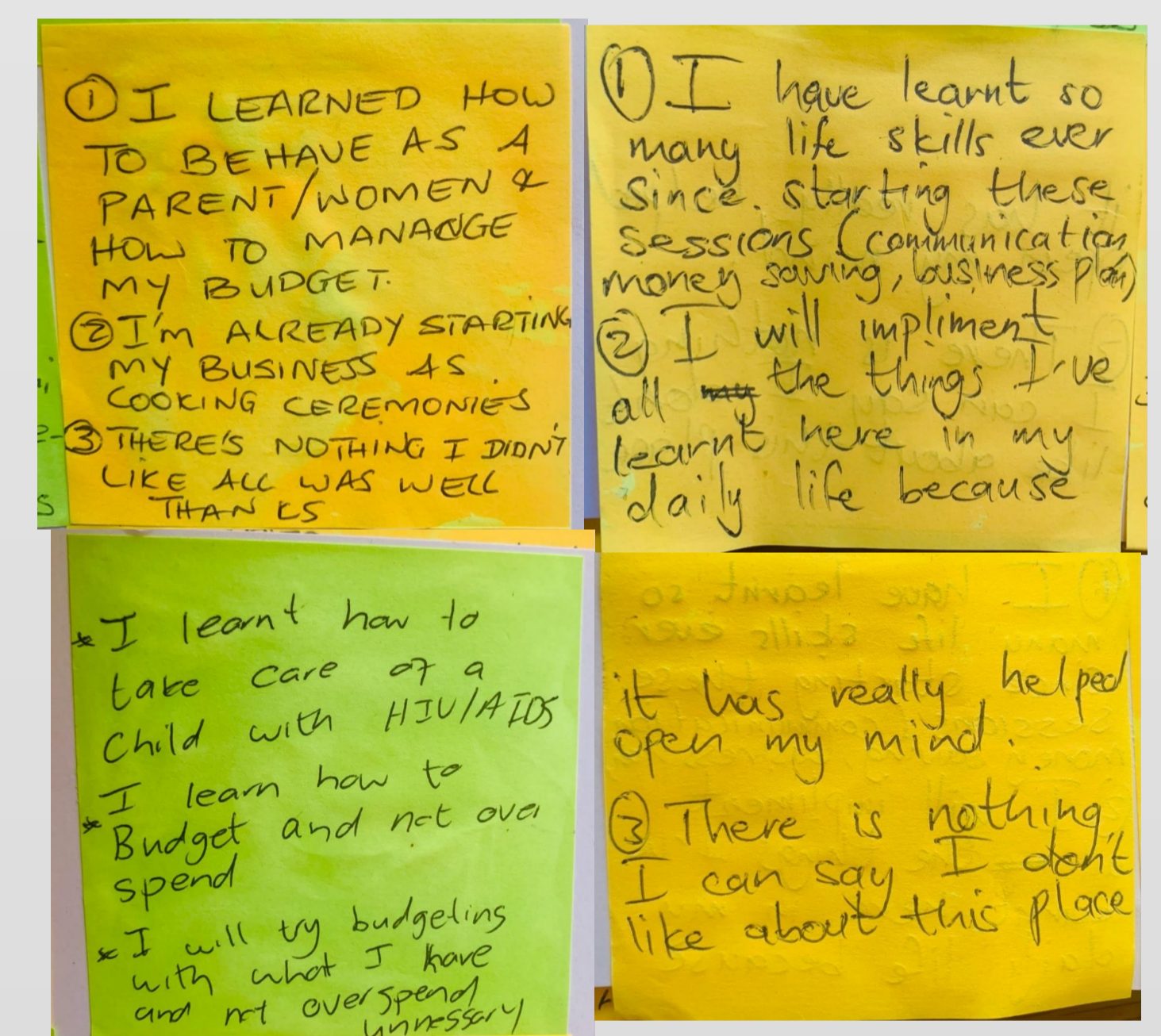
Results

Table 1. Baseline demographics of participants in the CWEL+ trial

	Total	Intervention	Control	p-value
N	273	149	124	
Median Age (IQR)	36 (30-43)	35 (29-41)	38 (31-44)	0.041
Employment Status (%)				0.46
Unemployed	270 (98.9)	148 (99.3)	122 (98.4)	
Employed	3 (1.1)	1 (0.7)	2 (1.6)	
In a relationship (%)				0.028
Yes	190 (69.6)	112 (75.2)	78 (62.9)	
No	83 (30.4)	37 (24.8)	46 (37.1)	
HIV-status				0.4
Living with HIV	230 (84.2)	123 (82.6)	107 (86.3)	
Of those living with HIV, % on ART	199 (85)	103 (82)	96 (89)	

- 48.4% have positive psychological wellbeing
- 57.1% experienced depressive symptoms
- 63.5% experienced intimate partner violence
- 78.7% report moderate or severe food insecurity
- 92.7% experienced social stigma

Discussion



Early Lessons Learned from the CWEL+ trial:

Within a short time period, 273 caregivers of CALHIV have been enrolled in the CWEL+ trial, with 86% of participant living with HIV themselves. Baseline analyses highlight experiences of depression, IPV, food insecurity, and stigma amongst most participants; consequently, baseline statistics suggest participants enrolled could benefit immensely from a gender transformative + economic empowerment intervention.

Further attention to **external barriers and behaviours that complicate caregivers' participation** in an intervention that relies on structured and continuous engagement is needed:

- Supports for caregivers that experience negative outcomes
 - Social workers as facilitators to manage referrals given the levels of food insecurity, depression, and IPV reported.
 - Protocols to manage substance misuse and IPV.
- Provision of breakfast before engagement given the prevalence of food insecurity amongst participants.
- Assistance available to supplement daily duties of caregivers
 - Stipends to support childcare and transportation costs
 - Child minders to oversee children at-site

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Acknowledgements

The authors would like to thank the Caregiver Advisory Boards whose perspectives informed the trial. We would like to also thank the staff at the SAMRC for their contributions, collaboration and support in the setup and undertaking of this trial. Additionally, we extend our gratitude to the IDRC-CDRI for funding this trial. Finally, we would like to acknowledge our field team for their hard work throughout this trial.