



# ASSESSMENT OF THE ORPHAN CARE PROGRAMME, BOTSWANA

Ministry of Local Government and Rural Development  
Department of Social Protection



# ASSESSMENT OF THE ORPHAN CARE PROGRAMME, BOTSWANA 1999-2015

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## List Of Acronyms

ABEP	Adult Basic Education Programme
BWP	Botswana Pula
CBO	Community-based organisation
CRC	Child Right's Convention (UN)
CSO	Civil Society Organisations
DAC	District Aids Committee
DCPC	District Child Protection Committee
DOSET	Department of Out-of-School Education and Training
DSP	Department of Social protection (of Ministry of Local Government)
FBO	Faith-Based organisation
GDP	Gross Domestic Product
HIV/AIDS	human immunodeficiency virus/ acquired immunodeficiency syndrome
LG	Local Government
M&E	Monitoring and Evaluation
NDP	National Development Plan
NGO	Non-governmental organisation
OECD/DAC	Organisation for Economic Co-operation and Development /Development Assistance Committee
OVC	Orphaned and Vulnerable Children
MoESD	Ministry of Education and Skills Development
MoH	Ministry of Health
MLGRD	Ministry of Local Government and Rural Development
PIA	Participatory Impact Assessment
PSS	Psycho-Social Support
SW	Social Worker
RBM	Results-based Management
STPA	Short Term Plan of Action
SWOT	Strengths, Weaknesses, Opportunity and Threat analysis
TOR	Terms of Reference
TVET	Technical Vocational Education and Training
UNICEF	United Nation's Children's Fund
USD	US dollars
VCPC	Village Child Protection Committee

# Map Of Botswana



## Executive Summary

### Introduction<sup>1</sup>

Prior to 1999, the Government of Botswana recognised the need to coordinate and standardise the care and support of OVC. The number of orphans in Botswana increased noticeably since the onset of the HIV/AIDS pandemic posing a challenge for their care and support.

In 1999, the Short Term Plan of Action (STPA) for the Care of Orphans in Botswana was developed based on the findings of a needs assessment. The overall goal of the STPA is to 'improve the socio-economic conditions of orphans by way of investing in human capital, within the broader context of sustainable human development' (Ministry of Local Government 1999).

In 2008, the National Guidelines on the Care of Orphans and Vulnerable Children were adopted. In 2009, the National Assembly adopted the Children's Act. Together with National Plan of Action for Orphans and Vulnerable Children 2010-2016 these documents provide a broad framework supporting and guiding stakeholders in the planning and delivery of comprehensive, high-quality services to all orphans and vulnerable children.

Since the orphan care programme had been running for 17 years, MLGRD and UNICEF came to a common understanding that a comprehensive assessment of the programme was needed as it could provide inputs to the ongoing formulation of the NDP 11 and Vision 2016 review, as well as identify areas of relevance for completion of the draft OVC Policy and OVC Plan of Action.

The overall objective was:

**To assess whether the programme has been able to deliver on its objectives as well as its impact both on the beneficiaries and on the national policy context, and whether the outcomes / outputs / targets envisaged have been realised**

The assessment should consider the five OECD criteria<sup>2</sup>.

### Social Protection Measures<sup>3</sup>

Despite its rapid economic growth and high per capita income level, the Botswana is still plagued by many development problems common to low-income countries. Inequality is very high, with a per capita consumption Gini of 0.49 in 2009/10. Despite the relatively high average income per capita, high inequality explains why in 2009/2010, 19.3 percent of the population are poor, and 16 percent of the population have consumption below the food component of absolute poverty.

To respond to these economic and social challenges, Botswana has put in place a mature and complex social protection system (see Table 1). Botswana is one of the few countries in Africa that fully funds the social protection programs out of own resources, and dedicate a large part of its GDP to this endeavour. During the 2012/13 fiscal year, social protection spending accounted for about 4.4 percent of GDP, or P5,347 million.

While Botswana has many social protection programmes, some of them are rather small relative to the target group they try to cover or to the number of poor people, which limits their effectiveness. Moreover, it lacks a last-resort anti-poverty program that would protect all individuals against absolute poverty.

<sup>1</sup> Based on TOR information

<sup>2</sup> OECD criteria include: Relevance, effectiveness, efficiency, impact and sustainability. TOR in annex 1.

<sup>3</sup> World Bank: Botswana Social Protection Assessment, 2013

The focus on programmes serving vulnerable individuals is likely to lead to overlapping assistance for some families, while others would not be covered at all. In particular, most families with orphans are likely to be covered.

People included in the social protection programmes involve:

- Poor Families with Orphans and Vulnerable Children
- Children Out of School
- Jobless Youths
- Working Poor and Poor Unemployed
- The Disabled and Poor Elderly
- People Living with HIV

However, governmentally supported social protection measures are only affordable if employment is relatively high and taxed allowing for both contribution towards own protection and towards protection of those who are unable to contribute.

OECD has outlined a number of criteria, which need to be in place to have higher employment rate and implicitly a relevant and affordable national social protection system.

These recommendations concerning higher employment comprise:

- **The Government has been closely engaged in improving the business climate for both foreign and domestic investors. However, the supporting legislation and measures are generally little known both nationally and internationally;**
- **Channels for public-private dialogue on investment policy could be rendered more efficient; and**
- **A labour force with specific and specialised skills will also be crucial in order to diversify the economy away from mining and attract investment into the services sectors.**

In short, effective and relevant social protection starts with generating national income. A number of social protection and pro-poor supportive programmes are on-going<sup>5</sup>.

## HIV/AIDS CONTEXT

Botswana was the first sub-Saharan African country to provide universal free antiretroviral treatment to people living with HIV, paving a path for many other countries in the region to follow. **New infections have decreased significantly from 15,000 in 2005 to 9,100 in 2013.** The impact of the treatment programme has been widespread. In short a **status from 2013**<sup>6</sup>:

- 320,000 people living with Aids
- 21.9 % adult HIV prevalence
- 9.100 new cases
- 5.800 AIDS-related deaths
- 67,000 – 120,000 children orphaned due to Aids

<sup>4</sup>OECD Investment Policy Reviews: Botswana 2013

<sup>5</sup>This is elaborated in section 4.6.3 of this report

<sup>6</sup><http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/botswana>

The number of Aids-related orphans deviate significantly depending on the source<sup>7</sup>. However, the number of orphans is high, so is the number of people living with Aids and the annual new cases, which indicates that the need for effective and efficient orphan care will be vast for at least another twenty years shall a major part of a new generation not be lost.

It was thus relevant to assess the current interventions and make use of modern approaches in the national support of OVC.

## National Response

The OVC programme is an HIV and AIDS mitigation programme through which the government, led by Ministry of Local Government and Rural Development, provides care and support to orphans. As part of the Family Care Model Botswana sought to integrate both Community Home Based Care and Orphan Care programmes into a family focused support system.

The overall goal of the OVC programme is:

**To improve the quality of life of orphans and vulnerable children  
by ensuring that they receive optimal care and support**

Currently, there are **35,076 registered orphans** assisted with various services like food baskets on monthly basis as well as psychosocial, educational and health support. Furthermore, in the financial year 2013/14 a cumulative number of **2,149 orphans and vulnerable children had been assisted to access tertiary education** through the OVC Special Dispensation on post-secondary education support.

The budget for 2014-15 was BWP 368,000,000.00 (approximately USD 34,800,000) or **close to an average of USD 1,000 per orphan**.

Government's support to orphans is complemented by active participation of relatives and non-government organisations to varied degrees throughout the country .

## Assessment Methodology

The data collection comprised:

- a) Desk review
- b) Semi-open interviews with implementers: central and local government staff, NGOs and others
- c) Participatory impact assessment (PIA) involving 9 different groups of beneficiaries

Overall the assessment aimed at determining the positive and negative implementer and beneficiary experiences with the OCP support. The LG staff gave views on the operational frame for the OCP including existing policies/strategies, programme design and focus, capacities across all stakeholders, while the beneficiaries gave their view on the most positive and negative experiences with the programme and the effect this has had on their lives.

The use of three methods allowed for data triangulation.

<sup>7</sup>67,000 children: <http://www.unaids.org/en/regionscountries/countries/botswana>  
120,000 children: [www.unicef.org/infobycountry/botswana\\_statistics.html](http://www.unicef.org/infobycountry/botswana_statistics.html)

<sup>8</sup>[http://www.gov.bw/Global/NACA%20Ministry/Orphans%20and%20Vulnerable%20Children%20\(OVC\).pdf](http://www.gov.bw/Global/NACA%20Ministry/Orphans%20and%20Vulnerable%20Children%20(OVC).pdf)

The **main limitation** of this assessment was the missing valid statistics for the 17 years of implementation. Further, the few available statistics had not been verified.

Conclusions are thus made based on the limited, but quite well distributed, number of data providers involved in this assessment. This has resulted in use of data from a range of OVC actors in Botswana and less use of Government of Botswana data.

## Findings

The findings encompass three levels:

- The relevance and quality of **service delivery and administration;**
- The **national support policies, plans and guidelines,** and
- **Programme performance** against the five OECD criteria.

**On service delivery** the findings were grouped into:

- In-kind support (food distribution, clothes and other items)
- Development support (psycho-social support and education)
- Administrative issues (timeliness, relevance etc.)

The type of support was found relevant by all stakeholders. Food and school inputs have made OVC attend school on same conditions as any other child, which was greatly appreciated.

Shortcomings were recorded in price of food supply and clothing for the children and in delivering as planned at local government level mainly due to insufficient funds, recent reduction in staffing as new staff is not recruited and lack of sufficiently trained staff. The latter with special reference to psycho-social support, which cannot be provided by untrained social workers. In short, the administration has suffered from lack of capacity with regard to knowledge, skills, number of staff and equipment, e.g. laptops and means of transportation. Finally, flagship projects seem to be given priority. Social workers have experienced that have to divert time and resources to these instead of to the OVC programme.

**At policy level** the governmental staff found that the *Short Term Plan of Action (STPA) for the Care of Orphans in Botswana National Guidelines on the Care of Orphans and Vulnerable Children, the Children's Act together with National Plan of Action for Orphans and Vulnerable Children 2010-2016* are all relevant and well-intended, but lack detailed guideline on mode of operation at each level of stakeholder and a budget matching the guidelines. Further, it was found that national child related Acts, plans and guidelines are not harmonised making it difficult for involved staff to practise accordingly.

Finally, there are no consequences of not following the Act or not abiding by national guidelines. This concerns key actors such as social workers and Magistrates.

**Turning to the OECD criteria, the relevance of** the OVC programme is unquestionable having the high HIV/AIDS prevalence in mind at the outset of the programme – and the continued high number of orphaned and vulnerable children, who will need support to avoid lifelong government dependency. The content is still relevant and appreciated by the beneficiaries, but cannot stand alone. The approach and administration of the programme, however, do not support the intentions after the 17 years of implementation.

The legislation, which was meant to support OVC, is not aligned and do for example have different definitions of a child. However, Children's Act and Land Allocation Policy have proved useful for supporting the OVC.

The government desire to attend to this group of children does not tally with the available capacity with

regard to institutional and organisational capacity, knowledge/skills and infrastructure together with resource allocations.

With regard to **effectiveness** the In-kind service delivery and education have been delivered with various degrees of satisfaction as timeliness was a problem at all visited sites – but overall to client satisfaction. The engagement in psycho-social support has varied but generally been minimal, which significantly reduce effectiveness and efficiency of the In-kind support. This shows, among others, in (i) inadequate choice of caregivers who are unable to provide care as it is stipulated in Children's Act, and (ii) child aggressions against the caregiver as the grief is not professionally addressed which in some cases result in children taking to the streets.

Achievements with regard to institutional capacity across all levels of planned implementers were random and grossly below the planned achievements. The lesser involvement at community and other local actors has negatively affected the programme impact.

The level of **efficiency** is unknown as OVC disappear from the SW support at the age of 18. It was stated by social workers (statistics not available), though, that many OVC have turned to destitute support at the age of 18. The ultimate effect of the support is unknown.

It is noticeable, though, that over 2,000 OVC enrolled into tertiary education although the level of graduation is unknown.

However, the overall lack of household visits, which should establish current needs together with the lack a plan for graduation from the OVC support, planning of financial capacitating of caregivers and OVC is assumed to make efficiency be unnecessary low.

The **impact**/effect of In-kind support and education on the well-being of the children was significantly positive, wherefore late support has an often devastating effect. The mentioned impacts indicate that a lasting positive impact is at hand.

The lack of potential impact is partly answered under the effectiveness and efficiency findings. Regrettably, the lack of regular and rigorous monitoring may make noticeable result go unnoticed.

The **sustainability** was rated as minimal by government implementers. This tallies well with the recorded high and continued dependency on governmental inputs from both OVC and their caregivers.

## Conclusions

The conclusion will be made in accordance with the above grouping of findings.

The In-kind **service delivery** and support of education and health have overall worked well, albeit at times with some delays. This support has made children feel that they have normal lives. However, the overall absent or scarce psycho-social support has negatively affected grief recovery and understanding of the adequacy of household rules and norms. Where the PSS support was given with weeks of the parental loss, the children have moved on with noticeably fewer challenges.

The rigid In-kind support in combination with lack of household visits has resulted in continued governmental dependency.

The existence of national **policies**, plans and guidelines on OVC is highly treasured among implementers and beneficiaries as they have proved very helpful. Nonetheless, the lack of harmonisation of national policies, plans and guidelines supporting OVC has made it difficult to have a coordinated mode of service delivery, both among social workers, but also among legislators and Magistrates - a situation which negatively affects the quality and justice of the handling of OVC, their families and caregivers.

On the **OECD criteria**, the **relevance** with regard to programme design and existence is obvious, while the approach creating dependency may face challenges with a foreseen decline in national income from mining over the next 10 years.

Further, the huge discrepancy between goals and objectives, and resources allocated for the implementation makes sustainability become challenging.

**Effectiveness** depends on a relevant programme design. The implementers have struggled to deliver as intended despite shortage of manpower and other resources. Insufficient resources adversely affect effectiveness as time per household is insufficient, transportation for household visits and psycho-social counselling not available and knowledge and skills not fully relevant for the planned service deliveries.

With regard to **efficiency** the lack of an M&E system has made it impossible to have evidence-based annual planning and budgeting. It has thereby unintentionally affected the efficiency of service delivery. Finally, lack of data – and thus knowledge - impedes request for assistance to improve capacities and fill gaps as both are undefined.

Some capacity could have been added if networking with CSOs, other ministries and authorities instead of working in isolation.

On **impact** the In-kind support and support of education has made 2,149 OVC continue to tertiary education with equal opportunities for employment.

The institutional capacity across all levels of implementers to deliver the planned OVC support has not matched the aspirations expressed in the national plans and guidelines.

None of the programme activities aim at **sustainability**, but rather at dependency. The STAP, though, aims at socio-economic development of the OVC. The continued and sure In-kind support has had the opposite effect. The lack of development activities in terms of support of profitable and sustainable IGAs, access to conditional grants or loans and other development measures keep OVC and their caregivers dependent on governmental support.

## Recommendations

The recommendations below are key recommendations, which should be viewed in tandem with detailed recommendations made in chapter 4. Key recommendations are divided into respectively (i) Policy and Legal Framework and (ii) Programme Design and Administration. The recommendations are mentioned in random order.

Key recommendations for Policy and Legal Framework include:

- a) Revision and harmonisation of all child-related national documents;
- b) Abidance by laws, rules and regulations must apply for all and with immediate (2016) effect. Non-abidance should have consequences for all;

- c) Immediate and continued capacity building of people (politicians, police officers, magistrates and other key actors in handling and support of OVC), systems and institutions is urgently recommended;
- d) Extend the period of the current Action Plan on OVC till end 2018 and start implementing the activities as described in the National Action Plan 2010-2016.

Key recommendations for **Programme Design and Administration** include:

- a) Piloting and later full scale introduction of caregiver IGAs together with adequate training and loan or conditional grant facilities;
- b) Piloting of different types of shelter – and subsequent role out with at least one shelter in each district;
- c) Purposeful networking across all levels of work;
- d) Information about alternative education opportunities to be known among potential users;
- e) Revival of the local OVC support system described in National Action Plan;
- f) Development of RBM approach for development of Theory of Change-based programme document;
- g) Development of simple, but more detailed computerised, mobile-based M&E system combined with development of tools and necessary capacity development as defined by OECD/DAC reflecting the plans of the national strategy 2018-2023.

## 1. BACKGROUND

### 1.1 INTRODUCTION

This background chapter attempts to provide a picture of the context in which the OVC programme has operated and in which the OVC and their families live. This is done to be able to draw on wider contextual factors when describing the situation of OVC and their living conditions and when proposing recommendations.

The background includes briefs on the national economic status and prospects, HIV/AIDS prevalence and development, history and development of the OVC Care Programme, and the policies supporting the programme interventions.

### 1.2 COUNTRY PROFILE

More than four decades of uninterrupted civilian leadership, progressive social policies, and significant capital investment have created one of the most stable economies in Africa. Mineral extraction, principally diamond mining, dominates economic activity, though tourism is a growing sector due to the country's conservation practices and extensive nature preserves.

Botswana has one of the world's highest known rates of HIV/, but also has one of Africa's most progressive and comprehensive programs for dealing with the disease.

Botswana has a population of 2,155,784 people and a population density of 3,57<sup>9</sup> indicating that vast areas are unpopulated and in the case of Botswana to a large extent used for cattle grazing. According to official government statistics, unemployment reached 17.8% in 2009, but unofficial estimates run much higher.

Botswana has maintained one of the world's highest economic growth rates since independence in 1966. However, economic growth was negative in 2009, with the industrial sector shrinking by 30%, after the global crisis reduced demand for Botswana's diamonds. Although the economy recovered in 2010, GDP growth has again slowed. Through fiscal discipline and sound management, Botswana transformed itself from one of the poorest countries in the world to a middle-income country with a per capita GDP of \$16,400 in 2013. Two major investment services rank Botswana as the best credit risk in Africa. Diamond mining has fuelled much of the expansion and currently accounts for more than one-third of GDP, 70-80% of export earnings, and about one-third of the government's revenues. Botswana's heavy reliance on a single export commodity was a critical factor in the sharp economic contraction of 2009. Tourism, financial services, subsistence farming, and cattle rearing are other key sectors. A major international diamond company signed a 10-year deal with Botswana in 2012 to move its rough stone sorting and trading division from London to Gaborone by the end of 2013. Despite these measures most stone sorting and cutting is done outside Botswana.

Botswana's growth prospects look broadly favourable. Growth will primarily be driven by the non-mining sectors including trade and tourism, as well as financial and government services. Still, the uncertain external environment, particularly the potential slowdown in emerging markets, exposes Botswana's narrow export base to significant downside risks.

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<sup>9</sup>World Bank, 2013

### 1.3 SOCIAL PROTECTION MEASURES<sup>10</sup>

Despite its rapid economic growth and high per capita income level, the Botswana is still plagued by many development problems common to low-income countries. Inequality is very high, with a per capita consumption Gini of 0.49 in 2009/10. Despite the relatively high average income per capita, high inequality explains why in 2009/2010, 19.3 percent of the population are poor, and 16 percent of the population have consumption below the food component of absolute poverty.

To respond to these economic and social challenges, Botswana has put in place a mature and complex social protection system (see Table 1). Botswana is one of the few countries in Africa that fully funds the social protection programs out of own resources, and dedicate a large part of its GDP to this endeavour. During the 2012/13 fiscal year, social protection spending accounted for about 4.4 percent of GDP, or BWP5,347 million.

While Botswana has many social protection programmes, some of them are rather small relative to the target group they try to cover or to the number of poor people, which limits their effectiveness. Moreover, it lacks a last-resort anti-poverty program that would protect all individuals against absolute poverty.

People included in the social protection programmes involve:

- Poor Families with Orphans and Vulnerable Children
- Children Out of School
- Jobless Youths
- Working Poor and Poor Unemployed
- The Disabled and Poor Elderly
- People Living with HIV

OECD<sup>11</sup> has outlined a number of criteria, which need to be in place to have higher employment rate and implicitly a relevant and affordable national social protection system.

These recommendations concerning higher employment comprise:

- **The Government has been closely engaged in improving the business climate for both foreign and domestic investors. However, the supporting legislation and measures are generally little known both nationally and internationally;**
- **Channels for public-private dialogue on investment policy could be rendered more efficient; and**
- **A labour force with specific and specialised skills will also be crucial in order to diversify the economy away from mining and attract investment into the services sectors.**

In short, effective and relevant social protection starts with generating national income. A number of social protection and pro-poor supportive programmes are on-going<sup>12</sup>.

### 1.4 HIV/AIDS HISTORY AND PROSPECT<sup>13</sup>

#### 1.4.1 History of the HIV/AIDS situation in Botswana

<sup>11</sup>OECD Investment Policy Reviews: Botswana 2013

<sup>12</sup>This is elaborated in section 4.6.3 of this report

<sup>13</sup><http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/botswana>.

Botswana has the third highest HIV prevalence in the world, after Lesotho and Swaziland at 1.9%. Prevalence has declined in recent years from 25.4% in 2005 to current 23%. Botswana has demonstrated a strong national commitment in responding to its HIV and AIDS epidemic.

Botswana was the first sub-Saharan African country to provide universal free antiretroviral treatment to people living with HIV, paving a path for many other countries in the region to follow. The impact of the treatment programme has been widespread. New infections have decreased significantly from 15,000 in 2005 to 9,100<sup>14</sup> in 2013, and AIDS-related deaths have dramatically reduced from 14,000 in 2005 to 5,800 in 2013<sup>15</sup>.

In short a statistical overview from 2013:

- **320,000 people living with Aids**
- **21.9% adult HIV prevalence**
- **9,100 new cases**
- **5,800 AIDS-related deaths**
- **67,000 -120,000 children orphaned due to Aids**

The number of Aids-related orphans deviate significantly depending on the source<sup>16</sup>. However, the number of orphans is high, so is the number of people living with Aids and the annual new cases, which indicates that the need for effective and efficient orphan care will be vast for at least another twenty years if a major part of a new generation shall not be lost.

The number of people living with Aids and the annual new cases indicates that the need for effective and efficient orphan care will be vast for at least a generation to come. As it must be assumed that each person living with Aids in average has more than one child, the reality is that more than 320,000 children live with a sick parent for years before becoming an orphan. The need for support of these children seems to have been overlooked.

An evaluation to establish current status of the relevance, effectiveness, efficiency, impact and sustainability of the hitherto OVC interventions was thus very timely.

#### 1.4.2 HIV interventions in Botswana

In 2012, for the first time, key populations including female sex workers and men who have sex with men (MSM) were included in HIV epidemic surveys, allowing for a better understanding of the HIV epidemic among these populations. Currently, HIV prevention programmes are reaching only 44.9% of these key affected populations. With over half not being reached, HIV prevention efforts need to be scaled-up to support and incorporate the most vulnerable in Botswana's HIV epidemic.

A bill was passed in April 2013 by the parliament of Botswana, which has altered HIV testing in Botswana, allowing for mandatory HIV testing. This bill will enable directors or authorised personnel to force a person to take an HIV test and disclose their status if requested.

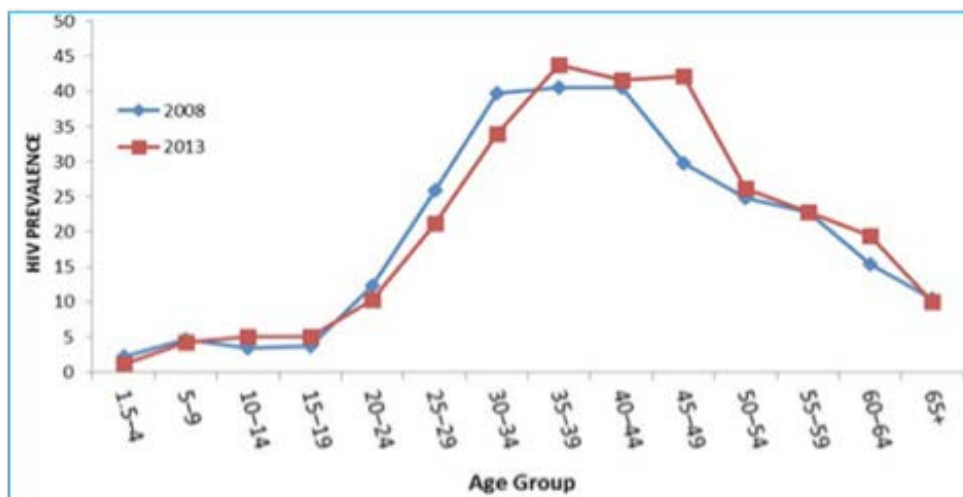
Whilst Botswana has shown significant progress in areas concerning HIV treatment and care, specific areas within HIV prevention have not been as effective. Research has found that in many communities, traditional healers view HIV not as a new disease but as an 'old' Tswana disease. It has been argued that this has implications for a lot of the national HIV prevention programmes which are based around biomedical terms.

<sup>14</sup>[http://www.cso.gov.bw/images/aids\\_summary.pdf](http://www.cso.gov.bw/images/aids_summary.pdf), BAIS IV indicates 10,329 new cases (2013)

<sup>15</sup><http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/botswana>

<sup>16</sup>1667,000 children: <http://www.unaids.org/en/regionscountries/countries/botswana>  
120,000 children: [www.unicef.org/infobycountry/botswana\\_statistics.html](http://www.unicef.org/infobycountry/botswana_statistics.html)

Despite an apparent reduction in new cases between 2005 and 2013 and indicated in 1.3.1 data collected in BAIS IV shows an close to constant prevalence<sup>17</sup>:



### 1.4.3 Challenges

Botswana faces its greatest challenge sustaining the continued and immense need for HIV response, while many donors have decreased and withdrawn funding because of Botswana's status as middle-income country. PEPFAR funding alone decreased by over 30 million US\$ between 2009 and 2012.

Despite being a middle-income country the prevalence of HIV/AIDS threatens Botswana's economic gains. An expected leveling off in diamond production within the next two decades overshadows long-term prospects.

The Aids epidemic is not significantly declining which makes the high number of OVC be constant. This in combination with reduced donor support and expected slowdown in income from mining may force considerations on how to secure jobs for upcoming generations and implicitly a stable national economy and a continued status as middle-income country.

## 1.5 THE NATIONAL ORPHAN CARE PROGRAMME AND ITS ENABLING ENVIRONMENT

Prior to 1999, the Government of Botswana recognised the need to coordinate and standardise the care and support of OVC. The number of orphans in Botswana increased noticeably since the onset of the epidemic, posing a challenge for their care and support<sup>18</sup>.

In 1999, the Short Term Plan of Action (STPA) for the Care of Orphans in Botswana was developed based on the findings of a needs assessment. The overall goal of the STPA is to 'improve the socio-economic conditions of orphans by way of investing in human capital, within the broader context of sustainable human development' (Ministry of Local Government 1999). The specific objectives of the STPA are as follows: to respond to the immediate needs of orphans; to identify various stakeholders and define their roles and responsibilities in responding to the orphan crisis; to identify mechanisms of supporting community based responses to the orphan problem; and to develop a framework for

<sup>17</sup> [http://www.cso.gov.bw/images/aids\\_summary.pdf](http://www.cso.gov.bw/images/aids_summary.pdf), BAIS IV

<sup>18</sup> Reference to TOR data

guiding the long-term program development of orphans. Under the STPA, orphans receive material assistance and psychosocial support until they are 18 years old. Services stipulated under the STPA were largely provided by the government. However, several non-governmental organisations also offered some of the services aimed at meeting the basic needs of orphans provided under the STPA. The support is uniform for all orphans<sup>19</sup>.

In 2008, the National Guidelines on the Care of Orphans and Vulnerable Children were adopted including the large group of vulnerable children. In 2009, the National Assembly adopted the Children's Act. Together with National Plan of Action for Orphans and Vulnerable Children 2010-2016 these documents provide a broad framework supporting and guiding stakeholders in the planning and delivery of comprehensive, high-quality services to all orphans and vulnerable children.

The OVC programme is an HIV and AIDS mitigation programme through which the government, lead by Ministry of Local Government, provides care and support to orphans. As part of the Family Care Model Botswana sought to integrate both Community Home Based Care and Orphan Care programmes into a family focused support system.

The overall goal of the OVC programme is commendable:

**To improve the quality of life of orphans and vulnerable children by ensuring that they receive optimal care and support**

The specific objectives are:

1. **To formulate and review policies and guidelines that protect the rights of orphans and vulnerable children**
2. **To ensure provision of basic needs to orphans and vulnerable children: Food, Health Care, Education and Shelter**
3. **To ensure provision of psychosocial support services to orphans and vulnerable children; and their families**

As a result, the previous Department of Social Services (DSS) in the Ministry of Local Government and Rural Development, now Department of Social Protection, has strengthened support systems for orphans through the National Orphan Care Programme.

The **definitions**<sup>20</sup> used in this work are the following. A child is a person below the age of 18 years. An **orphan** is any child

**below the age of 18 years who has lost either one parent (single parent) or both parents (if they were married), whether they are biological or adoptive parents.**

A **vulnerable child** is any child below the age of 18 years, who falls under one or more of the following characteristics:

- **Lives in an abusive environment**

<sup>19</sup> <http://www.socwork.net/sws/article/view/41/344>

<sup>20</sup> Defining OVC (in Botswana): Highlights from Botswana HIV/AIDS Conference: [amandainbotswana.wordpress.com/2010/10/28/defining-ovc-orphans-and-vulnerable-children/](http://amandainbotswana.wordpress.com/2010/10/28/defining-ovc-orphans-and-vulnerable-children/)

- **Lives in a poor family and cannot access basic services**
- **Is the head of a household**
- **Lives with a sick parent or guardian**
- **Is HIV Positive**
- **Is living with a disability or**
- **Lives outside family care**

The child's caregiver has the responsibility of registering the child with the Council Social Worker in the area where the child resides. The Social Worker keeps a register of orphans in the area and ensures that the child is assisted through the Orphan Care Program. The registration is often done by the caregiver without bringing the child in question. Through this program, orphaned children are provided with:

- Food basket on a monthly basis
- Private clothing and school uniform, based on the needs of the child
- Payment of school fees, including day care, school development fees, school trips
- Pocket money
- Toiletry
- Medical fees
- Transport fares, also based on the needs of the child
- Where the child is schooling away from the caregiver, accommodation is also provided based on the needs of the child.

Another support is the Psychosocial Support (PSS), which is a holistic process of meeting the social, mental, emotional and physical needs of an individual. This service is provided by social workers in government institutions and in other child care institutions. Government has taken steps to ensure that such service providers are trained in the provision of PSS to OVC.

Education Sector Support is provided in the following ways through the Ministry of Education and Skills Development (MoES):

- Guidance and Counseling Teachers in schools assist in dealing with the educational and socio-health issues of children.
- The Circles of Support Programme (COS), a community and school based approach to meeting the needs of OVC by developing local networks of support, with the aim to provide basic needs and psychosocial support (PSS) to vulnerable children to enable them to remain in or re-enter school and reach their full developmental potential.
- Tertiary and Technical Education Support to OVC: a newly introduced program (2010) to sponsor eligible OVC for tertiary and technical education, and
- School feeding provided by MLGRD.

Nutritional Support to OVC, is provided through the Ministry of Health (MoH). The Ministry's Nutrition Rehabilitation Programme aims to provide nutritional care and support to OVC, and nutrition education to caregivers, share skills on home management and income generation, and undertake community mobilization about malnutrition in children .

The amount of food items received depends on whether they are urban, semi-urban, rural or semi-rural. It ranges from P500.00 (US\$58.82) to P850.00 (US\$76.47) for a food basket. Currently, there are 35,076 registered orphans assisted with various services like food baskets on monthly basis as well as psychosocial support. Furthermore, in the financial year 2013/14 a cumulative number of 2,149 orphans and vulnerable children had been assisted to access tertiary education through the OVC Special Dispensation on post-secondary education support.

The budget for 2014-15 was BWP 368,000,000.00 (approximately USD 34,800,000).

The budget for vulnerable children for 2014-15 was not provided.

Government's support to orphans may be complemented by active participation of relatives and non-government organisations<sup>22</sup>.

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<sup>22</sup> <http://www.gov.bw/en/Ministries--Authorities/Ministries/Ministry-of-Local-Government-MLG1/FAQ/Social-Services/>

<sup>22</sup> [http://www.gov.bw/Global/NACA%20Ministry/Orphans%20and%20Vulnerable%20Children%20\(OVC\).pdf](http://www.gov.bw/Global/NACA%20Ministry/Orphans%20and%20Vulnerable%20Children%20(OVC).pdf)

## 2. OBJECTIVES OF THE ASSESSMENT

### 2.1 OVERALL OBJECTIVE

Since the orphan care programme had been running for 17 years, MLGRD and UNICEF came to a common understanding that a comprehensive assessment of the programme was needed as it could provide inputs to the ongoing formulation of the NDP 11 and Vision 2016 review, as well as identify areas of relevance for completion of the draft OVC Policy and OVC Plan of Action.

The overall objective was:

**To assess whether the programme has been able to deliver on its objectives as well as its impact both on the beneficiaries and on the national policy context, and whether the outcomes/outputs/targets envisaged**

The intention was to gauge whether the intended beneficiaries are benefiting from the various components of the programme, i.e. whether orphans and vulnerable children are reaping the benefits of the food basket, school uniforms, toiletry, and transport provisions by government in an effort to safeguard the wellbeing of orphans and those children who are most vulnerable.

### 2.2 SPECIFIC OBJECTIVES

The assessment shall provide decision makers in the Government of Botswana as well as other concerned stakeholders with sufficient information:

1. To make an overall independent assessment of the past performance of the programme, paying particular attention to its impact on beneficiaries;
2. To identify key lessons learned and to provide practical recommendations for follow-up actions.

The assessment focused on the five evaluation criteria endorsed by the OECD-DAC<sup>23</sup> (i.e. relevance, effectiveness, efficiency, sustainability and impact).

### 2.3 LIMITATIONS OF THIS EVALUATION

The main limitation of this evaluation was the missing valid statistics for the 17 years of implementation. The lack of M&E covers the entire range of evidence of relevant action from inputs per child/family per year, outputs from training, outcome of the inputs. Regular evaluations should have concluded on positive and negative impact of the outcomes.

The statistics on respectively the number of orphans and vulnerable children had not been verified, which means that the two figures could fully or partly cover the same group of children.

The minimal monitoring activities in the programme have necessitated use of data from major partners operating in the field of OVC and social protection in Botswana. The use of governmental data is thus limited. Further, documents placed on the Internet by the government are most often not accessible hindering use of governmental data.

This evaluation, therefore, is based on local government and beneficiary experiences with what has worked well and what has not – and the positive and negative impact of the various interventions. Conclusion are thus made based on the limited, but quite well distributed, number of data providers.

<sup>23</sup>Organisation for Economic Co-operation and Development's Development Assistance Committee.

### 3. METHODOLOGICAL APPROACH

#### 3.1 COMPOSITION OF METHODS

The data collection could comprise:

- d) Desk review
- e) Semi-open interviews
- f) Participatory impact assessment (PIA)

Overall the assessment aimed at determining the positive and negative beneficiary experiences with the OCP support, while providing a perspective on these findings through interviews with social workers at local government (LG) level. The LG staff gave views on the operational frame for the OCP including existing policies/strategies, programme design and focus, capacities across all stakeholders etc. This should explain achievements and non-achievements.

##### 3.1.1 Desk review

As suggested in TORs there was need for the consultant to review existing data on the OVC situation in Botswana. This included familiarization with relevant national policies, legislation and strategies, interventions across the entire scope of OVC stakeholders (ministries, donor agencies, NGOs etc.) and reading of best practices from elsewhere.

##### 3.1.2 Semi-open interviews

These interviews were based on semi-open questions presented in a template introducing the questions in writing. The interviewees answered in the order and with the emphasis that suited him/her. The interviewee was further asked to include any issue, which was left out of the questionnaire, but which was regarded as relevant for higher enrolment and more successful completion

The questionnaire consisted of 13 key questions cutting across OECD grouping of questions and across the questions posed in TORs. The questionnaire has six main columns as follows:

**Fig 3.1 - Example of semi-open questions**

	Item	What worked well	Positive effect	What did not work so well	Negative effect	Proposed changes
OVC Policy/Strategy	1					
Prog. focus and design	2					
Etc.	3					

The full questionnaire is found in annex 3.

This approach builds extensively on stakeholder experiences, which are captured efficiently and with a possibility of comparing interview statements with ease. Further, it allows for stakeholders to suggest changes, which will strongly guide consultant recommendations.

The answers were noted and entered into the template after the interview, typically the same evening. The semi-open interviews took place at relevant central government ministries, local government partners, local governments and other implementers within OVC interventions.

### 3.1.3 Participatory Impact Assessment (PIA)

PIA was developed as rapid and participatory tool to capture impact and implicitly cause-effect. It has been used in over 150 projects/programs globally. It is mainly applied at beneficiary level, but can be used at any level.

PIA builds on elements of focus group discussions and Participatory Rural Appraisal (PRA)/Rapid Rural Appraisal (RRA) and is suggested instead of focus groups discussions, since these can result in biased results, because of limited freedom to speak openly. In PIA different groups of stakeholders form focus groups of five members each. Each group works independently and discusses identical, semi-open questions in their respective forums without presence of staff, consultant or other stakeholders. The groups give their personal perception of and experience with given interventions. One group member in each group will act as group secretary.

The composition of groups was: One group of five girls 9-13 years, one group of five boys 9-13 years; one group of five girls 14-17 years; one group of five boys 14-17 years; one group of five female caregivers; one group of five male caregivers; one group of five "social workers" (teachers, nurses, social workers etc.) and one group of local leaders.

The group size of five was regarded as adequate because: (i) it is not an equal number allowing for majority interests to be prioritised; (ii) five enables different experiences and views to be included in the group discussion, and (iii) five in number is few enough to ensure that groups does not split and engage in individual – and may different – discussions.

This method enables comparison of answers partly across different communities, and partly across one grouping (e.g. girls) and finally across different groupings (boys versus girls, children versus leaders/parents/social workers etc. Thus the data allows for analysis of gender, locality, social and cultural factors.

## 3.2 DISTRIBUTION AND REPRESENTATIVENESS

The evaluation was given a total of 45 days which to some extent determined the time spent on field visits. It was decided to cover 4 districts and 7 locations as follows):

- South East (Gaborone)
- Kweneng (Molepolole)
- Central (Palapye, Pikhwe and Bobonong)
- Ghanzi (Ghanzi, Kalkfontein)

In each of the districts, the team met with the Council Social Protection administration and conducted individual interviews with 2-3 staff met with 6 groups of beneficiaries as indicated under 3.1.3 and in some places with an NGO supporting OVC in conjunction with the visited department.

In total 82 beneficiaries across the mentioned groupings and 12 local leaders participated in PIAs<sup>24</sup> while 12 social workers were individually interviewed.

The 96 participants formed in total 31 groups of same category each of whom worked independently. The averagely lower representation may have resulted in (i) more limited experiences (negative), and (ii) possible experiences from the most engaged – and thus stronger – beneficiaries and stakeholders (positive).

The representativeness was as follows:

<sup>24</sup>Brief description of PIA in chapter 3.1.3 while PIA results are found in annex 4

**Fig. 3.2 – Distribution of types of participants**

Category	N	No of groups
Boys in school	16	5
Boys out of school	13	5
Girls in school	15	5
Girls out of school	9	3
Female caregivers	21	5
Male caregivers	8	4
Local leaders	12	4

Girls out of school and male caregivers are underrepresented. It is known that the social protection system is weak resulting in young girls from around the age of 12 years having early pregnancies and/or early marriages and change status from OVC to mother and/or wife.

The reason for underrepresentation of local leaders is unknown, but to some extent worrying as specifically this group should play a lead role in fighting HIV/AIDS and know about the situation of the OVC in their geographical area of influence.

Both in the situation of individual interviews with staff and NGOs each interview has had a full set of scores, which have been summarised enabling an assessment of how many same and different positive and negative experiences the respective staff members have had with the OVC programme.

The relative few local government staff (12 in number) come from very different districts and has given their individual views without presence of other people. When 12 people in some cases give the same score across districts and backgrounds such statements, albeit few in number, are highly valid statements. For PIA each session in itself can be validated as each of the six groups give group scorings, which are unknown to the other groups. Therefore, if six groups have the same positive or negative experience with the OVC programme activities the scores have relatively high validity.

Further, group scorings and total scorings from the different data collection sites are compared. This allows for additional verification and validation of data since data, which are repeated at different sites and/or by different groupings, add to the data validity and to the prominence of the perception of beneficiaries and other stakeholders.

### 3.3 DATA VALIDATION

#### 3.2.1 Triangulation

With some same questions in both the PIA and the interview it was possible to compare findings from the two with the desk studies for first validation. The desk study provided the necessary overall perspective to the implementer and beneficiary scores (Interviews and PIA).

The triangulation enables an analysis of distribution of positive and negative experiences with the programme.

## 4. FINDINGS

### 4.1 ORGANISATION OF THE CHAPTER

The achievements of the OVC programme activities and the analysis of the service delivery of the programme are presented first to have a background for analysing relevance, effectiveness, efficiency, sustainability and impact.

The assessment of programme activities are divided into “In-kind” activities and “Development activities” followed by an assessment of the Local Government (LG) organisational capacity to implement the OVC programme.

The five OECD areas of analysis, which are based on desk study and field work findings, follow with a chapter each.

The programme activities were divided into respectively (i) In-kind and (2) Development activities. The first consisting of activities, which provide critical sustenance of the OVC and his/her foster family such as the food basket, shelter etc.. These activities form the precondition for child development which includes the remaining OVC activities covering free education, the Special Dispensation on tertiary education and Psychosocial Counselling (PSS).

### 4.2. EXPERIENCES WITH IN-KIND SUPPORT

The In-kind support consists of: food basket, clothes, toiletries, blankets, school uniform and shelter for total orphans. The food and toiletries are distributed through a cash transfer, which enables shopping of food and toiletries in certain shops.

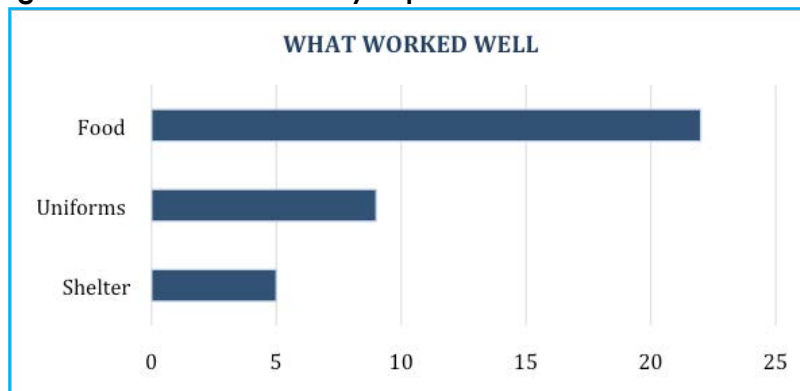
Nutrition and health are as well provided, but were never mentioned by either of the participants.

#### 4.2.1. Stakeholder experiences with In-kind support

The stakeholders divided their experiences into “What has worked well” and “What has not worked so well” explaining the effect (impact) of each. This enables evidence-based recommendations.

The three activities perceived as being most **positive**<sup>25</sup> across the groups of stakeholders are found in the overview below. The figures indicate the number of group scores, and not individual scores. The numbers below should be viewed in the light of the total number of groups being 31 groups:

**Fig. 4.1 – Positive beneficiary experiences with In-kind activities**



<sup>25</sup>Full score found in annex 4

When selecting the most important activities, the stakeholders were asked to describe how the selected activities have helped in having better lives, which is recorded as effect. The scoring is found in the left column, the number of scores in the middle column, while the effect is described in the right column. The indicated effect tallies well with the intention of the OVC programme:

**Fig. 4.2 – Positive effect of In-kind activities**

ACTIVITY	SCORE (Total 55)	EFFECT
Food	22	Provides energy,
		Reserves money for other uses
		Keeps us healthy and not hungry
		Helps in staying and performing in school
		The caregiver does not go hungry
Uniforms	9	Provides encouragement
		Can participate in school and enjoy
		Caregiver need not spend money on uniform
Shelter	5	Provides a place to sleep and keep things
		We need not hang in the streets

The groups were allowed to give three scores each, which is why the number of scores can be higher than the number of groups.

The total number of positive scores (55) are indicated in the top, but only the three highest scoring activities are presented here. They attract in total 36 of the 55 scores<sup>26</sup> which shows the weighing of these three activities.

Further, the phrasing is entered as it was phrased by the participants. The effect may be varied, which is why there may be different views under the same scoring.

Food distribution is by far the most preferred activity followed by school uniforms. The two are interrelated since food provided the energy to attend school which requires a school uniform. Shelter was mainly scored by children out of school and caregivers whom are all directly affected by the forced care situation. Although given relatively few scores there seems to be need for shelters, as quite a proportion of caregivers indicated (i) a misuse the support for e.g. alcohol, (ii) abuse of children and (iii) that some children pay no respect to the caregiver and refuse to become a member of the household with the obligations and respect such a membership entails. With regard to the latter the immediate family of a caregiver may be negatively affected by having a disobeying orphan in the household, which may result in additional family needs for governmental support.

The effect is as intended in the programme outcomes. It is noticeable that the male caregivers<sup>27</sup> put own needs first both under food and uniform scorings in definitions of effect. Although being few scores, it verifies some of the child and Local Government (LG) scorings complaining over caregiver, and more so male caregiver, (mis)use of support.

<sup>26</sup> The full list of scorings is found in annex 4

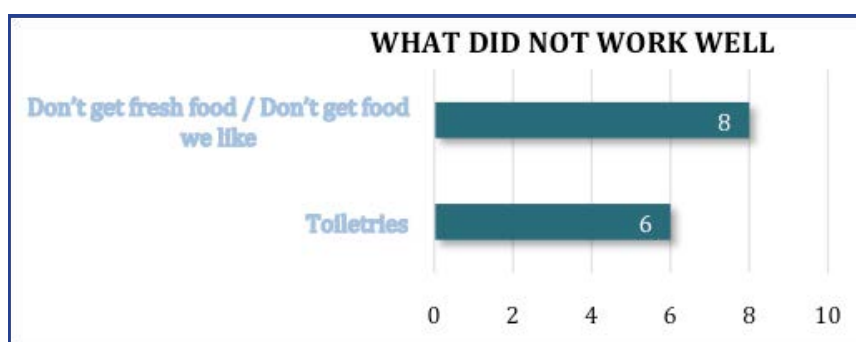
<sup>27</sup> The complete Male Caregiver scorings are found in annex 4

It should be noted that children in remote areas have limited access to education and health facilities as well as limited coupon shopping possibilities. So although appreciating the activities not all OVC have easy and/or equal access to the services provided.

The **negative** experiences with the OVC programme do at times repeat activities, which were also scored as positive. This shows that although an activity is needed and appreciated, it also has some shortcomings. These are very useful observations, which will help in adjusting key activities in the programme.

The participants generally gave few negative scores. The two highest scoring are the following:

**Fig. 4.3 – Negative beneficiary experiences with In-kind activities**



The issue of the type of food provided by the caregivers is appropriate and in line with programme objectives. Apart from mere survival, the aim is to help children perform in school. Acknowledging that many of the OVC live with elderly people, who may not know how to prepare more modern and nutritious food, the problem may be bigger than anticipated. If one third of the supported children get food, which is not fresh – and they therefore don't like it – a significant part of the children do not benefit as intended from the food support.

It may be relevant to investigate whether the non-fresh food refers to dry food or contaminated food. However, the negative attitude will in both cases have negative effect on nutrition and implicitly on school attendance and performance. The findings were:

**Fig. 4.4 – Negative effect of In-kind activities**

NEGATIVE EXPERIENCES	Score (Total 24)	EFFECT
Don't get fresh food / Don't get food we like	8	We get malnourished and cannot perform in school
Toiletries	6	The soap gives skin rashes Deo provided makes armpits smell

It is noticeable that the second highest score is the quality of the toiletries, which is serious. Both body and health effects are contrary to the intentions of the programme objectives.

#### 4.2.2 Local Government experiences with In-kind support

The beneficiary experiences are held against the experiences of the implementers, in this case the Social Workers (SW) in the local governments with the view to understand the institutional framework within which the programme is implemented<sup>28</sup>.

<sup>28</sup> Full LG scorings in annex 4

The LG's relatively many negative scorings are partly explained by the negative effect described in the interviews with the SWs. While the OVC and their caregivers look at the daily and immediate effect of receiving support of basic needs, the SWs consider the long-term effect of being sustained instead of being offered development. The opposite scores appearing in respectively beneficiary and LG scores reflect a difference in perspective.

On the positive side the effect explains the positive side of the food baskets as viewed by the SWs. The LG scores reflect individual scores. The food supports has allegedly resulted in:

**Fig. 4.5 – Positive LG experiences with In-kind support**

Positive	Score (4)	Effect
Initially Orphan Care Programme focused on food basket. Support is now wider	4	Acceptance and care of orphans made easier. Need for food was initially rampant

The above positive observation should be viewed in the light of the following negative experiences:

**Fig. 4.6 – Negative LG experiences with In-kind activities**

NEGATIVE EXPERIENCES	Score (Total 24)	EFFECT
All registered orphans get food basket whether needy or not	9	Creates child dependency Destroys tradition of unsupported care for family members or family interest
A significant number of caregivers exchange food and uniforms with alcohol and/or clothing for own children	9	The value of the in-kind support can be questioned. The aim of the support far from achieved
Coordinators emphasize on food basket	1	Making it difficult to find resources engage in e.g. counselling

It was mentioned by the SWs that the uniformity in inputs is unjust and/or inadequate, as each child and his/her family are different and have different needs. Even children from financially well situated families living in villas and owning vehicles receive OCV support if the child is registered.

When asked, the caregivers strongly emphasised on the need for being given capacity (knowledge, skills and loan) to establish a relevant (not uniform) income generating (IGA) activity, which would partly (i) give some caregiver powers when being financially able and thereby not dependent on an OVC, and partly (ii) secure them later when the OVC leaves the household with the governmental support. At all locations they rejected the idea of cash transfer presumably out of preference for independence through establishment of IGAs.

The OVC programme's stable and relatively good contribution towards decent lives raises family expectations of support to an extent where the SWs have difficulties honouring expectations and delivering other services such as home visits and PSS.

Most interviewed social workers informed that caregivers view the OVC as SW-children indicating a rejection of the responsibility for caring and loving a given OVC while expecting to receive support. One group of children scored that "the SW gives me the love I need", while others complain of the angry SW attitude – the latter tallying well with the SW frustration expressed in the negative experiences above.

The aim of the OVC programme is not to create family and/or development, but to ensure provision of basic needs, education and PSS. The negative SW experiences with this approach in tandem with the continued increment in number of HIV cases<sup>29</sup> show that there is urgent need for reviewing the programme objective and consider whether the government can afford to sustain an increased number of new orphans while continuing the support of the current OVC, who never became self-sufficient, but only survived childhood and are entitled to destitute support.

It is noteworthy that despite PSS being the third immediate objective of the programme none of the interviewed SWs had time for PSS and home visits, but were struggling to make the In-kind support work. It is unfortunate that the Coordinators are not all in full support of home visits, family PSS and monitoring as the lack of this seems to tempt some caregivers to misuse the OVC support for personal needs with undesired and contrary effect of the In-kind support.

The LG experience that all focus is on the very basic needs adds to the beneficiary mentioning that shelter for total orphans is missing.

#### 4.2.3 Findings, Conclusions and recommendation on In-kind support

##### Findings:

Cutting across the findings it is found that:

- In accordance with immediate objective 2<sup>30</sup> the programme has provided satisfactorily for most of the mentioned basic In-kind needs of OVC in terms of: Food, clothes, school uniforms, blankets and health, while very little has been done with regard to shelter.

##### Conclusions:

- Child development is four-pronged and consists of much more than physical needs. The four development pillars comprise: Mental/emotional, physical, intellectual and social development. Poor, and often old, relatives have in most cases no or limited knowledge about how best to support the development of an OVC, who needs more attention within all aspects of development than children in general. It cannot be expected that bereaved, poor and often uneducated relatives can provide the required support.

Acknowledging the 17 years' time span of the OVC programme, and with it an acknowledgement of the change in needs and potential solutions, it is not surprising to conclude that:

- Needs have changed and focus ought to be on lasting changes in the OVC lives and not on mere survival. However, the In-kind support is a precondition for engaging in lasting changes.
- In-kind support becomes the input enabling the child to develop the three other capacities: mental, intellectual and social skills and can therefore not be the sole support.

##### Recommendations:

It is recommended that:

<sup>29</sup>Re. Chapter 1.3

<sup>30</sup>Immediate objective 2: To ensure provision of basic needs to orphans and vulnerable children: Food, Health Care, Education and Shelter. NB! Education is in this report regarded as development rather than basic needs.

- Food support is available for the OVC and consists of fresh and nutritious food liked by children. This may require capacity building of caregivers in preparation of more modern and nutritious dishes. This could be done in collaboration with qualified NGOs, maybe placed at health centres including a wider spectrum of women;
- Continued support of and capacity building of OVC and their caregivers throughout the support period.

Experiences relating to development are presented in the following chapter.

### 4.3 EXPERIENCE WITH ACTIVITIES SUPPORTING OVC DEVELOPMENT

The OVC programme provides more than In-kind support, namely: Free education, Special Dispensation on tertiary education and PSS.

#### 4.3.1 Stakeholder experiences with child development activities

Although prioritising In-kind activities with 52 scores, the stakeholders give considerable scores to child development activities as well.

The full **positive** scores are shown below. They give significant priority to education at all levels with a total of 26 scores out of the 32 scores:

**Fig. 4.7 - Positive stakeholder experiences with Child Development activities**

POSITIVE EXPERIENCES	SCORE (Total 32)	EFFECT
Free education	18	<ul style="list-style-type: none"> <li>• Made it possible to educate</li> <li>• Enables OVC to go to school like the rest</li> <li>• We learn to read and write and grow up to fend for ourselves</li> </ul>
Assistance with tertiary education/ Special Dispensation programme	8	<ul style="list-style-type: none"> <li>• OVC graduate and can apply for jobs on equal terms with others</li> <li>• Keeps them busy</li> <li>• Make them socialise</li> <li>• Can accomplish goals</li> </ul>
PSS	6	<ul style="list-style-type: none"> <li>• We learn to accept ourselves</li> <li>• The grief was relieved</li> <li>• Most orphans change behaviour</li> <li>• Helps OVC to choose a career</li> <li>• Improves their behaviour</li> <li>• Helps community to understand orphans</li> </ul>

All three activities derive directly from the specific objectives of the OVC programme<sup>31</sup> and are essential for child development and for healing of children, who have suffered parental loss, at times also loss of siblings and maybe of friends and a well-known neighbourhood.

PSS to caregivers, who have also lost a relative, is not mentioned at all.

The stakeholders gave relatively few positive scores to PSS despite the very positive effects mentioned under effect. The reasons show in the table below.

<sup>31</sup>The objectives are: 1) To ensure provision of basic needs to orphans and vulnerable children: Food, Health Care, Education and Shelter, and 2) To ensure provision of psychosocial support services to orphans and vulnerable children; and their families.

The **negative** scores show the three highest scoring activities out of a range of 10 different types of negative scorings under "Development"<sup>32</sup>. Although being a separate objective in the OVC programme most children and their families are rarely offered PSS, which is expressed in the highest negative score. The score is not alarmingly high, but the negative effect is striking. This should be held against a later local government score indicating that PSS is practically never offered. Only in one of six visited locations did two children mention that they had received PSS within days after having lost their parent.

The negative scores were:

**Fig 4.8 – Negative stakeholder experiences with Child development activities**

NEGATIVE EXPERIENCES	SCORE (Total 28)	EFFECT
PSS was never offered	6	<ul style="list-style-type: none"> <li>• Feel abandoned</li> <li>• Difficult to perform in school when not at ease</li> </ul>
At 18 years the OVC are removed from the programme	4	<ul style="list-style-type: none"> <li>• They engage in other activities such as prostitution and drug dealing</li> </ul>
No facilities/clubs for children having problems in schools	4	<ul style="list-style-type: none"> <li>• Force us to hang in the streets</li> </ul>

The removal of OVC from programme support at the age of 18 years has fatal consequences for some of those attending tertiary education – or for those taking their time to complete basic education, or returning to basic education after a drop-out period. Either they have to drop out of education or find other ways to sustain themselves e.g. through prostitution and criminal activities. There are opportunities, though, for continued education through MoESD's Out of School Children Education (OSEC) and Adult Basic Education Programme (ABEP). But these opportunities were not mentioned by the participating youth.

Especially the out-of-school children mentioned that there is no alternative to education if having problems adjusting to school rules and norms or if facing academic challenges. As a consequence they are forced to hang in the streets with potential temptations to seek livelihood in the streets. This lack of out-of-school children's knowledge about other options may reflect the severe time and transportation constraints that SWs face<sup>33</sup>.

The five-mark advantage provided to OVC upon enrolment in tertiary education enables a higher OVC enrolment, but seemingly with a high drop-out, as it is difficult for some students with lower marks to perform missing part of the required competencies. This is not formally recorded, since the OVC lose the contact to the SW after the age of 18 years. This assumption was made by the SWs who have a good direct and indirect contact with the local communities.

#### 4.3.2 The local government experiences with child development activities

The LG, represented by the SWs, had similar positive experiences with PSS having experienced that PSS helps the child coming to terms with the loss enabling the child to engage in focusing on the future and future opportunities instead of focusing on the past and the loss.

The scores are as follows:

<sup>32</sup> The full scorings are found in annex 4.

<sup>33</sup> Details on this are found in chapter 4.3

**Fig 4.9 – Positive LG experiences with Child development activities**

POSITIVE EXPERIENCES	TOTAL SCORE (10)	EFFECT
<b>PSS:</b> <ul style="list-style-type: none"> <li>Since 2009 attempts to offer psychosocial counselling (PSS)</li> </ul>	9	<b>PSS:</b> <ul style="list-style-type: none"> <li>PSS - the few included are handling grief and are thinking ahead</li> </ul>
<ul style="list-style-type: none"> <li>Offer training for officers using the money allocated to psychosocial support</li> </ul>	1	<ul style="list-style-type: none"> <li>-</li> </ul>

The above positive impact tallies well with that of the stakeholders. However, the SWs focus mainly on the PSS and only little on education.

With regard to **negative** experiences the SWs again focus mainly on PSS, but mention the Special Dispensation Programme with a few remarks<sup>34</sup>:

**Fig. 4.10 – Negative LG experiences with Child Development activities**

NEGATIVE EXPERIENCES	SCORE (Total 19)	EFFECT
<b>PSS:</b> <ul style="list-style-type: none"> <li>Not all Social Workers (SW) are able to provide psychosocial counselling</li> </ul>	5	<b>PSS:</b> <ul style="list-style-type: none"> <li>This together with a vast range of other tasks make SWs have little time for PSS (3)</li> </ul>
<ul style="list-style-type: none"> <li>Not prioritised by management making focus be on other tasks, mainly in-kind activities and flagship projects</li> </ul>	4	<ul style="list-style-type: none"> <li>PSS doing poorly (8)</li> <li>PPS only when having a case (4)</li> </ul>

As the table shows, 17 out of a total of 19 scores mention PSS practices adversely. Not all SWs indicated an effect, but the mentioned effect all relates to management of the SW work, and specifically the downgrading of the possibly most important OVC intervention. It may not be understood by key decision-makers in the government that each OVC is an individual case and needs individually relevant attention.

### 4.3.3 Findings, conclusions and recommendations

#### Findings:

- The stakeholders across all groups appreciate the support of all levels of education as they feel it enables OVC to be at par with other children;
- It is also acknowledged that not all can perform equally well academically and therefore need alternative activities, which can provide other relevant skills e.g. life skills provided in youth clubs;
- The PSS is significantly wanting as experienced by both stakeholders and SWs.

#### Conclusions:

- The programme implementation has not, and without consequences, delivered to programme objective 2 and 3 on critical targets.

<sup>35</sup>Full overview over LG scores in annex 4A

## Recommendations:

- PSS, providing healing, should be made the entry point before any support is provided enabling the SWs to know the status of a given OVC with regard to grief, home situation, school situation etc.;
- There is urgent need to revise the five-mark advantage and instead provide homework support to all OVC enabling a catching up repetition in weaker subjects;
- OVC should be allowed to repeat subjects where they have low marks as an alternative to the five-mark reduction in enrolment. This would ensure that they are academically at par with other students when starting their studies. It would also ensure that those, who cannot pass, do not occupy study opportunities for other young people who qualify better.

## 4.4 ORGANISATIONAL AND INSTITUTIONAL CAPACITY

The ability to administer the programme implicitly indicates the organisational capacity of MOLGRD, Social Protection Department (SPD) and LGs. Both stakeholders and LG gave their views, which are fully in tandem.

### 4.4.1 Stakeholder experiences with OCP administration

There were no positive stakeholder scorings concerning administration of the programme activities. The highest scoring negative experiences all relate to administration of the In-kind activities – or support of basic needs - and include:

**Fig. 4.11 – Negative stakeholder scores with programme administration**

ADMINISTRATION	SCORE (Total 80)	EFFECT
Clothes come at 1-2 years (13)	22	<ul style="list-style-type: none"> <li>• End up buying uniform only</li> </ul>
Clothes come late (9)		<ul style="list-style-type: none"> <li>• Clothes do not fit for 1 or 2 years. Affects school attendance and results</li> </ul>
Coupon system	19	<ul style="list-style-type: none"> <li>• Money paid late, gives a period without food</li> </ul> <p>The shops for coupon use are very expensive, we don't get the items that we need</p> <ul style="list-style-type: none"> <li>• We are hungry and cannot perform</li> <li>• Lack of food and therefore no concentration in school</li> </ul>
Lack of shelter for orphans	9	<ul style="list-style-type: none"> <li>• Orphans have no place to stay</li> <li>• Orphans staying with caregivers are abused by relatives</li> <li>• Children negatively affected by the fact that they don't have a home</li> </ul>

Out of a total of 80 negative scores, 22 scores concern clothing alone. The lack of fitting and age-relevant clothes adds to the existing negative self-esteem as OVC. It further affects school attendance negatively reducing the effect of another OVC programme activity.

One SW informed that the amount available for 1-2 years' of clothing in the very location was BWP 86 for year 2016 - an amount which is insufficient for purchase of any full set of clothes.

The coupon system overall rates positively as a system, but the administration is poor. Payments are transferred late and the shops, in which the coupon holders can do their shopping, increase prices for basic items. As a result the OVC cannot buy the intended amount of food and toiletries making OVC caregivers have food for only 3 weeks per month, which affects the school attendance and performance negatively.

The minimal efforts with regard to construction of shelters for total orphans force these children to depend on NGO and/or church support in the few places where it exists. NGOs and other providers are not screened by any authority for real existence and relevance of capacity and competences. As a consequence this support may in some cases be of dubious quality. The alternative for the total orphans is to live in the streets, which is far from the intention in the programme objectives.

#### 4.4.2 Local Government experiences with administration of the OVC programme

The **positive** experiences with the administration are relatively few reflecting the general stakeholder experience.

Although the coupon system has defined short-comings, the SWs have noted advantages as well:

**Fig. 4.12 – Positive LG experiences with administering the OVC programme**

POSITIVE	SCORE (Total 15)	EFFECT
Coupon system much better than vouchers	6	<ul style="list-style-type: none"> <li>The feeling of responsibility may help the OVC in the long run</li> </ul>
Coupon system helps in forcing responsibility among parents/caregivers	2	<ul style="list-style-type: none"> <li>Allows for purchase of fresh food items</li> <li>Gives freedom and dignity</li> </ul>
Central government disburses money on time	1	<ul style="list-style-type: none"> <li>Generally timely payment to families</li> </ul>

Formerly food was distributed in kind, while the coupon system allows families to buy the type of foodstuff that they like and to buy fresh foodstuff. As mentioned above, the shops engaged to deliver the foodstuff take considerable advantage.

The **negative** experiences are close to four times as many as the positive. In this case the four highest scoring negative experiences have been included to have a realistic scope of experiences:

**Fig. 4.13 – Negative LG experiences with administration of the OVC programme**

NEGATIVE	SCORE (Total 55)	EFFECT
The budget being availed is inadequate for key activities	18	<ul style="list-style-type: none"> <li>The programme remains a sustenance programme creating no changes (5)</li> </ul>
Coupon system misused by some parents/caregivers	9	<ul style="list-style-type: none"> <li>This is not recorded due to lack of home visits making the life of the OVCs be miserable despite support (6)</li> </ul>
The easy-to-get support makes parents/caregivers create problems, e.g. splitting siblings to have support to more family members	7	<ul style="list-style-type: none"> <li>Adverse effect on children who have recently been bereaved and therefore need the comfort of being together (4)</li> </ul>
Processing of school uniforms often delays because tenders are given to providers under the Poverty Eradication Programme	7	<ul style="list-style-type: none"> <li>Children cannot go to school (4)</li> </ul>

The first score, the budget, represents a third of all scores, which partly explains the presence of a high number of negative experiences both among stakeholders and staff. It also explains why emphasis is on In-kind activities, which can be pre-arranged and are predictable, while PSS and alternative education needs are never known and cannot be planned for with regard to efforts and timing.

The misuse of the OVC support would also be reduced if having regular home visits in combination with provision of the necessary knowledge about rights and plights as caregiver and OVC and, not least, make abuse have consequences.

The misuse of the support relates to the next negative experience: The splitting of siblings by relatives enabling each relative to get the full support. When having more OVC per household, the support is reduced since household costs per head decrease when being more family members. To help several poor relatives, families choose to split the siblings for own gains disregarding the grief of the children and their need for living with other siblings not to incur an extra loss.

The problem of late school uniforms arise because the contracts are given to poor people under another programme to help these earn an income. Having insufficient capacity to deliver hundreds of uniforms with a short notice, the OVC come to bear the brunt and miss out on education contrary to programme intentions.

It should be noted that the above findings tally well with the comments and references given in findings in previous reports<sup>35</sup> and during the debriefing meeting.

#### 4.4.3 Findings, conclusions and recommendations

##### Findings:

- The mode of administration does not reflect the need for services in the districts, which stresses both beneficiaries and implementers;
- The current mode of administration makes the programme have some adverse effects.

##### Conclusions:

- The overwhelming focus on basic needs (voucher provision, school uniforms etc.) in combination with experienced budget constraints make it difficult for SW to deliver as expected;
- Rigorous M&E would have helped in developing systems and structures, which would better have reflected the service needs.

##### Recommendations:

- To be a delivering government the required resources should be availed either through increased effectiveness and efficiency or the programme content be changed to fit the available budget.

<sup>35</sup>Executive summaries of the following reports:

USAID: Assessing Implementation Of Botswana's Program For Orphans And Vulnerable Children (2010)

UNICEF: The Situation Analysis of Children and Their Families in Botswana (2010/2011)

World Bank & Botswana Institute for Political Analysis: Botswana Social Protection Assessment (2013)

## 4.5 OTHER FINDINGS

After the picture of the findings emerged additional interviews were conducted to add aspects and/or confirm the findings.

The additional interviews included relevant departments and additional NGOs – the latter with reference to the little governmental involvement of NGOs and the extremely diverse capacity of NGOs working with OVC.

### 4.5.1 Experience of partners ministries

The visited departments were: Department of Technical and Vocational Training (TVET) and Education Policies and Programmes.

These central government interviews added to the LG interviews and confirmed the LG experiences. Ministry of Education confirmed the missing Child Development and informed that the ministry has no specific indicators for OVC and can therefore not follow their attendance and performance and, subsequently, cannot plan for OVC supportive education.

Further, the ministry has little capacity to work inclusively, whether OVC or other children with special needs TVET concluded that since the students are above the age of 18 years neither parents nor caregivers are involved and it is not easy for institutions to know who is an OVC. It is desired to have more communication and networking from SWs and other relevant stakeholders.

For the same reason there is no M&E capturing OVC performance and the study can therefore not be designed technically or financially to meet specific OVC needs.

### 4.5.2 NGO Capacity

Having met with NGOs with very diverse capacities during the data collection, it was decided to meet a few more with Head Office in Gaborone and with the NGO council. In total seven NGOs<sup>36</sup> were interviewed.

Common for them all was that they have no or very scarce M&E system. They are therefore oblivious about the effect of their funding despite having considerable funding in some cases. Moreover, the staffing in most NGOs is scarce and often little educated. None of the NGOs knew the expenditures per OVC they supported. Reporting existed in three out of the seven cases.

Because of the need for non-governmental support of OVCs, and because the NGO capacity was deficient, even among the better NGOs, it became pertinent to know what is required to register and act as an NGO. It was envisaged that the NGO Council may/could play a role. It was therefore visited. In brief, the NGO Council is composed of civil society, private sectors and government. Its main role is to provide government information on NGO policy implementation and to create a government and NGO partnership with the view to monitor and evaluate implementation of the NGO Policy and to facilitate NGO Capacity whilst also mobilising resources for NGOs.

There is no code of conduct for NGOs, which ensures or demands accountability – or value for money, which makes NGOs be exposed to criticism.

<sup>36</sup>Visited NGOs found in List of People Met, annex 2

Government funds BOCONGO (Botswana Council of NGOs) with BWP 1.2 million, which is far from sufficient to deliver to its mandate.

With the above observations and earlier observations, e.g. in National Guide on the Care of Orphans and Vulnerable Children, Section 6, there is no doubt a need for capacity building of the NGO Council to become both the capacity builder and quality guarantor of all NGOs and civil society organisations (CSOs) in Botswana. A defined and practised code of conduct would help the bodies attract funds, which would assist the government in delivering to own goals, not only on the OVC programme.

#### 4.5.3 Role and relevance of the Adult Basic Education Programme (ABEP)

However, apart from the core learning areas (Languages and Mathematics) which are compulsory and are progressively developed throughout the curriculum and across the three learning levels. It provides broad criteria and guidelines for practical teaching and learning at every learning level and area. For instance, practical skills are optional and may be selected by learners according to their preferences and to the relevance of such skills for their specific context. Essentially therefore, programme facilitators and learners have the liberty to interpret and adapt the curriculum to suit their context-specific developmental needs and aspirations<sup>37</sup>.

The curriculum is designed to provide participants with integrated and holistic learning opportunities which address their basic human development needs related but not limited to knowledge, food, health, sanitation, shelter, clothing, work, liberty, identity, reasoning, self-expression, communication, and participation.

The ABEP curriculum has three basic learning levels) which, as noted above, are equivalent to seven years of education in the formal primary school system.

None of the participating youths knew of this possibility and none of the SWs mentioned this as an opportunity for OVC, who have dropped out of school and want to complete education at a later stage.

There is obvious an immense need for wider information about this opportunity both among SWs, OVC and families and communities.

#### 4.6 RELEVANCE

This analysis of the 14 questions posed under "Relevance" in TORs will relate solely to the findings with the aim to verify and/or explain these. There will, therefore, not be a full analysis of relevant Acts, strategies and guidelines and earlier reports, but only extracts relevant for these evaluation findings. Each question will form the headline for the following sub-chapters.

##### 4.6.1

**Question 1: The extent to which the programme has been consistent with, and supportive of, the policy and programme framework within which the programme is placed, in particular Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016, Children's Act 2009, National Guidelines on the Care of Orphans and Vulnerable Children 2008, Short Term Plan of Action for Orphans in Botswana 1999**

<sup>37</sup>Information partly interview complemented by information from website: [www.unesco.org/ui/litbase/?menu=13&programme=96](http://www.unesco.org/ui/litbase/?menu=13&programme=96)

Since this question requires analysis of several documents, the chapter will be broken down into sections.

#### 4.6.1.1 Analysis of the programme coherence with Children's Act

Since Children's Act form the frame for all child initiatives in Botswana, the analysis starts with assessing the use of the Act.

The analysis will have two levels: (i) presenting the views of the local governments – or implementers, and (ii) analysing these and other findings against the text of the Act.

The **positive** scorings of the SWs are as follows:

**Fig. 4.14 – Positive LG experiences with Children's Act**

POSITIVE	SCORE (Total 11)	EFFECT
Children's Act comprehensive, relevant	9	<ul style="list-style-type: none"> <li>Improved the work with children (6)</li> <li>Empowered especially the fathers as maternal inheritance was not obvious any longer (3)</li> </ul>
Act protecting OVC	1	<ul style="list-style-type: none"> <li>Helps vulnerable groups. Orphans cases can be treated faster</li> <li>Staying at own land reduces anger and implicitly disputes</li> </ul>
Land allocation Policy	1	<ul style="list-style-type: none"> <li>Has reduced property grabbing by relatives</li> </ul>

The presented scores are the total positive scores given on the interview question concerning "Policies, acts, strategies and plans relating to OVCs"<sup>38</sup>.

There is no doubt that Children's Act was necessary and has been relevant for the support of OVC. The scores also show that other policies and acts directly or indirectly addressing the needs of OVC are also applied with positive impact.

The indicated effect tallies well with the specific programme objectives

The **negative** scorings all relate to the difficulties in implementing Children's Act and do in no way question the relevance of the Act. Out of 24 negative scorings the three highest scoring are presented below:

**Fig. 4.15 – Negative LG experiences with Children's Act**

NEGATIVE	SCORE (Total 24)	EFFECT
Children's Act not known and/or respected by other authorities, e.g. police and Magistrate	6	<ul style="list-style-type: none"> <li>Raped children not questioned in separate room, theft cases only about penalty etc.</li> </ul>
Children's Act has no (availed) regulations	8	<ul style="list-style-type: none"> <li>Makes it difficult to implement the Act, e.g. The roles of respectively VCPC and DAC not clear</li> </ul>
No implementation guidelines	3	<ul style="list-style-type: none"> <li>-</li> </ul>
Relevant Acts, e.g. Sexual Offence Act and Children's Act, not harmonised	3	<ul style="list-style-type: none"> <li>Resulting in illogical decisions and unnecessary disputes</li> </ul>

<sup>38</sup>All LG scorings are found in annex 4A

Half the interviewed SWs have experienced problems with law practitioners' respect for the Act, which makes the work be difficult for the SWs.

The lack of regulations and detailed guideline for the implementation of the Act is another challenge, as it forces each SW to interpret the text of the Act in his/her own way making the Act be implemented in many and diverse manners and in completely unknown manners.

Act's related to children are not coordinated making the definition of a child be different depending on the Act. The SWs mentioned that under Children's Act a child is a child until the age of 18. Under the Sexual Offence Act a child is a child until age of 15 years; a child can drive a vehicle at the age of 16 years although not being responsible under Children's Act, and until recently a citizen could not vote until the age of 21 years making the citizen be a child until the age of 21 years.

Analysing the application of Children's Act against the findings in chapter 4, it becomes apparent that the application of the Act is – at best – random.

Starting with the legal authorities' abidance by the Act, the Act stipulates the following:

**39.** (1) A children's court shall be held informally and shall sit in a room other than that in which any other court ordinarily sits.  
 (2) No person shall be present at any sitting of a children's court except —  
 (a) officers and members of the court;  
 (b) the child concerned and his or her parents, other relatives or guardian;  
 (c) the social worker concerned in the case; and  
 (d) such other person as the court may specially authorise to be present

Further on the legislative practices:

**41.** (1) Every magistrate shall be a commissioner of child welfare (referred to in this Act as a "commissioner

The SW interviews clearly state that the Act is not respected by the magistrate wherefore he/she cannot be characterised as a commissioner of child welfare.

In chapter 4 the children, local leaders and SWs indicate that caregivers do not always offer the required basic care since caregivers frequently send OVC to the SW for assistance naming them their real Mum. Further, some caregivers misuse the provided support for own purposes, among others for alcohol. The Children's Act stipulates:

**42.** For the purposes of this Act, a child in need of protection means a child —  
 (a) who has been abandoned, neglected, ill-treated or exploited and —  
 (i) no suitable adult relative or other suitable adult can be found who is willing and able to care for the child; or  
 (ii) his or her parents or other relatives have been found but are unwilling or unable to care for the child;

The ability of chosen relatives is questionable referring to the Act. In many cases it is grandmothers and other elderly relatives, who become caregivers since these are regarded as more reliable with regard to use and utilisation of the OVC support. By making this the overriding factor for approval as caregiver, the child's needs for other types of support are neglected. This is adequately catered for in the Act:

**70. The court shall not make an order for the foster care of a child to a person who —**  
 (a) **is not willing or able, emotionally, physically, financially or otherwise,** to foster a child;  
 (b) has not been **assessed by a social worker** to be so able

**71. Before a children's court places a child in foster care, the court shall consider a report by a social worker** regarding the —  
 (a) general conduct, home environment, cultural, religious and linguistic background, school records and medical history (if any) of the child;  
 (b) availability of a person with a similar background to that of the child who is willing and able to provide foster care to the child; and  
 (c) **suitability** of the person willing and able to foster the child, keeping in mind the necessity to ensure the safety and general well-being of the child.

**73. A children's court shall order a child to be placed in foster care for such period as the court considers to be in the best interests of the child.**

Very few of the grandmothers and other elderly relatives are emotionally, physical and financially able to be a foster parent with the range of responsibilities implied in such a task.

OVC need support to overcome the grief and subsequently and continuously receive able support to develop emotionally, physically, intellectually and socially.

The challenges when selecting grandmothers or other elderly people are the following:

- Most elderly will not have attended school and can therefore not support the child with homework
- Poverty is rampant in most of these homes which - overall or entirely – depend on OVC support. Adequate physical child development must thus be questioned. Nutritious food is as well of importance for development of brain capacity
- Stimulation (physically and mentally) is a precondition for later intellectual performance. This cannot be provided by elderly, poor and uneducated caregivers
- When splitting sibling the closest relative is much older and cannot play an adequate social/ guidance role in the upbringing of the child. The lives of the two far apart generations are very different and the elderly caregiver will not be able to understand modern social and intellectual requirements and opportunities.

Despite the positive role that kin play in the lives of many orphans, for some children, kin are sources of stress. One of the striking practices that come out frequently in child welfare workshops as well as discussions with individual social workers around the country is that kin rarely consult children about where they prefer to stay following the death of their parent/s. Such decisions are largely handled by adult relatives. This practice partly arises from communities' lack of awareness on children's rights as well as the culture of Botswana which tends to put emphasis on adult decision-making. Further, there is no tradition for adult-child communication about matters of pertinence to children.

Finally, in accordance with article 12 the CRC concerning parenting death “children not only have the right to articulate their opinions with regard to issues that affect them, but they also have a right to have these opinions heard”.

The relevance of the Children's Act is cemented by the SWs. Further, it is obvious that OVC and other children need adequate policy and legislative attention to have lives, which will develop them into competent and responsible adults, who are self-reliant and able to contribute towards developing Botswana.

But the breach of rules, for example the use of unable caregivers, lack of caregiver assessment by children's court in combination with lack of home visits and PSS force relatives alone, as tradition bids, to decide the future of caregivers or an orphan. However, legally the decision should be made by a children's court based on a comprehensive SW report. Neither SW report nor children's court exists in the visited localities. Cutting across all findings neither budget nor legislative authorities allow for minimum abidance by the rules and act in the interest of the child.

#### **4.6.1.2. Analysis of coherence with National Guidelines on the Care of Orphans and Vulnerable Children 2008**

The National Guidelines on the Care of Orphans and Vulnerable Children 2008 is earlier than Children's Act. With only one year of operations before the Act came little analysis will be made of the relevance of these guidelines.

The programming principles are:

1. Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial another support;
2. Mobilise and support community-based responses;
3. Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others;
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities; and
5. Raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV/AIDS.

Where Children's Act mainly outlines governmental responsibilities, the guidelines emphasise on supporting and strengthening family and community capacity to take adequate responsibility for children and families affected by HIV/AIDS.

Since sole governmental efforts are expensive and tend to come to act as a safety net making the supported people relax on own responsibilities, the guidelines' emphasis is critical for creating lasting impact.

The guidelines were never mentioned by the SWs, which could lead to the assumption that the guidelines have been overtaken by Children's Act without analysing the role of the two in tandem.

#### **4.6.1.3 Analysis of programme coherence with Botswana National Plan of Action for Orphans and Vulnerable Children 2010-2016 and Short Term Plan of Action for Orphans in Botswana 1999**

The two plans will be treated together here since Botswana National Plan of Action for Orphans and Vulnerable Children 2010-2016 to a large extent builds on the experiences with Short Term Plan of Action (STPA) in Botswana 1999. Emphasis will be on the relevance of the Plan of Action since the context of the latter cannot be fully established and with it the relevance of the objectives and content STPA cannot be

reasonably established, while the results deriving from it are clearly defined. The structure of the strategy is clear building on lessons learnt from the STPA:

- Orphan and vulnerable children's issues are complex and require multi-faceted interventions
- Conflict between laws and policies
- Laws are difficult to enforce due to socio-cultural, institutional capacity and community related factors
- Applied research and evaluations are critical for evidence-based planning

As it appears these findings and conclusions tally well with the present findings in this evaluation. This confirms that limited political action has been taken since 2009, where this action plan was developed. From lessons learnt the strategic paper moves to challenges, which are implied in the above and further to the need for a paradigm shift including:

- Removing duplications and overlaps (Many families get various packages of support e.g. food package for under 5 children, OVC package, poverty eradication package etc. In addition some of these families may receive support from churches and /or NGOs)
- Ensure long-term financial sustainability
- Empower families through transformative approaches
- Constantly being on the outlook for negative consequences
- Dealing with factors – and not symptoms – contributing to vulnerability

Having in mind the findings in chapter 4 together with additional detailed findings in the annexes the above paradigm shift is highly relevant. However, five years later nothing has happened: resources are not allocated; capacity among LG staff, families and community members are wanting; a transformative approach – development – is not prioritised by the management at local and central government levels, neither at political level.

All major reports on OVC intervention in Botswana since 2002 have overall had the same findings and recommendations – apparently to no avail.

#### 4.6.1.4 Findings, conclusions and recommendations

##### Findings:

- The programme goals and objectives are fully in line with the analysed policy papers and guidelines. But the implementation is substantially wanting;
- The analysed legal and strategic documents are all relevant, but remain basically unapplied;
- Existing policies, legislation and strategies concerning children are not harmonised causing unnecessary disputes among implementers;
- Capacity of Botswana politicians to combine policies/legislation, budget allocation and corresponding capacity development<sup>39</sup> seems to be wanting;
- As a consequence of the above three findings, there is insufficient coherence between programme implementation and the national papers on OVC.

##### Conclusions:

- The lack of political action may have fatal consequences as the Botswana economy will be overstrained if continuing providing in-kind and direct financial support to OVC, their families and destitute people. The latter is mentioned as OVC typically graduate into a career as destitute because of the missing alternatives to a traditional academic education and more supportive caregiver opportunities;

<sup>39</sup>Understood as the OECD definition of capacity development comprising development of institutional, organisational, systemic, individual and infrastructural capacities.

- The huge discrepancy between goals and objectives and programme implementation, inclusive of coherence with key OVC papers explains the lack of sustainable changes and thus of better lives of the children.

#### Recommendations:

- Capacity development of the entire political entities at central and local governmental levels;
- Children's Act and National Guidelines on the Care of Orphans and Vulnerable Children 2008 are complementary documents which need one, detailed implementation guideline;
- Development of updated and simple M&E strategy and framework supported by the necessary capacity development with the view to have evidences on which to strengthen and coordinate policies, legislation, definitions and actions;
- Make goals and objectives be realistic to enable full implementation and thus governmental coherence with own legislative documents and national action plans.

#### 4.6.2

#### Question 2: Analyses of lessons learnt from past experience, and of sustainability issues

Part of the **lessons learnt analysis** was done in the chapter above, concluding that lessons learnt from STPA were incorporated into Botswana National Plan of Action for Orphans and Vulnerable Children 2010-2016, but were never practiced.

More or less similar findings, conclusions and recommendations were made in UNICEF's Situational Analysis, 2011, which in short emphasises on:

- Inclusion of children in decision-making;
- Need for evidence-based child data;
- Increased public education and advocacy; and
- Capacity building of the entire range of service-providers.

This report repeated and expanded lessons learnt from the STPA without instigating significant changes in capacity and approach.

With regard to **sustainability** all both central and local government staffs answered that the approach is not sustainable. The lack of implementation of lessons learnt, and of M&E systems detailing where lessons are not applied and finally the lack of consequences of no or low performance all hamper the likelihood of sustainability.

In addition, caregivers preferred to be supported with IGA (knowledge and skills; noticeably, access to credit etc.) instead of receiving in-kind support. The caregivers mention sustainability as one of the main reasons for this preference. Such support would ensure them a decent life and adequate status as an able adult towards the OVC. The current flagship programme was not regarded as relevant for creation of sustainable income.

Further, the IGA would make them self-reliant and thus independent from OVC support when this expires or the child chooses to move. Caregivers of the age of the parents do at times give up their own IGA to take proper care of the orphan(s) living solely from the programme support. But when this stops it is difficult for these caregivers to return to the past IGA and restart the business having no financial resources.

The PSS could help the child focus on positives in life and teach the OVC how to make use of opportunities, negatively affects the focus in life and the mental energy to overcome challenges. Children with an untreated grief often become bitter and/or aggressive and become difficult to handle for caregivers and conflicts arise making the child use the OCP support as means to take power over or otherwise harass the care provision family. The lack of PSS makes it difficult for a child to develop a positive self-esteem and realistic picture of own strengths and weaknesses and thus engage constructively in his/her social life.

Finally, the little emphasis on alternative and modern skills and knowledge results in many OVC having no income at the age of 18 years resulting in transition to destitute support.

#### 4.6.2.1 Findings, conclusions and recommendations

##### Findings:

- Even when lessons learnt are incorporated they are not practiced in the succeeding period of implementation;
- The present approach, with no support at all for individual development of family members, caregivers and the OVC, is not sustainable.

##### Conclusions:

- Acknowledging that the government does not allocate the resources that are sufficient for the planned activities <sup>40</sup>and with a declining national economy in sight, it is very timely to change to a sustainable approach as described in National Plan of Action for Orphans and Vulnerable Children 2010-2016 and in National Guidelines on the Care of Orphans and Vulnerable Children 2008.

##### Recommendations:

- Make each family make an action plan for their live as foster family guided by the priorities in the above-mentioned national documents;
- Avail skilled training in combination with literacy at various levels and within new – and thus potentially income generating – activities such as: computer repair, TV repair, mobile repair, agricultural production e.g. fruits, value adding to agricultural products and much more.

#### 4.6.3

##### Question 3: The programme's coherence with current/on-going initiatives

The OCP support is often not the only support provided to the affected families. In addition the following is provided:

- School feeding program for all students in primary and secondary schools;
- Guidance and Counseling Teachers in schools assist in dealing with the educational and socio-health issues of children;
- The Circles of Support Programme (COS), a community and school based approach to meeting the needs of OVC by developing local networks of support, with the aim to provide basic needs and psychosocial support (PSS) to vulnerable children to enable them to remain in or re-enter school and reach their full developmental potential

<sup>40</sup> Reference to chapter 4.2.2

- OSCE and ABEP programmes; and
- Poverty reduction activities.

Outside this there are two other programmes supporting families in Botswana: The nutrition support offered to all children under 5, which makes it duplicate the OVC programme, and the current Poverty Eradication Flagship Programme details on which have been difficult to track. However, in one of the locations some of the OVC families received goats as a start-up “capital”. Since it was in area, where hunting has been the stable food source and hunting is forbidden in Botswana, the families ate the goats as substitute food for the lacking hunting and did not establish any IGA. Internet search on results from poverty eradication programmes in Botswana over the years show duplication of businesses which hampers the business of both existing and supported traders. Moreover, reports mention inadequate supply of equipment for e.g. bee keeping etc.

The SWs, who are responsible for the implementation of support to OVC are the same who implement other big programmes inclusive of poverty eradication initiatives. This may explain the time and resource constraints mentioned by the SWs.

Further, it was noted that flagship programmes make use of vehicles allocated to other projects and programmes, among other the OVC programme, significantly reducing opportunities for SWs to conduct their field work inclusive of home visits.

UNDP Botswana, runs 4 projects on Poverty Eradication mainly at the governmental capacity development level supporting formulation of relevant policies, development of national assessment systems defining social status, availability of a range of resources etc.; institutional support of pro-poor trade and private sector development, and strengthening of capacity to integrate environment issues into development. These efforts ensure a supportive environment for poverty eradication, but apparently lack the enforcement part of the gained capacity.

USAID programmes focus on the alleviation of HIV/AIDS in the country supporting the Second Botswana National Strategic Framework for HIV and AIDS 2010 – 2016 through strengthening of indigenous organisations and the Government of Botswana by bringing technical expertise and financial support. Regional programs also address economic growth and environment, increase regional trade, enhance agricultural production, and ensure sound management of trans-boundary natural resources. Programs support three Presidential Initiatives: the President’s Emergency Plan for AIDS Relief, Feed the Future, and the Global Climate Change initiative .

Vision 2016 is about change in Botswana and how to manage the process. Change is conceptualised as “a fundamental transformation across the broad spectrum of the social, economic, entrepreneurial, political, spiritual and cultural lives of Batswana”

The plan suggests that by the year 2016, Botswana will have quality education and health systems that are adaptable to the changing needs of the country and that empower citizens to become better producers of goods and services. Health facilities will be efficient and accessible, and population growth well controlled so that everyone can benefit from socio-economic provision. HIV/AIDS is also addressed. Vision 2016 anticipates that by the year 2016 there will be a zero rate of new infections, as well as mechanisms in place to cater for all those infected and affected .

The above activities and intentions are all well aligned and have the potential to bring sustainably better living conditions to the poorest population in Botswana, if implemented as intended.

#### 4.6.3.1 Findings, conclusions and recommendations

##### Findings:

- The wide scope of support and coverage of the OVC programme makes it deliver to key areas of the national visions and plans and thereby be fully coherent with national plans and strategies and implicitly with other ongoing activities;
- The programme activities complement, but does not overlap with other activities addressing the needs of OVC;
- The apparent mixing of OVC and flagship programme resources may make the OVC programme have difficulties delivering as planned<sup>43</sup> and thus be less coherent with other ongoing activities.

##### Conclusions:

- If not only being coherent with other activities, but collaborating directly with the mentioned other ongoing activities, not least relevant poverty eradication projects, the OVC programme would help children and family out of poverty and continued dependence.

##### Recommendations:

- To turn UNDP's support into action there is need to turn these capacities into action through support of: (i) modern technical training institutions offering relevant courses, training, education and (later) updating of training and education – maybe in combination with literacy training; (ii) modern agricultural training centres offering all levels of training from one-week farmer training in one specific production, which is grown/produced at the training centres allowing for a combination of hands-on and theoretical training like Songhai in Benin<sup>44</sup>; affordable credit facilities like Equity Bank in Kenya offering microcredit to the poorest part of the population presently having 8 million clients and thus being the biggest bank in Kenya<sup>45</sup>.
- FAO would be a relevant partner to invite with a wider scope of directly poverty related and agri-based activities.

#### 4.6.4

**Question 4: The quality of the problem analysis and the programme's intervention logic and logical framework matrix, appropriateness of the objectively verifiable indicators of achievement**

**Question 12: The realism in the choice and quantity of inputs (financial, human and administrative resources);**

**Question 14: The appropriateness of the recommended monitoring and evaluation arrangements.**

A national M&E framework on OVC was developed in 2008 aiming at enabling problem analysis and evidence-based planning. The efforts are relevant and commendable and the following critiques should be viewed in the light of the age of the M&E framework, since much has happened in M&E since 2008.

<sup>43</sup>Reference to SW statements in 4.2.2

<sup>44</sup>Details on approach at: [www.songhai.org/index.php/en/home-en](http://www.songhai.org/index.php/en/home-en)

<sup>45</sup>Details on history and type of business at: <http://equitybankgroup.com/>

The specific objectives include the following:

- Monitor and evaluate the implementation of the NSF activities that are related to children ;
- To monitor the success of the national OVC response and identify interventions for scale-up ;
- Promote the utilisation of monitoring and evaluation data in the planning of OVC interventions;
- Promote the implementation of evidenced based interventions ;
- To create an information data base for Botswana's timely reporting on its UNGASS commitment and the Millennium Development Goals ;
- To strengthen the capacity of DSS, S&CD, NGOs/CBOs and FBOs to collect and use data appropriately.

Viewed in the light of the absent M&E activities this initiative was highly commendable.

The Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016 has a logframe in chapter 7, but no M&E framework.

In the visited locations no systematic M&E took place. Some very limited statistics was gathered when the SWs had time. This makes the national data, on which the funding is released, be greatly uncertain. Uniformity in data collection, data compilation and data analysis does not exist.

Further, the work with two groups, respectively OVC and vulnerable children, makes the data be more blurred since most OVC are vulnerable making it unclear where to record data. In 2008 the DSS under MoLG was made responsible for establishment and coordination of M&E activities and was tasked with developing guidelines and conduct capacity building. The interviews in DSP gave no answer to why M&E never took shape.

It is not clear whether the 2008 framework should continue being used complementary to the Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016 or whether the latter replaced earlier M&E activities. Neither can stand alone and together they do not fully reflect the intention to improve the quality of life of orphans and vulnerable children among others because the caregiver capacity is not all captured despite being the precondition for improved OVC lives. Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016 logframe emphasises entirely on system development, which is a critical aspect, but which cannot be the sole activities when intending to create better lives. The systems, which are currently non-existent or dormant, are very relevant for channeling of information from government to the target groups and vice versa.

The indicators in the National Guidelines Care of Orphans and Vulnerable Children were not SMART indicators<sup>46</sup>.

	INDICATOR	FOCUS AREA	COMMENTS
5	Proportion of OVC receiving food and material assistance	PSS	The indicator does not reflect the service of the focus area. An indicator could have been: Proportion of OVC receiving PSS at (i) enrolment in the programme and (ii) when needs arise
7	School completion rate	Education	Since completion may not result in the OVC having an independent adult life, it is relevant to add the transition rate. This would, further, be in line with Vision 2016 focus areas
12	Number of families equipped with survival skills	Family cap.	This is an output indicator and relevant at that level. If intending to measure results/changes the indicator could be: Number of equipped families providing full support to the OVCs in the family. "Full support" will have to be defined to make the indicator SMART
13	Percentage of organisations that have been capacitated to care of OVC	Comm. Cap.	This is an output indicator and relevant at output level. It does, however, not measure results/changes. An outcome indicator could be: Percentage of OVC being cared for by local organisations with regard to respectively x, y z type of care.

<sup>46</sup>SMART stands for: Specific; Measurable; Achievable; Relevant and Time-bound

In the Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016 all achievements presuppose fully operational Councils and committees at national, district and village level with a graduation from 50% in 2010, to 90% in 2011/2012 to 100% in 2012/2013 in combination with various systemic developments in terms of Terms of Reference, development of tools, implementation of council meetings and much more. Although all findings point at minimal activities in these structures, there has apparently been no attempt to analyse and remedy the situation, which has an adverse effect on other achievements. In addition, other achievements were quite optimistic.

None of the outcome or output targets have indicators. Finally, the formulation in present tense is unusual. Targets are generally formulated in past tense imagining what "would have been" achieved by 2016. Some examples of "difficult-to-measure" or optimistic achievements comprise:

OUTPUT TARGETS		COMMENTS
1.2	All district child Protection Committees have the skills to efficiently coordinate the OVC response at district level by 2016	There are no indicators for measuring of this achievement. An indicator cannot measure "skills", but only the output of the use of the skills e.g. timely and correct reporting, and/or: 80% of all OVC (statistics of total) involved/supported by the committee (statistics of how many). The mentioning of "All" may be optimistic, as some always perform better than others. If the number of "All" is not known, it is difficult to budget accordingly. Monitoring is mainly a matter of measuring programme performance in terms of results. In areas where the percentage of OVC being protected is low, immediate action need to be taken from central government level based on data in semi-annual reports.
1.3	All village Child Protection Committee have the skills to efficiently coordinate the OVC response at village level by 2016	As above
1.4	OVC are able to engage in decision-making on all matters that pertain to their well-being by 2016	The intended achievement is presumably not that the OVC "are able to engage", but rather that they "do" engage. Further, "able to" can only be measured by use of the ability, in this case engagement in decision-making. The output needed an indicator saying: 80% of all supported OVC engage in making a, b c decisions.
2.1	All targets refer to "capacity"	As above
2.3		
2.4		
2.2	All eligible OVC are being refereed and documented at appropriate service points by 2016	The use of "All" is optimistic. It can be left out leaving the indicator to define the percentage.
		The definition "appropriate service points" is blurred. There need to be a definition either specified: SW desks, recognised village help desk – or as "government approved district and village service points".

The 2008 M&E framework make use of resource demanding data collection methods, e.g. household surveys, which is a method beyond the resources of SWs, and even of full-time M&E staff. Household surveys, interviews and focus group discussions are all time consuming and give limited voice to the beneficiaries since data recording can be subjective and thus of less applicability unless measures are place verifying and validating all data. The strengths of such data, though, are the usefulness in explaining statistics as cause-effect cannot be validly extracted from pure statistics. Since mixed data are very informative it can be recommended to use household records made by the caregiver; structured observations made by the teacher over some time, and/or interviews with children or caregivers who have performed unusually poor or well – maybe 20 interviews in total - with the view to learn from experience. Focus can also be on “performance” of the supported child with regard to physical, psychological, intellectual and social capacities together with the performance of the caregiver with regard to IGA and support provided to the child with regard to child development factors. These data can be provided by the caregiver, the teacher and SW respectively using specific templates whether paper version or mobile phone version.

The NGO reporting format gives no direct provision for recording of annual progress against planned achievements. The schedule for collection of each set of data is omitted although not all activities will produce results all the time during a project life span. No reporting format was found and no overview over which groups of stakeholders (politicians, finance departments, DSS centrally and locally and other stakeholders) need which capacity building and the competences to be required for the stakeholder to play a defined role in the M&E activities and effective and efficient use of data. Internet study shows that Namibia may have a quite extensive national M&E system for OVC which includes complete and uniform NGO reporting.

With regard to the **realism** in the choice and quantity of inputs (financial, human and administrative resources) the analysis only covers the budget for orphans since the budget for vulnerable children was not made available. Currently, there are 35,076 registered orphans assisted plus a cumulative number of 2,149 orphans and vulnerable children (no disaggregation) who have been assisted to access tertiary education through the OVC Special Dispensation on post-secondary education support, as at the end of the 2013/14 financial year. The budget for 2014-15 is BWP 368,000,000.00 (approximately USD 34,800,000). Based on this the approximate costs per child is USD 915 per annum with the value of food basket being USD 58.82 to USD 76.47 per month.

A study of OVC costs in Sub-Sahara Africa found that foster care estimates range from USD614 to USD1921. Educational support for primary school ranged from USD30 to USD75. Health interventions that would ensure child survival can be delivered for about USD55. All studies reviewed were carried out in sub-Saharan Africa. All outcomes are expressed as cost per child per year (in 2010 USD).

This makes Botswana's budget be to the lower site. However, considering the long-term support provided, the budget may suffice if engaging stronger in caregiver and OVC self-dependence/IGA since this would require shorter support and thus free some budget for support of more families.

Chapter 5.6.1 in Botswana National Plan of Action on Orphans and Vulnerable Children briefly describes the required preparations with other stakeholders. But it has no budget for each activity and no targeted number of OVC that need assistance, training etc. The description in the logframe states “all” without indicating the number making, which makes realistic budgeting become impossible.

Moreover, it cannot be regarded as realistic to pay caregivers for 18 years without offering no or little other support when aiming at creating better lives. The total amount per child over a support period of e.g. 13 years would be USD 11,895, which could help caregivers and children develop better lives if instead assisted with knowledge, skills and credit/conditional grants.

Human resources have reduced over the last couple of years as no new SWs are employed despite launching of more social projects, which also require assistance from SWs. SWs have little access to transportation, partly because this is given as expensive vehicles and partly because these vehicles are made use of by flagship projects hindering SWs from performing as expected in terms of home visits, PSS, collaboration with the magistrate etc. Their time and general availability for M&E is currently minimal.

An analysis of the **appropriateness** of the monitoring and evaluation arrangements described in the 2008 M&E framework shows incomplete descriptions of evaluations, while the Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016 has a brief chapter describing Monitoring, Evaluation and Applied Research with description of preparatory activities, but no descriptions of the very data collection and analysis exercises.

It is not easy for a department or NGO to plan and implement evaluations based on the less than one page introduction. The introduction has no reference to or use of OECD criteria despite many NGOs having external funding, which may require international standards for evaluations.

Further, evaluations consist of consolidated monitoring results, but also of more overall assessments, wherefore specific evaluation indicators should be included.

#### 4.6.4.1 Findings, conclusions and recommendations

##### Findings:

- Two incomplete M&E framework exists. The missing content (schedule, evaluation details, SMART indicators, coherent indicators etc) may explain why neither the M&E framework, nor the activities mentioned in Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016 were never implemented.

##### Conclusions:

- The absent M&E activities are the main cause for late government reaction to the low OVC programme performance and focus hindering amendments which reflect actual needs;
- Means of transportation for SWs is essential as the OVC programme duties can only be performed satisfactorily if being able to pay home visits and other relevant visits.

##### Recommendations:

- Since the national strategy is coming to an end in 2016, it is strongly recommended to formulate an implementable new strategy for OVC interventions meeting the needs mentioned in this and previous reports and subsequently develop a simple, applicable and relevant M&E system;

Since data are random and scarce, there is need for an in-depth analysis prior to the formulation of new national OVC strategy;

- There is need for a holistic approach providing the support, which cannot be offered solely by the professionally selected caregivers, shelters or other caregiver options;

- The SWs agreed to the idea of using motorbikes instead of vehicles since these are cheaper to purchase, maintain and fuel and can be used everywhere. With lower price per unit fewer SWs will have to share means of transportation and can therefore be more efficient and effective.

#### 4.6.5

**Question 5: The extent to which stated objectives correctly address the identified problems and social needs, clarity and internal consistency of the stated objectives**

**Question 6: The extent to which the nature of the problems originally identified have changed**

**Question 8: The degree of flexibility and adaptability to facilitate rapid responses to changes in circumstances**

**Question 11: The quality of the analysis of strategic options, of the justification of the recommended implementation strategy, and of management and coordination arrangements**

**Question 13: Analysis of assumptions and risks**

The goal and the objectives of the OCP are as follows:

#### **Overall Goal of the OVC programme**

To improve the quality of life of orphans and vulnerable children by ensuring that they receive optimal care and support.

#### **Specific Objectives**

1. To formulate and review policies and guidelines that protects the rights of orphans and vulnerable children
2. To ensure provision of basic needs to orphans and vulnerable children: Food, Health Care, Education and Shelter
3. To ensure provision of psychosocial support services to orphans and vulnerable children; and their families

The current objectives reflect the immediate needs of the poor OVC households, but firstly, the needs of OVC are not only basic, but also complex as stipulated in Children's Act. The entire range of needs should be assessed before formulating objectives.

Since data in all reports to date are only partly correct due to lack of regular M&E and thus represent an actual picture in a given location, but not a detailed, verified national picture, goals and objectives can only reflect the reality presented in this scattered picture of the real and actual OVC situation.

The goal is holistic mentioning support of the caregiver family with the aim to enable satisfactory care of the OVC. Satisfactory care is not defined. But findings in this evaluation shows that this includes (i) possible placing outside the family; (ii) IGA support for caregiver and OVC, and (iv) support with homework.

One approach being scored as inappropriate by the SWs is the uniformity in distribution of support. Not two OVC or caregivers have same needs, and as mentioned elsewhere some of the OVC are placed in well-off families, who can easily cater for the basic needs of the OVC. Economically well founded families are also affected by HIV/AIDS. The objectives seem to assume that all HIV/AIDS affected families are poor and that poor people have identical needs.

Since there has been no systematic data collection since the launching in 1999, the changing situation of the OVC has never been recorded resulting in nil information about whether needs have changed. This evaluation reveals a number of uncovered needs. But since Botswana and life contexts have changed considerably since 1999 new needs have obviously arisen. Since needs change, it is imperative to have a flexible approach. The recent implementation, however, has been rigid providing same and insufficient support to all OVC.

The quality of the analysis of STPA experiences and results is of quality and relevant, so are the conclusions and proposed paradigm shift. However, the proposed activities, namely training of diverse community and governmental structures in supporting OVC, do not rime with the proposed paradigm shift.

Analysis of assumptions, risks and mitigations is clear. The assumptions are relevant, but insufficient since the community interest in participating in diverse committees and in taking responsibility for OVC in general is not assumed despite proposing outputs relating mainly to this. In this case the interest has not been of significance resulting in dormant committees.

Assumptions 1, 2, 4, 5, 6 and 7 have proved not to be real. Despite this, none of the proposed mitigations have been applied satisfactorily.

#### 4.6.5.1 Findings, conclusions and recommendations

##### Findings:

- The inadequate M&E system and practices has made the MoLGRD implement without sufficient evidence of programme relevance, effectiveness and efficiency which has resulted in application of a not fully up-to-date OVC programming and approach;
- The documents analysed here give the impression that the knowledge, skills and experiences of the top implementers and national document producers need strengthening;
- The documents are short of realism both in assumptions, mitigations, outputs and proposed organisational arrangements of the support of OVC. It is currently difficult to base interventions in Botswana on voluntarism.

##### Conclusions:

- Shortcomings in planning and implementation cut across all higher levels in the governmental administration and sustainable changes – irrespective of sector – cannot be achieved unless power holders accept the deficit in capacity.

##### Recommendations:

- Consider performance contracting allowing for salary increments and other appreciations when delivering as planned;
- Support power holders and higher ranking officers in specialising, e.g. in M&E with subsequent benefits in view;
- Be consistent in all planning from analysis to planned activities and development of the required organisational and institutional set-ups supporting the described

##### Implementation:

- Systematic use of Theory of Change approach is strongly recommended as it implicitly forces detailed descriptions of actors, institutional arrangements, requirements etc..

#### 4.6.6

**Question 9: The quality of the identification of key stakeholders and target groups (including gender analysis and analysis of vulnerable groups) and of institutional capacity issues**

**Question 10: The stakeholder participation in the design and in the management/implementation of the programme, the level of local ownership, absorption and implementation capacity**

The **quality of identification of key stakeholders** is low. This concerns (i) identification of beneficiaries, which is done against mere caregiver registration of the child, and (ii) partners in implementation. At national level the DSP collaborates with a few NGOs, while only few of the LGs work directly with NGOs. Moreover, community structures played a key role despite the minimal interest in working for free.

At LG level the general knowledge about the capacities and activities of locally implementing NGOs is very low. This is, among others, due to the lack of coordinating body (e.g. DDC) screening and approving all non-governmental partners in development.

Chapter 4.3 provides precise and multiple examples of institutional incapacity, which means that **identification of institutional capacity issues** have been either wanting and/or unrealistic.

The number of children assisted does not have a **gender** disaggregation. This applies for planned activities and indicators in both the 2008 M&E Framework and the Botswana National Plan of Action on Orphans and Vulnerable children 2010-2016.

Neither are activities and outputs gender specific.

The level of **stakeholder participation** is minimal to an extent where caregivers and the OVC regard the SWs as their real parent since these are the real providers of all support.

If the district, village and child protection committees had worked as intended, these would have served as a media to have influence and to be informed. The committees would also have enabled establishment of joint community efforts, which could have made the wider community take responsibility for local OVC and their life quality.

NGOs and CBOs are generally not recognised as able partners by SWs. The meeting with a few confirmed that some ought not to be allowed to operate, as the staff capacity to manage and account for funds was minimal, while others were well funded and knew exactly where to find budget and other details on request.

##### 4.6.6.1 Findings, conclusions and recommendations

###### Findings:

- Key community committees are not or only partly operational although they were meant to play a key role in community engagement in OVC support;
- Caregivers, who report at the SW office, are being recorded and supported. Only in one of the visited districts do the SWs conduct a home visit before deciding on type and relevance of support. There is no national identification procedure and practices in place. The identification through home visits is partly hampered by lack of transportation, since vehicles are used by flagship projects. The interviews SWs indicated that communities are not ready to participate in any recruitment or support unless paid.

### Conclusions:

- As one result of the mainly dormant committees, identification and subsequently involvement of stakeholders is limited and no clear proof was found that it exists as organised practices.

### Recommendations:

- It seems that community involvement requires clear indication of what the community gains from participating in identifying and supporting OVCs and caregivers. This may generate an understanding of that gains is not only a matter of payment;
- Early involvement of stakeholders already at planning level may create ownership and thus an interest in being a voluntary part of the implementation;
- If involving stakeholders at the planning stage allowing them to influence type and content of activities, they may suggest activities which they feel capable of managing and implementing both with regard to resources, knowledge and skills. It should be noted that OVC are regarded as stakeholders.

## 4.7 EFFECTIVENESS

### 4.7.1

#### Question 15: Whether the planned benefits have been delivered and received, as perceived by all anticipated beneficiaries

The planned benefits in Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016 are multiple and each cannot be analysed in details in this report. Instead the analysis will concern delivery to the three specific objectives and to the two outcomes in the national strategy.

On the first the following can be concluded:

**Fig. 4.16 – Listing of overall achievements**

	OBJECTIVES	FINDINGS
1	To formulate and review policies and guidelines that protect the rights of orphans and vulnerable children	The key documents are: Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016, Children's Act 2009, National Guidelines on the Care of Orphans and Vulnerable Children 2008, Short Term Plan of Action for Orphans (STPA) in Botswana 1999. The relevance and use of these have been analysed in chapter 4.5.1. The findings are Children's Act should form the frame for all child related activities in Botswana. The only document, which is of later date the Act is the national action plan, which fully corresponds with the intentions of the Act, but has a far too narrow scope of interventions to deliver to the Act. For example magistrates and SWs, who play a key role in the act play no role in the national strategy. As the year of each document indicates there have been reviews of key policies and guidelines since 1999.
2	To ensure provision of basic needs to orphans and vulnerable children: Food, health Care, Education and Shelter	Chapter 4.2.1 accounts for the delivery to basic needs. The findings shows that the targeted families receive the intended support of basic needs, but also that the support, in some cases, is misused by the caregivers. Chapter 4.3 also shows that the administration of the support of basic needs, in-kind support – has multiple shortcomings having counterproductive effect on the quality of the life of the OVC, e.g. lower school attendance and performance. Shelter is mentioned negatively by the beneficiaries in chapter 4.3. And the conflicts mentioned by both caregivers and children indicate that the number and types of alternative caregiving/shelter opportunities are far too few.
3	To ensure provision of psychosocial support services (PSS) to orphans and vulnerable children; and their families	PSS does in principle not exist in any of the visited locations. Only in one location was the PSS mentioned positively by the beneficiaries. Both caregivers and children mention the relief experienced when receiving PSS. This means that a vast majority are not relieved, which may explain the aggression that both OVC and parents notice is common among OVC. It should be noted that the caregiver, being a relative, also need PSS

Turning to the two outcomes in the national strategy the findings are:

**Fig. 4.17 – Listing of outcomes**

	OUTCOMES	FINDINGS
1	Coordination structures and instruments are functioning effectively and facilitating the delivery of quality services to all OVC by 2016	<p>The basic needs are met although with some challenges. Despite having set these outcomes no new SWs have been recruited for around two years. Means of transportation to reach out and have home visits are minimally availed, which have negative consequences.</p> <p>In chapter 4.3 both beneficiaries and SW score significantly negatively on the administration of the in-kind support and delivery of PSS. Thus the system itself is of the opinion that the intended service quality is not delivered (e.g. PSS, home assessments and shelter) and what is delivered (in-kind support, minimal PSS and shelter) is poorly delivered.</p> <p>Around 2,200 children have completed tertiary education since the launch of the programme. The SWs could not confirm completion, but enrolment.</p> <p>This overall inadequate service delivery is reflected in the part- or non-achievement of either of the goals.</p>
2	Orphans and vulnerable children access and use quality protection, care and support services increased from 48.7% to 100% by 2016	<p>Chapter 4.3 and 4.4 provides a wide range of examples and impact on the following extracts.</p> <p>Outcome 2 builds on providing families with the required skills to support and protect the OVC, which has only limitedly been provided. Where it has been provided it has had very positive effects, so output 2.1 is highly relevant.</p> <p>In output 2.3 families should have, among others, the financial capacity to support the OVC. Since the poorest relatives take an OVC to have basic needs covered and there is no support for establishment of IGAs, output 2.3 is far from achieved, but extremely important. It should be noted that people ask for credit facilities and training and not for cash or in-kind hand-out as practised in the poverty eradication programme</p> <p>The collaboration with NGOs/CBOs is minimal and the present capacity is very diverse. Scattered and minimal capacity building has been offered and no capacity criteria for NGOs/CBOs are defined by the government.</p> <p>Most local committees on which this outcome is based are ineffective, which negatively affects the achievements</p>

#### 4.7.1.1 Findings, conclusions and recommendations

##### Findings:

- All goals, objectives, outcomes, outputs in the two documents, which are currently determining the work with OVC at national level, are relevant and can provide effective delivery if provided with realistic targets;
- The preconditions for achievements (of sufficient number of outreaching SWs and active and well-trained local committees) are not in place;
- There are no child protection measures in place. Regular home visits would be the minimal intervention on this.

##### Conclusions:

- The delivery to basic needs is close to fully achieved, probably over-achieved since not all families are in need of this support;
- The capacity, and maybe the design, of systems and structures to quality and full service delivery and child protection is wanting resulting in the service delivery being insufficient and ineffective.

##### Recommendations:

- That the service delivery systems be assessed against the planned types and size of service delivery and be reorganised in accordance with the findings to enable effective and efficient service delivery;

- That national policies and plans are realistic to ensure quality and effective service delivery. Rather deliver as planned and deliver less, than deliver little of what has been promised to the people.

#### 4.7.2

#### Question 16: How unintended results have affected the benefits received positively or negatively and how well these could have been foreseen and managed;

To illustrate the question the one most positive and negative unintended result will be highlighted here.

The most noticeable unintended **positive** result in the considerable uniform and positive attitude among caregivers that they want to be self-reliant and totally and immediately rejected the idea of conditional cash transfer and in-kind hand-outs, inclusive of those from parallel programmes.

This positive result builds on negative experiences with the current support.

The most unintended **negative** result is the overall poor service delivery from both LG side, from the local child protection committees and district development committee, local communities, NGOs/CBOs and other relevant bodies. The little use of NGOs and CBOs and the capacity of these add to the inadequate delivery to the total achievements.

Inadequate political support of the programme, appearing as reduced funds/commitment in terms of gradually more overworked SWs and laxity with regard to abidance by child-related legislation by law practitioners.

With regard to **foreseeability** of results, the positive result of negative experiences with the quality and relevance of service delivery was unforeseeable, but should be positively and immediately responded to.

Lack of response may result in passivity and full beneficiary convenience with the dependency role – a threat to the system acknowledging the current and expected future financial capacity of Botswana. The negative results could not only have been foreseen, but could have been avoided if politically committing to the programme by recruiting new SWs to replaces the ones, who left the service – and even increase the number, since additional programmes also depend on SW interventions. Further, sufficient and relevant capacity development of all stakeholders from decision-makers to community members is a precondition to enable them to act and engage and envisaged. This was only scarcely offered.

#### 4.7.2.1 Findings, Conclusions and recommendations

##### Findings:

- The examples provide a picture of that unforeseen positive and negative results have been achieved and that they can be and could have been managed.

##### Conclusions:

- The seemingly total lack of political support of the SW working conditions has rigorously affected the programme achievements negatively. The fewer staff and increase in workload make acts and national strategies be nothing but a piece of paper, which is politically and strategically risky since popular aspirations are disappointed as poverty increases. It leaves a high number of families and individuals in a devastating and hopeless situation completely contrary to the official intentions. In short, to the people of Botswana, inclusive of the governmental staffs, it seems as if the political agenda is to a large extent out of touch with the financial reality. The evidence is the political support of the programme, which differs considerably from

the intentions described in recent child-related acts and strategies.

**Recommendations:**

- Whenever launching a programme the required man power, whether governmental or otherwise, should be defined in details to enable relevant, recruitment and capacity development and subsequent matching budgeting. The development may move at a slower pace, but it will move steadily and bear evidence of the reliability and capacity of the politicians and governmental institutions in Botswana.

**4.7.3**

**Question 17: Whether any shortcomings were due to a failure to take into account cross-cutting or over-arching issues such as gender, environment and poverty during implementation**

Cross-cutting issues do not appear in any of the analysed documents. However, the overarching problem is insufficient capacity at all levels: politicians, governmental staff, NGOs/CBOs, caregivers and OVC.

Cross-cutting issues as gender and environment are only of importance when the required capacity among all levels and types of stakeholders is generally in order. If a programme are unable to perform as planned, it is of less interest whether the low performance affects boys or girls most. When organisational structures, institutional capacity, knowledge and skills and equipment are all inadequate and/or insufficient, cross-cutting issues have no effect.

Poverty has been mentioned as an overriding factor, as the lack of liquids make caregiver dependent on the In-kind support and implicitly on the child providing the support. Dependency always limits people in acting, e.g. refusing to accept an aggressive attitude. It may result in loss of the provided support if the OVC walks out.

Poverty severely limits the life quality of the OVC since these children need a multiplicity of support some of which require money, e.g. support for home work; clothes which are not worn out and which fit; more and fresh food etc.

In this programme none of these, despite existing, were determinants for the limited programme achievements.

**4.7.3.1 Findings, conclusions and recommendations**

**Findings:**

- Cross-cutting issues are generally not included in any of the analysed documents – neither systematically nor randomly.

**Conclusions:**

- With the current lack of different capacities across all levels of stakeholders, strategic and systematic, inclusions of cross-cutting issues will not add significantly to effectiveness.

**Recommendations:**

- As above: That the service delivery systems be assessed against the planned types and size of service delivery and be reorganised in accordance with the findings to enable effective and efficient service delivery. This includes analysis of the role and effect of cross-cutting issues.

## 4.8 EFFICIENCY

The analysis will assess whether the project management was sound, as well as the “value for money” of the project.

### 4.8.1

**Question 18: The extent to which the costs of the programme have been justified by the benefits accrued whether or not expressed in monetary terms in comparison with known alternative approaches, taking into account the contextual differences**

**Question 21: The adequacy of the programme budget for its purpose, particularly phasing out prospects**

Analysis of the costs and potentially better use of the current funding is briefly described in chapter 4.6.4 under “realism”.

Since there has been no systematic M&E during the entire programme period (1999-date), it will be impossible to explain and justify programme costs. There can be achievements, which have not been recorded in this evaluation due to lack of monitoring data. In addition, since Botswana has become an upper-middle income country, Botswana is not comparable with other African countries than South Africa, which has a very different historical and developmental background.

Internet search yielded no recent data on OVC expenditures in e.g. Namibia and Mauritius, countries with which Botswana is often compared.

With reference to the above it is not feasible to assess whether the costs allocated to life quality in Botswana is too high. Life quality is subjective and needs to be specified to be budgeted for cost analysed. An example: Is life quality free access to basic services or is it the financial ability of individuals to pay for the service? And is it purely a matter of having access to the service or is the quality of the service also a counting factor?

If providing people with relatively (Botswana standards) ample income, people can set own standards for life quality and achieve these. Such approach will also overcome the many negative side effects of uniformity, which is the cheaper approach in a national administration system – and presumably result in more life satisfaction.

There was no phasing out built into the programme, which have continued uninterrupted for 17 years. In brief, the adequacy of costs cannot be assessed since the level of life quality achieved has never been defined. If instead assessing expenditure against the level of achievements. Since achievements have been less than planned, but the budget has been depleted, it must be concluded that either (i) the budget is insufficient to achieve the planned results, or (ii) that programme operations are inefficient. With reference to section 4.2.2, it seems that programme operations are not fully efficient and with reference to, among others, Vision 2016 and National Guidelines on Care of OVC that the allocated budget is insufficient for full delivery of the planned and desired results. Finally, the omission of recruitment of new SWs to replace those who retire, has made it difficult to deliver effectively and efficiently.

The lack of sustainability among adult OVCs and current long-term caregiver families also points to inefficiency and little emphasis on phasing-out measures.

#### 4.8.1.1 Finding, conclusions and recommendations

##### Findings:

- Achievements are mainly made with regard to In-kind support, while PSS and other family/OVC development achievements and organisational/institutional results have been minimal the costs are far too high. The recorded achievements have mainly been at the input and output level, while results of the inputs have no records – maybe due to the inadequate monitoring. Either the budget was too low, or the approach too costly and inefficient;
- It was apparent during this evaluation that the massive governmental support of socially exposed citizens in terms of OVC support, destitute support and pensions enables people to choose a life in total passivity and lack of contribution towards the national economy. However, caregivers expressed strong interest in being supported in becoming self-sufficient as indicated elsewhere in the report.

##### Conclusions:

- Based on the above analysis, it seems that the desired results both in the programme and in Vision 2016, mode of programme operations and the size of budget are not coherent;
- If applying an IGA approach in combination with PSS, support to homework, each family may only need In-kind support for a relative short period until their IGA is yielding income against the current period of up to 18 years. This will gradually free funds to develop and establish other support functions e.g. homework, youth clubs for drop-outs and street children, continuous training of caregivers, SWs and children in relevant life skills inclusive of child protection and ways to practise this, and modernisation of steadily more technical institutes for the benefit of the larger population.

##### Recommendations:

- The most effective way of assessing efficiency is to cost other relevant interventions, e.g. support of IGA inclusive of skilled training and credit facilities and of professional and modern skilled training of OVC (and other children) combined with a credit package and assess how many end as self-reliant compared to (i) youth and (ii) OVC under current skilled and academic training and – and compare the costs of the three different types of support;
- If the current budget is too high for the government to afford, amendments in beneficiary selection<sup>48</sup>, programme content, focus and approach are required;
- The main issue for Botswana in a situation of a potentially gradually declining national economy is to develop programmes which can deliver within the given budget, are efficient and which focus on self-reliance.

The in-kind support should be given parallel to sessions with the implicated families enabling them to make informed decisions for their own lives, among others on which IGA to venture into – whether being caregiver or OVC. The current In-kind support will help the caregiver concentrate on the provided training and up-start of the chosen business. However, the caregivers should know that e.g. 12 months after start of business the In-kind support will be gradually phased out with e.g. a quarterly reduction in support.

This will also sharpen the seriousness about making the business succeed. If knowing that they can fall back to full OVC or destitute support whenever their business fails, they may not work the hours that are required to build and maintain a business.

#### 4.8.2

##### **Question 19: Quality of monitoring: its existence (or not), accuracy and flexibility, and the use made of it; adequacy of baseline information**

##### **Question 20: Whether any unplanned outputs have arisen from the activities so far**

All SWs and DSP confirmed that there is no applied monitoring system and thus no systematic monitoring in place. Only data on number of respectively orphans and vulnerable children are available and they are neither validly orphan/vulnerable child disaggregated, nor gender disaggregated.

With regard to baselines there is no effective system for collecting data, so valid baselines do not exist. In the data for OVC there is no system for distinguishing between orphans and vulnerable children, which means that the figures on respectively orphans and vulnerable children are not accurate and that all vulnerable children theoretically could be orphans and vice versa which would half the families needing support.

Further, the SWs informed that they collect data as they have time and do overall not find it part of their job function.

The system (2008) which was initially introduced was regarded by SWs as too complicated. A brief analysis is found in chapter 4.6.5.

The unplanned outputs are many and only a few can be mentioned here.

One positive unplanned output is the self-esteem arising from clothes availed specifically at Christmas time, as the girls score it as specifically important to feel equally beautiful at this time of the year. It is a tiny detail, but with a big positive effect for the individual girl. It may as well be more important to feel good around Christmas where other people are happy and generally feel good.

Another positive output deriving from a negative result is the street children's interest in schooling – not return to school – having lived the tough live on the streets. Education has come to make sense.

An example of negative output from a positive result, In-kind provision, is the dependency arising from having basic needs covered irrespective of the family situation.

Another example is the fixed shopping using the coupon system, which results in basic items and foodstuff being expensive resulting in the foodstuff lasting shorter than the anticipated one month.

#### **4.8.2.1 Findings, conclusions and recommendations**

##### **Findings:**

- The applied M&E system is inadequate as illustrated in section 6.4.6 and as mentioned above. The few data, which are available and which form the frail baseline, are not verifiable;
- As in all programmes there are unplanned outputs of the implemented activities, but specifically for the In-kind support the gains are multiple and critical for improvement of the life quality of the OVC as most of the support help the children and attend school and perform.

**Conclusions:**

- The lack of an M&E system has considerably hindered efficient delivery of programme support, as it the outputs and outcomes of given interventions and the level of outreach for each activity against planned outreach is unknown; This also hampers the flexibility and makes budgeting be based on no evidence at all;
- The lack of evidence and knowledge about relevance, performance and achievements makes it difficult for the government and partners to efficiently ask for assistance to change/amend/improve activities to ensure relevance, performance and achievements.

**Recommendations:**

- Develop a simple M&E system, which provides key details for evidence planning and timely and focused request for assistance to improve. This included output and outcome reporting, which will help in following developments and make timely and focused changes.

**4.8.3****Question 21: The networking opportunities created through the programme amongst government agencies, communities and other stakeholders.**

The National Action Plan emphasises strongly on establishment of district and village committees and describes a logical system of formalised community participation as the representative participation in the support and protection of OVC. The idea was that committee members should act peers in their respective home areas and inform neighbours and take initiative to small-scale activities at village and district level.

This could be done by the communities alone, possibly through establishment of CBOs, or in collaboration with NGOs and/or the Social Department or other relevant district departments. Such approach would provide small paid jobs as well at local level and could involve the OVC themselves.

The interviews with SWs showed that the collaboration is negligible in the visited locations. This includes the collaboration between ministries also working with OVC (e.g. MLGRD, MoH and MoESD and the police) who only collaborate when a given case arises, but do not systematically and regularly hold e.g. preventive and updating meetings or joint events. The latter happens more frequently than the first. The governmental departments' collaboration with NGOs and CBOs is hardly existent in the visited locations. LG staff members do not know all NGOs and they do not know their activities and capacities and can therefore not make use of them.

**4.8.3.1 Findings, conclusions and recommendations****Findings:**

- Opportunities for relevant networking are many in the national OVC action plan 2010-2016;
- All actors work alone with no coordination. This includes NGOs(CBOs who also work in isolation);
- The heavy workload on the SWs, who should train committees and take initiative to coordinate, explains part of the minimal networking

**Conclusions:**

- The lack of adequate capacity starts a cycle of decline in capacity resulting in lesser achievements; Effective networking distributing activities against competences and funding relieves actors of the tasks, where they are short of competencies and enables them to work with tasks where they can perform – which ensures: (i) efficient delivery and (ii) work motivation which furthers adds to the ability to perform.

**Recommendations:**

- Effective networking does not arise on its own. It presupposes structures and capacity and an agreement of the purpose of the networking. It has to be agreed whether the purpose is to share experiences and thus supplement each other, or is it to fill gaps in intervention and thus complement each other or does it have other purposes. When this is defined, it is possible to select staff which will be relevant in a given network.

**4.9 IMPACT****4.9.1****Question 24: The extent to which the project outcomes have been achieved as intended in particular the programme planned goal**

With reference to the weak M&E system there has been no capturing of outcome and impact, which can therefore not be formally established.

Some statistics from other ministries show that in recent years around 6% of the OVC have graduated from tertiary education, which is positive impact of the programme.

The seemingly good school attendance and reasonable school performance can overall be ascribed to the In-kind support providing all required inputs inclusive of food – the latter adding to good health conditions. The combination of inputs is pivotal for stable school attendance and successful completion.

These factors in combination form part of the goal:

**To improve the quality of life of orphans and vulnerable children**

However, this is just part of the inputs/services, which were intended to provide life quality. Other aspects were:

**OUTPUT OUTCOME 1: Coordination structures and instruments are functioning effectively and facilitating the delivery of quality services to all OVC by 2016**

1.1	Effective OVC coordinating body
1.2, 1.3	Efficient and skilled District and Village Child Protection Committees coordinate the OVC response
1.4	OVC are able to engage in decision-making

As a result of the deficit in outcome 1 the family capacity is unknown to the SWs and only one location mentioned reasonable training, which was observed to have very good effect.

The capacity and activities of NGOs/CBOs/FBOs is not known by the SWs and the collaboration is limited. The capacity of that group of service providers is extremely diverse.

The institutional capacity of LG departments is grossly insufficient to deliver to fulfillment of the two outcomes. There is negative impact, as some caregivers are poorer after having attended to an OVC than before reducing the interest in capable family members to become OVC caregivers.

#### 4.9.1.1 Findings, conclusions and recommendations

##### Findings:

- Impact from the In-kind support includes education, which has helped some OVC to continue to tertiary education;
- Achievements with regard to institutional capacity to deliver quality services are random and grossly below the planned achievements, which negatively affects impact in other areas of programme operations.

##### Conclusions:

- The weak institutional capacity across all service deliverers is the major cause why the programme has grossly underperformed. Output 2.3 which is a precondition for adequate OVC support is entirely missing apart from the scattered integration of some families in the poverty eradication activities.

##### Recommendations:

- That the next national strategy on OVC is repeated after significant strengthening of the current strategy ensuring realism and applicability.
- Definition of measurable outcomes is a precondition for defining measurable impact.

#### 4.9.2

##### Question 25: Whether the effects of the programme:

- Have been facilitated/constrained by external factors;
- Have produced any unintended or unexpected impacts, and if so how have these affected the overall impact;
- Have been facilitated/constrained by the programme management, by co-ordination arrangements, by the participation of relevant stakeholders;
- Have contributed to economic and social development;
- Have contributed to poverty reduction;
- Have made a difference in terms of cross-cutting issues like gender equality, environment, good governance, conflict prevention, etc.

Most of the above sub-questions have been answered in the findings and in previous chapters. The analysis here will therefore be short:

	QUESTION	FINDINGS
a)	Whether the effects of the programme have been facilitated/constrained by external factors	No facilitation was observed
		One constraint was the global recession from 2008- 2001 (in effect till 2013) which may have impacted negatively on the financial capability of the government seen as omission or indefinite postponement of recruitment of new SW staff as replacement for retired staff
b)	Whether the effects of the programme have produced any unintended or unexpected impacts, and if so how have these affected the overall impact	One significant unintended impact of the poor service delivery is the caregiver request for assistance to be self-reliant
		Negative impacts are: Due to the workload staffs look for jobs outside the gvt.; the strong In-kind support make people refuse to assist without being paid/compensated.
c)	Whether the effects of the programme have been facilitated/constrained by the programme management, by co-ordination arrangements, by the participation of relevant stakeholders	On facilitation the programme management has been effective and efficient and ever supportive
		The lack of coordination of OVC interventions, the absence of effective departmental cooperation, inclusion of other service providers and the lack of community participation have all constrained the programme.
d)	Whether the effects of the programme have contributed to economic and social development	No examples were found of economic and social development of caregivers. The graduated OVC may have an improved economical and social life style, but this not established.
		For the younger group of caregivers, who may have to give up or reduce their IGA, the programme have reduced their economy and pushed them closer to poverty at support expiry.
	Have contributed to poverty reduction	
e)	Whether the effects of the programme have made a difference in terms of cross-cutting issues like gender equality, environment, good governance, conflict prevention	There is no proof or stakeholder mentioning of either of the differences with regard to cross-cutting issues.

#### 4.9.2.1 Findings, conclusions and recommendation

##### Findings:

- As indicated above;
- The absence of an effective M&E system has made government lack timely and relevant information, which would have enabled focused and efficient planning.

##### Conclusions:

- The period of recession may have influenced the financial capacity of the government negatively resulting in no or slow recruitment of replacing staff, equipment etc.;
- The key actors did not have time and capacity to implement the Action Plan.

### Recommendations:

- It is strategically wise to either close or implement the programme as planned to avoid building unrealistic popular expectations;
- Be informed about people's needs and views when formulating the next national strategy on OVC;
- Focus on support of self-reliance, which will also help developing mental (self-esteem), economical and social capacities in caregivers and OVC.

### 4.10 SUSTAINABILITY

The issue of sustainability has been answered in many of the previous chapters, so this chapter draw cross-cutting conclusions.

Apart from the possible sustainability of the situation of the OVC, who graduated, none of the other interventions are designed to become sustainable.

In 2015 the Sustainable Development Commission in UK formulated sustainability as:

**“Sustainable development is development that meets the needs of the present, without compromising the ability of future generations to meet their own needs.”**

The programme has no doubt met most of the immediate needs of both children and caregiver families. But as mentioned elsewhere the continued free inputs without parallel PSS and capacity building makes the sustainability be questioned by the current implementers.

What may challenge sustainability is the following:

- Continued and sure In-kind support, which creates caregiver passivity and dependence;
- No relevant measures supporting IGA. Such measures comprise modern skills and credit facilities. In-kind support, whether under this programme or others, hampers self-esteem and further increase dependence<sup>51</sup>;
- No family exit strategy plan. An exit plan indicates to the families that support is time-bound and conditional and that the responsibility for development is upon the caregivers and young OVC. The government can only offer opportunities, but not force them to make use of these opportunities;
- The support is uniform while each caregiver and OVC has individual contexts and subsequently individual needs. Some needs may be the same, but solutions must be tailor-made, as the individual capacities, contextual situation etc. are all different;
- Apart from the amount paid to the coupon card there are no gender, cultural, environmental or other considerations built into the programme;
- The gap between governmental/political aspirations and the reality on the ground is enormous and makes achievement be unrealistic and to some extent irrelevant in the given situation;
- Insufficient and inadequate child-relevant data and evidence-based planning;
- Lack of detailed and scheduled guidelines for how each type of actor (SWs, NGOs, CBOs, FBOs and private sector) are expected to implement the programme and relevant Acts and Guidelines makes it impossible to coordinate and systematically engage in a complementary manner. This has resulted in each actor finding his/her own way on being an actor resulting in diverse (approach, quality, efforts etc.) service delivery. Some service delivery may be high quality. But it will be individual here and there instead of being an institutional characteristics.

<sup>51</sup>This is concluded similarly in World Bank's Social Protection Assessment report, Executive summary, section 4

Sustainability depends entirely on the capacity of the involved actors. So when focusing mainly on downstream capacity (communities, families and OVC) the programme content and budget allocation should reflect the defined need for capacities and the costed inputs required to build local skills. In the evaluated programme there was no clear correspondence between provision of district funds and defined needs for local capacity. As a result the communities have been unable to take up the expected responsibility for OVC and caregiver support, which reduces the extent of sustainability.

With this in mind conclusions and recommendations on how to better ensure sustainability are described in chapter 5.

## 5. OVERALL CONCLUSIONS AND RECOMMENDATIONS

The detailed conclusions and recommendations are found in chapter 4, wherefore the following are overall conclusions and recommendations touching mainly on systemic changes.

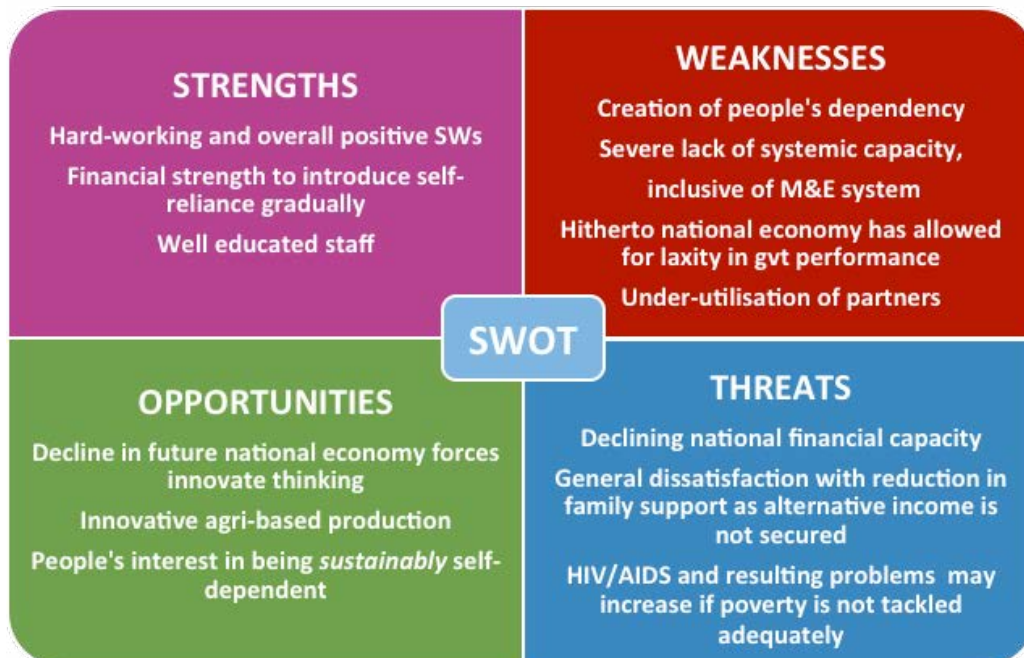
The overall conclusions and recommendation are divided into two focal areas namely (i) Policy and legal framework and (ii) Programme design and management. All recommendations are paired with findings presented earlier in this report. The recommendations appear in random order. The stakeholder findings have been condensed in a SWOT analysis.

### 5.1. SWOT ANALYSIS

The SWOT analysis provides a conclusive overview over key findings while distributing the findings as internal (strengths and weaknesses) and external (opportunities and threats), and in positive OVC programme aspects (strengths and opportunities) and negative OVC programme aspects (weaknesses and threats).

The distribution of key findings is as follows:

**Fig. 4.18 – SWOT analysis**



The analysis does not address issues relevant for the OVC programme alone, since it has been concluded that most of the reasons for insufficient delivery originates in lack of systemic capacity applying the wider OECD/DAC understanding, which emphasises a holistic approach including systems, structures, human capital, equipment and facilities. Policy and legal framework is a structure defining ways to conduct given tasks.

The SWOT shows in one glance which strengths can help overcoming which weaknesses since these are internal factors. The systemic challenges can be addressed by allocation of the required finances and use of the positive and well educated SW – and others – to install and use new institutional approaches, new activities and engage with partners.

The lower part shows which external threats to expect and which opportunities to grab to help overcome the threats. The emphasis here is on self-dependency both as a national need since it is foreseen that the national economy may decline in the next ten years – but also from the caregivers, who consistently emphasised on the need to be an able caregiver because of the obvious need for caregiver ability to support the child and not the other way round where the child brings money/support to the household. Self-dependence was also seen as means of setting rules and norms in own household being financially independent of the OVC.

## 5.2 POLICY AND LEGAL FRAMEWORK

The scorings of the SWs pointed at several inconsistencies in the policy and legal framework. The inadequate results are partly related to these inconsistencies. They fall under systemic capacity weaknesses in the SWOT analysis. The recommendations are as follows:

	CONCLUSIONS	RECOMMENDATIONS
a	The inconsistency in definition of children and best practices between present policies, Acts, strategies and programmes relating to children confuse implementers in child development and result in no engagement or inexplicit, random and even adverse implementation	<b>Revision and harmonisation of all child-related national documents.</b> Results are only created by united efforts having one clear definition and easy-to-implement practices, for each level of implementers. To enable that all child related national documents need revision and alignment as a precondition for achievements within child development. All regulating papers need clear guidelines. Enforcement cannot start until guidelines are provided and the relevant implementers have been adequately trained.
b	The incoherence between present policies, Acts, strategies and programmes relating to children confuse implementers in child development and results in hesitant engagement or inexplicit/random implementation	<b>Capacity building</b> and training in enforcement of relevant – and revised – legislation together with introduction to the use of the guiding documents and information about consequences of non-abidance. The training should be compulsory and cover all levels of decision-makers and implementers
c	Non-abidance by rules and regulations by governmental law-implementers set grave examples of political laxity to the population. Further, it undermines all good intentions stipulated in the national OVC strategy 2010-2016.	<b>Abidance by laws, rules and regulations must apply for all and with immediate (2016) effect. Non-abidance must have consequences for all.</b> Launching of revised OVC activities are only meaningful if the preconditions set in the programme document, namely implementation of Children's Act, are indeed applied by all.
d	As above	As a consequence of the above <b>immediate and continued capacity building of politicians, police officers, magistrates, SWs and other key actors in handling and support of OVC is urgently required.</b> <b>Governmental capacity development<sup>52</sup> aiming at enforcing Children's Act and related legislation would signal seriousness to all implementers.</b>
e	Implementation of current national OVC strategy is relevant	<b>Extend the period of the current Action Plan on OVC till end 2018 and start implementing the activities as described in the National Action Plan 2010-2016.</b> Although the strategy is insufficient to achieve the defined goals, implementation of the current activities will significantly improve achievements and lessons learnt, which will help in designing the next national strategy on OVC
f	The current placing of OVC with mainly uneducated and unemployed relatives deprives OVC of adequate support at large, but not least of intellectual stimulation and support of homework. <b>It further contradicts Children's Act.</b>	Abidance by the text of Children's Act, which emphasises on the <b>Interest of Children.</b> It will rarely be in the interest of children to be placed at adults whose financial, intellectual, social and psychological capacity can far from support the needs of OVC. It is further recommended to immediately establishment of home-work support, which could include absorption of drop-out as a route into OSCE or ABEP.

<sup>52</sup>As defined by OECD/DAC

### 5.3 PROGRAMME DESIGN AND MANAGEMENT

With a change in the policy and legal framework the design and management of the programme need to be changed accordingly. This could comprise:

	CONCLUSIONS	RECOMMENDATIONS
a	Caregivers come to depend on the OVC programme support resulting in OVC dependency which affects the adult (self-)esteem negatively	<b>Adequate support of caregiver IGA</b> would mean improved caregiver and household dignity, which would positively affect the status and implicitly the self-esteem of the OVC. Pilot projects should run in a selected number of locations in 2016.
b	The engagement in shelter development has been minimal. However, OVC scorings show an immense need for alternatives to family-based care provision in terms of a diversity of shelter opportunities	There is need for immediate (2016) <b>analysis of which types of shelters fit different age-groups and type of OVC experiences/frustrations and local norms and culture without side-lining Children's Act stipulations.</b> Further, <b>piloting</b> of different types of shelters in all districts and conclusion on the experiences.
c	Based on the pilot phase: Roll-out of construction of age relevant shelters as appropriate	Knowing which types of shelters work well for different age groups and contexts there is need for an assessment of which type and number of shelters are required in each district. <b>Establishment, of the required number and types of shelters (2-5 years).</b> Part of this can be done by NGOs, FBOs and private sector – the latter with reference to social responsibility. The sharing should be defined before launching the construction of shelters with specification of: which actor provides what, when, where and in which number. The governments should top up to deliver to own plans.
d	Drop-outs among OVC is too high partly due to lack of support of home work	<b>Establish home-work support</b> for academically weak children, not only OVC, in all districts. Let the 25% hardest hit districts have home-work support by mid of 2016, the next 25% by end 2016 and so on till all districts are covered by end of 2017. The first 25% will serve as pilot and lessons should be drawn before expanding. The mixing of OVC and other children with same problems will make OVC realise that having home- work problems is not only an OVC problem. Some NGOs are already doing this.
e	The lacking data for programme performance and achievements makes it close to impossible to develop a subsequent national strategy which is realistic, flexible and addressing the most urgent caregiver and OVC needs in an effective and efficient manner	<b>Development of M&amp;E strategy reflecting the focus of the next national strategy (2019-2024)</b> defining all steps e.g. communication lines, responsibilities at various levels, which type and level of actor reports on which data, schedule for each indicator, definition of capacity gaps and what is required (skills (which), organisational and institutional changes, equipment etc). Formulate a manageable number of SMART indicators building on 2016-2018 indicators to ensure continuation in database. Establish fully competent and equipped national and district M&E offices, who are responsible for all data handling and who provides relevant decision-makers with the necessary evidence for budgeting and decision-making.
f	ABEP not known and do not fully match the needs of young Drop-outs	There is need for a more <b>streamlined inclusion of young drop-outs.</b> This may necessitate a revision of the mode of education with regard to set-up (maybe as youth clubs as well), teaching methods, teaching materials and number of students per class. Home-work support may have to form part of the education design.
g	The local support systems never took the planned shape and did thus not deliver as planned	<b>Revival and complete capacity development<sup>53</sup> of relevant district committee (e.g. District Development Committee) to make this body the coordinator of all district development activities,</b> inclusive of OVC support and make this committee the trainer of other district and village committee members. Further equip these committees with skills and infrastructure to undertake the task as described in the National Action Plan.
h	Networking is random and ineffective resulting loss of resource-saving, well-coordinated support of OVC	<b>Focused expansion of the networks from village to international level</b>
i	The lacking data for performance and achievements makes it close to impossible to develop a subsequent national strategy which is realistic, flexible and addressing the most urgent caregiver and OVC needs in an effective and efficient manner.	<b>Development of simple, but more detailed computerised, mobile-based M&amp;E system</b> combined with development of tools and necessary capacity development as defined by OECD/DAC reflecting the plans of the national strategy 2018-2023. The system should deliver semi-annual reports with clear definition of progress, challenges together with a process monitoring.
j	Learning from own experiences have been wanting due to scarce M&E	<b>Evaluation or in-depth study</b> analysing few key and performance deliverables, but analysing them in-depth to have details informing the strategy focus, approach, capacity definition and budgeting (late 2017)
k	The use of several national documents to guide the work On OVC has been confusing for SWs and other administrators. Further the current documents are results-based and do not have measurable results.	Development of RBM approach for development of Theory of Change-based programme document

<sup>53</sup>As defined by OECD/DAC: Capacity is the ability of people, organizations and society as a whole to manage their affairs successfully. This implies that the following capacities are in place: Organisational, institutional, systemic, knowledge and skills and infrastructure.

## 5.4 CASH TRANSFER AS OVC SUPPORT

Conditional cash transfer has proved to have a positive effect on school enrolment, nutritional status and health in general. To some extent this tallies well with the caregiver desire to be self-dependent. However, the conditionality for success should be taken into account.

The early cash transfers were given in poor countries to the poorest population. Botswana is a middle-income country with a wide range of opportunities to fight poverty within through national or international investments in other industries than diamonds and through a conditional social protection system, which does not allow convenience-use of the system. None of the poorest countries have such social protection system in place, wherefore cash transfer was the best – and intermediate - solution to help the poorest families have basic needs covered.

Recent World bank use of cash transfer in a middle income country<sup>54</sup> was given in combination with development of an adequate national social protection system acknowledging that cash transfer should be viewed as an emergency interventions while relevant national measures are put in place. This is in line with UNICEF's use of cash transfer in Liberia shortly after establishment of peace in Liberia.

World Bank own analysis of the use of cash transfer concludes that "The programs are, of course, not a panacea. They generate full synergies between social assistance and human capital development only where the supply of health and education services is extensive and of reasonable quality. They can also be administratively demanding. Both household targeting systems and the monitoring of compliance are data intensive, and the programs involve extensive coordination across agencies, and often levels of government"<sup>55</sup>.

With due respect for World Bank experiences and with reference to the established systemic shortcomings in the programme for example number of staff allocated for programme administration, weakness of education systems, not least the relevance of the tertiary education's ability to provide sustainable job creation, and the quality of the programme monitoring, possible introduction of cash transfer may need further considerations – and detailed and costed planning if chosen as a way forward.

<sup>54</sup><http://www.worldbank.org/en/news/feature/2016/03/03/a-cash-transfer-program-improves-the-lives-of-camerootns-poorest-families>

<sup>55</sup><http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTSAFETYNETSANDTRANSFERS>

# ANNEX 1

## Terms of reference

### TERMS OF REFERENCE

#### ASSESSMENT OF THE ORPHAN CARE PROGRAMME

<b>Assignment</b>	Short term technical assistance for assessing the Orphan Care Programme
<b>Location</b>	Gaborone, Botswana with field trips
<b>Duration</b>	3 months
<b>Estimate number of working days</b>	45
<b>Start date</b>	01 October 2015
<b>End date</b>	31 December 2015
<b>Reporting to</b>	Chief Social Policy and Protection for Children, UNICEF Botswana
<b>Closing date for proposals</b>	Friday 04 September 2015

#### 1. BACKGROUND

In 1999, Government responded to the increasing numbers of children who were orphaned mostly due to HIV/AIDS pandemic by developing a Short Term Plan of Action for Orphans. Under this programme children are assisted with food basket, private clothing, toiletry school uniform and payment for other school needs. The amount of food items received depends on whether they are urban, semi-urban, rural or semi-rural. It ranges from **P500.00 (US\$58.82) to P850.00 (US\$76.47)** for a food basket. Currently, there are 35,076 registered orphans assisted with various services like food baskets on monthly basis as well as psychosocial support at different times within the care period. Furthermore, a cumulative number of **2,149** orphans and vulnerable children had been assisted to access tertiary education through the OVC Special Dispensation on post secondary education support, as at the end of the 2013/14 financial year.

The orphan care programme has been running for 17 years now, MLGRD and UNICEF have come to a common understanding that a comprehensive assessment of the programme is highly needed to provide inputs to the ongoing formulation of the NDP 11 and Vision 2016 review, as well as identify areas for improvement in the operational efficiency and equity focus of the programme.

#### 2. DESCRIPTION OF THE ASSIGNMENT

##### ➤ Overall objective

The overall objective of the assessment is to assess whether the programme has been able to deliver on its objectives as well as its impact both on the beneficiaries and on the national policy context, and whether the outcomes / outputs / targets envisaged have been realised. It is to gauge whether the intended beneficiaries are benefiting from the various components of the programme, i.e. whether orphans and vulnerable children are reaping the benefits of the food basket, school uniforms, toiletry, and transport provisions by government in an effort to safeguard the wellbeing of orphans and those children who are most vulnerable.

##### ➤ Specific objective

The assessment will provide decision makers in the Government of Botswana as well as other concerned stakeholders with sufficient information:

1. To make an overall independent assessment of the past performance of the programme, paying particular attention to its impact on beneficiaries;

2. To identify key lessons learned and to provide practical recommendations for follow-up actions.

The assessment will focus on the five evaluation criteria endorsed by the OECD-DAC<sup>56</sup> (i.e. relevance, effectiveness, efficiency, sustainability and impact).

### Relevance

The assignment will assess the extent to which the programme goal and outcomes are consistent with beneficiaries' requirements, Botswana needs, and global priorities.

The analysis of relevance will focus on the following questions in relation to the design of the programme:

- The extent to which the programme has been consistent with, and supportive of, the policy and programme framework within which the programme is placed, in particular Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016, Children's Act 2009, National Guidelines on the Care of Orphans and Vulnerable Children 2008, Short Term Plan of Action for Orphans in Botswana 1999;
- Analyses of lessons learnt from past experience, and of sustainability issues;
- The project's coherence with current/on-going initiatives;
- The quality of the problem analysis and the programme's intervention logic and logical framework matrix, appropriateness of the objectively verifiable indicators of achievement;
- The extent to which stated objectives correctly address the identified problems and social needs, clarity and internal consistency of the stated objectives;
- The extent to which the nature of the problems originally identified have changed;
- The extent to which objectives have been updated in order to adapt to changes in the context;
- The degree of flexibility and adaptability to facilitate rapid responses to changes in circumstances;
- The quality of the identification of key stakeholders and target groups (including gender analysis and analysis of vulnerable groups) and of institutional capacity issues;
- The stakeholder participation in the design and in the management/implementation of the programme, the level of local ownership, absorption and implementation capacity;
- The quality of the analysis of strategic options, of the justification of the recommended implementation strategy, and of management and coordination arrangements;
- The realism in the choice and quantity of inputs (financial, human and administrative resources);
- The analysis of assumptions and risks;
- The appropriateness of the recommended monitoring and evaluation arrangements.

### Effectiveness

The analysis of the programme effectiveness will focus on such issues as:

- Whether the planned benefits have been delivered and received, as perceived by all anticipated beneficiaries;
- How unintended results have affected the benefits received positively or negatively and how well these could have been foreseen and managed;
- Whether any shortcomings were due to a failure to take into account cross-cutting or over-arching issues such as gender, environment and poverty during implementation.

### Efficiency

The analysis will assess whether the project management was sound, as well as the "value for money" of the project. In particular, it will review:

<sup>56</sup>Organisation for Economic Co-operation and Development's Development Assistance Committee.

- The extent to which the costs of the programme have been justified by the benefits accrued whether or not expressed in monetary terms in comparison with known alternative approaches, taking into account the contextual differences;
- Quality of monitoring: its existence (or not), accuracy and flexibility, and the use made of it; adequacy of baseline information;
- Whether any unplanned outputs have arisen from the activities so far;
- The networking opportunities created through the programme amongst government agencies, communities and other stakeholders.

### **Impact**

The final assessment will review the following aspects:

- The extent to which the project outcomes have been achieved as intended in particular the programme planned goal;
- Whether the effects of the programme:
  - g) Have been facilitated/constrained by external factors;
  - h) Have produced any unintended or unexpected impacts, and if so how have these affected the overall impact;
  - i) Have been facilitated/constrained by the programme management, by co-ordination arrangements, by the participation of relevant stakeholders;
  - j) Have contributed to economic and social development;
  - k) Have contributed to poverty reduction;
  - l) Have made a difference in terms of cross-cutting issues like gender equality, environment, good governance, conflict prevention, etc.

### **Sustainability**

The exercise will make an assessment of the prospects for the sustainability of benefits on the basis of the following issues:

- The ownership of objectives and achievements, e.g. how far all stakeholders were consulted on the objectives from the outset, and whether they agreed to them and continue to remain in agreement;
  - Institutional capacity of the Government and other implementing institutions if any; the extent to which the programme is embedded in local institutional structures; whether beneficiaries are properly prepared for graduation/exit through life skills empowerment;
  - The adequacy of the programme budget for its purpose, particularly phasing out prospects;
  - Socio-cultural factors, e.g. whether the project is in tune with local perceptions of needs and of ways of producing and sharing benefits; whether it respects local power structures, status systems and beliefs, and if it sought to change any of those, how well accepted are the changes both by the target groups and by others; how well it is based on an analysis of such factors, including target groups / beneficiary participation in design and implementation; and the quality of relations between the external project staff and local communities;
  - Financial sustainability, e.g. whether the services being provided are affordable for the intended beneficiaries and are likely to remain so due to uncertain factors such as demographic changes; whether enough funds are available to cover all costs (including recurrent costs), and continue to remain so; and economic sustainability, i.e. how well do the benefits (returns) compare to those on similar undertakings once market distortions are eliminated;
  - Wherever relevant, cross-cutting issues such as gender equity and good governance were appropriately accounted for and managed from the outset of the project.
- Requested services, including suggested methodology

The consultant is required to use his/her professional judgement and experience to review all relevant

factors and to bring these to the attention of the Government of Botswana and UNICEF.

1. The consultant will hold inception and final meetings in Gaborone with the key stakeholders. The consultant will, at the start of the assignment in the country, prepare and submit to MLGRD and UNICEF a work plan detailing the methodology and timetable.
2. The mission will take necessary measures to ensure adequate contact and consultation with, and involvement of, the different stakeholders. For coordination purposes the consultant will report directly to UNICEF.
3. The mission will also work in close consultation with other government authorities and agencies especially those that have a role as implementing partners as well as non-governmental organisations during the entire assignment.
4. The consultant will use the most reliable and appropriate sources of information and will harmonise data from different sources to allow ready interpretation.
5. The text of the report should be illustrated, as appropriate, with maps, graphs and tables; a map of the project's area(s) of intervention is required.
6. Specific detailed analyses, where appropriate, underlying sections of the main report will be annexed to the main report.
7. The consultant will make sure that their assessments are objective and balanced, affirmations accurate and verifiable, and recommendations realistic.

The methods to be used for this assessment may include but not limited to:

Desk study and document review including the following documents; Revised National Destitute Policy, 2002 (Being reviewed to be National Policy On Needy And Vulnerable Families), Children's Act, 2009, National Guidelines On the Care Of Orphans And Vulnerable Children, 2008, Monitoring And Evaluation Framework For OVC, 2008, Psycho Social Support Manual, Children In Need Of Care Regulations, 2005, Adoption Of Children's Act, 1952 - (Currently Under Review), Affiliation Proceedings Act, Deserted Wives And Children's Protection Act, Short Term Plan of Action for the Orphans in Botswana of 1999 and the Botswana National Plan Of Action On Orphans And Vulnerable Children, 2010 – 2016.

**Key Informant (KI) Interviews:** The assessment team will conduct interviews with relevant humanitarian actors (e.g. national and international NGOs, relevant UN agencies and clusters) involved (as of today or in the past) in Food Security and Shelter programming in urban and rural areas in the targeted locations. KIs will also include Local Governmental Authorities such as MLGRD, Civil Society Organisations (CSO), tribal leaders and District Councils.

**Beneficiary Focus Groups Discussion (FGD):** The assessment team will meet with beneficiaries and community representatives of the target population. This will include FGDs and individual interviews with various categories of beneficiaries especially with the orphaned children and their caregivers.

#### ➤ Required outputs

The consultant will, at the start of the assignment, prepare and submit to UNICEF and MLGRD a work plan detailing their methodology and timetable.

The consultant will be expected to produce a final report at the end of the assignment detailing the findings and recommendations towards achieving the programme goals and outcomes and providing lessons learnt.

The format and specificities of the report are detailed below under point 5 "Reporting".

The final report will be preceded by a draft report which is to be submitted to UNICEF and MLGRD within 40 working days from the start of the consultancy.

### 3. EXPERT PROFILE

- The preferred consultant will hold an advanced university degree (equivalent to a Masters or PhD) in a relevant discipline (i.e. social sciences, including social anthropology, economics, etc.) and will have at least 10 years of experience preferably in developing countries.
- He/she will have proven work experience in the monitoring and evaluation of programmes and projects, particularly in the areas of social protection, and/or HIV/AIDS impact mitigation, and/or poverty reduction.
- He/she will have good knowledge of issues pertaining to children, vulnerability, social development, social sectors, etc.
- He/she will have excellent writing skills in English.

Experience of sub-Saharan Africa (in particular Southern Africa) is a requirement.

### 4. LOCATION AND DURATION

- Starting date: 01 October 2015
- Anticipated duration of the assignment

The total duration of the assignment is 45 working days. Weekends and public holidays are not considered as working days.

A briefing session will be held on the first day of the mission, and a debriefing session will be held on the last day of the mission.

- Location(s) of assignment  
The assignment will be based in Gaborone Botswana with field trips to districts as necessary. UNICEF and MLGRD will facilitate these field visits.

### 5. REPORTING

- Content  
The mission's outputs will consist of a **provisional final report** of 50 pages maximum (main text, excluding annexes) to be presented, within 10 days from the date of departure of the mission from Botswana in soft copies (by email, in a MS Word & Excel electronic form) to UNICEF.

#### Indicative structure of the report

Report writing will be guided by the following main headings:

- Executive summary
- Introduction
- Objectives of the assessment
- Methodology
- Relevance
- Effectiveness
- Efficiency
- Impact
- Sustainability
- Conclusions and Recommendations

A **final report** (no longer than 50 pages approximately), incorporating any comments received from the key members of the project Steering Committee and other relevant stakeholders on the provisional final report, will be presented within 10 days from the receipt of the comments on the provisional version.

- Language

All communications and reports will be submitted in English.

**Enquiries:**

Interested and suitable candidates should ensure that their applications are to be accompanied by the attached **completed and signed Personal History form (P11 Form), CV** with a clear reference of the individual consultancy assignment being applied for. Please include a financial proposal with a specific numerical total amount in the application. DO NOT use non-numerical descriptions such as “applicable UN DSA” in the estimate of the total costs. Financial proposal without a specific numerical total amount will NOT be considered. Transportation for field trips within Botswana will be provided by UNICEF and/or MLGRD, and may not be included in the financial proposal.

Applications are to be sent on or before **Friday, 04 September 2015 to the following email address: [cmekandi@unicef.org](mailto:cmekandi@unicef.org) and copy [jfan@unicef.org](mailto:jfan@unicef.org)**

Botswana Nationals/candidates who have permanent residence/temporary residence and/or valid work permit for the duration of the contract will be considered.

Only short listed candidates will be contacted and regret emails will only be sent to interviewed candidates.

# ANNEX 2

## List of People Met

## LIST OF PEOPLE MET

DATE	INSTITUTION	LOCATION	NAME	JOB TITLE
10/20/2015	Marang Child Care Network	Gaborone	Ms. Kgomotso N. Sejoe	Executive Director
10/22/2015	Central Government SPD	Gaborone	Ms. Manne	National OVC Coordinator
10/23/2015	Local Government	Molopolole	Ms. Pearl Masente	Social Welfare Officer
10/26/2015	Good Samaritans	Pikhwe	Ms. Sinah Teemane	Coordinator
	Local Government	Pikhwe	Ms. Nametso Masale	Senior Social Welfare Officer
10/27/2015	Local Government	Bobono	Ms. Ogomoditze Sesypeng	OVC Coordinator
	Local Government	Bobono	Mr. Mbakile	?
	NGO	Bobono	Ms. ?	?
10/29/2015	Local Government	Palapye	Ms. Galephetusoge Gaongalelwe	Social Welfare Officer
	Local Government	Palapye	Mr. Kennedy Kaodumo	Social Welfare Officer
	Local Government	Palapye	Ms. ?	?
11/2/2015	Local Government	Jwanen	Ms Tebogo C Lobelo	Social Welfare Officer
11/2/2015	Local Government	Jwanen	Ms (The other social worker)	?
11/4/2015	Local Government	Ghanzi	Mr. Mompoti Segare	Social Welfare Officer
4/11/2015	Local Government	Ghanzi	Ms. ??	
11/5/2015	Windows of Hope	Ghanzi	Ms. ??	Coordinator
11/6/2015	Local Government	Ghanzi	Ms. Namtso Ntshemang	Assistant Community Development Officer
?	BONELA	Gaborone	Mr. Felistus Motimedi	Programme Manager
?	Childline Botswana	Gaborone	Onkametse Montsheki	Coordinator
?	Stepping Stones International	Gaborone	Mmaabo Setshwaelo	Programme Coordinator
?	Department of Technical and Vocational Training	Gaborone	Ms. Mildred Boduwe	Deputy Director
?	NGO Council	Gaborone	Mr. Michael Mokgautsi	NGO Council Coordinator

# ANNEX 3

## Data Collection Tools

**TEMPLATE FOR CENTRAL AND LOCAL GOVERNMENT AND FOR NGOs**

ITEM	WHAT HAS WORKED WELL	POSITIVE IMPACT CHANGES NOTED	WHAT HAS NOT WORKED SO WELL	NEGATIVE IMPACT UNINTENDED EFFECT NOTED	PROPOSED CHANGES
Policies, acts, strategies and plans relating to OVCs					
Programme focus <ul style="list-style-type: none"> <li>• Sustainance</li> <li>• Development</li> <li>• Other</li> </ul>					
Programme design <ul style="list-style-type: none"> <li>• Activities</li> <li>• Approach</li> <li>• Target group</li> </ul>					
Program Administration <ul style="list-style-type: none"> <li>• Timeliness</li> <li>• Support</li> <li>• Organisation</li> </ul>					
M&E <ul style="list-style-type: none"> <li>• Design</li> <li>• Usability</li> <li>• Data use for planning</li> </ul>					
Coord. of OVC interventions <ul style="list-style-type: none"> <li>• Central gvt to local gvt</li> <li>• Inter-ministerial</li> <li>• Gvt to CSOs</li> <li>• CSO to CSO</li> </ul>					
Government capacity <ul style="list-style-type: none"> <li>• Systems</li> <li>• Structures</li> <li>• Knowledge and skills</li> <li>• Infrastructure</li> </ul>					
CSO capacity					
Caregiver/parent capacity Knowledge and skills					
Inclusion <ul style="list-style-type: none"> <li>• OVCs</li> <li>• Children with handicaps etc</li> </ul>					
Gvt ownership of programme Intervention, systems, structures, infrastructure					
Local ownership of intervent.					
Sustainability					
Others					

## PIA QUESTIONNAIRES

WHAT WORKED WELL	WHAT DID NOT WORK WELL
Food basket, psycho-social support, Special Dispensation Education Programme	
Other support than what is mentioned above	
WHAT WORKED WELL	HOW DID IT IMPROVE YOUR DAILY LIFE
1.	
2.	
3.	
WHAT DID NOT WORK WELL	HOW DID IT AFFECT YOUR DAILY LIFE – WHICH PROBLEMS DID YOU FACE
1.	
2.	
3.	
DATE: _____ LOCATION: _____	
GROUP: _____	

# ANNEX 4

## Findings

## Annex 4A: Interview - Local Government (12)

ITEM	WHAT HAS WORKED WELL	POSITIVE IMPACT CHANGES NOTED	WHAT HAS NOT WORKED SO WELL	NEGATIVE IMPACT UNINTENDED EFFECT NOTED	PROPOSED CHANGES
1	<ul style="list-style-type: none"> <li>Children's Act comprehensive, relevant (9)</li> <li>Act protecting OVC</li> <li>Land allocation Policy</li> </ul>	<ul style="list-style-type: none"> <li>Improved the work with children (6)</li> <li>Empowered especially the fathers as maternal inheritance was not obvious any longer (3)</li> <li>Has reduced property grappling by relatives</li> <li>Helps vulnerable groups. Orphans cases can be treated faster</li> <li>Staying at own land reduces anger and implicitly disputes</li> </ul>	<ul style="list-style-type: none"> <li>Children's Act not known and/or respected by other authorities, e.g. police and Magistrate (6)</li> <li>Children's Act has no (availed) regulations (8)</li> <li>OVC framework uses too technical language</li> <li>No implementation guidelines (3)</li> <li>Children's Act and others do not give the care-giving function to the father, when the mother dies when they are not married or living together (1)</li> <li>Relevant Acts (e.g. Sexual Offence Act and Children's Act not harmonised (3)</li> <li>Approach for custody agreements not effective (2)</li> <li>Short Term Plan of Action used for some years was very limited: definitions were unclear and it was very ambitious (1)</li> </ul>	<ul style="list-style-type: none"> <li>Raped children not questioned in separate room, theft cases only about penalty etc.</li> <li>Makes it difficult to implement the Act (2), e.g. The roles of respectively VCPC and DAC not clear</li> <li>The Act does not specify knowing the identity of the father's appear out of nowhere once the children are enrolled in OVC</li> <li>Once OVC reaches 18, some caregivers chase the children away or when they reach 18 that is when they start enquiring about the child's father's whereabouts</li> <li>Resulting in illogical decisions and unnecessary disputes</li> <li>Few agreements are reached</li> <li>Made each staff have own interpretation making the approach very different even within the same district (1)</li> </ul>	<ul style="list-style-type: none"> <li>Capacity development of relevant users of Children's Act</li> <li>Enforcement of the Act</li> <li>Harmonisation of child related Acts e.g. with regard to definition of a child e.g. being 16 years (Sexual Offence Act) and 18 years (Children's Act), driving license at age 16</li> <li>Clear definition for OVC and vulnerable child needs to be developed and must define vulnerability</li> <li>Implementation guideline for the OVC programme</li> <li>Assess the situation of the parent that is still alive to see if they can take care of the child because food coupon may not be relevant for every household</li> <li>There should be something binding for parents entering parenting agreement</li> <li>Make Children's Act definitions and intentions form the frame for all child related policies, acts regulations etc. so that e.g. Education Police and others apply Children's Act norms and standards</li> <li>Children's Act need to be updated to reflect recent laws and regulations e.g. the paternal parenthood</li> <li>Paternal parenthood need enforcement</li> </ul>

## Annex 4A: Interview - Local Government (12) Cont'd

ITEM	WHAT HAS WORKED WELL	POSITIVE IMPACT CHANGES NOTED	WHAT HAS NOT WORKED SO WELL	NEGATIVE IMPACT UNINTENDED EFFECT NOTED	PROPOSED CHANGES
<p>2</p> <p><b>Programme focus &amp; design</b></p> <ul style="list-style-type: none"> <li><b>Sustenance</b></li> <li><b>Development</b></li> <li><b>Target group</b></li> <li><b>Other</b></li> </ul>	<p><b>Sustenance:</b></p> <ul style="list-style-type: none"> <li>Initially Orphan Care Programme focused on food basket (3)</li> <li>Separate package for orphans and separate for vulnerable although an orphan can be vulnerable (1)</li> </ul> <p><b>Development:</b></p> <ul style="list-style-type: none"> <li>Since 2009 attempts to offer psychosocial counselling (PSS) (9)</li> <li>Offer training for officers using the money allocated to psychosocial support (1)</li> <li>Decline in OVC registration as fathers are taking on responsibility of the children (1)</li> </ul>	<p><b>Sustenance:</b></p> <ul style="list-style-type: none"> <li>Acceptance and care of orphans made easier (1)</li> <li>Need for food was initially rampant (1)</li> <li>-</li> </ul> <p><b>Development:</b></p> <ul style="list-style-type: none"> <li>PSS - the few included are handling grief and thinking ahead (4)</li> <li>-</li> </ul>	<p><b>Sustenance:</b></p> <ul style="list-style-type: none"> <li>All registered orphans get food basket whether needy or not (9)</li> <li>A significant number of caregivers exchange food and uniforms with alcohol and clothing for own children (9)</li> <li>Coordinators emphasise on food basket (1)</li> <li>Development:</li> <li>Not all Social Workers (SW) are able to provide psychosocial counselling (5)</li> <li>PSS doing poorly (7)</li> <li>PPS only when having a case (3)</li> </ul> <p><b>Special Dispensation Education:</b></p> <ul style="list-style-type: none"> <li>The 5 upfront marks enable disqualified students to enrol (1)</li> <li>Some parents who are assisted with cost sharing expect their children to be enrolled in tertiary schools through the special dispensation while their children are not OVC (1)</li> </ul> <p><b>Target group:</b></p> <ul style="list-style-type: none"> <li>Covers all OVC up to 18 years</li> </ul>	<p><b>Sustenance:</b></p> <ul style="list-style-type: none"> <li>Creates child dependency (9)</li> <li>Destroys tradition of unsupported care for family members or family interest (5)</li> <li>The value of the in-kind support can be questioned.</li> <li>The aim of the support far from achieved (1)</li> <li>Making it difficult to engage in e.g. counselling (1)</li> </ul> <p><b>Development:</b></p> <ul style="list-style-type: none"> <li>This together with a vast range of other tasks. SWs have little time for PSS (3)</li> <li>Not prioritised by management making focus be on other tasks, mainly in-kind activities and flagship projects (4)</li> </ul> <p><b>Special Dispensation Education:</b></p> <ul style="list-style-type: none"> <li>Too many dropouts which are not discovered, as there is no system monitoring their performance (2)</li> </ul> <p><b>Target group:</b></p> <ul style="list-style-type: none"> <li>Only register OVCs when parents/caregivers face problems and need assistance. So full target group not known (1)</li> </ul>	<ul style="list-style-type: none"> <li>Families should get assistance based on needs and after household assessment (3)</li> <li>There should be a standardised budget and amount for each OVC</li> <li>Total orphans need professional shelter</li> <li>OVC students could be given a second chance to re-write papers in which they failed</li> <li>When the Orphan care was launched it had a connotation of "big heart" for the OVC, which made professionalism be less prioritised. It is time to change this.</li> <li>Counselling paramount for those without parents (3)</li> <li>MoED and MoLG should coordinate the collaboration between guidance counselling teachers and social workers</li> <li>Psychosocial support should be done for both caregivers and children</li> <li>Same package for orphans and vulnerable children with the same budget</li> <li>Invest in changing mind-sets across all stakeholders rather than in hand-outs</li> <li>Each supported individual should have defined expectations to live up to or face some consequences</li> <li>Design should be based on a holistic approach focusing on development of individuals and not on food and uniforms alone (5)</li> <li>Establish tutorial support of school-going children to give them equal opportunities</li> <li>Range of available support should be much wider</li> <li>Arrange tutorials to support in home work</li> </ul>

## Annex 4A: Interview - Local Government (12) Cont'd

ITEM	WHAT HAS WORKED WELL	POSITIVE IMPACT CHANGES NOTED	WHAT HAS NOT WORKED SO WELL	NEGATIVE IMPACT UNINTENDED EFFECT NOTED	PROPOSED CHANGES
3	<p><b>Program Administration</b></p> <ul style="list-style-type: none"> <li>• Timeliness</li> <li>• Support</li> <li>• Organisation</li> </ul> <p><b>Organisation of the work:</b></p> <ul style="list-style-type: none"> <li>• Coupon system helps in forcing responsibility among parents/ caregivers (2)</li> <li>• Coupon system much better than vouchers (3)</li> <li>• Implementation is overall good (1)</li> <li>• Well-designed programme, activities (1)</li> </ul> <p><b>Special Dispensation Prg.:</b></p> <ul style="list-style-type: none"> <li>• Students able to catch up with ordinary students -6</li> </ul> <p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• Get support from stakeholders such as politicians, NGOs, ministries, private sector and community leaders (3)</li> <li>• The programme is well-funded (1)</li> <li>• All children assessed before given support (1)</li> <li>• Central gvt disburses money on time (1)</li> </ul>	<p><b>Organisation of the work:</b></p> <ul style="list-style-type: none"> <li>• The feeling of responsibility may help the OVC in the long run (1)</li> <li>• Ensures timely support (1)</li> <li>• Allows for purchase of fresh food items (1)</li> <li>• Gives freedom and dignity (1)</li> <li>• Many families are reached (1)</li> <li>• Special Dispensation Prg.:</li> <li>• Minimises problems in society (5)</li> <li>• Support:</li> <li>• Add to the OVC support (1)</li> <li>• Support only given to needy children, but many needs unmet due to programme support limitations (1)</li> <li>• Generally timely payment to families (1)</li> </ul>	<p><b>Timeliness</b></p> <ul style="list-style-type: none"> <li>• At times late transfer of cash for food because of problems gvt Internet system (1)</li> <li>• Processing of school uniforms often delays because tenders are given to providers under the Poverty Eradication Programme, who have insufficient capacity (money, skills etc) (7)</li> </ul> <p><b>Organisation of the work:</b></p> <ul style="list-style-type: none"> <li>• No follow-up on the support</li> <li>• Coupon system misused by some parents/ caregivers (9)</li> <li>• Shops where coupons can be used more expensive. Clothing and uniforms should be included (1)</li> <li>• Caregivers register OVC based on papers alone. They do not bring the child (1)</li> <li>• Staff skills not used in areas of expertise. E.g. staff trained in Community Development unable to provide counselling (7)</li> <li>• Incompetent officers and cumbersome bureaucracy (1)</li> <li>• Support</li> <li>• The easy-to-get support make parents/caregivers create problem, e.g. splitting siblings to have support to more family members (7)</li> <li>• Many checks for transportation to secondary school not picked (1)</li> <li>• The budget being availed is far from sufficient for key activities (9)</li> <li>• Deadline for application for special dispensation programme not fixed (1)</li> <li>• Retreat camps have no follow-up (2)</li> <li>• After age 18 OVC are left without support (8)</li> <li>• Provision of support inadequate (9)</li> </ul>	<p><b>Timeliness</b></p> <ul style="list-style-type: none"> <li>• There are periods of no food in the homes (1)</li> <li>• The lack of uniform make children cannot go to school (1)</li> </ul> <p><b>Organisation of the work:</b></p> <ul style="list-style-type: none"> <li>• Do not know results of work or performance of the supported children</li> <li>• This is not recorded making the life of the OVCs be miserable despite support (6)</li> <li>• The shopping is less and food will not last for an entire month (1)</li> <li>• Registration of details often wanting. Impossible for the SW to assess the status of the child (1)</li> <li>• A lot of service opportunities wasted (1)</li> <li>• Make competent staff leave or surrender affecting the service delivery negatively (1)</li> </ul> <p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Adverse effect on children who have recently been bereaved (4)</li> <li>• The unpicked checks show that support to all may be waste resources, which could otherwise have been added to the pool of funds (1)</li> <li>• The programme remains a sustenance programme creating not changes (5)</li> <li>• This confuses children and make them disregard the SWs (1)</li> <li>• Children who have finally opened up during the retreat are left without any action on what they have shared (1)</li> <li>• Continue in a negative career path developing a negative, maybe even destructive, identity (6)</li> <li>• Families don't get what they need the most to cope with OVC challenges (8)</li> </ul>	<ul style="list-style-type: none"> <li>• Home capacity assessment required to determine if and which support may be required in the individual homes (3)</li> <li>• Three staff with different specialisation (home economics, community development and social protection) should share three villages, instead of each having one where they only have expertise to provide 1/3 of the required service</li> <li>• Specialisation of staff (9)</li> <li>• Life skills training should be offered in after-school classes</li> <li>• Coupons should work as Visa card and be applicable in all shops (6)</li> <li>• Teen clubs with a blend of learning and leisure time occupations for all teens would enable a range of support – directly or in disguise</li> </ul>

## Annex 4A: Interview - Local Government (12) Cont'd

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<b>4</b> <ul style="list-style-type: none"> <li>• <b>M&amp;E</b></li> <li>• <b>Design</b></li> <li>• <b>Usability</b></li> <li>• <b>Data use for planning</b></li> </ul>	<ul style="list-style-type: none"> <li>• Reports on quarterly basis (1)</li> <li>• Good reporting structures (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Children given questionnaires to find out the impact of the retreat (1)</li> <li>• Reporting/statistics used for planning (1)</li> </ul>	<ul style="list-style-type: none"> <li>• No M&amp;E system (10)</li> <li>• No budget for updating data (1)</li> <li>• No monitoring of individual change (1)</li> <li>• Frequently moving families make recording be difficult</li> </ul>	<ul style="list-style-type: none"> <li>• Current data inaccurate (10)</li> <li>• Lack of data makes the work be random and inefficient (8)</li> <li>• The lack M&amp;E systems makes it possible for families to receive support from several district at the same time – although only coupon from one district (1)</li> <li>• Moreover, it is not known which assistance is given and to whom (7)</li> <li>• Data relevance and quality low</li> </ul>	<ul style="list-style-type: none"> <li>• Development of national, computerised M&amp;E system (8)</li> <li>• Establish M&amp;E department with professionals employed</li> <li>• Tool to monitor and evaluate to guide the M&amp;E countrywide</li> <li>• M&amp;E training for staff</li> </ul>

## Annex 4A: Interview - Local Government (12) Cont'd

ITEM	WHAT HAS WORKED WELL	POSITIVE IMPACT CHANGES NOTED	WHAT HAS NOT WORKED SO WELL	NEGATIVE IMPACT UNINTENDED EFFECT NOTED	PROPOSED CHANGES
<p>5</p> <p><b>Coord. of OVC interventions</b></p> <ul style="list-style-type: none"> <li>Central gvt to local gvt</li> <li>Inter-ministerial</li> <li>Gvt to CSOs</li> <li>CSO to CSO</li> </ul>	<ul style="list-style-type: none"> <li>NGOs do more than the government, who has no time for child welfare (1)</li> <li>Offer training (1)</li> <li>Call them to assess and evaluate the OVC (1)</li> <li>NGOs work with Ministries of Health, Education, Administration of Justice, Home Affairs to access what the ministries provide (1)</li> <li>Initiatives to have all NGOs meeting with gvt. (1)</li> <li>At the inter-ministerial level they use each other when need be – mainly referral (5)</li> <li>Technical Advisory Committee works (1)</li> </ul>	<ul style="list-style-type: none"> <li>Assistance available, but not coordinated (1)</li> <li>NGOs come to know each other (1)</li> <li>-</li> <li>Gvt comes to know which activities are in place and the extent of them (1)</li> <li>-</li> <li>Enable all stakeholders to meet and have basic coordination</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>NGOs not always known by gvt. (1)</li> <li>NGOs are very few (1)</li> <li>District Child Protection Committee (DCPC) and Village Child Protection (VCP) Committees not working (4)</li> <li>There are no coordinating or common-footstep meetings between the relevant local ministries (1)</li> </ul>	<ul style="list-style-type: none"> <li>Assistance can have overlap or gaps (1)</li> <li>Results not known by gvt (1)</li> <li>OVC lose opportunity for being adequately supported (1)</li> <li>Opportunities lost (1)</li> <li>Effectiveness and efficiency lower that necessary (2)</li> <li>No overview over which family receives support and from where – and whether the combination of support is relevant (1)</li> </ul>	<ul style="list-style-type: none"> <li>To agree on independent child (friendly) clinics which would help SWs, police and health officers in practising child protection</li> <li>Involve the VDC to work well with the OVC programme</li> <li>Full coordination of all child-related efforts e.g. between Orphan Care Programme and Youth Funds/Poverty Eradication Programme/Allocation Programme/Allocation of governmental land to individuals. This should include technical training in subjects relating to the mentioned IGA support</li> <li>NGOs should be licensed and publicly monitored to be relevant partners for the gvt</li> </ul>

## Annex 4A: Interview - Local Government (12) Cont'd

ITEM	WHAT HAS WORKED WELL	POSITIVE IMPACT CHANGES NOTED	WHAT HAS NOT WORKED SO WELL	NEGATIVE IMPACT UNINTENDED EFFECT NOTED	PROPOSED CHANGES	
6	<p><b>Government capacity</b></p> <ul style="list-style-type: none"> <li>• <b>Systems Structures Knowledge and skills Infrastructure</b></li> </ul>	<ul style="list-style-type: none"> <li>• NGOs do more than Systems are in place and are functioning well (1)</li> </ul>	<p><b>Infrastructure:</b></p> <ul style="list-style-type: none"> <li>• Assistance available</li> <li>• Helps in effective delivery (1)</li> </ul>	<p><b>Infrastructure:</b></p> <ul style="list-style-type: none"> <li>• No permanent office (8)</li> <li>• Share office in villages (2)</li> <li>• No/scarce means of transport (8)</li> <li>• No Children's Court (2)</li> <li>• Computer not procured to a person (4)</li> <li>• Low absorption of new SWs (7)</li> <li>• Social protection complex. Requires diverse and (1) multiple capacities (1)</li> <li>• Work overwhelming for SWs (8)</li> </ul> <p><b>Knowledge:</b></p> <p>Teachers treat OVC students negatively (1)</p>	<p><b>Infrastructure:</b></p> <ul style="list-style-type: none"> <li>• Negative impact on effectiveness and efficiency of the work and thus implicitly on work quality and results. Affect motivation (3)</li> <li>• Office sharing does not allow for the required privacy in discussion with families (2)</li> <li>• Staff bring own laptops (2)</li> <li>• Recruitment too low affecting the workload (3)</li> <li>• SWs being unable to attend to OVCs the way the Children's Act intends (9)</li> <li>• No time for M&amp;E and other activities enhancing effectiveness and efficiency (8)</li> </ul> <p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Students experience stigmatisation (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Basic infrastructure should be in place</li> <li>• Sufficient number of staff to serve all villages professionally</li> <li>• Knowledge and skills relating to handling of OVC and their challenges should be shared to a wider forum of professionals (7)</li> <li>• Establish regulations for how many households a social works shall serve. There is need for 2 officers per village</li> <li>• Provide one office per officer</li> <li>• Use motorbikes for field work</li> <li>• Empowering officers through seminars and workshops</li> <li>• More staff and improved work conditions letting staff work within their line of specialisation which would ensure quality service and implicitly high level of effectiveness and efficiency (8)</li> <li>• Revive DDCs and make them responsible for coordination of development inclusive of NGO performance (3)</li> </ul>

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7	CSO capacity		<ul style="list-style-type: none"> <li>Not close enough with them yet to assess their capacity</li> <li>No NGOs in the area (2)</li> </ul>		<ul style="list-style-type: none"> <li>Support of NGOs</li> <li>DDC dormant. Need to approve NGOs and all their work inclusive of receiving quarterly progress reports (2)</li> </ul>	
8	<b>Caregiver/parent capacity</b> <ul style="list-style-type: none"> <li>Knowledge and skills</li> </ul>	<ul style="list-style-type: none"> <li>Training of parents (8)</li> <li>Quarterly meetings with caregivers</li> </ul>	<ul style="list-style-type: none"> <li>Trained parents create a conducive child environment (6)</li> <li>Trained parents' attitude invite for children to talk (3)</li> <li>Trained parents do more often seek assistance (3)</li> <li>Trained parents take part in handling issues (4)</li> <li>Good working relationship with caregivers/parents</li> </ul>	<ul style="list-style-type: none"> <li>Parents/caregivers regard OVC as the responsibility of the SW (8)</li> <li>Per tradition parents/caregivers do not discuss sensitive subjects with children (2)</li> <li>Parents/caregivers, who are often old, stick to old values and traditions when raising an OVC (4)</li> <li>Old caregivers are often unable to support the OVC with homework, attend school functions (5)</li> </ul>	<ul style="list-style-type: none"> <li>Parents/caregiver neglect the OVC (4)</li> <li>Traumatized children become angry, provocative or adopt other negative behaviour out of frustration</li> <li>Creates a dual reality (the old and the actual) for a child, who is already challenged. The OVC may not have resources to handle this</li> </ul>	<ul style="list-style-type: none"> <li>Parents need training in relevant rights and plights and be given tools to handle OVC challenges (4)</li> <li>Parents should have professional assistance to become professional caregivers (7)</li> <li>There could be a pool of educated foster parents, who could be involved when a child is a total orphan</li> </ul>
9	<b>Inclusion</b> <ul style="list-style-type: none"> <li>OVCs</li> <li>Children with handicaps etc</li> </ul>	<ul style="list-style-type: none"> <li>Social inclusion is overall fine</li> <li>Handicaps are assisted working with other Ministries such as Education and Health and equipment provided through OVC programme</li> <li>Officers do not have the capacity to handle handicaps</li> <li>When planning for OVC, children are involved and both genders are represented through the Village Child Protection Committees (VCPC)</li> <li>Handicapped children attend special schools</li> </ul>	<ul style="list-style-type: none"> <li>OVC regarded as students by students – but do often regard themselves as OVC and blame difficulties on the fact that they have no parents</li> <li>The effect of handicaps are reduced and children's lives are closer to normal</li> <li>-</li> <li>-</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>At the higher level of education, where OVC student may not always quality, teachers apply a negative attitude</li> <li>No education available for children with handicaps (5)</li> </ul>	<ul style="list-style-type: none"> <li>This results in stigmatisations and ultimately in drop-outs</li> <li>Child-related Acts not fully implemented</li> </ul>	<ul style="list-style-type: none"> <li>--</li> </ul>

## Annex 4A: Interview - Local Government (12) Cont'd

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10	<ul style="list-style-type: none"> <li>Full ownership (10)</li> </ul>	<ul style="list-style-type: none"> <li>Gvt has provided extensive support, although this has declined in recent years (8)</li> <li>Sufficient funding (1)</li> </ul>	-	-	-
11	<ul style="list-style-type: none"> <li>When children arrive from training they are welcomed by local leaders</li> <li>There is support from the local stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Society knows what has been done for the children</li> </ul>	<ul style="list-style-type: none"> <li>NGO ownership not known</li> <li>Parents/caregivers feel no ownership (9)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of ownership Results in dependency (9)</li> </ul>	-
12	-	-	<ul style="list-style-type: none"> <li>It will take time</li> <li>None (5)</li> <li>Graduates come back to SW to ask for food (5)</li> </ul>	-	<ul style="list-style-type: none"> <li>Better and more family-owned/ relevant combination of support (6)</li> <li>More PSS to both caregiver and child(ren) (9)</li> </ul>
13	-	-	-	-	-

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1.	<ul style="list-style-type: none"> <li>Policies, acts, strategies and plans relating to OVCs</li> </ul>	<ul style="list-style-type: none"> <li>Gvt good at making policies (1)</li> <li>OVC related docs comprehensive (1)</li> <li>Children's Act has given power to the children and their parents (2)</li> </ul>	-	<ul style="list-style-type: none"> <li>Policies, acts etc. not turned into implementable docs (2)</li> <li>No guidelines (1)</li> <li>Children's Act - Nobody can have right without obligations/commitment (1)</li> <li>Focus on the children (1)</li> <li>Children's Act has loopholes (1)</li> </ul>	<ul style="list-style-type: none"> <li>Not clear which ministry shall deliver what (1)</li> <li>No enforcement (1)</li> <li>Children claim without contributing or engaging in own future</li> <li>Parents don't know that they have rights and obligations (1)</li> </ul>	<ul style="list-style-type: none"> <li>Costing of policies</li> <li>Implementation plans</li> <li>All development should involve and commit the people</li> <li>Training of parents and other stakeholders in child relevant legislation is required. This includes legislation concerning education, health etc.</li> </ul>
2.	<ul style="list-style-type: none"> <li>Programme focus</li> <li>Sustenance</li> <li>Development</li> <li>Other</li> </ul>	<ul style="list-style-type: none"> <li>It helps the child in self-actualisation</li> </ul>	<ul style="list-style-type: none"> <li>No preparation for coping with life, no life plans → Dependency</li> </ul>	<ul style="list-style-type: none"> <li>Child and youth passivity</li> </ul>	<ul style="list-style-type: none"> <li>Emphasis on rehabilitation instead of continued sustenance</li> </ul>	
3.	<ul style="list-style-type: none"> <li><b>Sustainability</b></li> </ul>	<ul style="list-style-type: none"> <li>Positive for the OVC that the OVC label is removed and apply for jobs on equal terms with all youth</li> </ul>	<ul style="list-style-type: none"> <li>Distribution of food takes too much time from Social Workers to do social work</li> <li>Reports on abuse of food baskets</li> <li>Social Workers are busy with food distribution and has little time provide psychosocial care or train and support CSOs in providing the service</li> <li>Not all students under the dispensation programme are serious.</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerable children and women are not being assisted</li> <li>The OVC do always receive the provided support</li> <li>Psychosocial support is limited and inadequate – the latter due to lack of training and continued support of providers</li> <li>Can hamper the reputation of the education</li> <li>The occupy a seat from which others could benefit</li> </ul>	<ul style="list-style-type: none"> <li>Give the food distribution task to CBOs or others and let the SWs engage in assisting distressed children</li> <li>Look at Household need a compose relevant package</li> <li>Need both social/developmental and financial empowerment</li> </ul>	

## Annex 4B: Interview – NGOs (4) Cont'd

ITEM	WHAT HAS WORKED WELL	POSITIVE IMPACT CHANGES NOTED	WHAT HAS NOT WORKED SO WELL	NEGATIVE IMPACT UNINTENDED EFFECT NOTED	PROPOSED CHANGES
4. <ul style="list-style-type: none"> <li>Program Administration</li> <li>Timeliness</li> <li>Support</li> <li>Organisation</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>
5. <ul style="list-style-type: none"> <li>M&amp;E</li> <li>Design</li> <li>Usability</li> <li>Data use for planning</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>Few data are collected, but not verified. E.g. the extent and effect of abuse of food basket is not documents</li> <li>What has not worked well is poor monitoring and training in implementation of the programme and M&amp;E reporting needs to be done in a standardised and clear manner.</li> <li>Government not having M&amp;E specialists and doing ad hoc evaluations is a big loophole</li> <li>People who don't do M&amp;E are not penalised and clear communication with staff needs to be made so that expectations are met.</li> <li>Government doesn't measure performance coupled with poor planning of programmes for example, pilot programmes keep running for years without ever being evaluated</li> </ul>	<ul style="list-style-type: none"> <li>Makes prompt and relevant reaction and informed planning render difficult with risk of misappropriating funds</li> </ul>	<ul style="list-style-type: none"> <li>Develop web-based system capturing key statistics and explanatory qualitative data</li> <li>There need to be accountability at all levels</li> </ul>
6. <ul style="list-style-type: none"> <li>Coord. of OVC interventions</li> <li>Central gvt to local gvt</li> <li>Inter-ministerial</li> <li>Gvt to CSOs</li> <li>CSO to CSO</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>No coordination at present (2)</li> </ul>	<ul style="list-style-type: none"> <li>Overlapping and gaps in support of OVCs</li> </ul>	<ul style="list-style-type: none"> <li>Development of system which can coordinate events, transportation to same meetings, support of families etc. (2)</li> </ul>

## Annex 4B: Interview – NGOs (4) Cont'd

ITEM	WHAT HAS WORKED WELL	POSITIVE IMPACT CHANGES NOTED	WHAT HAS NOT WORKED SO WELL	NEGATIVE IMPACT UNINTENDED EFFECT NOTED	PROPOSED CHANGES
7.	<ul style="list-style-type: none"> <li>Government capacity</li> <li>Systems</li> <li>Structures</li> <li>Knowledge and skills</li> <li>Infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>Social workers are hired as social welfare officers- these job descriptions are different</li> </ul>	<ul style="list-style-type: none"> <li>Therefore the social worker ends up doing a different job not related to their training- everyone working in</li> </ul>	<ul style="list-style-type: none"> <li>Government also needs to ask itself how long can it run programmes before evaluating them</li> <li>government needs a clear job description in line with their training</li> </ul>
8.	<ul style="list-style-type: none"> <li>See separate analysis</li> </ul>				
9.	<ul style="list-style-type: none"> <li>Caregiver/parent capacity</li> <li>Knowledge and skills</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>Parent/caregiver is not aware of rights and plights</li> <li>Abusing parents are not held answerable as stipulated in the law</li> </ul>	<ul style="list-style-type: none"> <li>It often results in conflicts between child and adult and in abuse of child of child support</li> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>Need to apply the relevant laws as intended</li> </ul>
10.	<ul style="list-style-type: none"> <li>Inclusion</li> <li>OVCs</li> <li>Children with handi-caps etc</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>Lack of parental knowledge and skills</li> <li>No care for children with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>Parents/caregivers do not appreciate education and are therefore not sufficiently supportive of the child</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> <li>Provide relevant parental/caregiver skills</li> <li>Provide quality education, also in the rural areas</li> </ul>
11.	<ul style="list-style-type: none"> <li>Gvt ownership of programme intervention</li> </ul>	<ul style="list-style-type: none"> <li>There is full and very committed ownership</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>
12.	<ul style="list-style-type: none"> <li>Local ownership of intervent.</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>General lack of skills and understanding of the necessity and benefit of development</li> <li>Educated people often have self-sufficient attitude</li> </ul>	<ul style="list-style-type: none"> <li>Communities cannot commit and engage sufficiently in development activities</li> <li>Makes it difficult to commit and engage</li> </ul>	

## Annex 4B: Interview – NGOs (4)Cont'd

ITEM	WHAT HAS WORKED WELL	POSITIVE IMPACT CHANGES NOTED	WHAT HAS NOT WORKED SO WELL	NEGATIVE IMPACT UNINTENDED EFFECT NOTED	PROPOSED CHANGES
13. o Sustainability	<ul style="list-style-type: none"> <li>Politicians reviving voluntarism</li> </ul>	<ul style="list-style-type: none"> <li>May make people take responsibility for development of self, others and society</li> </ul>	<ul style="list-style-type: none"> <li>Political interest in doing good</li> </ul>	<ul style="list-style-type: none"> <li>OVC lifelong passivity and dependence</li> </ul>	<ul style="list-style-type: none"> <li>Emphasis on rehabilitation</li> <li>Government needs to invest in empowering care givers and beneficiaries (2)</li> <li>Private sector partnerships need to be fostered so that these OVC children can be employed</li> </ul>

### 3C. PIA findings per type of stakeholder

**BOYS IN SCHOOL (5 groups)**

WHAT WORKED WELL		IMPACT
INPUTS IN KIND	SCORE (36)	
Food	14	<ul style="list-style-type: none"> <li>Provides energy,</li> <li>Reserves money for other uses (2)</li> <li>Keeps us healthy + not hungry(4)</li> <li>Helps in performing in school</li> <li>Look beautiful like other girls (2)</li> </ul>
Uniforms	7	<ul style="list-style-type: none"> <li>Provides encouragement</li> <li>Can participate in school and enjoy (3)</li> </ul>
Toiletries	3	<ul style="list-style-type: none"> <li>Provides comfort in school (2)</li> </ul>
Shelter	3	<ul style="list-style-type: none"> <li>Provide a place to sleep and keep things</li> <li>Need not hang in the streets</li> </ul>
Clothes	7	<ul style="list-style-type: none"> <li>Fit well in society</li> </ul>
Transport	1	<ul style="list-style-type: none"> <li>Help the students to pursue tertiary education</li> </ul>
Blankets	1	<ul style="list-style-type: none"> <li>We don't freeze and fall sick</li> </ul>
DEVELOPMENT	SCORE (13)	
Free education	10	<ul style="list-style-type: none"> <li>Enables OVCs to go to school like the rest and they can (7)</li> <li>We learn to read and write and grow up to fend for ourselves</li> </ul>
Assistance with tertiary education	1	<ul style="list-style-type: none"> <li>OVC graduate and can apply for jobs on equal terms with others</li> </ul>
PSS	2	<ul style="list-style-type: none"> <li>We learn to accept ourselves</li> <li>The grief was relieved</li> <li>Most orphans change behaviour</li> </ul>
ADMINISTRATION	SCORE (0)	
-	-	-
WHAT DID NOT WORK WELL		IMPACT
INPUTS IN KIND	SCORE (13)	
Clothes	2	<ul style="list-style-type: none"> <li>Clothes are pricy and of low quality</li> <li>Have no clothes for winter</li> <li>have to wear their old clothes</li> </ul>
Shelter	2	<ul style="list-style-type: none"> <li>Shelter important as we need a place to put our things</li> </ul>
Toiletries	4	<ul style="list-style-type: none"> <li>Deo provided makes armpits smell</li> <li>The soap gives skin rashes (3)</li> </ul>
Blankets	1	<ul style="list-style-type: none"> <li>Not provided hence so we fall ill during the cold season</li> </ul>
Others	1	<ul style="list-style-type: none"> <li>Need bags for school and for travelling with the school</li> </ul>
Food	3	<ul style="list-style-type: none"> <li>The people we stay with eat the food</li> <li>Don't get food that we like (e.g. fruit and vegetables)</li> </ul>

<b>DEVELOPMENT</b>	<b>SCORE (13)</b>	
PSS was never offered	3	<ul style="list-style-type: none"> <li>• Feel abandoned</li> <li>• Difficult to perform in school when not at ease</li> </ul>
No relevant education/skilled training	2	<ul style="list-style-type: none"> <li>• Makes us hang in the streets as we have no future</li> </ul>
No facilities/clubs for children having problems in schools	2	<ul style="list-style-type: none"> <li>• Force us to hang in the streets</li> </ul>
Poor assistance to disabled children	1	<ul style="list-style-type: none"> <li>• No equal opportunities</li> </ul>
Poor assistance for tertiary education pension fee	1	<ul style="list-style-type: none"> <li>• Force drop-outs</li> </ul>
No follow-up on children with tertiary education	1	<ul style="list-style-type: none"> <li>• Jobs are few so they engage in robberies grieving the caregiver</li> </ul>
At 18 years they are removed from the programme	1	<ul style="list-style-type: none"> <li>• They engage in other activities such as prostitution and drug dealing</li> </ul>
No help with homework	1	<ul style="list-style-type: none"> <li>• Fails important subjects</li> </ul>
No support for purchase of school books	1	<ul style="list-style-type: none"> <li>• Buy for money which should have been used for other purposes</li> </ul>
<b>ADMINISTRATION</b>	<b>SCORE (24)</b>	
Coupon system	4	<ul style="list-style-type: none"> <li>• Money paid late, gives a period without food</li> <li>• The shops for coupon shopping are very expensive, we don't get the amount of items that we need (2)</li> <li>• Lack of food and therefore no concentration in school</li> </ul>
School fees paid late	3	<ul style="list-style-type: none"> <li>• Sent home to collect money instead of learning in class (2)</li> </ul>
Clothes come late	4	<ul style="list-style-type: none"> <li>• End up buying uniform only</li> </ul>
Clothes come at 1-2 years	5	<ul style="list-style-type: none"> <li>• Clothes does not fit for 1 or 2 years. Affects school attendance and results (2)</li> </ul>
Toiletries come late	2	<ul style="list-style-type: none"> <li>• Children cannot get washed</li> </ul>
Transport money paid late	1	<ul style="list-style-type: none"> <li>• Sent home to collect money instead of learning in class</li> </ul>
No shelter for total orphans	2	<ul style="list-style-type: none"> <li>• Children negatively affected by the fact that they don't have a home</li> </ul>
SW neglect	2	<ul style="list-style-type: none"> <li>• Is angry when collecting uniform</li> <li>• Promises clothes, but it doesn't</li> </ul>
School uniforms come late	1	<ul style="list-style-type: none"> <li>• We feel uncomfortable and cannot concentrate and may fail</li> </ul>

**GIRLS IN SCHOOL (5 groups)**

WHAT WORKED WELL		IMPACT
<b>INPUT</b>	<b>SCORE (12)</b>	
Food	4	<ul style="list-style-type: none"> <li>• Help in not being hungry</li> <li>• Helps in performing in school</li> </ul>
Clothes	4	<ul style="list-style-type: none"> <li>• Prevents struggle with the family on clothing</li> <li>• Look beautiful like other girls (2)</li> </ul>
Uniforms	3	<ul style="list-style-type: none"> <li>• Can participate in school and enjoy</li> </ul>
Blankets	1	<ul style="list-style-type: none"> <li>• We don't freeze and fall sick</li> </ul>
Toiletries	0	-
Shelter	0	-
<b>DEVELOPMENT</b>	<b>SCORE (1)</b>	
Free education	1	<ul style="list-style-type: none"> <li>• Enables OVCs to go to school like the rest and they can</li> </ul>
PSS	0	-
<b>ADMINISTRATION</b>	<b>SCORE (0)</b>	
-	-	-
WHAT DID NOT WORK WELL		IMPACT
<b>INPUTS IN KIND</b>	<b>SCORE (3)</b>	
Don't get fresh food (fruits, veggies) Don't get food we like	2	<ul style="list-style-type: none"> <li>• We get malnourished and cannot perform in school</li> </ul>
Toiletries	1	<ul style="list-style-type: none"> <li>• Soap gives rashes</li> </ul>
Shelter	0	<ul style="list-style-type: none"> <li>• Shelter important as we need a place to put our things</li> </ul>
Blankets	0	<ul style="list-style-type: none"> <li>• 5 Not provided hence so we fall ill during the cold season</li> </ul>
<b>DEVELOPMENT</b>	<b>SCORE (2)</b>	
No help with homework	1	<ul style="list-style-type: none"> <li>• Fails important subjects</li> </ul>
No support for purchase of school books	1	<ul style="list-style-type: none"> <li>• Buy for money which should have been used for other purposed</li> </ul>
<b>ADMINISTRATION</b>	<b>SCORE (11)</b>	
Clothes come late	2	<ul style="list-style-type: none"> <li>• Money paid late, gives a period without food</li> </ul>
Clothes come with 1-2 years interval	3	<ul style="list-style-type: none"> <li>• The shops for coupon shopping are very expensive, we don't get the items that we need</li> </ul>
SW neglect	2	<ul style="list-style-type: none"> <li>• Is angry when collecting uniform</li> <li>• Promises clothes, but it doesn't come</li> </ul>
School fees paid late	1	<ul style="list-style-type: none"> <li>• Sent home to collect money instead of learning in class</li> </ul>
School uniforms come late	1	<ul style="list-style-type: none"> <li>• We feel uncomfortable and cannot concentrate and may fail</li> </ul>
Coupon money come late	1	<ul style="list-style-type: none"> <li>• Lack of food and therefore no concentration in school</li> </ul>
No shelter for total orphans	1	-

**GIRLS OUT OF SCHOOL (3 groups)**

WHAT WORKED WELL		IMPACT
<b>INPUTS IN KIND</b>	<b>SCORE (7)</b>	
Food	3	<ul style="list-style-type: none"> <li>• Help in not being hungry</li> <li>• Children are out of poverty</li> </ul>
Clothes	2	<ul style="list-style-type: none"> <li>• Have dignity</li> <li>• Being happy</li> </ul>
Transport money	1	<ul style="list-style-type: none"> <li>• Enables school attendance</li> <li>• Puts less pressure on the caregiver</li> </ul>
Shelter	1	-
<b>DEVELOPMENT</b>	<b>SCORE (0)</b>	
-	-	-
<b>ADMINISTRATION</b>	<b>SCORE (0)</b>	
-	-	-
WHAT DID NOT WORK WELL		IMPACT
<b>INPUTS IN KIND</b>	<b>SCORE (3)</b>	
Don't get fresh food (fruits, veggies)	2	<ul style="list-style-type: none"> <li>• We get malnourished and cannot perform in school</li> </ul>
Don't get food we like		
Toiletries	1	<ul style="list-style-type: none"> <li>• Soap gives rashes</li> </ul>
<b>DEVELOPMENT</b>	<b>SCORE (1)</b>	
We don't like being orphans (PSS)	1	Not happy with our lives
<b>ADMINISTRATION</b>	<b>SCORE (7)</b>	
No shelter for total orphans	2	Orphans have no place to stay
		Orphans staying with caregivers are abused by relatives
Package stops at age 18	1	<ul style="list-style-type: none"> <li>• Some turn 18 while in school and have to drop out</li> </ul>
SW neglect	1	-
Coupon money come late	1	<ul style="list-style-type: none"> <li>• Can't buy basic things</li> </ul>
School fees paid late	1	<ul style="list-style-type: none"> <li>• Sent home to collect money instead of learning in class</li> </ul>
School uniforms come late	1	<ul style="list-style-type: none"> <li>• We feel uncomfortable and cannot concentrate and may fail</li> </ul>
<b>FEMALE CAREGIVERS (5 GROUPS)</b>		
WHAT WORKED WELL		IMPACT
<b>INPUTS IN KIND</b>	<b>SCORE (15)</b>	
Food	5	<ul style="list-style-type: none"> <li>• Reduces the amount of money spent on food</li> <li>• Makes caregiving possible</li> <li>• Keep children healthy</li> </ul>
Clothes	2	<ul style="list-style-type: none"> <li>• The children can attend school</li> </ul>
Uniforms	2	<ul style="list-style-type: none"> <li>• The children can attend school</li> </ul>
Toiletries	1	<ul style="list-style-type: none"> <li>• Hygiene – children stays healthy and feel good in school</li> </ul>
<b>DEVELOPMENT</b>	<b>SCORE (5)</b>	
Free education	3	<ul style="list-style-type: none"> <li>• Children can attend school</li> </ul>
Assistance with tertiary education	1	<ul style="list-style-type: none"> <li>• OVC graduate and can apply for jobs on equal terms with others</li> </ul>
PSS	1	<ul style="list-style-type: none"> <li>• Most orphans change behaviour</li> </ul>
<b>ADMINISTRATION</b>	<b>SCORE (0)</b>	
-	-	-

WHAT DID NOT WORK WELL		IMPACT
<b>INPUTS IN KIND</b>	<b>SCORE (1)</b>	
Toiletries not good	1	<ul style="list-style-type: none"> <li>• Soap gives rashes</li> </ul>
<b>DEVELOPMENT</b>	<b>SCORE (2)</b>	
No follow-up on children with tertiary education	1	<ul style="list-style-type: none"> <li>• Jobs are few so they engage in robberies grieving the caregiver</li> </ul>
At 18 years they are removed from the programme	1	<ul style="list-style-type: none"> <li>• They engage in other activities such as prostitution and drug dealing</li> </ul>
<b>ADMINISTRATION</b>	<b>SCORE (11)</b>	
Only allowed to buy in certain shops	4	<ul style="list-style-type: none"> <li>• Prices are very high and food will not be enough for a month</li> </ul>
Clothes come late	2	<ul style="list-style-type: none"> <li>• Children grow out of clothes and feel uncomfortable</li> </ul>
Toiletries come late	2	<ul style="list-style-type: none"> <li>• Children cannot get washed</li> </ul>
Transport money paid late	1	<ul style="list-style-type: none"> <li>• Sent home to collect money instead of learning in class</li> </ul>
Coupon money come late	1	<ul style="list-style-type: none"> <li>• Lack of food and therefore no concentration in school</li> </ul>
No shelter for total orphans	1	<ul style="list-style-type: none"> <li>• Children negatively affected by the fact that they don't have a home</li> </ul>
<b>MALE CAREGIVERS (4 GROUPS)</b>		
WHAT WORKED WELL		IMPACT
<b>INPUTS IN KIND</b>	<b>SCORE (5)</b>	
Food	2	<ul style="list-style-type: none"> <li>• Children can go to school and concentrate</li> <li>• The caregiver does not go hungry</li> </ul>
Uniforms	2	<ul style="list-style-type: none"> <li>• I don't spent the money I earn on uniform</li> <li>• Children feel that they fit well in class</li> </ul>
Clothes	1	<ul style="list-style-type: none"> <li>• Children can wear private clothing at home like others</li> </ul>
<b>DEVELOPMENT</b>	<b>SCORE (4)</b>	
Special dispensation programme	2	<ul style="list-style-type: none"> <li>• Has improved OVC accessibility to tertiary education – and to living a fuller life</li> </ul>
Free education	2	<ul style="list-style-type: none"> <li>• Children can attend school</li> </ul>
PSS	1	<ul style="list-style-type: none"> <li>• Most orphans change behaviour</li> </ul>
<b>ADMINISTRATION</b>	<b>SCORE (1)</b>	
Coupon systems better than earlier system	1	<ul style="list-style-type: none"> <li>• It is easy and has reduced stigmatisation</li> </ul>
WHAT DID NOT WORK WELL		IMPACT
<b>INPUTS IN KIND</b>	<b>SCORE (1)</b>	
Unable to use soap	1	<ul style="list-style-type: none"> <li>• Soap gives rashes</li> </ul>
<b>DEVELOPMENT</b>	<b>SCORE (0)</b>	
-	-	-
<b>ADMINISTRATION</b>	<b>SCORE (12)</b>	
Only allowed to buy in certain shops	2	<ul style="list-style-type: none"> <li>• Less food for the money</li> <li>• Stock often out and children go without food</li> </ul>
No shelter for total orphans	2	<ul style="list-style-type: none"> <li>• Abandoned children have no alternative and end as street children</li> </ul>
Clothes come late	2	<ul style="list-style-type: none"> <li>• The child grows out of the provided clothes and does not fit in</li> </ul>
Toiletries come late	1	<ul style="list-style-type: none"> <li>• Children cannot get washed</li> </ul>

Transport money paid late	1	<ul style="list-style-type: none"> <li>Sent home to collect money instead of learning in class</li> </ul>
Coupon money come late	1	<ul style="list-style-type: none"> <li>Lack of food and therefore no concentration in school</li> </ul>
SWs should work well with the caregivers and not just believe the story of the child	1	-
Budget for clothes too low	1	<ul style="list-style-type: none"> <li>Children have grown out of the clothes before new are availed which creates stigma</li> </ul>
Children moved from the programme at age 18 without being responsible	1	<ul style="list-style-type: none"> <li>They engage in bad activities and end as street children making the provided education be useless</li> </ul>
<b>LOCAL LEADERS (4 GROUPS)</b>		
<b>WHAT WORKED WELL</b>		<b>IMPACT</b>
<b>INPUTS IN KIND</b>	<b>SCORE (9)</b>	
Food	3	<ul style="list-style-type: none"> <li>Improves children's participation in school</li> <li>Improves their adult life</li> <li>They do not take to the street hunting for food</li> </ul>
<b>DEVELOPMENT</b>	<b>SCORE (6)</b>	
Special dispensation programme	3	<ul style="list-style-type: none"> <li>Gives them opportunity to learn</li> <li>Keeps them busy</li> <li>Make them socialise</li> <li>Can accomplish goals</li> </ul>
PSS	3	<ul style="list-style-type: none"> <li>Helps OVC to choose a career</li> <li>Improves their behaviour</li> <li>Helps community to understand orphans</li> </ul>
<b>ADMINISTRATION</b>	<b>SCORE ( )</b>	
-	-	-
<b>WHAT DID NOT WORK WELL</b>		<b>IMPACT</b>
<b>INPUTS IN KIND</b>	<b>SCORE (0)</b>	
-	-	-
<b>DEVELOPMENT</b>	<b>SCORE (0)</b>	
-	-	-
<b>ADMINISTRATION</b>	<b>SCORE (9)</b>	
Only allowed to buy in certain shops	2	<ul style="list-style-type: none"> <li>Less value for money</li> <li>Prices for goods higher when using coupons</li> <li>Dealers do not have stock</li> </ul>
PSS scarce	2	<ul style="list-style-type: none"> <li>They end up getting into drugs, child pregnancy and HIV/AIDS.</li> <li>Street children abuse their caregivers</li> </ul>
	2	<ul style="list-style-type: none"> <li>Working relationship between SACD parents, key stakeholders and child is lacking</li> </ul>
No regular home-visits		
Lack of information		
No shelter for total orphans	1	<ul style="list-style-type: none"> <li>Street children emerge from lack of shelter. They are exposed to harsh weather</li> </ul>
Lack of monitoring	1	<ul style="list-style-type: none"> <li>Some caregivers exchange the food with alcohol</li> </ul>
The programme did not cover destitute children as compared to OVC	1	<ul style="list-style-type: none"> <li>Make destitute end up staying at home due to school fees</li> <li>Misbehaviour resulting in teenage pregnancies and HIV/AIDS</li> </ul>

