

Evaluation of Services for Orphans and Vulnerable Youth in Botswana: Qualitative Findings

Background

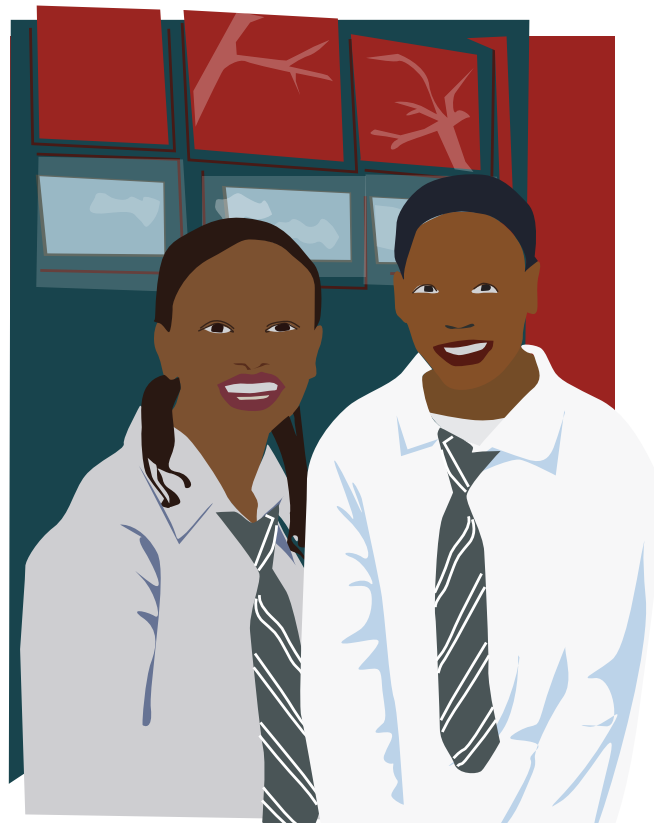
Since 2011, the Botswana Comprehensive Care and Support for Orphans and Vulnerable Children (BCCOVC) project—funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR)—has supported the Government of Botswana (GOB) to deliver high-quality social services in seven sites that PEPFAR has designated for priority. The GOB's core package of services for orphans and vulnerable children (OVC) consists of psychosocial support and provision of food, school uniforms, clothes, shoes, and toiletry items. BCCOVC services supplemented this core package of services with the goals of increasing uptake of HIV testing and other reproductive health services, improving adherence to antiretroviral therapy (ART), strengthening economic opportunities for youth, and improving the rate of school completion.

To provide the evidence necessary to plan and implement services for the unique needs of adolescent OVC, the United States Agency for International Development (USAID) and the GOB requested that MEASURE Evaluation, with support from PEPFAR, evaluate how PEPFAR- and GOB-supported OVC interventions in Botswana affect the educational, economic, and health outcomes of adolescent OVC.

The evaluation used both quantitative and qualitative methods. This brief describes the main findings from the qualitative component of the evaluation. A brief summarizing the quantitative results, and also the full report on this evaluation, can be found here: <https://www.measureevaluation.org/resources/evaluation-of-services-for-orphans-and-vulnerable-youth-in-botswana/>. The primary objective of the qualitative component of the evaluation was to examine how factors at the personal, family, school, community, and service delivery levels, including OVC services, influenced the educational, economic, and health trajectories and related outcomes of orphaned and vulnerable youth beneficiaries.

Methods

Four PEPFAR districts were the focus of the qualitative study: Gaborone, Kweneng East (Molepolole and Lentsweletau), Kgatleng (Mochudi), and Central District (Mahalapye). The beneficiary qualitative sample frame included all of those interviewed in the quantitative



survey in the intervention group (PEPFAR BCCOVC and GOB) who were exposed to the PEPFAR BCCOVC project in the previous two years and resided in the qualitative sample sites at the time of the survey. Data were collected from October 2018 through March 2019.

In-depth interviews were conducted with beneficiaries ages 16–18 years of age and their caregivers (CGs) (n=39 dyads), local partners (LPs) (n=11) and their community service providers (n=10), social and community development officers (n=4), and social workers (n=4).

The Ripple Effects Mapping (REM) method was used to describe multiple waves of project effects from the beneficiary perspective. (See <https://extension.umn.edu/community-development/ripple-effect-mapping> for an explanation of this method.) REM groups were held in four locations: Mochudi (n=11), Mahalapye (n=5), Thamaga (n=5), and Lentsweletau (n=7). Two group discussions with beneficiaries living with HIV (n=16) and two group discussions with HIV-negative beneficiaries (n=12) were conducted. REM participants were selected from the qualitative and quantitative sampling frame, from LP beneficiary lists, and from current members of teen club—a peer-support counseling group for youth living with HIV. Waves of project effects were analyzed

and visualized using Xmind mind-mapping software. In addition, two of the REM group mind maps (one HIV-negative group and one HIV-positive group) were graphically illustrated to more effectively show project outcomes in an easily digestible format. These can be found in Appendix N of the full report on this evaluation, available here: <https://www.measureevaluation.org/resources/evaluation-of-services-for-orphans-and-vulnerable-youth-in-botswana/>.

Key Findings

HIV and Health Outcomes

HIV Testing and Prevention

The BCCOVC project provided counseling and education on the importance of testing for HIV and knowing one's status. Several youth beneficiaries and CGs credited LPs with motivating youth to test and/or motivating CGs to encourage youth to test. In most cases, LPs encouraged youth to test because "knowing one's status is important," but only a few reported being exposed to messages that were more specific (e.g., knowing one's status would enable them to access treatment and protect others from transmission). Some LPs were able to combat fears of testing by communicating that having HIV is not a death sentence.

Lack of confidentiality posed a barrier to access HIV testing services or HIV/pregnancy prevention methods. Youth desiring these services feared moral judgment by CGs, clinic staff, and community members. Youth were concerned that others would question why they needed either service and would conclude that they were sexually active.

[The LP] taught us that living with HIV is not the end of life. They are the ones that motivated me. At first, I was afraid to test, but after hearing [what they said], I felt like I really need to know my status.
—Female, 17 years old

I'm scared to ask [CGs] to take me for testing. They would wonder why I want to test, as young as I am.
—Female, 16 years old

The BCCOVC project educated youth on different methods of HIV prevention: abstinence, monogamy, condom use, male circumcision, and having an undetectable viral load. Youth were encouraged to delay relationships until after finishing school and were told about the negative consequences of engaging in unprotected sexual relationships—such as HIV infection, pregnancy, and dropping out of school—as persuasion to abstain.

Because if I abstain, no risks of pregnancy, no risk of contracting HIV and...if I abstain, it can help me be focused and not think of a baby I left at home, who is mine, while I go to school. It helps me be focused on my school work.—Female, 17 years old

They advised me that I should choose a good life partner, not the one who thinks about sex only, not caring about my schoolwork and that I have to read.
—Female, REM group discussion

However, youth and CGs both reported feeling discomfort discussing sexual relationships and prevention methods.

Talk to these children, because if we try and talk to these children and give them advice, they get angry at us at home. So please do talk to these children about sexual activities, because these children engage in sexual activities without protecting themselves.
—Caregiver

Beliefs that youth are not at risk because they are young or not sexually active posed a barrier for CGs to take youth for HIV testing.

In most cases, children are taken there when they're sick and not getting healed and showing signs. That is when you can take a child to go for a test and ask them to test the child because you see certain things. Nothing that prompts has ever happened.—Caregiver

I haven't really tested them, because I thought that they were still young, but I have the desire to go and test them.—Caregiver

Learning that HIV can be transmitted by nonsexual means motivated CGs who previously thought the test was unnecessary.

Accepting HIV Status and ART Adherence

The BCCOVC project, primarily through its teen-club intervention, helped HIV-positive youth accept their status and improved their confidence, self-esteem, and outlook. Consequently, youth became more resilient to stigma and discrimination, more committed to adhere to treatment, more engaged at school, more willing to participate in social activities, and more willing to disclose their status. CGs were encouraged to help youth adhere, by monitoring their pill bottles and observing any deterioration in their health.

I am living well since I accepted my status... So I feel like I live just like everybody else. I feel the challenges I would face as an HIV-positive person are the same an HIV-negative person would face.
—Female, 18 years old

The thing is with accepting yourself comes a lot of things. If you accept yourself, even if you hear someone saying something negative about HIV, just be content that you've accepted yourself. And what he's saying isn't true; so long as you've accepted your status, everything is fine.
—Female, 18 years old

From both BCCOVC project counseling and personally witnessing others living with HIV, youth understood the consequences of not adhering to ART and realized that without treatment for HIV, one will die. This motivated both HIV testing and ART adherence. Furthermore, education on how medications work to combat HIV and the importance of taking them on time motivated youth to adhere.

I learned that the pills increase our CD4 count and that I have to make sure I take them all the time and not miss any day, because if I don't, I might end up killing my remaining cells... Because they are the ones that fight small diseases like flu.
—Female, 16 years old

Gender-Based Violence and Child Abuse

Participants' definitions of gender-based violence (GBV) varied. Only a few youth and CGs accurately defined GBV as physical, emotional, or sexual violence related to gender. Some youth reported GBV as happening between parents, as parental abuse of children, as sexual abuse of a child, or as sexual harassment.

Though the terminology used and the definitions of GBV or abuse varied, participants reported that education by BCCOVC project LPs resulted in CGs and youth being better able to recognize abuse in their lives. They also learned where to seek support and report abuse. Previously unreported cases were identified in Life Skills sessions at school or in designated Safe Spaces, a component of the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program, in which youth identified themselves to facilitators as victims after lessons on abuse.

...the situation was still burdening me because it was always happening. [After LP counseling] I was able to see what I can do and if the situation is like that I shouldn't harbor them too much in my heart. I should just focus on my life and my education.
—Female, 17 years old

Local partners reported that families need education on GBV to be able to recognize abuse. They believe that limits to education at the household level mean that victims will not understand that they are being abused and have a right to report the perpetrator.

Economic Stability

BCCOVC project-funded LPs have helped youth reflect on their spending patterns and the value of using money wisely to meet short-term needs and achieve long-term goals through saving, prioritization, budgeting, and cost-cutting. The most commonly cited barrier to saving was not having money or any money left after basic needs were met.

Before, each time I had money I would spend all of it even if it was a lot of money, I would spend all of it in a day but right now I am able to save and use the money for more important things. I am able to spend some and save some. —Female REM participant

Relatively few respondents reported being exposed to BCCOVC project education on work-related skills or internships or job placements. However, those who said they had been exposed to it said they learned skills required for different jobs, how to write a curriculum vitae, or computer skills. BCCOVC LPs also encouraged youth to be financially independent, which prompted some to reflect on the negative consequences of depending on others.

They encouraged me to get a job because not doing anything is not good, I will soon get used to depending on my parents to say, they are the ones that will do things for me because if I worked I could be earning something and be able to do things for myself. —Female, 18 years old

Youth also reported being pessimistic about the ability to find a job and lacking transport or necessary resources to submit applications. CGs generally reported that the youth their age should not be working and should instead focus on school. Youth who had not been exposed to the BCCOVC project's work-related education requested assistance with career advice, access to vocational training, and facilitation of work placements.

BCCOVC project-funded LPs provided youth with education on entrepreneurship skills and motivated them to plan or start their own businesses. Youth were advised on small-scale business options and making things to sell. The most commonly cited barrier was lack of money for start-up capital or to make contributions to the GROW

initiative, which provides education on entrepreneurship and invites participants to form a savings group.

I learnt about what you have to do if you want to start a business. And also that you have to educate yourself on how to run a business. . . You budget first when you want to start a business; you then check if the things you budgeted for can be covered by the money you have, for the things you need...They were useful to me because I can help my family with anything they need...The money I would have made from the business, I would be able to take something from it and help them. —Female, 17 years old

In general, CGs and youth who did not have the capacity to act on the work-related education offered were less receptive to it and even dismissed it (e.g., pointing out the futility of teaching saving or business skills when one has no money to save or to use as capital for a business).

Education

BCCOVC project-funded LPs have helped youth to take responsibility for their education by building their confidence to ask questions, enabling access to tutoring services, and encouraging them to set up study groups for peer support. This support appeared to be particularly needed in junior secondary schools, because a significant number of students failed to proceed to senior secondary school. Those who were exposed to these interventions reported a positive impact on their school performance, but not all youth reported having access. BCCOVC project efforts, primarily the teen club, enabled HIV-positive youth to accept their status, which improved their attitude toward school, motivation to attend, and confidence to actively participate in class discussions and school trips.

We started to understand that [LP] wanted us to work out problems and find answers... that you need to study on your own, but the teacher will help you where you don't understand, but you are responsible for your studies. —Male, 17 years old

[LP tutors cover] any subject that you need help on. They would come through with past test papers; then we would sit down and revise. Or we could be the ones coming with test papers of subjects such as math, Setswana, and English. I ended up knowing about other things that I didn't know about from there... At school when we don't know things, they beat us but there they never beat us. They are not impatient with us. —Male, 17 years old

PEPFAR-funded local partners counseled youth who failed or dropped out of school not to give up and either return to school or consider vocational school. Viewing education as a pathway out of poverty, promoted by CGs and PEPFAR-funded local partner staff, motivated youth to attend, perform well, and complete school.

[LP] came and told me that it's not like if you have failed your Form 3 that is the end of life. I was a bit naughty so I was told that I needed to change. When I was still in school, I would date, so I realized that that is what made me fail in school and then when they started coming home, I started to change and I went to rewrite my Form 3. I rewrote my Form 3 just recently. Ever since I came in contact with [LP], I have changed; I am now a responsible child in the home that listens. —Female, REM participant

Youth credited GOB material support for their education—in particular for uniforms and fees, which allowed them to attend school with confidence that they are like the other students.

I don't worry about who is going to buy my uniform, who is going to provide me with food. Because I know that someone is there for me. Unlike when there was no one. I would be worried that my shoes are worn out and what I need to do. Obviously [I] am going to think of something negative, a way to get money and buy myself shoes...there is just a tendency at school, girls date combi [mini-bus drivers] men to get money. So, I think [I] am lucky because I don't need to do that to get money. The government is there to provide. —Female, 17 years old

However, many youth or households had not consistently received material support such as food vouchers, school fees, school uniforms, or transport money, which sometimes negatively affected attendance. BCCOVC project-funded LPs facilitated access to GOB support in many cases.

Participants reported barriers to youths' positive attitudes toward school, and consequently their attendance and performance: dating; negative peer influences; fear of corporal punishment by teachers; and gaps in GOB material support, such as uniforms and fees.

Management of BCCOVC Project

BCCOVC project-funded LPs reported several challenges to reaching beneficiaries, delivering good-quality services, and meeting donor targets. LPs reported that beneficiaries were not at home when the CSP called and were difficult to locate. In addition, LPs said that pressure to meet targets sometimes threatened the quality of services and

prevented them from meeting household/beneficiary needs. The amount of time spent at the households was limited, which reduced the number of services that LPs could provide, the education they could offer, and the referrals they could provide for follow-up. LPs also said that progress in achieving program outcomes and coverage was impeded by staff turnover and donor scope changes, both of which required delays owing to training or retraining.

Discussion

This qualitative component of the evaluation examined the health, educational, and economic outcomes as reported by the beneficiaries themselves and project implementation staff.

In relation to the health outcomes, youth reported being motivated to test for HIV based on project counseling and better understanding of different prevention methods. Many teen club participants found that the peer support and guidance that the clubs provided helped them to accept their HIV-positive status and improve their adherence to ART, gave them confidence to make good choices and perform well in school, and supported their transition into adulthood. The teen club provided an open, accepting space in which youth could discuss complex, personal issues related to living with HIV and receive the support they needed. This intervention delivery model is very promising and filled an important information and support gap for many of these youth. However, teen clubs are not available in all areas or accessible by all of those who would benefit. Increasing coverage or facilitating access to existing clubs could help others who would benefit from participation.

For educational outcomes, tutoring was widely praised by all participants for improving school performance. Both youth and caregivers reported that tutoring enabled youth to believe in their capacity to learn, to take responsibility for their education, and to show youth ways to help themselves. However, some beneficiaries and LP staff reported that supply is failing to meet demand. Increasing coverage and regular access to tutoring could help youth realize their academic potential and equip them with the confidence and skills to be independent learners.

In relation to economic stability, many youth reported that economic stability interventions had a positive impact on their attitudes toward money and their money management skills, their ability to find work, and their income generation skills. Those who had money said the financial literacy lessons helped them to evaluate their spending and how to plan and budget to reach their goals. However, beneficiaries without access to funds found it less useful. These interventions may be more successful if the financial education is combined with a viable plan to help youth generate the required capital.

Overall, a large number of youth beneficiaries reported improved outcomes in health, economic stability, and education. Many of these positive results, though encouraging, came from beneficiaries who reported receiving consistent services. Issues with project implementation may have impacted the ability of the project to reach its objectives. Therefore, there is more work to be done in ensuring high-quality and sufficient dosage of interventions and services for participating beneficiaries.