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A Program on Orphans and Vulnerable Children in AIDS affected areas in Burkina Faso

Overview and Status Report



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TABLE OF CONTENTS

TABLE OF CONTENTS	2
THE GLOBAL ORPHAN SITUATION.....	3
PROGRAM INITIATION	3
Step Forward for the World’s Children	3
The Axios Approach	3
The OVC situation in Burkina Faso.....	4
Government ministries	5
Other Partners.....	5
THE OVC PROGRAM IN BURKINA FASO	5
Selection of program area.....	5
The Needs Assessment.....	6
Results of the assessment.....	7
The Proposed OVC Program	9
Program Coordination.....	11
EXPANSION AND NEXT STEPS.....	12
ANNEX 1: MONITORING AND EVALUATION.....	13

THE GLOBAL ORPHAN SITUATION

According to UNAIDS, the Joint United Nations Program on HIV/AIDS, AIDS has created more than 13 million orphans worldwide. The United States Agency for International Development (USAID) estimates that this number will rise to 40 million by 2010. This increasing number of orphans will have social ramifications in developing countries. With the increasing number of parents dying, orphans and vulnerable children in AIDS affected areas (OVC) tend to receive inadequate food, clothing, educational opportunities and healthcare.

PROGRAM INITIATION

Step Forward for the World's Children

It is with these issues in mind that the Step Forward for the World's Children program has been created and funded by the Abbott Laboratories Fund. Step Forward aims to build sustainable, community-based responses to the needs of OVC and the communities that support them.

This goal may also be achieved by strengthening existing facilities, creating programs of integrated global care, financing innovative actions for the care of orphans and by encouraging the improvement of their immediate environment. This would involve collaboration with local and national institutions, voluntary organizations as well as other international partners.

The aim of Step Forward is not only to help OVC survive the impact of AIDS but to become productive members of their communities who may, in turn, become leaders in the fight against AIDS. Step Forward will assist OVC and the communities supporting them, through projects in four critical areas: health care, education, voluntary counseling and testing for HIV (VCT) and basic community needs.

The Axios Approach

Axios aims to provide people-centered appropriate responses to public health needs with a particular focus on support for individuals and communities affected by AIDS and other diseases. By providing dynamic and innovative approaches to design, implementation and management of healthcare programs and initiatives worldwide, Axios has successfully designed and applied national as well as district programs in many countries including programs related to prevention of mother to child transmission of HIV, voluntary counseling and testing, access to care, etc. Axios works through the government to develop sustainable health care models that link health

systems and communities in productive ways. More information is available on the Axios website at <http://www.axios-group.com>.

Axios has been chosen as a charter grantee of Step Forward and an implementer of the OVC programs in Tanzania and Burkina Faso. These countries have few or no existing OVC programs in place. Axios works directly with national and district government authorities and non-governmental organizations to create locally appropriate community responses to needs. District stakeholders are responsible for the implementation of the activities while the national institutions are responsible for developing appropriate policies and scaling up the program in other districts. The aim of Axios is to work for a better use of existing resources by involving all sectors in the programs.

This approach has encouraged the commitment of multiple sectors: education, health, social services (government, NGO, district staff, etc.), and it has enabled a better collaboration between public and private sectors.

Burkina Faso was chosen after a substantive mapping exercise and on the basis of the following criteria:

- it is a poor country in terms of the Gross National Product;
- it has a high percentage of children under 15 who have been orphaned;
- the present government has a strong commitment towards the combating of HIV/AIDS;
- it has the ability to mobilize community responses and the capacity to expand sustainable interventions.

The OVC situation in Burkina Faso

Situated in the heart of West Africa, Burkina Faso has more than ten million inhabitants and a particularly young population which is mobile both within the country itself and outside its borders. The burden of poverty places the country and its citizens in an extremely precarious situation in terms of health, economic and social conditions i.e. a very low level of literacy, inequalities between men and women, difficult access to treatment, social policy suffering from the absence of incomes, etc.

Burkina Faso has the highest level of HIV-prevalence in West Africa, with more than 7% of people infected according to official records, although this is likely to be a conservative estimate. In certain hospitals, patients suffering from AIDS, particularly in the infectious disease wards occupy 50% of the beds. According to UNAIDS, 370,000 people were living with HIV/AIDS in

1997, and certain indicators and the increases seen in bordering countries suggest that the level of prevalence in the general population may have reached 10%. The number of children affected by the epidemic is continually increasing due to the diseases ability to destroy entire families. Meanwhile a large number of institutions seem over-stretched with increasing numbers of abandoned orphans resulting from the disintegration of traditional family support networks.

National data on the magnitude of the orphan problem in Burkina Faso is not readily available. However, according to estimates from the WHO, the Burkinabè community and its families find themselves faced with the care of 150,000 to 200,00 orphans in AIDS affected areas - a number which is continuing to grow. Thirty thousand to thirty-five thousand orphans are added annually to this already dramatic figure.

Government ministries

The main ministries involved in the care of orphans and vulnerable children are the Ministry of Social Welfare (*Ministère de l'Action Sociale et de la Solidarité Nationale*), the Ministry of Education (*Ministère de l'Enseignement de Base et de l'Alphabétisation*), and the Ministry of Health - through the Office of the Permanent Secretary to the National Committee for HIV/AIDS Control (SP/CNLS). The Ministry of Social Welfare and National Solidarity is responsible for all orphan activities in Burkina Faso. All these ministries are involved at the district level as well.

A memorandum of understanding regarding the Step Forward Program was signed in February 2001 between the representatives of Abbott Laboratories, the Abbott Laboratories Fund, Axios and the Ministry of Social Welfare and National Solidarity of the Government of Burkina Faso. The duration of the Memorandum of Understanding is four years.

Other Partners

Many international organizations are involved in issues and programs relating to OVC. Some partner organizations include Plan International, the International HIV/AIDS Alliance as well as some United Nations agencies such as UNICEF.

THE OVC PROGRAM IN BURKINA FASO

Selection of program area

In agreement with the various health and social welfare authorities of Burkina Faso, the Bobo-Dioulasso region was chosen as the first intervention site.

Bobo-Dioulasso is the main industrial town of Burkina Faso, situated in the province of Houet in the southwest of Burkina Faso. Major routes traverse the town, making it an important West African trading center and a melting pot of diverse peoples. Today, people from surrounding countries, such as the Ivory Coast, Mali, Ghana and Nigeria, mix together in the town.

The health region of Bobo-Dioulasso consists of five districts, two of which cover both urban and rural areas (the districts of Sectors 15 and 22). The other three districts are in rural areas.

Based on discussions with district authorities health district 22 has been selected to concentrate field activities. It is located to the west of the town of Bobo-Dioulasso and covers an area of 586.54 km², of which 526km² is rural. The total population of the district was estimated at 324,529 in the year 2000, mostly concentrated in the urban zone. This district was unanimously identified as a priority area with the most pressing needs. Within this region, the urban area of Accart-Ville (sectors 9 and 10) and the village of Peni (35 kilometers from Bobo-Dioulasso city) were chosen as the first sites to carry out the rapid needs assessment.

A number of reasons determined this choice, including:

- the particularly high prevalence of HIV/AIDS, especially among pregnant women (an estimated 7% in urban areas);
- the increasing number of orphans;
- the vitality of local groups and their strong links with public institutions;
- an existing awareness of the importance of public health;
- the excellent interaction of the district with regional and national authorities, as well as with care organizations.

The Needs Assessment

The first step in the implementation of the OVC program in Burkina Faso was to understand the specific problems and resources related to OVC in Health District 22, which was selected as the first area of implementation. A team, comprising of national and district members from the key ministries involved in orphan care and support issues, conducted a needs assessment and mobilization process in both urban and rural areas of the selected sites. This was undertaken using the *Axios Mobilization Methodology (AMM)*. The AMM was developed by Axios to identify the main priorities and at the same time mobilizes authorities and communities for action. Consultants from Axios provide technical support during the implementation.

The main objective of the assessment was to obtain a good understanding of the orphan care issues which were important to people in the community as

well as to identify obstacles and resources for education, health care and basic needs for OVC. The four week needs assessment addressed issues relating to OVC care and support in the communities, access to education and issues relating to pharmaceutical drug supplies, management and use within the health system. The necessary actions and interventions to address these needs were subsequently identified and communities, district authorities and representatives from the key ministries agreed upon an action plan with clearly defined inputs from national authorities and from Axios.

The assessment was performed in two administrative sectors of Accart-ville and the village of Peni. It consisted of interviews conducted with important people in the communities, key government and non-governmental officials, orphans and their caregivers, schoolteachers, and health providers. Additionally, focus group discussions were also held with community members.

Results of the assessment

Community results

It was generally recognized by the communities both in rural and urban areas that the number of orphans was increasing and that the care of the orphans was left in the hands of extended families, in particular grandparents. There are few orphanages in the country. It is general practice in Burkina Faso to keep orphans within the family. There are, however, a number of 'centres d'accueil' or daytime organizations that assist OVC.

Poverty, and thus the large expense of caring for and providing education to orphans, was amongst the primary problems identified by the communities. In addition, most families caring for orphans were very large and consequently the orphans lacked basic needs such as food and clothing.

It was also recognized that the country lacks a system for the appropriate identification and registration of children, especially OVC. The absence of such a system makes it difficult for these children to be enrolled or stay in school or to retain inheritances when parents have died.

Education

Lack of access to education was identified as one of the major problems facing OVC. Although primary schooling is free in Burkina Faso, it remains difficult for many families to pay school fees and related costs including the purchase of materials such as books and pens.

Secondary school is a luxury for many children. As there are very few public secondary schools, most families who can afford it, send their children to private secondary schools. In addition, some children interviewed reported

having to quit schooling after finishing the primary level because of the distance to travel to Bobo-Dioulasso for secondary school.

Many of the schools were in poor condition. Access to clean and safe water is also a problem for children at school in the urban zone of Bobo-Dioulasso. One of the schools in particular is on a busy road and district authorities reported that cars hit many children as they attempt to cross the road to buy drinking water. It was also recognized that most children had nothing to eat from the time they left their homes in the early morning until the time that they returned from school in the late afternoon.

Primary health care

Faced with the growing burden of the HIV/AIDS epidemic and increasing numbers of patients seeking treatment, health facilities experience periodic drug shortages, generally lack adequate equipment, and many are in need of structural repairs. Health care workers are sometimes deficient in their knowledge of specific issues such as VCT, and essential medications are not always available in pharmacies or other health centers. Overall, child health in the assessment area is relatively poor and children are prone to various infections (including malaria, gastrointestinal diseases and respiratory infections). Due to the general lack of food and a balanced diet, children are also often malnourished.

Most people reported that although they can access care at health facilities, the drugs prescribed for treatment of their disease are expensive and unaffordable.

Voluntary counseling and testing

Overall awareness of HIV is high in both of the sectors covered by the needs assessment and there was a broad-based demand for access to voluntary counseling and testing in the communities. Currently, access to VCT in and around Bobo-Dioulasso is inadequate. There are only few sites in the entire country where subsidized testing is carried out, one of which is located in the city of Bobo-Dioulasso (CADI). In addition, testing reagents and other materials are frequently out of stock. Community members of the rural villages of Peni were aware of HIV testing but recognized that it was not locally available and thus beyond their reach.

The average waiting time from testing until receiving test results was found to be two weeks. This long waiting period can be very difficult for clients and leads to stress and anxiety. It may also dissuade patients from returning for results.

The Proposed OVC Program

The program will concentrate on the two urban sectors of Accart-ville and the rural area of Peni. Later the program will be expanded to other areas of health district 22. Once the pilot model has been validated through monitoring and evaluation, other funders will be sought for expansion of the program to the entire district.

The following action plan is a collaborative effort between the local district authorities, communities and Axios. It seeks to utilise local resources, such as manpower, facilities, and existing support groups in conjunction with the contributions of the Step Forward supported program.

Basic needs

Because the system currently used for identifying orphans is in need of strengthening, Axios has initiated a mapping of OVC of the sites in which the needs assessment was conducted. Training and sensitization of local stakeholders and village leaders to the importance of identifying OVC has been conducted. More than 1,200 orphans and vulnerable children were identified in this mapping exercise that was completed in August 2001.

In order to improve the income of families caring for OVC, a proposal has been made to identify and develop new methods of earning money to fund for example schoolbooks, clothing and medicines. Specific Income generating activities (IGAs) targeting families caring for OVC will therefore be supported within the health district.

In addition, a legal support system for widows and orphaned children has been proposed. This would provide legal support for the retention of inheritances and with other needs.

Education

Education is one of the primary focuses of the action plan and it is proposed to increase the access to education for OVC by improving primary school infrastructure, especially in Peni village where three additional classrooms, a kitchen and a vegetable garden will be built. In this way more OVC can be accommodated in the school.

In order to promote the access to secondary school, the OVC program will support the building and equipping of a secondary school in Peni village. The community of Peni has already begun to address this by purchasing land on which to build a secondary school.

In addition, wells will be constructed in each of the three primary schools in Bobo-Dioulasso where water is particularly scarce and difficult to access. These wells will be accessed by school children as well as the surrounding

communities. The wells can help maintain school gardens to provide food for the children and assist in establishing income-generating activities for families.

Health care

The action plan includes support to health facilities in a variety of activities. Structural improvement of the child health units in two or three needy health centers has been suggested. Provision of training to managers and purchasers will improve the stock management and distribution system of essential medications. The purchasing or donation of medical equipment will also enhance the capacity of the facilities to provide appropriate primary health care to OVC.

To improve the access to health care facilities, six community-based organizations will be trained in HIV/AIDS education, community mobilization and referral techniques to encourage communities to utilize primary health services. A small-scale insurance scheme has also been proposed. This would be based on the successful experience of a neighboring district and will assist families in financing the costs of medical treatment.

Voluntary Counseling and Testing (VCT)

The first step in expanding and improving access to VCT services for communities is to assess the general policy at national level in terms of training and service delivery. With this in mind, a two and a half day workshop was organized in October 2001 with the aim of finding ways of expanding access to VCT. The workshop was chaired by the Regional Health Director and co-organized by Axios and Plan International.

Amongst all the recommendations of the workshop, the following strategy has been suggested:

- A first phase involving the implementation of a pilot program of improving access to VCT. This program, using rapid testing, should be initiated in Health District 22 in the Bobo-Dioulasso region with particular focus on rural areas and lower levels of the health system. A broad range of medical staff (not just laboratory technicians) would be trained in carrying out VCT.
- A second phase planning expansion and further decentralization of VCT to primary health centers (CSPS), especially in rural areas. This phase will be subject to the evaluation of the pilot program results.

Policy Issues

In order to address orphan related policy issues, it has been suggested that two national workshops could be supported in 2002. The Ministry of Social Welfare, Plan International, Initiative Privée Communautaire (IPC) and Axios will co-organize the two following workshops:

1. Presentation of the current OVC policy situation, the resources and constraints of communities as well as institutions (March 2002);
2. Proposals and improvements to OVC policies and definition of resources needed for implementation (October 2002).

Monitoring and Evaluation

Step Forward partners met in Cambridge, England in June 2001 and defined core indicators for monitoring and evaluation (see annex 1). Initial work to determine a baseline in Burkina Faso started with the mapping of OVC and was completed last year. In addition, a consultant has started working on the construction of a monitoring and evaluation database.

Program Coordination

Project Coordinator

Mr. Clotaire Ouédraogo was hired as Project Coordinator for the OVC program in June 2001. He is responsible for coordination of day-to-day activities of the project in close consultation with the Technical Adviser in OVC seconded by the Ministry of Social Welfare. He is also responsible for the close monitoring of activities and for providing regular feedback to relevant on the progress of the program.

Monsieur Clotaire Ouédraogo is also the Acting Executive Director of Axios Burkina Faso until the recruitment of the permanent Executive Director.

The Technical Adviser in OVC

A Technical Adviser Focal Point in OVC has been seconded to the National Unit of Coordination of the Axios OVC program. Mrs Jeanne Nyaméogo will consult with all actors and will be responsible for overseeing the program and ensuring smooth implementation of the project. She will also be responsible for policy and national issues.

Administrator

Mrs Judith Dominique Dah was hired as a Country Administrator in September 2001. She is responsible for administrative aspects of Axios Burkina Faso.

EXPANSION AND NEXT STEPS

Program implementation will continue in Health District 22 of Bobo-Dioulasso region until the program objectives have been met. Future extensions of the program are planned for the second part of 2002.

ANNEX 1: MONITORING AND EVALUATION

PROPOSED CORE INDICATORS

	Monitoring/Output	Evaluation/Impact
Basic needs	<ul style="list-style-type: none"> ▪ % of targeted families who participate in IGAs (locally defined) ▪ Number and type of physical improvements 	<ul style="list-style-type: none"> ▪ % of targeted children of families who continue to be in IGA and changes in targeted children assets ▪ Changes in the number of clients served ▪ % of target children who remain with their families
Education	<ul style="list-style-type: none"> ▪ % of target children in school/training 	<ul style="list-style-type: none"> ▪ % of target children completing basic education/training
Health care	<ul style="list-style-type: none"> ▪ % of referrals (breakdowns) ▪ Health facility utilization rates 	<ul style="list-style-type: none"> ▪ % of targeted children with adequate nutritional status
VCT	<ul style="list-style-type: none"> ▪ Number of clients requesting VCT ▪ Number of clients receiving VCT ▪ Number of clients receiving results ▪ Number of VCT outlets ▪ Number of institutions promoting VCT 	<ul style="list-style-type: none"> ▪ Number of referrals to support and care ▪ Quality of services ▪ Number of HIV positive on OI prophylaxis ▪ Number of HIV positive who plan for their children

	Monitoring/Output	Evaluation/Impact
Contribution to the program (local and national levels)/mobilization	Country specific indicators	Country specific indicators
Capacity building	<ul style="list-style-type: none"> ▪ Organizational ▪ Technical ▪ Management 	

METHODS OF MONITORING AND EVALUATION

Quantitative measurements

All Step Forward supported programs will conduct an OVC mapping. Therefore, it seems relevant that all partners should identify the core information for collection. This mapping is crucial in monitoring and evaluating the progress and the success of these programs. It will also give an overview of the number of children reached. In addition, this methodology will also be used by Step Forward, Abbott Laboratories, to document the overall program.

Because all Step Forward supported programs are different, it has been agreed that the core information will include basic, easily collected data. This may include:

- % of orphans in schools with gender breakdown;
- number of orphans as a % of the overall child population;
- name, age, nutritional status and location of OVC;
- whether the child has lost one or two parents;
- sex distribution of OVC;
- designation of main care provider
 - Family
 - Community;
- health care utilization rates;
- participation in IGAs;
- VCT data (number of patients tested and receiving results)

The target group to be assessed will be from 0-18 years.

A mapping in another two years time should be envisaged to monitor improvements.

Qualitative measurements

A prospective in-depth study of ten to twenty children in each program area will be carried out. In-depth interviews will be conducted with these children regularly (every four months) to detail changes in their situation. Interviews with their caregivers will also be part of the survey. They would contribute towards a comprehensive understanding of the impact of the Step Forward

supported programs and at the same time provide rich material for case studies.

The sample should be defined based on selected criteria and should be part of the monitoring process.

Collaborating with research institutes is likely to be proposed in order to analyze the data collected.

The study would measure a number of qualitative and quantitative indicators. Examples of some of these are outlined below.

Qualitative indicators

In-depth interviews with OVC

- Perceived changes in quality of life and emotional care.
- Perceived quality of material care including food, bedding, clothes, shoes.
- Changes in workload inside or outside the family.
- Changes in amount or severity of corporal punishment.
- Perceived changes in performance and attendance in school.
- Expectation/hope for the future including future occupation.
- Relationships with other family members and other family changes.
- Relationship with the community.
- Perceived changes in health status.
- HIV knowledge and attitudes.

In-depth interviews with caregivers

- Perceived changes in burden of care.
- Perceived changes in child's emotional status and behavior.

Quantitative indicators

- Number of days missed in attending school or vocational training.
- Observed availability of school uniform, shoes, and other clothes.
- Number and type of meals per day.

Regular baseline information will be available throughout the program. A similar survey should be repeated every two or three years. As a result, databases will be established at country level but with access to the international level. Yearly review and re-planning sessions will have to be considered. In addition, the nature of this survey will facilitate the documentation of the Step Forward supported programs worldwide.