MARANG CHILD CARE NETWORK TRUST (MCCNT)

ASSESSMENT OF NEEDS AND SERVICES FOR ORPHANS AND VULNERABLE CHILDREN IN KWENENG, KGALAGADI AND GANTSI DISTRICTS

STUDY REPORT

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1.0 INTRODUCTION AND BACKGROUND

HIV/AIDS still remains a major development challenge for Botswana, and has had significant negative effects on the stability and progress of individuals, families, communities and the nation at large. A wide range of interventions have been developed and implemented by various service providers and stakeholders at national, district and community levels over the years. While there have been notable achievements in the reduction of HIV prevalence through prevention, a lot of mitigation efforts have not yielded the expected or desired results. To a large extent, the needs and aspirations of orphans and vulnerable children (OVC) and their families have not been adequately addressed by the different community-based organistions, non-governmental and faith-based organisations etc. The quality, relevance, appropriateness and sustainability of services pose a serious challenge to most programmes. In most cases services provided only meet the immediate needs such as feeding and neglect the long-term developmental needs. Some areas of support are overlooked or limited, such as psychosocial support and support for care givers. Some of the reasons for these service limitations include:

- Poor design of programmes due to lack of proper assessment to determine priority needs
- Organisational capacity limitations of service providers (skills, manpower shortage, funding and other resources.
- Lack of proper involvement of key stakeholders especially communities, the OVC and their caregivers.

The recent trends in HIV/AIDS programming and care for OVC have seen a focus on capacity building of community-based organisations and improvement of programming systems and processes for quality services, greater impact and long-term sustainability of interventions. Marang Child Care Network Trust (MCCNT), is a non-governmental organization with a mandate to provide support to member NGO/CBO/Faith based organisations to improve service delivery to OVC. The organization mobilizes resources to plan and conduct training, mentorship and technical support to its members to effectively plan and implement quality services in sustainable environments. Through its continuous review of the performance of member organisations, MCCNT has identified gaps between the services provided by member organisations and the real needs of the OVC. This has brought to surface the issues of service quality, relevance, comprehensiveness and sustainability which MCCNT seeks to deal with.

Against this background MCCNT has initiated this *Community and OVC Needs assessment Study* to determine the extent to which OVC service meet the real needs of OVC, families and care givers as well as community expectations. This will help Marang to know the areas of capacity building and technical assistance needed by OVC service providers in order to align their services with the needs of the OVC and their caregivers.

The main objective of the study is to assess the current services provided by OVC organisations and the extent to which they are aligned with needs. The study was conducted in Kweneng West (Letlhakeng, Ditshegwane); Gantsi District (Gantsi, D'Kar) and Kgalagadi District (Hukuntsi, Kang). The selection of the study areas was based on their peculiar socio-economic backgrounds, needs and the marginalized localities which are also classified as hard-to-reach hence minimal OVC services and support programmes.

MCCNT will use the identified gaps to develop strategies for capacity building and technical support which will assist the service providers to sufficiently meet the needs of OVC and their caregivers. This will enhance the quality and relevance of the OVC services, improve service delivery and enhance impact on the beneficiaries. This report presents the findings, conclusions and recommendations from the study.

2.0 OVERVIEW OF THE CONCEPTUAL AND PROGRAMMING FRAMEWORK

The study based its analysis on the national programming frameworks that guide the design and implementation and management of OVC interventions in Botswana and to which MCCNT programmes are aligned. It is important to present a brief overview of the HIV/AIDS and OVC programming priorities for Botswana as a benchmark for assessing services provided in the communities. The following framework documents were consulted as part of the literature review to highlight some of the important focus areas and programming expectations for community-based organization, district level and national level programmes:

- The National Strategic Framework on HIV/AIDS (2010-2016)

- National HIV/AIDS Prevention Strategy

- National Strategy for Behavioral Change and Information Communication (NACA, 2006)

- National Guidelines on the Care of OVC (2008)

The above frameworks provide a broad framework for successful intervention which can be summarized into the following major points:

- The need to have a multi-sectoral approach to planning HIV/AIDS interventions.
- The importance of expanding supports for meaningful stakeholder participation especially communities and people infected and affected by HIV/AIDS, including children.
- Participatory processes such as monitoring and evaluation.
- There is need to create an environment supportive to scaling up responses to all the needy people around the country.
- Facilitation of capacity development for service providers.
- Need for joint programming and strengthening the management systems for interventions and economic impact mitigation.
- Strategies must develop culturally appropriate behavioral change interventions at national, district and community levels to address the needs of vulnerable groups.
- Services are expected to be relevant and appropriate e.g. child/youth-friendly for OVC, services must be relevant to the varying developmental stages and needs of children.
- Forging and maintaining sustainable community-based networks.
- Programmes should also enhance the coping skills for OVC and their caregivers, children heading homes and elderly caregivers.

In conducting the study, the above factors were considered in assessing the programmes and services; determining the extent to which services are aligned first to the national priorities and then with the needs of the OVC in their localities.

3.0 DESCRIPTION OF THE STUDY METHODOLOGY AND APPROACH

3.1 Data Collection Methodology
Data was collected through the following ways:

3.1.3 Focus Group Discussions
These were conducted with the following:

1. FGD with OVC service beneficiaries receiving assistance from the member organisations.
2. FGD with care givers of OVC receiving care from the CBOs contacted.
3. FGDs with OVC of different ages receiving support from the CBOs studied
4. FGD with community leaders

3.1.2 Key Informant Interviews (KIIs)
Key informant interviews were conducted with the following:

1. KII with project coordinators and senior programme staff of the CBOs
2. KII with local authorities including chief, representatives of community development and religious institutions, political representative (Councilor).
3. KIIs with development organisations working in the study areas (e.g. other NGOs, development partners e.g. Permaculture Trust).
4. KII with council staff and government institutions included:
   - Social Welfare/Community Development Officer
   - District AIDS Coordinators
   - District Health Teams
   - Botswana Police Services

5. KII with schools head/Guidance and Counseling teachers

3.1.1 Literature review
Relevant frameworks and programming guidelines were reviewed for information relating to planning, design and delivery of OVC programmes. These included;

   - The National Strategic Framework on HIV/AIDS (2010-2016)
   - National HIV/AIDS Prevention Strategy
   - National Strategy for Behavioral Change and Information Communication
   - National Guidelines on the Care of OVC in Botswana (2008)
   - HIV/AIDS Policy
   - MCCNT Strategic Plan (2009-2011)

4.0 ANALYSIS OF STUDY FINDINGS

This section presents the analysis and interpretation of the findings from the study. The presentation of the findings focuses on the following key programming factors:

- Needs of OVC as perceived by the OVC, the community, their caregivers and the service providers.
- Overview of OVC services provided and how they were conceptualised and designed.
- Analysis of capacity gaps and implications for capacity building and technical support, including a suggested list of capacity building areas.

4.1 Needs, Problems and Expectations of OVC

The following is a summary of the problems faced by OVC as expressed by the OVC, service providers, care givers and community representatives:

4.1.1 Nutrition

OVC need to have access to a reliable provision of basic food for their nutrition. Access to proper feeding is a challenge because of the usually late and insufficient food stuffs supplied by the S&CD as part of the orphan care support programme. Due to the fact that many of the homes with OVC there are usually many people depending on the food rations, it makes the stuff inadequate. Most of the care givers are not meaningfully employed and are unable to generate additional resources for the families to augment the food basket. Communities and families in the study areas are generally poor with very limited income opportunities. Most of the parents were also said to lack parenting skills thereby neglecting the nutritional needs of their children.

4.1.2 Clothing & Blankets

The poverty status of OVC families also means that the caregivers are unable to provide basic clothing for the children. While Government provides school-going orphans and needy children with uniforms, there is no provision for other clothing and OVC are in most occasions forced to wear school uniforms. As the children grow older and transit to teenage hood and youth years, many would like to wear clothes as good and 'fashionable' as the other non-orphaned children which are sometimes expensive. While caregivers complained about the costly clothing, the OVC felt that wearing fashionable clothes like other children could help reduce stigma and discrimination.

4.1.3 Basic Health and Hygiene

The areas of study are mainly inhabited by communities of San/Basarwa ethnic origin, who are known for poor health and hygiene practices. Most of their children go to school without

bathing or wearing clean clothes as parents tend to neglect this aspect of their welfare. In these areas of the country interventions for OVC have to deliberately focus on providing basic health care and educating care givers. Some OVC indicated that hygiene and health are also hampered by the problem of poor housing condition; where many children share small house (usually a mud hut) with elderly people. The OVC respondents mentioned that this makes it difficult to have regular and proper baths due to lack of privacy.

Teenage pregnancy is a serious health problem in the study areas. Many factors contribute to the problem including abuse and lack of proper education in sexual and reproductive health education for teenagers and youth. It was observed that the teaching and support within the schools was insufficient.

4.1.4 Abuse

The study identified abuse as a serious problem for most OVC in the homes, schools. The common forms are use of abusive language by peers and some care givers, physical abuse such as beating, sexual abuse including rape and incest some of the cases are reported while others are kept a secret with the family in fear of embarrassment, and neglect by parents and care givers. In the focus group discussions with OVC particularly in Letlhakeng, the children made a statement that these abuses force many of them into undesirable behaviours such as juvenile crimes, sexual relationships resulting in teenage pregnancies and dumping of babies, dropping out from school, poor performance in school, living in the streets, rebellious behaviour etc. Many OVC still feel stigmatized in schools where they receive negative labeling. They also consider it abuse to be separated with their siblings to stay with different relatives who fight for a share of the food baskets.

Neglect by parents is another form of abuse mentioned and this refers to parents and care givers not taking the responsibility to provide for the needs of children especially OVC. This includes caregivers who spend most time away from home at drinking spots and fathers who do not take care of their own children leaving the burden of care with single unemployed mothers. Lack of a protective environment in the home and in the community as well as lack of access to relevant information also exposes many OVC to various forms of abuses and behaviours.

The respondents also mentioned the issue of early marriages as another major problem for children in the study areas. While this is seen as a cultural practice, it was expressed as a form of abuse for children to be arranged for marriage at a tender age and have to drop out of school to join their spouses. Parents never consider the views of children when arranging the marriage and even the effects of young, immature people who are forced into starting a family. As a result of early parenthood, teenage mothers end up neglecting their children because they were not ready to be parents.

Child labour was mentioned as another form of abuse particularly for children who live with their parents working in the farms, where they are compelled to work and ultimately take over their parents' jobs when they get old or die.

4.1.5 Moral & Psychosocial Support

OVC expressed their need for moral support from caregivers and service providers especially as they grow and face challenges in their developmental stages. The missing moral guidance is also associated with dysfunctional families where children copy bad behaviours which have been somehow normalized in many homes. They also mentioned that they do not have people who they can express their problems, needs and concerns to, who can understand them and provide guidance. It was also noted that psychosocial support is limited in the study areas and children do not have access to the support as more emphasis is given to the provision of material support. There is generally inadequate technical skill in psychosocial support among service providers, hence the need to prioritise training for relevant staff. The OVC interviewed lamented the lack of appropriate recreational facilities and activities where children can be taught moral uprightness and receive psychosocial support. They highly appreciated the psychosocial camps that are sometimes organised for them by the CBOs, however these camps are not as regular as they are needed due to mainly financial limitations. The lack of appropriate youth-friendly recreational facilities tends to worsen the morality problem among OVC as they get to utilize undesirable facilities such as bars and shebeens. The OVC expressed the need for more regular youth activities such as excursions, camps and recreational activities particularly during school vacations and public holidays.

In an FGD with caregivers in Gantsi, respondents stated that the burden of caring for OVC in the home bring a lot of burn-out and stress, which limits their ability to spend time with the children to teach and guide them for the future. In all the interviews, caregivers mentioned that they lacked the necessary parenting skills and information on child rights. They indicated that they do not have the capacities to handle and deal with OVC who have behavioural problems. The need for training in parental skills was emphasized as well as the need to provide psychosocial support to parents and caregivers to overcome the burden of care. There is need for strengthening of parent/child relationships and communication.

4.1.6 Early Learning & Educational Support

Basarwa communities seem to lack knowledge on the importance and need for education. As a result, many parents do not provide the needed support to their children to enroll in school and stay in school. Many children either do not go to school, perform poorly in school or drop out of school. The study team was informed that most of the children living in the streets in Gantsi had dropped out of school and their parents could not get them back into school. Most Basarwa parents work in the commercial farms around Gantsi as labourers, which is their main source of income. They tend to take their children along to the farms which keep them out of school. These people are also relatively highly mobile and as they move from one farm to

another as a family, it becomes difficult for children to be established in schools. The other contributing problem is alcoholism which makes parents leave children alone at home and not able to assist them with school work monitor them or motivate them on the importance and value of education.

It has been found that Basarwa children generally have difficulties in adapting to the school environment due to cultural differences and language barriers which makes learning difficult and not interesting. This contributes to the low levels of school enrolment, poor performance and drop out. The provision of educational support needs to go beyond school uniforms and school fees, but to address mental and cognitive development support, motivation for learning as well as the creation of an appropriate learning environment for these special groups. Language and negative attitudes leveled towards Basarwa by other people in schools is an issue of serious concern.

There are many children who are not enrolled in early learning programmes, which prepare them for primary education. Early learning is a highly needed service for Basarwa children as a catalyst for educational development, health care and social integration. OVC above 6 years in primary and secondary schools also need after-school educational support.

4.1.7 Empowerment & Development for Older OVC
OVC (both in and out of school), who are about to exit n from Government support need to be empowered to become self-sufficient upon exit from the food basket. It was observed that most of the OVC who complete junior and senior secondary education without good grades have to return home and become stagnant. OVC need to be provided with lifeskills and vocational skills they can utilize to improve their lives and their families. Service providers are expected to pay attention to developing and delivering focused economic empowerment for OVC youth.

4.2 Review of Gaps in Current OVC Services
The above needs, problems and expectations of OVC have implications on the types, nature, quality, appropriateness, design and targeting of services provided to OVC. The assessment collected information to determine the gaps and limitation in services and service delivery mechanisms related to the quality of services provided to OVC. Based on the field interviews and discussions, the perceived and noted gaps in OVC services were compiled as the basis for MCCNT capacity building and technical support to its member organisations. The following section presents a summary of gaps in OVC services:

- The national programming frameworks emphasise the importance of strengthening family capacities to effectively support and care for OVC. From the problem analysis above, caregivers have expressed the unmet need for assistance with parenting, lifeskills and psychosocial support. Such services are limited in CBO interventions.

- In most cases contact between the CBO, S&CD Social Workers and families is limited evidenced by lack of regular home visits and interactive forums involving caregivers.

- Families also lack skill and support from service providers in poverty alleviation. While there are commendable efforts in working with caregivers in Gantsi (Thuso Isago and Window of Hope), most families are yet to be reached. The needed training programmes and mentorship is limited due to lack of relevant skills of service providers and lack of resources.

- There is need for innovative, focused, consistent and sustainable programmes for strengthening family capacities. With almost all of the families living in poverty, there are limited family-based income-generating activities implemented in the study areas. It was however noted that there are opportunities for economic empowerment programmes which need to be institutionalized and scaled up. Support for single headed families and old-aged caregivers is also lacking.

- Older OVC are neglected; there are very limited out-of-school support programme and lack of targeted programmes to prepare youth for graduation from OVC services.

- Behavioral change and communication strategies and capacities remain a major service gap.

- Economic and livelihoods development services are lacking.

- Most OVC are still not reached with services particularly in remote settlements.

- Mainstream educational services provided in Government schools do not address the cultural and language barriers of Basarwa children who do enroll in schools. Setswana and English is the main medium of instruction, and the children need translation from San language which is not available in most schools.

- Psychosocial needs of OVC, caregivers and service providers serving in CBOs are not adequately met.

- The lack of attention to the need for proper shelter for OVC families.

- Limited attention to juvenile delinquency

- Limited efforts to address cultural barriers to OVC care and development.

- Lifeskills, sexual and reproductive health issues are not adequately addressed.

- Addressing health care needs of OVC in the homes and schools e.g. HIV counseling and testing, caring for children with HIV

- OVC with disabilities are not included in most programmes.

4.3 Organisational Development and OVC Programming Implications

This section seeks to provide a review of organisational and system-related issues which explain the existence of gaps in OVC services identified above. The information presented below is a guide towards the development of technical capacity building and systems improvement for OVC programming:

4.3.1 Research and Programme Design and Planning

Based on the information obtained during interviews, it has been established that most of the OVC programmes were designed without comprehensive needs assessments. Bomme Nkokodi in Letlhakeng mentioned that their programmes were informed by a research which had been conducted in the area by Masiela Trust Fund. There is lack of research in programming generally both at the start-up and during implementation phases of projects. It was observed that most service providers were motivated by what they have seen being provided as opposed to conducting assessments. Lack of appreciation and capacity for planning and conducting needs assessments and re-assessments is a challenge to service providers. It is evident that if proper assessments were conducted in the study areas, most of the missing components of the services would be provided. In addition, services would be well aligned with the needs and there would not be reported duplication of services. The lack of research initiatives means that the peculiar vulnerabilities of the target group would have been clearly documented and understood. As a result of the inadequate research and information, OVC programmes are poorly designed and planned. This results in the issues of quality, relevance and appropriateness. Some of the major problems in service planning include;

- Lack of proper institutionalization of service planning and management. Plans are not clearly laid down and most activities carried out in an ad hoc and haphazard approach.
- There are no clear long-term strategic plans which guide the service planning, service delivery and organisational development and management processes.
- Targeting of beneficiaries is a problem as many OVC are not reached with services.
- Lack of long-term sustainability plans e.g. financial and human resources

4.3.2 Programme Implementation and Management

Implementation and management of service provision is generally inconsistent, cost-ineffective and poorly monitored due to:

- Weak monitoring, evaluation and reporting systems and processes

- Weak collaborative networks, coordination and integrated programme approaches. S& CD mentioned that they are expected to coordinate district level interventions but due to resource limitations this is not being done.
- Communication and effective links with community and district level service providers is weak hence limited opportunities for capacity building and support.
- Lack of frameworks and user-friendly tools for the participation of OVC, families and communities in programme planning, implementation and monitoring to validate plans and services.
- Shortage of skilled manpower in CBOs to plan and manage sustainable programmes.
- Duplication of services and perceived competition for clients among CBOs
- Weak referral systems, protocols and feedback mechanisms among service providers.
- Shortage of volunteers and lack of funds to pay allowances
- Poor governance structures evidenced by lack of functioning boards and governance systems/policies.
- Lack of capacity in psychosocial support programming
- Lack of resource mobilization plans
- Reliance on unskilled manpower and lack of training resources

As a result of the above challenges, the demand for service exceeds the capacity of service providers in the study areas as efforts for scaling up services remain a dream.

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions
The study concludes that there are commendable efforts by community-based organisations to plan and deliver services to OVC, with noticeable results. The passion and zeal to assist the needy and vulnerable children by CBOs is impressive not to mention the resilience to continue working despite challenges and limited rewards and recognition. However, the demand for services is more than the available services, requiring rigorous efforts to scale up services. Additionally, the quality and sustainability of services needs to be improved and services properly aligned with the needs and vulnerabilities. Organisational capacity strengthening is also required to improve systems for service planning, management, monitoring and evaluation. There is also need to strengthen external links and coordination mechanisms. Kgalagadi, Kweneng West and Gantsi areas have unique socio-economic and cultural backgrounds which ought to be taken into serious consideration in planning OVC services. The people are virtually all vulnerable and therefore there is need for broader-based programming to support them through community-based approaches as opposed to targeting selected OVC from some families.

5.2 Recommendations

The following is a list of recommendations derived from the study:

5.2.1 Improving the Package of Services

- There is need to incorporate recreational activities in programmes to advance lifeskills and psychosocial programmes.

- Actively promote livelihood and economic support interventions for older OVC and caregivers. This requires training in the relevant vocations, mobilizing resources for establishing business ventures and providing monitoring and mentorship.

- Improve guidance and counseling service provision to OVC both in and out of school

- Provide psychosocial support to caregivers and CBO workers.

- Promote sexual and reproductive health

- Address language and cultural limitations in educational programmes. The innovative idea of engaging language translators in the classrooms by Thuto Isago is replicable.

- Increase access to early childhood learning for children under 6 years.

- Mobilization of children living outside home and re-integration into schools needs more efforts

- Assist CBOs and stakeholder to address underlying problems causing OVC problems e.g. alcoholism, dysfunctional families etc.

5.2.2 Improving Service Delivery Systems and Mechanisms

The following actions are required:

- Improve efforts to scale up services to more OVC and those in surrounding settlements

- Build capacities of service providers (volunteers, filed officers, project ,managers, care givers etc)

- Improve systems for integration and coordination

- Improve M&E planning,, monitoring and reporting systems

- Develop organisational development policies (e.g. human resources and financial resources) and governance systems

- Assist CBOs to conduct community-level needs assessments of OVC, families and community and to develop comprehensive strategic plans based on the assessments.

- Shift efforts towards integrated community-based interventions involving all key stakeholders including OVC

- Rigorous resource mobilization (respondents urge MCCNT to consider mobilizing funding for its member organisations from donors). Also build CBO capacity for resource mobilization and management.

- Mobilise private sector involvement in the support of community interventions for OVC and caregivers.

- Enhance communication systems e.g. between parents and OVC, CBOs and district structures, among CBOs and communities.

- Establish well-defined and harmonised protocols for dealing with OVC issues including proper systems for referrals and feedback.

- Consider mobilizing resources for volunteer allowances and recognize the efforts of volunteers.

- Establish a place of safety for abandoned babies

- Develop and train CBOs on simple tools for assessments, monitoring, project management and reporting.

- Mobilize, educate the community on child rights and needs of OVC and motivate their active involvement. Respondents recommended the revival of the Circles of Support programme and using the Journey of Life tool for community mobilization and participation.

- Promote culturally sensitive programming

- Team building programmes for CBO workers

- Consider having in place a capacity building focal point at MCCNT to provide on-going capacity building and mentorship.

- Provide in-service training programmes for staff and consider supporting staff for tertiary education opportunities.

- Clarify the role of district coordinating teams and develop effective coordination mechanisms.

APPENDICES

A1. Interview Checklists and Discussion Guides

COMMUNITY NEEDS AND OVC SERVICE DELIVERY ASSESSMENT

CHECKLISTS FOR INTERVIEWS & FOCUS GROUP DISCUSSIONS

CA1: Checklist for FGD with Beneficiaries (OVC Receiving Services from CBOs/FBOs/NGOs

Place: _____ **Date:** _____ **Name of Project:**_____
Description of respondents (number, ages, gender, socio-economic and educational background)

1. What are your needs as OVCs?

2. What are the services you are provided with?
3. Who do you expect to provide you with these services?
4. To what extent do you think the services address and satisfy your needs?

5. What is missing?
6. What do you think can be done to improve the services?
7. What do you think is/are the best to satisfy their needs?

8. How do you think your caregivers and community must do to provide for all your needs?
_____

CA2: Checklist for Service Providers (CBOs/NGOs/FBOs)

Location: _____ **Name of Organisation:** _____
Name of Respondent(s): _____

1. What type of services do they provide and what is you're the target group of your beneficiaries?

2. What facilitated you to establish your organization? (What problems/needs facilitated you to choose the services you provide? Was there any survey or research done? What information was used to guide the design of the project and the selection of services? State the source of information

3. Who are your key stakeholders/partners? (who help you in delivering the services).

4. Are there any other organisations providing the same services as yours? How do you link up your services? (coordination, communication, integration)

5. Would you say that your services address the real needs of your target group? (relevance, timely, appropriate, of good quality, do different beneficiaries in the organization benefit equally, Do they think they are doing enough to satisfy their area?

       Yes ___   No ___

6. If no, please describe the organizational capacity gaps in delivering services and suggest what needs to be done to improve the services.

7. What assistance do you need as an organization to be able to provide quality services? Where do you expect to get this assistance?

8. How do you work with caregivers, community and other organisations in delivering services to OVC? Please evaluate the working relationships, identify gaps and suggest solutions.

9. How do you engage children in planning and delivering the services?

10. How can MCCNT best assist your organisation to effectively address the needs of OVC.

CA3: Checklist for OVC CARE- GIVERS

Location: _____ Name of OVC Service Organisation: _____

1. What is their role as care givers?

2. What is it they consider to be the needs of the OVCs?

3. Are there any problems they are facing as care givers to meet the OVCs 'needs?

4. Are they satisfied with the services for OVCs?

5. How can gaps /shortages in service delivery be improved?

6. How can you be supported to care and protect the OVCs?

7. Where do you get the help from?

_____

CA4: Checklist for OTHER STAKEHOLDERS-Key Informants Interviews (chief, political representatives, other development organisations etc

Location: _____ **Name of Respondent:** _____

Organisation/Department?Office: _____

1. What do you know to be the needs of the OVCs in the area?

2. How do they relate and connect with the service providing organization/OVCs and the community?
3. What services do they are providing for the above?

4. Are there any awareness/ contributions they are making for the benefit of the above?

5. Are they satisfied with the services provided in general?

6. What programs/services do you provide to support OVCs, their families and CBOs?
 A2: LIST OF RESPONDENTS

PLACE	Type of Interview	Names of Respondents	Position
LETLHAKENG			
Bomme Nkokodi	FGD wit Staff	Mrs. Ikanyeng. Ramarinyaneng	Day Care Coordinator
		Mrs. Stella Segwagwa	Board Member
	FGD with Care Givers	Mr. Sefhako	
		Mmadiphuthego Tshipa	
		Tsholofelo Pule	
		Gakemofiwe Dithong	
		Gofaone Harry	
		Onkokame Ramoleele	
		Kebabaketse Mosetlwane	
		Mosuga Kaupa	
		Lillian Botsile	
		Radiako Sesinyi	Headman, Tshosa Ward
	FGD with OVC	Kelebogile Dikwata	
		Oabile Dikwata	
		Mmapula Dikwata	
		Karabo	
		Batlang	
Mphuthe Junior Secondary School	FGD with OVC	Baboloki Gopadileng	
		Tiny Ramogolane	
		Moipolai Magono	
		Laone Thupiso	
		Kaone Phaladi	
		Monyaradzi Keofentse	
		Akanyang Rantswaneng	
		Oaratwa Tumisang	
Letlhakeng Primary School	FGD with Guidance and Counseling Teachers	Mrs. Letloane	
		Mrs. Lota	
Tsholofelo Trust	Key Informant Interview	Ms. Keabotsa Kebaitse	Community Lay Counselor
DITSHEGWANE			
	Key Informant Interview	Kgosi Selelo Kelebeng	Chief, Ditshegwane
		Gakethsabe Kelebeng	Chief's wife, former participant of Circles of Support project
PLACE	Type of Interview	Names of Respondents	Position
GANTSI			
Window of Hope	FGD with Staff	Mrs. K. Kahuadi	Project Coordinator
		Gladys Kanguaiko	Peer Educator/Field Officer
	FGD with Care Givers	Mrs. K. Kahuadi	
		Betty Ranko	
		Keikantse Khanda	
	FGD with OVC	Josephine Tlhage	
		Nametso Moduga	
		Eva Mokwena	
		Kgakgamatso Dobate	
		Patience Ranko	
		Balekane Odireleng	
		Bame Odireleng	
		Tuelo Keamogetse	

		Amantle Sethibane	
		Pearl Sethibane	
		Gorata Sethibane	
Thuto Isago	*FGD with Staff*	Israel Kambinda	Assistant Coordinator
		Cgara Maruping	Field Officer (Charleshill)
		Thato Mombadi	Field Officer (Gantsi)
		Mary	Field Officer
Gantsi District Council	*Key Informant Interviews with District Council Staff*	Mrs. Kelebemang	District AIDS Coordinator
		Mrs. T. Mulenga	Social Welfare Officer
		Eva Ditirelo	S&CD
		Ms. Ntshipi Otukile	District Health Management Team
Botswana Police Services	*Key Informant Interview*	Mr. Edwin Malumbela	Head; Criminal Investigation Department (CID)
Permaculture Trust	*Key informant Interview*	Margaret Mpati	Branch Manager
		Ditshwanelo Makwati	Management Advisor
PLACE	**Type of Interview**	**Names of Respondents**	**Position**
D'KAR			
D'kar Kgotla	*FGD with Community Leaders*	April Mokgwa Montshusi	Chief, D'kar
		Aron Johannes	Custodian of Kuru assets & Board Member; CKGR
		Reverend Hendrick du Plessis	Reformed Church, D'kar
		Councilor	
Bokamoso Project	*Key Informant Interview*	Stella Nguluka	Coordinator; Early Childhood Development Programme
HUKUNTSI			
A he Eme Project YOHO	**Key Informant Interview**	Thatayaone Bok	Coordinator
Hukuntsi Sub District Council	**Key Informant Interview**	Mr. Molefe	Principal Social Welfare Officer
KANG			
Sub District	**Key Informant Interview**	Emang Outule	Social Welfare Officer
Botswana Network of People living with HIV/AIDS (BONEPWA)	*Key Informant Interview*	Matshediso Thoje	Centre Coordinator
	FGD with Kang Support Group (KSG)	T. Magope	Volunteer (CHBC)
		D. Raphuti	Secretary (KSG)
		G. Matlhogela	Volunteer (KSG)
		M. Bareeleng	Volunteer (KSG)
		D. Senkabolane	Volunteer, BONEPWA
		K. Kgobe	Vice Chair (KSG)