Overview of the WK Kellogg Foundation's project on OVC – Botswana, South Africa and Zimbabwe

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S.A.H.A.R.A

HSRC RESEARCH OUTPUTS
5296

Overview of presentation

- **Introduction to the project**
  including goals and partners
- **Baseline OVC research and some results**
- **Lessons learnt**
- **Synthesis of lessons learnt**
- **Conclusions**
- **Acknowledgements**
- **Funding**
- **Website**

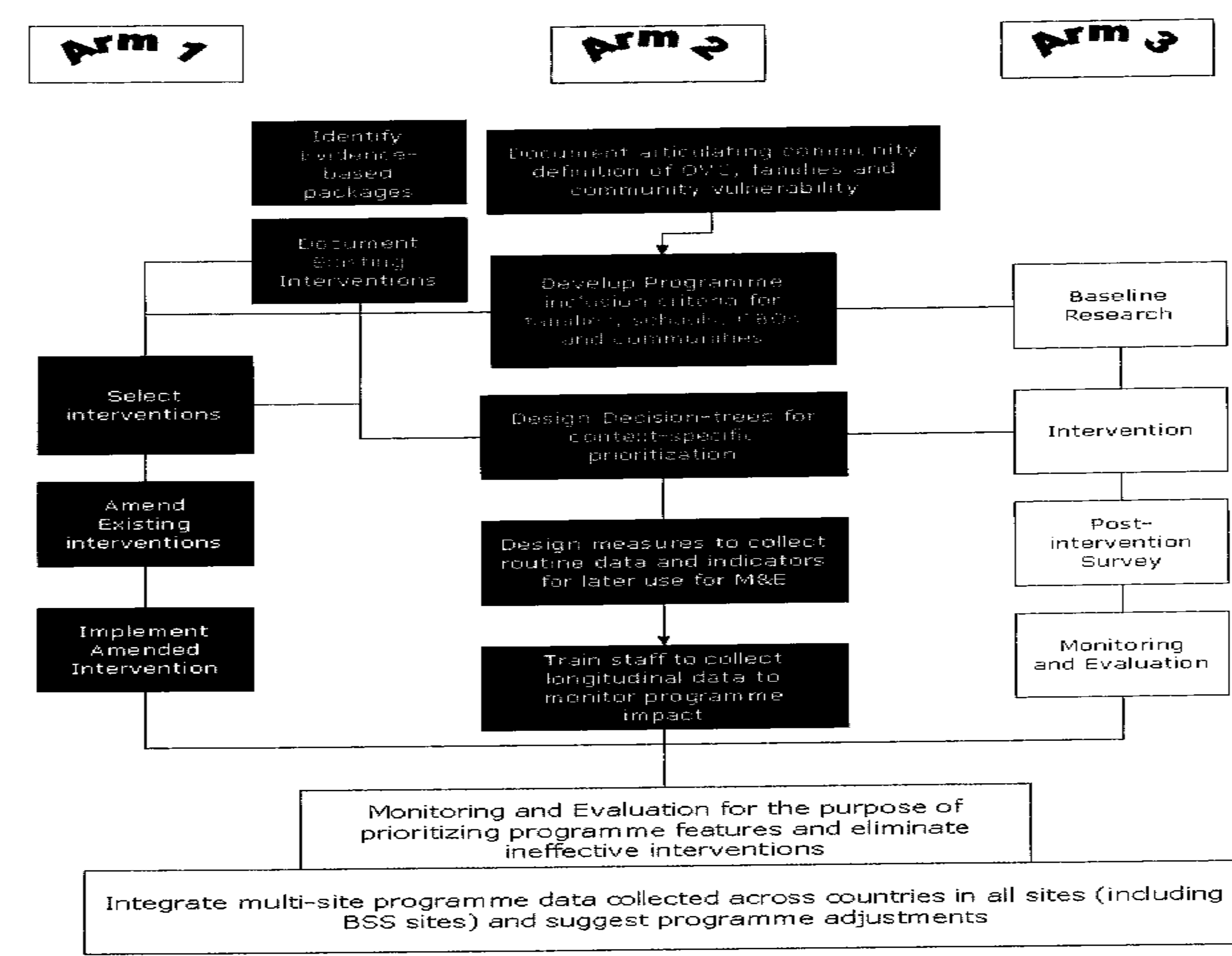
Introduction to The W.K. Kellogg Foundation's (WKKF) OVC Care Interventions Project

- **In 2002 the WKKF awarded a 5-year grant worth US$5 million as part of its 75th Anniversary celebrations.**

- **To develop evidence-based "models of successful practice' that would help strengthen the capacities of households and communities to respond to the challenge of the growing number of OVC in the SADC region.**

The WKKF OVC Care Interventions Project (Contd)

- The specific objectives of the project:
  - To establish a framework to implement the project;
  - To evaluate and monitor the impact of home-based child-centred care programmes;
  - To evaluate the impact of families and household support programmes; and
  - To strengthen community-based systems for sustaining care to OVC and households.


Arm 1
Arm 2
Arm 3
Identify
evidence-
based
packages
Document
Interventions
Document articulating community
definition of OVC, families and
community vulnerability
Develop Programme
inclusion criteria for
Baseline
Research
Select
interventions
Design Decision-trees for
context-specific
prioritization
Intervention
Amend
Existing
interventions
Design measures to collect
routine data and indicators
for later use for M&E
Post-
intervention
Survey
Implement
Amended
Intervention
Train staff to collect
longitudinal data to
monitor programme
impact
Monitoring
and Evaluation
Monitoring and Evaluation for the purpose of
prioritizing programme features and eliminate
ineffective interventions
Integrate multi-site programme data collected across countries in all sites (including
BSS sites) and suggest programme adjustments

The WKKF's OVC Care Interventions Project (contd)

Country	Research Partner	Grant Maker
Botswana	'University of Botswana'	Masiela Trust Fund
S. Africa	HSRC	Nelson Mandela Children's Fund
Zimbabwe	Biomedical Research and Training Institute & Trust National Institute of Health Research (formerly Blair RI)	Family AIDS Caring (FACT)

CBO/FBO partners in Botswana

- **The Masiela Trust Fund has been working with CBOs /FBOs running the following five OVC-related facilities in as part of the WK Kellogg Project:**
  - **Kanye (UCCSA *Kgodisong* Day Care Centre Centre) in Southern District,**
  - **Molepolole (*Bana Ba Keletso* Counselling and Day Care Centre) in Kweneng District,**
  - **Maun (*Motse Wa Tsholofelo* Counselling and Day Care Centre) in Northwest District,**
  - **Mahalapye (Mothers Union Centre) in Central District.**
  - **Serowe (Little Friends Centre) also in Central District**

CBO/FBO partners in South Africa

- **The NMCF has been mainly working with the Matjhabeng HIV/AIDS Consortium in Welkom and Virginia in Free State Province and the *Tapologo* HIV/AIDS Programme in Rustenburg in North West Province.**

- **The Matjhabeng HIV/AIDS Consortium consists of 16 CBOs and FBOs as follows:**
  - **Four in the area of Economic, Social and Community Development:**
    - **Thembi–Serutuwa, Ntshiriletse, YWCA, & Virginia Women's Training Network**
  - **Four FBOs:**
    - **St. Kizito, Catholic Church, Matjhabeng Christian Leaders Forum, & KMD**

CBO/FBO partners in South Africa (contd)

- **Four in Child Welfare & Social Services:**
  - **Famsa (Family & Marriage Society of S.A), Virginia Child Welfare, Oranje Vroue Vereeniging (OVV), & Lifeline**
- **Two in Education:**
  - **South African ECD Congress Virginia Branch, & Dunamis School**
- **two in Health Services:**
  - **Meloding Hospice, & Virginia Multi-purpose Centre**

CBO/FBO partners in South Africa (contd)

- ***Tapologo*** **HIV/AIDS Programme in the Rustenburg area is run by the Roman Catholic Church.**
  - **It includes the following:**
    - **Two AIDS clinics**
    - **One AIDS hospice**
    - **A Day Care centre for Children orphaned and/or infected by AIDS**
    - **One full-time foster care shelter for children orphaned by AIDS known as "Eco Village".**

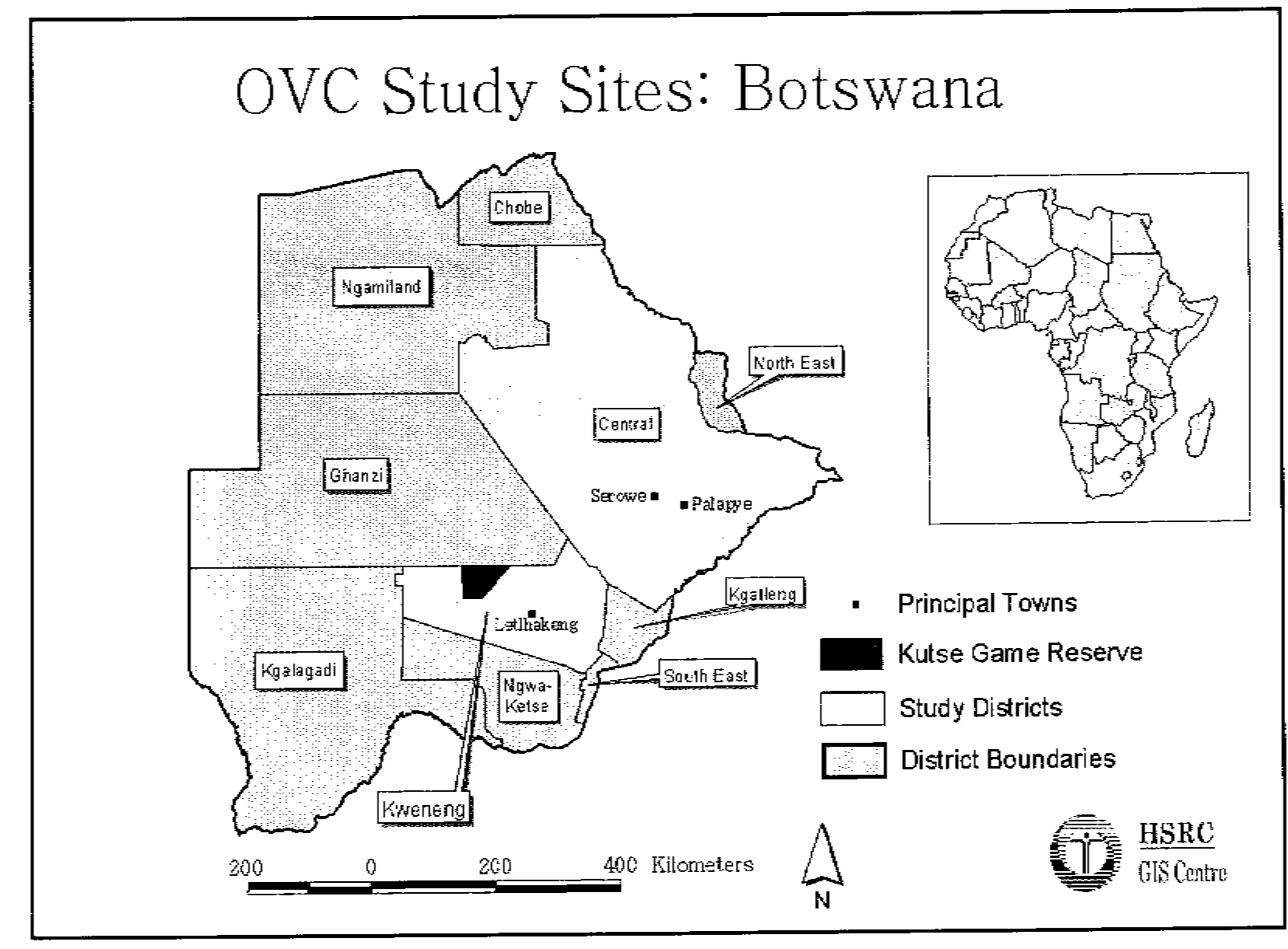
- **Recently, NMCF also started working with:**
  - **The Child Welfare Society (South Africa North West) in Kanana Township in Klerksdorp**
  - ***Diketso Eseng Dipuo*** **(DEDI) Community Development Trust from Bloemfontein**

CBO/FBO partners in Zimbabwe

- **FACT has been working with the following eight CBOs and FBOs from all over Zimbabwe:**
  - **The Intermediate Technology Development Group (ITDG) in Chimanimani district;**
  - **Batsirai Group in Chinhoyi;**
  - **Midlands Aids Service Organization in Gweru;**
  - **Farm Orphan Support Trust of Zimbabwe (FOST) in Bindura;**
  - **DAPP Kukwanisa Child Aid in Mutasa District;**
  - **Nzveve Deaf Children's Centre in Mutare Urban;**
  - **FACT Nyanga in Nyanga district, and**
  - **The Integrated Rural Development Programme (IRDP) in Bulilimamangwe district**

Baseline OVC research at some sites in each country

- **In each of the three countries participating in the project two sites were identified.**
  - **The sites were either whole or parts of districts, municipalities, or townships.**
  - **Both qualitative and quantitative surveys studies were conducted to determine baseline information.**
  - **The same generic tools were used in all three countries.**


OVC Study Sites: Botswana
Chobe
Ngamiland
North East
Central
Ghanzi
Serowe
Palapye
Kgatleng
Letlhakeng
Kgalagadi
Ngwa-
Ketse
South East
Kweneng
200
0
200
400 Kilometers
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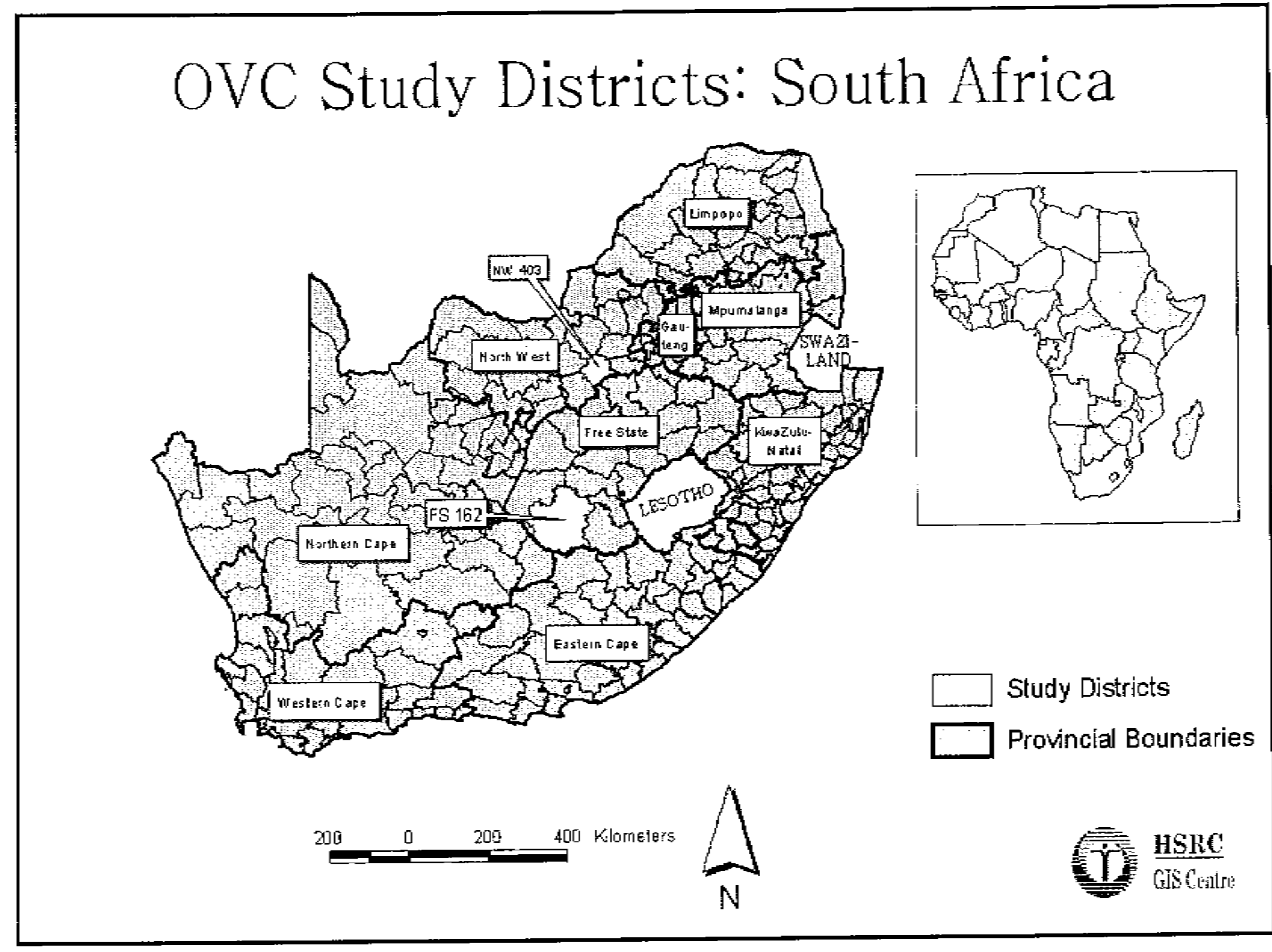
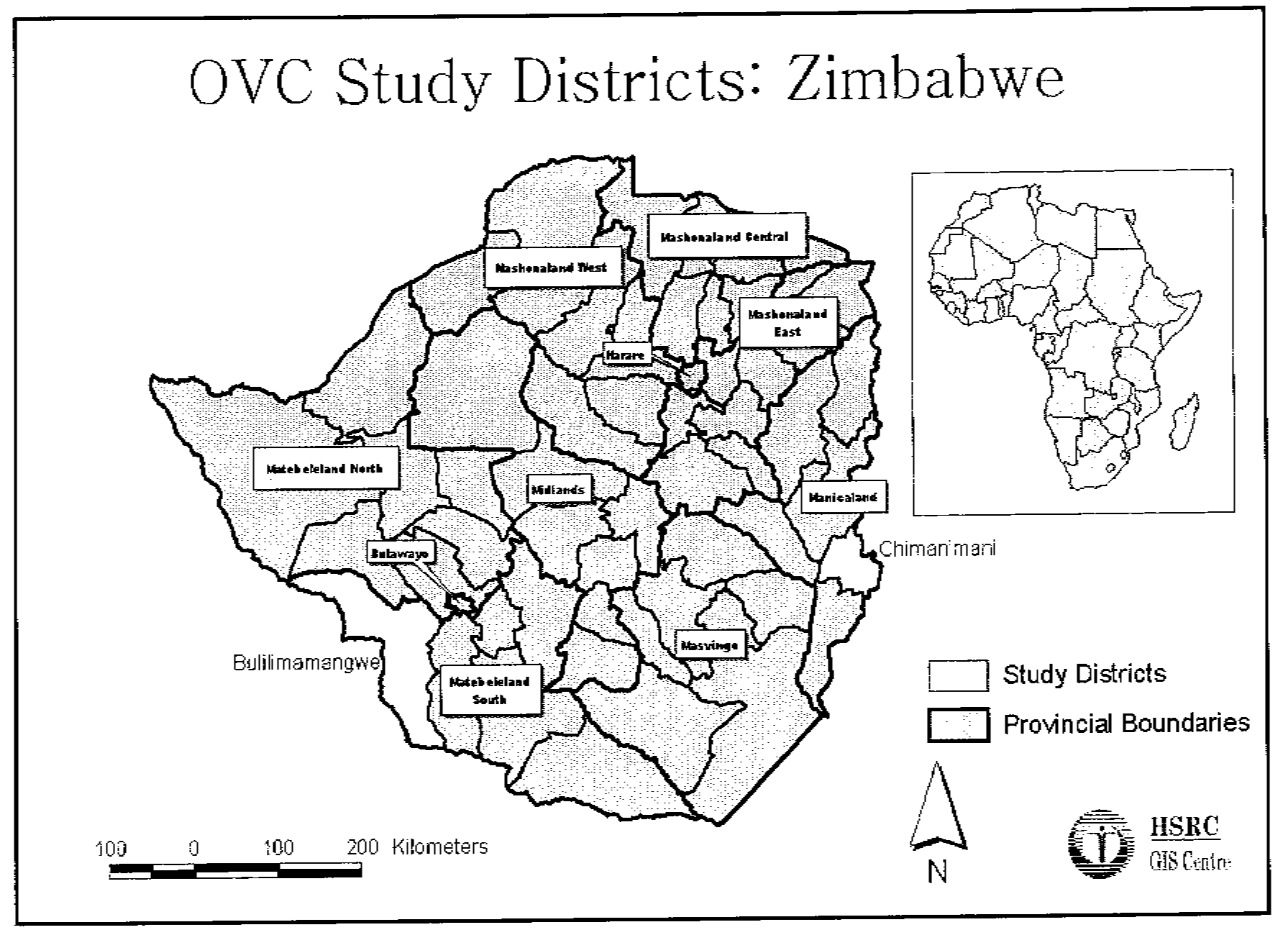
Principal Towns
Kutse Game Reserve
Study Districts
District Boundaries
HSRC
GIS Centre


OVC Study Districts: South Africa
Limpopo
NW 403
Mpumalanga
Gau-
teng
SWAZI-
LAND
North West
Free State
KwaZulu-
Natal
LESOTHO
FS 162
Northern Cape
Eastern Cape
Western Cape
Study Districts
Provincial Boundaries
200 0 200 400 Kilometers
N
HSRC
GIS Centre


OVC Study Districts: Zimbabwe
Mashonaland Central
Mashonaland West
Mashonaland East
Harare
Matebeleland North
Midlands
Manicaland
Chimanimani
Bulawayo
Masvingo
Bulilimamangwe
Matebeleland South
Study Districts
Provincial Boundaries
100 0 100 200 Kilometers
N
HSRC
GIS Centre

Baseline OVC research at some sites in each country (contd)

- Studies undertaken include the following:
  - 45 personal interviews and four focus groups with various stakeholders and OVC themselves at each site
  - Audits of NGOs/CBOs/FBOs at each site
  - OVC censuses at each site (all eligible households)
  - Psychosocial needs survey (PSS) at each site (n = 1000 vulnerable households)
  - Population-based HIV prevalence, behavioural risks and awareness and use of HIV-related services in the community survey (n = 1000 households) in one site per country*.

    * Botswana did it for both sites using BAISII database.

Baseline OVC research at some sites in each country (contd)

- For a project of this magnitude, there are lots of data that have been collected and therefore too much information to present here.

- Dissemination of findings:
  - By June this year, over 25 research reports will have been published by the HSRC on this project alone. The reports are freely available from downloading for our website.
  - To date, three peer-reviewed journal articles have been published, several more are currently under review while a special issue of SAHARAJ is planned for publication later in the year.

Table 1: Vulnerability status of households

Country/Site	Less Vulnerable (%)	Moderately Vulnerable (%)	Highly Vulnerable (%)
BOTSWANA			
Palapye	82.7	11.8	5.5
Letlhakeng	67.3	22.5	10.1
SOUTH AFRICA			
Kopanong	95.8	3.5	0.7
Klerksdorp	93.0	5.6	1.4
ZIMBABWE			
Bulilima	70.0	27.9	2.1
Mangwe	66.2	30.8	3.0
Plumtree	88.4	11.1	0.5
Chimanimani	82.5	17.0	0.5

Table 2. Number of orphans

Country/Site	No. of children (0-18 years)	Double orphan (%)	Maternal Orphan (%)	Paternal Orphan (%)	Both parents Alive (%)
BOTSWANA					
Palapye	7 584	7.5	3.3	21.2	67.9
Letlhakeng	2 880	5.7	3.0	18.6	72.4
SOUTH AFRICA					
Kopanong	8 603	8.2	6.5	10.1	66.2
Klerksdorp	19 790	6.5	3.7	28.1	61.7
ZIMBABWE					
Bulilimamangwe					
▪Bulilima	46 196	5.7	4.5	17.7	72.1
▪Mangwe	36 206	4.3	3.8	15.6	76.3
▪Plumtree	4 317	6.8	3.9	14.6	75.5
Chimaninimani	55 462	6.9	4.3	19.3	69.5

Table 3. Child-headed households

Sites	Number of houses	Number of houses headed by children	Number of houses headed by children (%)
BOTSWANA			
Palapye	3 363	22	0.7
Letlhakeng	985	3	0.3
SOUTH AFRICA			
Kopanong	5 079	34	0.7
Klerksdorp	12 566	30	0.2
ZIMBABWE			
Bulilimamangwe			
Bulilima	16 016	1 089	6.8
Mangwe	11 526	261	2.3
Plumtree	2 265	104	4.6
Chimanimani	19 655	704	3.6

Table 4: School attendance

Country/Site	No. of children aged 6 to 18 years	Attending school (%)	Not attending school (%)
BOTSWANA			
Palapye	5 554	83.8	16.2
Letlhakeng	1 974	80.9	19.1
SOUTH AFRICA			
Kopanong	7 023	92.9	7.1
Klerksdorp	13 912	92.4	7.6
ZIMBABWE			
Bulilimamangwe	64 929	95.2	4.8
Chimaninimani	41867	89.0	11.0

Table 5: HIV prevalence among children at research sites in South Africa and Zimbabwe

Country/Site	No. of children	HIV+ 2-5 years (%)	HIV+ 6-14 years (%)	HIV+ 15-18 years (%)
SOUTH AFRICA				
Klerksdorp***	881	5.9	1.7	3.0
ZIMBABWE				
Chimanimani	1 597	2.7	3.3	5.2

Table 6: HIV prevalence among children in the two research sites in Botswana, BAISII (2005).

Age group	Population of children (N)	HIV+ (%)
Kweneng West district		
1.5-4 years	1551	4.6
5-9	2929	0
10-14	2723	5.7
15-19	1702	3.3
Central Serowe district		
1.5-4 years	6032	7.4
5-9	10471	5.9
10-14	8385	5.1
15-19	8709	7.1

Table 7: HIV prevalence among orphaned children at sites in South Africa and Zimbabwe*.

Country/Site	Number of orphaned children	% HIV+
SOUTH AFRICA	101	2.0
ZIMBABWE	387	3.6

Table 8: Evaluation scores of the 17 OVC interventions

Practice	Score	No. of projects	Percent
Best practice OVC interventions	16-20	2	11.8%
Good practice OVC interventions	10-15	4	23.5%
Promising practice OVC interventions	5-9	11	64.7%
Poor practice OVC interventions	<5	0	0%
Total		17	100%

Lessons learnt

- *Multi-country research networks on OVC* involving all stakeholders from policy makers and programme planners in governments, researchers, NGOs/CBOs/FBOs, local and international funders and multi-lateral agencies *can work well together* as was demonstrated here.

- This results in a *coordinated response* to a common problem whereby multiple countries can learn and share from each other's experiences.

Lessons learnt (contd)

- *Documentation* of OVC care interventions and research work *is critical for establishing "best practices"*.

- The *coordinating body needs to be highly capacitated*, with a range of technical skills as well as partnership building and relationship management skills.

- The coordinating body also has to be able to provide *technical guidance without imposing on any country*, but at the same time have the authority to hold every stakeholder accountable to a common strategic plan.

Lessons learnt (contd)

- The *capacity and experience to implement* the various aspects of the project *varied* from country to country.

- It is necessary to *conduct a stakeholder capacity-audit prior to such projects*.

- A capacity audit would facilitate implementation, and provide all stakeholders an with an opportunity to *agree on a capacity building programme to ensure that all are on same footing* for implementation.

Lessons learnt (contd)

- t is critical to *ensure community participation in all stages of the project* – particularly during the conceptualisation phase as this avoids the possibility of creating any misconceptions and malicious rumours.

- *egular community briefings are essential* to ensure that the community owns and drives the response to the issues identified by research.

Lessons learnt (contd)

- The *involvement of various levels of governments* (e.g., national, district, local, etc.) in projects of this kind through their policymakers and programme developers *enhances the viability of a project* of this kind, and also increase the programme's ability to influence policy in the long term.

- Government involvement is critical for *future sustainability of the interventions* implemented as part of the project after donor funding ceases.

Synthesis of lessons learnt

- This 3-country, multi-site OVC project was a good case study of 17 'communities of practice'.
- There was a direct link between research and implementation of OVC interventions.
- The main beneficiaries were not only OVC, but also families and communities as they were strengthened to help them deal with problems affecting children.

Synthesis of lessons learnt (contd)

- Researchers benefited from these projects as we now have a better understanding of what OVC needs are and how they can be addressed.
- The donor now has a clearer picture on the size of the problem and what interventions are effective. If future, the funders will allocate their resources where they are most likely to get cost-effective results and outcomes.
- The final project report will highlight best practices for OVC interventions and lessons learnt from all the three countries participating in the project.

Conclusions

- The HSRC and its partners were successful in *establishing a framework and network of partners* in the 3 countries, to implement the project.

- The research-driven *implementation and documentation of OVC interventions* in all the 3 countries *progressed well* and according to original plans.

- The *building of consensus on technical aspects of the study generally progressed well* and according to original plans.

Conclusions (contd)

- Although the *implementation of OVC interventions* at most sites was behind the original schedule, there has been *significant progress in the past year* to catch up.

- A major shortcoming that needs to be addressed is the *cost-benefit analysis of the OVC interventions* being implemented.This is essential for funders and projects to know how much it costs to implement an intervention for an OVC.

- Complexity of multi-partner and multi-country collaboration must not be under-estimated

Acknowledgements

Botswana

A. The Research Team

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Zimbabwe

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  - The three governments for their support during the project.

  - All the NGOs/CBOs/FBOs working on the ground in conjunction with the three grant makers.

  - The various communities and OVC themselves in the various sites in the three countries who actively participated in the project over the past few years and thus made it a reality.

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- We would also like to thank other funders who support work by our grant maker partners, namely, the FACT in Zimbabwe, MTF in Botswana and NMCF in South Africa in their other work with OVC in the three countries.

Website

- More information about the project and all the publications are available for downloading free of charge from either

www.sahara.org.za

or

www.hsrcpress.ac.za

THANK YOU