A Case Study

AMREF South Africa Sekhukhune and Umkhanyakude OVC Programme

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Cover photo by Beverley Sebastian

Acronyms

AIDS	acquired immune deficiency syndrome
AMREF	African Medical and Research Foundation
ARV	antiretroviral
CBO	community-based organisation
CCF	child-care forum
DIME	design, implementation, and monitoring and evaluation
DoSD	Department of Social Development
emergency plan	The U.S. President's Emergency Plan for AIDS Relief
IRSM	identification, referral and support, and management for OVC
M&E	monitoring and evaluation
NGO	nongovernmental organisation
OVC	orphans and vulnerable children
PHC	primary health care
PLHA	people living with HIV/AIDS
PM	project manager
PO	project officer
PSC	project steering committee
SAPS	South African Police Service
USAID	U.S. Agency for International Development

Executive Summary

Despite the magnitude and negative consequences of the growing number of orphans and vulnerable children (OVC) in South Africa, there is insufficient documentation on "what works" to improve the well-being of these children affected by HIV/AIDS. In an attempt to fill these knowledge gaps, this case study is one of 32 OVC programme case studies researched and written by Khulisa Management Services with support from MEASURE Evaluation, the Economic Growth and Analysis II project (SEGA II), the U.S. President's Emergency Plan for AIDS Relief (emergency plan), and the U.S. Agency for International Development (USAID) in South Africa.

This study documents the African Medical and Research Foundation (AMREF) OVC programme in South Africa. It is based upon programme document review; site visits; interviews and discussions with staff, volunteers, the community and beneficiaries; and observations of programme activities. When designing this research, appreciative inquiry (AI) concepts were used to identify strengths in this programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

AMREF is an international development nongovernment organisation (NGO) that has a presence in five African countries including South Africa. Its core focus is on improving the health of disadvataged people in Africa as a means for them to escape poverty and improve the quality of their lives. AMREF has three programme areas namely, partnership with communities for better health, health systems research for policy, and research.

AMREF South Africa recently implemented an OVC programme in two of the poorest areas of the country; Sekhukune District in Limpopo Province; and the Umkhanyakude District in Kwa-Zulu Natal Province. This case study celebrates the achievements of this programme in improving the lives of OVC in these districts. The focal site for data collection was Sekhukhune, thus examples provided within this case study are applicable to this locale; however, where applicable, the Umkhanyakude site is also represented.

Data collection took place at AMREF South Africa's headquarters in Pretoria in July 2007 and at the site level in Sekhukhune during August 2007. Staff, beneficiaries, volunteers, community members, government representatives and other members of civil society were asked questions about their positive experiences with the programme. Responses were elicited in story form to gain a greater understanding of individuals' encouraging experiences with the programme. These stories are relayed within this case study to illustrate the programmes excellence.

This programme focuses on building the capacity of community-based organisations (CBOs) in Sekhukhune and Umkhanyakude with the objective of improving their ability to provide quality services to local OVC. These CBOs provide an array of services to OVC including educational support, child protection, economic support, food and nutritional support, legal assistance and psychosocial support.

As at July 2007, a short period after the programme commenced, several innovations, successes and lessons learned were present. These include, but are not limited to, the programmes triumph in bridging the gap between government and OVC service providers, and its grass roots capacity building efforts among CBOs which resulted in improved care of OVC.

In addition to what the programme is doing well, some programme challenges and the unmet needs of OVC are also briefly examined. Unmet needs comprise a lack of psychosocial support, income generating activities and additional educational support, whereas the challenges include the need for skilled management, volunteer turnover and delayed government services for OVC. Despite these difficulties, this report is chiefly to demonstrate the extraordinary contribution the AMREF programme has made to OVC in Sekhukhune and Umkhanyakude districts.

Introduction

"The pandemic is leaving too many children to grow up alone, grow up too fast, or not grow up at all. Simply put, AIDS is wreaking havoc on children."

Former United Nations Secretary-General Kofi Annan

Despite the magnitude and negative consequences of growth in OVC in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. There is urgent need to learn more about how to improve the effectiveness, quality, and reach of efforts designed to address the needs of OVC, as well as to replicate programmatic approaches that work well in the African context. Governments, donors and NGO programme managers need more information on how to reach more OVC with services to improve their well-being.

In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of AMREF South Africa Sekhukhune & Umkhanyakude OVC programme and to document lessons learned that can be shared with other initiatives. The U.S. Agency for International Development (USAID) in South Africa commissioned this activity to gain further insight into OVC interventions, receiving financial support through the U.S. President's Emergency Plan for AIDS Relief (emergency plan). This OVC case study, one of a series of case studies documenting OVC interventions in South Africa, was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the emergency plan and USAID/South Africa.

The primary audience for this case study includes AMREF South Africa Sekhukhune & Umkhanyakude OVC Project, OVC programme implementers across South Africa and other countries in sub-Saharan Africa, as well as policy-makers and donors addressing OVC needs. It is intended that information about programmatic approaches and lessons learned from implementation, will help donors, policy-makers, and programme managers to make informed decisions for allocating scarce resources for OVC and thus better serving OVC needs.

The development of these case studies was based on programme document review; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and, observations of programme activities. The programmatic approach is described in depth – including approaches to beneficiary selection, key programme activities, services delivered, and unmet needs. Programme innovations and challenges also are detailed.

It is our hope that this case study will stimulate the emergence of improved approaches and more comprehensive coverage in international efforts to support OVC in resource-constrained environments across South Africa and throughout the world.

Orphans and Vulnerable Children in South Africa

With an estimated 5.5 million people living with HIV in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. Of South Africa's 18 million children, nearly 21% (about 3.8 million children) have lost one or both parents. More than 668,000 children have lost both parents, while 122,000 children are estimated to live in child-headed households (Proudlock P, Dutschke M, Jamieson L et al., 2008).

Whereas most OVC live with and are cared for by a grandparent or a great-grandparent, others are forced to assume caregiver and provider roles. Without adequate protection and care, these OVC are more susceptible to child labour and to sexual and other forms of exploitation, increasing their risk of acquiring HIV infection.

In 2005, the South African government, through the Department of Social Development (DoSD), issued a blueprint for OVC care in the form of a policy framework for OVC. The following year, it issued a national action plan for OVC. Both the framework and the action plan provide a clear path for addressing the social impacts of HIV and AIDS and for providing services to OVC, with a priority on family and community care, and with institutional care viewed as a last resort. The six key strategies of the action plan are:

1. strengthen the capacity of families to care for OVC
2. mobilize community-based responses for care, support and protection of OVC
3. ensure that legislation, policy, and programmes are in place to protect the most vulnerable children
4. ensure access to essential services for OVC
5. increase awareness and advocacy regarding OVC issues
6. engage the business community to actively support OVC

In recent years, political will and donor support have intensified South Africa's response to the HIV/AIDS epidemic and the growing numbers of OVC. The South African government instituted guidelines and dedicated resources to create and promote a supportive environment in which OVC are holistically cared for, supported, and protected to grow and develop to their full potential. Government policies and services also care for the needs of vulnerable children more broadly through such efforts as the provision of free health care for children under age five, free primary school education and social grants for guardians.

The U.S. government, through the U.S. President's Emergency Plan for AIDS Relief, complements the efforts and policies of the South African government. As one of the largest donor efforts supporting OVC in South Africa, the emergency plan provides financial and technical support to 168 OVC programmes in South Africa. Emergency plan partners focus on innovative ways to scale up OVC services to meet the enormous needs of OVC in South Africa. Programme initiatives involve integrating systemic interventions; training of volunteers, caregivers and community-based organisations; and delivery of essential services, among other things. Emphasis is given to improving the quality of OVC programme interventions, strengthening coordination of care and introducing innovative new initiatives focusing on reaching especially vulnerable children.

Methodology

Information Gathering

When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. Appreciative Inquiry was chosen as the overarching approach, because it is a process that inquires into and identifies "the best" in a programme and its work. In other words, applying AI in evaluation and research is to seek out the best of what is done in contrast to traditional evaluations and research where the subjects are judged on aspects of the programme that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the AMREF Umkhanyakude and Sekhukhune OVC Programme (hereafter referred to as AMREF), and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

"Appreciative Inquiry is about the co-evolutionary search for the best in people, their organisations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives "life" to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. AI involves, in a central way, the art and practice of asking questions that strengthen a system's capacity to apprehend, anticipate, and heighten positive potentiall."

David Cooperrider, Case Western Reserve University, co-founder of appreciative inquiry

During July 2007, two key informant interviews were held at AMREF South Africa headquarters in Pretoria, Gauteng. The programme manager and head of programmes were questioned about the programme's design, staff, beneficiaries, community ownership, project challenges, successes, and plans for the future. During the following month, fieldwork was conducted over two consecutive days in and around Marble Hall in Sekhukhune. An AI workshop was held on the first day where a total of 23 staff, volunteers, representation from the South African Police Service (SAPS), social services, agriculture, health, and loveLife were in attendance. In addition to this, educators, community members, guardians, and beneficiaries were also present. Observations of key programme activities were conducted on the second day. Visits included two CBO partner organisations, a school, and two granny-headed households. Information gathering included programme document reviews.

Focal Site

This OVC programme (also referred to as OVC project) is based in two of the presidential nodal points. Presidential nodal points are recognized by the South Africa government as the poorest and most under-resourced districts in South Africa. The programme runs in five municipalities in Umkhanyakude district in Kwa Zulu Natal — Jozini, Umhlabuyalingana, Hlabisa, Big Five, and Mtubatuba. Within the Sekhukhune District of Limpopo Province, the programme runs in the following municipal areas; Makhudutamaga, Greater Marble Hall and Greater Groblersdal. While this case study discusses information pertaining to both sites, specific information was gathered from Sekhukhune district and as such examples used within this report refer to this nodal point. The Sekhukhune site is typical of the Umkhanyakude site.

The total population of the Sekhukhune District is at 1,024,748. Half the population is 18 years old or younger, and the male:female ratio in this age group is about equal; while the female population is 60% of the adult population over the age of 18. The district is for the most part rural

and aside from mining there is a lack of employment opportunities which has led to many young adults leaving for cities to seek better opportunities. Violence, crime, and the illiteracy rates are high. In addition to this, the HIV/AIDS prevalence rate is soaring. Whilst Sekhukhune has lower infection rates than the rest of South Africa, the HIV and AIDS prevalence is high among mine workers. Due to this, there are a large number of OVC in the area requiring assistance. Stigma and denial surrounding the pandemic continues to excarbate the problem. It is in this environment that AMREF has recently set up an OVC programme to address the immediate needs of this population group.

Programme Description

Overview and Framework

Founded in 1957, AMREF is an international health development NGO. Its core mission is to improve the health of disadvantaged people in Africa as a means for them to escape poverty and improve the quality of their lives. AMREF has three programme areas areas, namely:

1. partnership with communities for better health;
2. health systems research for policy; and
3. research.

AMREF has a presence in five countries in Eastern and Southern Africa — Ethiopia, Kenya, Tanzania, Uganda, and South Africa. This case study generally focuses on AMREF South Africa's HIV/AIDS programme and, more specifically, on addressing the needs of OVC in areas of Limpopo and Kwa Zulu Natal.

In 2006, AMREF conducted a situational analysis and found a lack of capacity within organisations working with OVC. Limited awareness of the rights and needs of OVC at an institutional and community level was observed. Further to this, there was inadequate coordination between NGOs, CBOs, and government departments offering services to OVC. In addressing these shortfalls, AMREF established the OVC programme in the district of Sekhukune in Limpopo province and the district of Umkhanyakude in Kwa Zulu Natal province with implementation commencing in early 2007. The programmes components are the same across both sites. The project is 100 % funded by the U.S. President's Emergency Plan for AIDS Relief.

The project's goal is to provide an environment in which children are able to access comprehensive, compassionate care and support through a range of well-managed and integrated services. In achieving this, four goals are outlined. These are:

1. to increase awareness and understanding of OVC rights and vulnerability by key governmental/civil society stakeholders and OVC themselves;
2. to improve identification, referral, delivery of comprehensive OVC services, and monitoring of orphans and vulnerable children;
3. to ensure adoption of appropriate OVC policies and programmes at the local municipality and district level; and
4. to improve access of OVC to an increased number and improved quality of NGO and CBO services and improve referral systems.

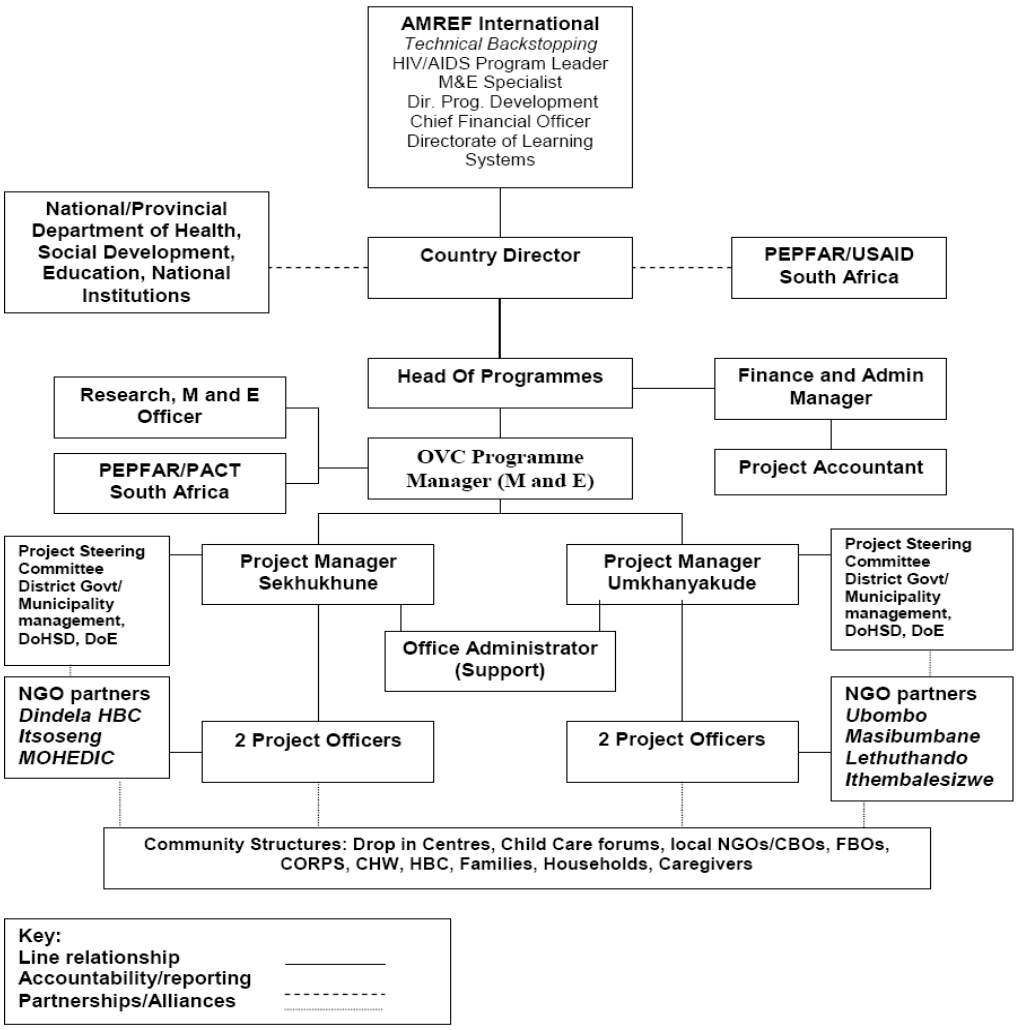
AMREF improves services for OVC through quality and integrated support by capacitiating key government and civil society agencies. This is done through training programmes; continuous monitoring of CBOs (termed local-level partners); developing and strengthening sustainable identification, referral, and monitoring systems for OVC, and improving delivery of essential services of organisations and local government. By doing this, OVC are provided with quality services. These include, food and nutritional support, child protection, legal and social services and referrals for additional services (such as health care).

PROGRAMME STAFF

AMREFs Sekhunkhune and Umkhanyakude OVC programme is run by a number of skilled staff members at head quarters in Pretoria, and at the two project sites. Monitoring and evaluating (M&E) experience is a prerequisite for employment and each staff member is trained when they take up their posts, particularly in design, implementation, and M&E (DIME). Emergency plan fellows are also employed on a full-time basis, generally to provide technical assistance for a specified period of time.

The following organisational chart provides an illustration of the Sekhukhune and Umkhanyakude OVC projects staffing structure. Following this, a description of the key roles and responsibilities of staff involved in the project is provided.

Sekhukhune and Umkhanyakude Orphans and Vulnerable Children's Project
AMREF South Africa - Organisational Structure



AMREF South Africa

Under the supervision of the head of programmes, the programme is managed by the OVC programme manager. This person provides overall leadership in the development and implementation of the OVC programme, develops and leads research and advocacy activities, manages and plans programme activities, co-ordinates resources and is the main liaison with the emergency plan and the Washington-based PACT project, and between emergency plan partners. The programme manager is responsible for regular reporting to the emergency plan on strategic programme objectives.

Two full-time project managers (PMs), one for Umkhanyakude and one for Sekhukhune, manage the project. They are responsible for training, programme development, and delivery. They liaise directly with the district Department for Health and Social Development (Sekhukhune) and district Department of Social Services, Health, and with municipality management (Umkhanyakude) as well as the district health managers. Further to this, they co-ordinate the activities of the project with the local partners (NGOs and government).

The PMs also head project steering committees (PSCs) in each of the two districts. The PSC comprises a multi-agency team incorporating key local OVC stakeholders, i.e., the chief social worker from the District Department of Heath and Social Development, the primary health care (PHC) co-ordinator for the district municipality, Department of Education representative, partner NGO representatives including OVC Drop in Centre managers, and leaders of local child care forums. The PMs arrange bi-monthly meetings with the PSC, to review and approve field activities, assist in designing and adapting activities appropriately, co-ordinate interventions and ensure effective monitoring and evaluation. The PSC also prepare action plans and report on progress of planned activities.

Two full-time project officers (POs) are locally recruited to support each PM. The POs assist the PM in organising training, developing training materials, facilitating training sessions, writing up workshop reports, compiling quarterly monitoring reports and other general administrative functions. This support post is essential given the large number of trainings to be implemented in the programmes. These personnel are located at partners' site twice a week. AMREF anticipates that POs will be withdrawn from the sites but only once the partners have been capacitated to the point of no longer requiring the support.

Finally a full-time project accountant ensures correct and timely budget planning and reporting on expenditure and the production of financial reports for submission within AMREF and to USAID. The project accountant works closely with both PMs to ensure budgets are aligned to activities appropriately. They work under the direct supervision of the finance manager, who takes overall responsibility for ensuring financial accountability and transparency of the grant.

VOLUNTEERS

AMREF's role in this programme does not require volunteers. That said, AMREF does support its partners' volunteers with training particularly on IRSM (identification, referral and support, and management for OVC). Further to this, AMREF recommends partners provide their volunteers with incentives, such as stipends, to reduce the risk of turnover.

AMREF South Africa
Sekhukhune & Umkhanyakude OVC Project

To provide an environment in which children are able to access comprehensive, compassionate care and support through a range of well-managed and integrated services

Objectives

1. To increase awareness and understanding of OVC rights and vulnerability by key governmental/civil society stakeholders and OVC themselves;
2. To improve identification, referral, delivery of comprehensive OVC services, and monitoring of orphans and vulnerable children;
3. To ensure adoption of appropriate OVC policies and programmes at the local municipality and district level; and
4. To improve access of OVC to an increased number and improved quality of NGO and CBO services and improve referral systems.

External Resources

South African Funding

- U.S. President's Plan for AIDS Relief, through USAID/South Africa

Activities

Capacity Building

- Enhances partners skills to provide services to OVC via workshops and on the job training
- Hosts various events to capacitate communities and OVC about key subject matter particularly HIV/AIDS

Community Networking

- Facilitates the forging of partnerships to eradicate duplication of work for OVC within communities
- Hosts Jamborees to link OVC focused organisations and government to the communities.
- Assists in setting up child care forums to integrate service delivery to OVC in a given community
- Facilitates referrals to SAPS and government departments for OVC to access additional services.

Programme Monitoring

- Provides M&E training to partners
- Identifies identify gaps, challenges and OVC requirements
- Monitoring that OVC needs are being met by partners.

Family and Community Outcomes

- Financial improvement results from families accessing social grants.
- A reduction in stigma and increase in OVC identifications is a result from sensitisation initiatives.

Beneficiary Outcomes

- NGOs and government departments are capacitated to assist OVC through skills development and training.
- A reduction in stigma toward OVC results from the provision of school uniforms and assistance with school fees.
- OVC and PLWHA enjoy improved health and well-being as a result of referrals for essential services such as ARVs.
- Improved health and well-being results from food and nutritional support.
- Improved access to essential support grants is a result of collective collabouration with the Department of Home Affairs.

KEY PROGRAMME ACTIVITIES

Imperative to the success of AMREF's OVC programme is its ability to capacitate, mobilise, network, campaign and consult with the community, government, its seven partners as well as other members of civil society. Further to this, AMREF has developed a comprehensive programme monitoring plan to make certain its partners meet their agreed upon targets and develop the necessary capacities to provide excellent and relevant services to OVC.

Capacity Building

AMREF enhances its partners' skills and, in doing so, assists them to serve the community, guardians better, and most importantly OVC.

Once a partner has been identified, a memorandum of understanding is signed between the organisation and AMREF. Currently, AMREF supports four CBO partners in Umkhanyakude and three in Sekhukhune. Each partner provides an array of services to OVC and the community (see table at right for information on each partner's area of work).

Activities, services, and targets that each organisation is expected to meet are discussed, aligned and agreed upon from the onset. A timeline and implementation plan is also agreed between the partner and AMREF. Once this process is complete, an AMREF project officer is stationed at the partners site where they provide technical support twice a week. This support includes informal (on the job) and formal training sessions. With regard to formal training, a number of workshops are provided. Subject matter includes what AMREF terms IRSM. (Programme monitoring is discussed in greater depth below). Further to this support, and if required, AMREF's national office, through its programme manager and financial manager, provides additional technical support to partners.

AMREF Partner	Core Areas of Work
Masibumbane Community Christian Centre	OVC identification Social grants access Home visits Feeding schemes
Lethuthando Home Based Care and OVC Organisation: (Resource Centre)	OVC identification Social grants access Home visits
Itembalesiswe Drop- in-Centre	OVC identification Social grants access Home visits Feeding schemes Youth clubs (drama catering, IGAs)
Moutse Health Education Development And Information Centre.	HIV Health education, HBC PMTCT VCT
Itsoseng Youth Development	HBC OVC drop-in centre Feeding schemes Social grants Homework assistance After school activities
Dindela HBC	Home based care OVC Mentoring Health promotion TB Dots support

In addition to the above, AMREF hosts various events (detailed in greater depth below) and brings communities, CBOs/NGOs, and government together. While the primary aim of these events is to link OVC and the community with organisations and government to access services, they also serve as an important forum to educate and capacitate communities about the HIV/AIDS pandemic.

By building the capacity of its partners AMREF plays a vital role in ensuring that CBOs provide quality and much needed services to OVC. The following box illustrates the value AMREF provides to its parners through its capacity building initiatives as detailed by several Sekhukhune partners.

"Since AMREF came here, they have capacitated us through management workshops including financial management and mentoring. Before we could not identify the OVC because we did not have a formal way of identifying them and helping them. Before everything was haphazard. Now I know how many children are in need and what their needs are in the community. I know the daily services they are provided within and around Marble Hall. I know how many have been immunized and what they still require. I know this because I have received the training and I am able to do my job better."

Staff member, CBO partner, Sekhukhune

"AMREF has helped us in supporting the children. We used to identify some of the vulnerable children but not all but now we can identify them as we are working with other organisations. AMREF helped us do this."

Staff member, CBO partner, Sekhukhune

"They capacitate us so excellently. What they are doing is in line with our strategic (social services) plan so they try to do what is required by the government which is important. They do this by talking to our department all the time and ensuring we are all on the same page".

Staff member, CBO partner, Sekhukhune

Community Networking

AMREF promotes partnerships among NGOs by encouraging and facilitating networking. Important functions of networking include ensuring local NGOs/CBOs do not duplicate effort in providing services to OVC and that children are receiving the services they require. The support provided by AMREF goes beyond the NGOs it directly aids to include facilitating broader networking among agencies and other parties aiming to assist OVC. By strengthening networking, the gap between the communities, beneficiaries, and service providers is lessened and this accelerates the provision and expansion of services to OVC.

AMREF encourages networking by hosting various events and inviting local organisations, community members and government representatives from various departments to meet, greet, and share information about OVC related services. One such event, known as the Jamboree, was held in August 2007. The Jamboree was a day geared toward helping OVC and their guardians. It does this by linking local OVC focused NGOs/CBOs and various government departments to the community. These linkages allow OVC and their families to access important services such as legal documentation, social grants, and health care. In the case of the 2007 Jamboree, several key government departments attended the event including, Home Affairs, Social Development, Welfare, Education and the South African Police Services (SAPS). Approximately 500 community members attended the event.

As well as facilitating access to services, events such as the Jamboree act as forums to demonstrate how the various CBOs/NGOs and government departments collaborate to provide services to OVC. A SAPS police officer working closely with AMREF and its partners describes this point in the following words:

"The Jamboree event on Saturday highlighted the problem of government's collabouration as they were not seen as a collabourative body to the community to assist OVC. Government departments appeared to be standing separately but through the Jamboree the community could see that we work together and that the only thing that differs between us is in name. It gives the community light. When they need social services, they also see the SAPS and its role. If they [community members] identify OVC, they now know that social services refer them to us [SAPS]. It is important that the community can see this. They can see the flow. The Jamboree helped the community see the good relations the SAPS have with the various departments."

A SAPS officer

Other mechanisms for promoting networking are through child-care forums (CCFs). The purpose of these forums is to ensure that NGOs/CBOs providing services to children do not duplicate effort. AMREFs role is to assist its partners to establish and manage such forums. It also links partners and CBOs/NGOs in this regard. Aside from serving as a protective function for children, CCFs are instrumental to promoting networking between CBOs/NGOs to reduce duplication and in so doing enhance service provision. Over and above this, AMREF capacitates partners to develop referral mechanisms with agencies including government to ensure that OVC can access the services they require.

Programme Monitoring

AMREF has a comprehensive M&E action plan. The plan has been designed with the following objectives in mind:

- ensure that AMREF is doing the right things in the right way and that its activities are achieving real benefits for people;
- ensure that AMREF gathers high-quality data that can be used for strategic decision-making and programme improvement; and
- ensure that AMREF is making the most efficient use of resources and that its programmes are relevant to the needs of the communities.

Process indicators are continually reviewed and staff measure targets they set for themselves. They also monitor the implementation of their activities. A baseline electronic tool has been developed for data capturing purposes. AMREF's programme manager describes the importance of this tool:

> *"The reason behind this is to assess the current capacity of partner organisation. This tool also provides an indication of how many OVC are in need of assistance, how many of these OVC are already receiving some essential service and who has been referred to another institution or government department. Our M&E tool is currently updated and in line with national legislation. Thus, if there are any changes in OVC policy then we change our M&E tool accordingly"*
>
> **Sekhukhune and Umkhanyakude OVC programme manager**

AMREF has developed forms which its partners use to identify OVC, document services received, and record those not being serviced. These forms are colour-coded, allowing use regardless of literacy level. During IRSM training, partners are capacitated to use these forms. Following the training, CBOs are expected to disseminate the information about how to fill in the forms to their volunteers. Over and above this, AMREF project officers provide ongoing support and consultation including data collection, data capturing and report compilation. To ensure data are of high quality, regular feedback meetings are held where AMREF reviews each partner's performance against their targets. Data are used to identify partner services that require strengthening. AMREF capacitates partners based on these findings.

Monitoring is an essential activity because it helps identify gaps, challenges, and OVC requirements, as well as assuring that these needs are being met by the partners. In short, by providing its partners with comprehensive M&E training, easy-to-use and up-to-date tools, AMREF is providing organisations at a grass roots level with important skills to make a positive impact on the lives of OVC.

BENEFICIARIES

Lewfontein Luncheon Club located at Itsoseng,is one of AMREF's partners in Sekhukhune. The club is a place for the elderly to come together and produce arts and crafts.

Orphaned and vulnerable children (where "vulnerable" refers to any child who is neglected, abused, or in need) are the beneficiaries of the programme.

The partners' volunteers are responsible for identifying OVC, although occasionally children approach AMREF and/or partner organisations directly for assistance. There is a rigid process in place for integrating children into the programme commencing with completing an OVC identification form. This form requests specific information about a child including date of birth, parental and/or guardian details, household details, and health status. As at July 2007, a total of 1,926 OVC had been through this process and provided with services across both programme sites (Sekhukhune and Umkhanyakude).

Since implementation began in early 2007, no OVC have exited the project but, based on the experiences of other OVC projects, some drop-out is anticipated in the future. Some reasons for drop-out are predicted to be because OVC reach the age of 18 years and legally can no longer access services, or because of migration from programme site areas.

"We look at an OVC as any child that is orphaned, not just those who have been orphaned by HIV/AIDS."

Sekhukhune & Umkhanyakude OVC programme manager

SERVICES PROVIDED

CBOs provide services directly to OVC. AMREF's core business is to strengthen and improve the quality of these services through capacity building efforts and by supporting the expansion of services to children. Capacity building focuses on training organisations in several key areas of OVC service delivery namely; child protection, food and nutritional support, educational support and legal and social services. Over and above these services, OVC are referred for additional support if required. This includes but is not limited to referral to clinics for health care.

Child Protection

Child protection is a vital service AMREF offers its partners. One way it does this is by hosting workshops about children's rights to educate partners, the community and most importantly children.

AMREF also trains its partners to set up, run and manage CCFs. These forums assist children *within* their communities and in doing so provide those in need with accessible support. Currently there is one CCF per ward in each of the sites which translates to 11 in Umkhanyakude and 8 in Sekhukhune.

Training CBO partners to deliver improved child protection services has made a positive difference to the lives of OVC. A representative from one of AMREF's Sekhukhune partners illustrates this succinctly with the following words:

"What is most special is children are able to access services from this programme. Most of the children before could only access some services. For example, there were no children's rights workshops. Through AMREF, there are such workshops and they do know their rights they can protect themselves."

Staff member, CBO partner, Sekhukhune

Educational Support

School uniforms and the arrangement of school fees exemptions for OVC that require it most are important services provided by AMREF. Partners make requests to AMREF for fee exemptions and uniforms based on the need of their beneficiaries. The provision of such services is made on a case-by-case basis with the neediest receiving support first.

Testament to the success of this service can be seen in the success stories from those beneficiaries that have received educational support from AMREF. Three such stories are relayed below, each one powerfully illuminating the importance this support has made to their lives.

"Children are being taken care of. Before, I was paying for my own school fees and I was thinking of going to search for a job but they (AMREF) said I must not as they would support me. They helped with food and clothes. I am now in grade 12 and to think I thought of leaving in grade 9."

Beneficiary, OVC

"When I received a uniform I felt proud because they (AMREF) supported me. Before this I did not have uniform or food. There was a sense of relief from this and a feeling of belonging because I no longer felt different from other children. Before this I was not seen as the same as other children because I did not have a school uniform. Now there is knowledge that someone cares and through this I was able to develop myself at school."

Beneficiary, OVC

"AMREF helped me get the clothes that I have and to pay for my school fees. The services that I am getting now make me proud because they pay for my school trips and take care of me. I am supported and cared for."

Beneficiary, OVC

Food and Nutritional Support

Food parcels sourced from the Department of Health are provided to OVC households requiring nutritional support. Partners are responsible for liaising with the department and requesting the required parcels. AMREF facilitates the networking process (via events such as Jamborees) and capacitates the organisations to develop sustainable partnerships to acquire such services. Further to this, particular partners provide nutritional meals to OVC at least once a day as is the case with Ubombo drop-in-centre in Umkhanyakude.

Legal Services

Legal assistance is provided to OVC through referrals to SAPS, which then refers cases to other organisations that SAPS works with. As is the case with other services, the partners refer to and AMREF capacitates them in this regard. During July 2007, discussions were held with a legal aid project to ascertain how it can further capacitate the partners to develop sustainable and stronger referral systems.

Lessons Learned

The following section discusses a few innovations and successes of the programme. This is followed by a brief description of several programme challenges staff have faced concluded with a list of some of the unmet needs of OVC in Sekhukhune.

Programme Innovations and Successes

Bridging the Gap between Government and Service Providers

Deficient coordination between NGOs, CBOs, and government departments in Sekhukhune and Umkhanyakude prevented OVC from accessing essential services. AMREF has managed to identify this short coming and compensated by hosting a variety of events to establish and re-establish communication lines among government, CBOs, and civil society (see inset for an example). To date, and in the brief time that staff members have been implementing the programme, staff members indicate a noticeable improvement in communication between government and OVC-focused organisations in Sekhukhune and Umkhanyakude as a result of this intervention.

> *"In August 2007 a workshop was organized between the Department of Welfare and AMREF to identify the number of organisations servicing OVC in the district of Umkhanyakude. As a result of this workshop, the department plans to set up an office to coordinate OVC services in districts."*
>
> **Sekhukhune & Umkhanyakude OVC project programme manager**

Capacity Building at Grass Roots Level

Capacity building has better equipped AMREF's CBO partners to provide services to OVC in two of the poorest regions of the country. The improvement in skills of CBO partners is evidenced in the overwhelming positive retorts of partners in the AI workshop (see inset for an example).

> *"AMREF staff motivates its members and those that work in the workshops. Last year when they brought together the organisations, they gave us an indication about what it would be like to be an OVC. AMREF brought the image of the people who are in that position and they presented OVC in a good light. That image made us have empathy and enter their shoes, and assisted us in really working with the OVC. It brought zeal to my work."*
>
> **CBO Partner, Sekhukhune**

Tailor-Made and Accessible Tools

Within Sekhukhune and Umkhanyakude, illiteracy is a reality. Staff took this into account when developing and providing training on tailor made tools for its CBO partners. For instance, easy-to-use and colour-coded forms for OVC identification, referrals, and reporting forms are provided for volunteer use. Further to this, AMREF encourages individuals to use their own language when filling out these forms. This prevents lose of important information because of a lack of proficiency or confidence using English. Project officers assist CBOs in managing these data, including analysis.

Programme Challenges

Lack of Skilled Management

AMREF South Africa headquarters reports that sourcing skilled individuals at a senior level was increasingly difficult due to the shortage of skills in the country. A suggested short-term solution

to this problem is to continue to utilize the emergency fund's fellowship programme with the assistance of more senior fellows.

Volunteer Turnover

While AMREF encourages incentives, not all CBOs are able to do so. As a result, a common difficulty experienced among volunteers is that, once trained, volunteers tend to resign and move to better-paid positions with other organisations or within government. Although there is recognition that such individuals are empowered from training; turnover poses many challenges as more volunteers have to be sourced and skilled, and the organisation runs the risk of the new intake resigning again. Additional funding to provide incentives could potentially diminish this risk. Further to this and to address stress levels, volunteers are encouraged to set up support groups to promote solidarity and reduce burn out.

Delayed Government Services

Delays and backlogs in processing social grants, particularly within the Department of Social Development, prevent OVC from accessing essential funds. One of the reasons cited for this is that the number of applications outweighs the social workers available to process them.

UNMET NEEDS

The following lists some of the unmet needs of OVC and their guardians as indicated by staff, beneficiaries, government representatives, and CBO partners in Sekhukhune.

Psychosocial Support

An important service that is not offered by AMREF or its partners is psychosocial support. In bringing this to the fore, counsellors are required. Those that care for OVC would also benefit from this service, as would care workers who are reported to suffer from bouts of stress owing to the psychological strain of their work.

Lack of Income Generating Projects

AMREF runs this programme in two of the presidential nodal points where much of the populace is impoverished, and, as such, those caring for OVC require income generating projects to help them become more self sufficient and better able to support the children in their care.

Additional Educational Support

Although AMREF provides uniforms and school fee exemptions, in particular situations further and ongoing support would benefit OVC. For instance, many school-age OVC do not have books, nor allowances to purchase school supplies, such as pens and paper. In some cases, they lack transport to and from school. Additional support in these areas would assist the OVC in their educational development.

The Way Forward

AMREF is committed to making a positive impact on the lives of OVC in Sekhukhune and Umkhanyakude. It aims to do this by continuing to capacitate its CBO partners and expand on the services offered to children. The passion and commitment of the staff involved will continue to play a central role in the continued success of this programme.

Assuming sustained funding, AMREF hopes to expand the programme. Development activities will include introducing psychosocial support services to both children and their care givers. This is an essential area of service provision and one that staff recognises they underestimated when the programme was in its design phase. Staff members plan to address this shortfall by training coordinators and counsellors to provide psychosocial support to OVC and their guardians. In similar fashion to project officers, counsellors will be based at CBO sites and provide services to OVC at site offices and during home visits.

There are also plans to develop a peer education programme. The intention of this is to support partners with service delivery and, in doing so, freeing up AMREF staff to focus on assisting OVC directly. This programme is a pilot programme, which is currently being implemented in partnership with the Centre for Support of Peer Education. It seeks to develop a curriculum that could be used to support OVC.

Over and above expansion, an important element of this programme is in its commitment to sustainability. AMREF are not planning to expand to other districts. Instead they are working on saturating the areas the programme runs in.

AMREF plays an important role in improving the lives of OVC in two of the poorest areas of South Africa. The very fact that this programme has succeeded in the short time that it has been in existence provides an exceptionally good indication that it will continue to grow positively and make a real and imperative contribution to the lives OVC.

References and Bibliography

AMREF South Africa OVC Project. *Baseline Assessment Tool.* 2007.

AMREF South Africa OVC Project: Sekhukhune and Umkhanyakude. *Daily OVC Service Record.* 2007.

AMREF South Africa OVC Project *DIME Training PowerPoint Presentation.* 2007.

AMREF South Africa. Umkhanyakude and Sekhukhune Orphans and Vulnerable Children's Project. *Monitoring, Evaluating and Reporting Plan*. September 2006 to September 2008.

AMREF South Africa OVC Project: Sekhukhune and Umkhanyakude. *Monthly Reporting Form.* 2007.

AMREF South Africa: Umkhanyakude and Sekhukhune Orphans and Vulnerable Children's Project. *Organogram.* 2007

AMREF South Africa OVC Project: Sekhukhune and Umkhanyakude. *OVC Identification Form.* 2007.

AMREF South Africa OVC Project: Sekhukhune and Umkhanyakude. *Referral Form.* 2007.

AMREF South Africa OVC Project. *Semi-Annual Progress Report.* 2007.

Cooperrider D, Whitney D. *Appreciative Inquiry: A positive revolution in change.* San Francisco: Berret-Koehler; 2005

Department of Social Development, South Africa. *Annual Report for the 2005/2006 Financial Year - Year Ended 31 March 2006.* Available at: http://www.socdev.gov.za/documents/2006/ar2006.pdf

Department of Social Development, South Africa. *National Action Plan For Orphans And Other Children Made Vulnerable By HIV and AIDS South Africa. 2006-2008.* Available at: http://www.aidsportal.org/repos/NPA%20for%20OVC%20S.Africa%202006%20-%202008.pdf

Department of Social Development, South Africa. *Policy Framework for Orphans and Other Children Made Vulnerable by HIV and AIDS in South Africa.* July 2005. Available at: http://www.sarpn.org.za/documents/d0002008/Policy-Framework_OVC_Jul2005.pdf

Greater Sekhukhune District Municipality. 2007. Available at: http://www.sekhukhune.gov.za/welcome/demographics.htm.

Greater Sekhukhune District Municipality. Available at: http://www.sekhukhune.gov.za/welcome/demographics.htm

Proudlock P, Dutschke M, Jamieson L, Monson J, Smith C (eds) *South African Child Gauge 2007/2008*. Cape Town, South Africa: Children's Institute, University of Cape Town; 2008.

Provincial and Local Government Republic of South Africa and Business Trust. Nodal Economic Profiling Project Sekhukhune Project. 2007. Available at: http://www.btrust.org.za/poverty/Sekhukhune_profile.pdf

Rogers PJ, Fraser D. Appreciating appreciative inquiry. *New Directions Eval* 2003;100:75-83.

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