



Southern African Catholic Bishops' Conference
SACBC AIDS Office



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Orphan and Vulnerable Children (OVC) End of Project Assessment Report

By

Tessa Marcus (Phd)

With

Petra van Niekerk (Phd)
and Gladness Mathebula

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 - » Sr Euphrasie and her team St Joseph's Community Care, Polokwane, Limpopo
 - » Ms S Khosa and her team Mercy AIDS Kopano Lerato, Winterveld, Gauteng

These are the women and men who are the backbone of organising care and support to OVC families in their communities.

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EXECUTIVE SUMMARY

This is the end-of-project qualitative assessment of eight sites in the SACBC's orphans and vulnerable children's program commissioned by the SACBC AIDS office at the request of PEPFAR. It paints a clear picture of the positive impact of care and support on health and wellbeing when interventions are directed comprehensive, sustained and integrated around people's needs.

The SACBC AIDS office OVC program has had a significant impact on the organisation of the 8 site projects. It has created a standardised management system that supports PEPFAR financial, governance, project management and reporting compliance. It has supported project staff and organisational capacity development. It also has stimulated networking to access and share resources and exchange information, especially at the local level.

The OVC program has improved the individual and family life of orphans and vulnerable children at all project sites. Through the provision of comprehensive HIV/ AIDS support and general health care, food and nutrition support, education, practical material support as well as emotional and spiritual care they have restored the self-esteem, dignity, life prospects and hope of children and their caregivers. It also has contributed directly to the interpersonal and functional capacity of orphaned and vulnerable children, their guardians as well as project staff.

With the ending of PEPFAR funding it is unlikely that many of the project sites will be able to raise sufficient resources on their own to continue to offer a comprehensive and integrated program. While the government's reengineering of primary care creates new opportunities in an increasingly difficult donor/ philanthropy climate, there are also many uncertainties that may hinder or impair their work.

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SACBC AIDS OFFICE ORPHANS AND VULNERABLE CHILDREN PROJECT

Introduction

The Southern African Catholic Bishops' Conference works in 29 dioceses in South Africa, Swaziland and Botswana. The SACBC has adopted a child focused, family- centred, developmental approach that supports orphaned and vulnerable children, surviving parents, guardians and foster parents. As a key partner and recipient of the USA government's President's Emergency Plan for AIDS Relief (PEPFAR) the SACBC AIDS office guides and supports dioceses to provide OVC families with optimal quality of life through holistic and comprehensive care.

The SACBC AIDS Office commissioned the Department of Family Medicine, (School of Medicine, University of Pretoria) to undertake a qualitative end-of- project assessment of eight SACBC OVC Project sitesⁱ.

Study Design and Method

The sites selected by the SACBC AIDS Office are located in five South African provinces and represent 32% of SACBC OVC supported projects.

SACBC OVC Sites in End-of Project Assessment (listed in order of review):

- 1. Kids Care, Bronkhorstspuit, Gauteng**
- 2. Rorisang Men and Youth, North West**
- 3. Tsibogang, Mahikeng, North West**
- 4. Noyi Bazi OVC, Pomeroy, Msinga District, KwaZulu Natal**
- 5. Aliwal Diocese Welfare and Development, Aliwal North, Eastern Cape**
- 6. King Williamstown AIDS Committee, Catholic Diocese of PE, Eastern Cape**
- 7. St Joseph's Community Care, Polokwane, Limpopo**
- 8. Mercy AIDS Kopano Lerato, Winterveld, Gauteng**

Preparation and data collection was undertaken over a 10 week period (September-November 2014). It involved developing an interview guide using the resource guides of Tulane University, refining the methodology, finalizing logistical arrangements, training and fieldwork.

ⁱ SACBC – UP Department of Family Medicine Memorandum of Understanding 21 September 2014.

Focus group discussions were used to generate the data. The field team facilitated a management, child careworker, youth and guardian focus group discussion at each site. Management selected focus group participants. In all, some 32 focus group discussions involving some 208 participants were conducted by the field team, as the table below shows.

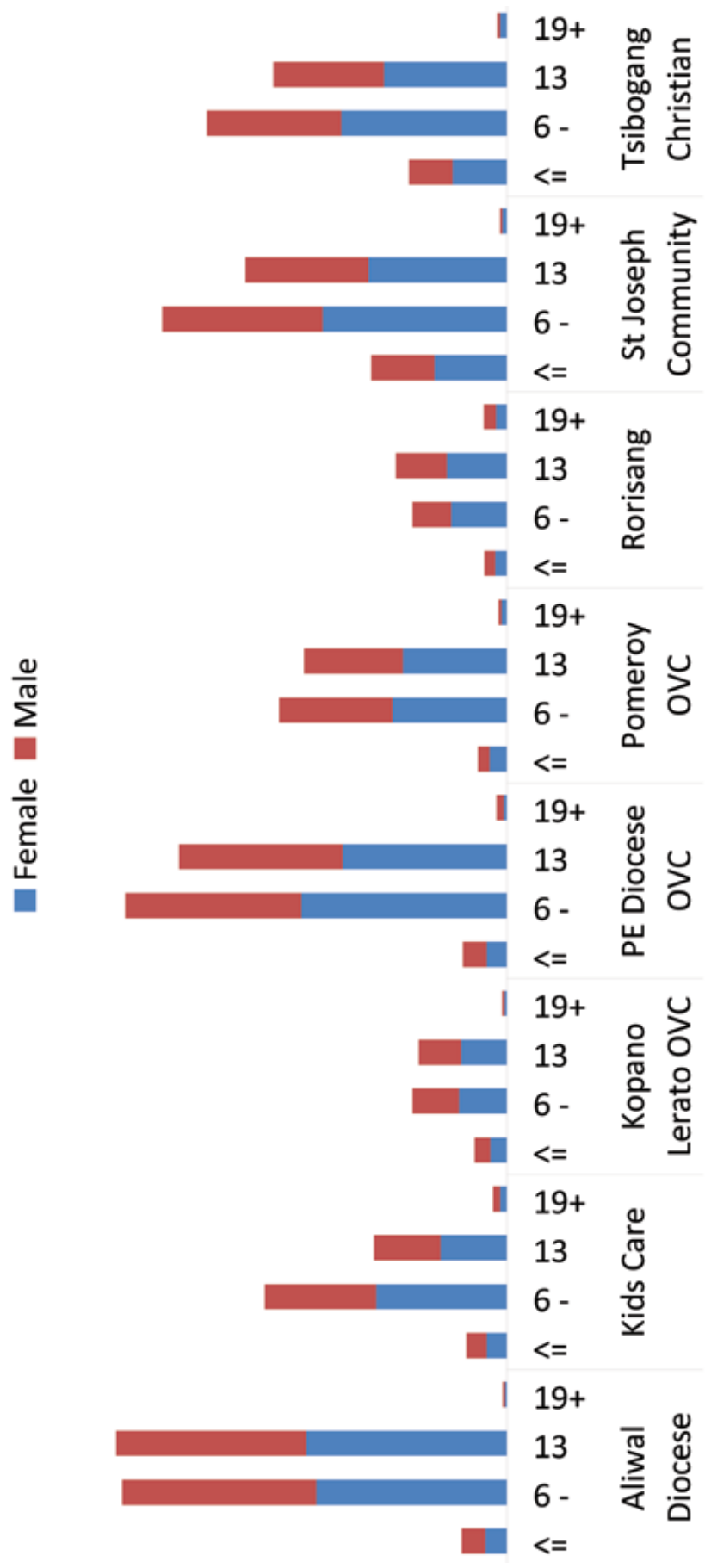
FOCUS GROUP AND NUMBER OF PARTICIPANTS BY SITE					
		Number of Participants			
		Project Management / Staff Focus Group	Child Care Worker Focus Group Total	Youth Focus Group	Guardians Focus Group
Total:		36	72	47	53
Number	Site Name				
1	Kids Care and Support Development Trust	7	9	8	4 + 4 Community Workers
2	Rorisang Men and Youth Development	4	9	5	6
3	Tsibogang CAG	4	10	6	5
4	Noyi Bazi OVC	4	9	5	5
5	Aliwal Diocese Welfare and Development Committee	8	9	3	5
6	Port Elizabeth AIDS Committee	3	8	5	7
7	St Joseph's Community Care	3	11	8	11
8	Mercy AIDS Kopano Lerato	3	7	7	6

Data were translated and captured (mid-November- end-January 2015) and analysed and written up during February 2015.

The age and gender of children registered on the Child Data System at each of the sites at the time of assessment is shown in the graph below.

Age and Gender by End of Project Assessment Sites:

Number of OVCs Registered on the Child Data System at the 8 Assessment Sites by Age and Sex



The report that follows sets out the findings of the end-of-project assessment of the SACBC Aid's Office OVC program.

1.

KIDS CARE AND SUPPORT TRUST (KCS TRUST), ZITHOBENI, GAUTENG

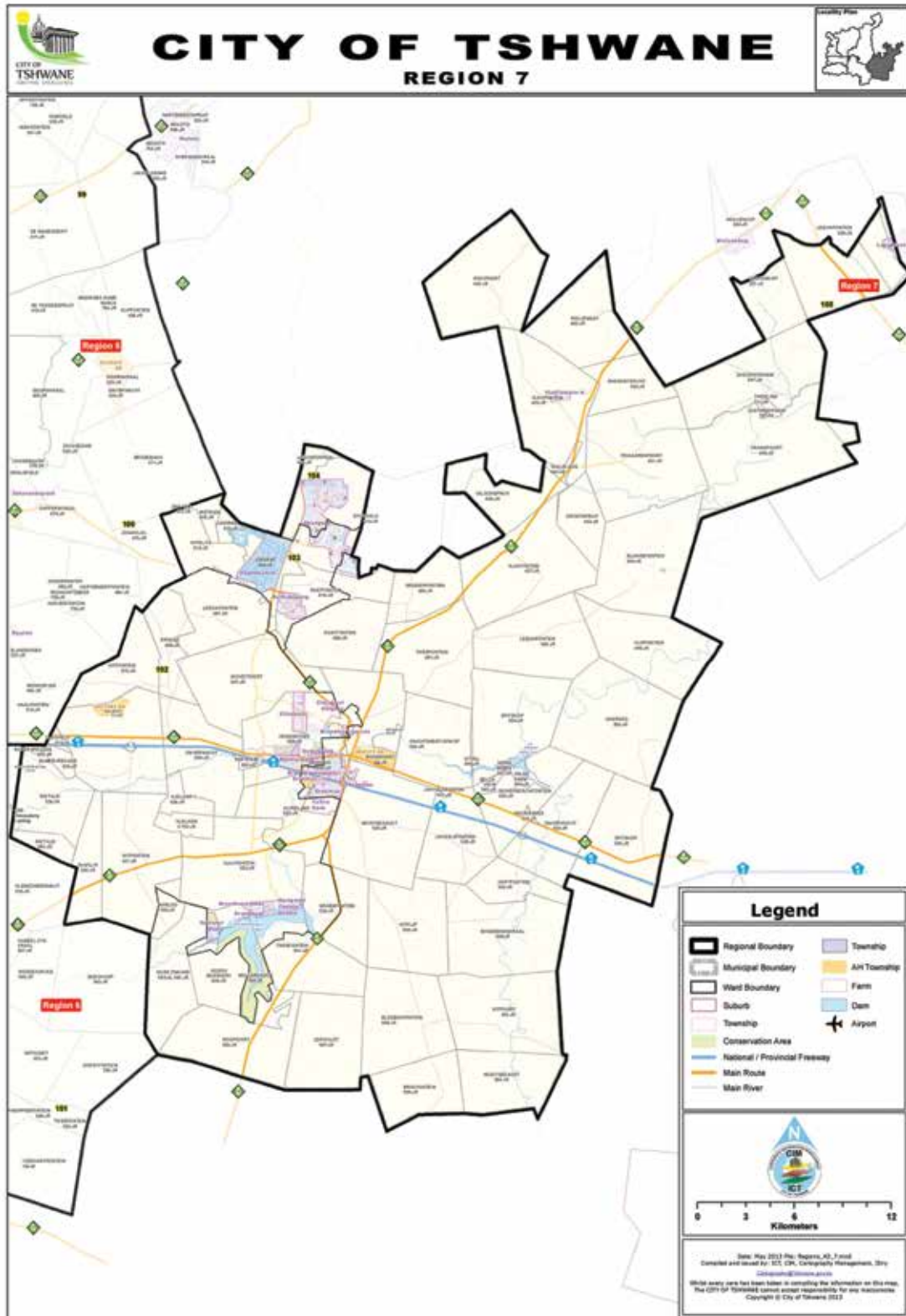
Origins and Location

The Kids Care and Support Trust (KCS Trust) has been in existence since 2008 arising from a 2005 St Joseph's Care and Support Trust initiative.



KCS Trust, Zithobeni

KCS Trust headquarters are in Zithobeni, a rurally located township north of Bronkhorstspuit that falls in Region 7 of the City of Tshwane Metropolitan Municipality. The streets are not named and the center does not have signage visible from the street¹. KCS Trust runs three drop-in centers to serve people living on farms and small settlements around the towns of Bronkhorstspuit and Cullinan.



Zithobeni, Gauteng ⁱⁱ

Funding

KCS Trust is funded by PEPFAR, DSD Kids (Netherlands) and the Nelson Mandela Children's Fund. It supports 565 children, 525 of whom are registered. The 40 unregistered children were formerly supported by the project but are now older than 18.

Historically linked to the SACBC through St Josephs, the KCS Trust provides humanitarian services and care for the poor using the principles of Christian charity.

Staffing and Staff Development ⁱⁱⁱ

The project has 9 full-time child care workers who are on stipends (accounting for 22% of Trust income). Project staff and child care workers have been trained in a range of areas including governance and strategic development, finance (including pastel accounting), team building, health management (including ancillary nursing, HIV counseling and testing, oral hygiene and health and safety), psycho-social support (including early childhood development, Botswadi -care of children and parenting, Memory Box bereavement counseling, youth care work, First Aid), auxiliary social work as well as food gardening and firefighting.

Management

The management team comprises a project coordinator, a finance officer, an M&E officer, a center manager and 3 area managers. The team is well organized. They routinely use the Child Data System to identify and provide information on the children and services provided. Finances are managed against a budget. There are internal policies and procedures are GAAP compliant.

The role of the SACBC AIDS office has been financially and organizationally critical to the success of the KCS Trust. Through them it has been supported to create a governance structure (a management board) that has helped them develop a strategic business plan, ensure proper governance and financial management and fund raise. Enabled by the Child Data System, the team has been helped to ensure financial compliance and effective monitoring and evaluation of their work. Child careworkers acknowledge the role of the SACBC in funding their various projects, providing them with stipends and supporting their development as well as their wellbeing (Christmas gifts, retreats) as careworkers.

Networking

The KCS Trust works with a range of public, not for profit and private organizations including the Department of Social Development, the Department of Home Affairs, the South African National Council for Alcohol and Drug Abuse (SANCA), various child care forums, Ubunye, Smile of Joy (OVC Oral Care), the Motsepe Foundation, Nan Hua Temple, Sports Hub, Scouts Training, Russelstone, CSI Formula One and Love Life.

Their relationships with these organizations enable them to mobilize resources, skills and services. As the staff explained, "apart from assistance or funding throughout the year they also provide Christmas joy to staff and children."

Services offered

KCS Trust offers direct support to OVC children (<18) through a comprehensive community care program that combines a range of support services (psycho-social, education, home renovation and economic strengthening, early childhood development) with advocacy and community education to ensure that all children are well cared for, attend school and reap the benefits of learning. It also actively works with guardians and child carers, the children's families as well as the broader community to improve community wellbeing.

KCS Trust tailors its programs to address children's individual and age specific needs.

- It runs an ECD program at static and mobile crèches for children not yet in school. These directly support the children and simultaneously teach parents and carers in the community how to raise them.
- KCS Trust registered children attending primary school are supported educationally, by ensuring and monitoring school attendance and providing uniforms and stationary. The Trust also sees to the children's health and nutrition needs. In addition, KCS Trust runs after-school and school holiday activities that combine homework support, active play and recreation.

- KCS Trust registered children attending high school get the same education and health care support as younger children. In addition, they are provided with workshops/counselling on relevant topics^{iv} such as self-awareness, personal hygiene, pregnancy, drugs, satanism, anger management, time management and leadership, treatment adherence, team building and bullying.
- The few children who are not in school either because of absent documentation or drug abuse are supported to get birth certificates / identity documents or are put into a rehabilitation program.
- The KCS Trust supports OVC guardians to be co-carers. They try to equip them to solve problems, check on schooling and share responsibility for the children's wellbeing by providing life skills training and through support groups.
- KCS Trust child care workers^v provide direct health care support to OVC families including encouraging ART and other treatment adherence, accompanying children to and from hospitals and clinics, attending to ill children at school, providing emergency first aid and supporting the care of children with disabilities.
- The KCS Trust provides ongoing support to youth who are no longer eligible to be in the programme because of age (18+), inter alia through bursaries, by running job clubs (making applications, CV writing, interview tips etc) and computer training camps, etc.

At the time of the field visit (8-9 October 2014) the KCS Trust was supporting only one child headed family. In addition to arranging for child care grants, a carer assigned by the Trust to the family goes to the home daily. She goes home once before school - to help get the children washed and dressed, to prepare lunch boxes and to make sure they go to school; and once after school- to support homework and to help them prepare for the next day.

Implementation^{vi}

Potential beneficiaries are identified through door-to-door campaigns, word of mouth and through referral. Once identified there are standard intake procedures. Child care workers use the A4 forms to collect family and individual information. This information is also captured on the Child Data System. They then use the information they have collected to identify whole family needs and to develop individual plans. Child care workers also use the Child Data System to cluster children for group activities. Field Service forms are completed every month and are used by management for personnel and service management, budgeting and reporting to the SACBC AIDS Office.

Impact

The KCS Trust has impacted positively on management, child care workers, guardians and children. They report that the funding to support their OVC program has contributed to family and child health and wellbeing in the following significant ways:

- It has enabled orphaned, vulnerable and HIV positive children to thrive.
 - » HIV positive children and adults are supported to get onto and stay on treatment. Caregivers visit children at home and assist with compliance^{vii}.
 - » They have been given the chance of a normal childhood and the prospect of success. The coordinator was a beneficiary of the program who was supported to study. He became a child care worker before being appointed as coordinator.^{viii}
- It has secured children access to education and reduced the numbers of OVCs not in school.
 - » Children are in school.
 - » Children and youth are given the extra-curricular recreational and educational support they need to be successful learners.
- OVC households have been better integrated into the community.
 - » Children are provided with school uniforms, winter clothing, basic utensils, food and other necessities

- » The project has actively contributed to the improvement of their homes through the shelter improvement programme
- » Children are getting the health care they need
- » Children are helped to lead a fairly normal life
- The program restores people's self-esteem and dignity and has made it possible for them to be proud of themselves and their homes.
 - » Support groups were hard to set up because people did not want to disclose their status. Through KCS Trust programmes people have been helped to overcome the challenges of being infected or affected by HIV/AIDS. Now they come openly to register for assistance.
 - » Youth are supported to make healthy life choices and to secure a positive future. They are encouraged to be sexually abstinent. They are given practical skill as well as emotional and spiritual support.
 - » Guardians are helped to provide the children with better care. They value treatment support because they see that "children improve very well". They also value help with household budgeting and maintenance^{ix}.
- The program has been able to alleviate food insecurity and hunger in OVC homes
 - » By providing food parcels and developing vegetable gardens
 - » By ensuring children eat before, during and after school;
 - » By funding schooling and clothing
 - » Youth and guardians reported that "being able to eat and being able to go to school" were the two main challenges that the project had helped them overcome.
- The program has directly changed people's lives and prospects. In the focus groups, respondents shared the following stories and sentiments
 - » A lost father was traced to Limpopo
 - » Three children, living alone, were relocated to their mother in KwaMhlanga. The program built the family a shelter there.
 - » A person who was sent on an exchange programme to the Netherlands became the HR manager at St Josephs.
 - » Youth said value the love, care, respect and guidance they have received.

A grandmother's story:

"I came to this place quite by chance. We had no food in the house. I felt desperate, so I took a bowl and intended to go to my neighbor to ask for mealy meal. Before I reached that house I met somebody who asked me where I was going with the bowl. I explained to her that I was going to ask the neighbors to help me. She suggested that I should go to the child care center, perhaps they could help me there. I was hesitant. She encouraged me and offered to accompany me to the center. To my surprise I was welcomed by Management. When I told them my story I was registered as a beneficiary of the program. I am now allocated a plot to plant vegetables."



- The program has developed the capacity of staff, care workers and guardians



Child care workers, KCS Trust, Zithobeni

We would like to be remembered as “people who changed lives, opened opportunities, are caring and can be relied upon.”

We want people to remember the project because it gave them self-esteem and confidence, and that they were happy for the intervention.

Prospect and Challenges

The need for the KCS Trust to continue to exist is indisputable. It offers a comprehensive and integrated program of support to children and their carers at the same time as it helps uplift the communities they live in.

The KCS Trust management and board have a strategy to sustain the program after PEPFAR funding comes to end. They plan to maintain other existing sources of funding and collaborating partner organizations. They also plan to actively raise funds. They have decentralized fund raising, appointed a fund raiser and have developed income generating projects (e.g. pro-computer, sewing) that they “plan to send everywhere”.

There are real context challenges that need to be addressed, however, child care workers report that youth find it hard to get work after they finish school, even though they have matric. There are children of foreigners without documentation who need support. It is also hard to meet the food need given the level of demand. Lastly, there is a very tight funding environment.

- i G Mathebula and Pvan Niekerk Qualitative Evaluation of OVC Site Visit: Kids Care and Support Trust, Zithobeni 8-9 October 2014
- ii http://www.tshwane.gov.za/AboutTshwane/MapsandGIS/Tshwane%20Regions/A3_Region_7.pdf 2015/02/09
- iii Project Management Staff Focus Group, Child Care Worker Focus Group
- iv Youth Focus Group, Project Management Staff Focus Group, Child Care Worker Focus Group
- v Child Care Worker Focus Group
- vi Child Care Worker Focus Group
- vii Child Care Worker Focus Group
- viii G Mathebula and Pvan Niekerk Qualitative Evaluation of OVC Site Visit: Kids Care and Support Trust, Zithobeni 8-9 October 2014
- ix Child Care Worker Focus Group

2. RORISANG MEN AND YOUTH DEVELOPMENT SERVICES, NORTH WEST

Origins and location

Rorisang Men and Youth Development Services (Rorisang MYDS) is a registered not-for-profit organization established by the Catholic Church and well supported by the local priest. It is located in Khuma township near Stilfontein (Dr Kenneth Kaunda District, North West Province). The center is housed on a very small stand in two structures. Four rooms are used as offices. The garage serves as the kitchen where meals are prepared for all children twice a day. There is no piped water on the premises. A 1000 liter tank is filled weekly on a Fridayⁱ.



Rorisang

Funding

Rorisang MYDS is funded by PEPFAR through the SACBC, the Department of Social Development and the Department of Health. This funding supports some 358 children who are registered with the project: 33 are in early childhood development, 194 are in primary school and 131 are in secondary school.

Staffing and Staff Development ⁱⁱ

Rorisang MYDS project has four staff, one of whom has not had a stipend for 8 months. It was said that North West Province DSD has not paid stipends since April 2014. Staff and care givers have been trained in a range of areas including governance, proposal writing, micro-finance, project management, food gardening, income generation, ancillary nursing, parenting, counselling and peer education. Caregivers working at clinics have completed the 10 day ward based outreach team (WBOTS) training of the Department of Health (North West Province), a national program on primary health care reengineering. They have also trained in the Isibindi (courage) program.



Children Collecting Water at Rorisang

Isibindiⁱⁱⁱ is “a community-based care and protection intervention option for children” developed by the South Africa’s National Association of Child Care Workers (NACCW). “Community members are trained as professional CYCWs. They all live within easy distance of their clients. Their primary goal is to provide daily practical and therapeutic assistance to children and youth in their life-space. Practical assistance includes:

- Helping with the preparation of meals
- Cleaning the house with the children and caregivers
- Accompanying family members to the clinic and overseeing the taking of medication
- Assisting the family with application for birth certificates
- Helping the family to budget
- The therapeutic elements includes:
 - Teaching life skills – relationship building, problem solving, conflict resolution, dealing with stress
 - Assessing and referral of children and families – health, trauma, education, need for material assistance relating to severe food insecurity and crises
 - Transfer of knowledge and skills - HIV/AIDS awareness, testing and management, safety, nutrition and educational assistance
 - Life-space counselling – in the moment assistance with difficult situations of conflict, crisis, stress and grief”.

Management

The project uses the SACBC Child Data System to collect data (A4 forms), manage services (Field Service forms) and report monthly. Through it they are able to keep records and to determine priorities. They use a robot system to identify and determine priorities – red means danger/urgent; yellow means needing attention and green means good/can go. Finances are managed against a budget. Requests for money are considered and controlled at meetings. Every effort is made to ensure all resources reach the children directly.

The SACBC AIDS Office has played a significant role in helping Rorisang MYDS manage their finances and monitor and evaluate their services. "We have learned how to use money and keep good records."^{iv} The SACBC grant has enabled the project to register as a not-for-profit organization.

Child care workers interviewed report that the system helps them identify problems or needs, including those of children on treatment. They also use it to whether needs have been attended to or not them whether these have been attended to or not. They value the role the SACBC has played in providing them with spiritual and material support as well as assistance in conflict resolution. They also appreciate the Christmas gifts and retreats that keep them motivated and strong.

Networking

Apart from the Catholic Church, Rorisang MYDS main other partners are the Departments of Health and Social Development. They also work with the South African Police Services' Child Protection Unit, other churches active in the area, the local AIDS forum, the Matlosana municipality NGO forum, which meets monthly, and the community. Through networking they have been able to "assist each other" with resources and raise awareness of the issues that affect orphaned and vulnerable children.

Services offered

Rorisang MYDS provides a range of services to the children in its care through direct support and through education and training. These are offered one on one and as group activities. Services include:

- educational support, such as an after-school programme, career camps, sports and recreation activities, career pathing and assistance with post-school studies (applications, bursaries);
- life skills training, such as HIV, sexual abuse prevention, pregnancy prevention and general health education, peer support;
- practical care, such as running a feeding scheme, supporting children on ART, assisting children and their guardians go to and from clinics, making referrals, assisting with basic home repairs, care and maintenance, providing uniforms and stationary, providing memory box bereavement support, providing support to get employment, etc.

Rorisang MYDS address children's individual needs in age specific ways.

- It runs an ECD program in which careworkers go to children's homes to support guardians. At the time of the field work there were plans to build an Isibindi Safe Park (a place to play, heal, be supported and belong) close to the the centre with the help of the Department of Social Development.
- Primary school children are supported educationally, by ensuring and monitoring school attendance, supporting homework and providing uniforms and stationary. The project also sees to the children's health and nutrition needs. Breakfast, lunch boxes and afterschool meals are provided at the centre.
- High school children supported by Rorisang MYDS get the same education and health care support as younger children. In addition, they are involved in workshops/counselling on relevant topics^v such as HIV, teen pregnancy, drugs, violence and abuse.
- Rorisang MYDS actively strives to keep children in school by working with the police and by ensuring that all children have the necessary documentation to enrol. At the time of the field work no children in the project who were not in school.
- Rorisang MYDS provides direct support to families through home visits where they assist with ART adherence, accompany children to and from hospitals and clinics, attend to children who are ill at school, engage with and help support ECD, assist guardians with disabled children, and help with housekeeping and maintenance.
- The Rorisang MYDS supports youth who are no longer eligible to be in the programme because of age (18+). They help them with bursary and job applications. They also actively seek concrete support, for example, by approaching mines for study bursaries and employers for jobs. They have approached the mines for study bursaries They were also able to find jobs for youth at Mr Price and the Hub store in town.



Lunch time at Rorisang

At the time of the field visit Rorisang MYDS reported no child headed households on its books.

Implementation^{vi}

Children in need of support are identified at school or are referred by the community or the church for support. Childcare workers use the A4 forms to collect family and individual information. This information is also captured on the Child Data System. Field service forms are completed every month and are used by management for personnel and service management, budgeting and reporting to the SACBC AIDS office .

Impact^{vii}

Rorisang MYDS

- is the only organization in the area that deals with orphans and vulnerable children thanks to SACBC and its other partners.
- It has given orphaned and vulnerable children the chance to go to and stay in school, to have a place to go with their problems, and to be sure of having food and shelter.
- It has contributed to an improvement in the children's home conditions, relieving guardians of some of the burdens of providing for their care, helping with school work as well as health care, and helping maintain OVC homes.
- Children are helped to lead a fairly normal life and OVC families are better integrated into their communities. As one youth put it, "I will always remember my first day at school, going with a uniform, school bag and shoes".
- The feeding scheme directly contributes to children's health and well being as well as their

educational performance.

- The project has significantly contributed to children’s school performance as well as their ability to navigate their way through their teenage and young adult years by motivating and supporting them to perform in school and to live a normal life. For children, its their place. “I grew up here and I regard this as my home”

Prospects and Challenges

Through its support to the Rorisang MYDS the SACBC AIDS Office has made a significant impact on orphaned and vulnerable children’s lives in Khuma. Management and child care workers are highly motivated and extremely dedicated. The project has acquired its own building. It is well known locally and has good relations with other organizations and stakeholders. However, there are real funding challenges and it is not clear if they will be able to sustain the project in the same way without PEPFAR funding. Although they plan to build relations with other donors and have even applied to the national lottery for funding with SACBC assistance, the outcome of these efforts is uncertain. As they put it, they are “praying for a miracle”^{viii}.

The need for Rorisang MYDS to continue providing the services it does is unequivocal. As well as they are doing, they have difficulty meeting the demand for their services, including supporting the children of foreigners without documentation.

- i G Mathebula and Pvan Niekerk Qualitative Evaluation of OVC Site Visit:Rorisang Men and Youth Development Services, Stilfontein 21-22 October 2014
- ii Project Management Staff Focus Group,Child Care Worker Focus Group
- iii Isibindi – Creating a Circle of Care <http://www.naccw.org.za/isibindi2015/02/09>
- iv Management Focus Group
- v Youth Focus Group, Project Management Staff Focus Group,Child Care Worker Focus Group
- vi Project Management Staff Focus Group
- vii Youth Focus Group, Project Management Staff Focus Group,Child Care Worker Focus Group
- viii G Mathebula and Pvan Niekerk Qualitative Evaluation of OVC Site Visit:Rorisang Men and Youth Development Services, Stilfontein 21-22 October 2014
- ix Project Management Staff Focus Group

3. TSIBOGANG CHRISTIAN ACTION GROUP, MAHIKENG

Origins and location

Tsibogang (Be Alert!) Christian Action Group is located at St Mary's Mission at the Lomanyaneng parish, Mahikeng (North West Province). Built around 1978 it consists of a primary school, a high school, an adult education center, an after-care center and an AIDS center that cares for AIDS orphans and AIDS patients. Established in 2002 by Christians from different denominations to provide support, education and guidance to people infected and affected by HIV/AIDS Tsibogang CAG provides services in Seweding, Magogwe, Majemantsho, Welbedaght and Borakalo. These settlements lie between 1 and 80km from the head office in Lomanyaneng.



Google Map showing part of the Lomanyaneng Parish and Surrounds 2015/02/19

Funding

Tsibogang CAG, is funded by PEPFAR through the SACBC. It also is funded by the US Embassy (Pretoria), the Lutheran Communion of Southern Africaⁱ, Dorcas Aid Internationalⁱⁱ and Lotto. PEPFAR funding supports 993 children (953 are registered, 40 who are in the process of registration) and pays for the stipends of just over 20 of the child careworkers in the project. The North West Department of Health provides stipends for another 20 care workers through the project.

Staffing and Development

Two of the centers provide ECD on weekday mornings. All five centers run care and feeding programs after school. ⁱⁱⁱ

Through the program, staff and child careworkers have attended various skills development and training courses including ART for children, HCT, TB screening, ECD, food gardening, fund raising, palliative care, nutritional education, First Aid, and sustainability and environmental care. They have also participated in project proposal writing skills, in-service training and governance support.

Management

The project is overseen by a Board. The project uses the SACBC Child Data System to collect data (A4 forms, as well as note books), manage services (Field Service forms, referral letters) and report monthly. They review their statistics monthly to plan. Finances are managed against budget – line items are determined monthly and when there is a crisis (because of demand) the manager approaches Lotto. The SACBC's Child Data System and support from the SACBC AIDS office in general has helped Tsibogang with financial compliance, monitoring and evaluation and general project management. They feel that the SACBC AIDS office together with Board oversight and support has helped them improve the way they account and perform. They have been helped to overcome fraud and there are fewer disciplinary cases.

Child careworkers interviewed reported that the Child Data System helps them identify and attend to children's needs. It also has assisted them to make referrals to management or other service providers. They value the role the SACBC has played in providing them stipends, spiritual support, training and acknowledgment (Christmas gifts).

Networking

Tsibogang CAG works with several provincial government departments including the Departments of Health and Social Development and their local facility and service providers as well as the Department of Agriculture and local primary and secondary schools. The diocese and local parish are actively involved with their work. They also work with other church and religious leaders including Love Ministry. Their network includes Life Line, hospice and the district AIDS Council.

Services Offered

The services provided to the children supported by Tsibogang CAG combine direct individual support and education and training. Services include:

- educational support, such as an after-school programme, career camps, sports and recreation activities, career pathing and assistance with post-school studies (applications, bursaries) as well as job seeking;
- life skills training, such as HIV, sexual abuse prevention, pregnancy prevention, general health and nutrition education, spiritual care etc;
- practical support, *inter alia* running a feeding scheme, assisting with documentation (IDs and birth certificates) and grant applications (child support and foster care grants); supporting children on ART, assisting children and their guardians to go to and from clinics, making referrals, providing uniforms and stationary, providing memory box bereavement support, assisting with basic home repairs, care and maintenance, etc.

Tsibogang addresses the individual needs of children in age specific ways.

- It runs two early childhood development centers and child careworkers go to homes to identify children's needs and to support guardians.
- Primary school children are supported educationally in the after-school program, which also includes Saturday school. Children are provided with food. They are given support and supervision with homework and participate in sport and creative play.
- The few secondary school children directly supported by the program participate in support groups and workshops/counseling on relevant topics^{iv} such as HIV, teen pregnancy, drugs, violence and abuse.
- The project also does awareness and character building training at secondary schools.
- At the time of the field work there were no children in the project who were not in school.
- Child careworkers visit, support and provide direct support to the "8 or 9"^v child headed families in the program.
- Child careworkers help guardians with documentation (birth certificates, ID documents). They discuss problems, provide food parcels, nutrition information and involve them in food gardens. They teach them how to observe children when they are sick and assist with ART adherence. They also accompany children to and from crèche each day and to the clinics.
- They manage a shelter project, mobilising local people to support guardians, maintain and repair their homes. In 2012, for example, they restored the floors, windows and doors, repaired roofs and even extended homes of some 37 OVC families (92 adults/132 children)
- Children take part in outings (to the snake park, waterfall, game reserve) and they run an annual camp in December.
- Youth who are no longer eligible to be in the program because of age (18+) continue to be supported by child careworkers. They give them information on bursaries, help them look for work and involve them in peer education, both as learners and educators.

Implementation

Children in need of support are identified at school or are referred by the community or the church for support. Child care workers use the A4 form to collect family and individual information. This information is also captured on the Child Data System. Field Service forms are completed every month and are used by management for personnel and service management, budgeting and reporting to SACBC.

Impact ^{vi}

- Tsibogang CAG plays a major role in the lives of orphaned and vulnerable children.

"I found a 6 year old child cooking for 3 sick adults. All three died within 2 months of one another. I took in the child."^{vii}
- It gives pre- and primary school going orphans and vulnerable children the chance to learn (ECD, school), to have a place to go and play and share their problems. "I went to an Afrikaans school in the city. When both my parents died I had to come and live with Granny. I hated Sotho and failed at school. Now I am being helped"^{viii}. They are also assured of having at least one meal a day (after school programme).
- It contributes to an improvement in the children's living conditions. Guardians are relieved of some of the burdens of providing for their care including clothing (winter clothes, blankets, mattresses) and food. They are helped with school work and health care. And they are helped with home repair and maintenance or even replacement.

"22 people were living in a 2 roomed house. They were given a four roomed home."^{ix}



Guardians with Review Team

- It gives children a sense of self worth. They take part in poetry, plays and sport. They are taught personal hygiene as well as how to interact with others. Through psychological support, peer group guidance and being helped to do school work well (special classes), troubled youth reported feeling better about themselves, feeling less angry and more self protective, less suicidal.

“I was a bully in 2012. I had bad manners, like swearing at people. I have changed. I can now communicate with other people. I can have peaceful relationships.”^x

- The feeding scheme, food parcels, vegetable gardening and the home maintenance/repair project directly contribute to children’s health and well being as well as their educational performance.
- Children are better integrated into the community. They are able to bond and play with other children.
- OVC families are more functional and affective. Guardians are better equipped to care and children are better equipped to interact with their carers. “They wash their hands before they eat, they sing songs at home that they learnt at the crèche, they have good manners when they speak.”^{xi} Children are also able to notice and get help when their guardians are not well.
- Tsibogang CAG graduates now work at Lifeline which helps to strengthen relationships between partner organisations.



Ms Gladness Mathebula, Assessment Field Team

Prospects and Challenges

Housed on church property, Tsibogang CAG, has been able to expand from one to five centers over the past seven years, including one that it built that does not belong to the church. Management believes that it can expand its services and is working on fund raising proposals in order to continue when PEPFAR funding comes to an end. They network widely, are an active part of North West University community engagement and work extensively with local government departments. Through its work it has given hope and care to children and their guardians at the darkest of times in their personal lives and in the epidemic.

Tsibogang CAG faces practical challenges. Some relate to project efforts to support food security and child well-being. Guardians describe the food parcels as inadequate in both size and content to the needs of the children they support. They also say that vegetable gardens are difficult to sustain because their unfenced stands are destroyed by rabbits and chickens and they have serious water problems. “We need JoJo tanks to catch rain water from the roof”.

Some relate to staffing. The staff compliment is perpetually weakened by the harsh reality of epidemics that affect program personnel as well as the people they serve. “Every year we bury our own staff.^{xiii}” Partly thanks to the OVC project there was only one staff death in 2013 and none in 2014. Staffing may also be impacted by Provincial Government’s reengineering of primary health care. It is not clear if Provincial absorption of community health worker funding and personnel will impact on them. During the field site visit nobody mentioned participation in community dialogues, 10 day training or any other involvement in NW DoH preparation for the roll out of ward based out reach teams.

Given their experience with OVCs and the training and services they provide, it would be a loss to everyone if they were not actively involved in government initiatives to integrate primary care services. For this to happen, however, they too would need to reorganize and restructure.

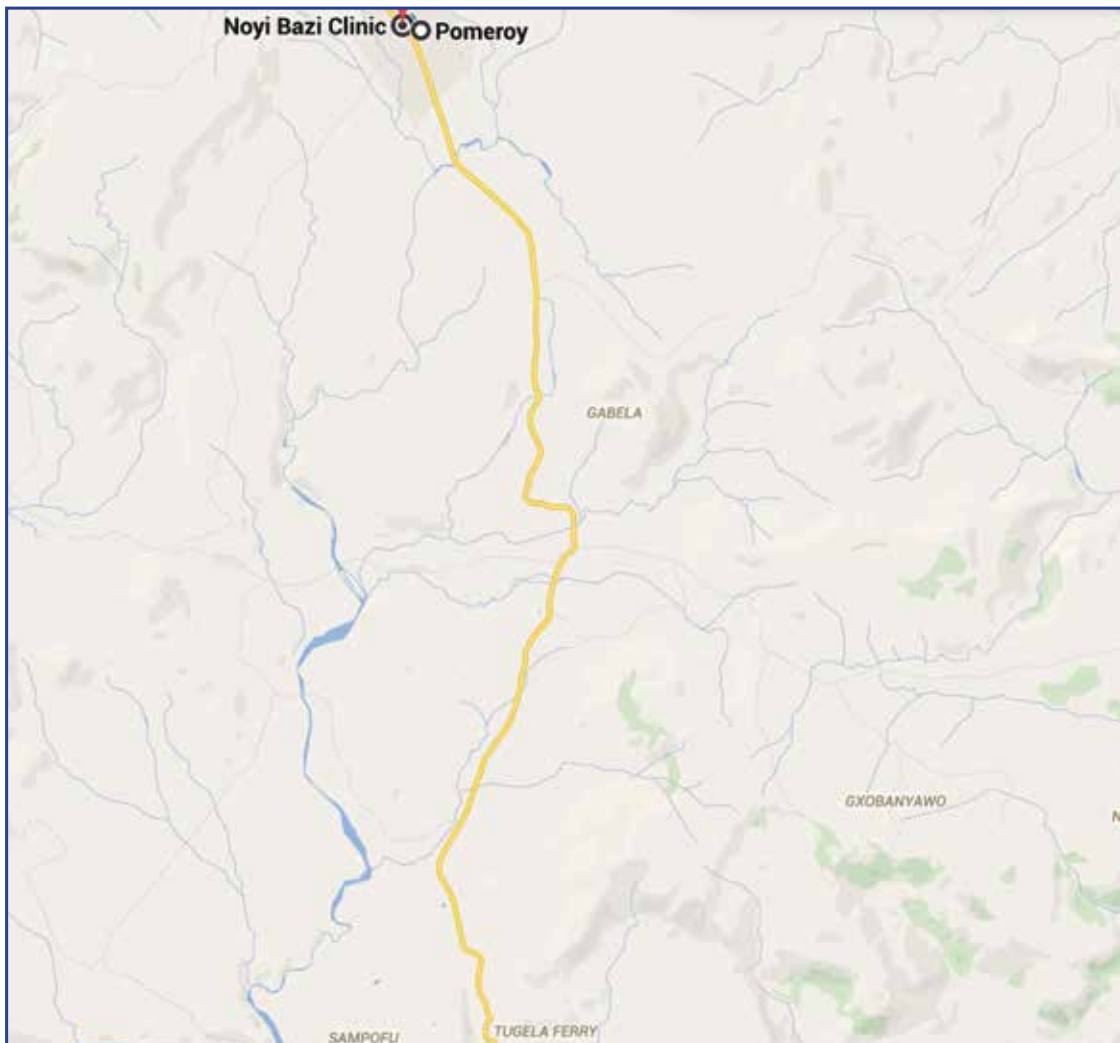
- i G The Lutheran Communion in Southern Africa (LUCSA) is a communion of 15 member churches operating in 10 countries throughout Southern Africa. Founded in May 1991 it is the legal successor of the Federation of Evangelical Lutheran Churches in Southern Africa (FELCSA). <http://www.luca.org>2015/02/14
- ii Dorcas Aid International is “a Christian development and relief organization committed to fulfill the command Jesus Christ gave: to care for and empower the poor and oppressed (Matt. 25:31-46)” that is based in the Netherlands. See <http://www.dorcas.net/content/3/32015/02/14>
- iii Project Management Staff Focus Group
- iv Youth Focus Group, Project Management Staff Focus Group, Child Care Worker Focus Group
- v Project Management Staff Focus Group
- vi Youth Focus Group, Project Management Staff Focus Group, Child Care Worker Focus Group. G Mathebula and P van Niekerk Qualitative Evaluation of OVC Site Visit: Tsibogang Christian Action Group-23-24 October, 2014
- vii Child Care Worker Focus Group
- viii Youth Focus Group
- ix Child Care Worker Focus Group
- x Youth Focus Group
- xi Guardian Focus Group
- xii Project Management Staff Focus Group

4.

NOYI BAZI OVC, POMEROY, KZN

Origins and location

Noyi Bazi OVC is a project of the Augustinian Sisters in Pomeroy, KwaZulu Natal. Together with the Church of Scotland Hospital (COSH), it has been the bedrock of general health care in the uMsinga local municipality, the second poorest local municipality in South Africa. Since 2000 it was amongst the projects at the forefront of SACBC's Choose to Care response to the HIV/AIDS epidemic. Noyi Bazi OVC works out of the primary health care center, situated on the main road through Pomeroy. Established in 1964 by the Catholic Church, it was the only fixed health care facility in the area until 2014. At the time of the field work staff were in the midst of transferring their clinical services across the road to the newly built KZN Provincial Government primary health care center, a development that had been planned since 2011. In anticipation of this change Noyi Bazi OVC registered as an NGO – UmusawoMsinga (bring grace/favor/kindness to Msinga).



Google Map of Noyi Bazi, Pomeroy and surrounds. 2015.02/22

Funding

Noyi Bazi OVC is funded by PEPFAR through the SACBC. It also receives funds from The Homeplan Foundation, a private Dutch organization, Peace Corp (USA) and local donors.

Staffing and Development

PEPFAR funding supports 15 staff and 589 children. They work with 50 child careworkers, 20 of whom are paid by the DoH. 10 are paid to support TB. The remainder (n=20) do not receive any stipend.

Clinic staff comprises the clinic manager and three other professional nurses paid for by government.

Through the program, staff and child careworkers have attended various skills development and training courses including ART for children, HCT, TB screening, ECD, food gardening, home carer training, peer education, income generation, psychological counseling and psycho-social support. They have also participated in project management and monitoring and evaluation training.

Management

The project is overseen by a Board. The project uses the SACBC Child Data System to collect data (A4 forms), manage services (Field Service forms, ID, birth and death certificates, immunization cards) and report monthly. They review their statistics monthly to plan. Finances are managed against the budget. The manager runs different books. A cash book is used to pay for transport. Meetings are used to determine needs. The SACBC's Child Data System and support from the SACBC AIDS office "has made running easier". In general it has helped Noyi Bazi OVC with financial compliance, monitoring and evaluation and general project management.

Child careworkers interviewed report that the Child Data System helps them identify and attend to children's needs. They value the role of the Catholic church which welcomes everyone, irrespective of whether they are Catholic or not. It provides them with the space and means to run the program. The local parish also assists them with spiritual support and offers religious retreats.

Networking

Noyi Bazi OVC works with the KZN Department of Health services (clinics and hospitals in the District), the Department of Social Development and primary and high schools in the area, including Hilton College. The diocese and local parish are actively involved with their work and through them it is twinned with St Theresa's Parish in Ilford, England¹.

Services Offered

The services provided to the children supported by Noyi Bazi OVC combine direct individual support and education and training. Services include:

- Educational support, such as Saturday classes, school attendance and skills training.
- Life skills training, such as HIV, sexual abuse prevention, pregnancy prevention, general health and nutrition education, spiritual care, etc.
- Sports and recreation.
- Practical support, *inter alia*, providing general health care and supporting children on ART, providing food parcels, uniforms and stationary, memory box bereavement support and assisting with basic home repairs, care and maintenance, etc.

Noyi Bazi OVC addresses the individual needs of children in age specific ways.

- Child careworkers provide nutrition, health care and home care support to pre-school orphaned and vulnerable children in their homes.
- Primary school children are supported educationally through Saturday school, school visits and attendance, uniforms and toiletries.
- High school children are provided with educational support as well as workshops on relevant topics such as HIV, teenage pregnancy, drugs, violence and abuse. They are given career guidance and participate in sport (soccer).

- Child careworkers are involved in ensuring all children have the necessary documentation to enroll in school and access public welfare and health services.
- At the time of the field work there were no children in the project who were not in school.
- The 5 child headed families in the program (at the time of fieldwork) are supported through home visits by child careworkers who assist with household management, food parcels, school uniform and other clothing and toiletries.
- Child careworkers meet with OVC parents/guardians monthly. They assist them with documentation (birth certificates, ID documents) and motivate for grant applications.

They provide food parcels where needed, assist with transport to clinics, educate them about ART for children, health and food gardening. They also involve them in income generation activities, including sewing, and making wood and grass work for sale.

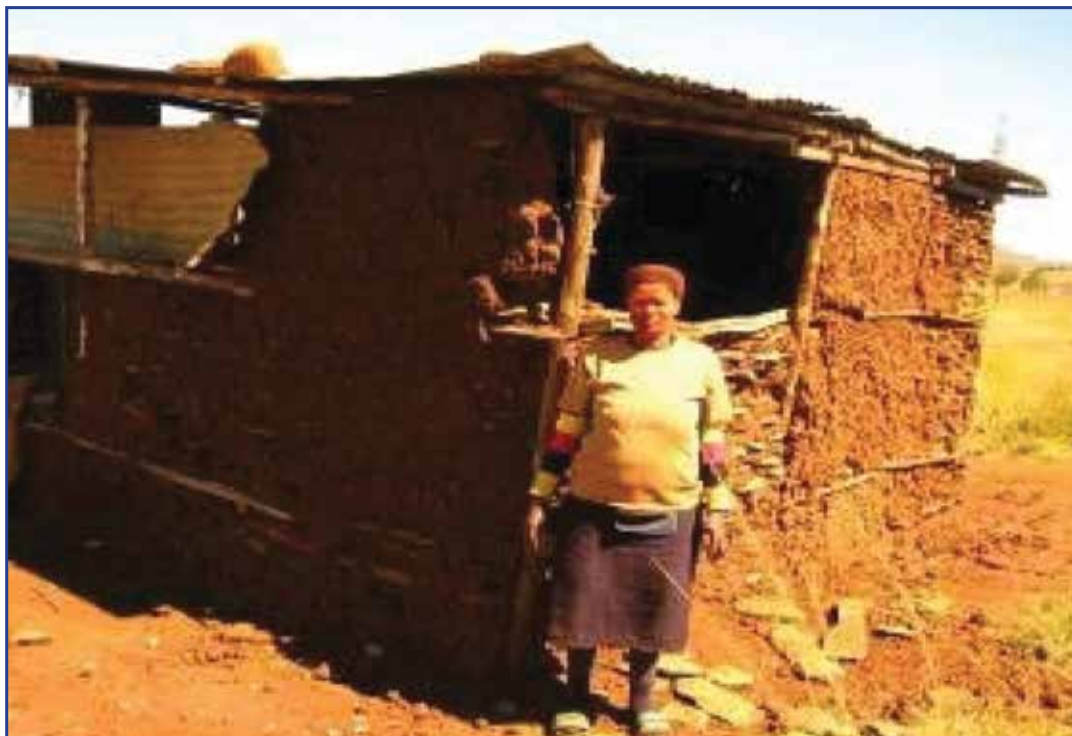
- Youth who are no longer eligible to be in the program because of age (18+) are assisted with work/ bursary applications as well as with transport to educational institutions.
- Noyi Bazi OVC assists with home repair and has partnered with the *Homeland Foundation* to build new shelters when structures are irreparable.

The Home Plan Foundation

(<https://cyclingforpomeroy.wordpress.com>)

This small private Dutch foundation raises funds to build homes for the poor. Working with local partners they build simple, 24 square metre, two-roomed houses made from solid cement blocks, plastered and painted, with a corrugated iron roof and a 2,500 liter rainwater tank. They have been working in South Africa since 2010. Together with Sister Madeleine and Noyi Bazi OVC, they have provided new safe homes to some 40 OVC families identified by child careworkers

A further 13 houses are to be built in 2015 from funds *Home plan Foundation* volunteers raised in a 5,000 kilometer "Cycling for Pomeroy" ride through South Africa in 2014.



The collapsing home of Mrs Shangase and her 7 orphaned grandchildren, Pomeroy.

Implementation

Children in need of support are identified by nurses at the health center, by home based carers and by the community or the church. Child careworkers use the A4 forms to collect family and individual information. This information is also captured on the Child Data System. Field service forms are completed every month and are used for personnel and service management, budgeting and reporting to SACBC.

Impact ⁱⁱⁱ

- Noyi Bazi OVC assists with general health care as well as treatment and treatment adherence for children on ART in OVC families. At the time of field work the programme was supporting 20 children on ART. Ten home based carers had been trained on HCT.
- It helps pre-school learning by supporting guardians with ECD and care. It also supports primary and high school orphans and vulnerable children attend school. They are assisted with transport money, nutrition support and school uniforms and stationary. They also are helped with homework at Saturday school. through transport funding, child careworkers going to schools, school uniforms, and assists them to perform through nutrition support, Saturday school.
- It contributes to an improvement in the children's living conditions. Guardians are relieved of some of the burdens of providing for their care including clothing (winter clothes, blankets, mattresses) and food. They are helped with school work and health care. They are helped with home repair and maintenance or even replacement. They are helped to generate income (sewing, weaving, wood work projects)^{iv}.
- It gives children and their carers a sense of self worth and dignity. OVC families are more functional and effective. Saturday classes and other training help them cope. Through peer education and sport they learn to play with other children.
"In the past, some children committed suicide after the death of their parents."^v
"It has given me a positive outlook on life". "I am enrolled at an FET college in the ECD program."^{vi}
"They have been helped with drug and alcohol abuse."
- The feeding scheme (soup kitchen), food parcels, vegetable gardening and the home maintenance/ repair projects directly contribute to children's health and wellbeing as well as their educational performance.

Prospects and Challenges

Noyi Bazi OVC plays a major role in the lives of orphaned and vulnerable children in this remote rural area that is gripped by extreme poverty. Endemic unemployment (approximately 80%), and extensive and deep HIV and TB epidemics (including MDR and XDR TB) that feed one another, where about 2/3 of the population diagnosed with TB are HIV positive.

It has been a pillar of health care work and a major contributor to the SACBC's "*Choose to Care*" drive in Pomeroy and the uMsinga Municipality over the past decade and more. Noyi Bazi OVC has played a major part in helping them integrate projects and work as a team. They propose to continue to run the TB clinic as well as their OVC, home based care and peer education programs from the existing health care facility housed on church property. However they do not appear to have strategies on how they plan to continue.



MrsMathebula facilitating Guardian Focus Group, Noyi Bazi, 2014

The health center and its programs, including Noyi Bazi OVC are faced with practical challenges. Funding is a major issue. The project is highly dependent on PEPFAR funding. Without PEPFAR funding they feel it will be impossible to continue with their work and the children will suffer as they have very little donor money from elsewhere.

Their services struggle to meet the demand both in terms of scale and scope. They have only been able to register a limited number of children in the program and cannot reach children who live far from the health center. They are presently only able to respond partially to the needs of OVC families and their efforts to support self-reliance flounder on the lack of resources (e.g. fencing and water for food gardens) to make them effective. “You have a feeling of desperation when all of the children’s needs are not met.”^{vii}

They face new health system arrangements. These are not only about the clinic related changes that will arise with the newly opened government primary health care facility. They are also worried about how they can fit in with and respond to National and Provincial government initiatives to reengineer primary health care.

The energy, commitment and leadership of Sister Madeleine has enabled Noyi Bazi OVC to deliver health care and support in Pomeroy and its surrounds. However the project is also very dependent on her for organization and direction. It will have to reorganize and expand its management base if it is to have any prospect of sustaining itself in the face of major funding and system upheavals. At the same time, it is vital that Noyi Bazi continues to be supported so that their vast experience in delivering local health care, training and services to poor and marginalized OVC families can assist implement and scale up government’s integrated primary care roll out.

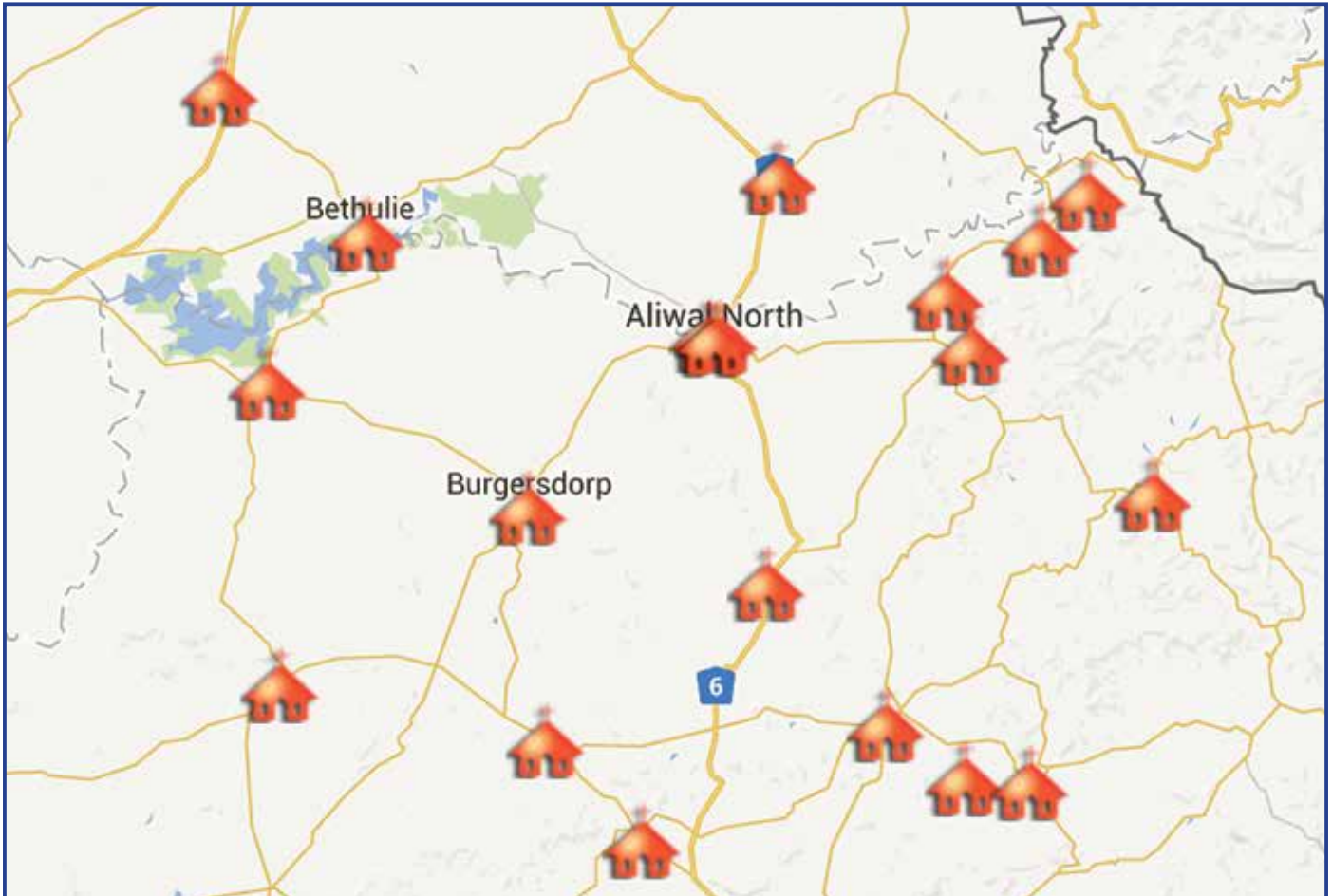
- i St Theresa’s Catholic Church <http://www.stteresasnewbpark.com/page13.html>2015/02/14
- ii Youth Focus Group, Project Management Staff Focus Group, Child Care Worker Focus Group
- iii Youth Focus Group, Project Management Staff Focus Group, Child Care Worker Focus Group. G Mathebula and P van Niekerk Qualitative Evaluation of OVC Site Visit: Noyi Bazi OVC, Pomeroy, Dundee 29-30 October, 2014
- iv Child Care Worker Focus Group
- v Guardian Focus Group
- vi Youth Focus Group
- vii Project Management Staff Focus Group

5.

ALIWALDIOCESE WELFARE AND DEVELOPMENT COMMITTEE

Origins and location

The Aliwal Diocese WDC is located in the Aliwal Diocese(Eastern Cape Province) AIDS office in the town of Aliwal North. The Diocese stretches across vast rural territories that lie north of Free State southern border to Lesotho.



AliwalDiocese map

In support of the Diocese’s vision to provide “space for social, cultural, educational, formational, spiritual, recreational and sports activities”ⁱⁱⁱ to children and youth the Aliwal Diocese WDC works to ensure “people infected with HIV/ AIDS and TB as well as orphans and vulnerable children are accepted and take equally part on social, economical and cultural living within the community.”ⁱⁱ The WDC organizes, coordinates, monitors and supervises HIV/AIDS, TB and OVC care projects of the Aliwal Diocese.

Its program is delivered through eight organizations that fall under the Committee’s umbrella - Lesedi Hospice in Musong village, House of Hope in Dukathole (Aliwal North), St Martin in Joe Gqabi township (Aliwal North), Sithunyiwe in Umhlanga village, Sizamulwazi in Dangershoek, Sizanani at Theresa Mission (Sterkspruit), Masabelani in Herschel village (Sterkspruit) and Good Samaritan in Dordrecht.

Funding

PEPFAR is the Aliwal Diocese WDC’s main funder. It also is supported by funding from DFID (UK) (2012-2015 -early TB detection and treatment), GIZ (for campsite, play park and youth centre), Lotto, Public Works and the Diocese. PEPFAR funding supports 1072 children and provides stipends for 42 child careworkers.

ALIWAL DIOCESE: CAREGIVERS AND OVCS PATIENTS BY ORGANISATION

Organisation	Caregivers	Children	Patients
Lesedi	59	106	100
House of Hope	25	320	211
St Martin	31	267	247
Sithunyiwe	20	75	57
Sizamulwazi	31	298	157
Sizanani	24	238	96
Masabelane	36	360	313
Good Samaritan	10	100	112

Ref. Jane Javangwe AGM 2013/2014 “Aliwal Diocese Welfare and Development Committee: Project Presentation” 23 September 2014

Staff and Development

The Aliwal Diocese WDC program employs 8 project coordinators, 8 OVC programme coordinators, 4 nurses and 205 child careworkers. In addition, about 40 unfunded volunteers work in the program. Staff development is central to the way the program works. Through it, personnel have developed skills in finance and planning (strategic planning workshops), management (project management, data systems, monitoring and evaluation, proposal writing), health care (ART for children, HCT, TB screening, PMTCT), income generation and livelihood support (food gardening, beading, weaving) and life skills (education for life, sport and recreation).

Management

The Management Team consist of one person who is both Project Manager and Manager (Sr Jane), an M + E officer and a finance officer. The program is well managed. The Child Data System is used to identify and provide information on the children and services provided as well as to manage support. For example, children are deregistered after three months of no service. Finances are managed against a budget, money is sent to coordinators and the central office arranges clinics and nutrition support. In the event of emergencies the church is approached for assistance. There are internal policies and procedures that are GAAP compliant and there is a Board oversight. The program has a five year strategic plan.

According to the Aliwal Diocese WDC management, the SACBC has helped them grow and become independent. They have learnt to do things on their own, to communicate at all levels, including internationally and to plan and assess their work. All projects function on church property and they are directly and indirectly supported by Church charity work in the Diocese. St Martin’s and House of Hope have been assisted with bigger premises.

Networking

The Aliwal Diocese WDC works with an extensive network that includes government departments (Department of Health, Department of Social Development, SAPS, Department of Art and Culture), local government (the Maletswai Municipality and the Maletswai Local Aids Council, Ward Councillors), non-governmental organisations (Child Welfare), and private businesses active in the Diocese (the local taxi industry, Bokomo, Pick n Pay, Shoprite, Pep Stores, Express Stores). The WDC also is supported by the Diocese in times of emergency.

Services Offered

The 8 sites in the Aliwal Diocese WDC program provide the following services to orphaned and vulnerable children and / or OVC families

- educational support *inter alia* early childhood development, an after-school program, career camps, sports and recreation activities, career planning, assistance with post-school studies (applications, bursaries) and job seeking;
- life skills training, including HIV, sexual abuse prevention, pregnancy prevention, general health and nutrition education, spiritual care etc.;
- practical support, *inter alia* doing home visits, supporting general health, assisting with documentation (IDs and birth certificates) and grant applications (child support and foster care grants); supporting children on ART, assisting children and their guardians to go to and from clinics, preventing child abuse, making referrals, providing uniforms and stationary, providing memory box bereavement support, providing support with shelter including assisting with basic home repairs, care and maintenance, building and housing etc.
- skills development, including cooking, sewing, beading, weaving (mats), broom making etc.



Displaying beadwork

The OVC program is tailored to meet the specific needs of children. At each of the project sites

- Pre-school children participate in early childhood development programs. Teachers are trained on and follow a standardized curriculum. Children are also provided with food and their nutrition is clinically monitored by nurses.
- Children attending primary school are supported educationally, especially with reading and mathematics. They are provided with school uniforms and stationary and their attendance at school is monitored.
- They participate in after-school and school holiday activities that combine personal hygiene, homework support, play and recreation.

- Children attending high school get the same education and health care support as younger children. In addition, they take part in counseling, drama and workshops on a range of topics including self-awareness, personal hygiene, teenage pregnancy, drugs and alcohol abuse, HIV and treatment adherence. They also participate in sewing, beadwork, baking and other skills training.
- Where children are not in school, the program investigates the reasons for non-attendance and tries to address them.

Usually this involves get documentation (IDs/birth certificates) from the Department of Home Affairs, assisting with bursary applications, supporting drug/alcohol rehabilitation and ensuring that fees are paid and children have the necessary uniforms, stationary and food to attend school.

- Child careworkersⁱⁱⁱ provide direct health care support to OVC families including supporting ART and other treatment adherence, accompanying children to and from hospitals and clinics, and supporting general personal hygiene. They also attend parents meetings at school and assist guardian's to generate income so that children can stay in school.
- Youth (18+) who are no longer eligible to be in the program are assisted with to apply for bursaries and jobs and continue to participate in activities at the various centers.

Implementation

Children in need of support are identified through door-to-door campaigns and home visits. They are also referred to project centers or the WDC by schools, the church and the community. Some children come to the centers on their own.

Childcareworkers collect information at school, during home visits, from neighbors and children. They keep a personal register and use the A4 forms and cellphones to document family and individual information. This information is also captured on the Child Data System. Field Service forms are completed every month and are used by management for personnel and service management, budgeting and reporting to SACBC. They are used by child careworkers to identify needs, write reports and do referrals.

Impact

PEPFAR funded SACBC support to the Aliwal Diocese WDC program has significantly contributed to the health and well being of orphaned and vulnerable children and their guardians, careworkers, staff and the community at large.

- It has enabled orphaned, vulnerable and HIV+ children to thrive.
 - » HIV positive children and adults are supported to get onto and stay on treatment. Caregivers visit children at home and assist with initiation and treatment adherence. "They encourage children to take treatment especially in the beginning when they are very ill."^{iv}
 - » Children have been given the chance of a normal childhood and the prospect of success. A former beneficiary of the program is now a policeman stationed at Aliwal North. He came in full uniform to the center on the day of the field site visit to confirm his existence.^v
- It has secured children access to education and reduced the numbers of OVCs not in school.
 - » Children are in school and are performing well. Their marks have improved and they are behaving better. "Child careworkers look at their reports and encourage them."^{vi}
"Child careworker visits to schools improved their performance."^{vii}
 - » Children and youth are given the extra-curricular recreational and educational support they need to be successful learners. They participate in drama, music, sewing, baking and weaving. Children between 12 and 18 are involved in competitive sports activities organized with the Department of Sport. One of the youth said he planned on "concentrating on becoming the best long distance runner in the country" with the help of the professional trainers brought to the program and to school.^{viii}
 - » Children and youth feel encouraged because they have uniforms and shoes, their school fees are paid and they can go on school tours.^{ix}

- OVC households have been better integrated into the community.
 - » Children are provided with school uniforms, winter clothing, bedding, basic utensils, food and other necessities
 - » The project has actively contributed to the improvement of their homes through the shelter program.
 - » Children are getting the health care they need. “Children are screened for other conditions.”
 - » Children are helped to lead a fairly normal life. “By providing for basic needs we have overcome school dropout.”^x

- The program restores children’s self-esteem and dignity. It has made it possible for orphaned and vulnerable children to be proud and successful members of the community.
 - » There are less suicides because children do not feel hopeless and ashamed.
 - » Youth are being supported through skills training and education as well as personal individual attention. They are encouraged to make healthy life choices and to succeed. Their attitudes have changed. They are more cooperative and there is less violence and bullying.
 - » Guardians are helped to provide for children in their care. Through treatment support the children “get medicine and they are improving.” They also appreciate the food, bedding and clothing they get as well as the help they get to maintain and repair their homes^{xi}.

- The program has been able to alleviate food insecurity and hunger in OVC homes:
 - » By feeding children during (ECD) and after school and by promoting vegetable gardens; and
 - » By funding basic home and school necessities, there is more money for food.

- The program has directly changed peoples lives and prospects:
 - » Several youth who completed matric well enough have been assisted with bursaries and have gone to tertiary studies. Others have been supported to get a trade and to do IT short courses. Over the years the program has produced teachers, a nurse and a doctor.
 - » Children have been extracted from domestic violence and abuse^{xii}.
 - » Child carers say that the children have become responsible grown ups.

- The program has developed the capacity of staff, careworkers and guardians.
 - » Child carers have learnt about parenting. The children have confidence in them. They tell them secrets. The children love them like they were their parents.^{xiii}

Prospect and Challenges

The Aliwal Diocese Welfare and Development Committee has played a significant role in developing and integrating an effective and much needed response to the plight of orphaned and vulnerable children. The scale, breadth and depth of their program is a testament to the valuable funding and organisational support provided by PEPFAR, the SACBC and its AIDS Office and the Aliwal Diocese. By providing a comprehensive program of support to children and OVC families they equip them to be capable adults and responsible citizens.

The future of the Aliwal Diocese Welfare and Development Committee looks positive. They are well networked. They work extensively with local and Provincial Government departments and engage with a range of local, private sector businesses as well as relevant NGOs. Also the organisations that fall within their umbrella actively fund raise. They have taken the SACBC organisational and systems support and used it to create an effective management system. They also used it to anticipate funding changes and expanding demand by initiating a strategic planning process in 2013/2014 to review and develop a longterm program for the WDC. At the time of fieldwork they had a Board approved 5 year strategic plan in place.



Bishop Michael Wustenberg with the University of Pretoria field site team

There are persistent and changing context challenges. The need for their support and services outstrips their capacity in terms of space and personnel. There are endemic problems of family breakdown, drug and alcohol abuse, and inter-personal violence. There are ongoing health needs, including nutrition, preventing and managing infectious diseases (HIV and other STIs, TB), teenage pregnancy and improving maternal and child health. And there are the generational learning needs that create successful individuals and compassionate citizens.

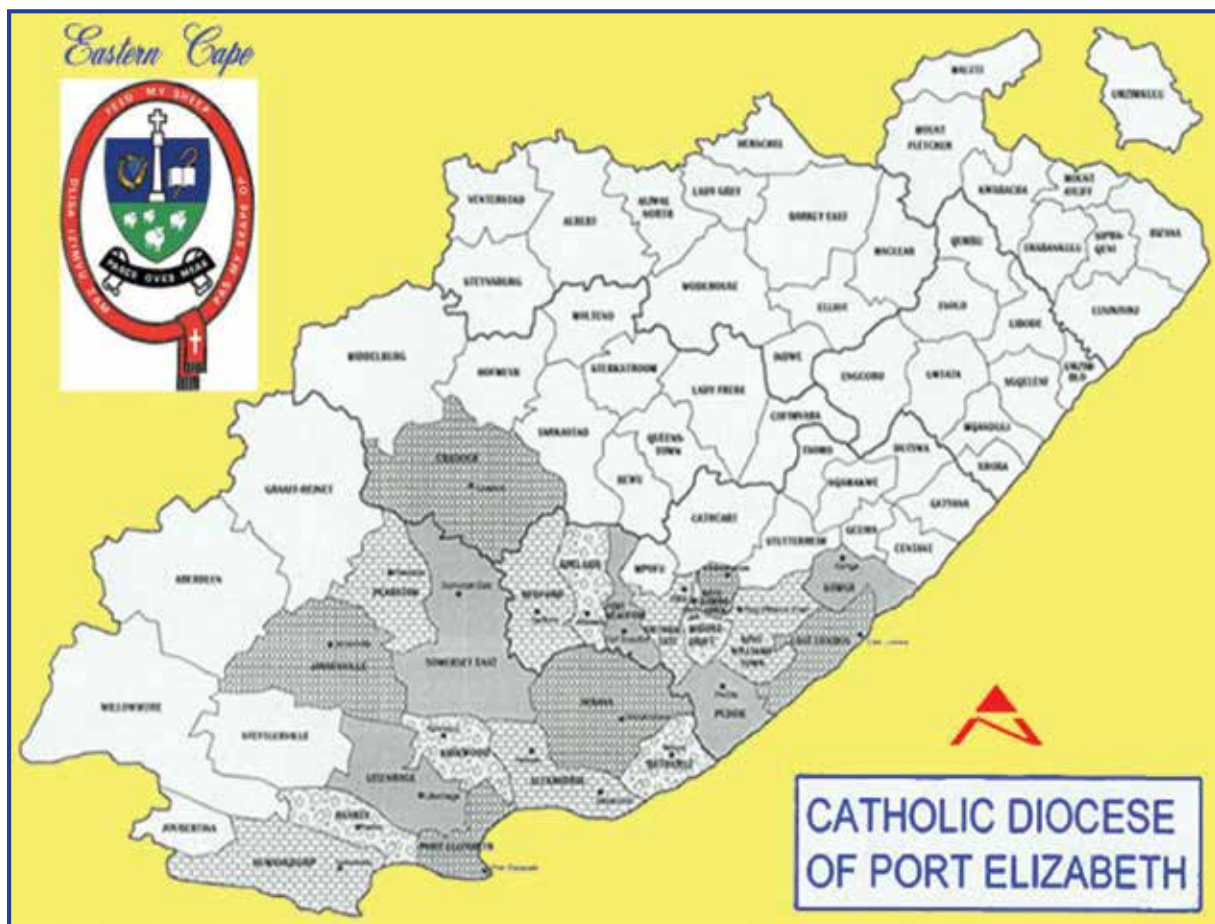
- i Presentation of the Diocese of Aliwal <http://catholic-aliwal.org> 2015/02/16
- ii Jane Javangwe AGM 2013/2014 “Aliwal Diocese Welfare and Development Committee: Project Presentation” 23 September 2014
- iii Child Care Worker Focus Group
- iv Guardian Focus Group
- v G Mathebula and P van Niekerk Qualitative Evaluation of OVC Site Visit: Aliwal Diocese Welfare and Development Committee 3-4 November 2014
- vi Child Care Worker Focus Group
- vii Child Care Worker Focus Group
- viii G Mathebula and P van Niekerk Qualitative Evaluation of OVC Site Visit: Aliwal Diocese Welfare and Development Committee 3-4 November 2014
- ix Youth Focus group
- x Child Care Worker Focus Group
- xi Child Care Worker Focus Group
- xii G Mathebula and P van Niekerk Qualitative Evaluation of OVC Site Visit: Aliwal Diocese Welfare and Development Committee 3-4 November 2014
- xiii Child Care Worker Focus Group

6. CATHOLIC DIOCESES OF PORT ELIZABETH AIDS COMMITTEE

Origins and Location

The Catholic Dioceses of Port Elizabeth AIDS Committee (CDPE AIDS Committee) was established in response to growing recognition for the need to address the plight of children affected by HIV/AIDS. Through the efforts of Bishop Coleman (Bishop of the Catholic Diocese of Port Elizabeth 2001-2012) interested parties and stakeholders were brought together to develop a holistic response. The Sodality of St Anne, a charitable association of women of the Roman Catholic laity, helped to create “centres of assistance” in parishes with sodality branches.

The CDPE AIDS Committee is located in King Williams Town. It supervises and assists in the administration of Sodality of St Anne/St Kizito’s program in 12 townships and rural settlements across the diocese. It also supports the development of Missionvale Care Centre in Missionvale Township (PE) that predates the Committee’s existence by over two decades.



Funding

PEPFAR is the CDPE AIDS Committee’s only source of funding. PEPFAR funding supports 1029 registered orphaned and vulnerable children, 3 managers and 8 child care workers.

Staffing and Staff Development

The CDPE AIDS Committee has a small management team comprising a coordinator, a finance officer and an M&E officer. Through PEPFAR funded SACBC assistance, staff in and under the umbrella of the CDPE AIDS Committee have developed a range of skills. Over the years they have acquired HIV/AIDS prevention and treatment skills (ART for children, HCT, TB screening).

They have learnt how to care for carers (child care workers, grandmothers) and to improve economic independence (food gardening). They have also been able to improve their financial management, reporting and proposal writing skills.

Management

A Board oversees the work of the CDPE AIDS Committee. They use the SACBC Child Data System to collect data (A4 forms, documents), manage services (Field Service forms, referral letters) and report monthly. Finances are managed against budget. They use line items to guide expenditure and monitor expenditure against invoices monthly. The Child Data System and support from the SACBC AIDS office in general has helped improve governance (through better oversight, the development of policies, improved accountability) as well as financial and personnel management (through budgeting and monitoring and evaluation).

Child careworkers interviewed reported that the Child Data System helps them see children's progress in health and education. It also assists them to get assistance from and make referrals to management or other service providers, including SAPS and Social Development. They value the role the SACBC and the Church has played in providing them stipends, spiritual support, training and retreats as well as acknowledgement (Christmas gifts).

Networking

The CDPE AIDS Committee networks with Provincial Government departments (EC Departments of Health, including local hospitals and clinics; Social Development, SAPS, Home Affairs), municipal councilors at local level, primary and secondary schools, the AIDS council, and parishes and the diocese of the Catholic church. They meet with clinics and councilors quarterly and they routinely make referrals between their centers and social workers.

Services Offered

Many of the services offered through the CDPE AIDS Committee are clearly described in the aims of the St Anne/St Kizito Program as well as the Mission Dale purpose, as the text boxes below show.

The St Anne/St Kizito Program

"The aim of this program is to

- Offer basic assistance to orphans and vulnerable children, such as meals five days per week.
- Offer after school care in those centres where facilities are available, e.g. to help with homework after school and allow smaller children to play in a safe environment.
- Assist with the purchase of school uniforms, clothing, bus or taxi fares to school and school fees.
- Assist children to obtain birth certificates, identity documents and social grants where applicable, in collaboration with suitably qualified social workers and to be able to take new children into the project to replace any who started receiving grants.
- Collaborate with Hospices in those centres which also offered hospice care for children already invested with HIV/Aids.
- Place children in foster care with parish families or members of the Sodality of St. Anne.
- Assist parishes with the available land to establish vegetable gardens to supplement daily meals with fresh vegetables."
-

The Catholic Diocese of Port Elizabeth: Institutions.
<http://www.catholic-pe.co.za/institutions.htm#kiz> 2015/02/20

Missionvale Care Centre, Missionvale Township, Port Elizabeth

<http://www.missionvale.co.za> 2015/02/20

Purpose:

- To provide essential health, social and spiritual care
- To provide a solid academic education
- To concentrate on the development of children, especially those orphaned and vulnerable
- To promote a stable and harmonious home and community environment through developing a sense of pride and ownership in the people of Missionvale
- To use all the resources of the Care Centre to treat, alleviate and most importantly, prevent the scourge of HIV/AIDS and related illnesses
- To meet the people at the point of their need through skills development and adult education
- To consolidate our achievements over the years by creating sustainability into the future.

In addition, the CDPE AIDS Committee also supports programs to provide winter clothing and blankets, shelter improvement (repair, maintenance and renewal), general health care and nutrition support (food parcels, feeding schemes, food gardens), peer education and skills training.

Implementation

OVC in need of support are identified and referred to the CDPE AIDS Committee and its centers by teachers at school, by clinics and by members of the community. Some children come on their own to the centers in search of help.

Child Careworkers use the A4 forms to collect family and individual information and register documentation. This information is also captured on the Child Data System. Field Service forms are completed every month and are used for personnel and service management, budgeting and reporting to SACBC.

Impact

With PEPFAR funded SACBC support the programs under the umbrella of the CDPE AIDS Committee impact directly on orphaned and vulnerable children and their guardians, care workers and staff.

- HIV positive children and adults are supported to get onto and stay on treatment. Careworkers visit children at home and assist with initiation and treatment adherence. "They get better on treatment."ⁱ
- Guardians rely on the program to keep children in school. Child careworkers support them with home work and monitor school performance. Children are able to go to school. "Because of uniforms, children who were defaulting now go to school."ⁱⁱ "Uniforms give them a feeling of pride"ⁱⁱⁱ. They concentrate better in school because they are well fed.
- Children are provided with school uniforms, winter clothing, health kits, basic utensils, food and other necessities.
- Through the shelter improvement program OVC homes are renovated or even rebuilt. "When a house burnt down the project rebuilt it."^{iv}
- Children are getting the health care they need. They are taken to clinics when they are sick.
- Children take the things they learn on health into their homes.
- Children are helped to better integrate into the community. "Poor children are now accepted by other children." Youths say that the lunches they bring to school make them popular.^{vi}

- The program restores children’s self-esteem and dignity. Their behavior has changed with the help of childcare workers. They have been supported “to have good values for life.” “Children have learnt to differentiate between right and wrong.”^{vii}
- Youth are being supported through skills training (computers, driving) and education as well as personal individual attention. They are encouraged to make healthy life choices and to succeed.
- Guardians participate in support groups. They are helped to solve problems. They say that the support they get from the project “is a very great help” and keeps them positive.^{viii}
- Food parcels, feeding schemes and food gardens organized through the program help alleviate food insecurity and hunger in OVC homes.
- Children have been extracted from domestic violence and abuse.
- Child careworkers have learnt about parenting. They love the children as their own. The children have confidence in them. “Children talk to us about their (HIV) status”.
- The program has developed the sense of worth of staff and careworkers. They also feel valued by the community. “Parents appreciate our work as if we were Government.” “We have become role models.” They also have grown personally through the project. They say they “have learnt to accept parents as they are and not to judge.”^{ix}



Children who benefit from CDPE Aids Committee OVC support

Prospect and Challenges

Through PEPFAR funded SACBC support the CDPE AIDS Committee has helped direct and assist an effective and much needed response to the plight of orphaned and vulnerable children and their guardians. Operationalised through Sodality and the Missionvale Centre as well as other programmes, a generation of children have been supported to thrive and overcome the poverty, loss of parental protection and emotional and social hardships wrought on them by AIDS.

The CDPE AIDS Committee built their program on PEPFAR funding. Their prospects of being able to sustain its support activities in the same way are bleak. They do not have additional funding streams other than help from the Diocese. They do not appear to be well networked with governmental, non-governmental, charitable or private sector funders.

By their own account they have not drafted any proposals and have not made any plans for the future. Project management appears to be simply hoping that their submission of an audited statement to the SACBC AIDS Office will secure them resources. In the absence of a positive response, they expect to discontinue their work.

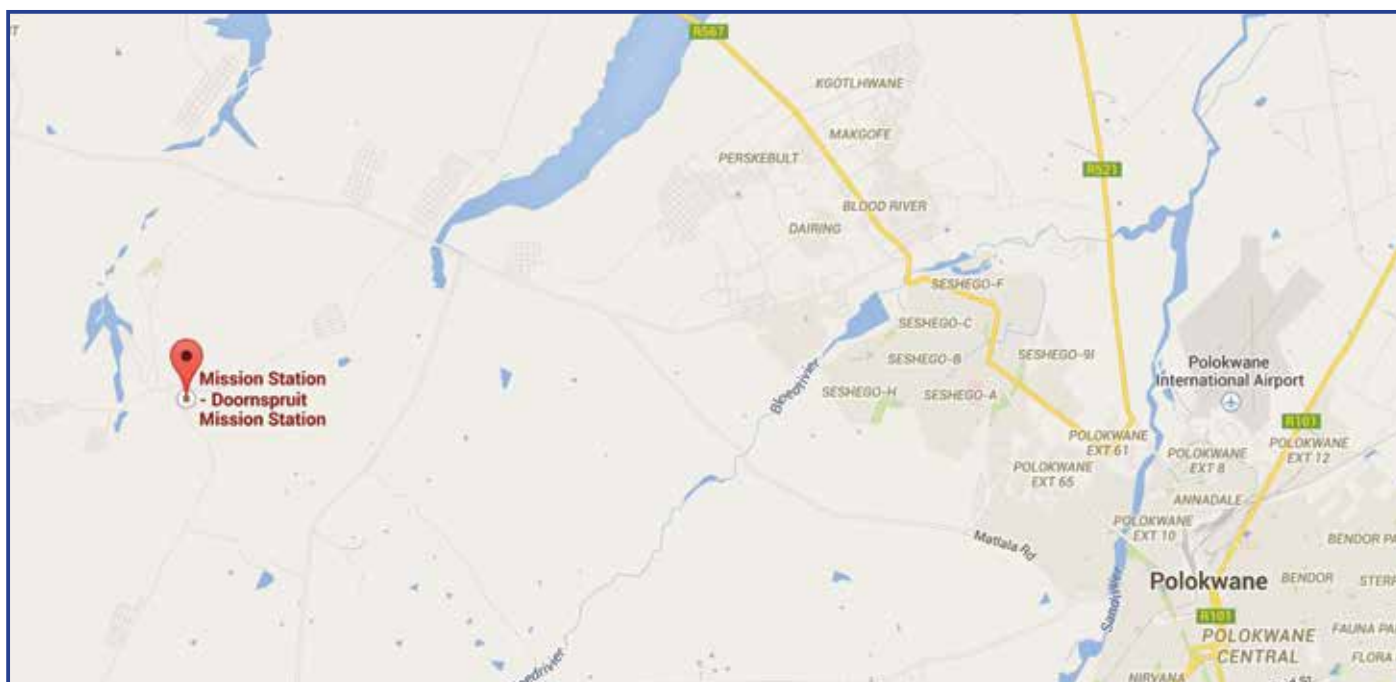
This said, the Missionvale Centre has a network and is funded by a range of local and international organisations. It is unclear if this is the case for the St Anne and St Kizito Sodality programs. While some or all of the program may be able to continue, especially if the centers work actively with local ward councilors, this loss of support is not likely to be taken up sufficiently or fast enough by government. Even though the EC Provincial Government has committed to service improvement through primary health care reengineering, for example, its efforts are severely hampered by staff shortages and system shortcomings and it operates far from the immediacy of daily challenges on the ground.

- i Guardian Focus Group
- ii Child Care Worker Focus Group
- iii Project Management Focus Group
- iv Child Care Worker Focus Group
- v Child Care Worker Focus Group
- vi Youth Focus Group
- vii Child Care Worker Focus Group
- viii Guardian Focus Group
- ix Child Care Worker Focus Group

7. ST JOSEPH'S COMMUNITY CARE CENTRE, LIMPOPO

Origins and Location

St Joseph's Community Care Centre is a voluntary, not for profit organization that was founded in 2002 to alleviate poverty, care for the sick, educate children, especially orphans and vulnerable children and integrate marginalized people into the community. It is located at the Doornspruit Mission station some 30 km west of Polokwane. It's head office and the first OVC sites, which opened in 2008 with 35 children, is housed in the former St Joseph's hospital.



Google Maps St Joseph's CCC, Doornspruit Mission Station, Limpopo 2015/02/21

Funding

St Joseph's CCC is funded by PEPFAR through the SACBC. It also is funded by the government Department of Social Development. St Joseph's CCC has 762 OVCs registered in the project.

Staffing and Staff Development

PEPFAR funding supports four members of the management team and 14 child careworkers. DSD funding provides stipends to a further 10 child and youth careworkers.

Through the program, staff and child careworkers have participated in several skills development workshops and courses in health (ART for children, HCT and TB screening), project management (fund raising and report writing), psychological and social support (life skills, education for life, gender based violence) and home care support (home based care).

Management

St Joseph's CCC is governed by a board. Management uses the SACBC Child Data System to collect data (A4 forms), manage services (Field Service forms) and report monthly. Finances are managed against the budget. They prioritize needs and use budget line items "to ensure they don't go over their limits."¹ Child careworkers interviewed use the Child Data System to identify children's needs, keep records and make referrals to social workers and clinics.

The SACBC's Child Data System and support from the SACBC AIDS office has helped St Joseph's CCC with financial compliance, monitoring and evaluation and general project management. "We can manage our organization, ourselves and the community now."ⁱⁱ

Networking

St Joseph's CCC works with clinics, hospitals and the local EMS (Limpopo Department of Health), social workers (DSD), primary and high schools (Limpopo Department of Basic Education) and the police (SAPS). It also works with local government and traditional leaders, the local AIDS council, community based and non-governmental organizations. The parish and diocese is actively involved with the project as are other local churches. Through a wide local network resources are pooled and shared.

Services Offered

St Joseph's CCC offers individual support, education and training to orphaned and vulnerable children and their guardians. Services include:

- educational support, such as ensuring school attendance, assistance with homework, ECD, skills training and post school studies support;
- life skills training in respect of HIV and other sexually transmitted infections, prevention of gender violence and abuse, pregnancy prevention, general health and nutrition education, spiritual care, etc.;
- sports and recreation;
- practical support, inter alia, assistance with parenting, assistance to obtain birth certificates, identification documents and grants; support with general health care as well as support for children on ART; provision of food parcels, uniforms and stationary; assistance with basic home repairs, care and maintenance, etc.

St Joseph's CCC addresses the individual needs of children in age specific ways.

- Child careworkers do OVC home visits where they provide nutrition, health care and home care support, including help with chores and personal hygiene. They also take children to clinics when they are sick or needing immunisation.
- They provide ECD support to pre-school children, both in their homes and at crèche.
- All school going children are assisted with fees, uniforms and toiletries. Child careworkers do school visits to support attendance and monitor children's performance. Children are also assisted with homework. In addition, high school children are given access to the office computer and internet as well as transport money to go to the library to help them complete assignments.
- High school children attend workshops on relevant topics such as HIV, teenage pregnancy, drugs, violence and abuse. They are given career guidance. They also participate in cultural and other recreational activities (dance, drama, art, yoga, sport).
- Child careworkers are involved in ensuring that all children have the necessary documentation to enroll in school and access public welfare and health services.
- The two child headed families in the program (at the time of fieldwork) are supported through home visits by child careworkers who assist with household management, food parcels, school uniforms and other clothing and toiletries.
- Child careworkers meet with OVC parents/guardians regularly to discuss and try and resolve common problems. They assist them with documentation (birth certificates, ID documents) and motivate for grant applications. Parents/guardians participate in club committees, attend club events and participate in workshops on parental care, gender based violence etc.
- Youth who are no longer eligible to be in the program because of age (18+) are assisted with work/bursary applications, as well as with transport and fees to further educational institutions. They also participate in peer education and are leaders of childrenⁱⁱⁱ.



The Youth Focus Group and their Work, St Joseph's CCC

Orphan and vulnerable children in need of support are identified at schools, during health campaigns and screenings, by child careworkers who go from house to house, by community members and by children themselves. St Joseph's CCC operates out of and runs its after school program at 10 centers in settlements in and around the Doornspruit Mission.

Impact

Through PEPFAR funded SACBC assistance St Joseph's CCC has changed the lives of orphaned and vulnerable children and their families for the better.

The project has impacted on OVC health and general well being.

- HIV positive children and adults are supported to get onto and stay on treatment. "Children that were ill are now on treatment and are better."^{iv}
- Children are aware of their HIV status and can protect themselves.
- Pre-school children are immunised. Child careworkers provide care to parents or guardians when they get sick.

- Children are in school and they are assisted with their homework and assignments after school.
- Children no longer drop out of school because they lack uniforms and books.
- After school, St Joseph's CCC program keeps children off the streets. "Children enjoy going to clubs instead of being on the streets"^v.
- Through extra-curricular activities children learn better, have more self-worth and are more integrated in their communities. Youth say that they have "discovered themselves and their abilities"^{vi}.
- Hunger and food insecurity has been reduced and children's nutritional status has improved. "They get food at clubs"^{vii} every day at the after-school program. OVC families get food parcels and child careworkers go to OVC homes to make sure "children are clean and have breakfast before going to school"^{viii}.
- OVC families are more stabilised and children are better able to integrate into the community. OVC families are no longer marginalised. The project has helped restore homes, their homes are better managed and children are able to actively participate in school and community life.



Home Repair - Before and After (courtesy St Joseph's CCC home intervention)

- Children’s behaviour has changed for the better. Many used to be abusive and poorly behaved. They also behave better now that they are more nurtured and cared for. “Children appreciate the fact that they now have parents.” They show more respect to their guardians and elders, and acknowledge and recognise people who can help them. “I have learnt never to judge or isolate others.”^x

St Joseph’s CCC also has impacted on child careworkers. They describe a greater sense of worth and value. In the community they are recognised as teachers. They feel like they have become parents to the children. And guardians say that child careworkers have made children aware of “life in general”.^{xi}

Prospect and Challenges

St Joseph’s CCC offers a comprehensive and integrated program of material, emotional and spiritual support to OV children and their families. They are well networked locally and the communities they serve appreciate their program. However, even with PEPFAR funding, the program has had difficulty meeting demand. Food parcels are inadequate in number and content. Food gardens have not been successful. In addition to the challenges of insufficient water sources, general food insecurity has led to food being taken from the gardens of child headed households while the children are at school. Also child careworkers work without home care kits, their stipends are lower than those provided by the DSD, and they are themselves food insecure.

These challenges notwithstanding, management is committed to continuing “to render the services they can manage” when PEPFAR funded SACBC support comes to an end. They say they will write funding proposals although it was not clear at the time of the field site visit how advanced these plans were. To keep this much needed intervention in the lives of marginalized children and families going, they will have to draw deeply on the skills and capacities they have acquired through the program to mobilize funding.

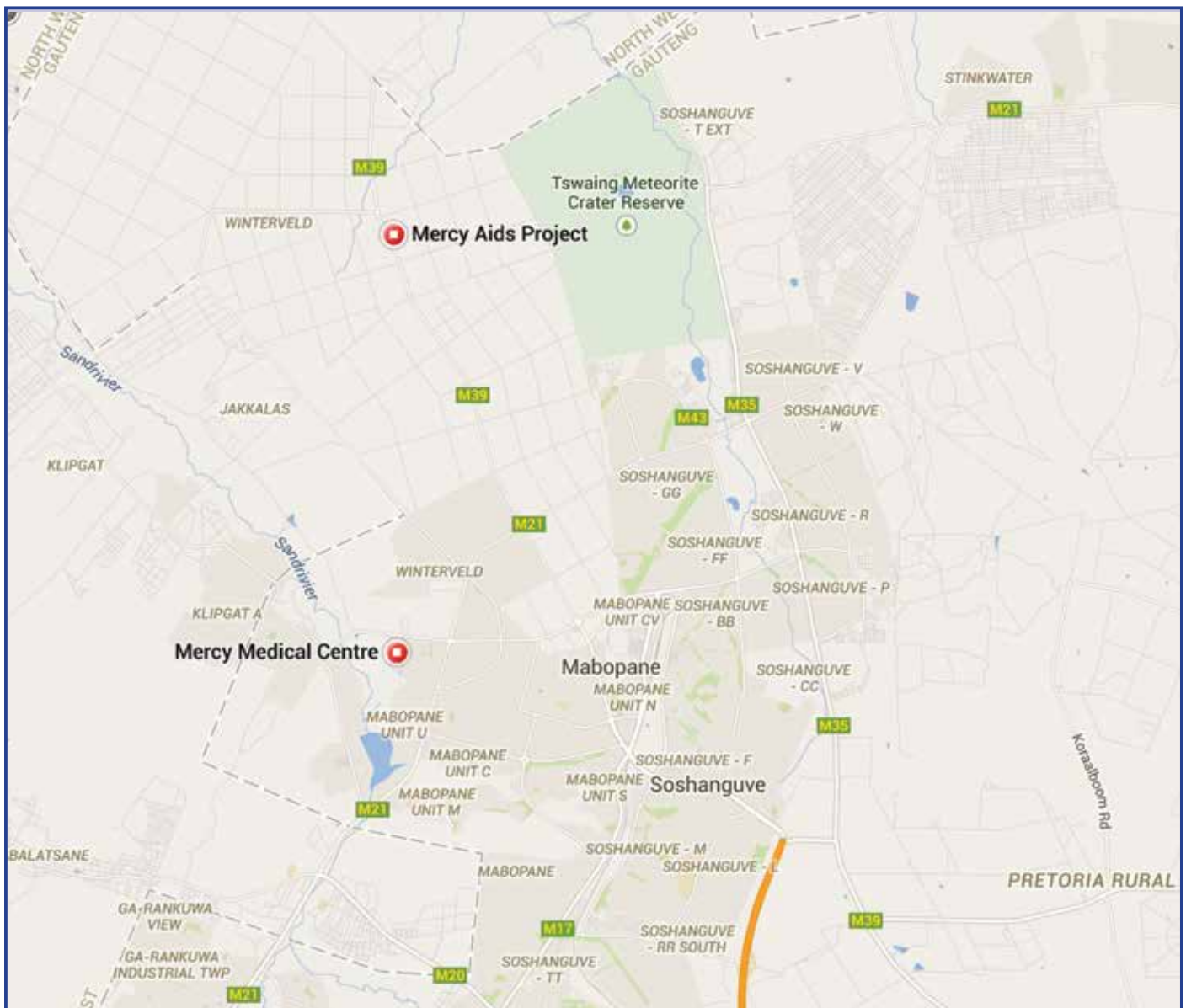
- i Guardian Focus Group
- ii Child Care Worker Focus Group
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- iv Child Care Worker Focus Group
- v Child Care Worker Focus Group
- vi Youth Focus Group
- vii Child Care Worker Focus Group
- viii Guardian Focus Group
- ix Child Care Worker Focus Group

8. THE MERCY AIDS PROJECT, WINTERVELD, GAUTENG

Origins and Location

Mercy AIDS Project is a voluntary, not for profit organization registered with the Department of Social Development. The Sisters of Mercy initiated the Mercy AIDS project in 2003. They started the Kopano Lerato club, with the aims of protecting children's rights, integrating the children into the communities in which they live, alleviating poverty, teaching children to take responsibility for their lives and giving children hope for the future.¹

The Mercy AIDS project is in Winterveld. Some 30 km North West of Pretoria it lies in Region 1 of the City of Tshwane Metropolitan Municipality. Historically, Winterveld is one of the few “released areas” added to the original reserves in then Bophutatswana.² Hundreds of thousands of Africans bought land and settled in Winterveld during the Apartheid years. It became and remains a densely populated peri-urban settlement with high rates of poverty, unemployment and malnutrition.



Funding

Mercy AIDS Project is funded by PEPFAR through the SACBC. It also gets Department of Social Development and Lotto funding. Some 286 children are registered in the project.

Staffing and Staff Development

The project has 13 staff, 3 in management and 10 child careworkers. DSD pays the stipends of 6 careworkers and Lotto funding is used to upgrade other staff salaries and stipends to DSD levels.

Over the years PEPFAR funded SACBC support has contributed to staff ⁱⁱⁱ skills development in health (ART for children, HCT, health and safety), management (project management, monitoring and evaluation, proposal and report writing, computer literacy, micro financing), psychological and social support (child and youth development, life skills, education for life, human trafficking, networking and negotiating) and home care support (income generation, home based care).



The Child Care Workers Focus Group, Mercy AIDS Kopanio Lerato

Management

The Mercy AIDS Project has a board, although management described it as not functional other than for signatures. Management uses the SACBC Child Data System to collect data (A4 forms), manage services (Field Service forms) and report monthly. Finances are managed against the budget. They use Pastel accounting for requisitions and manage budget line items to control expenditure. When they are over budget, they approach the SACBC AIDS Office or other potential funders to address the need.^{iv} For child careworkers the Child Data System “gives a picture of household need and the family structure”^v. It helps them to plan, implement and monitor what they do. It also helps them keep records.

The SACBC’s Child Data System and support from the SACBC AIDS Office has helped Mercy AIDS Project with general project management, financial compliance and monitoring and evaluation. “An SACBC person visits every second month.” “It has improved the way finances are handled.”^{vi}

Networking

Mercy AIDS Project networks with clinics and hospitals (Gauteng Department of Health), social workers (DSD), primary and high schools (Gauteng Department of Basic Education), the police (SAPS) and the Department of Home Affairs. It also works with non-governmental organizations and community forums. The parish and diocese is actively involved with the project as are other local churches. Through the network they year plan together, combine meetings to share information and invite each other to events.^{vii}

Services Offered

The Mercy AIDS Project provides a range of health, education and practical support services to orphans and vulnerable children and their guardians. These include:

- general health and personal hygiene, HIV/AIDS prevention and treatment, medication collection and compliance, and nutrition support;
- support to ensure school attendance;
- life skills training in HIV and other sexually transmitted infections, prevention of gender violence and abuse, pregnancy prevention, general health and nutrition education, spiritual care, etc.;
- support with recreation and cultural activities;
- assistance with parenting, assistance to obtain birth certificates, identification documents and grants; and
- assistance with shelter improvement and basic home maintenance.

Mercy AIDS Project addresses the needs of children individually and collectively.

- Child careworkers do OVC family home visits where they provide nutrition, health and home care support, including help with chores, personal hygiene and interpersonal relations. They also take children to clinics when they are sick or need immunisation.
- Fees are paid for pre-school children to attend crèche.
- All school going children are assisted with fees and other payments (school outings) uniforms and toiletries. Child careworkers support attendance and monitor children's performance. They also assist with homework.
- Through Kids Clubs (primary school) and Youth Clubs (high school) children get homework support, participate in workshops on relevant topics (HIV, teenage pregnancy, drugs, violence and abuse, career guidance) and participate in cultural and other recreational activities (dance, drama, art, music, poetry).
- Careworkers help ensure that all children have the necessary documentation to enroll in school and to access public welfare and health services.
- Careworkers meet with OVC parents/guardians both individually and in support groups to discuss and try and resolve common problems. Parents/guardians participate in club committees, attend club events and participate in workshops on parental care, gender based violence etc.
- Youth who are no longer eligible to be in the program because of age (18+) are assisted with work/bursary applications. Those that are willing also participate in peer education and other workshops^{viii}.

Implementation

Orphan and vulnerable children in need of Mercy AIDS Project support are identified through referrals from schools, clinics and communities. The program is delivered through home visits by careworkers, clubs for children (Kids Clubs and Youth Clubs) and support groups (pre-school, guardians,) in the community. It also has initiated community child care forums.

Impact

With PEPFAR funded, SACBC AIDS Office support Mercy AID Project has impacted on OVC health, education and general well being.

- HIV positive children (and adults) are supported to get onto and stay on treatment. “Children that were ill are now on treatment and are better.”^{ix}
- Children are aware of their HIV status.
- Pre-school children are immunised. Child careworkers provide care to parents or guardians when they get sick.
- Children are in school. They no longer drop out of school because they lack uniforms and books or because of parental death.
- They are assisted with their homework and assignments after school.
- Children have a place to go after school. Through extra-curricular activities children learn better.
- Hunger and food insecurity has been reduced and children’s nutritional status has improved. “We had food at school so we did not need pocket money.”^x OVC families get food parcels and child careworkers go to OVC homes to make sure children are being fed and cared for.
- OVC homes have been repaired and made habitable. “55 OVC houses have been renovated, to the benefit of about 100 children.”^{xi}
- OVC families are more stabilised. “Careworkers help to resolve family issues when there are disputes.”^{xii} “We have been taught about the stages of development and how to love the children in our care.”^{xiii}
- The project has normalised OVC home life by providing them with the necessities and routines of everyday life. It has also helped them to participate in the everyday things of community life – children go to school like other children, they play like other children, they participate in events like other children, child careworkers watch out for them as if they were their parents.
- Children’s behaviour has changed for the better. You see children “walk tall”, happy and smiling.^{xiv} They have learned to show kindness to other children.
- They feel nurtured and cared for. “Since joining we never felt like orphans because care givers fill the gap.”^{xv} They have self confidence and a sense of self worth.
- The project has helped restore people’s dignity and confidence. Children are achieving their dreams. “Being an orphan I thought I would become nothing in life. I finished matric and I am now working, earning a salary.”^{xvi}



Youths of Kopano Lerato Mercy AIDS Project, Winterveld

Mercy AIDS Project also has impacted on child careworkers. In addition to being exposed to training and skills development, they describe a greater sense of self-worth and value because of their work and the impact it has on the OVC families.

Prospect and Challenges

Mercy AIDS Project has developed a multifaceted intervention that has been responsive to the particular needs of children living in the impoverished Winterveld community. It is well networked and highly valued locally. The challenge they face is sustaining themselves when PEPFAR funding comes to an end. They have a poorly functioning board and don't seem to have a viable plan going forward. According to management their "strategic plan" is to encourage greater community participation and to reduce the services they offer to fit the funding they have. It is unclear what this practically means or even if their ideas have been worked through. At face value, these plans are not likely to sustain the organization into the future. They report that already they have lost well-trained child careworkers to better paid jobs. In fact, others are likely to follow suit, not least of all because of the government's primary care reengineering initiative. Although viewed as a threat because of loss of personnel the provincial (Gauteng Department of Health) and municipal (City of Tshwane) initiative to restructure primary care services in fact may offer a potential way forward because it envisages the integration of health and care workers in ward based outreach teams in all Tshwane districts. Given their experience with OVCs and an effective community based model of care in Winterveld, it would be a loss to everyone if the Mercy AIDS Project floundered because it did not actively engage with the Tshwane WBOT initiative. Going forward, its strategy for long term survival hinges on extending its network beyond the local and actively engaging with the City and the District of Tshwane.

- i "Mercy response to the needs for care of orphan and vulnerable children in rural South Africa." 24 January 2008 http://www.sistersofmercy.ie/south_africa/article_display.cfm?article_id=1403
- ii The Native Land Acts of 1913 pegged African land holding rights to under 8% of South Africa. The Native Trust and Land Act of 1936 designated a further 4% of the land surface to be "released" from the provisions of the 1913 Act. Winterveld was one such are "released " into the Bophutatswanabantustan.
- iii Management Focus Group, Child Careworker Focus group
- iv Project Management Staff Focus Group
- v Child Careworker Focus Group
- vi Project Management Staff Focus Group
- vii Project Management Staff Focus Group
- viii Management Focus Group
- ix Child Care Worker Focus Group
- x Youth Focus Group
- xi Management Focus Group
- xii Youth Focus Group
- xiii Guardian Focus Group
- xiv Child Careworker Focus Group
- xv Youth Focus Group
- xvi Youth Focus Group

FINDINGS

The end-of-project assessment of eight sites in the SACBC's orphans and vulnerable children's program paints a clear picture of the positive impact of care and support on health and wellbeing when interventions are directed, comprehensive, sustained, integrated around people's needs.

Origins and Location

All the sites are physically located in areas of persistent poverty, high unemployment and general remoteness where the HIV/AIDS epidemic has run amok with family life, already gravely damaged by Apartheid. They all have their origins in local church initiatives to serve and care for the needs of people infected and affected by AIDS, many of which predate the SACBC's programmatic OVC intervention.



Funding

PEPFAR is the primary funder of the OVC program at all sites. With few exceptions (Noyi Bazi OVC, CDPE AIDS Committee), most sites also access government funding to support project implementation, principally from the Department of Social Development, and to a lesser extent the Department of Health (Tсібogang CAG, Rorisang MYD), the Department of Public Works and, in one instance, the Department of Arts and Culture (Aliwal Diocese WDC). Several sites (most notably Aliwal Diocese WDC and Tсібogang CAG) have a more diversified funding stream. Several are supported by international and local donors (including Dorcas Aid International, The Lutheran Communion of Southern Africa, Nelson Mandela Children's Fund, DSD Kids Netherlands, GIZ, DFID). Several have mobilized funding from local corporates (e.g. Shoprite/Checkers, Pick&Pay, Russelstone) and small businesses (e.g. taxi association) as well as international private sector foundations (e.g. the Homeplan Foundation NL). Several have been supported by the national lottery (Lotto). Many are also funded by their dioceses directly through fund raisers and indirectly through access to facilities etc.

PEPFAR, the Department of Social Development and/or provincial Departments of Health pay salaries and stipends as well as the services offered by the respective projects. All child careworkers at all sites receive stipends, with the exception of 20 at Noyi Bazi OVC who are unpaid. While PEPFAR salary and stipend payments have been timeous, projects run the risk of protracted delays of provincial stipend payment as was experienced by Rorisang MYDS.

The table below shows reported personnel (management and child careworkers) and registered OVCs at the 8 sites that are funded by PEPFAR.

PEPFAR FUNDED STAFF AND OVCS		
Organisation	Staff	OVC numbers
Kids Care and Support Trust	15	525
Rorisang Men and Youth Development Services	4	358
Tsibogang Christian Action Group	20	953
Noyi Bazi OVC	15	589
Aliwal Diocese Welfare and Development Committee	42	1072
Catholic Diocese of Port Elisabeth AIDS Committee	11	1029
St Joseph's	18	762
The Mercy AIDS Project	7	286

Staffing and Staff Development

The OVC program at all sites (except Rorisang MYDS) is managed by 3-4 personnel and is delivered by anything between 8 and 50 child careworkers.

In terms of staff development, the SACBC AIDS Office's programmatic OVC intervention has significantly supported staff skills. Through workshops, short courses and one-on-one support management and child careworkers have been exposed to a comprehensive training package. Collectively, they accessed training in governance and strategic development (reporting, oversight, strategic planning); finance (budgeting, accounting); management (project management, data systems, monitoring and evaluation, proposal writing, micro-financing); health care (ART for children, HCT, TB screening, PMTCT, First Aid, Health and Safety, personal hygiene, oral health, nutrition); education (early childhood development); income generation and livelihood support (food gardening, sewing, beading, weaving, baking, computing) and life skills (education for life, psycho-social support, counselling).

What is important about the development of staff skills is that it is directly linked to service delivery and system reporting requirements at each project site. Management and child careworkers have internalised knowledge and skills because they are able to put what they learn into practice. This way, learning becomes authentic and transferable.

Management

The SACBC OVC program has created a standardised management system that supports PEPFAR financial, governance, project management and reporting compliance.

Organisationally, sites (with the possible exception of Rorisang MYDS) have a governing body. The actual contribution of Boards to project governance varies across sites, lying mostly between the extremes of being next to non-functional (Mercy AIDS) on the one hand, and actively, high-end involvement, including working on and approving a five year strategic plan (Aliwal Diocese WDC) on the other.

All sites use the Child Data System to register and collect information (A4 forms), manage services (Field Service forms) and report monthly. Management at all sites have budgets and expenditure procedures. Many routinely use line items to manage expenditure and account for disbursements. They also compile and submit monthly reports.

The Child Data System also assists child careworkers deliver services more effectively. They use it to identify and attend to OVC needs. It also helps them plan and organise their work, consult with management and make referrals to other service providers. Lastly they use it for reporting. Generally, the Child Data System provides all staff with the information they need to plan, implement and evaluate what they do and how they work.

Respondents at all sites regard the OVC program's standardized management system as an asset that has significantly contributed to an improvement in their functioning. Many use it to develop independently, to communicate at all levels, to plan, assess and improve their work and to grow (e.g. Aliwal Diocese WDC, KCS Trust, St Joseph's CCC).

Networking

All sites work with local, national and international public, private, non-governmental and community based organisations. The depth and density of project networks varies considerably. They depend a lot on the strength of the local organisational base. The organisational fabric of Pomeroy, Zithobeni, Khuma Township, Winterveld and the villages of Limpopo or the north eastern Cape varies, sometimes greatly. The nature and extent of project networks also depend on the approach and connectedness of management and boards. Some projects work more narrowly (e.g. Noyi Bazi OVC). The majority mostly network locally (e.g. Rorisang MYDS, CDPE AIDS Committee, Mercy AIDS Project, St Joseph's). A few are very well linked locally and nationally (e.g. KCS Trust, Tsibogang CAG, Aliwal Diocese AIDS Committee).

Projects at all sites use their networks to access and share resources as well as exchange and pool information and knowledge. Networking even has helped to integrate services, organisational activities, as was the case in Winterveldt (Mercy AIDS Project).

Services

The PEPFAR funded SACBC OVC program supports a comprehensive community care approach to services. All projects provide health, education, material, emotional and spiritual support services to orphaned and vulnerable children and their families in their communities. They all tailor support to the age-specific and personal circumstantial needs of children and their guardians. They all assist with documentation and support children's access health, welfare and educational services.

Services at all sites are delivered in a combination of ways. Most projects support individual OVC families directly. Through home visits, careworkers provide or assist with homework, ART adherence, food and nutrition, health and personal hygiene, housekeeping, home repair and management, and guardian support. The frequency of home visits is determined by need and workloads. Nearly all projects run or pay for pre-school care (crèches, ECD). All projects run after-care (kids clubs, after-school). These provide children and youth with food, homework/assignment support and recreation (play, sport, drama, music etc.) after school. They all run information and skills workshops for children, youth and parents. Several projects also organise support groups (ART adherence, parent/guardian).

Implementation

Projects follow similar identification, intake and implementation procedure. All identify children in need of support through referrals from schools, health facilities, churches and community members as well as during home visits. Several identify potential beneficiaries through door-to-door campaigns. All also have beneficiaries who have identified themselves to the organisation.

Once identified, all projects follow standard intake and activity monitoring procedures that are guided by the Child Data System. They all use A4 forms collect individual and family information, register children and determine needs.

Thereafter they record their daily activities and interactions. This information is summarised and captured monthly using CDS field service forms. It is used to support planning, performance monitoring and reporting.

Impact

The SACBC supported OVC program has a multiplicity of positive impacts on the lives of project beneficiaries.

In terms of health, orphans and vulnerable children and their families are provided with comprehensive HIV/AIDS support. Projects help identify the need for treatment and support ART for HIV positive children and adults. Beneficiaries participate in support groups to encourage treatment adherence. Sick children are accompanied to and from facilities. Children and youth are counseled and guided about HIV. Youth and adults participate in and learn about HIV prevention in workshops.

All projects also support OVC general health and wellbeing. They assist with immunization. They teach and support personal hygiene and oral health. Importantly, they also attend to individual and household nutrition by addressing food needs, *inter alia* through food parcels and preparing school lunch boxes, pre-school and after-school feeding schemes, soup kitchens, and by creating individual or collective food gardens etc. They educate children and guardians about food and nutrition. At a few sites they also teach children to cook and to bake.

In terms of food and nutrition, the OVC program has reduced food insecurity and alleviated daily hunger at all project sites.

In terms of education, children in the program are able to attend pre-, primary and secondary school because their fees are paid, they have food and they have uniforms and stationery. They are able to stay in school because child caregivers support and follow up on them when they are in crisis or face difficulties. They perform better because they have access to help with homework and assignments, they are generally encouraged to learn and because they are integrated normally into school events, outings and tours. They also perform better because of the after-school program where they take part in organized play and extra curricular activities that range from sport and cultural activities (e.g. music, dance, drama) to skills training (e.g. sewing, beadwork, computer training etc.) and life skills workshops (e.g. education for life, HIV prevention, anger management and self-awareness, time management, leadership).

Older children and youth who are no longer eligible to register with the program, although few in number, are helped to apply for jobs, higher education and bursaries. Youth also participate in educational and skills training workshops. At several sites they are involved in the projects that supported them.

In terms of material living conditions, the projects have significantly improved the home life of OVC families. Through the shelter improvement program their homes are maintained and made safe. Through home visits, child careworkers help keep OVC families' homes clean and organised. They help with personal hygiene and support domestic routine. Children are provided with winter clothes, bedding and utensils. Guardians, who are often elderly or themselves sick, are helped to provide better care.

In terms of personal wellbeing and sense of self, the OVC program restores children's sense of self-esteem and dignity. Their attitudes to life are more positive. They are more cooperative. Through the care and attention paid to them by the projects, they do not feel so abandoned and ashamed by their circumstances. There are fewer suicides. OVCs find it easier to play with other children.

Children feel more confident about their futures. At several sites, OVC beneficiaries have successfully completed matric. Some are currently studying while others have qualified and are now working professionals.

At all project sites, they are given the material, educational, health, emotional and spiritual means to realise their dreams.

The SACBC OVC program has also impacted on the personal wellbeing of guardians. Caught in the maelstrom of the AIDS pandemic, they feel more hopeful about themselves and especially about their children's futures. They are better equipped and cope more effectively with practical care. They are relieved that the children are being cared for, are off the streets and are attending school. Their own dignity is restored and they find themselves more appreciated and better respected by the children. The OVC program also gives them a place and people to go to for help when they have problems.

Careworkers at all sites indicate that they too have greater self worth and have gained in self-confidence. Their social standing in their communities has changed because of the impact that their work has on OVC families. They too have learnt to be respectful of guardian's and children's circumstances.

Prospect and Challenges

It is unlikely that many of the project sites will be able to raise sufficient resources on their own to continue to offer the comprehensive and integrated program of material, emotional and spiritual support to children and families in their care that the PEPFAR funded SACBC OVC program has made possible. Three sites have practically anticipated the end of PEPFAR funding. The Aliwal Diocese WDC used programmatic support from the SACBC AIDS Office to develop a five-year strategic plan. KCS Trust has decentralised fund raising, appointed a fund raiser and has developed proposals to generate income. Tsibogang CAG also has developed funding proposals in order to continue when PEPFAR funding ends. All three of these sites have strong governance and management and are networked locally, nationally and internationally.

The remaining sites are either still working on funding proposals or are "praying for a miracle". While all express a determination to continue they feel uncertain about their future and expect to have to reduce their services to fit the funding they have.

All sites also face the challenge of meeting the scale and depth of demand for OVC care. While the government's roll out of ART has saved lives and significantly reduced MTCT the need for programmatic OVC care persists due to a combination historical and contemporary factors. These include the combined effects of AIDS and Apartheid on family social structure, structural unemployment and poverty, persistent HIV and TB pandemics, the rising scourge of drug abuse, endemic violence and abuse, and the population displacements caused by massive continental political and economic upheaval.

Conclusion

The SACBC has a history of holistic care of individuals and families. This care, in fact, was the foundation that enabled the SACBC AIDS Office to become the forerunner of ART initiation and support to adults and children infected with HIV in South Africa in 2005. It is also the foundation of the programmatic intervention that the SACBC AIDS Office developed to address the plight of orphaned and vulnerable children with the assistance of PEPFAR.

The PEPFAR funded SACBC AIDS Office OVC program has had a significant impact on the lives of orphaned and vulnerable children and their guardians. This qualitative end-of program assessment of eight project sites has found that separately and together, they have successfully helped a generation of orphaned and vulnerable children to overcome the loss of protection and the resultant emotional and material devastation that comes with parental death.

At all sites the OVC program has improved the health, education and personal wellbeing of orphaned and vulnerable children and their families. It also has contributed directly to their interpersonal and functional capacity as well as project staff. As an integrated and comprehensive intervention it has contributed to social cohesion and community empowerment. The SACBC AIDS Office has developed an invaluable programmatic response to integrated care in the community that should be a major asset to the South African government's efforts to re-engineer primary care.

The standardised management system that the SACBC AIDS Office created for the OVC program is a notable innovation. Developed to support PEPFAR financial, governance, project management and reporting compliance, its benefits are much larger. It directly contributed to the organisational growth, development and impact of projects at all sites. It also has strengthened local capability at the same time as it has supported accountability.

A SUCCESS STORY



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Community Based Support for Children In Need of Care.

To whom it may concern

The testimonial success made by kids care and support trust in my life.

My name is Thabiso Phineas Mkwema, age 27 and I am the Employee of kids care and support trust for the past four years, working as epwp and now I am the epwp coordinator. Here is my context before kids care and support trust identifies me:

I am from a very disadvantaged family where poverty threatened my existence, not having any identity Document (meaning I wasn't protected by the state), not having a vision in life, smoking daggers, having no hope of life for my mother because she was bad redden. I was schooling but not coping at school because of the calamities of circumstances I faced in life. I did not know that everything in this world happens for a specific reason.

Kids care and support trust intervenes during my mom's last days in this world, they helped me to take her to hospital since she used to refuse that. Unfortunately she didn't make it, and then kids care registered me as one of their beneficiaries even though I wasn't fit to their criteria due to I was over the age.

Kids care supported me in all five dimensions. It even extends its wings by helping in funeral arrangements of my late mommy. I was doing grade 11 on that year and the situation led me to be isolated, feel sorry for myself, deny my life and have a lot of anger.

Kids care made the point that they show me the right path of life and became responsible in building a man that stands for accountability and a man of integrity. I have to admit that kcst made a huge impact over my life for they managed to pull up the pieces that were broken in the cycle of courage back to normal and now I feel strong, competent to be a man living in this universe.

After my Matric: kids care supported me by offering a learnership provided by the dhds (department of health and social services) and that opportunity made me who I am today.

I am writing this letter today as I am a qualified child and youth care worker, HIV/AIDS laid councillor, having first aid level 2, I am a facilitator and many more certificates that make me competent in life.

I love kids care and support trust and wishing it to be sustainable for the many kids outside there that need its support and mentorship. Lots of thanks to every friend of kids care and support trust.

Hope you will find this in order.

With regards

Thabiso Mkwema (cycw)

OVC END OF PROJECT EVALUATION

SACBC Field Work Program

Date	Activity	Venue
23/9/2014	Meeting SACBC	Pretoria
1/10/2014	Travel to Pretoria	
2-3/10/2014	Training for site visits	Department Family Medicine
7/10/2014	Travel to Pretoria	
8-9/10/2014	Site visit Bronkhorstspuit	Kids Care, Zithobeni
20/10/2014	Travel to Klerksdorp	
21-22/10/2014	Site visit Stilfontein and travel to Mahikeng	Rorisang Men & Youth Development Services
23-24/10 2014	Site visit Mahikeng and return	Tsibogang Christian Action group, Mafikeng
28/10/2014	Travel to Dundee	
29-30/10/2014	Site visit Pomeroy	Noyi Bazi OVC
31/10/2014	Travel to Durban	
2/11/2014	Travel to Aliwal North	
3-4/11/2014	Site visit Aliwal North	Aliwal Diocese Welfare and Development
5-7/11/2014	Travel to King Williams Town, Site visit and travel to Bloemfontein	PE AIDS Committee
8/11/2014	Return	
10/11/2014	Travel to Polokwane	
11-12/11/ 2014	Site visit Polokwane	St Joseph's Children of Charisma
13/11/2014	Return	
19/11/2014	Travel to Pretoria	
20-21/11/2014	Site visit Winterveldt and return	Mercy AIDS Kopano Lerato

**Orphan and Vulnerable Children (OVC)
End of Project Assessment Report**

Tessa Marcus