

A Case Study

Save the Children UK

Community-Based Care and Protection
of Children Affected by HIV/AIDS and
Poverty Programme



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Cover photo by Anzél Schönfeldt

Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CASNET	Caring Schools Network
CBO	community-based organisation
CCF	child care forum
CPC	Centre for Positive Care
DoE	Department of Education
DoH	Department of Health
DoHA	Department of Home Affairs
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
FBO	faith-based organisation
HBC	home-based care
HIV	human immunodeficiency virus
MaP	Maluti-a-Phofung
NACCA	National Action Committee for Children Affected by HIV/AIDS
NGO	non-governmental organisation
NSP	National Strategic Plan on HIV/AIDS and STI
OVC	orphans and vulnerable children
SCUK	Save the Children UK
USAID	U.S. Agency for International Development
YF	youth facilitator

Executive Summary

This study documents Save the Children UK (SCUK)'s orphans and vulnerable children (OVC) programme in South Africa 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, child care forum (CCF) members, 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 the OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

SCUK is an international nongovernmental organisation (NGO) working to protect and promote the rights of children. In 1986, SCUK began working in South Africa, initially focusing on mitigating the effects of apartheid on South Africa's non-white population and financially supporting a number of NGOs working primarily in the healthcare and social welfare sectors. SCUK opened an office in Pretoria in 1997 assisting local communities, and national and local governments to care for and protect children made vulnerable by HIV/AIDS and poverty. SCUK aims to ensure those children's rights are made central to all related policies and practices, and works closely with the Department of Social Development (DoSD) and other government departments at national, provincial, and district levels.

SCUK and its sub-partner, the Centre for Positive Care (CPC), have expanded and intensified their work to provide care for orphans and other children made vulnerable by HIV and AIDS in the Thabo Mofutsanyana District of the Free State and Vhembe District of Limpopo Province. Both of these districts are remote, poor, and burdened by high HIV prevalence and, thence, a large number of OVC.

In both districts, SCUK's programmatic components include child care forums, Caring Schools, home visits and home-based care, and capacity building and networking. The principle that underpins all of these programmatic components is that of child rights, participation, and protection. To this end, SCUK is fully committed to supporting the development of a package of government and community-based care, protection, and welfare mechanisms that, if taken together, provide an effective framework of care and protection for vulnerable children. With all these programmatic components in motion, SCUK is able to ensure comprehensive and compassionate care for OVC via support in the areas of food and nutrition, shelter and care, protection, health care, psychosocial care, education, and economic strengthening.

SCUK has experienced successes in many areas, including partnerships with government departments and other stakeholders, sustainability, strengthening of community mobilisation and networking, leveraging of community resources, advocacy, and community leadership. As with all other programmes, SCUK experiences some programme challenges, which include staff turnover, partner capacity, limited professional resources, and beneficiary dependency.

Future plans include geographical expansion (in terms of partnerships); strengthening existing activities; offering focused interventions for disabled children and those living on farms; and advocating the use, adaptation, and replication of SCUK's OVC programme approaches with government and NGOs.

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We **keep our promises** to children, our supporters and partners, and to each other.

In conclusion, It is clear that SCUUK is runs a comprehensive programme operating in South Africa. SCUUK has strong ties with government departments, NGOs, faith-based organisations (FBOs), schools, communities, and volunteers, which will ensure the programme's sustainability long after SCUUK has moved on to other areas of service.

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 Save the Children UK’s OVC programme in South Africa 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 Save the Children UK, 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



When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. AI offers a positive, strengths-based approach to organisational development and change management. 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 SCUK OVC programme, 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 potential”.

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

Key informant interviews were conducted on August 13, 2007 at SCUK’s Pretoria headquarters with Julia Zinga, country director for SCUK South Africa Programme, and Lynette Mudekunye, senior programme advisor. A one-day AI workshop was conducted at the Maluti-a-Phofung municipality building in Phuthaditjhaba in the Free State. Various stakeholders participated in the session, including six members of a child care forum (CCF); two members of the OVC Task Team; one representative each from the Department of Justice, Department of Home Affairs, and DoSD; as well as various SCUK staff members; Maluti-a-Phofung ward councillors; and other community representatives. Unfortunately, no direct beneficiaries were present during the AI workshop as schools were underway when the workshop was conducted. The workshop focussed on probing SCUK’s best practices, stories, and services and how the various stakeholders or participants perceived and described them.

Field observations were conducted on August 17, 2007 and included visits to Nkarabeng Secondary School in Kestell, where two youth facilitators are based, the Marquard Child Care Forum Offices, and the Maluti Child Care Project feeding scheme in Tshiamo. All of these sites are located in the Free State.

FOCAL SITES



Poverty, unemployment, and a high HIV-prevalence rate are three of the most critical challenges facing the Free State Province. The provincial unemployment rate is estimated at 34%, while incidence of poverty in rural Free State is approximately 55.9%¹ (or 1.7 million people). SCUUK's efforts in the Free State are concentrated in the Thabo Mofutsanyana District (one of five districts) in the eastern section of the province.

All observations, including the AI workshop, were conducted in the Maluti-a-Phofung municipality, with Phuthaditjhaba as its administrative hub. The Maluti-a-Phofung municipality is one of five municipalities in the

Thabo Mofutsanyana District of Free State Province. The municipality has 34 wards and covers an area of 28 272 square kilometres. The Maluti-a-Phofung (MaP) municipality is rated as the most poverty-stricken in the Free State. In an effort to alleviate the poverty in the area, MaP was identified as one of 13 local municipal nodes qualifying for the South African government's Integrated Sustainable Rural Development Programme.

According to 2001 census data, MaP has a total population of 360 790, with 50% of its population under 20 years of age. Almost 22% of children between the ages of 5 and 24 do not attend school. Of the total working age population, 31% are unemployed resulting in a poverty incidence of 82% in the total population.² Social services and government currently employ 25% of all employed residents. Due to large numbers of men who are migrant workers, most households are headed by females. With the reported increase in HIV/AIDS prevalence, a growing number of children are left orphaned, vulnerable, or both within this community.³



¹ According to the Office of the Free State Premier: Free State Growth and Development Strategy, August 2007.

² Percentage of household that earn below the household subsistence level (Below R19, 200 per annum).

³ Strengthening the capacity of schools to deal with the impact of HIV/AIDS on Children. SCUUK, January 2008.

Programme Description

OVERVIEW AND FRAMEWORK

SCUK is an international NGO working to protect and promote the rights of children. In 1986, SCUK began working in South Africa, initially focusing on mitigating the effects of apartheid on South Africa's non-white population and financially supporting a number of NGOs working primarily in the healthcare and social welfare sectors. SCUK opened an office in Pretoria in 1997 assisting local communities, and national and local governments to care for and protect children made vulnerable by HIV/AIDS and poverty. SCUK aims to ensure those children's rights are made central to all related policies and practices, and works closely with DoSD and other government departments at national, provincial, and district levels.

SCUK and its sub-partner, the Centre for Positive Care (CPC), are focussed on providing care for OVC affected by HIV/AIDS in the Thabo Mofutsanyana District of the Free State and Vhembe District of Limpopo Province. Both of these districts are remote, border on other countries (Lesotho, Zimbabwe, Mozambique), and include the former homelands of Qwaqwa and Venda, with the attendant problems of dense populations of extremely poor people, inadequate service delivery, and higher than average ratios of children to adults. Both districts are traversed by major trucking routes, along which HIV is thought to have spread throughout the region – the N5 highway, which links Kimberley and Bloemfontein to the port in Durban, and the N1 highway, which links South Africa to countries to the north, through Zimbabwe.

In the Limpopo Province, SCUK is in partnership with CPC, a local NGO, to establish and provide ongoing support to CCFs in the Vhembe District of the province. This partnership is based on SCUK's strategy of "working through existing structures for long-term sustainability." Consequently, SCUK identified CPC as an ideal strategic

partner in Limpopo Province because of the quality and location of CPC's extensive HIV/AIDS programme. SCUK manages CPC's emergency plan grant, which provides funding for the CCF-managed projects in three municipalities in Vhembe District, Limpopo. Both SCUK and CPC follow the same basic CCF model, with renewed focus on child participation and child rights. Model differences do occur in terms of community networks and rollout, as SCUK builds on the already existing structures within each unique community setting.

SCUK's programmatic components include CCFs, Caring Schools, home visits, home-based care, and capacity building and Networking. The principle that underpins all of these programmatic components is that of child rights, participation, and protection. To this end, SCUK is fully committed to supporting the development of a package of government and community-based care, protection, and welfare mechanisms which, if taken together, provide an effective framework of support for vulnerable children. The individual components of SCUK's programme



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are described in subsequent sections of this report. However, it is worthy of note that CCFs and schools represent the key link between SCUUK and service delivery to OVC. Specifically, CCFs are established and supported by SCUUK to identify vulnerable children in their communities and work to ensure that these children access relevant services. The CCFs are comprised of volunteer community members who also play an important role in mobilising the community to address OVC needs. Various forms of services facilitated by CCF members to OVC include, but are not limited to, food parcels, psychosocial support, assistance with child support grants, school fee exemption, acquiring birth certificates and identification documents, shelter, and clothing.

Since CCFs can not by themselves provide all the quality care for OVC that is required, SCUUK encourages CCFs to develop networks of care with other community organizations and groups – schools, clinics, home-based care groups, faith-based organizations (FBOs), local business, the ward councillors, and the community development workers. This networking is the heart of SCUUK’s approach to care for OVC and ensures greater depth in the quality of care, support, and protection that communities give to vulnerable children. In addition to this, it promotes the replication of approaches that are working to support OVC through various mechanisms.

“The OVC situation is worsened by the {HIV/AIDS} epidemic. In an ideal world, we would have had sufficient support – but not in an epidemic. We need to focus on the vulnerable, which need additional support. It takes a village to raise a child – we need to assist the community in providing holistic services, we offer this kind of support via community child care forums.”

Senior programme advisor, SCUUK South Africa Programme

In terms of location, SCUUK began working in the Free State (Thabo Mofutsanyana District) in 2002, after receiving funding from the Ford Foundation, which aimed to strengthen local government roles as part of the HIV/AIDS response. At the time, the local municipalities were establishing local AIDS councils (LAC) which comprised of representatives from local FBOs, traditional leaders and healers, local businesses, and relevant government agencies, such as DoSD, Department of Health (DoH), and Department of Education (DoE). Members of the LAC were then grouped into task teams based on their individual preferences. These task teams are focussed on dealing with AIDS related issues in three main areas: education and prevention; care; and OVC. The OVC task team of the LAC in Maluti-a-Phofung was planning to establish CCFs in the municipality. Subsequently, SCUUK decided to put its weight behind the vision and goals of this OVC task team. Following the DoSD’s CCF model, ward-based CCFs were thus established and began operating in local communities in order to respond more effectively to the OVC crisis. In 2004, the emergency plan strengthened SCUUK’s work with additional funding, enabling it to expand the CCF programme in the Free State to three further municipalities – Nketoana, Setsoto, and Dihlabeng.

To further broaden the network of care for OVC, SCUUK accessed additional funding (from the emergency plan and other donors, including the Nelson Mandela Foundation and Save the Children Netherlands) to begin to work with schools in 2006. Subsequently, SCUUK has supported the establishment of Caring Schools projects in its areas of service. These Caring Schools identify OVC and support the children both directly and through links with other government and community programmes. Through the Caring Schools project, schools are encouraged by SCUUK to provide food, psychosocial support, educational access, and homework support to OVC. Educators and youth facilitators play an important role in facilitating some of these services, such as training OVC in life skills, assisting them to access social grants, process their identification documents, and supporting them with their homework. SCUUK’s specific role is to increase the capacity of educators and youth facilitators to respond adequately to the needs and rights of OVC within the school setting.

Furthermore, SCUUK encourages schools to work with CCFs, local business, home-based care groups, government departments, and FBOs to deepen and strengthen support to OVC.

SCUUK constantly seeks to ensure that its activities transcend from local to national levels in order to strengthen vertical and horizontal linkages between various coordinating structures that support children affected by HIV/AIDS. To this end, the programme is actively engaged in improving coordination of OVC-related programmes and activities at local, municipal, district, provincial, and national levels. Generally, SCUUK encourages and facilitates meetings, dialogues, and linkages among relevant stakeholders at various levels of government. For instance, at the municipal level, SCUUK encourages OVC task teams to meet regularly, share their experiences, and learn from each other. At the national level, through its participation in the National Action Committee for Children with HIV/AIDS (NACCA) steering committee and working groups, SCUUK is a leader in the drive towards a nationally recognized CCF training model. Also at a national level, SCUUK coordinates the Caring School Network (CASNET), which is a national network of over 60 organizations that are involved in supporting schools to provide care for OVC. This network meets on a quarterly basis to develop new thinking around the Caring Schools concept, and to share experiences, training, and materials that have been developed by members.

As previously mentioned, the cardinal principle underpinning all of SCUUK's programmatic components is that of child rights, participation, and protection. Hence, SCUUK applies five defined goals, or "dimensions of change," which reflect a child's rights perspective. These dimensions of change integrate into SCUUK's OVC programme model and include change in:

1. the lives of children and young people;
2. policies and practice affecting children and young people's rights;
3. children's participation and active citizenship;
4. equity and non-discrimination of children; and
5. civil society and community capacity to support children's rights.

SCUUK aims to achieve these goals or dimensions of change through a combination of direct implementation and advocacy. The programme aims to influence government and NGOs to scale up their responses in other geographical areas to reach as many children as possible.

Each of SCUUK's programmatic components has specific objectives related to children and caregivers, community structures, and national systems. These components focus on three main objectives, which are:

1. for **children and caregivers**, strengthening of family support for vulnerable children by parents/extended family or, where they do not exist, providing alternative compassionate community support and increasing access to government and community services that are responsive to children's rights;
2. for **community structures**, increasing the implementation capacity and institutional strength of civil society organizations; and
3. for **national systems**, enhancing the quality and scale of national, provincial, and municipal programmes for OVC.

SCUUK recognises that part of the evolution towards a best model scenario is to find a balance between donor, organisational, and community visions in order to enable change for children. SCUUK's work impacts at the site, district, provincial, and national levels, with both the Limpopo and Free State provinces lauding the successes of the programme and its model.

As further testament to SCUUK programmes' success, NACCA identified SCUUK as one of its preferred service providers in a Global Fund to Fight AIDS, Tuberculosis, and Malaria proposal to extend CCFs to 150 municipalities across South Africa. Invitations from Tanzania for SCUUK to share ideas and expertise mark a high point in SCUUK's work with OVC and local communities. The premier from Limpopo Province has also expressed his satisfaction with the operations of the Children's Advisory Council in Musina, a coordinating structure for children's issues that the local municipality established with support from SCUUK. As a result, SCUUK was approached to

work with representatives from all 34 local municipalities in Limpopo in the establishment of similar structures. From these results it is clear the SCUUK succeeds in finding that balance between community, government, and NGOs with a bit of “magic” added to the mix – a deeply rooted love for the communities and children that it works with, along with a passionate heart for change and development.

As far as the future is concerned, the main aim of SCUUK’s programme up until 2008 is to ensure that at least 500,000 OVC affected by poverty and HIV/AIDS will fulfil their rights to community-based care and protection.

On what makes SCUUK’s OVC programme special:

“We are involving the children themselves. We are not focused on activities, we are focused on change, and we are very clear on what that change needs to be.”

Country director, SCUUK South Africa Programme

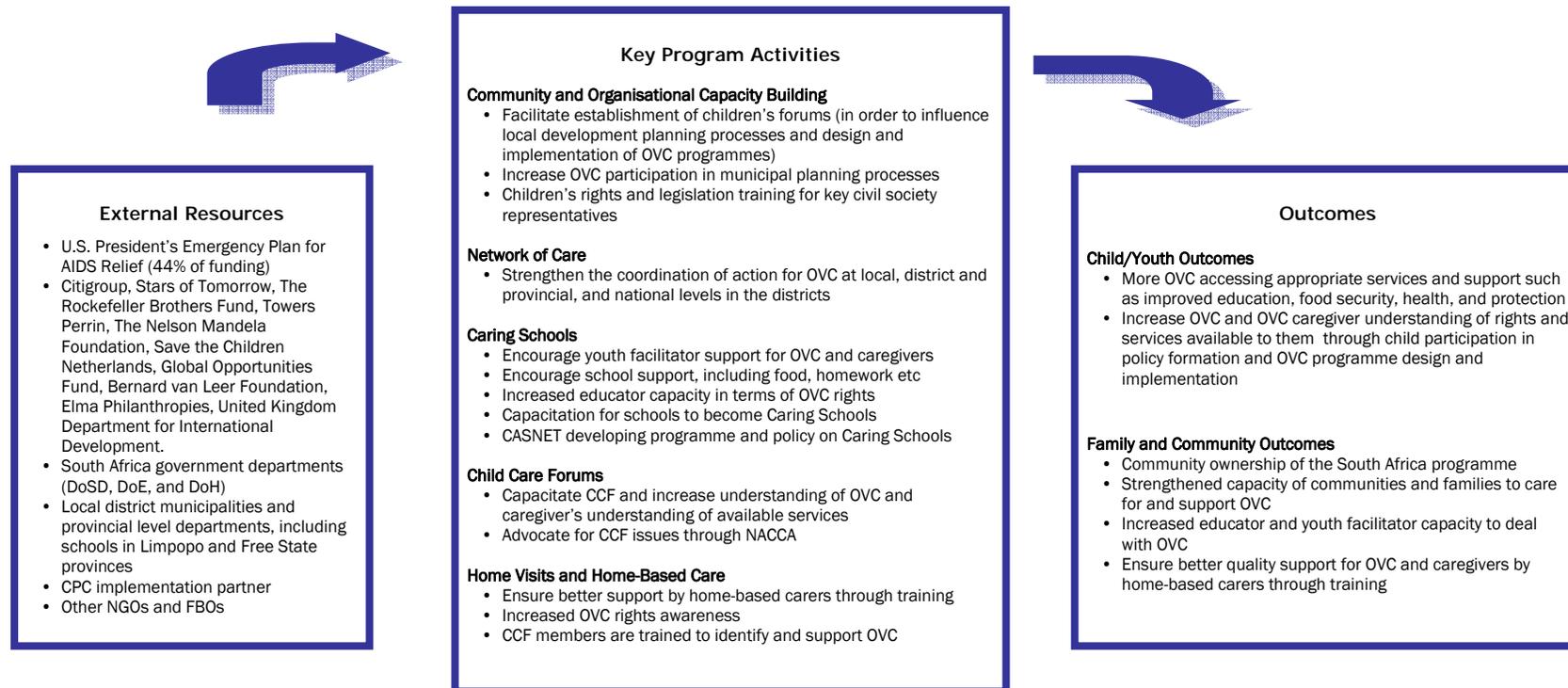
Right to Protection Programme:

Community-Based Care and Protection for Children Affected by HIV/AIDS and Poverty

SCUK operates in the Vhembe District in Limpopo Province (in conjunction with its partner, the Centre for Positive Care), and Thabo Mofutsanyana District in the Free State. In both districts, volunteering community members are organised into child care forums (CCFs). These CCFs identify vulnerable children and refer them to appropriate services and support on community level. The CCFs facilitate various forms of support to OVC including but not limited to clothing, food parcels, seed for food gardens, and assistance with child support grants, school fee exemption, and birth certificates. In addition to CCFs, SCUK programme also has three other components, namely Caring Schools, home-based care, and child rights, Participation and Protection.

Program Goals

1. For children and caregivers: Strengthening of family support for vulnerable children by parents/extended family, or, where they do not exist, provide alternative compassionate community support; and to increase access to government and community services that is responsive to children's rights.
2. For community structures: to increase the implementation capacity and institutional strength of civil society organizations.
3. For national systems: to enhance the quality and scale of national, provincial, and municipal programmes for OVC.



PROGRAMME STAFF

SCUK programme staff are defined as those individuals who are directly appointed by the organization. SCUK recruits its staff via standard human resources channels, with geographical preferences taken into account as most staff members are based in the local communities. The organisational chart of SCUK and the staff capacity by location (Table 1) are shown below.

SCUK South Africa Programme Organisational Chart

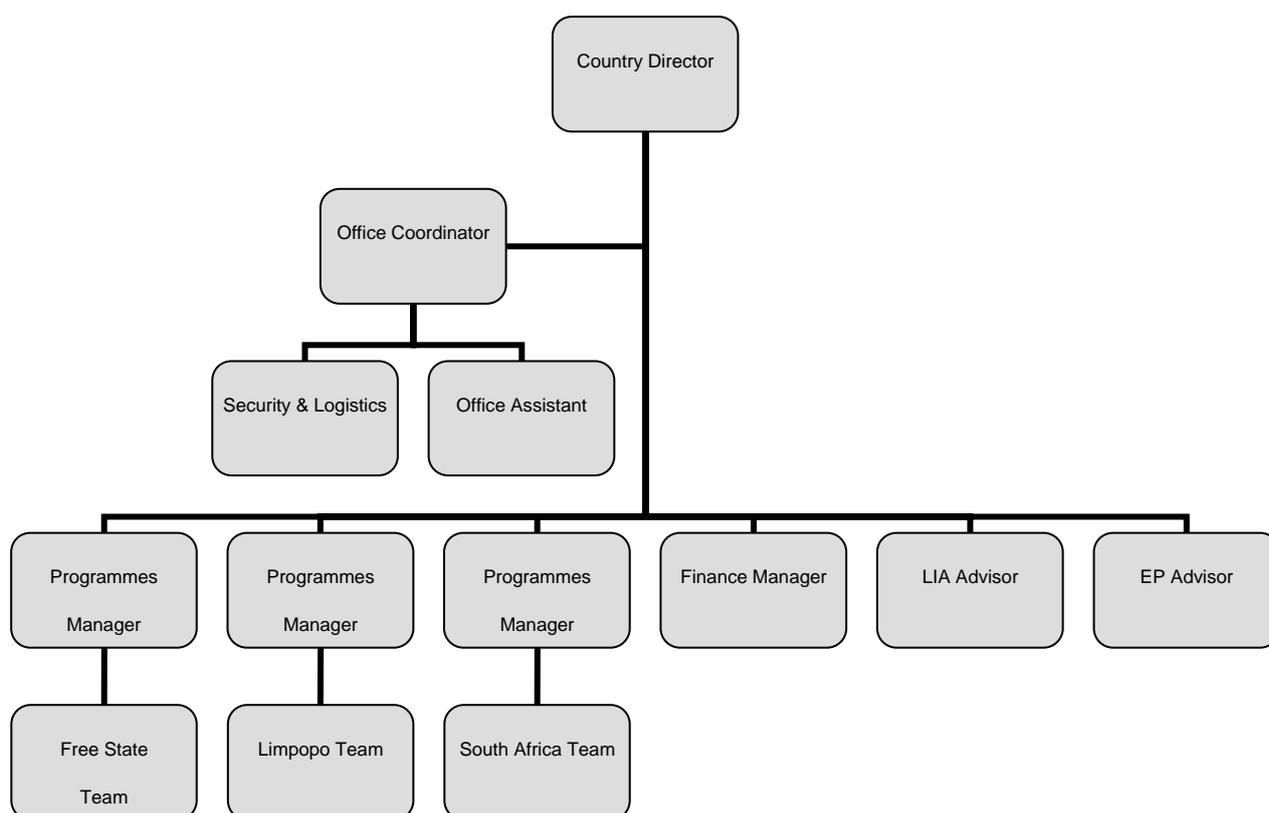


Table 1. SCUK Staff Capacity by Location

Location	Number and Cadre of Staff
Pretoria (Head Office)	1 manager, 5 advisors, 1 officer, 6 administrative support staff
Free State	2 managers, 3 administrative support staff, 12 community coordinators (working in protection and education)
Limpopo	1 manager, 2 administrative staff, 1 advisor, 1 officer (working in protection)
Total	35

All staff attend an induction and are trained according to a skills development policy. At three monthly review periods, each staff manager and staff member decides on appropriate training for their field of expertise. Training includes NACCA's national training of trainers for CCFs, developed by the WITS Consortium.

VOLUNTEERS

CCF members are individuals from the local communities who volunteer to serve in these forums. Most of the CCF members, specifically those in the Free State, are receiving some or other form of stipend from provincial DoSD funding. CCF members typically receive comprehensive training on child protection issues, whistle blowing (report or inform on misconduct/abuse towards OVC), child participation, SCUUK's code of conduct, HIV/AIDS-related issues, various NACCA courses, and child rights.

SCUK capacitates a special group of persons known as youth facilitators (YF). These YF are based at schools and support OVC with a range of activities, such as counselling, training on life skills, accessing social grants, processing identification documents, and even homework assistance. School authorities are responsible for recruiting YF. Persons interested in becoming YF must be under 28 years of age and possess matric qualification. Once recruited, YF are placed in teams of two at schools for a maximum period of two years. YF each receive a R500 per month stipend, which is usually deposited into and administrated by the school's accounts and management. SCUUK is looking towards accredited training and appropriate exit strategies for YF.

Focus on Youth Facilitators:



Mofokeng Matseko and Molutsoane Matjato
Nkarabeng Secondary School, Kestell

Mofokeng Matseko and Molutsoane Matjato (above) are two shining examples of young people who are dedicated to their community and, more importantly, dedicated to facilitating desperately needed change. Based at Nkarabeng Secondary School in Kestell, they have already managed to get 55 identification documents processed, they refer community members to clinics, and they assist with grants and other documentation. They focus on children who attend school and give life skills, HIV/AIDS awareness training, and homework support. Checking school registers, they follow up on absent children with home visits, often travelling significant distances as children are scattered across farms. As of August 2007, they were working with approximately 220 registered school-going OVCs and 120 single-parent households. Of the 943 children attending Nkarabeng, around 400 children have lost one or both parent.

KEY PROGRAMME ACTIVITIES



Child rights, participation, and protection are the underpinning principles of all SCUUK's work with and for OVC. These principles are the driving force behind the organisation's programme activities. Programme activities are defined as outputs and outcomes that serve as a structure or vehicle through which services are delivered. SCUUK offers a comprehensive portfolio of programme activities, some of which are highlighted below.



Child Care Forums

SCUUK mobilizes community members to form community-based CCFs. These CCFs identify vulnerable children (see section below on Home visits) and refer them to appropriate services and support on community level. The CCFs facilitate various forms of support to OVC including but not limited to clothing, food parcels, seed for food gardens, and assistance with child support grants, school fee exemption and birth certificates. The average number of members per CCF group is 7.5 in the Free State and 10 in Limpopo. SCUUK encourages CCFs to work with other community organizations and groups – schools, clinics, home-based care groups, FBOs, local businesses, ward councillors, and community development workers. As of September 2007, there were a total 114 CCFs being supported by SCUUK and its sub-partner, CPC, across the Free State and Limpopo provinces.

SCUUK and CPC visit the CCFs regularly and meet with representatives of each CCF once a month. During these meetings, SCUUK and CPC provide advice and support on ways in which the CCFs can address the specific issues that they have identified. This support from SCUUK and CPC includes helping CCFs to make contacts with local business, FBOs, schools, and others who can support children; making contact with government service providers and arranging for outreach services to particular areas; and supporting CCFs to record the work that they are doing and report on it. SCUUK and CPC also provide material support to CCFs for distribution to OVC, such as seeds for vegetable gardens. Both organisations work to access support for the CCFs from government departments and private individuals.

SCUUK and CPC also facilitate training sessions for CCF members on a variety of issues. SCUUK or CPC either provide the training themselves or make arrangements with trainers from other organisations to facilitate relevant topics to the CCF members and other participants, such as YF. Table 2 summarizes training activities that CCF members received between October 2006 and September 2007.



A member of the Setsoto CCF in Marquard, Eastern Free State.

“Through the CCF, the children get collective support from the community. This boosts their self-esteem.”

Community member, AI workshop

“I never used to understand the concept ‘love for children,’ but now it’s very easy to practice it. Door-to-door has become quite easy — I don’t have to go to the families to identify OVC, these days they came to my house!”

CCF member, AI workshop

“The community now knows and accepts the CCF through SCUUK. They [community members] used to hide children and not allow us to see or identify children. But now SCUUK has helped people understand that the OVC problem is for the whole community, not just individuals. Now there are no secrets, everyone now speaks boldly about the children and what can be done.”

CCF member, AI workshop

“I feel SCUUK pioneered information in terms of training home-based carers. They gave people they trained a ‘survival kit’ so that they can refer. We are now empowered and motivated when we go door-to-door.”

CCF member, AI workshop

Table 2. SCUUK Training Activities between October 2006 and September 2007

Training Session/Topics	Facilitators	Persons Trained
NACCA “Train the Trainer” five-day CCF course	CPC and SCUUK	16 male and 218 female CCF members
Child participation	SCUUK	Ward councillors, community development workers, and CCF members (80 females, 87 males)
Child abuse	<i>Childline</i> , Bloemfontein	101 female and 10 male CCF members
Play skills	Rob Smetherham Bereavement Centre, Pietermaritzburg	20 female, five male CCF members
“Life's a Ball”	<i>Altus Sports Management</i>	45 female and 35 male CCF members and youth facilitators.
First aid/road to health and data management	SCUUK	290 female and 52 male CCF members and youth facilitators.
Memory book programme	Voluntary Service Overseas – Regional AIDS Initiative of Southern Africa	37 male and 63 female CCF members
Beading	SCUUK	Two male and 19 female CCF members

Strong community action, support, and mobilised communities form the basis of SCUUK’s sustainable response to the OVC crisis. Community-based structures, such as the CCFs, are an effective mechanism for mobilising community support for OVC and their caregivers. SCUUK believes that these CCFs are an important link between OVC, government, and other community programmes.

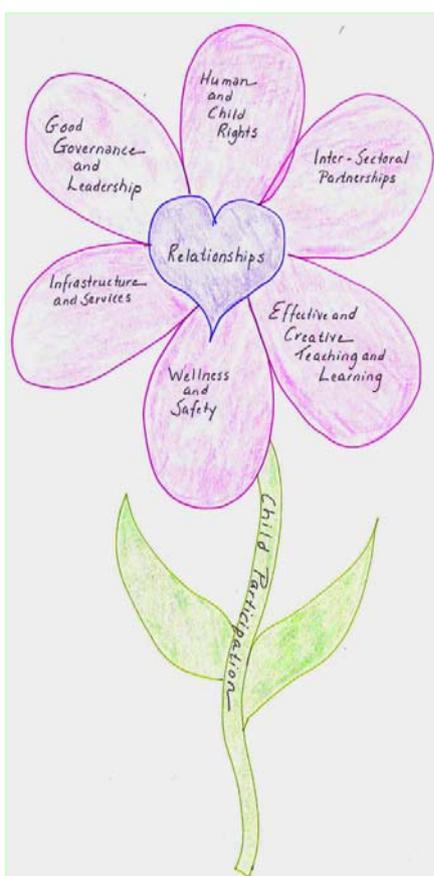


Caring Schools

Caring Schools are established by SCUUK in close collaboration with DoE, in line with White Paper Number Six on Inclusive Education, several policies on education and HIV and AIDS, and the National Strategic Plan on HIV/AIDS and STIs (NSP). Caring Schools identify OVC and support the children, both directly and through links with other government and community programmes. Through the Caring Schools project, schools are encouraged to provide food, psychosocial support, educational access, and homework support to OVC. To this end, SCUUK provides funding to Caring Schools to enable the schools to improve their ability to support OVC. Funding is used, for example, to purchase refrigerators, freezers, or cooking equipment to improve school feeding programmes; to purchase recreation equipment for the schools; and to purchase rainwater storage tanks, guttering, and associated garden equipment to facilitate school vegetable gardens.

The basic structure of Caring Schools projects within the partner schools comprises:

1. A **site-based support team**, which has been set up by the DoE in most schools in the Free State, in line with the Education White Paper Number Six on Inclusive Education. The team forms the management structure of Caring Schools projects within each partner school and is comprised of representatives of the teaching staff, school administration and school governing body.
2. A **children's team** in each school is encouraged to establish a children's group to ensure that children participate in planning, implementing, and monitoring programmes to provide care within the school.
3. Two **YFs** in each partner school (a female and a male) attached to the programme support its implementation. SCUK facilitates training of the youth facilitators and the development of a training curriculum for youth facilitators. Roles and responsibilities of the YFs include:



This diagram indicates that a Caring School is built on a foundation or "stem" of **child participation** and has at its heart the nurturing of **strong relationships**. These two things enable the flower to open and bloom, showing the aspects or "petals" that make up a Caring School.

These are:

- good governance and leadership
- respect for human and child rights
- Inter-sectoral partnerships
- effective and creative teaching and learning
- wellness and safety (health)
- infrastructure and services

- supporting programmes of care within the schools in which they are placed, including the provision and preparation of food for children;
- supporting the establishment and functioning of the children's groups (see below);
- initiating and supporting extramural activities at the schools, such as homework support, sports, music, drama, etc.;
- working with youth clubs around the school;
- being available to talk to children during breaks, at lunch time, etc. about issues that concern the children;
- being aware of behaviours that may be indicative of vulnerability and require intervention or referral (this includes bullying, teasing, deliberate sidelining of some children, etc., as well as substance abuse or other forms of abuse);
- ensuring that children who have not come to school (absentees) are followed up on to gain a better understanding of their home circumstances and to help the school to negotiate for additional support, if necessary;
- referring children, to social workers, health systems, or other support networks; and
- keeping a diary or journal of activities as part of monitoring and evaluation of programmes.

SCUK plays an active role in sustaining the Caring Schools projects at its partner schools. Specifically, SCUK is involved in the following activities:

- facilitating schools to develop a plan of action to provide care for vulnerable children;
- assisting schools to access additional technical, material, and financial resources;
- encouraging the establishment of children's groups in schools;
- promoting after-school activities that encourage interaction among children, allow children to excel in a range of areas, and teach children important skills (SCUK provides resources for such activities where necessary);
- enhancing educators' technical capacity to provide psychosocial support to children through training workshops;
- providing care to the caregivers (teachers, family, and others) through support groups and debriefing;
- stimulating and facilitating involvement of private sector into the Caring Schools project;
- establishing clothing banks and other projects to ensure that all children have uniforms;
- enhancing feeding programmes to ensure that all children who need food receive it and that there is sufficient food for weekends and holidays, either at home or through the schools; and
- ensuring that there are good networks and cross referrals among the schools, CCFs, and home-based care groups.

SCUK additionally coordinates CASNET, which meets on a quarterly basis to stimulate new ideas and share experiences, materials, and training. Through this network, civil society agencies are trained on the Caring School concept, focussing on basic needs, advocacy, youth workers, and school-community linkages, while the network facilitates national level policy on Caring Schools. Caring Schools work with the Department of Home Affairs (DoHA) to ensure children's access to legal documentation, such as birth certificates.



Home Visits

One of the CCF members' main functions is to visit the homes of OVC to monitor them and provide support. Initial door-to-door campaigns involve the administration of a household survey in order to determine which children in a specific community require additional support or are specifically vulnerable. Subsequent or so-called home visits are then used to check up on the children identified as vulnerable (poor, disabled, living with ill parents or care-givers, orphaned, abandoned, or otherwise not cared for). CCF members are encouraged to make at least one home visit per month, although the number of visits often varies depending on each child's specific needs. A CCF member registers a child and gives him or her a confidential OVC number, which is recorded on all subsequent documentation regarding the child. On average, each CCF member attends to about 50 households, but this could range from 15 to over 100 per CCF member, depending on the municipality.

CCF members also use home visits as a vehicle to provide services or referrals – CCF members check that each child has a DoH "Road to Health" card, which tracks that child's progress and general health. CCF members specifically check whether children are fully immunized and may refer a child to a clinic if any immunizations are outstanding. They also refer children to a range of government services. CCF members report to ward councillors about all activities and services rendered to the community's children.

In addition, there are home-based care groups linked to all clinics in the wards served by SCUK. The members of these groups provide care at home for ill people, including OVC. Save the Children and the South Coast Hospice developed training for home-based care givers in

treatment literacy in collaboration with DoH. Home-based carers were given training on antiretroviral therapy and other treatment topics, including treatment for children, prevention of mother-to-child transmission of HIV, children's rights, and nutrition. SCUK also plans to engage home-based care givers on issues of general children's health, such as checking on children's immunization status.



Networking and Partnerships

SCUK is active at national and local levels in coordinating and networking efforts to promote improved care for OVC in South Africa. SCUK is a member of the Steering committee of the National Action Committee for Children Affected by HIV and AIDS (NACCA) and through this plays an active role in the national effort to roll out CCFs to all municipalities. Through NACCA, SCUK was involved in the development of the National Strategic Plan (NSP) on HIV and AIDS which includes both the establishment of CCFs and a role for schools to be more actively involved in OVC care (Objective 8.1). The programme played an active role in the development of an OVC proposal to the Global Fund that includes funding to roll out CCFs in 150 more municipalities and to encourage all 284 municipalities to establish CCFs.

At the local level, SCUK is working with ward councillors, government departments (such as the DoSD, DoE and DoH) and municipalities, local partners such as the CPC and Maluti Child Care Project (see below) in order to expand the local networks of care from which OVC can benefit. SCUK will also continue encouraging the responsible authorities to hold meetings, invite stakeholders, and promote exchange of learning as regards care and support for OVC.



Capacity Building

Individual and Community Capacity Building

SCUK's programme is driven by a desire to strengthen family support for vulnerable children through parents, the extended family, and to provide alternative compassionate community support where family care is not available. This is achieved through facilitating the establishment of children's forums, with the purpose of positively influencing local development planning processes to incorporate children's rights, and to incorporate children's participation in the design and implementation of OVC programmes. As a result of these activities, OVC are able to participate in a decision-making process that directly affects their lives.

Organisational Capacity Building

SCUK also aims to increase the implementation capacity and institutional strengths of civil society organizations by training key representatives on children's rights. Municipalities are supported to develop mechanisms for child participation in policy related matters, as well as create a heightened awareness and understanding of children's rights on a policy level.

Furthermore, SCUK provides training in community mobilisation and support for capacity development of CBOs offering OVC services. In addition to training, SCUK also provides technical support and immediate material assistance (including financial support) to CBOs and other community initiatives, resulting in an increased ability to assist children left most vulnerable by poverty and HIV/AIDS.

BENEFICIARIES



Children line up at a feeding scheme in the Thsiame community.

SCUK’s working definition of an “orphan” is a child under the age of 18 years who has lost one or both parents. The definition of “vulnerable” is determined at the community level, but is likely to include children living with and caring for sick parents; those living in poverty; or those who are abused, exploited, disabled, neglected, abandoned, displaced, or destitute.

SCUK identifies beneficiaries through CCF members (via door-to-door surveys), caregivers, schools, teachers, YFs, and the local community. These children are then tracked throughout their involvement in the programme, given access to

services, or referred, when necessary; and are invited to attend all programme activities. Beneficiaries leave the programme when they are 18 years old or older, if they move between provinces with the exclusion of the Free State and Limpopo programmatic areas, or if their status changes in a way that no longer qualifies them for services. Some youth 18 years of age or older continue to receive support indirectly through food gardens, referrals (clinics and other services), and support services.

“SCUK taught us to identify vulnerable children, but it provides for all the children in the household and doesn’t discriminate. The services offered are reliable and relevant according to the needs of the community.”

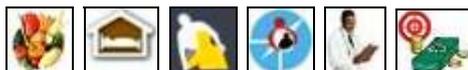
Community member, AI workshop

According to SCUK’s 2007 annual report, a total of 28,662 OVCs (broadly an equal distribution of male and female children) received primary direct support, which refers to beneficiaries who received three or more different type of services in the year; while an additional 23,003 (also similar numbers of male and female children) received supplementary direct support (one or two different types of services within the year) The programme targets children across all ages, however most of the children are between 10 and 16 years of age.



Children use toys provided by the Maluti Childcare Project in Thsiame while they wait for their meals

SERVICES PROVIDED



SCUK excels at various levels of service delivery which include:



Food and Nutritional Support

CCFs and schools supported by SCUK provide food and nutritional support to OVCs, mostly between 1 and 15 years of age. This support comes in the form of food parcels that are provided by DoSD, DoH, partner NGOs, and local farmers and businesses. For instance, SCUK is in partnership with the Maluti Child Care Project, an initiative of the local business community in Harrismith, which assists CCFs in the locality to run a feeding programme for over 2,700 children once a day.

The feeding scheme in MaP operates out of eight bright yellow containers (of which the researchers observed three), with 64 volunteers working in the kitchens. The schemes usually operate from 10 a.m. to 5 p.m. each week day. Children typically leave their lunch tins in the morning on their way to school and collect their lunch in the tins when school closes. Four of the eight containers are equipped with playrooms, which attracts the little children to the containers long before the food is ready. In total, approximately 2,700 children in the municipality receive one meal a day, five days a week.

Additionally, SCUK supports the community with seeds for food gardens, food parcels, and nutritional support. During 2007, some Caring Schools in Free State, of which SCUK is a facilitator, introduced meals, including Nkarabeng Secondary School, which already has a vegetable garden and equipment such as stoves in place thanks to donations from SCUK. CCFs distribute food parcels and supplements from government departments, FBOs, local businesses, and NGOs.

"Children spend a lot of their free time here (at the feeding containers). They regard it as a place of safety and all activities take place under the watchful eye of the CCFs Children eating at our kitchens have to qualify according to the definition or classification of an OVC Sometimes we do get visitors that should not really eat at our facilities. CCFs do give them food, but they do not fail to emphasize that they should not return the next day!"

Maluti Child Care Project feeding scheme coordinator



Education

SCUK negotiates discounted or sponsored uniforms from suppliers and other schools and advocate for school fee exemption for OVCs from fee paying schools. Between October 2006 and September 2007, SCUK negotiated 80 fee exemptions in Thabo Mofutsanyana and 2,082 children were provided with items of school uniform. SCUK also supports YFs and CCFs that provide homework support to beneficiaries. Some Caring Schools have initiated clothing banks to assist OVC and other needy children with school uniforms. YF follow up with children who have a high level of absenteeism, to encourage them to continue attending school. YFs also offer life skills training and HIV prevention education at the schools where they are based.



From top: One of the Maluti Childcare Project's container kitchens; partners come together; a volunteer prepares a meal in one of the containers; and a SCUK-sponsored food garden, Marquard.



Shelter and Care Interventions

The shelter and care interventions provided by SCUK and which CCFs support include distribution of blankets, clothing, toiletries, advocating for housing allocation to OVCs through ward councillors, and facilitating alternative care (foster care) for children. In 2007, SCUK reports that 9,198 children accessed different shelter and care services. Such materials as blankets, clothing, and toiletries are often provided by local governments or other stakeholders, and are distributed through CCFs. OVC in dire need of shelter are referred by CCFs to their local government councillors for housing intervention. According to SCUK, councillors have acknowledged that all of the children are deserving of government housing and have promised to include these children on waiting lists for government housing. As of September 2007, seven children have benefited from housing provision through the intervention of their councillors.



Child Protection

All children in the areas where SCUK operates benefit from protection through the strengthening of community-based CCFs and Caring Schools, which regularly monitor and protect OVC. Children have regular contact with adults who watch out for their safety. They are involved in regular, structured group activities that reduce their isolation and ensure that they are not in unsafe situations. SCUK places particular emphasis on child protection. All CCF members and youth facilitators in schools are trained in child protection and reporting of abuse. After the training, CCF members and YFs sign a code of conduct that binds them to uphold child protection. CCF members are also trained in child protection. One such training session was facilitated in 2007 by *Childline* in the Free State using a child welfare training course. SCUK and CPC have invested in improved coordination with DoHA officials, resulting in 2,342 children receiving birth certificates (703 more than during 2006), and 135 children have received identity documents in 2007.



Psychosocial Support

Psychosocial care is largely provided by CCFs through regular home visits to children. Structured recreation and other activities such as poetry, art, drama, reading, and music for children are arranged by the CCFs at the resource centres in Vhembe and at schools. Both CCFs and schools are beginning to run support groups, such as a group for abused children in Marquard. SCUK and CPC have invested in capacity development to enhance the quality of the support that OVC receive through these activities. SCUK and CPC staff, selected CCF and CBO members, and a youth facilitator are being trained on play skills by the Rob Smetherheam Bereavement Centre. The trainees have completed the first two modules of training and in 2008 were planning to embark on the final module, which enables them to become trainers for other trainees. CCF members in Vhembe have been trained on using sports as an outreach tool by SCORE⁴. Also, CCF members and youth facilitators from Thabo Mofutsanyana have been trained in the Life's a Ball programme, which aims at raising awareness on HIV and AIDS and developing other life skills, such as leadership and teamwork through sports. The Journey of Life⁵ workshop was conducted for YF; while CCF members in Vhembe had training sessions in memory work, resilience and life skills.

⁴ SCORE is a South African non-profit, nongovernment, community development organisation that uses sports and physical activity as a medium of development.

⁵ The 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-givers) deal with the challenges that they face, including death, loss, poverty and family disintegration.



Health Care

Beneficiaries are referred to and encouraged to visit free public health clinics for services such as immunisations and other health care. CCF members use the Road to Health card to track children's progress and general health as well as their referrals. In 2007, about 750 children accessed health services – 578 children were referred to a clinic for health care and 173 children were referred for immunization following training of CCF members on the Road to Health card. SCUUK believes that there are a few cases of children who are known to be living with HIV who are being supported by CCFs and schools. However, due to confidentiality associated with their health status, actual numbers have not been reported to the programme.



Economic Strengthening

SCUK facilitates access to child support, foster care, pension, and disability grants through referrals by the CCFs and home visitations. Subsequently, SCUUK reports that 2,202 children accessed child support grants, 45 accessed care dependency grants, 56 children accessed disability grants, and 316 accessed foster care grants in 2007 (a total of 2,620 grants, as compared with 748 in 2006). SCUUK believes that there is a direct relationship between increased numbers of birth certificates and increased access to grants and, hence, the effort invested in working with the local offices of the DoHA is said to be paying dividends.

SCUK also purchases and distributes vegetable seeds to encourage households and schools to produce more food for themselves, which can reduce food costs and from which profits can be made on surplus produce.

Resources

DONORS

Current SCUUK South Africa programme's major funders include, but are not limited to, the emergency plan (43.73% of total funding), Citigroup, Stars of Tomorrow, the Rockefeller Brothers Fund, Towers Perrin, the Nelson Mandela Foundation, Save the Children Netherlands, Global Opportunities Fund, Elma Philanthropies, and United Kingdom Department for International development.

COMMUNITY IN-KIND CONTRIBUTIONS

SCUUK works with the community in order to ensure sustainability and community ownership through the involvement of all kinds of community stakeholders. Communities have reacted in a very positive and empowering manner, including involvement in and support of CCFs, and the donation of clothing, food, and other resources to children supported by the CCFs. In-kind donors include, but are not limited to, local businesses such as Bibi Cash and Carry, employees of the Department of Public Works in Phuthaditjhaba, the Harrismith community (via the Maluti Child Care Project), Pick and Pay supermarket, etc.

Lessons Learned

SCUK has learned a great deal from its successes, as well as its challenges.

PROGRAMME INNOVATIONS AND SUCCESSES

SCUK has such a wide array of programme innovations and successes that it is difficult to do them all justice in a report of this length. These include the following:

Partnership with Government Departments and Community Stakeholders at Different Levels

Establishing strong partnerships with government departments and various community stakeholders, including partners and CCFs, is one of SCUK's greatest programmatic successes. SCUK has found a good balance between practical involvement, empowerment of all stakeholders at various levels, and effective ways of sharing useful technical advice. These partnerships are paying off and will continue to do so in the future. They broaden the level and quality of services to OVCs, and serve as a very important "best practice" model component.

"Before SCUK, we were aware of the problems in our communities, but we did not know how to solve them. There was nothing really happening with the children. SCUK has changed that".

Community member, AI workshop

Promoting Sustainability

Most interviewed individuals mentioned that government support or buy-in is critical for sustainability and the overall success of an initiative. SCUK's programme model design and implementation has "built-in" sustainability at the community level. Should SCUK be taken from the equation, the ward councillors and municipal officers, already sufficiently mobilised to establish and successfully operate CCFs in each ward, would continue to train and support CCFs to work with government and nongovernmental groups to provide effective support services and networks in OVC communities. Other service providers within this network that strengthen sustainability include DoE, DoSD, DoH, DHA, Department of Justice, home-based care groups, FBOs, and community-based NGOs.

SCUK also works with sustainable local infrastructure for children, such as schools. Schools that are mobilised will continue to support children.

SCUK's OVC project initiatives belong to the community. These initiatives have been set up to function and thrive in harmony with community structures and resources, while SCUK takes on a facilitative role to capacitate and mobilise the community in order to ensure the programme's long-term sustainability.

Strengthening Community Mobilisation and Networking; Leveraging of Community Resources

SCUK's programme targets range beyond beneficiaries to include national and community stakeholders to effect policy change (for example, education on children's rights, advocacy for children's rights, CASNET, etc.).

SCUK has refined community mobilisation to a fine art. SCUK has established itself as a leader in the field of social change; and the dedication, passion, and action taken by volunteers reflect

their recognition of SCUK as such a leader. Focussing not only on one level, SCUK effects this change by mobilizing and empowering the child and caregiver levels, community structures, and national systems. Coordination of functions, services, staff, and resources is difficult, but fundamentally necessary.

Community Leadership in OVC Care

SCUK's successfully implemented CCF model ensures long-term sustainability and a high level of community buy-in. SCUK succeeds in mobilising community resources and networks to make a huge impact on the lives of OVC and other indirect beneficiaries within the communities where SCUK works.

Advocacy

SCUK offers strong advocacy and technical support at the national level, to ensure that the excellent national protection and welfare policies already in place for children in South Africa are actually implemented at the local level. Specifically, SCUK advocates or lobbies for improved service delivery to OVC by:

- identifying gaps in service delivery and approaching relevant service providers and facilitating provision of services to address the gaps;
- where necessary, taking this process to district, provincial, or even national levels for redress;
- ensuring that children of different ages and both genders are supported at all levels;
- encouraging local governments to include children's issue in their integrated development planning; and
- working through the human resource strategy for the National Action Plan for OVC to ensure that CCFs are included in the plan and that the members are included in the Expanded Public Works programme so that they receive a stipend.

Strengthening Community Networking

SCUK recognises that no programme alone can meet the demand or scale of the OVC crisis; neither will a single response be adequate to address all needs of all children across the country. In view of this reality, SCUK aims to strengthen local government structures by, in turn, solidifying the link between CCFs and government service providers. A good example of this is the relationship between DoHA and the CCF in Thabo Mofutsanyana. The processing of identification documents and birth certificates for OVC used to be time-consuming and costly, as volunteers were forced to travel long distances to the nearest DoHA office. After a SCUK-donation of computers to ease the load at DoHA offices, the department set aside a certain time on Fridays during which a department official exclusively assists CCF members. Also, a department representative now travels to schools and neighbouring communities so that people can access DoHA services more readily.

"SCUK has helped bring everyone together. There is a strong bond among all community stakeholders now."

Community member, AI workshop

"I am able to work for the community, to bring together disintegrated families. SCUK has helped me rediscover the love for children and the community inside of me."

CCF member, AI workshop

To develop and strengthen community support networks in communities, SCUUK involves various CBOs, such as home-based care groups, schools, and FBOs, to support OVC. SCUUK networks with service providers, assists with direct material assistance to community initiatives, and facilitates access to additional resources and technical expertise when needed.

“We are good at networking; we are not working in isolation. Its not your own ideas being implemented, it’s all the stakeholder’s dreams. We have some very strong partnership programmes. We also have incredible staff.”

Country director, SCUUK South Africa Programme

PROGRAMME CHALLENGES

Despite many successes, some programme challenges were identified by interviewees and AI workshop participants.

High Staff and Volunteer Turnover

As is common of most NGOs or community organisations, maintaining staff morale becomes difficult when personnel are appointed on a one-year contract basis. A significant amount of resources are spent to train staff and volunteers; however, individuals who are trained and who have developed skills tend to find employment or other opportunities elsewhere because of these newly acquired skills or experiences. Solutions to high staff and volunteer turnover could be performance-based incentives or contract periods attached to certain levels of training.

Partners’ Financial and Organisational Capacity

Partners at various levels do not always know the project intimately, and their financial and organisational capacity levels or styles may differ from those of SCUUK. Partners tend to put their “best foot forward” and may not challenge a strategic decision that SCUUK makes, even if the decision may be to the detriment of the programme. Additionally, distance management is very difficult and requires good communication from sites, partners, and SCUUK headquarters.

Programme Monitoring

The complexity of emergency plan indicators requires training and time for field personnel (mostly CCFs and YFs), who are usually ensconced with a myriad of other responsibilities; and this training must be accomplished within a short space of time. Emergency plan indicators and reporting formats are seen as technically difficult. SCUUK has come to recognize the importance of proper project documentation, as service projects often develop rapidly; however, it is also challenging to track the quality of programme implementation and services when short-staffed, overworked, and operating in emergency mode.

Volunteer and Support Incentives

Lack of transportation is a major issue when considering that home visits and follow-up need to be conducted by volunteers, who are often forced to travel by foot to remote farming areas. As a solution to this problem, workshop participants proposed the distribution of bicycles to CCF members and youth facilitators. AI workshop participants further identified food, stipends, and uniforms for CCF members as some of the challenges that are faced on the ground level.

Limited Professional Resources

Office or meeting space, telephones, fax machines, and computers, as well as vehicles, were viewed by workshop participants as limiting the effectiveness of implementation and support functions at a community and provincial level.

Beneficiary Dependency

Where beneficiaries are concerned, it is important that expectations and dependencies are realistic and well-defined. It was remarked upon that some beneficiaries sometimes struggle to “leave the nest,” so to speak. There need to be clear exit strategies in place for children who become of age who either need to continue their education or become economically active, since they are without the benefit of current programmatic outreach.

UNMET NEEDS

Some unmet needs mentioned by SCUK staff, beneficiaries, volunteers and community members include the following:

Food for Families

Although much is being done to address feeding of OVC, there is an ever-growing need to expand on the provision of food assistance on a family level. Moreover, only a limited number of OVC and their families benefit from seed and food garden projects. There is a need for the expansion of the food garden project, increased access to food parcels, and increased access to social grants.

Children’s Recreational Activities

More resources for recreational activities, such as basic sports equipment or toys, are needed. Participation in recreational activities blurs the line between OVC and other children and helps reduce stigmatization.

Psychosocial/Emotional Support – Counselling Referral Network

Although emotional and psychosocial support is provided to OVC through home visits and support is offered by youth facilitators at Caring Schools, the need for additional emotional and psychosocial assistance still ranked highly among the unmet needs of beneficiaries. CCFs, youth facilitators, and school staff should be able to refer children to counsellors, if needed.

The Way Forward

SCUK has big plans for the future. The aim is to enlarge its service delivery area (by expanding its partnerships with local organisations) by at least two more districts in the Free State within the next year. Its focus will be on areas otherwise largely under-served by municipalities and those who live in farming communities. SCUK intends to continue to build on the sustainability of the programme, further strengthening leadership and support networks. Additionally, services and support will be widened to better serve children living on farms, as well as disabled children. SCUK is looking towards accredited training and appropriate exit strategies for youth facilitators.

Advocacy for the use, adaptation, and replication SCUK's OVC programme approaches with government and other NGOs is part of SCUK's ongoing and future agenda. SCUK envisions an information exchange through NACCA and similar groups, as well as exchange visits with other NGOs.

"When you get it right, you can do great things."

Senior programme advisor, SCUK

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