



## DFID MSP BEST PRACTICES: CARING TOGETHER – A SCHOOL-BASED APPROACH TO CARE AND SUPPORT OF ORPHANS AND VULNERABLE CHILDREN

The MSP has identified Caring Together as a ‘best practice’ case study, based on its innovative approach and achievements in a relatively short timeframe. The following provides a brief background to the project, describes the project’s aims, objectives and approach, and highlights achievements, challenges and lessons learned.

### **Project background**

As the HIV and AIDS epidemic matures in South Africa, the number of orphans and vulnerable children (OVC) is growing. In 2005, the HSRC NMF HIV Prevalence, Incidence and Behaviour survey estimated that there were a total of 2,531,810 orphans in South Africa. Of these, 455,970 were maternal orphans, 1,745,715 paternal orphans and 330,125 double orphans (i.e. children who have lost both parents). Eastern Cape Province, where this project is being implemented, has the second highest number of orphans in South Africa, after Kwazulu Natal, and the number of OVC needing care is expected to increase over the next 15 years.

The Eastern Cape Department of Education, HIV and AIDS and Social Planning Directorate started implementing OVC interventions in 2005. However, interventions were ad hoc and limited to providing food and health packs, facilitating back to school campaigns and lobbying for school fee exemptions. In 2006, the Directorate began to develop a more co-ordinated approach.

In 2007, the Directorate and the UK Department for International Development (DFID) discussed the potential for the DFID-funded South Africa Multi-Sector HIV and AIDS Programme (MSP) to provide funding and technical support for a more comprehensive, integrated programme for the care and support of OVC in Eastern Cape schools. As a result, the Eastern Cape Department of Education developed *Caring Together – A School-Based Approach to Care and Support of Orphans and Vulnerable Children (OVC)* and it was agreed that the Directorate would fund stipends for school-based OVC Caregivers and Cluster Managers and the MSP would fund a long-term OVC Technical Advisor and a consortium of service providers to support project implementation.

The project is also consistent with priorities in the *South African National Strategic Plan for HIV and AIDS*, which include care and support, and uses the definitions of ‘Orphan’ and ‘Vulnerable Child’ (see below) in the *South African Policy Framework for Orphans and Other Children Made Vulnerable by HIV and AIDS (2005)*.

- Orphan – a child (any person under the age of 18 years) who has no surviving parent caring for him or her.
- Vulnerable Child – a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfilment of his or her rights.

## Project design

### *Aims and objectives*

The overall aim of the Caring Together project is to develop and implement a school-based approach to provision of care and support for OVC in 100 schools in Eastern Cape, working with OVC Caregivers and OVC Cluster Managers, school Health Advisory Committees (HAC) and communities.

The specific objectives of the project are to:

- Create a safety net for OVC using school structures.
- Improve the quality of life of OVC by linking them to services and resources available from government departments, NGOs, CBOs and FBOs, and establishing referral mechanisms for OVC requiring health, welfare and child protection services.
- Increase food security for OVC through establishing food gardens and school nutrition schemes.
- Reduce OVC absenteeism and increase OVC participation in all aspects of school life.

### *Guiding principles*

The project is based on the following guiding principles:

- OVC needs are best addressed by providing them with care in their own communities rather than in institutions such as orphanages.
- Schools are effective and sustainable structures for meeting the physical, emotional and psychosocial needs of OVC and mobilising community action.
- Clusters of schools are stronger than an individual school.
- School-based care and support for OVC should adopt a multisectoral approach and should be driven and owned by the school and the community to ensure sustainability.

### *Beneficiaries*

The primary beneficiaries of the project are OVC identified by schools as requiring care, support and access to resources and services. The project also benefits indirectly the adults who care for these children, as well as provincial and district officials, teachers and school Health Advisory Committees.

### *Geographical scope*

The project is being implemented in the following districts and schools in Eastern Cape from April 2007 to July 2008.

District	No. of schools	No. of OVC Caregivers	No. of OVC Cluster Managers	Status
East London	30	30	5	Urban
Lusikisiki	30	30	5	Deep rural
Lady Frere	20	20	5	Peri-rural
Dutywa	20	20	5	Rural
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>20</b>	

The main criterion used to select project districts and schools is the high number of double orphans, based on school returns submitted to the Directorate: Education Management Information Systems (EMIS). Socio-economic profile was also a factor in the selection of project districts.

#### *Approach and activities*

OVC Caregivers, attached to individual project schools, work in collaboration with the HAC to fulfil the following responsibilities:

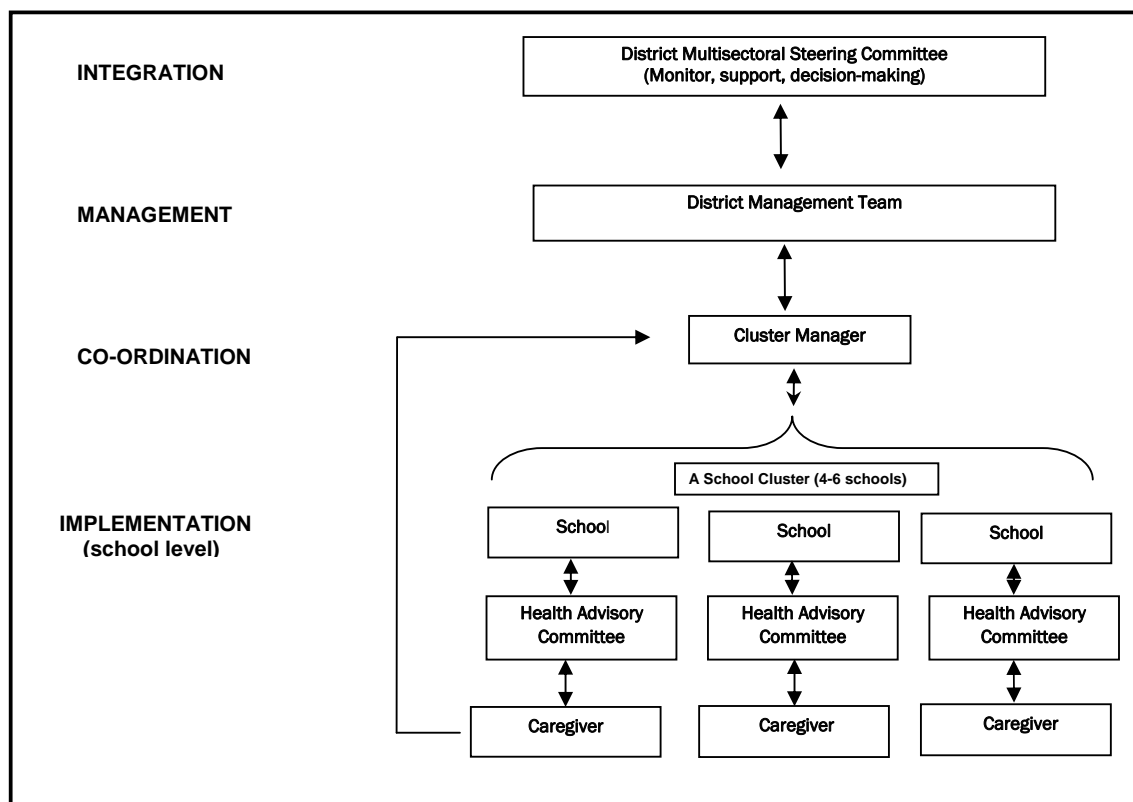
- Advocate the aims and objectives of the project within school communities.
- Identify OVC in the school and prioritise support according to need.
- Conduct a community audit of all available services for OVC provided by government and civil society organisations, including the development of a database of contact names and numbers.
- Develop an OVC action plan, which outlines the role of the school in ensuring the ongoing care and support of OVC. Action plans look at trends in needs amongst learners enabling caregivers to reach more learners with similar needs.
- Render specific support to OVC, including:
  - Access to identification documents, birth and death certificates, affidavits and social grants.
  - Home visits to assess children's home situations and to provide emotional and practical support and basic health care.
  - Organising care for children whose parents have died or are too sick to care for them.
  - Links with community-based organisations who offer home-based care for sick parents whose children are missing school to look after them.
  - Ensuring food security through the establishment of school food gardens.
  - Helping to collect and distribute food and clothing.
  - Supervising homework; and supporting OVC drop-outs to return to school.

OVC Cluster Managers support Caregivers in the implementation of their duties. Each Cluster Manager works across 4 to 6 schools.

The Service Provider Consortium has deployed a Senior Trainer Facilitator and two Trainer Facilitators in each of the project districts. The roles of the Trainer Facilitators are to:

- Plan and prepare district advocacy activities concerning the project.
- Conduct school visits to collect baseline data.
- Facilitate the establishment of HACs.
- Establish a District Multisectoral Steering Committee comprising representatives from a range of government departments responsible for OVC.
- Train OVC Cluster Managers, Caregivers and HACs on issues such as procedures for accessing ID documents and social grants, basic counselling skills, procedures to follow in rape or child abuse cases.
- Conduct regular school-support visits to monitor the work of Caregivers and HACs.
- Establish a system for tracking and recording services and resources accessed by OVC.

The project approach to management, coordination and implementation is shown below.



## Achievements

In less than one year, the project has:

- **Been well accepted and supported by schools and communities.** For example, project schools have established gardens to provide food for OVC and identified sponsors to support OVC. Caregivers and foster parents are actively seeking to send children to schools covered by the project, so that they receive support, and OVC mobility from non-project to project schools has been documented.
- **Generated significant support from the wider community.** For example, donations of food, school uniforms, stationery and seeds for food gardens have been given by local NGOs and businesses, school-twinning initiatives, churches, taxi associations, corporate companies, banks and the Office of the Premier.
- **Secured high-level commitment.** For example, the MEC for Education, Mr. J Makgato, was the keynote speaker when the project was launched officially in the four districts and accompanied the Director of the HIV and AIDS and Social Planning Directorate to the HIV and AIDS Implementers Conference in Kampala, Uganda where the Director gave a presentation about the project.



- Demonstrated that schools can act as a focal point for integrated and coordinated service delivery for OVC** and their families. For example, government departments other than Education are using school visits and mobile services to improve awareness of and access to services, such as Identification Document and Birth and Death Certificate applications (Department of Home Affairs), Child Care and Foster Care Grant applications (South African Social Security Agency), accepting Affidavits and Certifying Documents (South African Police Services) and VCT and TB testing (Department of Health). The project has also **improved multisectoral collaboration and coordination**, through multisectoral steering committees in project districts that meet on a monthly basis.
- Catalysed the development and implementation of school-based OVC action plans** which outline OVC care and support initiatives to be implemented within individual schools and their immediate communities.
- Established a system for tracking services and resources accessed by OVC** and their families, using monthly OVC Caregiver and Cluster Manager Reports and a database. At the end of June 2007, the following summary of data was documented:

<b>Grants</b>	
Child Support Grants received	229
Foster Care Grants received	165
Unspecified Grants received	140
<b>HACs trained</b>	<b>100</b>
<b>Child-Headed Households identified</b>	<b>137</b>
<b>Cases of abuse identified</b>	<b>252</b>
<b>Cases of abuse reported</b>	<b>180</b>
<b>Cases of OVC being assisted to visit the clinic and/or Doctor</b>	<b>272</b>
<b>OVC HIV Status discovered</b>	<b>41</b>
<b>Cases of OVC receiving counselling support</b>	<b>89</b>
<b>Uniform donations</b>	<b>778</b>
<b>Food Parcel donations</b>	<b>3952</b>
<b>Drop Out children have returned to school</b>	<b>40</b>
<b>Children supported through a month with homework</b>	<b>692</b>
<b>School vegetable gardens established.</b>	<b>30</b>

- **Contributed to an increase in the number of children and caregivers coming forward to disclose incidents of physical, sexual and domestic abuse** for further referral to the Department of Safety and Liaison and the Department of Justice.
- **Demonstrated that the approach can be** implemented in a range of contexts but achieve similar outcomes. The project has shown equal effectiveness in urban, peri-rural and deep rural areas, indicating that the approach could be replicated in a range of settings and socio-economic contexts.
- **Planned an OVC Project Review Meeting.** The Directorate HIV and AIDS is funding a project review meeting from 16-17 July 2008. The purpose of the meeting is to critically review the project model, share best practice and identify gaps in project delivery. The outcomes will inform the next phase of implementation.



## Challenges

Challenges to implementation include:

- **Working within a short timeframe** – The project was designed to be implemented during a one-year funding timeframe. Training materials and activities were therefore designed to fit within this timeframe, rather than being sequenced over a longer period, and in some cases this resulted in information overload for trainees.
- **Defining vulnerability** – The lack of a clearly agreed definition of ‘vulnerability’ has created difficulties for OVC Caregivers in determining which children and which needs should be given priority. The fact that so many children are vulnerable is a critical challenge. For example, in some schools, the OVC Caregiver only has the capacity to provide support to orphans and children from child-headed households even though there are many other vulnerable children.
- **Generating school ownership** – In some schools, HACs are not active and responsibility for OVC is devolved to the OVC Caregiver. This raises questions about sustainability if the Department of Education were not able in future to continue to pay stipends to OVC Caregivers and Cluster Managers.
- **Establishing effective school clusters** – Much of Eastern Cape Province is rural and the distance between schools in some districts has made it difficult for meaningful school clustering to take place.

- **Barriers to accessing services** – Despite efforts to encourage other sectors to provide services for OVC, inflexible policies and bureaucratic procedures continue to prevent OVC from accessing services to which they are entitled. For example, there have been cases where sick children have not been able to access health services because they do not have Clinic Cards, and are unable to obtain a Clinic Card because they do not have a Birth Certificate. Obtaining a Birth Certificate from the Department of Home Affairs remains a challenge if deceased parents did not leave the necessary documentation in place before they died. There are also reports of lack of co-operation from the South African Police Services in following up cases of child abuse and arresting perpetrators. The heavy caseload of social workers also hampers efficient provision of welfare services for OVC. At the same time, OVC Caregivers have identified some cases where families are claiming social welfare grants to which they are not entitled and this has required sensitive handling.

### **Lessons learned**

Lessons learned from implementation of the Caring Together project include:

- Adequate time for implementation is required to ensure that project activities are institutionalised within school structures and will be sustained beyond the project timeframe.
- Seven days of training for Caregivers was insufficient. The process of applications for grants and Identification documents was problematic for Caregivers as they did not have the necessary knowledge of procedures and what documentation is required. Caregivers also need to be taken through a comprehensive course on counselling children.
- Comprehensive school-based care and support and an integrated and coordinated approach require the involvement of other directorates within the Department of Education apart from HIV and AIDS, including directorates responsible for school health, nutrition and welfare.
- Cost sharing between government and donor from the outset contributes to government ownership and support, and is critical to longer-term sustainability. The Department of Education has made a commitment to continue funding of stipends for OVC Caregivers and Cluster Managers when DFID funding ends and has budgeted for expansion of the project approach to an additional 100 schools in Eastern Cape.
- Political and education department support has been critical to success to date, and the continued support of the Superintendent General and the MEC for Education in Eastern Cape offer the potential for further expansion in future. However, significant scale up, effective coordination and longer-term sustainability of comprehensive services will also depend on the development of an overall Care and Support Strategy within the Eastern Cape Department of Education and with other government and civil society partners.