End-of-Project Evaluation Report

Faith-based Regional Initiative For Orphans and Vulnerable Children (FABRIC)

Boston University OVC-CARE Project
Family Health International

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LIST OF ACRONYMS

BU	Boston University
CAFO	Church Alliance for Orphans
CGHD	Center for Global Health and Development
CIHDZ	Center for International Health and Development – Zambia
CV	Children's Voices
DRA	Development Research Africa
ECR	Expanded Church Response, Zambia
EoPE	End of Project Evaluation
FABRIC	Faith-based Regional Initiative for Vulnerable Children
FHI	Family Health International
IA	Implementing agency
IRB	Institutional Review Board
OGAC	Office of the Global AIDS Coordinator
OHA	Office of HIV/AIDS
OVC	Orphaned and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PV	Positive Vibes
SACBC	Southern African Catholic Bishops' Conference
SDQ	Strengths and Difficulties Questionnaire
SR	Sub-recipient
USAID	United States Agency for International Development
USG	United States Government

EXECUTIVE SUMMARY

This report provides findings from the End-of-Project Evaluation (EoPE) of Family Health International's Community Faith Based Regional Initiative for Orphans and Vulnerable Children (FABRIC) in Namibia, South Africa, and Zambia. This independent evaluation was conducted by Boston University's Center for Global Health and Development (CGHD). Family Health International (FHI) supported the effort with financial resources from the United States Agency for International Development (USAID).

FHI implemented a five-year regional PEPFAR-funded program beginning August 2005. The FABRIC project aimed to improve the quality of life for orphans and vulnerable children (OVC) in Namibia, South Africa and Zambia by ensuring delivery of essential services in the PEPFAR OVC domains and by developing the capacity of implementing agencies to coordinate sub-recipients to deliver services effectively.

Methods

To assess OVC wellbeing in Zambia and South Africa, we conducted a cross-sectional household survey of randomly selected FABRIC beneficiaries and age-range and gender matched (1:2) community sample children in three randomly selected, geographically distinct, FABRIC project sites. A subgroup of beneficiaries and their guardians participated in semi-structured qualitative interviews. In Namibia, we purposefully selected one site in the North and one in the South. We conducted two focus groups and two semi-structured qualitative interviews at each site.

For the Organizational Assessment, we reapplied relevant portions of the FHI Technical and Organizational Capacity Assessment Tool (TOCAT) at each of the three Implementing Agencies (IA). We conducted a document review at the FHI level, and conducted semi-structured qualitative interviews at the FHI, IA, and sub-recipient (SR) levels in each of the three countries. We used standard costing methods to estimate the full costs of goods and services used to implement the programs from the SR perspective in South Africa and Zambia only.

Key Findings

Characteristics of the Sample

In South Africa and Zambia, FABRIC households had higher proportions of orphans, higher proportions of guardians with a chronic illness, and lower proportions with a mother as the primary guardian compared to the community sample. The FABRIC and community samples have similar household dependency ratios. Across all samples, the proportion of double orphans increases as age of the index child increases. In Namibia, participants ranged from 8-13 years of age, and all were either HIV infected or an HIV orphan.

OVC Service Delivery and Wellbeing Indicators: South Africa and Zambia

Of the FABRIC sample, 63% in South Africa and 55% in Zambia reported receiving at least one FABRIC supported service in the preceding 12 months; this was significantly higher than the community samples at 10% and 9%, respectively. Efforts were focused primarily on educational and psychosocial support. In South Africa, 95% of school-aged children in the FABRIC and community samples were registered in school. In Zambia, 97% of the FABRIC sample and 91% of the community sample were registered. When stratified by gender, in Zambia 100% FABRIC females were registered compared to 89% of the community sample. In South Africa, 14% FABRIC females missed more than 2 days of school in the previous 2 weeks compared to 4% in the community sample. Of 5-11 year old girls, 70% of FABRIC sample and 87% of community sample reported average or above average school performance, which may reflect perceived confidence in performance and highlight the ongoing potential vulnerability of girls targeted by the FABRIC project.

Psychosocial support coverage was generally higher in South Africa than in Zambia. Among 0-4 year olds in South Africa, 37% of FABRIC guardians and 29% of community sample guardians reported concerns about the child's development. Among 0-4 year olds in Zambia 26% and 30% of FABRIC and community guardians respectively reported developmental concerns. Among 5-17 year olds, Zambia generally had more normal psychosocial and emotional wellbeing scores than South Africa; the FABRIC sample in South Africa scored significantly worse than the community sample in the "emotional symptoms" domain.

Other PEPFAR OVC domains were less of a focus for the FABRIC project in part due to financial and human resource constraints, and in part because of limitations outlined in donor regulations. We see low rates of acute malnutrition in children under five, but also low rates of dietary diversity in children 5-17. In Zambia, roughly 50% of children in both samples reportedly went without food for 24 hours at least once in the previous week. Approximately 50% of all children in South Africa and 55% in Zambia sleep in a place that gets wet in rain.

OVC Service Delivery and Wellbeing Indicators: Namibia

Data suggest the Foundation Phase of the Children's Voices (CV) project enhanced the lives of participants. Children seem to feel more confident and empowered after participating in the CV activities. They expressed confidence in school performance and happiness with extracurricular activities, and perceived that participating in the CV project helped them to make better choices and their own decisions in their lives. While knowledge on health was very general, responses from the children when asked about HIV were much more specific. Knowledge of both modes of transmission and treatment of HIV was fairly high and accurate among all groups.

Organizational Assessment: Namibia, South Africa, and Zambia

TOCAT scores supported by the interviews reveal a clear self-perception that the organizational capacity at all Implementing Agencies is stronger than before the FABRIC project. Implementing Agencies were able to provide sub-recipients with organizational and program management support but limited technical programmatic guidance. The SRs valued basic assistance including filing, documenting events and report writing.

Costing Component: Zambia and South Africa

In Zambia, the 2008 average financial cost per OVC across the three SRs was relatively similar, as was the total average costs. The average financial cost was about ZMK 195,000 (close to $40 US annually), while the total average cost was ZMK 279,000 (about $56 US). Because of the increase in numbers of OVC at each site between 2008 and 2009 without similar increases in financial resources, average financial and total costs per OVC in the programs fell over time. In 2009, average financial costs across the three SRs were about ZMK 112,000 (about $22 US annually), and average total costs were about ZMK 170,000 (about $34 US). In South Africa, the three programs varied substantially in terms of total financial expenses: R 2,448,000 million for Sithand'izingane; R 773,000 for Siyathokoza; and R 242,000 for Bophelong.

Conclusion

Findings suggest the FABRIC recruitment and targeting strategies were successful as the FABRIC sample is generally worse off than the community comparison sample, but also reveal high rates of vulnerability and unmet need in the general communities. At the end of the project, disparities between the two groups seem to be less widespread. We can reasonably assume, though cannot prove, that the initial FABRIC beneficiaries were from households in greatest need. The lack of differences in many of the wellbeing indicators measured by this end-of-project evaluation could be interpreted as the FABRIC project interventions bringing its beneficiaries up to, or maintaining them at, the levels of need and vulnerability of the general population. Though the needs are still profound, the lack of disparity between the two populations can be seen as a proxy measure of success for the FABRIC efforts. Organizational capacity strengthening with respect to administration and M&E, reported by

the sub-recipients (partner organization in Namibia), is undoubtedly beneficial, but further efforts are needed to strengthen the technical capacities of the organizations to implement effective, sustainable OVC services.

In Namibia, in general, children learned, retained, and applied information from the PV project. However, our ability to attribute impact or see change over time is limited by the cross-sectional nature of the study, no comparison population, the potential for recall bias when asking children to remember how they were before participating in the project, and the lack of quantitative data to triangulate for validity and reliability.

Programmatic Recommendations

1. Invest in developing an appropriate, rigorous, and independent evaluation strategy that is separate but complementary to the routine program management and monitoring activities as early in the project cycle as possible

In PEPFAR II far greater emphasis is reportedly placed on evidence based programmatic decisions. This requires using independent, scientifically valid impact evaluations to inform donor officials, policymakers, and program personnel about OVC program effectiveness. Having well-defined specific objectives, linked to a narrow set of outcome measures to accomplish clear program goals is crucial. Standardized process, outcome and costing indicators will ensure we can compare programs and better understand where efforts are successful and where they need improvement.

2. Collect high quality cost data from multiple perspectives

To better understand project costs for planning and budgeting purposes, financial and economic cost information, from multiple perspectives (consumer, provider, institutional, donor, societal) should be collected systematically. With agreed upon outcome measures from above, and the more widespread use of standard costing approaches, initial cost-effectiveness calculations can begin to build an evidence base for making programmatic decisions on the more cost- effective intervention mixes.

3. Target populations in need carefully and determine who will serve as comparison populations

Invest at the start of the project to create robust, geo-located roster systems with unique identifiers to foster better evaluation data. Randomized evaluation designs, where phased roll-out is expected, and longitudinal evaluations with carefully constructed comparison populations, would improve the quality of evaluation work. Identify and follow comparison populations throughout the project if possible.

4. Institute context, age, and gender-specific programming

The FABRIC experience in Namibia, South Africa, and Zambia differed markedly. Even when the approaches were similar (South Africa and Zambia) the underlying economic base and socio-political environment led to major differences in program priorities and outcomes. Disaggregating results by age group and gender elicited important results that may have otherwise been hidden in a grouped analysis.

5. Substantially increase the institutional and individual capacity strengthening efforts

PEPFAR II's strong rhetoric on country-ownership and sustainability is ultimately dependent on the human and institutional capital available for these national efforts. This evaluation highlighted the major organizational development needs including basic core functions at the sub-recipient levels even when the Implementing Agency was relatively strong.

6. Decrease the heavy reliance on unpaid volunteer labor for service provision

Though faith-based communities have long had a tradition of providing spiritual, social, and financial support for the sick and the poor, the increasing scale of the global pandemic challenges the faith-based organizations to continue those traditions. Attrition rates among the volunteers at every level of the Implementing Agency operations were high and created program discontinuities, quality of care issues, and generated a need for

regular retraining of a new labor force. It is critical to recognize the additional labor provided by volunteers as a social service with opportunity costs for the worker rather than a assume it is merely a spiritual duty for a member of a faith-based community. Figuring out whether, and if so, how to compensate the community workers assuming responsibility for OVC care is a key social issue. Solutions to this tough issue and the development of realistic expectations of workload must be explored before the need exceeds the capabilities of individual volunteers or faith-based organizations overall.

INTRODUCTION

Overview

This report provides findings from the End-of-Project Evaluation (EoPE) of Family Health International's Community Faith Based Regional Initiative for Orphans and Vulnerable Children (FABRIC) in Namibia, South Africa, and Zambia. This independent evaluation was conducted by Boston University's Center for Global Health and Development (CGHD). Family Health International (FHI) supported the effort with financial resources from the United States Agency for International Development (USAID). FHI technical staff developed the Terms of Reference for the evaluation and assisted with access and logistics. They also provided comments on draft versions of this report. Full responsibility for the qualitative and quantitative analyses and the interpretation of those results reside with the CGHD team.

FHI implemented a five-year PEPFAR-funded program beginning August 2005. The FABRIC project aimed to improve the quality of life for orphans and vulnerable children (OVC) in Namibia, South Africa, and Zambia by ensuring delivery of essential services and developing the capacity of implementing agencies to effectively coordinate its sub-recipients (SR).

The FABRIC project objectives were as follows:

1. To increase the number of OVC reached with quality community level services;
2. To strengthen the capacity of partner implementing agencies (IA) (Positive Vibes (Namibia), Southern African Catholic Bishops' Conference (South Africa), and Expanded Church Response (Zambia)), to target, coordinate, and sustain the programs of local member organizations effectively;
3. To strengthen or create linkages and networks for coordinating OVC coverage and to ensure sharing of lessons learned;
4. To provide timely and reliable information and to meet reporting obligations.

The End of Project Evaluation (EoPE) for the FABRIC project was conducted between January and March 2010. The evaluation had the following objectives:

1. To assess if FABRIC strengthened the capacity of its Implementing Agencies to effectively target, coordinate, and sustain programs of community-based organizations (CBOs) that provided direct support to FABRIC project beneficiaries. These CBOs were called sub-recipients (SR) and are separate but programmatically linked to the IAs in South Africa and Zambia. Positive Vibes in Namibia served as the IA and worked with three partners to implement its program.
2. To assess the wellbeing of FABRIC beneficiaries relative to that of similar children living in the same community in each of the following domains: (1) education, (2) psychosocial status, (3) food/nutrition, (4) healthcare, (5) shelter and care, and (6) child protection and legal aid.
3. To describe the experience of services received and the perceived change in personal experience over time in current FABRIC beneficiaries.
4. To compare FABRIC Implementing Agencies' reports of service delivery to sub-recipients with reported support received by the sub-recipients.
5. To evaluate the costs (using a Full Cost Model approach) of implementing the OVC program annually, from the perspective of the FABRIC sub-recipient organizations. The cost analysis is not an evaluation of FHI's or their IAs cost to implement the FABRIC project.

The EoPE consisted of three components: (1) an assessment of wellbeing of FABRIC beneficiary children and a non-beneficiary community sample, (2) an organizational capacity assessment, and (3) an assessment of the full cost of implementing the program at the sub-recipient level. The assessment of orphan wellbeing used mixed methods in South Africa and Zambia, but only qualitative methods in Namibia; the organizational assessment used mixed methods in all three countries; the costing component used standard costing methods and was conducted in South Africa and Zambia

Background and Rationale

The large and growing number of OVC is a consequence of the global HIV pandemic. Sub-Saharan Africa is most heavily affected by HIV, home to 67% of all people living with HIV and 72% of deaths due to AIDS in 2008.[1] It is estimated that in sub-Saharan Africa alone, 14 million children have lost one or both parents to HIV.[2] Namibia, South Africa, and Zambia are among the countries most affected by HIV, with adult prevalence estimates of 15.3%, 18.1%, and 15.2% respectively.[2] Namibia has an estimated 66,000 orphans due to HIV/AIDS, and 110,000 due to all causes.[2] In South Africa, 1.4 million children are reportedly orphaned due to HIV and 2.5 million due to all causes, and in Zambia, an estimated 600,000 children are HIV orphans and 1.1 million have been orphaned due to all causes.[2]

Support for families caring for OVC is a major component of the President's Emergency Plan for AIDS Relief (PEPFAR). In 2005, FHI received a five-year grant from PEPFAR for a regional comprehensive care and support program for OVC in Namibia, South Africa, and Zambia. The program, entitled the Community **Fa**ith-**B**ased **R**egional **I**nitiative for Orphans and Vulnerable **C**hildren (FABRIC), aimed to improve the quality of life for OVC in these program countries by developing the capacity of implementing partners to effectively allocate resources and ensure essential services reached OVC.

The FABRIC project's key strategy was to strengthen the organizational capacity of large umbrella faith-based organizations to manage small grants programs, which funded OVC care and support activities provided by community level faith-based organizations known as sub-recipients (SR). In South Africa, the umbrella agency was the Southern African Catholic Bishops' Conference (SACBC); in Zambia, the umbrella agency was Expanded Church Response (ECR). In Namibia, the Church Alliance for Orphans (CAFO) was the primary umbrella agency for the first three years of PEPFAR. In 2008, CAFO graduated into the New Partners Initiative so could no longer receive FABRIC resources. FABRIC selected Positive Vibes (PV) as its Implementing Agency for the final two years of the program. PV worked with three partners to provide services to OVC through child and youth-centered communication and media initiatives that sought to build self-esteem and strengthen coping strategies.

FABRIC is a large and complex project. In its 2009 Annual Report, FHI reported that FABRIC had serviced 19,493 OVC across all countries in fiscal year 2009 and reported a total of 62,330 ever served. As part of the rapid "emergency" scale-up after the PEPFAR I legislation was passed, FHI, using Track 1 monies, sought to initiate three country level projects quickly. There were (understandable and appropriate) pressures to initiate the provision of services to OVC as quickly as possible given the needs that were known to exist. These rapid scale-up demands, combined with the programmatic and budgetary realities created by a system that used annual funding mechanisms that were explicitly tied to "getting the numbers" of beneficiaries, led to a series of program decisions that limit what is possible to accomplish in an evaluation five years later.

Consistent, and at times heroic, efforts especially given the lack of history and limited capacity of the SR organizations to systematically collect and report service provision data, were made to establish or improve existing monitoring systems so FABRIC could report on required PEPFAR indicators. Much less consideration or effort was available at the start of the project to prepare for an end-of-project evaluation that would be interested in the impacts of the efforts on the beneficiaries. With no impact evaluation framework in place,

several decisions (or non-decisions) were made that limit our ability to measure the impacts of the FABRIC investments on their clients. Beneficiary roster systems were constructed in an inconsistent and uneven fashion without assigning unique identifiers to the beneficiary clients. No data on geo-location information were collected that would allow evaluators to identify and return to beneficiary populations over time. No baseline information on beneficiaries or their households was routinely collected. No comparison populations were identified or monitored.

Despite these limitations, FHI program and headquarter leadership was keen to learn, and communicate broadly, as much as possible from their effort. Given the large number of beneficiaries served, their own, mostly anecdotal, knowledge on what they have accomplished, and a deep desire that the PEPFAR II OVC programming further improve upon the efforts made during the "emergency phase" of the United States Government (USG) response, FHI welcomed and greatly facilitated, this independent, external evaluation of its efforts over the past five years.

Boston University's CGHD greatly appreciates the intellectual openness and spirit of cooperation provided by our FHI and IA colleagues. We attempted to conduct the best evaluation possible, within the constraints imposed by programmatic decisions made before any of the current FHI staff were engaged in the project. Their guidance was exceptional, their flexibility was remarkable, and their openness to "allow the data to speak" reflects their deep commitment to having the FHI FABRIC experience provide insights that may allow future OVC programming efforts to improve. CGHD conducted the analysis and interpretation, and is thus responsible for any associated mistakes or misinterpretations. However, the hope that readers will use the information in this EoPE report to improve OVC programming in the years to come is fully shared by both organizations.

ASSESSMENT OF CHILD WELLBEING:

SOUTH AFRICA AND ZAMBIA

ASSESSMENT OF CHILD WELLBEING: SOUTH AFRICA, ZAMBIA

Overview

FABRIC provided support to an Implementing Agency (IA) in each country, who in turn supported multiple sub-recipients that provided services at the community level. The organizational structure is shown in Figure 1 and methods are described below.

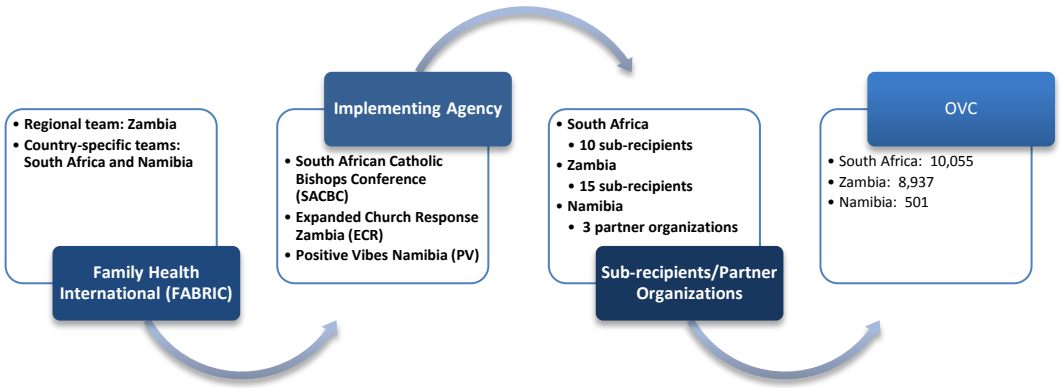

Figure 1: Organizational Framework of the FABRIC project[1]

Southern African Catholic Bishops' Conference (SACBC) was the implementing agency (IA) chosen in South Africa. SACBC has assisted the Catholic Church to coordinate its response to HIV/AIDS in the region, facilitate training, scale up programs, establish programs in resource poor setting, provide M&E support and address the needs of OVC. With FABRIC, SACBC worked with 10 community-based sub-recipients.

Expanded Church Response (ECR) was the IA in Zambia. ECR was founded in Zambia in 2003 when 220 church leaders met to explore actions the church should take to confront the HIV/AIDS epidemic.[3] Since 2003, ECR has worked with several local faith-based organizations (FBOs) to provide advocacy and support services for people living with HIV/AIDS (PLHA) and acted as an attitude and behavioral change agent on stigma and discrimination and the acceptance of PLHA. ECR also advocates and supports the church in poverty alleviation projects. ECR started working with FABRIC in 2005 and aimed to improve quality of life for OVC. ERC worked with 15 community-based sub-recipients.

The Church Alliance for Orphans (CAFO) was the IA for the first three years in Namibia. In 2008, CAFO graduated into the New Partners Initiative. FABRIC selected Positive Vibes (PV) as the IA beginning in year four of the five–year project. Positive Vibes is a new Namibian NGO responding to HIV/AIDS with innovative and creative communication approaches. PV works towards "positive social change through innovative, people-centered approaches that articulate the voices and builds the self-esteem of PLHA", especially children. FABRIC, through PV, worked in six regions of Namibia and collaborated with three partner organizations for implementation, rather than sub-recipients in the other two countries.[4]

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[1] Data in this figure are current from fiscal year 2009

[2] Survey did not elucidate which group or organization provided the healthcare referral.

[3] This section is a summary of the preliminary results from a full costing report prepared by Petan Hamazakaza for Zambia sites and Sarah Laurence in South Africa, with assistance from Jill Costello and Bruce Larson. The full costing report will be

This component of the EoPE aimed to assess the wellbeing of a FABRIC project sample relative to a group of children randomly selected from the same communities in each of the core PEPFAR program areas: (1) education, (2) psychosocial status, (3) food/nutrition, (4) healthcare, (5) shelter and care, and (6) child protection and legal aid. Economic strengthening, commonly known as the "+1" in the USAID 6+1 OVC Service package, was not assessed, as FABRIC did not address this domain. The FABRIC sample was matched on gender and age-range with the community sample at a 1:2 ratio. IRB approval was received from FHI, Boston University, and the Ministry of Health and Social Services in Namibia. Approval was also granted from the Universities of Pretoria and Zambia, both of which are responsible for evaluating applied research in their respective country.

Methods and Study Site

We conducted a cross-sectional household survey of randomly selected FABRIC beneficiaries and age- and gender-matched community sample children in three randomly selected, geographically distinct, FABRIC project sites in both Zambia and South Africa. An equal number of children in each of three age groups were targeted: 0-4 years, 5-11 years and 12-17 years. A subgroup of the FABRIC sample aged 12-17 years and their guardians participated in semi-structured qualitative interviews focused on their experience with the FABRIC project.

Limitations

Because there are no baseline wellbeing data available, we conducted a cross-sectional survey to describe the reported wellbeing of each sample at one point in time. We are unable to analyze any changes over time. While we may see differences between the FABRIC and community samples, it is not possible to fully attribute differences to the FABRIC project. Additionally, on the quantitative survey, questions were time-bound to the last year to minimize recall bias. We assumed that FABRIC sample children, once they started receiving services, would stay in the program until they aged out. We cannot be sure that children currently enrolled at the time of the EoPE survey are representative of the full population of FABRIC beneficiaries due to inconsistent annual funding levels, high volunteer turnover and attrition rates, and modifications of the program priorities over time. The survey did not capture whether a child had "ever" received a service, therefore service delivery coverage may under-report services from FABRIC across the 5-year project.

Three FABRIC project sites in South Africa and in Zambia were randomly selected to participate in the evaluation. Sites in South Africa included Sithandizingane in Gauteng (532 beneficiaries), Siyathokoza in Free State (654 beneficiaries), and Bophelong in Northwest Province (765 beneficiaries). Sites in Zambia included Bethel Baptist – Samaritan Project in Kafue (422 beneficiaries), Mpatamatu Home-based Care Project in Luanshya (1,050 beneficiaries), and Evangel Oasis of Love Orphans Project in Chingola (387 beneficiaries). In order to reach the desired sample size of children 0-4 years of age in Zambia, an Mpatamatu program extension site (1,000 beneficiaries) was added. A sample of FABRIC project beneficiaries was randomly selected from current program rosters to participate in the evaluation. An equal number of FABRIC beneficiaries were chosen from each of three age categories and the sample of community children was selected from the same communities, matched by gender and age group.

A subset of the FABRIC sample (n=24) in the 12-17 years age group participated in an additional in-depth, semi-structured interview about their experience in the FABRIC project. Informed consent from the guardian and assent from the adolescent were obtained for the quantitative and qualitative components.

Sample Size and Procedures

In order to contextualize our sampling frame, an understanding of the FABRIC project's targeting and recruitment strategy is important. Though the targeting strategy is not well documented in either country, current FABRIC project staff was able to ascertain that the project preferentially recruited children that had lost either one or both parents (orphans). Vulnerable children were defined as having suffered some form of abuse,

dropped out from school, or were living in households headed by grandmothers, children, or chronically ill adults. Among these, households were then prioritized by economic status, with those having no income given support before those with some form of household income.

Assuming this targeting strategy was systematic and successful, we can reasonably assume that the FABRIC beneficiary households contained highly vulnerable children. We also can reasonably assume that the community targeting attempted to identify the more marginalized households containing children in greatest need. However, because we are lacking baseline data, it is impossible to conclude without reservation that the FABRIC sample was different from the matched community comparison population. We can, however, examine the current disparities experienced by the FABRIC sample relative to the community sample and suggest a relationship between the FABRIC interventions and the level of disparity. Using this approach and logic, "no difference" between the FABRIC sample and the community sample should be considered positive impact of the program as the base assumption is that the initial beneficiary children were selected because they were considered worse off at time zero.

Based on the limited quantitative OVC program evaluation literature and using local expert opinion, we powered the evaluation to detect a 20% difference in psychosocial wellbeing status between the FABRIC sample and the community sample (alpha 95%, power 80%), using a 1:2 FABRIC to community ratio in each age category. An additional 15% was added to account for refusals or incomplete interviews. Table 1 details the actual and projected sample stratified by age group and country.

Table 1. Actual and (projected) sample size for FABRIC End of Project Evaluation

	SOUTH AFRICA		ZAMBIA		Total across FABRIC Sites	
	FABRIC	Community	FABRIC	Community	FABRIC	Community
Age Group						
0-4 years	41 (44)	84 (88)	46 (44)	91 (88)	87 (88)	175 (176)
5-11 years	43 (44)	86 (88)	44 (44)	88 (88)	87 (88)	174 (176)
12-17 years	43 (44)	83 (88)	46 (44)	93 (88)	89 (88)	176 (176)
Sub-totals	127 (132)	253 (264)	136 (132)	272 (264)	263 (264)	525 (528)
Total	**380 (396)**		**408 (396)**		**788 (792)**	

Instrument Development

In December 2009, the Boston University and FHI teams met in Lusaka, Zambia to develop the protocol and indicators. Indicators reflected service receipt and wellbeing over the previous 12 months in each of the core PEPFAR program areas: (1) education, (2) psychosocial status, (3) food/nutrition, (4) healthcare, (5) shelter and care, and (6) child protection and legal aid. The indicators we agreed upon to measure service uptake and wellbeing can be seen in the appendix.

Surveys were age-specific to make them more appropriate, but measured the same domains. The surveys were developed by the Boston University team, reviewed by FABRIC country and regional staff, and modified as necessary. The 0-4 and 5-11 years of age instruments were answered by the index child's guardian, and the 12-17 years of age instrument had sections completed by both the guardian and by the adolescent. The same survey was administered to the FABRIC and community samples. Differences between the instruments reflected age-specific modifications of psychosocial, education, and dietary indicators. The qualitative interview guide was developed to elicit a description of the services received through the program, and the adolescent's perceived change from involvement in FABRIC. Surveys were translated into local languages (Zulu, Sotho, and Tswana in South Africa; Bemba and Nyanja in Zambia), back-translated, and piloted prior to implementation.

Data Enumerator Training

Local enumerators were selected by the FHI national offices in Zambia, in consultation with Boston University's Center for International Health and Development – Zambia (CIHDZ). FHI contracted data collection services in South Africa to Development Research Africa (DRA). DRA identified experienced data collectors and coordinated all field logistics. All data collectors in South Africa and Zambia had prior experience administering community-based surveys, were fluent in English and the local languages, and were non-residents of the community.

Enumerators attended a five-day training in either Lusaka or Johannesburg, which included sessions on research ethics, data confidentiality, survey implementation, and child protection. Trainings were organized by FHI in Zambia and DRA in South Africa, and were facilitated by a BU faculty member experienced with quantitative and qualitative research methods and familiar with the local context.

Data Collection

Data collection took place during the month of March 2010, following receipt of all IRB approvals. A member of the BU evaluation team supervised enumerators. An FHI staff member oversaw logistics in Zambia; DRA oversaw logistics in South Africa.

The FABRIC beneficiary sample was randomly selected from current program rosters. Households were visited to request participation. If a FABRIC beneficiary declined participation, the next child on the list of randomly selected beneficiaries was approached. At the time of this first household visit, the dwelling was geo-located using a Global Positioning System (GPS) device so it could be traced again for survey implementation. The community sample was randomly selected using the "drop the pen" technique, in which a pen is spun and dropped on the ground. Following the direction of the pen tip, every other house was contacted to see if a child of the appropriate gender and age range resided in the household. This random selection technique was repeated as necessary to locate community comparison households willing to participate in the evaluation.

Teams of two enumerators conducted 90-minute qualitative interviews in the respondent's language of choice. Prior to the interview with each adolescent, we briefly interviewed the primary guardian. Interviews were digitally recorded, transcribed and translated into English by the enumerators. Documents were reviewed for completion by the supervisor and transported back to Lusaka for entry, analysis, and storage. Consent from the guardian and assent from the child were obtained prior to any survey implementation.

Data Management and Analysis

Data Entry and Cleaning

Teleforms (Autonomy Cardiff Software, Vista, CA) was used for survey design and data entry. Teleforms is a data collection and management software that allows questionnaire creation by digitally mapping and encoding all data entry fields. Completed surveys were scanned and the Teleforms optical character recognition software captured data off the paper forms and exported it to a Microsoft Access database. Two research assistants manually verified the electronic data entered. Value, range, and logic checks were conducted for each variable.

Data Analysis

We used SAS version 9.1.3 (SAS Institute, Cary, NC) for data analysis. We calculated descriptive statistics for all study variables (means, medians, ranges, standard deviations, percent data missing, and frequencies for categorical variables). We assessed each outcome in a bivariate model, comparing the FABRIC and community samples as the exposure of interest. Each analysis was performed for the overall project as well as stratified by age group, country and gender. Chi squared p-values were used when the sample size was large enough; in some cases, where stratification led to small numbers, Fischer's exact p-values were used to compare the

FABRIC sample to the community sample. Qualitative interview transcripts were analyzed in NVivo version 8 (QSR International, Cambridge, MA. Themes were identified *a priori*, according to the focus group and interview guides, and coded using domain analysis.

Results

Characteristics of the Sample

Demographic characteristics of the FABRIC and community samples in South Africa and Zambia are shown in Table 2.

Table 2. Demographic characteristics of the FABRIC and community samples participating in the household survey in South Africa and Zambia

	SOUTH AFRICA		ZAMBIA	
	FABRIC n = 127	**Community** n = 253	**FABRIC** n = 136	**Community** n = 272
Mean age (SD)	9.0 (4.9)	8.5 (5.3)	9.1 (4.9)	8.6 (5.0)
Child gender				
Male (%)	56 (44.1)	111 (43.9)	65 (47.8)	129 (47.4)
Female (%)	71 (55.9)	142 (56.1)	71 (52.5)	143 (52.6)
Orphan status				
Non-orphan (%)	59 (46.5)	182 (71.2)	31 (22.8)	210 (77.2)
Maternal orphan (%)	12 (9.5)	9 (3.6)	9 (6.6)	8 (2.9)
Paternal orphan (%)	21 (16.5)	42 (16.6)	67 (49.3)	36 (13.2)
Double orphan (%)	35 (27.6)	20 (7.9)	29 (21.3)	18 (6.6)
Primary Guardian				
Mother (%)	58 (45.7)	169 (66.8)	76 (55.9)	172 (63.2)
Father (%)	2 (1.6)	9 (3.6)	5 (3.7)	22 (8.1)
Grandmother (%)	38 (29.9)	42 (16.6)	28 (20.6)	36 (13.2)
With other relative (%)	28 (22.0)	33 (13.0)	26 (19.1)	42 (15.4)
With non-relative (%)	1 (0.8)	0 (n/a)	1 (0.7)	0 (n/a)
Gender of guardian				
Male (%)	11(8.7)	17 (6.7)	16 (11.8)	41 (15.1)
Female (%)	116 (91.3)	236 (93.3)	120 (88.2)	231 (84.9)
Mean age of guardian (yrs)	43.1(sd 13.9)	38.3 (sd 12.0)	39.8 (sd 10.2)	38.5 (sd 11.1)
Guardians >60 years of age (%)	21 (16.5)	16 (6.4)	5 (3.7)	11 (4.1)
Guardians <18 years of age (%)	0 (n/a)	1 (0.4)	0 (n/a)	0 (n/a)
Employment status of the guardian				
Formal sector (%)	14 (11.0)	17 (6.7)	4 (2.9)	12 (4.4)
Informal sector (%)	14 (11.0)	20 (7.9)	47 (34.6)	65 (24.0)
Domestic/Home (%)	5 (3.9)	13 (5.1)	57 (41.9)	136 (50.2)
Unemployed (%)	85 (66.9)	190 (75.1)	17 (12.5)	29 (10.7)
Guardians with a chronic illness (%)	32 (25.2)	47 (18.6)	26 (19.3)	34 (12.5)
Mean number of adults living in the household	2.5 (1.3)	2.5 (1.3)	3.2 (sd 1.6)	3.3 (sd 1.5)
Mean number of children living in the household	2.8 (sd 1.5)	2.6 (sd 1.3)	3.9 (sd 1.7)	3.9 (sd 1.6)

The demographic data suggest both the targeting strategy for the program and the matching strategy (age range and gender) for the evaluation were successful. The proportion of males and females in each sample are similar in each country, as are the mean ages of the child, suggesting the community-based matching worked reasonably well.

We observed that FABRIC households had higher proportions of orphans than the community sample, suggesting the initial beneficiary targeting strategy was successful. In South Africa, 53.5% of the FABRIC sample and 28.1% of the community sample are known or presumed orphans ($p < .0001$), where either the mother or father or both is known or presumed deceased. Among orphans, we see a similar proportion of paternal orphans in each sample in South Africa, but the FABRIC sample has nearly double the proportion of maternal orphans and four times the proportion of double orphans. In Zambia, 77.2% of the FABRIC sample and 22.8% of the community sample are known or presumed orphans ($p <. 0001$), where either the mother or father or both is known or presumed deceased. Among orphans, the proportions of paternal and double orphans are over three times that of the community sample, and maternal orphans are more than double. We also observe a higher proportion of guardians with a chronic illness in the FABRIC samples, and a lower proportion of mothers as the primary caregiver in the FABRIC samples.

Household size and composition, as indicated by the mean numbers of adults and children living in the household, is similar across the FABRIC and community samples. Therefore, the dependency ratios are similar. The means are slightly higher in Zambia than South Africa. Though not statistically significant, the proportion of guardians with a chronic illness is higher in the FABRIC sample in both countries than in the community sample.

Table 3 shows the breakdown of the type of orphan stratified by country and by age range. In general, the proportion of double orphans increases as children get older across all groups.

Table 3. Type of orphan within households in the FABRIC and community samples in South Africa and Zambia by age range

	SOUTH AFRICA		ZAMBIA	
	FABRIC	Community	FABRIC	Community
0-4 years of age	n = 13 (31.7%)	n = 8 (9.5%)	n = 30 (65.2%)	n = 14 (15.4%)
Maternal orphan (%)	4 (30.8)	0 (n/a)	2 (6.7)	2 (14.3)
Paternal orphan (%)	7 (53.9)	7 (87.5)	21 (70.0)	10 (71.4)
Double orphan (%)	2 (15.4)	1 (12.5)	7 (23.3	2 (14.3)
5-11 years of age	n = 21 (48.8%)	n = 27 (31.4%)	n = 32 (72.7%)	n = 15 (17.1%)
Maternal orphan (%)	6 (28.6)	5 (18.5)	3 (9.4)	2 (13.3)
Paternal orphan (%)	4 (19.1)	16 (59.3)	18 (56.3)	10 (66.7)
Double orphan (%)	11 (52.4)	6 (22.2)	11 (34.4)	3 (20.0)
12-17 years of age	n = 34 (79.1%)	n = 36 (43.3%)	n = 43 (93.5%)	n = 33 (35.5%)
Maternal orphan (%)	2 (5.9)	4 (11.1)	4 (5.3)	4 (12.1)
Paternal orphan (%)	10 (29.4)	19 (52.8)	28 (65.1)	16 (48.5)
Double orphan (%)	22 (64.7)	13 (36.1)	11 (25.6)	13 (39.4)

While the data suggest the targeting strategy for enrollment was successful, the high proportion of orphans in the community sample suggests there remained a large unmet need in the community.

FABRIC Service Delivery and Child Wellbeing

Children could have received supportive services in any of the six of the PEPFAR domains, and it was possible to have received more than one service per domain. Table 4 reflects the number of services reportedly received in

the preceding 12 months among the FABRIC and community samples. In Zambia, the range of services received was zero to four, with 55.2% (n=75) of the FABRIC sample reporting receiving services over the previous 12 months. In Zambia, the mean number of services received by the FABRIC sample was 0.9 (sd 1.1) and the community sample 0.1 (sd 0.4) ($p < .0001$). Among the FABRIC sample in Zambia, 24.3% (n=33) reported receiving two or more services.

In South Africa, reported services received ranged zero to seven, and 63.0% (n=80) of the FABRIC sample reported that they received some support in the preceding 12 months. The mean number of services received in South Africa reported by the FABRIC sample was 1.4 (sd 1.5); in the community sample it was 0.2 (sd 0.6) ($p < .0001$). Among the FABRIC sample in South Africa, 40.9% (n=52) reported receiving two or more services. Community samples in both countries reported receiving services, representing either a spillover of FABRIC services to community members or confusion about the source of the services.

Table 4. FABRIC supports received among beneficiary and community sample children

	SOUTH AFRICA		ZAMBIA	
	FABRIC n = 127	**Community** n = 253	**FABRIC** n = 136	**Community** n = 272
At least one supportive service received (%)	80 (63.0)*	26 (10.3)*	75 (55.2)*	23 (8.5)*
Two or more supportive service received (%)	52 (40.9)*	10 (4.0)*	33 (24.3)*	5 (1.8)*
Mean number of supportive services (sd)	1.4 (sd 1.5)*	0.2 (sd 0.6)*	0.9 (sd 1.1)*	0.1 (sd 0.4)*

* Significantly different at $p \leq 0.05$

The following sections detail services received and outcomes indicators. Results of the quantitative and qualitative data collected are presented together, organized by PEPFAR program domain: (1) education, (2) psychosocial status, (3) food/nutrition, (4) healthcare, (5) shelter and care, and (6) child protection and legal aid. Each domain discusses five areas key to understanding and assessing service delivery, uptake and child wellbeing:

1) General overview of PEPFAR Guidance and Policy
2) Actual FABRIC practices in South Africa and Zambia
3) Coverage results
4) Orphan wellbeing results
5) Discussion

1. Education

1.1. PEPFAR Guidance and Policy

PEPFAR programming guidance encouraged diverse programming approaches aimed at removing barriers so that children could attend and perform well in school. The PEPFAR guidance recommended OVC programs give special attention to the vulnerability of girls, addressing the disproportionate level of risk girls face when leaving school at an early age. Interventions to make schools safe for children, especially girls, were encouraged. Vocational training support was also encouraged with recognition that the lack of opportunity to learn a trade or enter vocational networks can compromise adolescents' long-term economic prospects.

1.2. FABRIC Actual Practice

FABRIC promoted school registration and attendance for OVC, with specific activities including advocacy for reduced school fees and provision of books, uniforms, shoes, and other school supplies. In South Africa, FABRIC provided school materials including uniforms, shoes, and supplies. Because of the Child Welfare Grant available in South Africa, FABRIC did not need to purchase as many books or pay as many school fees as in Zambia. In Zambia, educational support from FABRIC focused on paying school fees, procuring school supplies, homework support, and mentorship by caregivers. More recently, mini libraries were established within sub-recipient organizations. Both countries provided mentorship and career guidance for OVC.

1.3. Education Coverage Results

The survey measured the proportion of school-aged children in the FABRIC and community samples who received assistance from the FABRIC project to attend school in the preceding 12 months. In South Africa, 31.4% of the FABRIC sample received assistance compared to 1.2% in the community sample ($p < .0001$). In Zambia, 53.9% school-aged FABRIC children reported receiving assistance compared to 4.9% in the community sample ($p < .0001$).

These results were substantiated by the qualitative work. Qualitative interview results show that all respondents in Zambia received books or pens, and seven of the twelve adolescents reported receiving school fees or school uniforms. Other frequently reported supports received in Zambia included shoes, stationary, school-books, and pencils.

> *"It has helped her with books but we are still waiting for the school fees… My question is, when are they going to give my child the school fees."* -Guardian of 14-year-old FABRIC beneficiary, Zambia

Half of the qualitative respondents in South Africa (n=6) reported receiving homework support. Shoes and uniforms were other commonly reported supports.

1.4. Education Wellbeing Measures

Education wellbeing data are presented in Table 5. School enrollment rates are high in both countries. We observed no differences between the FABRIC and community samples in the proportion of school-aged children registered in school. Nor did we observe differences in the number of children reporting average or above average school performance in either Zambia or South Africa. In South Africa, a significantly larger proportion of children in the FABRIC sample reported missing more than two days of school in the preceding two weeks than the community sample. In Zambia, nearly 20% in FABRIC and 30% in the community, reported missing more than two days of school in the previous two weeks.

Table 5. Education Wellbeing Indicators of registered school-aged FABRIC and community sample children in South Africa and Zambia

	SOUTH AFRICA		ZAMBIA	
	FABRIC n = 82 (%)	**Community** n = 161 (%)	**FABRIC** n = 86 (%)	**Community** n = 149 (%)
School-aged children registered for school missing more than 2 days of school in the last 2 weeks	9 (11.3)*	6 (3.7)*	17 (19.8)	43 (28.9)
Children registered in school reporting above average school performance	63 (76.8)	128 (79.5)	67 (83.8)	123 (85.4)

* Significantly different from the country-specific community comparison group at $p \leq 0.05$

We noticed differences when we stratified these outcomes were stratified by gender. First, among females in Zambia, 100% (n = 38) of school-age FABRIC sample children were registered for school compared with 88.9% (n = 64) of community sample children (p = .049). This difference was not seen among males.

Second, in South Africa, a greater proportion of girls in the FABRIC sample reported missing more than two days of school in the preceding two weeks relative to the community sample (14.0% and 3.5%, respectively, p = 0.059). Similar differences were not observed in boys or in the Zambian samples.

Third, a smaller proportion of guardians of girls 5-11 years of age in the FABRIC sample reported average or above average school performance, compared to the reported school performance in the community sample. No similar differences were observed in boys. Table 6 illustrates parent-reported (5-11 years) and self-reported (12-17 years) school performance, presented as the percentage reporting average or above average school performance.

Table 6. Proportion of children with average or above average reported school performance, stratified by age and gender

	SOUTH AFRICA		ZAMBIA		TOTAL	
	FABRIC n (%)	**Community** n (%)	**FABRIC** n (%)	**Community** n (%)	**FABRIC** n (%)	**Community** n (%)
Female	36 (80.0)	72 (83.7)	28 (73.7)	56 (87.5)	64 (77.1)	128 (85.5)
5-11 years	17 (85.0)	27 (84.4)	8 (50.0)	20 (90.9)	25 (69.4)*	47 (87.0)*
12-17 years	19 (76.0)	45 (83.3)	20 (90.9)	36 (85.7)	39 (82.9)	81 (84.4)
Male	27 (73.0)	56 (74.7)	43 (89.6)	71 (83.5)	70 (82.4)	127 (79.4)
5-11 years	16 (76.2)	37 (77.1)	22 (88.0)	33 (78.6)	38 (82.6)	70 (77.8)
12-17 years	11 (68.8)	19 (70.4)	21 (91.3)	38 (88.4)	32 (82.1)	57 (81.4)
Total	63 (76.8)	128 (79.5)	71 (82.6)	127 (85.2)	134 (79.8)	255 (82.3)

*Significantly different at p = 0.05 level

The survey assessed reasons why some school-age children were not enrolled in school. In South Africa, financial poverty did not seem to be a major constraint on school participation. Of the eight school-aged children in the community sample not registered, only one reported no money for school fees. Four guardians reported this was because the children were too young, one reported poor school performance in the preceding year, and reasons were unavailable for the remaining two. Of the unregistered children in the FABRIC sample (n=4), one guardian reported the child was too young. Reasons were unavailable for the remaining three children.

In the community sample in Zambia, 14 children were not registered in school. In contrast to South Africa, money for school fees appears to be a constraint in the community sample. Of the 13 community children eligible for school but not enrolled, nine reported a lack of money for school fees, two reported a lack of school uniforms or supplies, one was too young, and one needed to care for another child. Of the three school-aged FABRIC children not registered in school in Zambia, access to funds for school fees was not reported as a problem. One child was too young, another guardian reported the child did not want to attend, and the reason for the third child was unavailable.

The survey also assessed reasons for school absenteeism among children registered for school. In South Africa, of the six community sample children missing more than two days of school in the preceding two weeks, five guardians reported illness and one reported lacking school shoes. Among the nine FABRIC sample children who

missed more than two days of school in the preceding two weeks in South Africa, seven reported illness, one lacked a uniform, and for one the reason was unavailable.

Among registered students in Zambia who missed more than two days of school in the past two weeks, the most frequently reported reason was illness (13 community children and 8 FABRIC children). Other reasons included unpaid school fees, (12 community children and 4 FABRIC children), income generating activities (2 community; 1 FABRIC), no shoes or uniform (5 community; 2 FABRIC), household activities (3 community and 1 FABRIC), and child-care (1 community child). Additional reasons provided include too much rain, no soap for washing, a late return from holiday, and no food to eat.

> *"It has changed him. His life is moving forward since they started helping him. His life is better. They sponsor him in everything at school."*
> -Guardian of 15-year-old FABRIC beneficiary, Zambia

> *"I get better marks from school now."* -12-year-old FABRIC beneficiary, South Africa

1.5. Education Discussion

In Zambia, more than half of the school-aged FABRIC sample surveyed reported receiving support to attend school, consistent with FABRIC's programmatic focus on education. In South Africa, approximately one-third of FABRIC beneficiaries surveyed reported receiving support to attend school. Although this number is less than that seen in Zambia, it provides evidence of the FABRIC project focus and the probable impact.

In both South Africa and Zambia, we observed high levels of school enrollment. Both countries actively support efforts to meet universal primary education goals and are making major efforts to expand educational access to populations that have had restricted access historically. Interestingly, 100% of girls in the FABRIC sample in Zambia reported enrollment in school, a number significantly higher than the 88% in the community sample. Although program impact is difficult to ascribe in the absence of baseline data, this school registration rate among girls, a population group specifically targeted by FABRIC, is noteworthy.

Parent- and self-reported school performance suggests the majority of children are perceived to be performing at average or above average levels. When stratified by gender, a smaller proportion of girls 5-11 years of age enrolled in the FABRIC sample reported average or above average performance compared to the community sample. The differences noted in this metric, which may reflect perceived confidence in performance, highlight the ongoing potential vulnerability of girls targeted by the FABRIC project.

Lastly, rates of school absenteeism seen in this study are similar to those reported in a learner absenteeism study recently published in South Africa (Learner Absenteeism Report, CASE, 2007). In our study sample, illness was the primary driver of school absenteeism in both the FABRIC and community samples in both countries, again highlighting the widespread vulnerability of these communities. The health status of both the FABRIC and community samples are further discussed below.

2. Psychosocial Support

2.1. PEPFAR Guidance and Policy

PEPFAR programming guidance advocated for OVC programs to provide children with age- and situation-specific psychosocial support, recognizing that children often respond differently than adults to trauma and loss. Examples of potential PEPFAR-supported interventions include: (1) referrals to counseling where available and appropriate, particularly for HIV-positive youth; (2) capacity-building activities for caregivers to listen to and talk

with children; and, (3) strengthening local capacities to provide psychosocial support for distressed children, with additional activities supported at the level of the child, family, and care system.

2.2. FABRIC Actual Practice

Within the FABRIC project, psychosocial supports provided varied by age range and country. For 0-4 year olds, FABRIC supported home visits by project caregivers, which aimed to identify problems experienced by beneficiaries and to provide encouragement. Some FABRIC caregivers were trained in counseling. In South Africa, early childhood development centers were established for 0-4 year olds; here children could play with toys and receive feeding support. In Zambia, 0-4 year old psychosocial support was limited in the first years of the project, but in 2008, the "Say and Play" tool for all OVC partners was developed and implemented to help guide psychosocial support for 0-4 years of age. In 2009, FABRIC was one of the first projects to scale-up the use of this tool.

For 5-17 year olds, South Africa supported daily after-school programs, and Zambia offered "Kids Clubs" once per week. Both countries implemented short-term school holiday camps that focused on psychosocial activities to address emotional distress for OVC including sporting activities, education on children's rights and abuse, and career guidance.

2.3. Psychosocial Coverage Results

The survey captured coverage of psychosocial services differently in each age group. Guardians of children under five years of age were asked about receipt of psychosocial services from the FABRIC project in the preceding three months, rather than 12 months, because young children are highly vulnerable and more recent psychosocial services would be more relevant to wellbeing. Guardians (5-11) and adolescents (12-17) were asked about participation in extracurricular or afterschool activities, and home visits supported by the FABRIC project in the preceding 12 months.

Overall, more psychosocial support was reportedly received from the FABRIC project among the FABRIC sample in South Africa than in Zambia. Among children under five, 24.4% in South Africa and 6.5% in Zambia reportedly received some form of psychosocial support in the preceding three months. Among children 5 – 11, 11.6% in South Africa and 9.1% in Zambia reportedly received support in the preceding twelve months. Among children 12-17, 11.6% in South Africa and 6.5% in Zambia reported receipt of psychosocial support from FABRIC in the preceding twelve months. A small proportion of the community sample overall – 0.6% in South Africa, 1.6% in Zambia – also reportedly received some psychosocial service from the FABRIC project in the preceding 12 months.

In the qualitative interviews, the most frequently reported psychosocial support activity in both countries was "playing with friends at the FABRIC center." Adolescents in South Africa also perceived dancing/singing, praying, feeling loved and important, encouragement from FABRIC staff, support groups, and exercise as psychosocial benefits of FABRIC. Adolescents in Zambia perceived counseling from caregivers, sports and exercise, trusting the caregivers, feeling loved and important and praying as psychosocial benefits of FABRIC.

> *"They give us love like we are their own kids and they always give us support and advice. If we feel sad, they treat us good. They always make you happy."* -12-year-old FABRIC beneficiary, South Africa