

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

Background and Methods

Since 2016, 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 social services in seven PEPFAR priority sites. The BCCOVC project is implemented by Project Concern International (PCI) and builds on the previous PCI-implemented Tsela Kgopo OVC and Gender project (2011–2016). It supplements the core package of GOB services for orphans and vulnerable children (OVC): provision of food, school uniforms, clothes, shoes, and toiletry items to orphaned and vulnerable youth. Its goals are to increase uptake of HIV testing and other reproductive health services, strengthen economic opportunities for young people, and improve educational outcomes.

With support from the United States Agency for International Development (USAID), the USAID- and PEPFAR-funded MEASURE Evaluation project led an evaluation to determine whether OVC beneficiaries who have participated in one to two years of OVC services from the GOB and BCCOVC project have better health, economic, and educational outcomes than do OVC beneficiaries who received only the GOB’s OVC services. The study employed a two-arm quasi-randomized design. Data were collected from 2,358 youth in September–December, 2018, through household visits, with follow-up phone calls to 206 Form 5 students in February 2019 to collect data on educational outcomes. Quantitative data were analyzed to explore bivariate associations between the study arm and primary and secondary outcomes. Multivariate logistics and linear regressions were used to examine study outcomes, controlling for age, sex, school status, orphanhood, and primary caregiver. Results from the quantitative portion of the study are presented here. The study also had a qualitative component whose results are summarized in a brief available here: <https://www.measureevaluation.org/resources/evaluation-of-services-for-orphans-and-vulnerable-youth-in-botswana/>. The full report on the evaluation is also available on this web page.



Key Findings

Study participants were 16–18 years old: 17 years old in both study arms, on average. Youth in the intervention arm were slightly more likely to be male. Youth in both study arms were most likely to have their mother be the primary caregiver, followed by a grandmother and then an aunt. In both study arms, more than a third of youth were single orphans. Almost one-third of youth in the comparison arm were double orphans, compared to 7.5 percent of youth in the intervention arm.

Table 1. Demographic characteristics

		Intervention	Comparison
Age (mean)	Years	17	17
Sex (%)	Females	48.3	51.0
	Males	51.7	49.0
Orphan (%)	Single orphan	35.7	43.4
	Double orphan	7.5	32.6
Primary caregiver (%)	Mother	62.3	32.7
	Aunt	9.9	21.3
	Grandmother	16.4	26.4
	Other	11.1	19.6

About 20 percent of all participants reported receiving both BCCOVC and GOB services, while 55 percent reported having received only GOB services, and 6 percent reported receiving only BCCOVC services. About 11 percent of youth reported receiving no services.

HIV and Health

HIV Testing and Other Health Services

In bivariate and multivariate analyses, youth in the intervention arm were significantly more likely to have had an HIV test in the past 12 months and know their results than were youth in the comparison arm ($p < .01$). Youth in the intervention arm were also significantly more likely to have accessed any HIV service (HIV prevention, testing, and treatment advice) than were youth in the comparison arm ($p < .01$).

Figure 1. Percentage of youth who had had an HIV test and knew their results, previous 12 months**

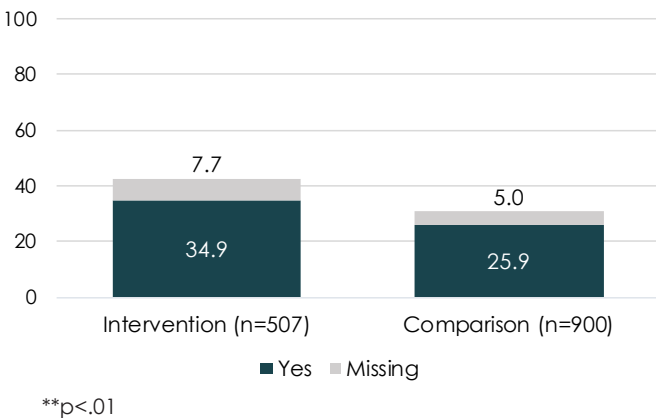
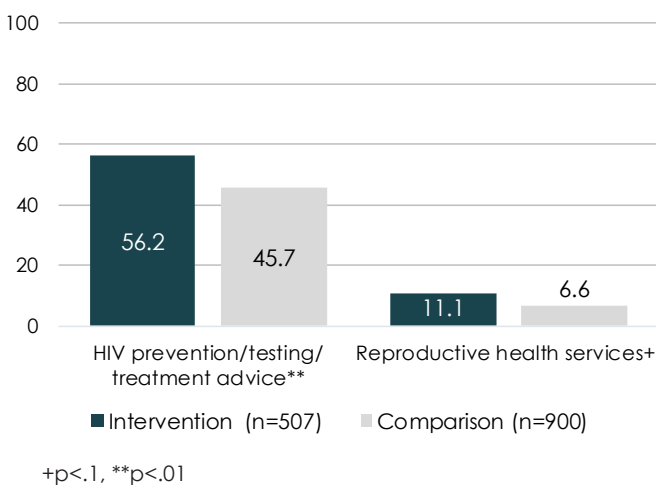


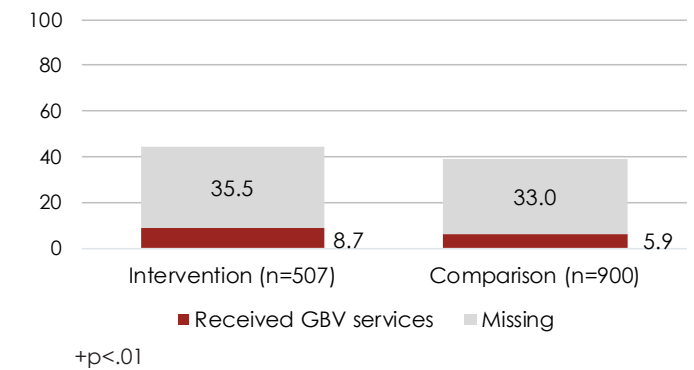
Figure 2. Percentage of youth who had accessed services in the past 12 months



Services for Gender-Based Violence (GBV)

Youth in the intervention arm were marginally significantly more likely to receive medical care or psychological services because of GBV in the previous 12 months ($p < .1$).

Figure 3. Percentage of youth who had received medical care or psychological services in the past 12 months because of GBV +



HIV Prevention

A higher percentage of youth in the intervention arm reported using a condom every time they had sex in the previous three months, although the difference was not statistically significant in the multivariate analysis. High-risk behaviors (multiple sexual partners, inconsistent condom use, or transactional sex) were about the same between study arms.

Figure 4. Percentage of youth who had reported using a condom every time in the past three months

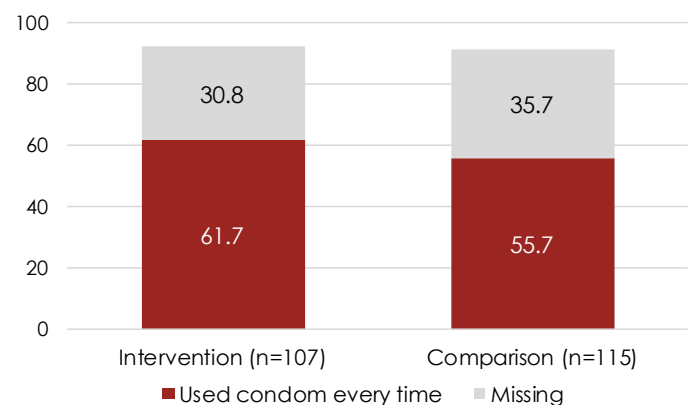
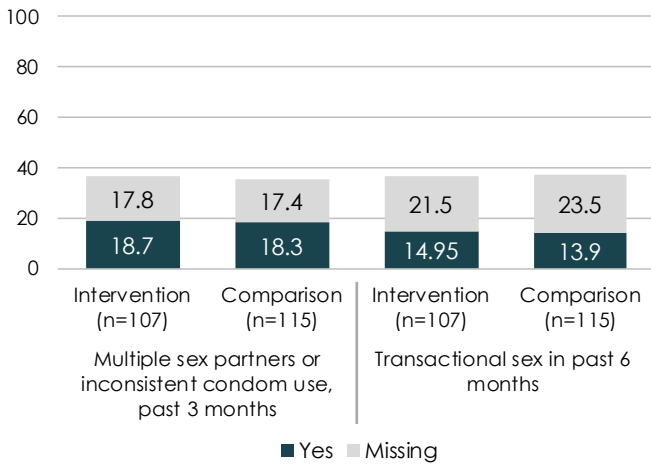


Figure 5. Percentage of youth who reported high-risk sexual behavior



Antiretroviral Therapy (ART) Adherence

Youth in the study arms who were HIV-positive were equally likely to report being on ART and to report adherence to ART.

Figure 6. Percentage of HIV-positive youth who reported being on ART

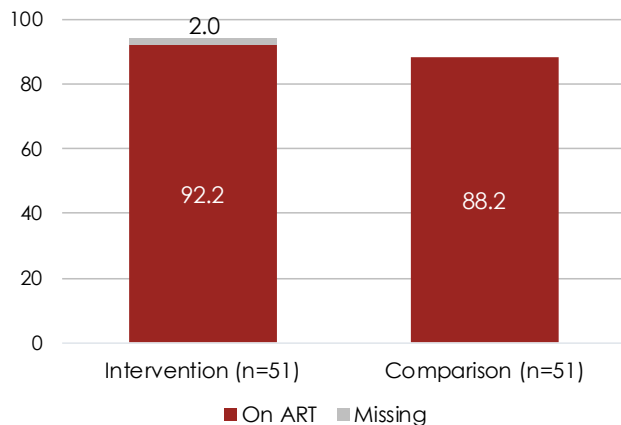
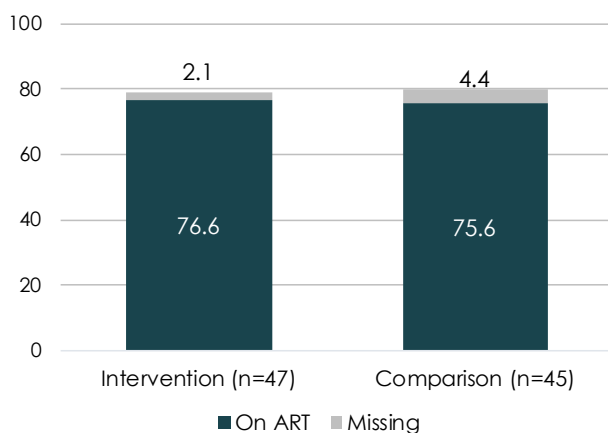


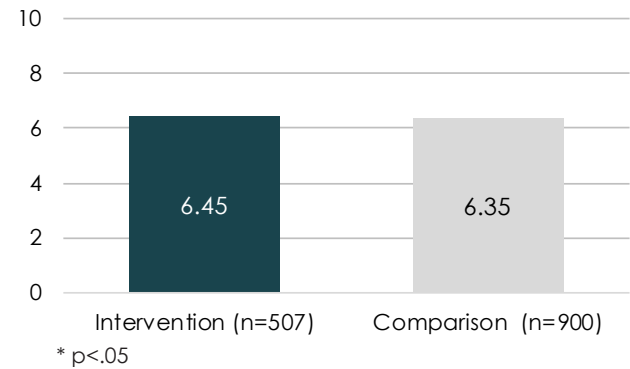
Figure 7. Percentage of HIV-positive youth who reported adherence to ART



Economic Strengthening

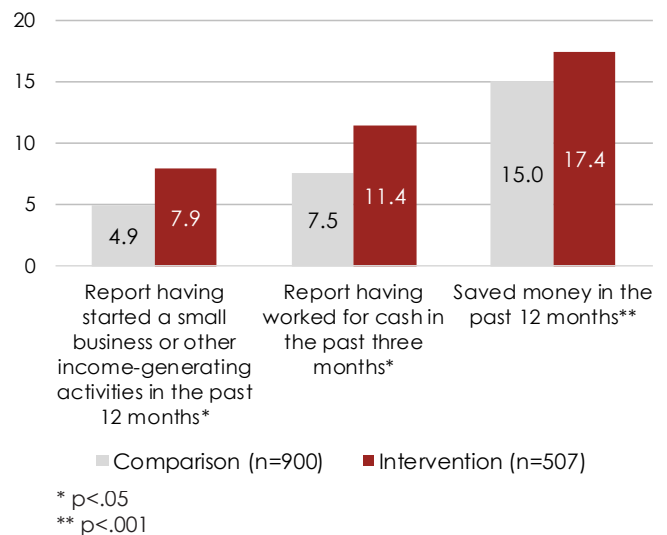
Financial literacy was measured through a set of 10 questions on savings plans. Youth in the intervention arm were significantly more likely to be financially literate ($p < .05$) than those in the comparison arm, though the 0.1 difference in the mean score for financial literacy between the two groups was not programmatically meaningful.

Figure 8. Basic financial literacy of youth, mean score*



Youth in the intervention arm were significantly more likely than those in the comparison arm to report starting a small business or an income-generating activity in the past 12 months ($p < .05$), working for cash in the past three months ($p < .05$), and saving money in the past 12 months ($p < .001$).

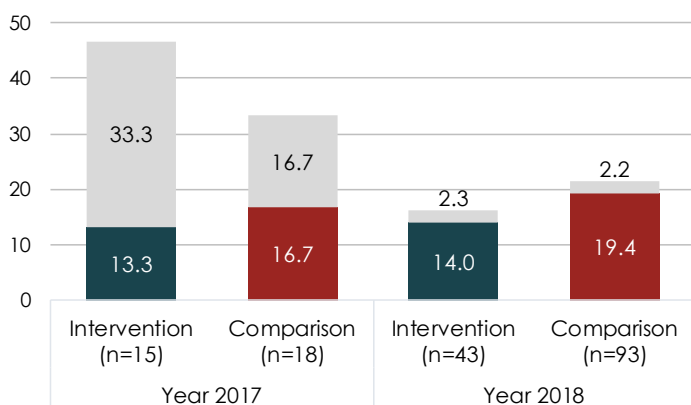
Figure 9. Percentage of youth who reported various economic stability-related outcomes



Education

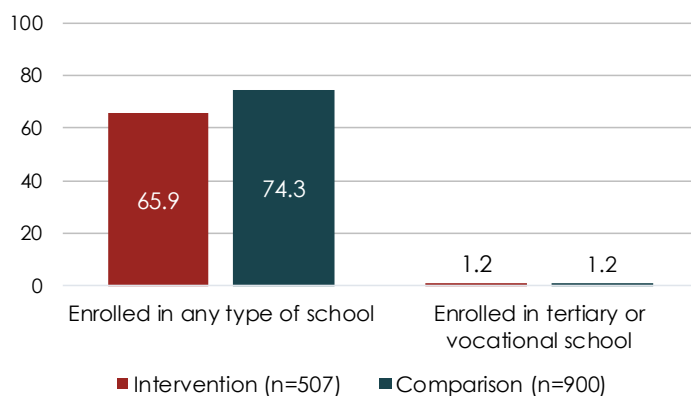
Approximately 18 percent of youth who sat for the BGCSE exam in the year 2018 and 15 percent of youth who did so in the year 2017 scored 36 points or higher on the exam. There was no statistically significant difference in exam scores between youth in the intervention and comparison arms.

Figure 10. Percentage of youth in 2017 and 2018 who sat for and received 36 points or higher on the BGCSE exam



There were no differences in school enrollment or graduating from senior secondary school between youth in the intervention and comparison arms.

Figure 11. Percentage of youth enrolled in any school, and in tertiary or vocational school



Conclusions

The evaluation showed that the PEPFAR-funded BCCOVC project has had some positive effects on HIV testing, treatment, and access to services, and on strengthening economic prospects for youth beneficiaries. However, no quantifiable effects of the BCCOVC intervention on education outcomes were observed. Differences between study arms may be underestimated because of missing responses, or because many respondents reported not receiving OVC-related services in the past 12 months. There was sometimes overlap in receipt of services between the study arms and, therefore, the BCCOVC project effects may have been diluted.

This evaluation study is unique in that it examines the effects of a multicomponent intervention for orphans and vulnerable youth transitioning to adulthood in Botswana. OVC adolescents continue to be an important population to support as they transition to adulthood. Additional research is needed to understand how service delivery and support services are reaching youth.