

A Case Study

Centre for Positive Care



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Cover photo by Tina Byenkya.

Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CBO	community-based organisation
CCF	child care forum
CDW	community development worker
CPC	Centre for Positive Care
CRISP	Child Responsive Integrated Support Project
CSI	Child Status Index
DoA	Department of Agriculture
DoE	Department of Education
DoH	Department of Health
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Fund for AIDS Relief
FBO	faith-based organisation
HBC	home-based care
IGA	income-generating activity
IDP	integrated development plan
LAC	local AIDS councils
NGO	nongovernmental organisation
NPO	nonprofit organisation
OVC	orphans and vulnerable children
OVC TT	OVC task team
PLHA	people living with hiv/aids
PSG	Project Support Group
SANCO	South African National Civic Organisation
VCT	voluntary counselling and testing

Executive Summary

This 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 the Centre for Positive Care (CPC) programme for orphans and vulnerable children (OVC) 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 CPC's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

CPC offices are located in the town of Sibasa, in Vhembe District, Limpopo Province. CPC employs participatory approaches to prevention and care and the organisation has established 69 OVC community-based projects in Limpopo Province. CPC is involved in two types of OVC care projects. The first involves 28 home-based care (HBC) groups that integrate HBC with OVC care in Vhembe and Capricorn districts. The second project comprises 41 OVC-dedicated child care forums (CCFs) operating in Thulamela, Makhado and Messina local municipalities in Vhembe District.

CPC's OVC programme is headed by an outreach officer who is also in charge of the HBC programme. CPC utilises CCFs as the key service providers for OVC in resource centres and children clubs. CCFs are assisted by HBC groups in the provision of service to OVC and their families at the household level. CPC provides technical expertise, mentorship and financial support to each of the CCFs and HBC groups.

Established CCFs work in partnerships with CPC's HBC groups to:

- identify OVC and ensure these children and their parents/guardians access government services and grants and community-based services
- mobilise community support for OVC and their parents/guardians in the ward and actively support community initiatives for OVC
- monitor the well-being of OVC, taking into account different needs according to age and gender as well as the well being of their parents/guardians
- raise issues related to service delivery for OVC and their parents/guardians with the relevant authorities

CCFs and home-based care groups monitor all OVC to ensure that they are accessing relevant services through home visits, resource centres, and children clubs. There are currently two operational resource centres. Sites for five more resource centres have been identified but the centres are not yet operational. Six children's clubs, mainly involved in soccer and netball, have also been established. Services provided in these resource centres and clubs include psychosocial support, assistance with homework, direct material support, and referrals where needed. Though the services provided are similar across all its sites, CCFs have adapted to specific community needs and thus each CCF has unique components in their projects.

Save the Children (United Kingdom) provides CPC with assistance in the form of funds and technical assistance. Various government departments, including the Department of Home Affairs (DoHA), Department of Social Development (DoSD), Department of Education (DoE), and Department of Agriculture (DoA) provide CPC with direct and indirect support to OVC, including bursaries for further education and access to legal documents.

CPC's success is built upon a foundation of strong relationships within the community. CPC facilitates community leadership through the CCFs. These CCFs have been able to sensitise the

communities to the needs of vulnerable children. CPC integrates its HBC programme with CCF activities to care for OVC. Established CCFs work in partnerships with CPC's HBC groups to identify OVC and ensure these children and their parents/guardians access government services and grants and community-based services. Coordinators for HBC group caregivers and CCFs members work together while planning home visits to avoid duplication of services.

CPC has linked with and supported government effort and helped to bring OVC care issues to the forefront. CPC works with various government departments to ensure that children receive services. The OVC task teams (TTs) established by the local AIDS councils have been instrumental in liaising with community and government stakeholders on behalf of OVC and securing resources such as building space. Of the three local municipalities that have CCF-led activities, only two municipalities have established OVC TTs. While the established local municipality OVC Task Teams have been successful, they have also been hampered by poor levels of participation and cooperation.

CPC works with community-based community development workers (CDW) from the Office of the Premier. The CDW initiative works to remove of service delivery deadlocks and strengthen contact between government and the people. Despite efforts to improve services, the process of obtaining government services is difficult for both OVC and their guardians when uncooperative officials and bureaucratic systems often hinder CPC's efforts. Potential beneficiaries are sometimes arbitrarily placed on waiting lists even if proper procedures have been followed.

CPC faces a high rate of CCF members and HBC caregivers' turnover, which leads to disruptions in service provision and makes it difficult to ensure quality. The high level of turnover is evidence that current stipends are not adequate to meet the needs of these volunteers. CPC would like to expand its reach and improve quality of services provided but it is limited by the available funding. CPC faces a high rate of turnover among CCF members and HBC caregivers, which leads to disruptions in service provision and makes it difficult to ensure quality due to loss of trained CCF members and HBC caregivers. Along with a high volunteer retention rate, CPC also deals with inadequate financial support for the CCF members and HBC caregivers.

While relying on the resource mobilization skills of CCFs helps to ensure community leadership and ownership, these groups are not always able to tend to the myriad needs of the many OVC in their community. There are many services that CPC would like to provide but it simply cannot afford. Staff, CCF members and HBC caregivers indicated a need for resource centres to be established and operationalised in every community. In addition OVC who are over 18 years of age cannot be awarded services according to PEPFAR guidelines and hence their needs are unmet. The inconsistency of shelter is a serious problem for many children due to the lengthy waiting lists.

CPC will seek to establish at least one CCF in every ward of CPC areas of operations. CPC will link all CCFs' activities to local government processes and structures to increase municipality ownership and the allocation of technical and financial support. The organisation plans to have a resource centre in every ward that is reached by the OVC programme. Other planned initiatives include establishment and expansions of scouts' programmes for both girls and boys, sports activities, and children's support groups through which CCF members and teachers, nurses, pastors, and the elderly can give advice and guidance. CPC is working towards the creation of bursaries for OVC aged 18 and above, though this is dependent upon the availability of funding. CPC will continue to advocate for the education of children who fit into this category.

CPC plans to start utilizing the Child Status Index (CSI) to serve as an assessment of what each individual OVC has received since CPC began supporting them. The CSI will allow CCF members and HBC caregivers to monitor the services received by individual children and the resultant physical, emotional, and situational well being of the OVC.

Despite the challenges that lie ahead, CPC will build on the successes of HBC/OVC integration and CCFs to expand the number and reach of the community based HBC/OVC groups and CCFs to deepen the quality of care, support and protection for orphans and vulnerable children.

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 Centre for Positive Care (CPC) 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 Centre for Positive Care, 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



Themes are displayed during 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 seeks out 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. For this case study, AI was used to identify strengths (both known and unknown) in the CPC OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is conducted 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

Research activities were completed July 13-14, 2007. Key informant interviews took place at the CPC office with two members of staff. Two separate AI workshops were conducted concurrently, one with four programme staff and four volunteers, and another with one OVC beneficiary, two guardians, and nine community members.

“The workshop participants came from diverse backgrounds ranging from community development workers, staff, beneficiaries and traditional authorities and they enriched the discussions.”

AI workshop community member

Visits to the organisation’s offices, and to the communities serviced by CPC, enabled the observation of the interaction between community members and CPC staff. Researchers also attended a child care forum meeting at Khubvi (Ward 36) and observed the identification process of OVC and a child-headed household. Together with a thorough document review, these activities revealed a wealth of information from which this case study is drawn.

FOCAL SITE



CPC Offices in Sibasa, Thohoyandou.

The Centre for Positive Care office is located in the town of Sibasa, in Vhembe District municipality of Limpopo Province. The district municipality comprises four local municipalities: Thulamela; Makhado; Musina; and Mutale. CPC's main geographical area covers a radius of 150 km from the organisation's office in Sibasa.

Sibasa town is located in Thulamela, the largest of the four municipalities. Sibasa is close to Thohoyandou town, which is the political, administrative and commercial centre of Thulamela (Thulamela Municipality IDP, 2007). The municipal area has two settlement areas. To the north lies the former

Thohoyandou and surrounding rural and urban settlement, while to the south is the Malamulele and the surrounding rural and urban settlement. The main economic activities revolve around agriculture and tourism.

The population of the Vhembe district municipal area, also the site for data collection activities, is rural with the largest portion of the population (580,822) living in the Thulamela municipal area. The largest portion of the population is in the school-going age group of (0 to 19 years age). The high HIV prevalence rate in Limpopo is 21.5% (NDoH, 2005). Vhembe district has an estimated OVC population of 167,713 with nearly half of this estimate coming from Thulamela municipality.

The following table shows the entire population and the number of 0-19 year olds as well as the estimated number of OVC in Vhembe District broken down by local municipalities:

Table 1: Estimated OVC Population in Vhembe District*

Municipality	Total Population	0-19 yr olds	Estimated Number of OVC**
Thulamela	580,822	314,890	83,398
Makhado	495,252	259,258	68,494
Mutale	82,648	46,363	11,783
Musina	39,300	15,875	4,038
Total	1,198,022	636,386	167,713

*Total population and children figures based on South Africa's 2001 Census.

** Estimates are based on Save the Children field experience in OVC Pilot Project in 2003

Programme Description

OVERVIEW AND FRAMEWORK



CPC works with traditional healers, such as the one shown in the photo, to provide a community-based intervention.

CPC was established in 1993 to provide information to communities on HIV/AIDS as the virus began spreading rapidly in the area. It was registered as an NGO in 1997. CPC's mission is to prevent and mitigate the impact of HIV/AIDS and improve the quality of life of those infected and affected. A particular emphasis is on low-income, marginalised vulnerable men, women and children living in remote rural communities, border towns and high risk areas. In 2000, CPC started HBC work, primarily with funding from the Zimbabwean-based Project Support Group (PSG). CPC soon realised the burden being placed on children due to the death or chronic illness of their parents, and an OVC component was subsequently developed from the HBC programme in 2001.

Of the six districts in Limpopo province, CPC has a presence in four. CPC implements OVC, HBC, and prevention activities in Vhembe District, and supports prevention and HBC activities in neighbouring district of Capricorn. Prevention activities are supported in Mopani and Waterberg districts. CPC works in four municipalities in Vhembe District, two municipalities in Capricorn District, two municipalities in Mopani, and one in Waterberg.

CPC's approach recognises the need for community ownership. Thus, CPC employs participatory approaches to prevention and care and the organisation has established 69 OVC community based projects in Limpopo Province. CPC is involved in two types of OVC care projects. The first involves 28 home-based care groups that integrate HBC with OVC care in Vhembe and Capricorn districts. The second project comprises 41 OVC-dedicated child care forums (CCFs) operating in Thulamela, Makhado and Messina local municipalities in Vhembe District.

Table 2: CPC Coverage: Number of Local Municipalities Where CPC Operates in Limpopo Province

	Limpopo Province (Six Districts in Total)			
	Vhembe	Capricorn	Mopani	Waterberg
OVC Activities (CCF)	3	-	-	-
HBC/OVC Activities	4	2	-	-
Prevention Activities	4	2	2	1

CPC has received support from international organisations, local organisations, and government departments. PSG used to be the main source of funding. In 2003, Save the Children identified CPC as an ideal strategic partner in Limpopo Province because of the quality and location of CPC's extensive HIV/AIDS programme. Save the Children (United Kingdom), through its Child Responsive Integrated Support Project (CRISP), now manages CPC's emergency plan grant, which provides funding for the CCF-managed projects in three municipalities in Vhembe District.

CPC provides OVC care and support by working with local government as a key partner to establish, train and support CCFs. CCFs are the key players in CPC's community-based responses. Established CCFs work in partnerships with CPC's HBC groups to:

"The goal of CPC is to make sure every child gets whatever they need including shelter, education, social grants, etc. to be supported, to make sure they live like other children who have all this support."

Programme director

identify OVC and ensure these children and their parents/guardians access government services and grants and community-based services

mobilise community support for OVC and their parents/guardians in the ward and actively support community initiatives for OVC

monitor the wellbeing of OVC, taking into account different needs according to age and gender as well as the well being of their parents/guardians

raise issues related to service delivery for OVC and their parents/guardians with the relevant authorities

Save the Children provides CPC with assistance in the form of training workshops (CCF training, children's rights including child protection, play skills for children and bereavement support). Other assistance provided to CPC includes supervisory monitoring visits, mentoring and data management. Various government departments the Department of Home Affairs (DoHA), DoSD, Department of Education (DoE), and Department of Agriculture (DoA) provide CPC with direct and indirect support to OVC, including bursaries for further education and access to legal documents.

CPC's OVC activities ensure the provision of care and support, creating an enriching environment for children to allow them to become healthy and productive members of society. CCFs and home-based care groups monitor all OVC to ensure that they are accessing relevant services through home visits, resource centres, and children clubs. There are currently two operational resource centres. Sites for five more resource centres have been identified and CCF members have been trained to run the centres, but these centres had not started serving children by the time this study was conducted. Six children's clubs, mainly involved in soccer and netball, have also been established. Services provided in these resource centres and clubs include psychosocial support, assistance with homework, direct material support, and referrals where needed. Though the services provided are similar across all its sites, CCFs have adapted to specific community needs and thus each CCF has unique components in their projects. For example, in Malamulele, where poverty is acute, they have a formal income-generating activity (IGA) component.

PROGRAMME STAFF

CPC is led by a board of directors and an executive director. CPC's executive director oversees all programme operations and administration. The executive director is assisted by a finance and administration director and a programme manager. The programme manager oversees CPC's prevention, HBC, and OVC programmes. The OVC programme is headed by an outreach officer who is also in charge of the HBC programme. Below her, there are two outreach coordinators – one for OVC and the other for HBC.

Standard recruitment procedures are used when hiring programme staff. CPC advertises available posts and then interviews candidates, although some staff members have been pulled from the substantial pool of volunteers. Employees are trained by senior staff in areas of conflict management, mobilisation, HIV/AIDS issues, CCFs, children's rights, and basic communication. Staff members are also trained in psychosocial support (PSS) training, and they are in turn responsible for training the HBC caregivers and CCF members in PSS.

"We also contribute by looking after the volunteers since if they are not stressed out they are better able to look after the children."

CPC staff member, AI workshop

"I like the way they are able to respect and preserve the confidentiality of those they are serving since for them to help, they have to be told many household secrets."

CPC staff member, AI workshop

VOLUNTEERS

Volunteers form the backbone of CPC's activities. CPC OVC programme has two types of volunteers – home-based care volunteers CCF volunteers.

HBC Volunteers: Most HBC volunteer caregivers are recruited from churches or other religious organisations. Since 1998, CPC has initiated, trained and supported 28 home-based care groups. Each HBC group consists of about 20 members led by a coordinator.

Established HBC groups are provided with OVC care training and ongoing mentoring and support. This training covers the health and psychosocial needs of children living with HIV/AIDS, and the needs of children living with or supporting their ill patients. Trained HBC caregivers respond to the needs of children by identifying OVC and making appropriate referrals to ensure the needs of children are met.

Prior to the establishment of CCFs, HBC caregivers were sole providers of OVC care. The HBC caregivers integrate HBC with OVC care in Vhembe and Capricorn districts. HBC caregivers receive from CPC a stipend of R200 per month, a HBC kit and a set of uniform.

CCF Volunteers: CCF volunteers (referred to as CCF members) include Ward members, guardians, nurses, teachers, and local leaders who are all committed to caring for children in their community. Each CCF consists of seven to 10 members of the ward and has one coordinator. At the time of the study, July 2007, there were 41 CCFs operating in three local municipalities in Vhembe District.

"The staff has respect for those who they serve. They are willing to help the community and they have volunteered to do so from the bottom of their hearts."

Community development worker, AI workshop

"This has been said before. The CPC staff go the extra mile, work extra hours sometimes working at night if they are called upon to do so."

CCFmember, AI workshop

CPC has provided five day start-up training to all CCF members following the formation of CCFs. This is a participatory session which covers the causes of children's vulnerability; identifying OVC; mapping services available and engagement with government service providers and procedures to refer OVC for assistance. The training is conducted by CPC staff with support from Save the Children, municipal staff, and DoSD. CCF members have also been trained in child participation, and on the requirements for grants to ensure that applications are made with all necessary supporting evidence and documentation to reduce delays. In addition, CPC staff and CCF members have been trained in memory work by Volunteer Service Overseas (VSO) following which 100 children were engaged in a memory work training to develop their own memory books. Ongoing mentoring support and refresher training for CCF members has been held to cater for change in CCF members and when new needs arise within the CCFs. For example, chairpersons and secretaries of the CCFs have been given a one day refresher training course on quality data management.

CCF members are involved in OVC identification subsequent provision of care and support to OVC. The CCF members attend planning and review meetings, conduct home visits and run resource centres and children's clubs. CCF members are currently not receiving any stipend. CPC, with support from Save the Children, plans to lobby for CCFs to become formal, recognized structures within the government plan for OVC care, with resource allocation from DoSD for CCF-member stipends. Some CCFs are also involved in income generating activities, such as bead-making, to financially sustain them and keep the programme running.

HBC Group and CCF Coordinators: Coordinators for HBC groups and CCFs are also volunteers. An HBC group coordinator supports about 20 caregivers while a CCF coordinator is in charge of about 10 CCF members. Coordinators are selected based on their experience and commitment to serve.

The coordinators work together while planning home visits to avoid duplication of services. The HBC group and CCF coordinators jointly attend a monthly meeting at CPC and five days training every quarter. Coordinators receive a stipend of R1 000 per month. The coordinators hold a weekly group meeting for members to report on their work and discuss any problems.

Centre for Positive Care

Centre for Positive Care works to reduce the spread of STIs, HIV and AIDS and to improve the quality of life for people living with and affected by HIV and AIDS. CPC employs participatory approaches to prevention and care and the organisation has established 28 home-based care groups that integrate HBC with OVC care in Vhembe and Capricorn districts and 41 OVC-dedicated Childcare Forums (CCFs) operating in Thulamela, Makhado and Messina Local Municipalities in Vhembe district

Programme Goals

- Identify OVC and ensure these children and their parents/guardians access government services and grants and community-based services.
- Mobilise community support for OVC and their caregivers in the ward and actively support community initiatives for OVC
- Monitor the wellbeing of OVC, taking into account different needs according to age and gender as well as the well being of their caregivers
- Raise issues related to service delivery for OVC and their caregivers with the relevant authorities



External Resources

Save the Children (UK)

- Manages PEPFAR grant
- Technical Assistance
- Monitoring and Evaluation

SA Government

- Provides some financial support for volunteer stipends and food parcels for OVC.

Local Businesses and Community

- Provide support in the form of food, clothing and/or monetary donations
- Communities provide volunteers for the Child Care Forums as well as the resource centres
- Traditional Leaders provide CPC with space to establish resource centres

Activities

Support for HBC caregivers and CCF Members

- OVC care training including
 - children's vulnerability
 - identifying OVC
 - mapping services available
 - engagement with government service providers and
 - Procedures to refer OVC for assistance.
- ongoing mentoring and support

Home Visits

- To identify OVC needs
- To provide services and referrals to OVC
- To HBC for ill patients including parents and guardians

Child Care Forums

- Identifies OVC and monitor the delivery of services
- Resource mobilization

Partnership and Linkages with Local Institutions

- Government Departments
- OVC Task Teams
- Public Private Partnerships

Resource Centres and Children's Clubs

- Two resource centres - Mphego and Musina
- Six children's clubs involved in soccer and netball
- Run by the CCF members
- Provided services include meals, basic counselling, recreational activities, assistance with homework, and referrals.



Outcomes

Child and Adolescent Outcomes

- **Education:** improved self esteem and school performance
- **Health and Prevention:** raised awareness of the importance of a healthy lifestyle and better access to medicine
- **Child protection:** decreased number of children on the streets and involved in drugs/alcohol/premature sex
- **Legal:** improved access to grants and identification documents and improved knowledge on how to access these services

Family and Community Outcomes

- Better coordination between the government and the community
- Increased community participation
- Increased awareness of OVC situation in community
- Reduction of stigma towards PLHA and OVC
- Improved treatment literacy
- Improved awareness of processes for applying for grants and services

KEY PROGRAMME ACTIVITIES



CPC's approach enables people in communities to create community-based projects that offer prevention, HBC and OVC services. The focus of the projects is the CCFs that form the link between government response and child welfare in the community. CPC provides ongoing technical and financial support to these community-based projects. In addition, CPC works with other organs in the community including HBC groups, civic members, community development workers, chiefs and church leaders.



Home Visits

Home visits are an essential part of CPC's OVC programme, as this is one of the ways in which CCF members and HBC caregivers identify OVC and monitor OVC to ensure that they are accessing relevant services. HBC caregivers visit homes to provide palliative care to ill parents/guardians. OVC benefit indirectly from this activity as the OVC do not need to take time off to care for their sick parents/guardians and well parent/guardians are better able to look after the OVC. In addition, CPC's OVC programme utilises the resources of its own HBC programme to directly care and support OVC through the integration of HBC services with OVC care.

CCF members also visit homes to identify and provide services to OVC. Designated CCF members or HBC caregivers are required to go to five households a day. Each household is visited three days in a week. CCFs members provide services at the household level in collaboration with HBC caregivers in coordinated manner so as to avoid duplication of services. Through home visits, CCF members and HBC caregivers encourage parents to obtain birth certificates and other documents while they are alive. They support the children and their care givers to obtain grants and visit children after their parents have died to check on the children's well being, encourage the caregivers and ensure that children are receiving their grants and attending school.

CPC staff and volunteers teach parents and guardians how to access government departments, important documents and essential services. Guardians are provided with ongoing support during visits performed by CCF members or HBC caregivers.



Child Care Forums

The formation of CCFs has proven highly successful in building community involvement and ownership. CCFs are comprised of volunteers and can include ward members, guardians, nurses, teachers and local leaders who are all committed to taking care of the children in their community. CPC closely collaborates with local government councillors through the local municipality. Councillors are involved in the community process to establish CCFs. They assist in looking for volunteers that represent different community groups – such as the ward committee, home based care groups, church or other faith-based groups, women's groups, schools or school governing bodies, preschools, traditional leaders and healers, and youth groups – or who have a passion for children in their community. Once the CCF members have been identified they are trained by Save the Children and CPC staff for five days of a 12-day curriculum outline that has been developed by the National Action Committee for Children Affected by HIV/AIDS. The training includes children's rights, vulnerability, HIV/AIDS, identifying vulnerable children and keeping records, community resources, and government resources to support OVC.

At the time of this case study, the CCFs were operational only in Vhembe District. There are 41 child care forums with 25 in Thulamela, 10 in Makhado and six in Messina municipalities. The goal is eventually to have a CCF in each of the four districts where CPC operates. Each CCF consists of seven to 10 members of the ward and has one coordinator. CCF members typically meet twice per month for two to three hours to share problems and discuss the way forward.

CCFs are critical in ensuring that children's rights are realised. As CCF members are community members, they are well-placed to advocate for OVC because they have established links with ward councillors and community development workers. CCFs provide education and sensitisation so they are better able to understand the context of the OVC. CCF functions include identifying OVC and monitoring the delivery of services to the children. The information they collect during visits is recorded in a register book, kept by the CCF leader, and used to populate CPC's OVC database.

Some CCFs are also involved in income generating activities such as bead-making to financially sustain them and keep the programme running. CPC works to create a sense of ownership of the programme by reducing the dependence of the CCFs on CPC for funding. According to CPC's quarterly report from April to June 2007, 22 CCF members received five days of training in bead-making. The CCF members are able to sell their handiwork for a profit and the income earned is channelled back into the OVC project

To fulfil these functions, CCFs are provided with technical support and training. CPC provides CCF members with funds for transport and materials for data collection and record-keeping.



Partnership and Linkages with Local Institutions

CPC places a lot of emphasis on collaboration and partnership development. The organisation works closely with government departments, local municipalities and businesses to leverage resources and support. Potential partners are identified and approached. CPC staff and CCFs then create networks between the communities and the relevant partner service providers.

Government Departments: CPC staff and CCFs work with the Department of Home Affairs (DoHA), SoD, Department of Education (DoE), and Department of Health (DoH) in order to ensure that children receive services. In many cases, children either need documents, access to grants, or services such as food parcels. CCFs work with Home Affairs to get legal documentation for OVC and with social workers from DoSD to get services for those OVC that do not have ID documents or birth certificates. CCFs further advocate on behalf of OVC; for example, they were able to get a mobile bus from Home Affairs to provide services at the community level. CPC also empowers its beneficiaries to be proactive in seeking out government assistance to which they are entitled.

"I am a community development worker. This is a new programme within the government to assist community access to government services. We are working with Ward councillors and NGOs to assist communities in starting those income generation activities, apply for social grants, access education and other developmental issues."

Community development worker, AI workshop

OVC Task Teams: CPC works with the municipal government to ensure the establishment of the local AIDS councils (LAC) and the concomitant establishment of task teams including the OVC task team (OVC TT). Through CPC's advocacy, encouragement and support, two OVC TTs, one in Thulamela and one in Messina have been established. The teams comprise representatives of CCFs, municipal social services, government departments (such as health, social development, education), police, and NGOs. OVC TTs are coordinated by the local government. OVC TTs enable dialogue between local government and the community, which serves to improve efficiency and reduce the delay in the government's response to children's needs. The OVC TTs meet on a monthly basis and they provide the coordination that supports services to children.

Public Private Partnerships: CPC also works with other service providers in the area. CPC acknowledges the importance of public-private partnerships in ensuring the survival of CCFs and has consequently encouraged CCFs to forge partnerships with local businesses. Local businesses contribute various items that range from food to clothes to cash. The businesses have been pivotal in resource mobilisation, helping CCFs to provide food parcels and school uniforms to OVC. The University of Venda has provided training specifically targeted towards grandmothers to improve their ability to take care of OVC. The training provided included HIV/AIDS, Stigma and discrimination, ART drugs and how to access government grants.



Resource Centres and Children's Clubs

Resource centres are spaces where children can come every day after school. At the time of the study, there were two operational centres Mphego and Musina resource centres. CPC through the CCFs was planning to establish five more resource centres at Malavuwe, Khubvi, Xitlelani, Mudavula, and Mphamambo wards. When establishing resource centres and clubs, villages with large numbers of OVC are identified. Local authorities are contacted and they often supply CPC with land. Contributions of land and/or unused buildings are used by CPC for resource centres.

In addition to the resource centres, six children's clubs, mainly involved in soccer and netball, have also been established. These centres and clubs discourage children from getting involved in drugs and crime or dropping out of school by providing them with after school activities.

Resource centres and clubs are run by the CCF members. The CCF members are equipped to identify OVC needs and provide services including meals, basic counselling, recreational activities, assistance with homework, and referrals. Children that come to the resource centres are guaranteed a meal every day, which is critical in an area with limited food security. Resource centres are visited at least once a month by teachers from the local schools to ensure that the children are being offered relevant assistance. This assistance comes in the form of extra help that these teachers give to the children. The children might be lagging behind in class and it helps to actually have the teacher who teaches the course explain it to them. In addition, this also enables the teachers to know and interact with the students in their classes that are either orphans or vulnerable and begin developing a relationship.

BENEFICIARIES

The definition of vulnerable is determined at community level and includes orphans (those who lost one or both parents), children living with and caring for sick parents, children living in poverty and deprivation, abused and exploited, and neglected and abandoned children.

According to CPC's fiscal year 2006 quarterly report, CPC (through the established CCFs) served 4,389 OVC in the geographical areas supported by Save the Children (mainly three municipalities in Vhembe district). Services provided by the CCFs included food parcels, school fees exemptions, clothes, and psychosocial support.

CPC's direct beneficiaries are OVC, while secondary beneficiaries include youth over 18 years of age, volunteers, elders, parents, foster parents, and guardians. OVC benefit from the moment they are identified through receipt of receive referrals and or services. OVC are usually identified through home visits by CCF members or HBC caregivers. OVC are also referred to the CCFs by school principals and teachers, nurses, police, and local chiefs. OVC occasionally leave the programme if their parents pass away and other relatives living in another area take responsibility for them, though this is rare.

Parents and guardians benefit from the OVC programme as well. They receive training from CPC staff and CCF members and learn about how to access government services. They are also educated on childcare, disease symptoms and healthy living during home visits.

The broader community is also an indirect beneficiary. CPC staff and CCFs provide education and sensitisation so they are better able to understand the context of the OVC. The communities also benefit from the sense of ownership created through community and stakeholder meetings and participation in CCFs.

SERVICES PROVIDED



Centre for Positive Care applies a community and needs-based approach, tailoring services and activities to the needs of beneficiaries while creating solutions from within communities themselves. CPC trains and supports CCF members and HBC caregivers to provide care and support to OVC and to make referrals to other service providers including government departments. In-kind contributions that are raised by CPC head office are distributed to OVC through respective CCFs.

“CPC sometimes buys jerseys for these OVCs to contribute in such a way that they have to look like any other children. We try to contribute to specific needs because in a group of ten children, they do not have the same needs.”

Programme staff, AI workshop



Food and /or Food Parcels

About 200 children who go to the resource centres are provided with a nutritious meal every day. In addition, CCFs receive food or food parcels from DoSD, which are then distributed to identified needy children. Parcels are also put together from in-kind donations from local businesses and DoH and DoSD. A typical food parcel contains 12.5kg bag of maize meal, 2 kg of rice, two kg of sugar, 750 g tea bags, four soup sachets, two tins of fish and beans, 750 ml cooking oil, a bar of bath soap, and two bars of laundry soap. Food parcels are also distributed on emergency basis and during CPC's annual holiday party. In its quarterly progress report for (April 2007 to June 2007) CPC reported a total of 407 children received food parcels either through the emergency distribution or through the Christmas party. As CPC holds only one big event in the district, it makes sure that all of the children from the different communities are transported to the venue of the party. CPC has made it a point to hold this event specifically for OVC so as to reduce their isolation.



Child Protection

CCFs provide protection primarily through partnerships with other organisations. CCFs work with the South African National Civic Organisation (SANCO) to identify children who are in potentially dangerous situations. In these cases, CPC has made notifying SANCO mandatory. CCFs also have a partnership with CDWs. Abused children are referred to Thulamela Victim Empowerment programme, which then has a social worker investigate each individual case until it is resolved.

“CPC has helped organise protection to restore order at a specific child's house whose parent's passed away and then disorder and chaos erupted at home.”

Home-based caregiver, AI workshop

In the case of child-headed households, especially if the child is underage, CCFs assist in finding guardians. Most of the guardians are selected by family members, the community, or the OVC themselves. CCFs do not interfere but work to understand the relationship between the OVC and the guardian.

Furthermore, CCFs provide protection to OVC through indirect mechanisms such as the resource centres. By providing the children with activities and projects after school, the resource centres discourage them from engaging in risky behaviours such as using drugs or alcohol or engaging in premature sex.



General Health Care

CCFs and HBC groups provide healthcare services either through referrals, education, or direct assistance. CCFs members accompany children to get immunisations when there are no guardians available to do so. When guardians are present, CCFs reminds them when to go for the children's immunisations. CCFs and HBC groups provide referrals to the DoH for medication and immunisation; they also provide health services for guardians by ensuring treatment adherence and sometimes collecting medications in cases where children live with grandparents or guardians who are ill and cannot walk to the clinic. OVC also benefit indirectly through home based care services provided to ill parents and guardians.



Educational Support

Educational support is provided at resource centres and during home visits. At the resource centres, children are helped with their homework and are given specific tutoring for their classes. Children who are not in school are encouraged to attend. Through CCFs, CPC runs a successful "back to school" campaign at the beginning of every school year in the Thulamela ward, which encourages children to return to school. In 2006, most of the children were reportedly attending school at the beginning of the month.

"The kids receiving help from CPC are very interested in going to school. They appreciate the help they are getting and are willing to avoid bad behaviour that can put them at risk of dropping out of school or getting infected."

Beneficiary, AI workshop

CCFs also work closely with schools and government to assist children who lack uniforms or are unable to pay school fees. In these situations, CCFs make referrals to the relevant department and helps children on an individual with fee exemptions and other educational support.



Legal Support

CCFs and HBC groups helps OVC obtain legal documents, especially in cases where parents die before they register their children with the right departments. When this occurs, these children are not able to access any grants and or services until they have their legal documents in order. The DoE provides conditional exemption for orphans; however, they need to be able to produce documentation that proves their orphan status. In one case, a CCF obtained legal documents from DoHA and then used them to compose letters to the DoE to advocate for fee exemptions. Knowing the challenges that lie ahead when a parent is chronically ill, CCFs and HBC groups start the process by working with the parents or guardians during home visits so that when they do pass away, their children are not left stranded.

"We are making it a point for none of the children to miss any of the services available to them by linking them with relevant stakeholders. Some of the children do not have ID documents or birth certificates and so we help them access those services through social workers from the DoHA."

Programme staff, AI workshop



Psychosocial Support

CCFs provide psychosocial support through recreation/play group activities at resource centres. CCF members provide a variety of child focused activities including story telling, sports, recreational and traditional games for groups of children. To improve the quality of PSS services offered, CPC holds workshops that are attended by the OVC Task Team and by CCF members. In addition, CPC staff and CCF members have been trained in memory work by Volunteer Service Overseas (VSO) following which 100 children were engaged in a memory work training to develop their own memory books. At the Mphego resource centre, 21 children have been taught play skills that specifically help bereaved children. CCFs and HBC groups also provide PSS through regular home visits to monitor and provide support to OVC.



Economic Strengthening

CCF members refer OVC parents and guardians to the DoSD for grant applications. In its quarterly progress report for (April 2007 to June 2007) CPC reported a total of 49 children received Child Support Grant (CSG), 47 accessed Foster Care Grant, and 7 received Disability Grants. The following story illustrates the how CCF members helped an OVC access grants:

“There is a girl child who sometimes generates income through selling snacks at nearby secondary school. The child had not yet accessed the CSG. However, after the intervention made by the Community Development Worker (CDW) and the Child Care Forum, the younger child was able to access the CSG while the Social Worker is processing the Foster Care Grant.”

QCPC quarterly progress report (April 2007-June 2007)

Resources

DONORS

The Project Support Group (PSG) based in Zimbabwe, with funds from the government of the Netherlands, was initially CPC's main funder. CPC no longer has a main funder but has a number of funders that direct their funding towards specific components of the programme. CPC's OVC programme is largely funded by the emergency plan/USAID South Africa through Save the Children. Volunteer Services Overseas and the Nelson Mandela's Children Fund both provide funding for small grants for OVC and IGA.

COMMUNITY IN-KIND CONTRIBUTIONS

The communities serviced by CPC offer a number of in-kind contributions following solicitation from CPC and/or the CCFs. CPC solicits these contributions and establishes linkages between the benefactors and the CCFs. In some communities, clothing banks have been created and donated items are distributed to OVC.

Local businesses have contributed items from food to clothes to cash. The businesses have been integral in terms of resource mobilisation, helping CPC to provide food parcels and school uniforms to OVC. These businesses include Pick N Pay, Fig Tree, Spar, BSB Stationary Shop, AFCO Motel, bus services, Butterfield, and PEP resort.

Volunteers, including CCF members, HBC caregivers, and other local stakeholders such as teachers, nurses give their time in their contribution towards the care and support of OVC. Other contributions include land and/or unused buildings which CPC uses for resource centres.

“The Seventh Day Adventist Church saw what CPC was doing in the community and they also wanted to do something in the community that their church members could be involved in. The church members are also members of the communities CPC works in and so they see the challenges. The Church called CPC in to represent what CPC was doing with OVCs and the manners in which they were helping. The Church then provided CPC with clothes, and food from members of their congregation as well as the promise that they will donate to the poor and are willing to help CPC with any challenges it might encounter.”

Programme Staff, AI Workshop

Lessons Learned



Members of one of the child care forums.

CPC has been confronted with a number of challenges and unmet needs, but they are dedicated to resolving these issues. The commitment addressing difficulties head-on illustrates their needs-based approach to the delivery of services to OVC. Other organisations can learn from CPC's determination and their successes and innovations in overcoming the obstacles before them

"If we were to work without the guardians, we wouldn't be able to go far. If the child has a guardian, it is better to work with them."

OVC outreach officer

PROGRAMME INNOVATIONS AND SUCCESSES

Relationships with the Community

CPC's success is built upon a foundation of strong relationships within the community. CPC facilitates community leadership through the CCFs. These CCFs have been able to sensitise the communities to the needs of vulnerable children. CPC's good reputation with and inclusion of community members has helped reduce the stigma associated with HIV/AIDS and OVC. A wide network of contacts has helped secure resources and services for OVC. CPC works with the South African National Civic Organisation (SANCO), government departments, local municipalities and businesses in the communities.

"The community is now able to take care of these orphans and the orphans are no longer part of this or that family but are children of the community."

OVC outreach officer

Of particular importance are CPC's relationships with traditional leaders. Local chiefs have a great deal of influence and authority in the communities and can be key allies. In one example, OVC who do not have documents must go through the chief to obtain proof of birth in that specific community, but they are often unable to pay the fee associated doing so. By appealing to the chief directly, CPC has been able to get this fee waived.

Integration of CCF and HBC

CPC integrates its HBC programme with CCF activities to care for OVC. Established CCFs work in partnerships with CPC's HBC groups to identify OVC and ensure these children and their parents/guardians access government services and grants and community-based services. CCFs serve as the key service providers for OVC in resource centres and children clubs while at the household level CCFs are assisted by HBC groups. CPC's OVC programme is headed by an outreach officer who is also in charge of the HBC programme. Coordinators for HBC group caregivers and CCFs members work together while planning home visits to avoid duplication of services. The HBC group and CCF coordinators jointly attend a monthly meeting at CPC and five days training every quarter. The coordinators hold a weekly group meeting for members to report on their work and discuss any problems encountered during the week's activities.

Linkages with Government

CPC has linked with and supported government effort and helped to bring OVC care issues to the forefront. CPC works with various government departments to ensure that children receive services. The OVC TTs established by the local AIDS councils have been instrumental in liaising with community and government stakeholders on behalf of OVC and securing resources such as building space. In one case, one of the OVC TT worked with DoHA to arrange the use of a clinic as a venue where community members could get assistance with legal documents. Before the creation of these teams, department officials had a limited understanding of “on the ground” realities. OVC TTs have helped narrow the gap between government departments and beneficiaries by creating dialogue and fostering participation. In addition, working in partnership with local government offers opportunities for sustainability.

CPC works with CDWs from the Office of the Premier. The CDW programme is a government-initiated intervention that is aimed at improving access to the delivery of public services. The CDW initiative was established to ensure the removal of service delivery deadlocks and strengthen contact between government and the people.

The organisation works with local government as a key partner in establishing, training, and supporting CCFs at the ward level. CCFs are key players in CPC’s community based responses. Local government councillors are involved in the identification of suitable volunteers who represent different community groups and are passionate about caring and supporting children in their community.

PROGRAMME CHALLENGES

Ensuring OVC Task Team Effectiveness

Local municipalities are key in the formation and sustainability of OVC TTs, as such the establishment of new OVC TTs is influenced by the rate at which CPC is successful in motivating local municipalities’ to establish OVC TTs. Of the three local municipalities that have CCF-led activities only two municipalities have established OVC TTs. Although the established local municipality OVC Task Teams have been successful, they have also been hampered by poor levels of participation and cooperation. In many cases, all stakeholders are not present at meetings. In other cases, the task teams have not been successful in advocating for the children, who continue to be denied access to services by the departments when referred there by CPC.

Delayed Government Services

The process of obtaining government services is difficult for both OVC and their guardians when uncooperative officials and bureaucratic systems often hinder CPC’s efforts. Potential beneficiaries are sometimes arbitrarily placed on waiting lists even if proper procedures have been followed. The death of one parent or both parents can cause further delays when parents have passed away without either registering their children or organising their identification documents. In cases where one parent has passed away and the status of the other parent is unknown, foster care grants cannot be processed because DoSD requires two death certificates.

“Since government services cannot be given by CPC, their role is to refer the children to these government services and sometimes this takes a while due to red tape.”

Programme staff, AI workshop

Volunteer Support and Retention

The community members who generously give their time as volunteers need greater financial support. CPC faces a high rate of CCF members and HBC caregivers' turnover, which leads to disruptions in service provision and makes it difficult to ensure quality. The high level of turnover is evidence that current stipends are not adequate to meet the needs of these volunteers. CCF members do not receive any stipend and that for HBC caregiver is only meagre.

CPC is unable to expand its reach to neighbouring communities and continue to adequately serve their current communities without an increased number of volunteers and their continued involvement. Moreover, CPC invests substantial time and resources in training CCF members and HBC caregivers and this investment is lost when the volunteers cease volunteering.

There is a need to compensate volunteers with increased incentives. With greater funding, CPC might also be able to decrease the high rate of turnover among CCF members and HBC caregivers by providing higher compensation and, therefore, be in a position to meet some of the unmet needs as discussed below.

“One of my three wishes for CPC is that volunteers, especially those based in villages, should be compensated adequately for their efforts.”

Community Development Worker, AI Workshop

High Reliance on Community Contributions

While relying on the resource mobilization skills of CCFs helps to ensure community leadership and ownership, these groups are not always able to tend to the myriad needs of the many OVC in their community. There are many services that CPC would like to provide but it simply cannot afford. In one specific example, a staff member shared how CPC's annual holiday party came close to being cancelled due to insufficient funds.

UNMET NEEDS

Programme staff, volunteers and beneficiaries identified some of the unmet needs of the OVC.

Bursary Fund

OVC who are over 18 years of age cannot be awarded services, according to emergency plan guidelines, and hence their needs are unmet. CPC would like to be able to assist these youth by establishing a bursary fund to enable them to continue their education or receive vocational training.

Increased Number of Resource Centres

Many of the wards where CPC operates do not yet have functional resource centres, which make it difficult for CPC to provide services. Staff and volunteers indicated a need for resource centres to be established and operationalised in every ward. CPC would like to establish seven new resource centres in areas where there are high numbers of OVC.

Shelter

The lack of shelter is a serious problem for some children. The CCFs are able to facilitate the provision of most services through referrals, but the provision of shelter is more complicated. As the following quote shows, there are usually lengthy queues of potential beneficiaries waiting to be served.

“When we refer children to ward councillors who take care of shelter, they tell us that there is a list and at times there is a delay in getting shelter.”

OVC outreach officer

“When we refer children to ward councillors who take care of shelter, they tell us that there is a list and at times there is a delay in getting shelter.”

OVC outreach officer

The Way Forward



Community beneficiaries participated in an AI workshop.

“We plan to see every child enjoy what the country has to offer. We are planning to expand but are not sure of what our financial status will be – we would like the organisation to be provincial if resources were available.”

Programme director

CPC plans on securing more funding to better address the needs of OVC and the communities in which they operate, and will continue to work closely with community members to instil a sense of ownership and ensure sustainability.

Strengthening and Expanding CCFs: CPC would like to expand its activities and services. To this end, CPC will seek to establish at least one CCF in every ward in all the four districts where CPC operates. CPC will link all CCF activities to local government processes and structures to increase municipality ownership and the allocation of technical and financial support. With support from Save the Children (UK), CPC will lobby for CCFs to become formal, recognized structures within the government plan for OVC care, with resource allocation from DoSD for CCF member stipends and OVC support initiatives. The close involvement with government coordinating structures with a concomitant focus on strengthening community responses will contribute towards the OVC programme being self-sustaining in the long run.

Replication of Resource Centres with Increased Activities: The organisation envisions having a resource centre in every ward reached by the OVC programme. There are a number of other initiatives that CPC would like to embark on, such as scouts programmes for both girls and boys, sports activities, and children’s support groups through which CCF members and teachers, nurses, pastors, and the elderly can give advice and guidance.

School Bursaries: To address the challenges faced by OVC once they reach the age of 18 and are no longer eligible for support from CPC or the government, they are working towards the creation of bursaries, though this is dependent upon the availability of funding. CPC will additionally continue to advocate for the education of children who fit into this category.

Increased Emphasis on Monitoring: CPC plans to start measuring Child Status Index (CSI) to serve as an assessment of what each individual OVC has received since CPC began supporting them. The CSI will allow CCF members and HBC caregivers to monitor the services received by individual children and the resultant physical, emotional, and situational well being of the OVC. The CSI will enable project implementers to understand what is working. CPC previously gathered this information only informally. More robust systems of monitoring service provision allow them to see where needs are going unmet and where additional resources need to be targeted. The assessments will also allow children in particular need to be prioritized for rapid interventions.

Despite the challenges that lie ahead, CPC staff and volunteers are certain to continue to play a positive role in the lives of OVC. CPC will build on the successes of HBC/OVC integration and CCFs to expand the number and reach of the community based HBC/OVC groups and CCFs to deepen the quality of care, support and protection for orphans and vulnerable children. CPC will continue to enable, empower and capacitate these HBC/OVC groups and CCFs so that they can become autonomous and self-sustaining.

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