



THE OVC PROJECT

Compiling an
Evidence Base
for OVC
Programming



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DISCLAIMER

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EXECUTIVE SUMMARY

Improving the reach and effectiveness of programs to support orphans and other vulnerable children (OVC) and their caregivers in South Africa, home to the world's largest HIV epidemic, is crucial to achieving and sustaining epidemic control. Tulane's work in the country over the last near-decade has focused on compiling a solid evidence base for OVC programming, with the generous support of USAID Southern Africa. This report highlights these efforts and their key effects, including lessons learned for program and policy improvement over the 2011-2020 period. Seven program assessments were undertaken, with findings highlighting how: (i) tailored investments in home visiting program staff development and support can improve service quality and beneficiary outcomes, (ii) psychological health-inclusive approaches to HIV prevention can reduce young peoples' vulnerability more than behavioral support alone, and (iii) primary prevention interventions that effectively strengthen family dynamics are promising tools for the HIV response. Through advanced program monitoring systems development, Tulane worked to provide USAID and partners with actionable data in real time – contributing to evidence-informed practice through technical support for enhanced case management, continuous quality improvement and data-driven decision making about program investments and implementation approaches. The intentional shift to outcomes-focused case management monitoring enabled stakeholders to leverage routine data for program assessment, and empowered local actors to access and use information about the effects of their day-to-day efforts on children's wellbeing, not just service coverage and other process outcomes. Tulane also worked with OVC program partners to provide technical support for local activities across the monitoring and evaluation spectrum and refine existing programs and program options, including by developing the Let's Talk intervention, a culturally adapted evidence-informed family strengthening and HIV prevention intervention. Underscoring all project activities was a concerted effort to assist stakeholders with applying monitoring and evaluation findings to OVC program practice, through disseminating results in a variety of forums and actively promoting data utilisation with the potential to foster tangible, long-lasting gains in children and adolescents' health and wellbeing.

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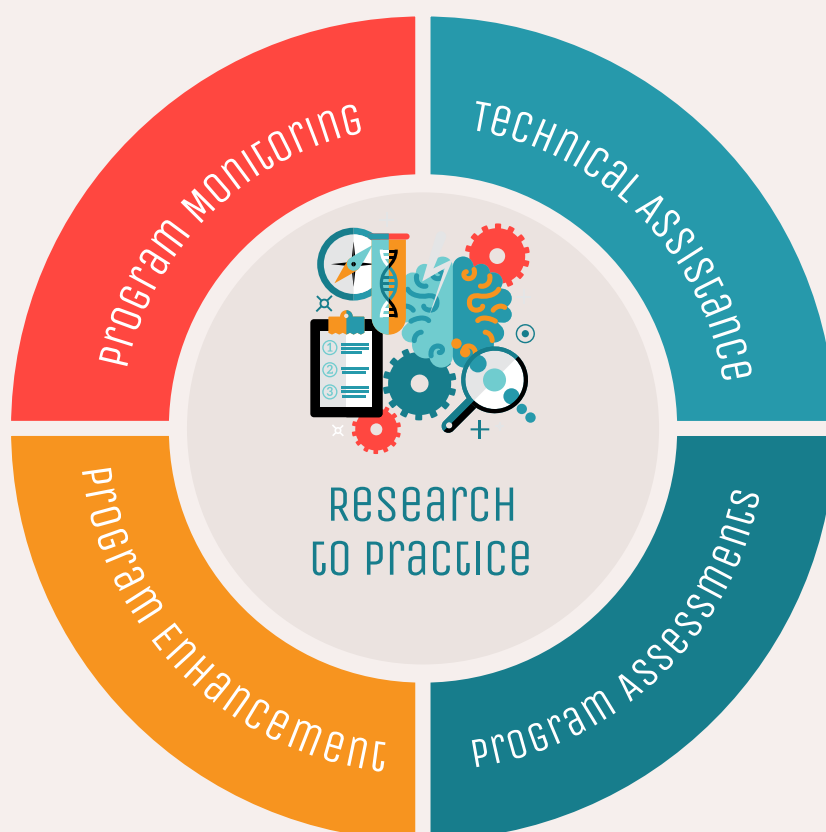
ACRONYMS

| | |
|----------------|---|
| AGYW | Adolescent Girls and Young Women |
| ART | Antiretroviral Therapy |
| ASPIRES | Accelerating Strategies for Practical Innovation and Research in Economic Strengthening |
| CBIMS | Community Based Intervention Monitoring System |
| CBO | Community-Based Organization |
| CINDI | Children in Distress Network (organization) |
| CLFS | Childline Free State |
| CSPE | Centre for the Support of Peer Education |
| CWBFN | Child Welfare Bloemfontein |
| CYCW | Child and Youth Care Workers |
| DATIM | Data for Accountability, Transparency and Impact |
| DHS | Demographic Health Survey |
| DREAMS | Determined, Resilient, Empowered, AIDS-free, Mentored and Safe |
| DSD | Department of Social Development |
| ECHS | Early Childhood Household Stimulation |
| GBV | Gender-Based Violence |
| GCBS | Government Capacity Building Support |
| HIVSA | HIV South Africa (organization) |
| HSRC | Human Sciences Research Council |
| HTS | HIV Testing Services |
| HVAT | Household and Adolescent Vulnerability Assessment Tools |
| HVC-RC | Highly Vulnerable Children Research Center |
| IPTG | Interpersonal Psychotherapy for Groups |
| M&E | Monitoring and Evaluation |
| M2M | Mothers 2 Mothers (organization) |
| MER | Monitoring, Evaluation and Reporting |
| NACCA | National Action Committee for Children Affected by AIDS |
| NACCW | National Association of Childcare Workers |
| NACOSA | Networking HIV and AIDS Community of Southern Africa (organization) |
| NSP | National Strategic Plan |
| OGAC | United States Global Aids Coordinator |
| OVC | Orphans and Vulnerable Children |
| OVCY | Orphans and Vulnerable Children and Youth |
| PEPFAR | The United States President's Emergency Plan for AIDS Relief |
| PHE | Public Health Evaluation |
| RCT | Randomized Control Trial |
| ReACH | Reaching Adolescents and Children in their Households |
| REPSSI | Regional Psychosocial Support Initiative |
| SACBC | South African Catholic Bishops' Conference |
| STI | Sexually Transmitted Infections |
| TOR | Terms of Reference |
| YOLO | You Only Live Once |

PROJECT BACKGROUND

Tulane University's work is motivated by the scale of the opportunity and challenge in South Africa – the country with the world's largest HIV epidemic. The millions of orphans and vulnerable children (OVC) there face persistent gaps in access to care and treatment and many lack basic resources and social support to help them thrive. The "Compiling an Evidence Base for OVC Programming" project (hereafter referred to as the OVC Project) was originally established to support effective OVC programming and policy in South Africa through empirical guidance. The first project award from USAID Southern Africa ran from 2011-2017, with an updated award supporting work in 2017-2020. Under the original award, the focus was to build on Tulane's previous program assessment work and provide evidence to guide improved OVC interventions. The updated award expanded this scope of activities. Tulane also received a project-specific award in 2012 to support the "HIV/AIDS Orphaned and Vulnerable Children Public Health Evaluation" (PHE) project. When this funding ended, PHE activities were absorbed into the OVC Project.

The OVC Project's ultimate goal – expanding the evidence base for OVC programming – has been achieved primarily through activities in four mutually reinforcing categories of work: program assessments, program enhancement, program monitoring (added in the updated 2017-2020 award), and technical assistance (see Figure 1 below). Support for translating research into practice has also been key to project operations and was accomplished principally through the strategic dissemination of results and the development of associated program and policy recommendations. All project activities are designed to strengthen existing OVC programs and stimulate expansion of effective interventions and strategies, ultimately enhancing wellbeing among the vulnerable children and families served. Tulane established the website <http://hvc-tulane.org/> in 2013 to provide wide access to the publications and other resources generated by the project, and full text versions of many of the reports and manuscripts described herein can be accessed via this website.

Figure 1. OVC Project key components

Program Assessments. This includes operations research designed to test interventions addressing critical service delivery and outcome questions. Leveraging rigor alongside practicality, results from the project's many assessments continue to inform decision making about OVC policies and programs.

Program Enhancement. Efforts such as curriculum development and refinement respond directly to the expressed priorities of USAID and its partners, and contribute to building a high quality, comprehensive HIV response that meets the needs of children, families, and communities.

Program Monitoring: The development of standardized, adaptive routine monitoring systems for OVC programs increases stakeholders' access to relevant, timely data for program improvement. Tulane also supports capacity building in program monitoring through trainings and system guidance.

Technical Assistance: Technical assistance is provided to OVC implementing partners and the Department of Social Development (DSD) through working group participation, program and research document and literature reviews, guidance development, and other targeted support.

Research to Practice: Interactive workshops and trainings, the development of research and program briefs, presentations at national and international forums, and issuance of peer-reviewed publications support the project's goal of moving research to practice.



<http://hvc-tulane.org/>

Tulane established the website <http://hvc-tulane.org/> in 2013 to provide wide access to publications and resources dedicated to creating an evidence base for programs supporting highly vulnerable children.



Program Assessments

A core activity of the OVC Project, program assessments respond directly to information needs identified by USAID and its partners and generate evidence for program improvement. Seven separate assessment efforts were conducted under the auspices of the project between 2012 and 2020. These studies offered new insights about the effects of selected program models and interventions on critical outcomes and impacts for vulnerable children and families in South Africa, including service quality and access, HIV risk, mental health, and child protection. A review of lessons learned from these experiences evaluating care and support programs for HIV-affected families in South Africa was also generated, offering others engaged in similar work a set of best practices related to engagement with program partners, study design adaptation to local conditions, key ethical considerations, and more. These efforts are detailed below, along with illustrative publications highlighting knowledge generated by the project from each assessment. A complete list of associated publications appears in the Annex. Results dissemination workshops conducted with implementing partners, an important mechanism for fostering conversations about data use and supporting the application of study results to program improvement, are also listed.

Learnings

Key Programmatic Lessons Learned

The project aimed to produce knowledge that can be directly applied to improve existing services for vulnerable children and youth and guide future investment in interventions in South Africa and elsewhere around the world. Overarching key lessons gleaned from these studies include:

- Support for workforce development and practice standards – such as training and mentorship – results in higher quality services leading to better beneficiary outcomes, including greater uptake of social grants and HIV testing services.
- Tailored strategies for recruitment and engagement of community-based home visitors have the potential to increase retention among child and youth care workers, which can improve programs' sustainability and quality, enhancing beneficiary outcomes.
- Prevention programs serving vulnerable children should prioritize psychological support for children and caregivers alongside other interventions, as these approaches have good potential for risk mitigation.
- Multi-level interventions designed to strengthen family dynamics as a means of reducing adolescents' vulnerability to HIV are promising.

Assessing the impact of paraprofessional home visiting to meet the needs of OVC in KwaZulu-Natal (2012-2014)



Home visiting, in which care workers conduct needs assessments and provide targeted support during regular visits to a child's household, is a common approach in OVC case management programs. However, there is enormous variation in how home visiting programs are implemented. Many programs are staffed by volunteers whose training and compensation is minimal, raising questions about whether investing in paraprofessional workforce development might yield measurable gains in beneficiaries' well-being. This study aimed to compare the outputs and outcomes of two types of home visiting models. It was conducted in collaboration with the National Association of Child Care Workers, Heartbeat International, and the Children in Distress Network.




Study design

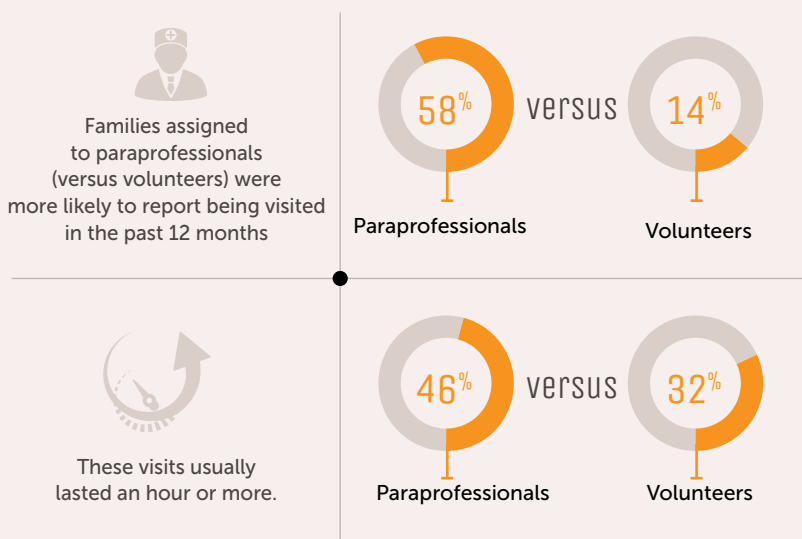
The study used a longitudinal quasi-experimental design to compare paraprofessional and volunteer-driven home visiting program models operating in KwaZulu Natal. Programs were categorized as either paraprofessional or volunteer-driven, based on the level of compensation and intensity of training and organizational support available to affiliated home visitors. A total of 1856 children ages 10-17 and 918 of their primary caregivers were surveyed at baseline and two years later, with 80% retention among children and 70% retention among caregivers in the follow up round. Children and caregivers enrolled in paraprofessional model programs were compared to those in volunteer-driven programs on measures related to the quality and intensity of services provided and selected child-level outcomes.

Key findings

- Relative to volunteer-driven programs, those with paraprofessional home visitors produced better outcomes for beneficiaries including longer, more frequent home visits, greater emotional support, and increased access to social grants and material resources.
- Gaps in both home visiting coverage and specific services received persisted even among families enrolled in paraprofessional model programs. For instance, only 58% of caregivers enrolled in these programs reported continuing to receive home visits into the second year of program engagement.

Policy and program recommendations

- 
Investments in professionalization and support for frontline service workers are likely to have positive effects on services and outcomes in community-based programs for HIV-affected children and families.
- 
 Greater attention should also be paid to establishing **standards for home visiting practice** and encouraging fidelity to these models.
- 
New or expanded mentoring, supportive supervision, and service monitoring systems, as well as worker incentives, may help ensure that established standards are reflected in workers' day to day efforts and program results.



FOR MORE INFORMATION:



Thurman, T.R., Kidman, R., & Taylor T. (2015). **Bridging the gap: The impact of home visiting programs for orphans and vulnerable children on social grant uptake in South Africa.** *Children and Youth Services Review*, 48, 111-116.

Thurman, T. R., Kidman, R., & Taylor, T. M. (2014). **Does investment in home visitors lead to better psychological health for HIV-affected families? Results from a quasi-experimental evaluation in South Africa.** *AIDS Care*, 26 (Suppl 1): S2-S10. 1-9.




Kidman, R., Nice, J., Taylor, T.M. & Thurman, T.R. (2014) **Home visiting programs for HIV-affected families: a comparison of service quality between volunteer-driven and paraprofessional models.** *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*, 9(4): 305-317



Download [One Page Brief](#) >>
Link To [Full Peer Reviewed Article](#)>>

SUBSTUDY: FOCUS ON GRANT ACCESS AND PSYCHOLOGICAL OUTCOMES

Supplemental analysis comparing the effects of home visiting program models highlighted specific service delivery areas where the paraprofessional models excelled, and those where alternatives may be necessary to respond adequately to children's needs.

-  Programs staffed with paraprofessionals increased families' access to the highest grant for which they were eligible three times over volunteer-driven programs.
-  Grant receipt was also positively associated with household food security and children's attainment of basic educational and material resources.
-  Psychological outcomes were relatively impervious to change across program models. Community-based organizations serving HIV-affected families should provide focused evidence-based psychological interventions for children and caregivers, rather than relying on lay counseling provided through home visitors.

The effectiveness of two interventions for reducing HIV risk and improving the wellbeing of orphaned and vulnerable adolescents in the Eastern Cape (2012-2016)



Adolescent OVC are at heightened risk for HIV, and psychological interventions hold significant promise as part of prevention approaches. Small-group interpersonal psychotherapy (IPTG) and Vhutshilo, a structured, multi-session intervention focused on HIV knowledge and behavioral skill building, were implemented by World Vision within the context of a comprehensive OVC program. This study aimed to identify whether participation in IPTG and Vhutshilo generated greater gains in preventive behavior than Vhutshilo alone.

Study design

This study used a cluster Randomized Controlled Trial (RCT) design to evaluate behavioral and psychological interventions, offered independently and in combination, on mental health and sexual risk behaviors among vulnerable adolescents in Eastern Cape, South Africa.

1014 adolescents and their primary caregivers were assigned to one of four groups defined by the intervention(s) offered: Vhutshilo only, IPTG only, both Vhutshilo and IPTG, or no intervention. They were surveyed at baseline, immediately post-intervention (10 months post-baseline; 99% retention) and one year later (22 months post-baseline; 95% retention). Participants were assessed on behavioral outcomes including sexual debut and consistent condom use.

Key findings

- Exposure to either intervention alone did not impact sexual risk taking.
- Exposure to both interventions was associated with risk reduction among sexually active adolescents, which varied by gender: boys reported fewer risky sexual partnerships and girls reported more consistent condom use relative to the control group.
- There was no difference in the likelihood of sexual debut across intervention groups for either gender.

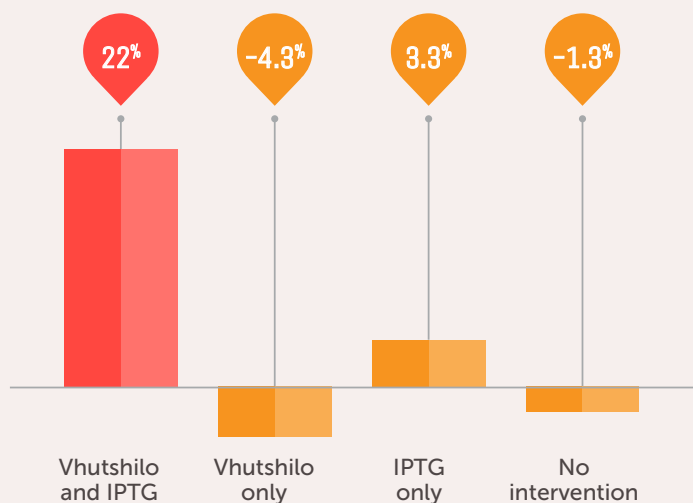


UNAIDS Science Now selected Tulane's resulting study article from more than 1000 articles to showcase on their website in 2016 as part of the 3rd issue of "HIV this month".

Policy and program recommendations

- ✔ Providing both **psychological and behavioral interventions** is recommended as part of a primary prevention strategy for this priority population.
- ✔ The introduction of gender-specific sessions and **activities tailored to address harmful gender norms** could increase intervention effectiveness.
- ✔ This study captured World Vision's first experience implementing the interventions in these communities.
- ✔ **Facilitation and logistics are likely to improve with time and experience, leading to even greater impact.**

Girls who participated in both Vhutshilo and IPTG showed the highest increase in the prevalence of consistent condom use* after 12 months.



*Condom use at every episode of sexual intercourse in the past six months

FOR MORE INFORMATION:



Thurman, T. R., Kidman, R., Carton, T. W., & Chiroro, P. (2016). **Psychological and behavioral interventions to reduce HIV risk: evidence from a randomized control trial among orphaned and vulnerable adolescents in South Africa.** *AIDS Care*, 28 (supp 1): 1–8.

Thurman, T.R., Nice, J., Taylor, T.M., Luckett, B. (2017). **Mitigating depression among orphaned and vulnerable adolescents: a randomized controlled trial of interpersonal psychotherapy for groups in South Africa.** *Child and Adolescent Mental Health*, 22(4): 224-231

Neudorf, K., Mokgatlhe-Nthabu, M., Taylor, T. M., Thurman, T. R. (2012). **A Case Study: World Vision South Africa's Interpersonal Psychotherapy for Groups of Adolescents.** New Orleans, LA: Tulane University.

"Children are dying inside and they don't have anyone to talk to. IPT-G gives them a chance to interact with others and understand that they're not on their own, that others have problems too. Then they start caring for each other and they know there are people around them who care and who they can talk to."

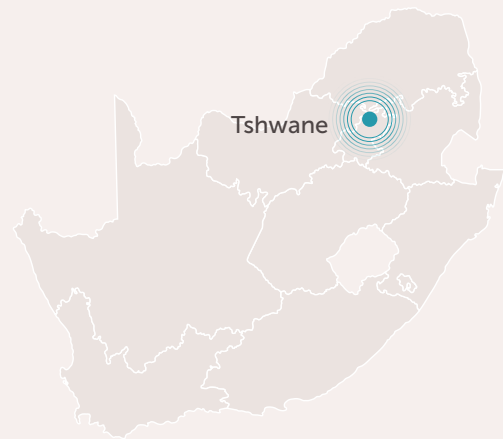
SOCIAL WORKER

SUBSTUDY: FOCUS ON MENTAL HEALTH OUTCOMES

Separate analysis of data on psychological support provision and mental health outcomes highlighted important lessons for integrating IPTG into comprehensive OVC programming.

- While the combination of services showed greatest effects for sexual risk behavior, participation in IPTG did not show any effects on depressive symptomology.
- However:
 - An IPTG case study also conducted by the OVC Project highlights other indirect effects of participation. IPTG served as a gateway for referring youth to other services, and helped to incubate sustainable peer support networks among group members.
 - Further, engaging caregivers through individual and group meetings was important in securing their approval for adolescents' participation in the intervention, and provided an opportunity for interested caregivers to receive psychological support themselves.

Home visiting in Tshwane townships, South Africa (2014-2016)



Community-based OVC programs serve vulnerable children and caregivers with the ultimate goal of supporting sustained epidemic control. One of these programs' most important functions is connecting children at risk to HIV Testing Services (HTS), the first step in the HIV service cascade. This study involved collaboration with the Future Families organization to examine changes in HTS uptake among home visiting program beneficiaries and their primary caregivers.

Study design

The study applied both quasi-experimental and experimental approaches to evaluate the effects of program engagement on service uptake and well-being among Future Families home visiting program beneficiaries in Tshwane townships. Propensity-score-matching and logistic regression were used to compare reported HTS uptake for children with 18 months of program exposure to those who had not yet received services (n=1324). This was followed by an RCT involving 481 primary caregivers of children enrolled in the study, who were surveyed at baseline and one year later (with 91% retention at follow-up). Random effects models, stratified by age and the HIV status of the caregiver, were used to estimate program effects on HTS uptake.

Key findings

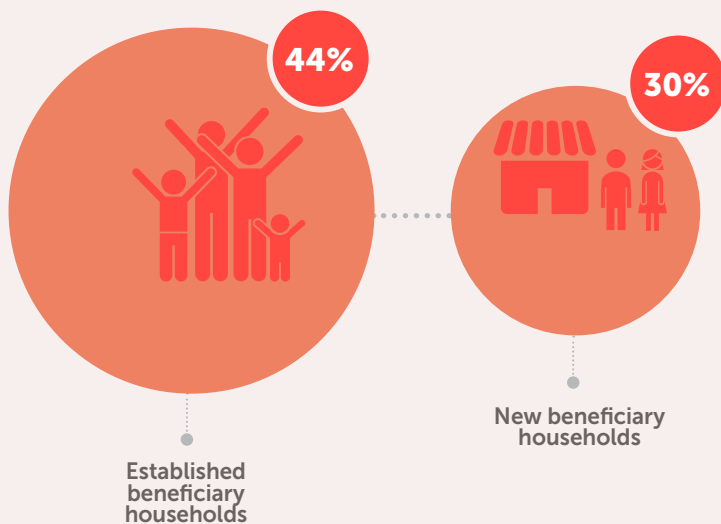
- **The quasi-experimental study showed that program participation increased the odds of a child being tested by 97%.** Participation more than doubled orphans' odds of being tested relative to orphaned children living in similar households who did not receive services.
- **RCT results indicated that caregivers of children enrolled in the home visiting program were three times as likely as those in the control group to have accessed HIV testing in the previous year.** Children whose caregiver both participated in the home visiting program and had been tested in the previous year were more than four times more likely to have been tested at follow-up versus other children.

Policy and program recommendations

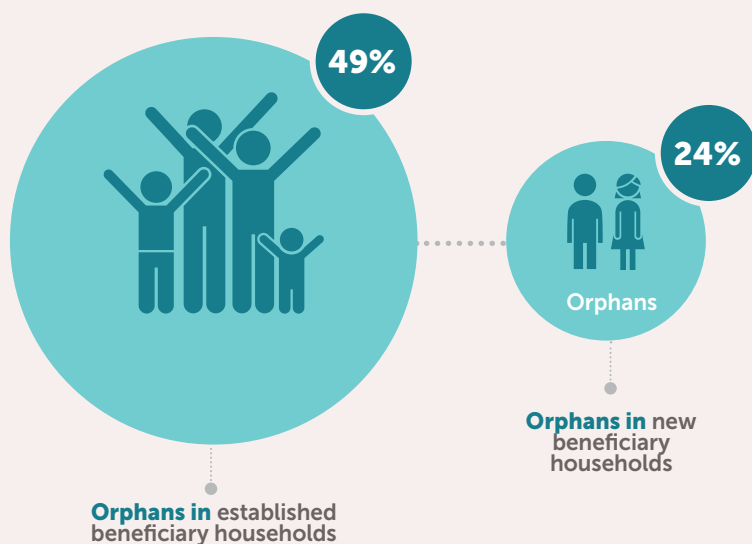
- ✔ **Community-based initiatives** such as the Future Families home visiting program have the potential to **increase HIV testing uptake** among children at high risk for HIV.
- ✔ **Promoting HTS** among children’s caregivers through home visiting also **supports service uptake** for vulnerable children themselves.

HIV testing rates

HIV testing rates were higher in established **beneficiary households**



.. and the difference was even greater for children who were **orphans**



FOR MORE INFORMATION:



Thurman, T. R., Lockett, B., Taylor, T., & Carnay, M. (2016).

Promoting uptake of child HIV testing: an evaluation of the role of a home visiting program for orphans and vulnerable children in South Africa. *AIDS Care*, 28(sup2): 7-13.

Home visiting increases HIV testing among at-risk families: Results from a randomized controlled trial in urban townships of South Africa.

Presented at the AIDS Impact 13th International Conference Cape Town, South Africa, November 2017.

Coping with Loss: A bereavement initiative for adolescent girls in the Free State (2014-2018)



Bereavement is common among HIV-affected children and adolescents in South Africa, and tailored support may improve coping and emotional health. Abangane (“friends” in isiZulu) is a curriculum-based support group for bereaved adolescents which originated from materials developed by Khululeka Grief Support in South Africa and was adapted for use with adolescent girls in collaboration with Welfare Bloemfontein and Childline Free State (CWBFN & CLFS). Evidence about the program’s effectiveness can help guide program decision making for psychological health.

Study design

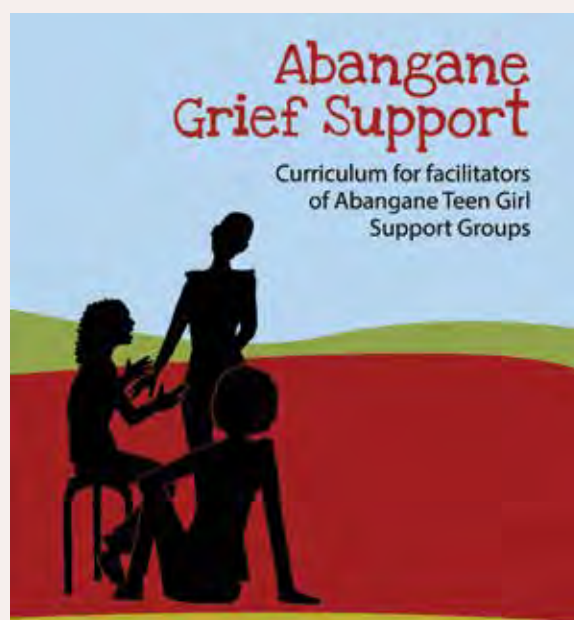
The study used an RCT design to evaluate Abangane’s effects on the psychosocial well-being of bereaved female adolescents in Free State. A total of 423 adolescents and their primary caregivers were surveyed at baseline and three months post-intervention (about seven months post-baseline; 96% retention at follow-up). Using standardized psychological scales, problematic grief and depression were assessed through adolescents’ self-report while caregivers were asked to report on the adolescents’ overall emotional and behavioral functioning.



Results from this study were published in the Lancet Global Health, a leading international high-impact journal known for accepting rigorous research that is highly influential to the field (Impact factor of 21.597)

Key findings

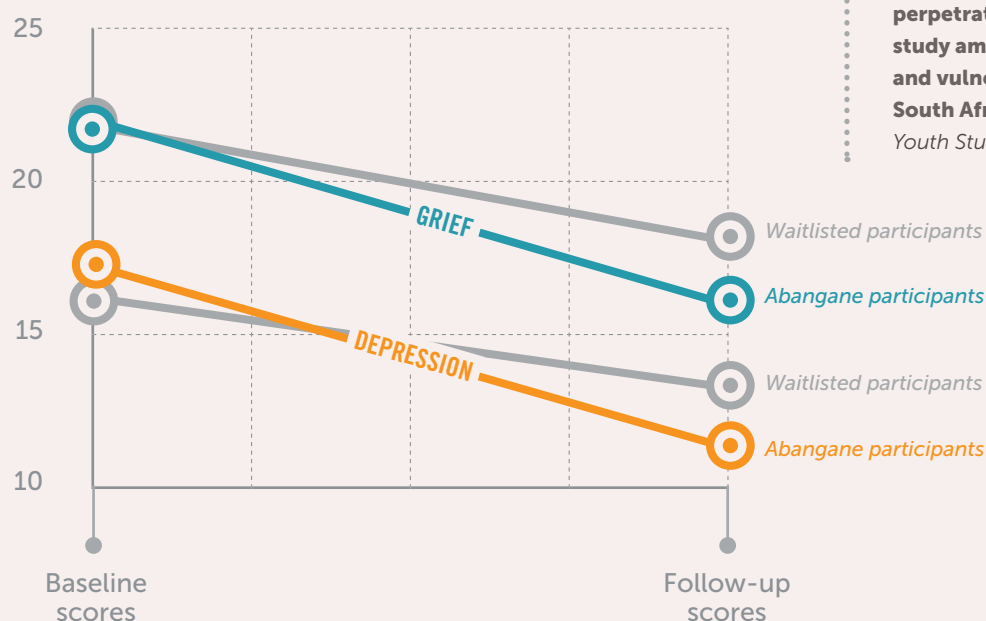
- **Adolescents in the intervention group** demonstrated greater reductions in levels of problematic grief and depressive symptomology, compared to the waitlisted group.
- **Caregivers of intervention participants** reported significantly lower levels of behavioral problems among adolescents, relative to those unexposed to the intervention.



Program and policy recommendations

- ✔ **The need for bereavement support among children in generalized HIV epidemic settings is high.** Short-term, structured support groups like Abangane may mitigate psychological and behavioral problems among bereaved female adolescents.
- ✔ Future research should aim to provide **additional evidence for the intervention models** that best support integrated health and wellbeing in this population.

Abangane participants demonstrated greater average reductions in intrusive grief and depression scores, relative to waitlisted participants



For more information:



Thurman TR, Lockett BG, Nice J, Spyrelis A, & Taylor TM. (2017). **Effect of a bereavement support group on female adolescents' psychological health: A randomized controlled trial in South Africa.** *The Lancet Global Health*, 5(6), e604-14.

Thurman T. R., Taylor T. M., Lockett B., Spyrelis A. & Nice J. (2018). **Complicated grief and caregiving correlates among bereaved adolescent girls in South Africa.** *Journal of Adolescence*, 62: 82-6.

Taylor, T.M., Thurman, T.R., Nogela, L. (2016) **Every time that month comes, I remember: using cognitive interviews to adapt grief measures for use with bereaved adolescents in South Africa.** *Journal of Child & Adolescent Mental Health*, 28: 2.

Spyrelis A., Thurman T. R., Lockett B. & Taylor T. (2018). **What can social work do to mitigate caregiver-perpetrated physical aggression? A study among caregivers of orphaned and vulnerable female adolescents in South Africa.** *Vulnerable Children and Youth Studies*, 13(3): 259-65.

SUBSTUDY: FOCUS ON CAREGIVER GRIEF

- Analysis was performed on baseline data collected as part of the evaluation to examine factors associated with complicated grief among bereaved adolescent girls.
- When caregivers exhibited higher levels of complicated grief, so did the adolescent girls under their care.
- Future research should provide additional evidence for the role of family-centred approaches to preventing and mitigating complicated grief in HIV-affected populations.

Let's Talk pilot study (2015-2018)



12

Let's Talk is a structured small group HIV prevention intervention developed in South Africa for adolescents and their primary caregivers. The programme aims to build HIV knowledge and behavioral skills in tandem with support for caregiver and adolescent mental health, stronger relationships, and improved parenting practices. Let's Talk was developed as part of the project with USAID support by the Tulane team in collaboration with the University of Pretoria. A pilot study was conducted in 2015-2016 with implementing partners HIVSA and CINDI to assess the programme's potential to improve HIV knowledge and self-efficacy, caregiver and adolescent mental health, and positive family dynamics among participants in Gauteng and KwaZulu Natal.

Study design

Survey data were collected before and three months after the intervention from 105 adolescents aged 13-17 years, and their 95 female caregivers who took part in the intervention in 2016. Focus group discussions were also held with a separate set of 78 caregivers and 92 adolescents. Additional insights were acquired through five focus groups conducted with programme stakeholders, including facilitators, supervisors, and programme managers at the community-based organisations (CBOs) implementing the programme.

"The group helped me a lot because we were not used to talking about such sensitive topics with our kids, thinking that they are still young for such talk...I am now able to talk to her about sex."



Caregiver, age 67

Key findings

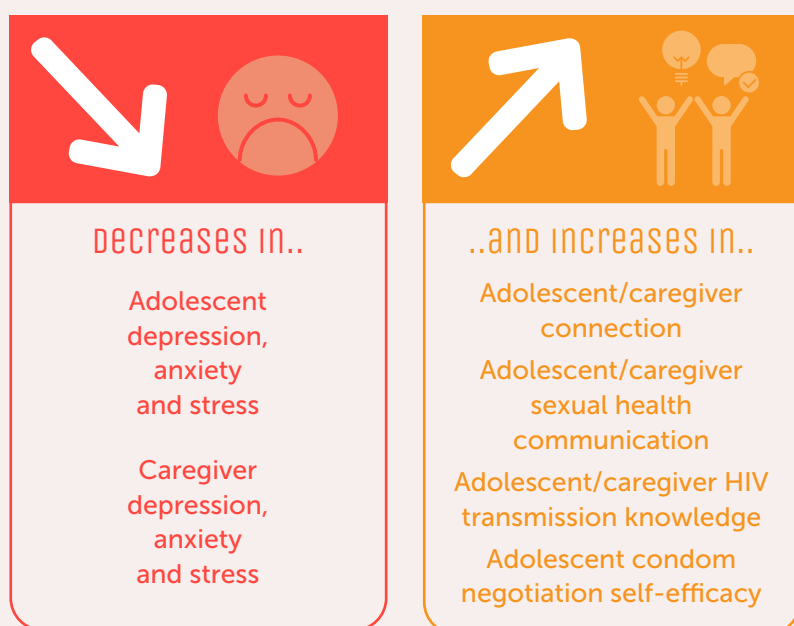
- **Significant improvements** were found on indicators related to **caregiver and adolescent mental health** (depression, anxiety and stress).
- **Adolescents reported improved social and communication factors**, including increased connectedness with their caregiver and higher frequency of discussions about HIV, sexually transmitted infections (STIs), sex and condom use
- **Behavioral knowledge and skills also increased.** Both caregivers and adolescent had better HIV transmission knowledge and adolescents had improved condom use knowledge and condom negotiation self efficacy.



Programme and policy recommendations

-  Adolescents and caregivers alike demonstrated measurable improvements in mental health, relationship quality, and HIV knowledge – making **Let's Talk a valuable addition to family-centred adolescent HIV prevention programmes.**
-  **Future research** involving more rigorous study designs, a longer follow up period, and larger sample sizes would further **enhance understanding of this innovative programme's potential** to mitigate HIV risk.

Intervention participants showed:



"What helped me the most is that I was taught to say no if I don't want to have sex and how to protect myself if I want to have sex."

FEMALE ADOLESCENT, age 14

FOR MORE INFORMATION:



Thurman T. R., Nice J., Luckett B. & Visser M. (2018). **Can family-centred programming mitigate HIV risk factors among orphaned and vulnerable adolescents? Results from a pilot study in South Africa.** *AIDS Care*, 30(9): 1135-43.

Replace with : Visser, M., Thurman, T. R., Spyrelis, A., Taylor, T. M., Nice, J. K., & Finestone, M. (2018). **Development and formative evaluation of a family-centered adolescent HIV prevention programme in South Africa.** *Evaluation and Program Planning*, 68: 124-134.

Thurman, T.R., Nice, J., Visser, M., Luckett, B.G (2020). **Pathways to sexual health communication between adolescent girls and their female caregivers participating in a structured HIV prevention intervention in South Africa.** *Social Science & Medicine*, 260(11): 125-38.

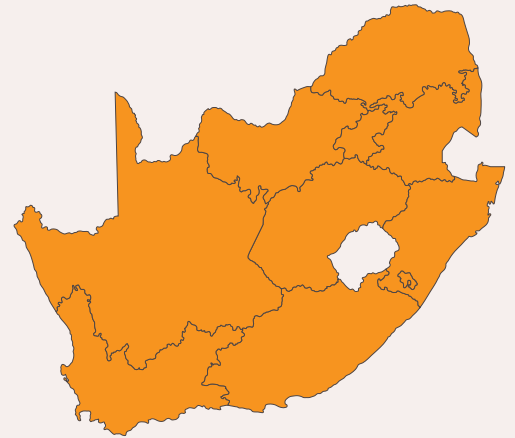
Spyrelis A., Taylor T & Thurman, T.R. (Under Review; available upon request) **Incentivizing participant engagement in structured psychosocial interventions: Lessons learned from a family-centered adolescent HIV prevention programme in South Africa.**

SUBSTUDY: FOCUS ON SESSION ATTENDANCE

- Caregiver participation was identified as a significant implementation challenge to the Let's Talk programme.
- A study assessing the impact of varying incentive offerings on caregivers' attendance was conducted to inform future intervention offerings.
- In 2017, four CBOs serving similar populations in KwaZulu Natal were randomly assigned to offer one of four incentive packages to ten Let's Talk family groups, each consisting of 10-15 caregivers and their adolescents.
- More substantial incentive packages resulted in higher levels of caregiver attendance. The provision of meals, transport reimbursements and add-on economic strengthening activities resulted in the highest level of attendance.
- Offering significant incentives may be crucial to sustaining caregiver participation in the programme.

Isibindi Child and Youth Care Worker survey

(2017-2018)



Child and youth care workers (CYCWs) are a crucial but understudied component of South Africa's response to HIV. Like others serving in similar roles, CYCWs may be at risk for occupational challenges affecting job performance and retention, in turn jeopardizing program quality and sustainability. Tulane surveyed CYCWs working in collaboration with the National Association of Child Care Workers (NACCW) and used the results to identify factors associated with workers' retention intentions. Findings may be used to design effective retention and support strategies.

Study design

This study, the first nationally representative survey among CYCWs in the Isibindi program, included 1,158 CYCWs from 78 Isibindi sites (representing both established and new projects across all nine provinces) and had an 87% response rate. Participants completed an anonymous questionnaire addressing demographics, work history, retention intentions, training, mentorship and supervision experiences, workload and remuneration.

Key findings

- About half of the CYCWs in this study indicated that they intended to continue working in their current position for at least the next 12 months.
- High quality mentorship and frequent supervision were positively associated with retention intentions among CYCWs.
- CYCWs who said wanting to help children or the community was their primary reason for becoming a CYCW were more likely to intend to stay than those who cited other reasons.
- Workloads perceived as too high and the experience of feeling threatened or unsafe on the job were negatively associated with intentions to remain a CYCW.
- As CYCWs gained experience they were also less likely to report intending to stay in their positions.

Program and policy recommendations

Key recommendations for retention of CYCWs include:

- ✓ CYCW recruitment campaigns should **emphasize the program's humanitarian objectives.**
- ✓ Investing in a robust and well-established **mentorship component** may contribute to worker retention and improve program quality.
- ✓ Program managers should provide **manageable workloads, safety provisions, and career paths** within the organization, to optimize retention in the frontline workforce.
- ✓ Improving **community support for CYCWs** and strengthening their relationships with key stakeholders are also recommended.

FOR MORE INFORMATION:



Thurman T. R., Taylor T. M., Nice J. K., Lockett B., Taylor M. & Kvalsvig D. (2018). **Factors associated with retention intentions among Isibindi child and youth care workers in South Africa: results from a national survey.** *Human Resources for Health*, 16(1).



WHAT HELPS CYCWs WANT TO STAY ON THE JOB?



Joins in order to help people



Frequent meetings with mentor



Mentor is helpful and respectful



WHAT ENCOURAGES THEM TO LEAVE?



Feels workload is too high



Has felt unsafe at work

Adolescents living with HIV cohort study

(2019– 2020)

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Compiling an Evidence Base for OVC Programming

A critical component of the global HIV response is scaling up interventions that promote viral suppression among individuals on ART. However, there is limited evidence related to the effectiveness of service cascade support programming for youth living with HIV. Tulane is implementing a cohort study in collaboration with community-based programs supported by three implementing partners (CINDI, FHI360 and HIVSA) to examine how Vhutshilo 3, a support program for adolescents living with HIV, and case management services affect ART adherence, sexual risk behavior and mental health.

Study design



Between May 2019 and March 2020, 1366 14–24 year-olds enrolled in Vhutshilo 3 completed pre-intervention surveys. From January until March of 2020, 662 Vhutshilo 3 participants completed post-intervention surveys before the program was suspended due to the coronavirus pandemic. A total of 551 participants completed both the pre- and post-intervention surveys before the study was disrupted by lockdown and other restrictions. Additional follow-up will continue under new award funding using telephone data collection to support participant safety and study continuity.


Key findings

Baseline results highlight priority needs and gaps in knowledge among participants including:

- ARV adherence problems were prevalent, and non-adherence due to forgetting, stigma avoidance, and medication supply issues were the most commonly reported.
- Major gaps were evident in the reach of viral load and other HIV monitoring tests, as well as participants' awareness and understanding of these test results.
- Condom use and awareness related to superinfection risk and prevention were limited among sexually active participants.

Program and policy recommendations

- 
 - Findings can be used to inform the content of group sessions and other supportive services for ALHIV to enhance their health and advance epidemic control.
- 
 - Longitudinal analysis and data collection planned under the new award will identify the services associated with better outcomes and provide new information about the effects of the coronavirus pandemic and lockdown on this priority subpopulation.

A photograph showing a group of people sitting in a circle on the floor. Their hands are clasped together in the center, symbolizing unity, support, or a group activity. The people are wearing casual clothing, including t-shirts and shorts. One person is wearing a red bracelet, and another is wearing a blue and white striped sandal. The background is slightly blurred, showing a wooden chair and a wall.

A total of 551 participants completed both the pre- and post-intervention surveys before the study was disrupted by lockdown and other restrictions.

Best practices for OVC evaluations:

Lessons learned

Beyond offering new, actionable evidence about specific community-based service delivery models and interventions for vulnerable children and adolescents, program assessments conducted as part of the OVC Project have yielded lessons for evaluators engaged in similar work. Lessons span evaluation planning and operational issues with a focus on making studies practical, ethical, and responsive to stakeholders' information needs.

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Lesson 1

Keep ethical considerations at the forefront

- **Provisions to guarantee some level of service delivery to all participants can help to balance methodological rigour with ethical concerns**

For example, programs' existing scale-up plans were leveraged to generate a control group through staging program enrolment to align with growth in service capacity.

- **Inclusion of vulnerable children in research is essential but requires special attention to developmental capacity and ethical research conduct**

Consider the need for special procedures to support informed consent and assent among vulnerable children, including those living in child-headed households and illiterate or sub-literate respondents.

- **Establish interview and referral procedures that are sensitive to the research context**

Interviewers should be specially trained to respond to the range of reactions respondents may have to questions about their mental health, HIV status, abuse, and other difficult topics, and to trigger referrals for counselling or emergency services as needed.

Lesson 2

Collaborate strategically with program partners

- **Program evaluators can and should promote best practices for local partners implementing interventions (e.g. through workshops and program material upgrades)**

For example, in the Coping with loss study, group facilitators were engaged to help define appropriate activities for use in specific intervention sessions and to establish practice standards for conducting the sessions.

- **Supporting the development of registry systems for use by program implementers is often crucial in tracking intervention enrolment and participation**

Electronic database systems were routinely developed to enable program partners to record and track trends in program attendance. Evaluators must also work with program partners to understand and mitigate likely barriers to program attendance.

- **Regular communication with local stakeholders about the evaluation process and results is essential**

Continued engagement of local stakeholders was maintained throughout the research process to design contextually appropriate survey methods, and ensure the broader utilization of findings.

Lesson **3** Adapt evaluation designs to local conditions

■ Pre-assessment work such as preliminary qualitative and pilot studies can greatly enhance the quality and utility of program evaluations

For example, the Let's Talk pilot study found that the Depression Anxiety Stress Scale had good reliability among both isiZulu- and Sesotho-speaking adolescents, but the Strengths and Difficulties Scale did not, informing these measures' use in future evaluation processes.

■ Ensure that the study design is adequate for the research question(s)

For example, the short time between survey rounds in the Let's Talk pilot study meant that any effects of the program on sexual behavior would be hard to detect. Important intermediate measures that might be sensitive to rapid improvement were added, such as HIV knowledge, self-efficacy for condom negotiation and attitudes about condom use. It is also crucial to obtain and use information about session attendance and other program process measures that may underly individuals' apparent response to intervention.

■ Information technology can improve data quality and promote efficient study implementation

Paper survey forms were replaced with direct data entry into laptops or tablets linked to a cloud-based storage system in many of these studies. These systems lower the risk of transcription errors, strengthen confidentiality/data safety and make data available in real-time. Some studies incorporated audio-computer assisted survey modules to lower the risk of social desirability bias on questions about adolescents' sexual behavior.

These lessons highlight the central roles of research ethics, rigour-enhancing strategies, and institutional collaboration in OVC program evaluations. They may be applied across disciplines and internationally to strengthen the quality of evaluation research designed to guide social work and public health practices.

FOR MORE INFORMATION:

Thurman T. R., Lockett B. G., Taylor T. M., Nice J. K., Carnay M. R. & Spyrelis A. (2017). **Best practices for evaluating care and support programmes for HIV-affected families: Lessons learned from South Africa.** in Henrickson M., Chipanta D., Lynch V., Muñoz Sanchez H., Nadkarni V., Semigina T. & Sewpaul V. (Eds.) **Getting to Zero: Global Social Work Responds to HIV.** Geneva: UNAIDS & IASSW.



Lessons learned from the assessments

conducted under this project were featured

as the first chapter of a UNAIDS book.

Technical Assistance: Evaluation support

Technical support from Tulane helped program partners and other stakeholders identify priority research questions, plan and implement evaluation studies in response, identify highly qualified research implementing partner candidates, and improve the quality and utility of products generated by evaluation studies. Accordingly, evaluation technical support principally took the form of research agenda-setting, expert reviews of research solicitations and research reports, and secondary data analyses and survey development for evaluations conducted external to the project. More information on the project's contributions under each of these support types is below.

Research priorities identified

Tulane's work was founded on an understanding of the need for rigorous, relevant, objective research to inform programming. A literature review entitled 'A Systematic Review of Evaluations of Interventions for Orphans and Vulnerable Children in South Africa' was completed in 2014. The comprehensive review covered both peer-reviewed and grey literature published from 2008-2014. The aim was to summarize lessons learned and highlight gaps in the knowledge base, supporting the development of a general research agenda and program strengthening efforts. Tulane also generated a list of research priorities to present to members of the OVC Research Working Group in Washington DC for consideration as part of the Implementation Science PEPFAR Research Agenda; these results were also shared with the USAID Mission and National Association of Childcare Workers (NACCA). These efforts informed Tulane's subsequent research efforts and influenced the local and international OVC research agenda.



The systematic review of OVC program evaluations highlighted the need to:

- Strengthen study designs, including appropriate comparison groups, longitudinal assessments, and multivariate analyses to control for confounding factors.
- Afford greater empirical attention to the needs of caregivers, including assessing their outcomes and investigating the effects of interventions targeting caregivers.
- Evaluate interventions addressing understudied children’s outcomes, including maltreatment, early childhood development, educational performance, HIV testing, psychological distress, and adolescent sexual risk.
- Investigate gender-specific impacts by ensuring studies have sufficient sample size of each gender and evaluating interventions tailored to gender-specific issues.
- Standardize and enhance key outcome measures across studies through consensus on expected goals and use of a standardized set of outcome indicators to assess achievements.

Research priorities identified for presentation to the OVC Research Working Group included:

- What are the gender-specific effects of interventions for adolescent OVC, especially girls?
- What program strategies can improve health and development among OVC from birth to age 5?
- What interventions can best prepare orphaned and vulnerable youth for independent living?
- What caregiver-directed interventions result in measurable improvements in the wellbeing of OVC?
- What strategies can reduce and/or prevent child abuse and other violations of children’s rights in OVC households?
- What combination of services can best reduce the HIV risk of adolescent OVC?
- What theory-based interventions can effectively improve the psychological wellbeing of OVC and their caregivers?
- What interventions increase uptake across the spectrum of HIV prevention and reproductive health services?
- What impact does organizational development and community capacity building have on the wellbeing of children served by OVC programming?
- What are the sustained impacts of OVC programming on individuals, families and communities?

A number of oral presentations were delivered to disseminate and discuss the above priorities among local government and donors, including:

- **Presentation to NACCA on key steps in setting the OVC research agenda, Pretoria (February 2014)**
- **Presentation to the DSD Research Working Group on OVC Evaluation literature review findings, Pretoria (May 2014)**
- **Presentation to USAID Health Officers on contributions to the evidence base, including a discussion of gender, women/girls and parenting, Pretoria (July 2014):** Adding to the evidence base: Lessons learned and next steps in orphan and vulnerable children operations research
- **Presentation to NACCA on systematic literature review results, Pretoria (August 2014):** OVC Evaluations in South Africa: Key Findings from a Literature Review
- **Presentation to USAID DREAMS Initiative, Pretoria (August 2015):** Contributions to the Evidence Base: OVCY Assessments in RSA
- **Presentation to USAID senior personnel and associated DREAMS representatives, Brown Bag meeting, Pretoria (November 2016):** OVC Programming: What have we learned & where do we go from here?

Support for external evaluations

Tulane helped to promote effective external evaluations through review of the Terms of References (TOR) partners used to describe their proposed data collection and solicit service providers as well and end products of such efforts.

Evaluation reports reviewed

- **PACT GCBS Publication “Monitoring and Evaluation Lessons from the Design and Implementation Evaluation of the ‘You Only Live Once’ HIV Prevention Social Behavior Change Program for Adolescents’ (2020)**: Reviewed manuscript at PACT and USAID’s request prior to submission for peer-reviewed publication.
- **ASPIRES Endline Report (2019)**: Reviewed the Endline Report of the Accelerating Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) South Africa program evaluation and provided an expansion of key issues related to the study design limitations and analytical approach.
- **YOLO Evaluation Report (2019)**: Reviewed the final report on the You Only Live Once (YOLO) design and implementation evaluation prepared by LiveMoya and highlighted major suggestions for program improvement.
- **YOLO Evaluation (2018)**: Technical review of YOLO evaluation protocol, data analysis strategy, data collection tools, and dissemination plan, developed by LiveMoya for DSD.

Evaluation solicitations reviewed

- **GCBS Program Evaluation TOR (2019)**: Reviewed the draft TOR for the Government Capacity Building Support (GCBS) program evaluation.
- **FHI360 ReACH intervention evaluation (2017)**: Technical review of the outcome evaluation proposal of FHI360’s Reaching Adolescents and their Households (ReACH) intervention in four provinces and FHI360’s AGYW Risk and Vulnerability Screening Assessment Tool.
- **FHI360 ReACH Baseline RFP (2017)**: Technical review of request for proposals (RFP) to conduct a baseline assessment for the ReACH intervention developed by FHI360.
- **NACOSA Baseline TOR (2015)**: Assisted NACOSA to refine their baseline TOR document, advising them to undertake a beneficiary survey among caregivers,

■ **GCBS Baseline Evaluation (2016)**: Protocol and list of key indicators for the baseline evaluation of the GCBS Program, developed by The Eton Group for Pact.

■ **NACCW CYCW Formative Evaluation (2016)**: Oversaw the Isibindi formative evaluation focused on the role that mentorship and training have played in reaching National Association of Childcare Workers (NACCW) program expansion goals and maintaining service quality.

■ **REPSSI Synthesis Report (2016)**: Tulane provided detailed feedback on the Regional Psychosocial Support Initiative (REPSSI) synthesis report.

■ **Isibindi Final Formative Evaluation Report (2015)**: Tulane oversaw the Isibindi formative evaluation by the Child Development Research Unit, which was focused on the role that mentorship and training have played in reaching program expansion goals and maintaining service quality.

■ **CINDI May’khethele Baseline Evaluation (2014)**: Tulane provided several technical reviews of this report and had consultative conversations with CINDI to upgrade their current analysis as well as to finalize study design considerations for the follow-up survey round.

collect supplemental data directly from adolescents in partnership with other research agencies, and to ensure obtainment of MER indicators.

■ **NACCW Isibindi TOR (2015)**: Worked closely with NACCW in finalizing the TOR for their baseline activity, and advertised and reviewed proposals and ultimately contracted the selected research agency.

■ **REPSSI Synthesis Report TOR (2015)**: Provided detailed feedback on the draft TOR for the Lessons Learnt Synthesis Report for the USAID-funded REPSSI Caregiver Training Program

■ **Vhutshilo Assessment TOR (2014)**: Reviewed the initial draft TOR and highlighted key areas that were lacking, including clarification of objectives, expected research participants, use of existing data sources, emphasis on the process evaluation, and additional research focal points.

Secondary analyses and evaluation survey development

■ Secondary data analysis on national level datasets – DHS 2016 and HSRC 2017 (2019):

Provided suggestions regarding potential secondary analyses of the 2016 Demographic Health Survey (DHS) and 2017 Human Sciences Research Council (HSRC) Fifth South African National HIV Prevalence, Incidence, Behavior and Communication Survey, plus an overview of the datasets and comparison to help contextualize the possibilities.

■ ASPIRES Data Transfer Requirement (2017):

Memo on specific research products and data items required for successful transfer of data from ASPIRES study to USAID.

■ DREAMS Evaluation Survey Development (2016):

Dr. Thurman served as a technical advisory member for the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) evaluation led by Epicentre. She suggested refinements to survey content and the methodology to support data quality.

■ **MER Indicators (2016):** Generated MER indicator values for CINDI and HIVSA using data collected in the Let's Talk pilot study, and for Future Families using data from the Home Visiting in Tshwane Townships study.



Program enhancement

Tulane's program enhancement activities promote the use of effective, sustainable services and service strategies in South Africa's OVC portfolio. These activities have included program-focused literature reviews and presenting recommendations at high-level stakeholder forums, targeted support to government partners, curriculum development and refinement, program guideline development, and cost analysis.

Structured Curriculum Development

Structured, curriculum-based interventions have gained increasing importance as part of violence and primary HIV prevention, promoting adherence and risk reduction among people living with HIV, and social and psychological support programming. Tulane's work in curriculum development has spanned all of these content areas, and includes original program design and creation, curriculum reviews and refinement, program case studies and costing analysis.

Let's Talk

In 2014-16, Tulane led the development and subsequent refinement of an evidence-informed, culturally adapted, curriculum-based adolescent HIV prevention intervention, Let's Talk (originally called Teens and Adults Learning to Communicate, or TALC). Let's Talk is a structured support group designed to promote psychological health and HIV preventive behavior among adolescent participants age 13-19, and build emotional coping and parenting skills among their caregivers. The curriculum includes separate as well as joint sessions for caregivers and adolescents. Let's Talk was conceived in response to the lack of family-centred adolescent HIV prevention models adapted for use in South Africa, as evidence from Western settings suggests that such models may reduce risk more than adolescent-only models.

Programme development was conducted in collaboration with researchers from the University of Pretoria. It included literature and expert reviews alongside analysis of session-level attendance, implementation fidelity monitoring, and in-depth feedback from facilitators during a series of pilot groups conducted by programme partners HIVSA and CINDI in Gauteng and KwaZulu-Natal respectively. Results from the formative evaluation highlighted the need for an enhanced focus on



cognitive behavioral theory and group management techniques during facilitator training, and to increase the cultural relevance of selected activities. The assessment also identified attendance challenges, leading Tulane to shorten and simplify the session set. Overall, materials and guidance were finalized for a revised 14-week programme that can be implemented by community-based facilitators in a variety of settings.

Let's Talk curriculum materials, including implementer manuals, program curricula, participant workbooks, an implementation guide and a cost estimation tool, are freely available for use with written permission from HVC-RC or USAID Southern Africa. The curricula and workbooks are offered in English as well as Sesotho and isiZulu to aid facilitators with effective and standardized implementation. Supervisor observation reports, fidelity checklists and assessment forms, and a pre- and post-intervention survey for participants are also available. Resources for the 11-day programme implementation training, designed for facilitators and trainers-of-trainers, include 12 videos as well as handouts, facilitator guidance, and training agendas.

Costing analysis

Tulane collaborated with KPMG Services Ltd. to investigate the cost of implementing the Let's Talk program for adolescents and their caregivers. Activity and expenditure data were collected from three program implementing partners: CINDI, HIVSA and NACOSA. An analysis of the results from this data was then conducted to identify key cost drivers and program requirements. A costing estimation tool was developed to help implementers estimate start-up and ongoing costs for their own programs independently.

Let's Talk Teens

In response to stakeholders' requests for a streamlined version of Let's Talk that could be implemented in schools and other settings without requiring caregiver co-engagement at in-person sessions, Tulane developed Let's Talk Teens in 2018. The intervention, focused on adolescent participants, retains critical aspects of the original curriculum including emphasis on mental health; culturally-relevant HIV knowledge; structured engagement with peers; and dynamic elements like role play, home practice and skills reinforcement. While caregiver engagement offers notable advantages, Let's Talk Teens is designed to reach adolescents whose circumstances make caregiver co-participation difficult or impossible.



Let's Talk has been selected as a DREAMS intervention with targeted enrolment of 150,000 AGYW in COP 20. Tulane continues to work with Let's Talk implementers to support ongoing program quality control, including efforts to maximize participant attendance at sessions.

FOR MORE INFORMATION:

Let's Talk: Origins, development and future directions (August 2018)

Visser M., Thurman T. R., Spyrelis A., Taylor T. M., Nice J. & Finestone M. (2018) **Development and formative evaluation of a family-centred adolescent HIV prevention programme in South Africa.** *Program Evaluation and Planning*, 68: 124-34.





Abangane curriculum refinement

The Abangane Grief Support program is a structured peer group for bereaved female adolescents aged 13-19 years, consisting of eight weekly 90-minute sessions delivered in a structured support group setting. Abangane sessions incorporate components of cognitive behavioral therapy alongside culturally accepted mourning practices.

The RCT described earlier in this report found a decrease in problematic grief, depression symptoms, and behavioral problems among Abangane participants. As a result of this, Tulane worked with Khululeka Grief Support to support refinement of the Abangane curriculum for further scale-up. Activities included content upgrades, the development of implementation and facilitation guidance, and a participant pre-screening tool to identify those most in need of the intervention. These materials were made available in July 2017.

Additionally, Tulane devised and disseminated a concept paper, "Abangane bereavement support groups as a precursor to Vhutshilo: Why mental health matters for HIV prevention among adolescent females." The paper promotes the use of Abangane as an add-on to HIV behavioral programs among selected bereaved females.



Future Families support group for caregivers living with HIV

Tulane partnered with Future Families in 2013 to support the development of their support group curriculum for caregivers living with HIV, designed to empower, educate and promote independence among people living with HIV.

The structured curriculum (25 sessions across six key modules) includes a well-developed rationale, objectives, activity suggestions, and group discussion themes. The curriculum was developed from a detailed literature review and a series of key informant interviews with program stakeholders, site-based staff, and support group clients. With key contributions from service providers and clients alike, the curriculum is expected to serve as a relevant, culturally-specific product for use across South Africa.



Technical Assistance:

Programme guidance and targeted support

Technical assistance in the form of programme guidance development and other targeted support promotes implementation standardization, quality, and fidelity to recommended models, ultimately leading to more effective programming. The project assisted DSD with identifying priority services and finalizing other aspects of national programme strategies based on reviews of available evidence from project-led studies and other local and international research contexts. These efforts were supplemented with support for creating and refining program guidance and expert reviews of intervention curricula.



Targeted support to the Department of Social Development

Tulane provided targeted support to DSD for their five-year National Strategic Plan (NSP), with the central aim of informing the package of evidence-based services to be provided to OVC. This support was oriented toward prioritizing services and involved expert presentations, working group participation, and guidance documents customized for the social sector.

- **Basket of Services Technical Working Group (2017):** Participation in meetings and correspondence for the purposes of identifying an evidence-based basket of services by age group and gender.
- **Presentations: DSD Think Tank: Vision 2030: Expanding community-based services for vulnerable children, Pretoria (2016-2017)**
 - Putting the Theory of Change into Practice: A First Cut with Examples
 - OVC Programming: What have we learned & where do we go from here?
 - Basket of Services Task Team: An initial review of the literature to guide service selection
- **Evidence-based package of services documents (October 2016):** Developed digestible documents regarding the key protective factors and package of services that the social sector can focus on to keep adolescents HIV free.



OVC program guidelines

Tulane has compiled and disseminated program guidelines for the benefit of OVC implementing partners through best-practices summaries, presentations, reports informed by literature reviews and primary research, and training document reviews.

- **Optimising CLHIV Services for C/ALHIV (2020):** This webinar included a review of mHealth treatment reminder and support group intervention options, including a summary of the evidence on outcomes and key implementation considerations.
- **Webinar on peer-centred approaches for improving ART adherence and retention among children, adolescents, and youth living with HIV (2019):** Tulane supported the presentation, detailing Vhutshilo 3 as one of the peer-centered interventions that focus on improving ART adherence and health outcomes among priority populations.
- **HIV major risk factors literature review (2018):** Conducted a literature review to identify major risk factors for HIV infection among children and adolescents in South Africa and proposed a uniform approach to HIV Testing Services (HTS) with the potential to reduce the stigma associated with testing and maximize case finding among OVC.
- **USAID OVC Program Implementation Guidance (2018):** Reviewed selected Implementation Guidelines for USAID/Southern Africa programme partners: Adherence to Treatment and Retention in Care; Children, Adolescents and Young People; Gender-Based Violence (GBV) Prevention; Screening and Services, and Strategic Information.

- **Oral presentation at the 8th South African AIDS Conference Satellite Session (Social Development's Contribution Towards the HIV & AIDS Response), Durban (June 2017):** The research foundation: What works? The right skills, tools and interventions.
- **Presentation at the PEPFAR OVCY Technical Meeting, Pretoria (September 2016) and the Community Care Study and Family Research Dissemination Day, Stellenbosch (November 2016):** Home visiting: Let's get focused.
- **Memo on GBV resources (November 2016):** Compiled curriculum and training resources, as well as potential partners and interventions for USAID in support of a funding solicitation for GBV activities.
- **Presentation at the PEPFAR OVCY Technical Meeting, Pretoria (November 2015):** Key Considerations: Program attendance and fidelity in structured programs.
- **South African National AIDS Council for the OVC Investment (2014):** Provided literature resources related to OVC risk factors including abstracts addressing OVC sexual risk behavior and intervention efficacy evidence for preventing HIV among OVC.
- **Presentation to Department of Basic Education Psychosocial Working Group, Pretoria (November 2014):** Mitigating Psychological Distress in HIV-affected children: Lessons Learned from Operations Research in South Africa.
- **Document review for NACCW US600 Project (2013):** Reviewed the Training of Child and Youth Careworkers case study and technical brief documents.
- **Presentation at the REPSSI workshop on curriculum alignment, Pretoria (January 2013):** The Psychosocial well-being of OVC. Literature review and presentation.
- **Young YOLO Programme Manual (2019):** Reviewed and suggested refinements to materials from the Young YOLO curriculum (programme overview, implementation and facilitation tips, and session-specific content for 11 programme sessions).
- **KidzAlive Curriculum (2018):** Reviewed and suggested refinements to materials from the KidzAlive curriculum (Foundations of HTS, disclosure, and adherence with children participant manual, KidzAlive talk tool, and KidzAdherence activity manual).
- **Child Sex Abuse Therapeutic Manual (2017):** Technical review of a manual for social work practitioners on a therapeutic programme for children affected by sexual abuse.
- **NACOSA Let's Talk Refresher Training (2017):** Technical review of agenda, curriculum and supporting materials developed for a refresher training of Let's Talk facilitators, developed by NACOSA.
- **NACOSA Circles of Support Curriculum Review (2014):** Review of a support group intervention for primary caregivers of OVC designed and implemented by NACOSA, with memo describing key considerations from best practice parenting programs to consider in program refinement, alongside identification of promising approaches within the curriculum.
- **FHI360 Assessment (2014):** Reviewed the report "An Assessment of Sexual and Reproductive Health and Rights Curricula for Youth in South Africa" and suggested areas for elaboration and plans to act upon the report's recommendations.
- **CW Bloemfontein and Childline Free State "Positive Sexuality Program" Curriculum Review (2013):** Technical review of curriculum designed for children aged 13 – 18 focused on school-based HIV prevention education, with memo containing recommendations for improvement.
- **Vhutshilo curriculum review (2012):** Detailed commentary provided to the Centre for the Support of Peer Education (CSPE) on revisions of the updated curriculum.



Curriculum reviews.

Curriculum reviews form a major part of Tulane's technical support for improving OVC programming through implementation guidance. Reviews have covered program implementation manuals, participant and facilitator materials, and training resources across a range of community-based and clinical content areas.

Program MONITORING

In 2018, Tulane began developing comprehensive programme monitoring systems for use by USAID-supported OVC programme implementing partners. The main objectives of this activity were to standardize and facilitate case management monitoring for programme improvement, and to provide evidence for achievement of USAID's HIV prevention objectives. Tulane developed tools and procedures for core case management process monitoring (enrolment, service delivery, and HIV & antiretroviral therapy status tracking). Through this work, Tulane also explored the feasibility and possible advantages of alternative technologies for routine data collection including scannable forms and telephone-based surveys.

Developing an OVC monitoring system

Beginning in 2018 and continuing through the end of the project, Tulane worked to develop and refine a comprehensive, standardized, paper-and-electronic routine data collection and reporting system for partners. The system builds on the original Community Based Intervention Monitoring System (CBIMS) in local use, by adding functions and tools that empower programme partners to work efficiently towards better case management and reporting as well as to identify and respond to their own information needs. To inform system development, Tulane completed a desk review of partners' existing forms and procedures plus global best practices for case management monitoring and evaluation by programmes serving vulnerable children. A set of standardized forms was developed for beneficiary enrolment, service delivery, and HIV and ART status tracking.

During system design, Tulane worked with USAID and programme implementers to identify and prioritize data with the highest potential for use in programme decision making. The system offers partners consistent minimum standards of practice for monitoring service delivery and results, as well as increased capacity for data collection and use. Notable strengths include push-button Monitoring, Evaluation and Reporting (MER) indicator results reports for entry in DATIM (Data for Accountability Transparency and Impact), PEPFAR's centralized reporting system. Additional push-button reports show results on custom indicators and facilitate case management. System implementation guidelines and trainings were also developed.

Tulane routinely conducted detailed reviews of PEPFAR MER guidance and custom indicator needs to ensure current understanding of country-specific strategic information priorities. Updates were incorporated into data collection forms and automated reports for participant enrolment and status tracking, needs assessment and service delivery, data and service quality and outcomes assessment. This included the design and operationalization of custom indicators focused on tracking partners' contributions along the HIV service cascade. Support was also provided to partners through MER indicator presentations and guidance document development. Tulane also updated the system to capture services provided remotely by OVC implementing partners during and after South Africa's extended COVID-19 lock-down in 2020. Partners were trained on these system updates via webinars, with additional support through email and telephone or virtual consultations as needed. The list below details the various report developed and trainings offered.



Key documents & tools

- **Case Management Monitoring: Implementation Guidelines for OVC Programme Partners in South Africa** describes standardized indicators, procedures and forms for case management monitoring to improve the availability of high-quality routine data from South Africa to inform PEPFAR-supported OVC programming.
- **Programme Enrolment and Subpopulation Determination Form** helps partners determine if children and adolescents qualify for participation in USAID-supported OVC programming in 2018 and beyond based on priority subpopulation membership. The form also collects additional demographic information including age, sex and sub-district.
- **HIV & ART Status Tracking Form** includes self- or caregiver-reported information about a beneficiary's testing history, treatment status if HIV positive, and the presence of selected risk factors indicating the need for repeat HIV testing. The data collected on this form contributes to semi-annual OVC_HIVSTAT and related custom indicators as well as case management reports.
- **Monthly Activity Tracking Form** tracks services provided to participants on a monthly basis in order to source OVC_SERV and custom indicators that track programmes' progress toward service delivery targets, as well as case management reports.
- **Indicator Reference Sheets** guide automated reports generating PEPFAR MER indicator results for entry into DATIM, and yield information on custom indicators that go beyond standard MER reports to offer supplementary information on reach and coverage in priority areas such as linking children with HIV to treatment.
- **Case Management Report Templates** support case management by generating lists of beneficiaries who require follow-up for a pending referral or other unmet need and tracking progress toward priority subpopulation targets.
- **Data quality and service quality indicators** provide targeted feedback about selected aspects of data quality, with a focus on learning rather than strict accountability.
- **USAID Site Visit Tool** guides assessments of OVC partners' performance during site visits. The tool supports intermittent assessment of service and data quality at community sites implementing OVC services. Assessment involves guided appraisal of case files, CBIMS reports, and a review of structured intervention offerings. Findings can be used by site and organization managers for quality improvement.



Trainings

The **Case Management Monitoring Overview webinar (Nov 2018)** provided an overview of the Case Management Monitoring Implementation Guidelines for OVC Partners, as well as an opportunity for discussion. Feedback from the webinar resulted in minor changes to the case management forms and implementation guidelines.

The **CBIMS v8.3 Overview webinar (January 2019)** detailed the functions and reports associated with the updated CBIMS (v8.3).

For **CBIMS v8.5 Overview webinar (April 2019)**, Tulane coordinated with system developer Rob Cairns to lead a brief, informational webinar addressing further updates to CBIMs and how to correctly interpret key subpopulation data.

CBIMS v9.2 Overview & new features webinar (November 2019) highlights updates to PEPFAR Mer indicators based on Mer 2.5 updates and additional new features of database.

CBIMS v10.1 updates & CLHIV Phone support form webinar (April 2020) highlighted adaptations to case management monitoring due to COVID-19.

A new activity was also initiated to further leverage routine data from the system for improved programming. This involved aggregating and analysing partners' service and outcome data in a 'snapshot' report of results across implementing partners in the OVC portfolio, to enhance standard reporting. Three detailed semi-annual snapshot reports (COP18 SAPR, COP18 APR, and COP19 SAPR) were produced and shared with USAID and implementing partners. The reports offer a deep dive into partners' individual and aggregate performance, incorporating new USAID priorities at each round and including interpretation of both MER and custom indicator results.

Example of automated reports available in CBIMS



PEPFAR MER INDICATORS

■ **PEPFAR OVC Report:** Provides the numerator and required disaggregates for reporting OVC_SERV and OVC_HIVSTAT in DATIM.

■ **Progress Report:** Shows the current percentage targets reached for OVC_SERV, OVC_SERV <18 years old, OVC_HIVSTAT <18, HIV positive <18, and On ART <18. The reports require that targets are first set up for each COP year under Organization/Targets.

■ **Active Subpopulations:** Shows the number of active status children (based on OVC_SERV criteria) by priority subpopulation at enrolment, as well as the active total (<20) to allow percentage calculations.

■ **PEPFAR AGYW_PREV report:** Counts qualifying services provided to individual DREAMS participants.

■ **PEPFAR GEND_GBV report:** Counts beneficiaries who completed the minimum package of post-GBV clinical care and/or PEP.



INDICATORS

■ **OVC_TEST:** Number of children/youth (<25 years old) tested for HIV through partner referral or direct service delivery (disaggregated by positive, negative or unknown results).

■ **OVC_ARTLINK:** Number of children/ youth (<25 years old) initiated or re-initiated on ART through partner referral (disaggregated by new initiators/re-initiators).

■ **OVC_VL:** Percentage of OVC (<18) on ART with VL test results reported within the past 12 months.

■ **OVC_SUPPRESSED:** Percentage of OVC (<18) on ART with viral load test results reported within the past 12 months whose most recent test results show viral suppression (<1000 copies/ml).



Case management reports

■ HIV Testing and ART Services Case Management

Report: Lists children and adolescents in need of HTS or treatment services based on information in CBIMS. This includes those with no OVC_HIVSTAT data on file, those who have never been tested or chose not to disclose their test results to the partner, and children 15-17 years of age whose last test was more than 12 months ago. It also includes children living with HIV who are not reported to be on ART, or who have not had their ART status updated in the last six months.

■ **Pending Referral Case Management Report:** Lists beneficiaries with pending (incomplete) referrals, by referral type.



Service quality indicators

■ Mean number of days between enrolment date and date of first qualifying service for children (<20).

■ Total number of children (<20) who received a qualifying service during the reporting period but did not qualify as active or graduated under OVC_SERV criteria.

■ Number of Children Living with HIV (CHLIV) subpopulation members (<18) reported exited due to service lapse or not reported in DATIM during the reporting period, and therefore not counted towards the OVC_SERV numerator.

■ Percentage of children (<18) with active or graduated status and living with HIV whose ART status was monitored and reported to the partner within the last 6 months.



Data quality indicators.

■ Mean number of days between enrolment date and enrolment form CBIMS entry date, for beneficiaries (all ages) enrolled this reporting period.

■ Percentage of children (<18) receiving HIV care or support services this reporting period whose HIV and ART Status Tracking record shows status as HIV- or unknown.

■ Percentage of active or graduated children (<18) whose HIV and ART Status Tracking record shows 'on ART' who have an ART initiation date entered.

■ Percentage of active or graduated children (<18) whose HIV and ART Status Tracking record shows 'on ART' & who ever had a CD4 count entered.

■ Percentage of active or graduated children (<18) whose HIV and ART Status Tracking record shows 'on ART' & who ever had an ART facility name entered.

| Report Name | DATIM | Performance Management | Case Management | Data/ Service Quality |
|---|---------|------------------------|-----------------|-----------------------|
| PEPFAR OVC_SERV & OVC_HIVSTAT Report | ✓ | ✓ | | |
| PEPFAR Gender-based violence services report (GEND_GBV) | ✓ | | | |
| PEPFAR AGYW_PREV report | SI team | | | |
| Custom group-based intervention indicator (OVC_GBI) report | | ✓ | | |
| AGYW 15-24 linked to PrEP (PREP_LINK) | | ✓ | | |
| Custom linkages to layered services (OVC_PREVPACK) report | | ✓ | | |
| Custom linkages to care services (OVC_TEST, OVC_ARTLINK) report | | ✓ | | |
| HIV testing & ART services case management report | | | ✓ | |
| Pending referral case management report | | | ✓ | |
| Subpopulation case management report | | | ✓ | ✓ |
| Active beneficiary case management report | | | ✓ | ✓ |
| Raw data for OVC_SERV Case management report | | | ✓ | ✓ |
| DQA & SQA Indicator report | | | | ✓ |
| Data capture report | | | | ✓ |
| Data duplication report (household members) | | | | ✓ |

Developing an OVC partner adolescent outcome monitoring system

Starting in 2019, Tulane led a strategic shift towards greater systematic integration of participants' behavioral and health outcomes in case management monitoring, alongside service outputs. These efforts were designed to offer partners and USAID expanded and more timely access to information about the effects of their work, not just its reach and coverage, for advocacy and programme improvement purposes. As part of this pivot to outcomes-focused monitoring, Tulane devised methodologies for classroom-based survey administration and scannable questionnaires and explored the practicality and value of targeted versus routine outcome data collection.



Pre- and post surveys for adolescent HIV prevention interventions

A designated package of structured adolescent-focused HIV prevention interventions was implemented by partners beginning in 2019. To support pre- and post-intervention outcome tracking, which can be used to examine changes in HIV knowledge and risk behaviors among intervention participants, Tulane designed a simple and anonymous pre- and post- intervention survey for classroom administration by group facilitators to track indicators sensitive to change in the short term. Surveys were designed for use with Vhutshilo 2, Let's Talk, Stepping Stones, and Skillz participants. To date, Tulane collected data on more than 2000 adolescents surveyed across 101 intervention groups. Tulane developed and disseminated a set of partner-specific reports at pre-test to help implementers to focus their efforts and at post test to examine changes over time.

Tulane also worked to enable partners to continue this outcome monitoring independently. Capacity for survey data entry and automated results reporting were added into CBIMS to allow for self-directed tracking of results. Tulane also released a comprehensive pre-and post-intervention survey resource package designed to prepare partners to conduct survey analyses and understand the potential implications of their results for programme improvement. The resource package included facilitator instructions, print-ready cover sheets and surveys, a hand scoring manual, an excel scoring tool, and guidance for capturing data and running results summary reports in CBIMS.



Adolescent behavior monitoring

In 2018, Tulane designed an adolescent outcome monitoring protocol involving interviewer-administered phone-based surveys to be implemented annually over three years with a cross-sectional sample of seventeen-year-old OVC programme beneficiaries not known to be living with HIV. The study was designed to examine behavioral data and identify associations between programme services and HIV risk. Tulane conducted a pilot study, developed a protocol and other study materials, obtained ethical approval, and conducted a competitive request for proposals to select a local research agency for data collection. However, due to competing priorities in mid-2019, USAID requested that this study be postponed indefinitely.

Technical Assistance: Targeted monitoring guidance

Efforts in support of improved programming have also included targeted monitoring guidance. At USAID's request, Tulane provided detailed reviews and feedback on documents outlining new and proposed output and outcome indicators, component measures, and data collection tools. Tulane also conducted presentations to support effective targeted monitoring by increasing partners' capacity to apply and report on new measures and sharing monitoring study results.

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Document reviews

- **USAID OVC Electronic Case Management Systems Key considerations (2020):** Developed a memo highlighting considerations for improving the technical content and presentation of information within this global guidance document.
- **USAID OVC Custom Indicator Reference Sheets (2020):** Reviewed 16 new custom indicators intended for OVCY partners and provided detailed feedback on areas for refinement or clarity.
- **OVC_SERV refresh (2018):** Provided two rounds of feedback on the OVC_SERV indicator reference sheet for Washington MER refresh.
- **HIVSA Essential Survey Indicator data (2018):** Reviewed fact sheet detailing MER essential survey indicator results for HIVSA's OVC programme.
- **NACOSA OVC Community-Based Violence Program MER Plan (2019):** Reviewed the MER plan developed by NACOSA for its program, Community-Based Violence Prevention and Linkages to Response in South Africa.
- **Resilience, coping and substance use measures (2016):** Developed a memo with recommended indicators and survey measures capturing resilience, coping and substance use.
- **PEPFAR MER OVC Indicator Guidance (2015):** Developed a memo to USAID to inform use of MER indicators among partner programs, including what indicators they would be able to report based on Tulane's program assessments.

- **DHS OVC Survey Indicators (2015):** Memo to USAID on suggestions for additions to the Demographic Health Survey (DHS): to allow for a broader assessment of vulnerability among children, especially due to orphanhood.

- **Site Improvement Monitoring System OVC Assessment Tool (2014):** Memo to USAID with input on the Site Improvement Monitoring System tool for OVC strategic information/operations research.

- **Feedback concerning the MEASURE systems strengthening indicators (2013):** Developed a memo outlining considerations to improve standardized indicators.

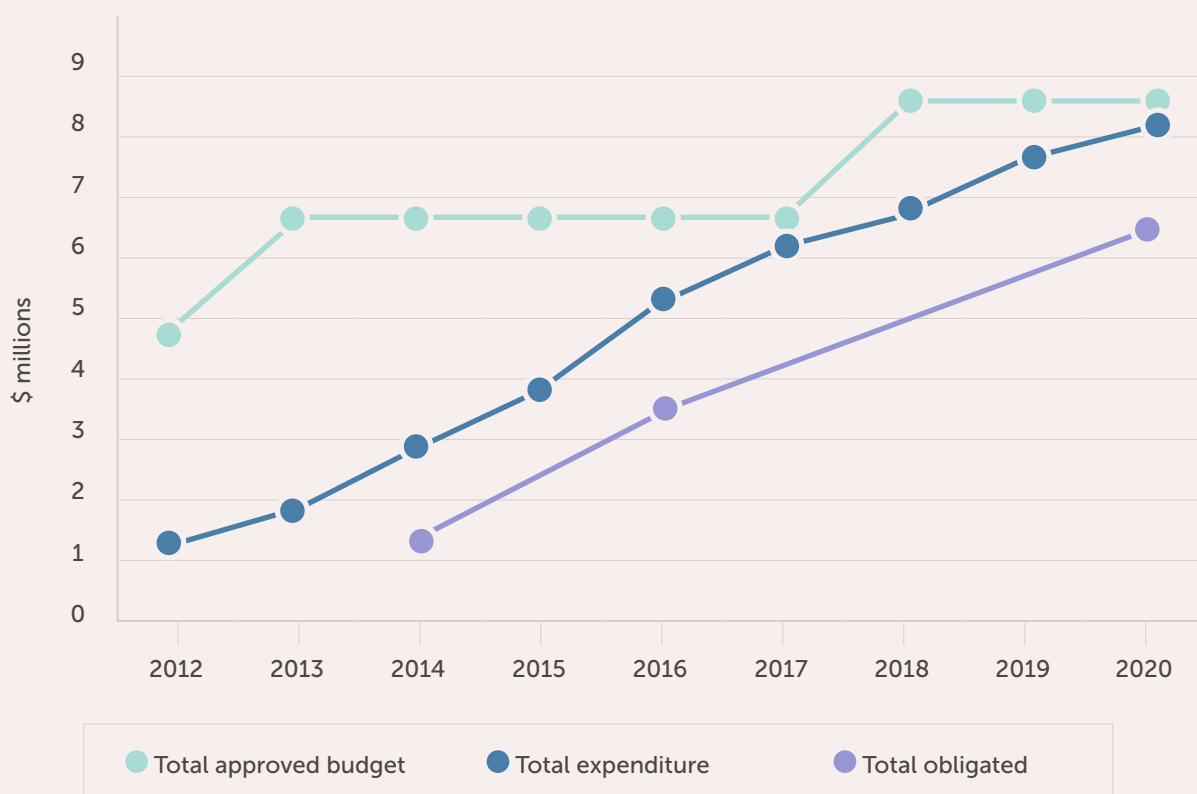


Presentations

- **Presentation to PEPFAR OVCY Technical Meeting, Pretoria (2015):** Essential Survey Indicators: Panel Discussion.
- **Presentation to all implementing partners at the PEPFAR USAID/Southern Africa OVCY partners meeting, Pretoria (2013):** Presentation on MER OVC minimum indicators.
- **Presentations to USAID/South Africa Implementing Partners' Meeting, Pretoria (2019):** Presentations on outcome monitoring for adolescent HIV prevention programming, and CBIMS monitoring updates.

FINANCIAL SNAPSHOT

In general, the project presented cost savings, as shown in the graph below of yearly expenditure compared to funding received. The exchange rate fluctuated often, but generally decreased in favour of the dollar throughout the project period.



Tulane met its cost sharing requirement of \$320,487

*2020 data reflects expenditures reported by Tulane in the October 31, 2020 SF-425. This does not include additional close-out costs incurred from Oct-December 2020, including limited salary support, article publication fees, and design and printing of the final report.

Annex one

dissemination of products and events

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Workshops with implementing partners

■ **Interactive workshops with Vhutshilo 3 Implementing Partners and key stakeholders (October 2019 - March 2020)**

■ **Workshop with Vhutshilo 2 Implementers at Future Families, Pretoria (August 2018):** Pilot Vhutshilo 2 pre-post survey results.

■ **Workshop with Department of Basic Education and Child Welfare Bloemfontein (CWBFN) and Childline Free State (CLFS) stakeholders, Bloemfontein (September 2017):** Coping with loss: A randomized controlled trial of bereavement support groups for adolescent girls in the Free State, South Africa.

■ **Workshop with Let's Talk Implementers, Johannesburg (October 2016):** Let's Talk Pilot Study Results and Lessons Learned.

■ **Interactive workshop with CSPE, FHI 360 & ASPIRES (January 2015):** Mitigating Sexual Risk: Psychological and Behavioral Interventions for Vulnerable Adolescents in the Eastern Cape.

■ **Interactive workshop with CWBFN and CLFS, Bloemfontein (January 2015):** Coping with Loss: A Family Bereavement Initiative for Adolescent Girls in the Free State, South Africa.

■ **Interactive workshop with Future Families, Pretoria (November 2014):** Future Families Baseline Survey: Preliminary Findings to Inform the Way Forward.

Presentations to local stakeholders

■ **Presentation to USAID, Cape Town (November 2017):** Factors associated with retention and self-efficacy for service delivery among child and youth care workers in South Africa: results from a national survey.

■ **Presentation to USAID senior personnel and associated DREAMS representatives, Brown Bag meeting, Pretoria (November 2016):** OVC Programming: What have we learned & where do we go from here?.

■ **Presentation at Best Practices and Innovations in Reaching and Linking Adolescent Girls and Young Women (AGYW) Meeting, Pretoria (October 2016):** Pilot study shows increased communication with caregivers and preparedness for healthy sexual decision-making among adolescent girls in the Let's Talk program.

■ **Presentation at the Community Care Study and Family Research Dissemination Day, Stellenbosch (November 2016):** Home visiting: Let's get focused.

■ **Presentation to the National Action Committee for Children Affected by AIDS (NACCA), Pretoria (July 2016):** Let's Talk Caregiver-adolescent intervention to improve mental health and reduce HIV risk among orphans and vulnerable youth in South Africa.

■ **Presentation to the Khululeka Board Meeting, Cape Town (July 2016):** Coping with Loss: A randomized controlled trial of bereavement support groups for adolescent girls in the Free State, South Africa.

■ **Presentation to Child Welfare Bloemfontein, Bloemfontein (July 2016):** Coping with Loss: A randomized controlled trial of bereavement support groups for adolescent girls in the Free State, South Africa.

■ **Presentation at Future Families AGM, Pretoria (August 2016):** Future Families Home Visiting Program Evaluation in Tshwane, Gauteng.

■ **Presentations at the PEPFAR OVCY Technical Meeting, Pretoria (September 2016):** .

- Home Visiting: Let's Get Focused.
- Caregiver Burden and Risk of Child Abuse.
- Let's Talk: Intervention Overview and Pilot Test Results.

■ **Presentation to USAID DREAMS Initiative, Pretoria (August 2015):** Contributions to the Evidence Base: OVCY Assessments in RSA.

■ **Presentations at the PEPFAR OVCY Technical Meeting, Pretoria (November 2015).**

- Key Considerations: Program attendance and fidelity in structured programs.
- Strengthening Relationships and Resilience: Let's Talk overview.
- Panel Discussion: Essential Survey Indicators.
- Roundtable: Future Families Home Visiting Program Increases HIV Testing.

■ **Western Cape Annual PEPFAR Partners Meeting, Cape Town (October 2015):** Strengthening Relationships and Resilience: Let's Talk overview.

■ **Presentation at USAID OVC Partner Meeting, Pretoria (November 2014):** Mitigating Sexual Risk: Psychological and Behavioral Interventions for Vulnerable Adolescents in the Eastern Cape.

■ **Presentation to Department of Basic Education Psychosocial Working Group, Pretoria (November 2014):** Mitigating Psychological Distress in HIV-affected children: Lessons Learned from Operations Research in South Africa.

■ **Presentation to PEPFAR OVC Partners, Pretoria (November 2014):** Updates on New OVC studies: Tulane Operations Research in South Africa.

■ **Presentation to NACCA, Pretoria, (August 2014):** Key Impact Evaluation Findings.

■ **Presentations at the PEPFAR USAID/Southern Africa Orphans, Vulnerable Children and Youth (OVCY) Partners Meeting, Pretoria (November 2013):** OVC Minimum Indicators, and OVC Research.

■ **Presentation to USAID Southern Africa Mission Personnel and visiting Office of the United States Global Aids Coordinator (OGAC) member on study activities and results, Pretoria (February 2014):** Compiling an Evidence Base for Orphans and Vulnerable Children Programming.

■ **Presentation to NACCA, Pretoria (February 2014):** Key steps in setting the OVC research agenda.

■ **Presentation to the Research Working Group, Pretoria (May 2014):** OVC Evaluation literature review findings.

■ **Presentation to USAID Health Officers on contributions to the evidence base, including a discussion of gender, women/girls and parenting, Pretoria (July 2014):** Adding to the evidence base: Lessons learned and next steps in orphan and vulnerable children operations research.

■ **Presentation to NACCA on systematic literature review results, Pretoria (August 2014):** OVC Evaluations in South Africa: Key Findings from a Literature Review.

■ **Three presentations as part of a Coping with Loss study workshop with program staff from Child Welfare Bloemfontein and Childline Free State, Bloemfontein (September 2014):** The psychological health of OVC, related programming principles, and lessons learned from the qualitative research for program improvement.

■ **Presentation to Khululeka Grief Support program Board Members and other stakeholders, Cape Town (September 2014):** Psychosocial/grief facing OVC, programming principles research to date and 'brief' on the study: Mitigating psychological distress among OVC: What have we learned?.

■ **Presentations at Tulane University, New Orleans (2013).**

- The impact of a paraprofessional versus volunteer-driven home visiting programs on the wellbeing of orphans and vulnerable children: Evidence from a longitudinal evaluation in KwaZulu-Natal, South Africa.: Tulane University.
- Isibindi: A longitudinal evaluation of selected sites in KwaZulu-Natal.

■ **Presentation to USAID Southern Africa Mission Personnel and visiting OGAC member on study activities and results, Pretoria (April 2013):** Compiling an Evidence Base for Orphans and Vulnerable Children.

■ **Presentation at the REPSSI workshop on curriculum alignment, Pretoria (January 2013):** The Psychosocial well-being of OVC. Literature review and presentation.

■ **USAID Southern Africa presentation to OGAC (March 2013):** Summary slides on what we know about violence against children from PHE Study.

International and National conference presentations

Oral presentations

■ AIDS Impact Conference, London (2019).

- When everyone's at risk: Universal HIV testing for orphaned and vulnerable children in South Africa (A. Sampson, Dr Thurman, T. Taylor).
- Life stressors as moderators of the impact of a randomized psychological intervention for bereaved adolescent females in South Africa (Dr Thurman, Dr Lockett).

■ AIDS Impact Conference, Cape Town (2017).

- Caregivers physical aggression towards female adolescents in South Africa: Correlates and programmatic implications (A. Spyrelis).
- Let's Talk about sex: Results from a pilot study of a family-centred HIV prevention program in South Africa (Dr. Thurman).
- Home visiting increases HIV testing among at-risk families: Results from a randomized controlled trial in urban townships of South Africa (Dr. Thurman).

■ World Psychiatry Association International Congress, Cape Town, (November 2016):

Structured peer support groups reduce symptoms of problematic grief and depression among bereaved female adolescents in South Africa: Results from a randomized controlled trial (Dr. Thurman).

■ 8th South African AIDS Conference Satellite Session (Social Development's Contribution Towards the HIV & AIDS Response), Durban (June 2017):

The research foundation: What works? The right skills, tools and interventions (Dr. Thurman).

■ **Children and HIV: Equity Now meeting that proceeded the AIDS Conference, Durban (July 2016):** Coping with loss: A randomized controlled trial of a structured peer support group for bereaved female adolescents in South Africa (Dr. Thurman).

■ **1st SA National Conference on Violence, Johannesburg (August 2016):** Caregivers' physical abuse of orphans and vulnerable children in the Free State: Correlates & programmatic recommendations (A. Spyrelis).

■ **International Conference of the Association of Psychology and Psychiatry for Adults and Children, Athens (May 2016):** Let's Talk: A family centered intervention for HIV-affected caregivers and adolescents in South Africa (Dr. Visser).

■ **7th Annual SA AIDS Conference, Durban (June 2015):** Oral presentation: Mitigating Sexual Risk Behavior in Orphaned and Vulnerable Adolescents: Results from a Randomized Control Trial in the Eastern Cape (Dr Thurman).

■ **International AIDS Impact Conference, Amsterdam (July 2015):** Psychological and Behavioral Interventions to Reduce HIV Risk: Evidence from a Randomized Control Trial among Orphans and Vulnerable Adolescents in South Africa (Dr. Thurman).

■ **REPSSI Psychosocial Forum, Zimbabwe (September 2015):** Grief Among Parentally Bereaved Adolescent Girls in South Africa: Adversity and Resilience (Dr. Thurman).

■ **Conference of the International Society for Child Indicators, Cape Town (September 2015):** Every time that month comes, I remember: Using Cognitive Interviewing to Adapt Grief Measures for Use with Bereaved Adolescents in South Africa (T. Taylor).

■ **South Africa DSD OVC Conference 'Changing Children and Young People's Lives', Durban, (May 2013):** Impact of home visiting programs on the wellbeing of orphans and vulnerable children in South Africa: A longitudinal evaluation (Dr. Thurman).

Impact of home visiting programs on the wellbeing of orphans and vulnerable children in South Africa: A longitudinal evaluation (Dr. Thurman).

■ **11th International AIDS Impact Conference, Barcelona (September 2013).**

- Do home visiting programs improve wellbeing among orphans and vulnerable children? Evidence from a longitudinal evaluation of two programmatic approaches in South Africa (Dr. Thurman).
- Power imbalances in intimate relationships: The experience of adolescent orphans and vulnerable children in South Africa (Dr Kidman).

■ **OVC Conference, Johannesburg, South Africa (October 2012):** Knowledge and Sexual Risk among Vulnerable Adolescents in Eastern Cape, South Africa (Dr Mokgatle).

■ **International Congress of Psychology, Cape Town (July 2012):** Chronic illness in the home: Implications for the mental health and protection of children.

■ **OVC Conference, Johannesburg, South Africa (October 2012):** Knowledge and Sexual Risk among Vulnerable Adolescents in Eastern Cape, South Africa (Dr Mokgatle).

Selected poster presentations.

■ **Poster presentation at the 8th South African AIDS Conference, Durban (June 2017):** Let's Talk about sex: Results from a pilot study of a family-centred HIV prevention programme in South Africa.

■ **Poster presentation at the 21st International AIDS Conference, Durban (July 2016):** Home visiting increases HIV testing uptake among vulnerable children and their caregivers: Results from a randomized controlled trial in South Africa.

Peer reviewed articles.

■ Thurman, T.R., Nice, J., Visser, M., & Lockett, B. (2020) **Pathways to sexual health communication between adolescent girls and their female caregivers participating in a structured HIV prevention intervention in South Africa.** *Social Science & Medicine*, 260(11): 125-38.

■ Thurman T. R., Taylor T. M., Nice J. K., Lockett B., Taylor M. & Kvalsvig D. (2018). **Factors associated with retention intentions among Isibindi child and youth care workers in South Africa: results from a national survey.** *Human Resources for Health*, 16(1): 43.

■ Thurman T. R., Nice J., Lockett B. & Visser M. (2018). **Can family-centred programming mitigate HIV risk factors among orphaned and vulnerable adolescents? Results from a pilot study in South Africa.** *AIDS Care*, 30(9): 1135-43.

■ Spyrelis A., Thurman T. R., Lockett B. & Taylor T. (2018). **What can social work do to mitigate caregiver-perpetrated physical aggression? A study among caregivers of orphaned and vulnerable female adolescents in South Africa.** *Vulnerable Children and Youth Studies*, 13(3): 259-65.

■ Visser M., Thurman T. R., Spyrelis A., Taylor T. M., Nice J. & Finestone M. (2018) **Development and formative evaluation of a family-centred adolescent HIV prevention programme in South Africa.** *Program Evaluation and Planning*, 68: 124-34.

■ Thurman T. R., Taylor T. M., Lockett B., Spyrelis A. & Nice J. (2018). **Complicated grief and caregiving correlates among bereaved adolescent girls in South Africa.** *Journal of Adolescence*, 62(2018), 82-6.

■ Thurman TR, Lockett BG, Nice J, Spyrelis A, & Taylor TM. (2017). **Effect of a bereavement support group on female adolescents' psychological health: A randomized controlled trial in South Africa.** *The Lancet Global Health*, 5(6): e604-14.

- Thurman T. R., Luckett B. G., Taylor T. M., Nice J. K., Carnay M. R. & Spyrelis A. (2017). **Best practices for evaluating care and support programmes for HIV-affected families: Lessons learned from South Africa.** in Henrickson M., Chipanta D., Lynch V., Muñoz Sanchez H., Nadkarni V., Semigina T. & Sewpaul V. (Eds.) **Getting to Zero: Global Social Work Responds to HIV.** Geneva: UNAIDS & IASSW.
- Thurman T. R., Nice J., Taylor, T. M., & Luckett B. (2017) **Mitigating depression among orphaned and vulnerable adolescents: A randomized controlled trial of interpersonal psychotherapy for groups in South Africa.** Special Issue: Global Child Mental Health. *Child and Adolescent Mental Health*, 22(4): 224-231.
- Taylor, T.M., Thurman, T.R., Nogela, L. (2016) **Every time that month comes, I remember: using cognitive interviews to adapt grief measures for use with bereaved adolescents in South Africa.** *Journal of Child & Adolescent Mental Health*, 28: 2.
- Thurman, T. R., Luckett, B., Taylor, T., & Carnay, M. (2016). **Promoting uptake of child HIV testing: an evaluation of the role of a home visiting program for orphans and vulnerable children in South Africa.** *AIDS Care*, 28(sup2): 7-13.
- Thurman, T. R., Kidman, R., Carton, T. W., & Chiroro, P. (2016). **Psychological and behavioral interventions to reduce HIV risk: evidence from a randomized control trial among orphaned and vulnerable adolescents in South Africa.** *AIDS Care*, 1-8.
- Thurman, T.R., Kidman, R., & Taylor T. (2015). **Bridging the gap: The impact of home visiting programs for orphans and vulnerable children on social grant uptake in South Africa.** *Children and Youth Services Review*, 48: 111-116.
- Kidman, R., Nice, J., Taylor, T.M. & Thurman, T.R. (2014) **Home visiting programs for HIV-affected families: a comparison of service quality between volunteer-driven and paraprofessional models.** *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*, 9(4): 305-317.
- Kidman, R. & Thurman, T.R. (2014) **Caregiver burden among adults caring for orphaned children in rural South Africa.** *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*, 9(3): 234-246.
- Thurman, T. R., Kidman, R., & Taylor, T. M. (2014). **Does investment in home visitors lead to better psychological health for HIV-affected families? Results from a quasi-experimental evaluation in South Africa.** *AIDS Care*, 1-9.
- Nyberg, B. J., Yates, D., Lovich, R., Coulibaly-Traore, D., Sherr, L., Thurman, T. R., Sampson, A., & Howard, B. (2012). **Saving lives for a lifetime: Supporting orphans and vulnerable children impacted by HIV/AIDS.** *Journal of Acquired Immune Deficiency Syndromes*, 60: S127-S135.

Research/Policy Briefs

- **Factors related to retention intentions among Child and Youth Care Workers in South Africa: Results from a national survey** (2018).
- **The Let's Talk Programme: Origins, Development and Future Directions** (2018).
- **Preparation and support for caregivers may reduce adolescents' risk of caregiver-perpetrated physical aggression in South Africa** (2018).
- **Complicated grief among bereaved adolescent girls in South Africa: Caregiving correlates and programmatic implications** (2018).
- **A structured support group improves bereaved female adolescents' psychological health: Results from a randomized controlled trial in South Africa** (2017).
- **Mitigating depression among orphaned and vulnerable adolescents: Results from a randomized controlled trial of interpersonal psychotherapy for groups in South Africa** (2017).
- **Lessons learned from evaluating care and support programs for HIV-affected children and families in South Africa** (2017).
- **Paraprofessional home visitors deliver better quality services than volunteer-driven models: Results from a longitudinal study in South Africa.** Summary of paper published in *Vulnerable Children and Youth Studies* (2016).
- **Paraprofessional home visiting increases grant uptake: Results from a longitudinal study in South Africa.** Summary of paper published in *Children and Youth Services Review* (2016).
- **HIV testing uptake is greater among orphans and vulnerable children exposed to a home visiting program: Results from a quasi-experimental study in South Africa.** Summary of paper published in *AIDS Care* (2016).
- **Combined psychological and behavioral intervention package reduces sexual risk behavior: Results from a randomized controlled trial in South Africa.** Summary of paper published in *AIDS Care* (2016).
- **Home visiting increases HIV testing among caregivers of orphans and vulnerable children: Results from a randomized controlled trial in South Africa.** Summary of Conference Poster at International AIDS Conference (2016).
- **Structured support groups improve the psychological health of bereaved female adolescents in South Africa: Results from a randomized controlled trial in South Africa.** Summary of Oral Conference Presentation at Children and HIV: Equity Now (2016).
- **The Impact of Paraprofessional versus Volunteer-Driven Home Visiting Programs on the Wellbeing of Orphans and Vulnerable Children: Evidence from a Longitudinal Evaluation in KwaZulu-Natal, South Africa** (2013).
- **Umhlanga Rocks, South Africa: Tulane International, South Africa (2012):** A Case Study: World Vision South Africa's Interpersonal Psychotherapy for Groups of Adolescents.
- **ALHIV Study: Adolescents living with HIV Cohort Study Dissemination Meeting** (HIVSA briefing, 2019) Preliminary Baseline Results.



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