

A Case Study

Southern African Catholic Bishops' Conference OVC Projects



A Case Study

Southern African Catholic Bishops' Conference OVC Projects

Prepared by Khulisa Management Services:

Tina Byenkya

Shanya Pillay

Samuel Oti



July 2008

SR-08-42-S1

This case study was prepared by Khulisa Management Services and made possible by support from the U.S. Agency for International Development (USAID) under the terms of Cooperative Agreement GPO-A-00-03-00003-00 and the U.S. President's Emergency Plan for AIDS Relief. The opinions expressed are those of the authors and do not necessarily reflect the views of USAID or the United States government.

Khulisa Management Services
Box 923, Parklands
Johannesburg, South Africa 2121
Phone: +27 (0)11-447-6464
Fax: +27 (0)11-447-6468
Web: www.khulisa.com

TABLE OF CONTENTS

ACKNOWLEDGEMENTS 4

ACRONYMS 5

EXECUTIVE SUMMARY 6

INTRODUCTION 8

ORPHANS AND VULNERABLE CHILDREN IN SOUTH AFRICA 9

METHODOLOGY..... 10

PROJECT DESCRIPTION 12

RESOURCES 24

LESSONS LEARNED 25

THE WAY FORWARD 28

REFERENCES 29

Acknowledgements

This case study would not have been possible without the contributions and assistance of a number of individuals and groups. The authors would like to thank Anthony Ambrose, the deputy director of the Southern African Catholic Bishops' Conference (SACBC) AIDS office; and Richard Montsho, OVC programme manager, for their time and generosity.

Acknowledgements also go to the Inkanyezi HIV/AIDS Organisation and its staff members for their contributions. The authors would especially like to thank Father Guido, Sister Elaine, and Philemon Tjeba for their time spent with the authors. Thanks go to the rest of the SACBC and Inkanyezi family who contributed towards making this case study possible. These include the volunteer workers, guardians, members of the community, ward members, beneficiaries, and others who participated in group interviews and enriched this case study with their stories.

Many thanks to Dr. Tonya R Thurman from the MEASURE Evaluation project at Tulane University for reviewing and commenting on each case study; Mary Pat Selvaggio, director of health and research at Khulisa Management Services for her project management and oversight as well as editing services; Stacy Langner, Khulisa Management Services knowledge management specialist for designing the case study template and editing various reports; and Margaret Zwane, Khulisa Management Services health administrative assistant for providing valuable logistical and administrative support to the research team throughout the project. Thanks also to the Support for Economic Growth and Analysis II project (SEGA II) in South Africa for supporting this project. Finally, special mention goes to the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (emergency plan) for having the foresight to document programmatic approaches of South African initiatives for serving OVC in an effort to improve the wellbeing of children affected by HIV and AIDS.

Cover photo by Tina Byenkya

Acronyms

AIDS	acquired immune deficiency syndrome
AI	appreciative inquiry
ART	antiretroviral therapy
CBO	community-based organisation
CDC	U.S. Centers for Disease Control and Prevention
CIE	Catholic Institute of Education
DoA	Department of Agriculture
DoH	Department of Health
DoSD	Department of Social Development
EAP	Education Access Programme
FBO	faith-based organisation
FHI	Family Health International
HBC	home-based care
HCBC	home- and community-based care
IGA	income-generating activities
NACCA	National Department of Social Development National Action Committee for Children Affected by HIV and AIDS
NGO	nongovernmental organisation
NPO	nonprofit organisation
OVC	orphans and vulnerable children
PSS	psychosocial support
SACBC	Southern African Catholic Bishops' Conference
VCT	voluntary counselling and testing

Executive Summary

This orphans and vulnerable children (OVC) case study is one of a series of 32 case studies documenting OVC interventions in South Africa. It was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the U.S. President's Emergency Plan for AIDS Relief (emergency plan) and U.S. Agency for International Development (USAID)/South Africa. This study documents Southern African Catholic Bishops' Conference (SACBC) OVC programme and lessons learned that can be shared with other OVC initiatives. It is based upon programme document review; programme site visits, including discussions with local staff, beneficiaries, and community members; and observations of programme activities. When designing this research, appreciative inquiry (AI) concepts were used to identify strengths (both known and unknown) in SACBC's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

SACBC currently works with 32 different community-based and faith-based organisations (hereafter referred to as sub-recipients) that provide services to OVC within 17 Catholic dioceses in eight provinces of South Africa, with the exception of the Western Cape. SACBC aims to improve the quality of services that are currently being delivered to OVC primarily through building and strengthening the capacity of its sub-recipients. By doing this, SABC hopes that these organisations will be empowered to provide holistic, comprehensive, and compassionate quality care for OVC to help them grow to be healthy, educated, and socially well-adjusted adults. As of May 2007, SACBC reported reaching 13,905 OVC across all 32 project sites.¹

The specific goals of SACBC's OVC programme are to:

1. aid the provision of care and support services to OVC and their families through building the capacity of 32 sub-recipients operating within 17 dioceses in eight provinces of South Africa; and
2. assist community programmes and projects to meet the needs of OVC through local networking and by linking them to various sources of financial assistance, healthcare, legal aid, and nutritional support.

To achieve its goals, SACBC is involved in two main activities – resource mobilization and capacity building for its sub-recipients. Being an emergency plan sub-prime partner, SACBC channels funds from two emergency plan prime partners (U.S. Centers for Disease Control and Prevent and Family Health International) to 32 sub-recipients. The bulk of these funds are utilized by the sub-recipients to finance a range of activities, such as home visits and referrals via which services are provided to OVC and their guardians. Administrative costs, including stipends for care workers, are also derived from emergency plan funds. SACBC also assists the sub-recipients to mobilise additional funds from local businesses and other international donors, such as Shoprite and the European Union respectively. Capacity-building activities of SACBC mostly involve training sub-recipients in areas such as psychosocial support for OVC, accessing social grants, child protection, care-worker skills, financial and project management, and monitoring and evaluation of projects. An advanced monitoring and evaluation system run by SACBC makes it easy to keep track of beneficiaries, as well as the services that they are receiving.

Through the above activities, SACBC's sub-recipients are thus capacitated to better provide a range of services to OVC, including food and nutritional support, child protection, educational

¹ A project site refers to the physical location where sub-recipients are based.

support, health care, shelter, economic strengthening, and psychosocial support. Furthermore, SACBC sustains strong partnerships with several institutions and organisations to provide its beneficiaries with better services. One of its key partners is the Catholic Institute of Education (CIE). This partner focuses on the Education Access Programme (EAP) to enable OVC in Catholic schools to continue their education (both primary and secondary) and to remain healthy. SACBC is also in partnership with the National Department of Social Developmental National Action Committee for Children Affected by HIV and AIDS (NACCA).

In terms of project staff, the SACBC AIDS office is led by the AIDS-liaison bishop who oversees a management committee headed by a co-coordinating secretary. Beneath this committee sit four departments – administration, prevention and care, treatment, and OVC. The OVC department has four staff members – deputy director of the AIDS office, OVC programme manager, monitoring and evaluation officer, and finance officer.

SACBC and its sub-recipients have experienced some successes and innovations. These include conducting successful training programmes/workshops, both for staff at headquarters and those working at the project sites. SACBC also enjoys healthy partnerships with organisations such as CIE. Furthermore, SACBC enjoys success in the sustenance of community ownership and participation in its OVC programme. This it achieves through ensuring that regular feedback of project activities and outcomes are effectively communicated and shared with the community, among recipients, and with government via strategic planning and briefing meetings (e.g., annual progress review meetings).

There are numerous challenges that SACBC and its sub-recipients face. The most difficult challenges include limited resources, staff burnout, and long travel distances between the organisation and its sub-recipients resulting in infrequent site follow-up visits. SACBC also expressed the need for more incentives for care workers (volunteers) to reduce high staff turnover. The OVC who SACBC's sub-recipients serve also need more nutritional, economic, educational, and recreational support.

Going forward, SACBC would like to work on improving the quality of its services rather than solely focusing on quantity. This, it believes, will help with sustainability of its projects. SACBC and its sub-recipients also want to improve and further develop their income generating activities, provide more support for OVC in applying for their identity documents, train relevant individuals for after-school programmes, implement kids clubs at the site level, and have spiritual and psychosocial support for care workers. Also, SACBC wants to provide accredited project management training to more of its sub-recipients to enable them become more efficient in running their OVC projects.

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 orphans and vulnerable children (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 nongovernmental organisation (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 Southern African Catholic Bishops’ Conference (SACBC)’s 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 SACBC, 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 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 include:

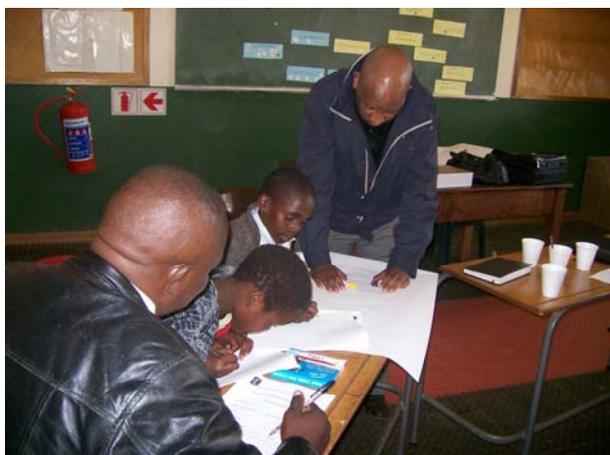
1. strengthen the capacity of families to care for OVC
2. mobilize community-based responses for care, support, and protection of OVC
3. ensure that legislation, policy, and programmes are in place to protect the most vulnerable children
4. ensure access to essential services for OVC
5. increase awareness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

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 emergency plan, 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



Participants (including two learners) at the AI workshop.

When designing this research, appreciative inquiry (AI) concepts were used to help focus the evaluation, and to develop and implement several data collection methods. This was chosen as the overarching approach because it is a process that inquires into and identifies “the best” in an organisation and its work. In other words, applying AI in evaluation and research is to inquire about 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. In this case study, AI was used to identify strengths (both known and unknown) in SACBC’s OVC projects, and to identify areas of good performance.

“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 potential”.

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

Fieldwork activities were completed during July 10-12, 2007. These activities comprised key informant interviews, an AI workshop, observations, and project document reviews. Interviews were held at SACBC’s offices in Pretoria with two SACBC managerial staff members – the deputy director of the SACBC’s AIDS office and the programme manager. Those that took part in the workshop included staff and beneficiaries from the Inkanyezi HIV/AIDS Project, a project funded by the SACBC. Specifically, workshop participants comprised the project manager of Inkanyezi; the finance manager; the monitoring and evaluation officer; two project coordinators; two OVC beneficiaries; two care workers; two guardians; a foster parent, and an educator. Also participating at the AI workshop were the deputy director of the SACBC AIDS office, as well as the OVC programme manager. The AI workshop was held at the Inkanyezi project site, in Orange Farm, Johannesburg. This site is one of the 32 community-based organisations being supported by SACBC.

Observations were carried out in and around the Orange Farm areas served by the Inkanyezi project. Activities observed included home visits made by community volunteers, food provision at a Crèche to OVC, a visit to the local HIV/AIDS clinic, and visits to child-headed and foster care households served by the project.

FOCAL SITE

SACBC works with a total of 32 OVC projects in 17 dioceses within eight provinces of South Africa (excluding the Western Cape). One of these projects, Inkanyezi, is located in Orange Farm, south of Johannesburg, where observations of project activities were conducted. Whilst this case study details information pertaining to the SACBC OVC projects in general, the AI workshop and observations occurred at the Inkanyezi site in Orange Farm and, as such, examples within refer to this locale.

Orange Farm was created in 1989 when the South African government bought three large farms (Orange Farm, Stretford, and Drieziek), and started developing an area of around 150 square kilometres. Development included the creation of roads, electricity, and schools. Within a few years, 300,000 people moved into Orange Farm from surrounding areas, including Soweto, the Vaal, other farms, and as far as Port Elizabeth, Durban, and Limpopo. This populace was attracted by the prospects of finding work in Johannesburg. Orange Farm also experienced the migration of foreigners, including individuals from Lesotho, Mozambique, Zimbabwe, and other countries.

Today, Orange Farm is home to between 1 million and 1.5 million people. Those that are employed are generally teachers, nurses, police officers, and informal traders. Unemployment levels are around 70% of the population. Approximately 45% of the population is under 24 years of age. Most children between the ages of 6 and 18 years are in primary and secondary school, however very few continue their schooling past the secondary level. This is predominantly due to poor academic performance and the lack of financial backing to continue education. This further contributes to the high level of unemployment.² There is also a reportedly high level of prostitution among girls, which contributes to the high level of teenage pregnancy. There is also a reportedly high HIV infection rate, which is said to have led to a high number of OVC in the area.

² SACBC. "Orange Farm Description" Document Review. December 3, 2007.

Project Description

OVERVIEW AND FRAMEWORK



Beneficiaries in one of the communities at Orange Farm.

SACBC started in 1999 as part of the Catholic Church's response to the HIV/AIDS epidemic. Prior to this, the Catholic Church in South Africa was involved in several locally-based HIV responses, such as home-based care and hospices programmes. These programmes were widespread and diverse but lacked coordination and central direction. In 1999, meetings were held among nationally based church-related agencies involved in HIV/AIDS programmes, as well as leaders of the Catholic Church in South Africa. They identified AIDS as the single most important issue facing society in Southern Africa and decided to form the SACBC AIDS office in January 2000. The aim of the office was to coordinate AIDS responses within the region.

"This project is trying to address the greatest problem of our time – children who have been orphaned or left vulnerable by the HIV/AIDS epidemic."

Inkanyezi finance manager

"Initially, we were focused on home-based care and prevention. We then realised that this alone is not comprehensive. We then realised that we need to move on to the needs of the OVC. "

SACBC OVC programme manager

The mandate given to this new body was to provide assistance to the Catholic Church in several key HIV/AIDS related areas. One of these areas was to address the increasing needs of OVC in Southern Africa. Since 2005, SACBC has been expanding its projects response from home-based care to include care for OVC. These children frequently have no one to care for them after the death of their parents. SACBC saw the need to expand its focus to include meeting the needs of such surviving children. To this end, SACBC's core area of business is in building the capacity of local community-based organisations (CBOs) and faith-based organisations (FBOs) that provide services to OVC. Although these local CBOs and FBOs are unique in their own right, they basically provide OVC with a similar range of services including food and nutritional support, psychosocial support (PSS), child protection, educational support, health care, HIV prevention education, shelter, and economic support. The main mechanisms for providing these services across the 32 organisations include, but are not limited to, home visits, referrals, and training primary care givers of OVC in income-generating activities (IGA).

By building the capacity of these local CBOs and FBOs and funding their activities, SACBC hopes that these organisations will be empowered to provide holistic, comprehensive, and compassionate quality care for OVC, to help them grow to be healthy, educated, and socially well-adjusted adults.

The specific goals of SACBC OVC programme is to:

- aid the provision of care and support services to OVC and their families through building the capacity of 32 sub-recipients (CBOs and FBOs) operating within 17 dioceses in 8 provinces of South Africa; and
- assist community programmes and projects to meet the needs of OVC through local networking and by linking them to various sources of financial assistance, healthcare, legal aid, and nutritional support.

In achieving the above, SACBC is involved in various capacity-building activities for its sub-recipients. These activities mostly involve training recipients in areas such as psychosocial support for OVC, financial management, monitoring and evaluation of projects, accessing social grants, care worker skills, and child protection.

At the community level, SACBC encourages all its implementing partners to be engaged in effective partnerships by mobilising community participation in OVC care and through local networking initiatives. Specifically, SACBC is involved in fostering and building appropriate relationships and partnerships between its partner organisations and local service providers such as hospitals, clinics, local offices of the Department of Home Affairs (DoHA) and Department of Social Development (DoSD), and others.

“You cannot give services to a child without giving services to a community to be holistic/whole.”

SACBC OVC programme manager

The direct beneficiaries of the SACBC OVC programme are its sub-recipients – the CBOs, FBOs and other nonprofit organisations (NPOs). In 2008, SACBC provided services to 32 such organisations in 17 dioceses within eight provinces of South Africa (except the Western Cape). These sites were identified based on the evaluation reports of the five-year *Choose to Care*³ program for OVC. SACBC also conducted an extensive OVC audit of the past activities of these organisations. Subsequently, SACBC sent a call for proposals to these sites, which returned their proposals and budgets to the SACBC AIDS Office Supervisory Committee for review. A contractual agreement was then signed between SACBC and each of the 32 sites. Indirect beneficiaries of SACBC’s OVC programme include OVC aged 17 years old or younger, and those caring for these children (including primary-care givers or guardians) who are served directly by the 32 sub-recipients. As of May 2007, SACBC was reaching 13,905 OVC across all 32 sites.

³ Between 2000 and 2005, SACBC and the Catholic Medical Mission Board were in partnership with Bristol Myers Squibb to co-sponsor the *Choose to Care* Programme. This programme was a five-year, U.S. \$5 million commitment to fight HIV/AIDS in South Africa, Namibia, Swaziland, Botswana, and Lesotho. This program supported community-based efforts towards orphans and vulnerable children, those suffering from HIV and AIDS, and their families. The initiative has reached 140 community organizations in the five southern African countries, and has served over 145,000 orphans and vulnerable children. Specifically in South Africa, the program has reached 71 community organizations, trained 5,390 community volunteers, served 8,982 OVC, and offered home-based care to 40,403 people.

South African Catholic Bishops Conference

South African Catholic Bishops Conference currently works with 32 different sub-partners (CBOs and FBOs) that provide services to OVC within 17 Catholic dioceses in eight provinces of South Africa with the exception of the Western Cape. SACBC aims to improve the quality of services that are currently being delivered to OVC through building and strengthening the capacity of its sub-partners. By doing this, SABC hopes that these organisations will be empowered to provide holistic, comprehensive, and compassionate quality care for OVC to help them grow to be healthy, educated, and socially well-adjusted adults.

Programme Goals

- To aid the provision of care and support services to OVCs and their families through building the capacity of 32 sub-partners (CBOs and FBOs) operating within 17 dioceses in 8 provinces of South Africa
- To assist community programmes and projects to meet the needs of OVC through local networking and by linking them to various sources of financial assistance, healthcare, legal aid and nutritional support.



External Resources

- Family Health International**
- Manages an emergency plan grant for 10 of SACBC's 32 sites
- U.S. Centers for Disease Control and Prevention**
- Manages an emergency plan grant for 22 out of SACBC's 32 sites
- Other Donors**
- Australian Aid and church-based organisations such as Catholic Relief Services and the Catholic Medical Mission Board
 - Local community businesses provide support in the form of food, clothing, or cash

SACBC Activities

Organizational Capacity Building

- Training workshops for sub-recipients in
 - Monitoring and evaluation
 - Child protection
 - Social grants
 - Financial management
 - Psychosocial support
 - Care worker skills

Resource Mobilization

Networking

- Networking with government departments, corporations, other CBOs, and individuals
- Regular feedback meetings with community and stakeholders

Project Monitoring and Evaluation

Outcomes

Direct beneficiary outcomes

- Sub-recipients are capacitated to better assist OVC through skills development and training
- Improved reporting and accountability via monitoring and evaluation, and financial management training

Indirect Beneficiary Outcome

Child and Adolescent Outcomes

- Improved Health and well being of OVC results from better food and nutritional support and psychosocial care
- Child protection: Increased reporting of child abuse within communities
- Better access to education via EAP
- Better access to physical shelter for CHH
- Nutrition and food provision via DoA assisted gardens

Family and Community Outcomes

- Increased community participation
- Better awareness of OVC situation in community

PROGRAMME STAFF

The head of the SACBC AIDS office is the AIDS liaison bishop. Under this post is the management committee headed by the co-coordinating secretary. Beneath the management committee are four different departments: administration, prevention and care, treatment, and orphans and vulnerable children. The OVC department is run by four staff members – deputy director of the AIDS office; OVC programme manager; monitoring and evaluation officer; and finance officer. The OVC programme manager is responsible for coordinating the day-to-day affairs of the OVC department and reports to the deputy director of the AIDS office, who is the most senior managerial staff overseeing the department.

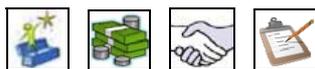
The programme staff for SACBC are usually recruited and selected through the channels of advertising, selection and interviewing. At the site level, a substantial amount of the staff, at least at Inkanyezi, come from the community. Note that the number of staff and their roles and responsibilities ranges considerably across the 32 sub-recipients.

VOLUNTEERS

At the time of fieldwork, SACBC had two volunteers. SACBC's OVC programme has a partnership with the Department of Education and Department of Educational Psychology, University of Utrecht. Volunteers are selected through word of mouth or through international organisations or schools that have volunteer programmes. These volunteers support the facilitation of the numerous training activities in which SACBC is involved. Volunteers may also assist in other administrative duties as the need arises.

At the site level, many projects have a large network of trained care workers. Most care workers are unemployed women who volunteer their time to the local community project to perform a range of roles, such as home visits, counselling and referrals. These care workers all receive a monthly stipend. Retired professionals some times volunteer their time to these projects as well.

KEY PROGRAMME ACTIVITIES



SACBC's key programme activities are geared toward equipping its sub-recipients with the capacity to provide high quality care to OVC and helping to foster community partnerships and networking. These activities are detailed and examples specific to their support of the Inkanyezi project are provided. Hence, in discussing the Inkanyezi project, it can be noted how the theoretical underpinnings of the SACBC model relate practically to projects on the ground. Furthermore, some stories and expressions of appreciation from Inkanyezi project beneficiaries and project staff are highlighted to illustrate the work of SACBC.

"We provide mentoring and link sites to other government services and departments. We build the capacity of the project by providing skills. We also identify problems through visiting the sites and offer recommendations accordingly."

OVC programme manager, SACBC



Capacity Building

SACBC's core area of business is in building and strengthening the organisational capacity of its 32 sub-recipients to respond to the needs of the OVC and their families. In achieving this, SACBC organises a series of training in workshops covering various topics for the sub-recipients. These workshops conducted by SACBC include training care workers or staff of sub-recipients in child/youth care skills, psychosocial support for OVC, child protection, accessing social grants, project and financial management, and monitoring and evaluation of projects.

"It is difficult to address the greatest problem of our time. Children have been orphaned and left vulnerable by the HIV/AIDS pandemic. Fortunately, through the commitment of all the project's members and through the SACBC's training and support provision, we are able to help children grow into caring, functional adults."

Inkanyezi finance manager

Care-Workers Skills Training

Child care-workers' training sessions are among the key capacity building activities of SACBC. Training is government accredited and aims at helping care workers understand the dynamics around working with OVC. As of September 2007, four regional trainings had been held, one each in Mafikeng, Durban, Pretoria, and Bethlehem. The venues for these workshops were Catholic Church centres in the various regions. The facilitators come from the National Association of Child Care Workers (NACCW). Two care workers from each of the 32 sub-recipients completed the first module of this training, which covered the following topics:

- key concepts in child and youth care;
- self-development responsibilities of child and youth care workers;
- basic philosophical, ethical, and legal framework for child care; and
- youth care work and programming within child-and-youth care work.

There are a total of 10 modules. As of February 2008, all the care workers that attended the first module were still busy with the assessment process and, as soon as the process was completed, they planned to continue to the second and third modules. These two modules were to be combined. The training was schedule to take place in June 2008.

Psychosocial Support Training

SACBC, in partnership with the Regional Psychosocial Support Initiative (REPSSI), provides PSS training to the sub-recipients. This training includes topics such as the roles and functions of PSS; building resilience; loss, grief, and mourning; stress and coping mechanisms; listening and talking to distressed children; and childhood development. Each of these topics has a practical component, in which participants at training sessions work in groups and make presentations.

In June 2007, SACBC, in collaboration with REPSSI, organised a national psychosocial workshop called Journey of Life⁴ for care workers from 22 projects supported by SACBC. The workshop took place at St. Peters Seminary, Pretoria. Each project was represented by one care worker; the topics covered included those earlier mentioned.

Child Protection Training

SACBC organises training workshops on child protection issues for sub-recipients. The main objective of these workshops is to teach sub-recipient staff about various child protection policies; different types of abuse (physical, sexual, and emotional); and how to identify children who are abused. Three regional training workshops on child protection took place during February 2007 in Bethlehem, Hartebeespoort, and Durban. The materials used at these workshops were based on research findings by Professor Herman Conradie at the University of South Africa, with the permission of Department of Criminology.

SACBC funds and provides technical assistance for child protection activities conducted by its sub-recipients. These activities include training care workers and community members to identify and report child abuse. This training is provided by the sub-recipients at their various sites and SACBC contributes to the contents of these training sessions in addition to funding them.

Training in Accessing Social Grants

SACBC capacitates sub-recipients to access social grants for their beneficiaries. Three regional training workshops for care workers took place in February 2007 in Bethlehem, Hartebeespoort, and Durban. These workshops were held parallel to the monitoring and evaluation workshops. The main objectives of the workshops were to educate care workers in how to access social grants and how to apply for birth certificates for OVC. Types of grants and accessibility of legal documents for orphans through the assistance of the social worker were also discussed.

“A child grant is not enough for a family of five. There are grants from the government, but they need to learn how to access them.”

Deputy director, AIDS office, SACBC

⁴ Journey of Life workshops use pictures and the “metaphor of life” as a journey to highlight the challenges that we all face during our lives, and bring out the mechanisms that people use to overcome these difficulties. The Journey of Life focuses on the importance of community support in helping children, and their care-workers, to deal with the challenges they face, including death, loss, poverty, and family disintegration.

Project and Financial Management Training

SACBC, through the monthly reports it receives from its sub-recipients, has also been able to identify gaps around project management at the site level that need urgent attention. As a result, a series of regional project management workshops were scheduled. The training was outsourced by SACBC to an accredited project management service provider, Cedar Training and Development Solutions. As of October 2007, three regional project management workshops had taken place. The last of these workshops took place during May 7-11, 2007, in Pretoria. The workshop focused on the characteristics and nature of projects, project life cycles, different organisational structures, planning, reporting lines, budgeting, and proposal and report writing. Fund raising skills were also taught at these workshops. The training was targeted at project coordinators and financial officers representing each of the 32 sub-recipients.

Monitoring and Evaluation Training

SACBC also organises training workshops in monitoring and evaluation for the sub-recipients. The main objectives for this training were to give staff of these organizations a better understanding of how to fill in the monitoring forms and to help them realise the importance of evaluation for their projects. Such training sessions were conducted in February 2007 in Bethlehem, Hartebeespoort, and Durban. The target of the training was the project coordinators of the various sites. At that time, the monitoring and evaluation tool had been modified to incorporate new emergency plan guidelines. The changes that were discussed among the workshop participants include the expansion of services for member organisations to include the following – child protection, access to antiretroviral therapy (ART), prevention education, shelter, and the omission of home-base care. Also, an important component of the definition of food and nutritional support with regard to emergency plan funding was also discussed at these workshops. It was explained to the participants that emergency plan funding cannot be used for food parcels and feeding schemes and is very limited in its use (e.g. weaning of babies, micronutrients, and nutritional assessment and counselling).

“Capacity building at the site level might include a two-day monitoring and evaluation workshop, where someone would be trained in data capturing or the filling out of the forms.”

Deputy director, AIDS office, SACBC



Resource Mobilization

SACBC is a sub-prime partner of the emergency plan and, thus, serves as a secondary channel through which funds from the U.S. government are channelled to 32 community-based OVC projects. These projects present budget proposals to SACBC, which then disburses the available funds after the SACBC AIDS Office Supervisory Committee has approved them. In order to augment its resource base, SACBC also assists its sub-recipients to secure funding from local businesses, including South African chain stores such as SPAR, Shoprite, and PEP. Over and above this, SACBC also provides sub-recipients with material resources such as desktop computers and software programmes. Every now and then, SACBC also provides sub-recipients with funding to take their care workers on retreats.

“(We) provide actual computers for the sites through other sources of funding, so we give the sites hardware and get software for them. When looking at communities that don’t have computers, or an accounting package or no one trained for it, we try to scale them up.”

Deputy director, AIDS office, SACBC



Strengthening Community Networking and Partnerships

The creation of links with key stakeholders in the field of OVC care and support is one of the key priorities of the SACBC AIDS office. Thus, SACBC supports its sub-recipients by developing and facilitating relationships and networks with various service providers that assist OVC. Providers include, but are not limited to, clinics, schools, and government departments such as DoH, DoSD, and Department of Agriculture (DoA). These networks have reportedly led to better access of OVC and their guardians to services such as social grants and identification documents.

SACBC has also created other partnerships that assist it performing its project activities. One of its key partners for its OVC work is the Catholic Institute of Education, which focuses on the Education Access Programme (EAP). This programme enables OVC in Catholic schools to continue their education and remain healthy. EAP responds to the growing number of children at risk in the country and enables them to have access to a complete positive schooling experience. This is achieved through the provision of resources to schools to assist selected OVC learners with education expenses including fees, uniforms, transport, sport, outings, and a daily ration of food (dependent on the individual learner's needs).

For example, in terms of general education, the Catholic Institute for Education [Education Access Project] and their basic thing is that they have data at the schools regarding which child doesn't receive meals at the end of the day; teachers are trained (by the CIE) to look for OVCs at schools and see what services they might be in need for...they're not performing but why. Schools are being taught to make necessary referrals (circle of care). An example of a school as a centre of care has a referral to Dep. of Social Dev, to Police for protection, etc. Schools have been taught to do this as an advocacy tool.

Deputy Director, AIDS Office, SACBC

SACBC is also in partnership with the National Department of Social Development National Action Committee for Children Affected by HIV and AIDS (NACCA). The mandate for NACCA at the national level is to coordinate action for children affected by HIV and AIDS. SACBC adheres to the National Policy Framework on Orphans and Other Children Made Vulnerable by HIV and AIDS. SACBC is also an active member of the various task-teams that have been mandated by NACCA, such as food and nutrition or care and support task-teams. Since December 2006, the SACBC AIDS office has been a member of the steering committee of NACCA. SACBC has also encouraged project sites to become active members of the provincial and district structures of NACCA. As of 2008, only project sites in Gauteng and the North West Provinces have met with government and other NGOs to build such a response.



Project Monitoring and Evaluation

SACBC has an advanced monitoring and evaluation system that is split into two different levels. The first level is performed through site visits and using individual registration forms, as well as checking whether or not relevant information is captured correctly. The individual registration forms document information relating to the OVC status, the situations in which they live in, as well as the services that they are receiving and the frequency with which they are receiving these services. This system makes it easy to track beneficiaries, including the services that they are receiving. On a second level, the SACBC headquarters in Pretoria receives monthly reports from the sites. At the site

"The numbers are really important. Monitoring and evaluation would start at the field level, where data forms (available on doc review) would be filled in. At the site level, the care workers have forms for contact and basic information (e.g. ID, amount of services per month) that are then sent to SACBC HQ monthly. The data forms just provide HQ with numbers and no names. We are currently reaching around 13,000 OVC who are divided into age groups (0-2, 2-5, 5-12, 13-17). We have 32 sites around the country and try to visit them at least twice a year in terms of SACBC HQ (the SACBC staff however these sites do get visited more frequently). The site gives a narrative, stats, and financial report on a monthly basis (mainly paper based but if have access to electronic, they do that as well)."

Deputy director, AIDS office, SACBC

level, the care workers gather information from the care workers that have contact and basic information, and then send these to SACBC headquarters on a monthly basis. These data forms are anonymous in that they provide the headquarters with numbers but no specific names. Staff members from SACBC headquarters also try to visit sub-recipients at least twice a year to verify their data management systems.

BENEFICIARIES

The direct beneficiaries of SACBC's OVC projects are its sub-recipients (32 CBOs and FBOs in 17 dioceses within eight provinces of South Africa, except the Western Cape). These sites were identified based on the evaluation reports of the five-year Choose to Care program for OVC. SACBC also conducted an extensive OVC audit of the past activities of these organisations. Subsequently, SACBC sent a call for proposals to these sites who returned their proposals and budgets to the SACBC AIDS Office Supervisory Committee for review. A contractual agreement was then signed between SACBC and each of the 32 sites.

Indirect beneficiaries of SACBC's OVC programme include OVC aged 17 years old or younger, caregivers of OVC (including primary caregivers or guardians), community and religious leaders, volunteers, and healthcare workers. Services are not provided directly to these beneficiaries by SACBC but the organisation provides training, skills development, funding, and technical assistance to 32 sub-recipients that in turn provide the services to the OVC and other beneficiaries. OVC are usually identified by the sub-recipients through door-to-door visits during which the number of services that they are currently receiving is also recorded. Through the identification process, member organisations are able to help children who are currently not receiving any services. The number of OVC served ranges by CBO, depending upon its scope and capacity. At the time of fieldwork, the Inkanyezi project was caring for around 99 OVC 17 years old or younger, but this number varies between 90 and 120, depending on the circumstances. As of May 2007, SACBC was reaching 13,905 OVC across the 32 sites.



"I am the brother of orphans from my mother and my sister. The project has helped me a lot, especially after my mother passed away. They did help me with the children when it came to school fees and food. They took the children away from the streets so that they could get a better education. They also helped me to arrange the funerals of both my mother and sister and after that I started helping out with the project."

OVC guardian, aged early 20s



Once OVC are introduced into any of the projects, they remain in the care of the member organisations until the age of 18 years. If a beneficiary is aged 18 or over, he or she is required to leave the project. Another reason that would lead to a child to leaving the project would be if a parent or guardian were employed in the formal sector. A beneficiary would also leave the project if he or she is receiving funds or services from another organisation.



"[The emergency plan] programme works with children in the age range of 0-17, so after the age of 18 they would have to leave the programme and this is primarily defined by [emergency plan] standards. In another situation, if the mother or father is involved in a formal sector or if a child is receiving treatment, the child would leave the programme if they started receiving treatment or payment for treatment from government. If the beneficiary was able to find other organisations which would provide a more sustainable support, that would lead them leaving as well."

Deputy director, AIDS office, SACBC



SERVICES PROVIDED



SACBC's core business is to fund and capacitate the activities of 32 CBOs and FBOs in order to increase the level and quality of support provided by these organisations to OVC. Through the key activities discussed above, SACBC strengthens the capacity of its sub-recipients to provide services to OVC including PSS, child protection, shelter, food and nutritional support, education, general health, and economic strengthening.



Psychosocial Support

SACBC defines PSS as “incorporating an ongoing process of meeting the physical, emotional, social, spiritual, and mental needs of children. It is looking beyond the physical needs of children to include the provision of emotional, spiritual and social needs of children in the care giving process.”⁵ Hence, SACBC provides PSS training to care workers from its sub-recipients. Thus, these care workers are better capacitated to provide PSS to OVC, such as counselling and memory box therapy during home visits, for instance. As of May 2007, SACBC was reaching 8333 OVC through its 32 sub-recipients.

“Education is very important to these children and so is their counselling which we provide and has helped heal the children psychologically.”

Inkanyezi project coordinator



Child Protection

As mentioned in the key activities section, SACBC trains staff of its sub-recipients in child protection. These staff members then return to their various projects and provide the same training to their care workers. Hence, care workers are better able to identify and refer OVC in abusive situations to the appropriate protection services. SACBC also encourages its sub-recipients to make some arrangements with the community through which reporting child abuse is enhanced. As of May 2007, 2592 OVC had benefited from this service.



Food and Nutritional Support

SACBC assists its sub-recipients in establishing food gardens by linking them with DoA. The DoA trains sub-recipients on how to establish food gardens at their various project sites. Some sub-recipients then train OVC or their guardians in establishing food gardens. In May 2007, three such training sessions were facilitated by DoA. DoA also provides seedlings and builds fences for these gardens. The use of produce from these food gardens vary from one sub-recipient to the next. Some sub-recipients use the garden produce to augment their soup kitchens, others distribute them as food parcels to OVC in need, and yet others sell the excess harvest for extra income. As of May 2007, a total of 3992 OVC were reached with food and nutritional support through the sub-recipients.

⁵ Psychosocial Care And Support For Children In Home Based Care Setting – A Facilitator’s Guide - REPSI – February 2007



Health Care

SACBC is not directly involved in providing health care to OVC but provides funds that are used by some sub-recipients to provide health care services, such as ART and HIV prevention education. For instance, at Inkanyezi HIV/AIDS organisation, there is an ART centre where people living with HIV/AIDS, including infected OVC, receive ART. Generally, the project sites refer sick OVC to other medical institutions, as necessary. SACBC has also facilitated this referral process by developing a referral tool for its sub-recipients to standardise the process of referring sick OVC to the appropriate points of care. This tool reflects the reason for referral, what service the OVC or primary caregiver is to receive and, importantly, whether the referred service was delivered. Through the referral system, a reported 441 OVC across the 32 sites were accessing ART as of May 2007.

At some sites, if necessary, immunisation, routine examinations, clinical monitoring and management as well as ART were also provided to OVC. In total, 2575 OVC were reportedly being reached across 32 sites with health care access as of May 2007.

"I am the coordinator of the ART project and I think that this project will help get more children on ART and thus help them to live long and happy lives."

Manager, ART centre, Inkanyezi project



Educational Support

The SACBC is in partnership with CIE to run EAP. Specifically, SACBC provides part of the funds used to execute this project. EAP enables OVC to continue their primary and secondary education, with a focus on remaining healthy so as to live a life of dignity to become self-supporting and productive citizens. EAP collaboration with other CIE units and community organisations broadens its influence and reach to vulnerable learners and their schools. As of May 2007, about 440 OVC in schools in three provinces where CIE operated have benefited from this project. Above and beyond this, SACBC's sub-recipients provide free school uniforms and stationery to OVC, and care workers assist them with homework during home visits. Care workers also negotiate with schools for fees exemptions for OVC. As of May 2007, 6238 OVC were being reached with educational support across the 32 sites. While at Inkanyezi, a story about a primary school learner was shared by a staff member:

"A primary school learner was given a new pair of shoes. He could not wait to go to school so that he could wear his new shoes and, to this day, he is not a fan of weekends since this means that he does not get the chance to wear his shoes."

Inkanyezi staff member



Shelter

SACBC has funded the refurbishment of 15 housing units for child-headed households. The criteria for selecting which child-headed households benefit from these housing units are as follows:

- where a child lives is not adequate, needs major repairs, is overcrowded

- where a child lives does not protect her from weather
- a child has no stable place to live
- a child is completely without the care of an adult and must fend for himself or herself

There are over 200 child-headed households reached by SACBC's sub-recipients. However, due to limited resources, the organisation is only able to provide support with shelter in the most dire of situations.



Economic Strengthening

SACBC ensures that staff and care workers from its sub-recipients receive training in accessing social grants for OVC and their guardians. These social grants are often a very much needed succour to many impoverished families in the communities where the sub-recipients work. Care workers are also trained on how to apply for birth certificates and identification documents for OVC. As of May 2007, 1688 OVC across the 32 sites had been assisted with the process of applying for social grants.

Some sub-recipients provide training in IGA for the primary caregivers or guardians of OVC. For instance, 18 primary caregivers from Sithandizigane, East Rand, have been trained in vegetable gardening and poultry farming. This training was provided by the Tshwane University of Technology and is accredited by Department of Labour. SACBC reports that the primary caregivers from Sithandizigane are enthusiastic to implement their knowledge at both the project and in the community. Furthermore, at the site level, beneficiaries and guardians are taught by staff or care workers about how to save money and open banking accounts.

Resources



Staff members of both SACBC and Inkanyezi gather.

DONORS

The majority of the funding comes from the emergency plan through two channels – Family Health International (FHI) and the U.S. Centers for Disease Control and Prevention (CDC). FHI funds 10 of the 32 SACBC projects and CDC funds the remaining 22 projects. All funds received from the emergency plan are used for SACBC’s OVC programme. However, the SACBC AIDS office also receives funding from Australian Aid and church-based organisations, such as Catholic Relief Services’ Catholic Medical Mission Board. Some of these funds are used to support the OVC programme, but are mostly used for other HIV/AIDS programme areas such as home-based care, ART, and palliative care for PLWH.

“For OVC, 95 % [of funding] comes from [the emergency plan]. Others funds come from FBOs, SPAR, Shoprite, PEP Stores, etc.”

OVC programme manager

COMMUNITY IN-KIND CONTRIBUTIONS

The communities within which SACBC’s sub-recipients are located donate a number of in-kind contributions. As mentioned earlier, some local businesses such as SPAR, Shoprite, and PEP stores have helped SACBC with funding. Local communities have also donated clothing to those in need. In some communities, sub-recipients have been provided with access to school grounds or church buildings in which they may conduct activities. Communities assist with the provision of food and old clothing.

Staffing has also been contributed to, in the form of volunteer care workers, who have much influence in these projects since SACBC follows a strategy in which community participation is very important.

Lessons Learned



Participants take part in workshop.

SACBC has a number of innovations and successes that complement the work that it is doing to help facilitate the access of services by OVC. In addition, SACBC has been confronted with many challenges and unmet needs. Some of these are discussed below.

PROGRAMME INNOVATIONS AND SUCCESSES

Training and Workshops

SACBC has conducted many successful training programmes both for staff at headquarters and for those working at the project sites. Training includes monitoring and evaluation, child abuse, accessing social grants, project and financial management, PSS, and care worker skills. SACBC's approach is to train a manageable number of these project site staff who, in turn, train other staff who did not attend the workshops. With this expectation to train others in mind, those who attend the training are motivated to learn as much as possible and become proficient in the areas of training.

Education Access Project

EAP enables OVC to continue their education while focusing on remaining healthy so that they are able to live a life of dignity and able to become self-supporting and productive citizens. The project is managed by CIE. Some of the reported results of EAP include the following:

- Learners are attending school regularly due to the peace of mind they have with regard to payment of fees, transportation, uniforms, and food.
- There is an improved environment of learning.
- Children are reaching better academic results.
- The rate of absenteeism has been reduced in many schools.
- Educators think that learners look happier and more purposeful in their school work.
- Educators think that learners seem freer to confide in their teachers regarding their home and school life.
- In addition, children do not feel as isolated as before, due to poverty-related issues.

Community Ownership and Participation

SACBC ensures that regular feedback of project activities and outcomes are effectively communicated and shared with the community, among recipients, and government. This is achieved via strategic planning and briefing meetings (e.g., annual progress review meetings) with stakeholders and is important if community participation and ownership is to be sustained. The most recent meeting was held in September 2007 and in attendance were project coordinators from all sites; representatives of DoH, DoSD, CDC, and FHI; and SACBC staff members. The focus of the meeting was on progress reports, challenges and the way forward as far as programme implementation is concerned. Motivated by the success of these meetings, SACBC plans to hold them bi-annually beginning in 2009.

"This project gives OVC a sense of belonging. Children are always cooperative and are always grateful when receiving anything from the Inkanyezi. Guardians also appreciate the efforts of the project. Furthermore; the community is most supportive and is very involved in the activities of the project."

OVC programme manager

PROGRAMME CHALLENGES

Emergency Plan Requirements

SACBC faces a challenge in the sense that the emergency plan has a number of stringent requirements. The emergency plan requires a substantial amount of documentation, and in the small OVC department within SACBC this, at times, is overwhelming. SACBC also finds it hard to fund food for its sub-recipients since the emergency plan does not completely allow for this, despite the need for it. In addition, since the OVC are identified as those under 18 years of age, SACBC and its sub-recipients are unable to continue supporting beneficiaries who are 18 years of age or older.

Staff Workload, Shortages, and Turnover

SACBC's staff members have heavy work loads and travel extensively. Hence, there is need for better reimbursement for their time, effort, travel, and overtime.

For those caring for the OVC at the site level, one challenge is the provision of enough incentives. The care workers are provided with a stipend which is not enough to retain them. Subsequently, some of the care workers move on to more sustainable employment with various government departments and thus creates a constant need for ongoing recruitment of new care workers and training. Furthermore, it is difficult to provide care workers with time off because of staff shortages. There are also staff shortages at SACBC head offices. Specifically, more personnel are needed to manage monitoring and evaluation activities.

"We have a staff complement of 16 or 17 and so we would need many more people to look at M&E [monitoring and evaluation], and evaluate data. We are understaffed in the area of improving individual response to sites; we currently have around two-thirds programme managers for every 30 sites ... we are thinly spread. For example, I am both the director of OVC and deputy director [of the AIDS office]. Sometimes we have to take time away from certain programmes to sit on certain initiatives, and this is not efficient."

Deputy director, AIDS office, SACBC

Long Distance Travel

For headquarter staff members, the number of times projects are visited is low because of long distances to be travelled. Longer distances make it difficult for sites to be visited more than twice a year. Furthermore, care workers do not have enough money to make the trips to OVC situated in very remote areas.

UNMET NEEDS

As captured in the following statement by the deputy director of SACBC's AIDS office, there are many unmet needs of OVC, which are discussed subsequently.

"The main need is the physical need of nutritional support (one meal a day is not enough) The second one would be education, that is highly important; and the third one is economic strengthening; household income is important (the question should be: What type of support does this family need?)

Deputy director, AIDS office, SACBC

Expanding the Number of OVC Beneficiaries

As of May 2007, SACBC and its sub-recipients were reaching 13,905 OVC across all 32 sites. The programme sees the need in the community and is very keen to expand this number, but is not able to do so due to limited resources and capacity. Specifically, SACBC and its sub-recipients are also unable to meet the needs of as many child-headed households as they might want to. In many child-headed households, the oldest child lacks the knowledge to look after the other children. These households are also in need of material support to sustain the household while others need to be relocated to more suitable shelter. As noted previously, only 15 of 200 child-headed households were helped with shelter as of May 2007.

"When one child is not receiving appropriate services and you multiply that by hundreds or thousands, it hits you just how many other children aren't being reached if you're not able to reach one child We are not reaching enough orphans or communities as we would like to."

Deputy director, AIDS office SACBC

Increased Food Security and Economic Strengthening

SACBC recognises the huge challenge faced by the sub-recipients as regards providing food security and nutritional support to OVC. Many of the sub-recipients are attempting to access additional funds from government sources, but this takes time and, in the meanwhile, many OVC are faced with abject poverty and hunger. SACBC hence recognises the need to continue to provide funds for food and nutritional support for OVC, especially those not yet on government grants. SACBC also sees the need for economic strengthening activities. While SACBC's main activity in this regard is to help OVC access grants, training in other IGA are required to help them have continual support.

Increased Educational and Recreational Support

There is a need to provide more school uniforms, shoes, and stationery to OVC attending school. There is also the need to establish after-school centres equipped with books and recreational facilities. These centres provide a fun and safe play environment for OVC, as well as an opportunity to monitor and serve their needs.

The Way Forward

Going forward, SACBC has plans to enable it to improve the range and quality of services provided by its sub-recipients to OVC and their families. These include expanding support to CBOs and FBOs; increasing service availability to OVC; and strengthening and integrating community mobilization efforts.



Children's art works are displayed at a Crèche in Orange Farm.

Expanding Support to CBOs and FBOs

SACBC plans to work on improving the quality of its services rather than solely focusing on quantity. For instance, most of its sub-recipients have accredited programme management training and SACBC wants to work on providing accredited training other sites, where such training has not yet occurred. SACBC also wants to train staff of these organisations in other areas, such as running after-school programmes and setting up child-care forums (see below).

Increasing Service Availability to OVC

SACBC and its sub-recipients also want to improve and develop further the income generating activities for OVC and their caregivers. In addition, SACBC wants its sub-recipients to provide more support for OVC in applying for their identity documents, implement kids clubs at the site level, and provide spiritual and psychosocial support for care workers.

Strengthening and Integrating Community Mobilization efforts

The community needs to be continuously mobilised. Central to community mobilisation is the formation of child care forums. To this end, SACBC has engaged with a service provider who will conduct child-care-forum training for all its implementing recipients. It is hoped that these child care forums will reinforce the capacity of communities to respond to the needs of OVC.

"We would like to support more OVC in income growth activities, applying for IDs; train [staff] for after-school programs; [provide] kids club at site level; have more spiritual and psychosocial support for care workers. There will always be re-training as more people come on board."

Deputy director, AIDS office, SACBC

References

- Cooperrider, D. & Whitney, D. (2005). *Appreciative Inquiry: A positive revolution in change*. San Francisco: Berrett-Koehler.
- Department of Social Development, South Africa. *Annual Report for the 2005/2006 Financial Year - Year ended 31 March 2006*.
<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*.
<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.
http://www.sarpn.org.za/documents/d0002008/Policy-Framework_OVC_Jul2005.pdf
- SACBC. "FHI SACBC Annual Report" Document Review. December 5 2007
- Marcus, Dr. Tessa. *To Live a Decent Life: Bridging the Gaps*. Pretoria: Southern African Catholic Bishop's Conference, 2004.
- Rogers, P J and D Fraser. *Appreciating Appreciative Inquiry*. *New Directions for Evaluation* 100:75-83. Winter 2003.
- Proudlock P, Dutschke M, Jamieson L, Monson J & Smith C (eds) (2008) *South African Child Gauge 2007/2008*. Cape Town: Children's Institute, University of Cape Town.
- SACBC. "CDC Interim Progress Report 01 September 2006" Document Review. December 5 2007.
- SACBC. "SACBC COP 07 Final" Document Review. December 3 2007.
- SACBC. "Definitions of Services Provided to OVC" Document Review. December 4 2007.
- SACBC. "Orange Farm Description" Document Review. December 3 2007.
- SACBC. "Overall OVC Stats as at May 2007" Document Review. December 4 2007.
- SACBC. "SACBC AIDS Office- Staff Induction PowerPoint" Document Review. December 5 2007.
- SACBC "Site OVC Data 07" Document Review. December 4 2007.

Southern African Catholic Bishops' Conference
Khanya House
399 Paul Kruger Street
Pretoria
Tel: 012-323-6458