



DFID MSP PROJECTS: OVC CARE AND SUPPORT IN 100 EASTERN CAPE SCHOOLS

Project Title: Development and implementation of OVC care and support in 100 primary schools in four districts in Eastern Cape

Service Provider: Health and Development Africa (HDA)

Partner: Eastern Cape Department of Education (ECDOE)

Aim

The MSP funded HDA to support the Eastern Cape Department of Education (ECDOE) to pilot school-based care and support for orphans and vulnerable children (OVC) in 100 schools between May 2007 and July 2008. The rationale for this approach was that schools can act as a focal point for integrated and coordinated service delivery. This is an appropriate policy for South Africa, which has a school enrolment rate of around 80% and where the education sector has sustained contact with children, particularly those aged 7-13.

Specific project objectives were to:

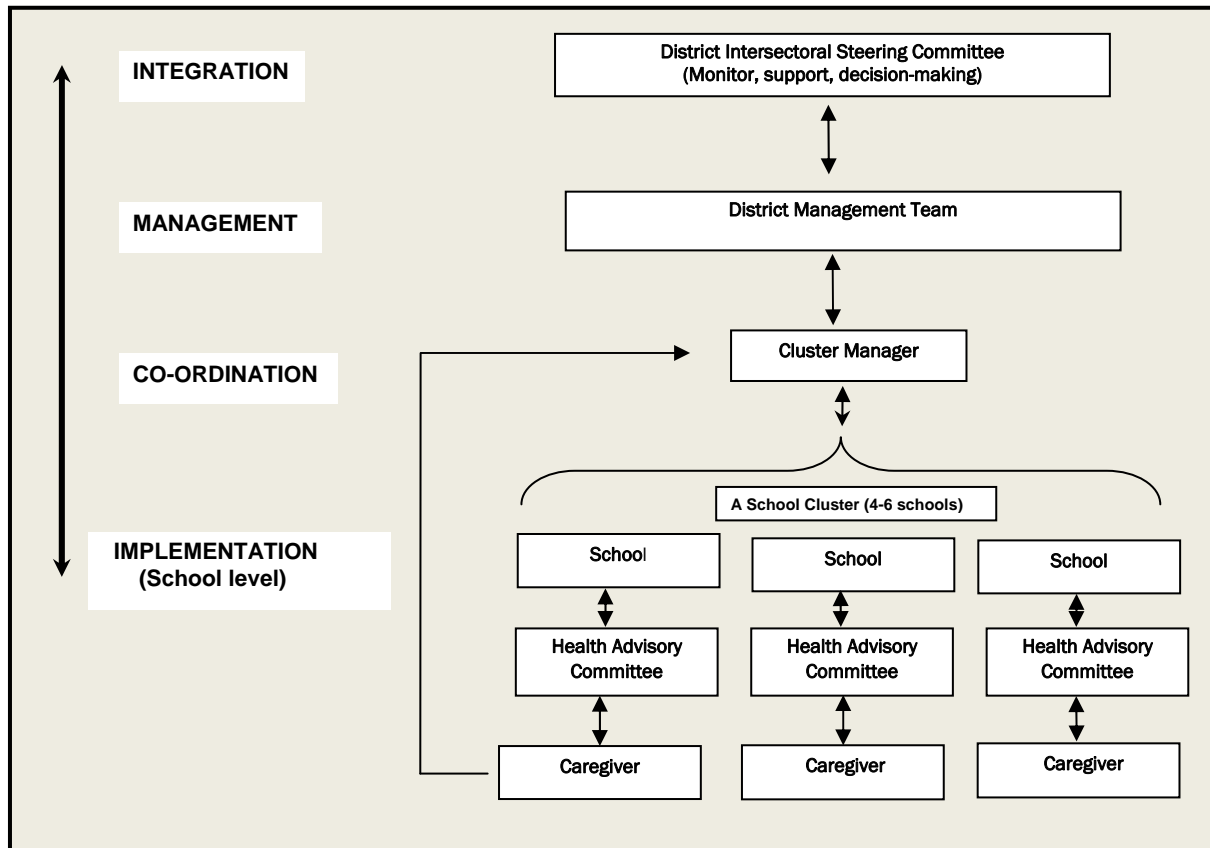
- Create a safety net for OVC using school-based structures;
- Improve the quality of life of OVC by linking them to services and resources and establishing referral mechanisms for OVC requiring health, welfare and child protection services;
- Increase food security for OVC through food gardens and school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

Project description

The project was implemented in the following districts and schools in the Eastern Cape:

District	Number of schools	Number of care givers	Number of 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
TOTAL	100	100	20	

The main criterion used to select project districts and schools was the presence of high number of double orphans, based on school returns submitted through the Education Management Information System. Socio-economic profile was also used to select project districts. The following graphic depicts the model of care and support and structures developed by the ECDOE and HDA:



- A District Intersectoral Committee in each project district promotes a multi-sectoral approach to care and support of OVC. Committee members include representatives from the Eastern Cape provincial departments of Education, Social Development, Health, Home Affairs, Justice and Safety and Security; and local municipalities.
- A District Management Team in each district manages school-based interventions for OVC.
- OVC Caregivers are attached to each school and paid a monthly stipend by the ECDOE.
- OVC Cluster Managers, who are also paid a monthly stipend, work across a cluster of 4-6 schools to support to OVC Caregivers. Cluster Managers also provide progress reports to the District Management Team.
- A Health Advisory Committee (HAC, a sub-committee of the school governing body) in each school is responsible for developing and implementing health and wellness policies and interventions for teachers and learners including an appropriate response to HIV and AIDS.

Caregivers and Cluster Managers work in collaboration with the Health Advisory Committee to:

- Promote the project aims and objectives within school communities.
- Conduct a community audit and develop a database of available services for OVC.
- Identify OVC in the school and develop an action plan for school support to OVC.
- Provide specific support to OVC, for example: accessing identification documents, birth and death certificates, affidavits and social grants; conducting home visits to assess children's home situation and 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; establishing links with organisations that provide home-based care for sick parents so that children do not miss school to look after them; establishing school food gardens; collecting and distributing food and clothing; supervising homework; and supporting OVC drop-outs to return to school.

In its first year the project was able to:

- Implement capacity building for Caregivers, Cluster Managers and Health Advisory Committees to enable them to offer quality care and support;
- Generate significant support from the wider community including the private sector and community organisations, in the form of donations of food, school uniforms, stationery and seeds for food gardens;
- Show that schools can act as a focal point for integrated and coordinated service delivery for affected children and their families;
- Catalyse the development and implementation of school-based OVC action plans within individual schools and their immediate communities;
- Contribute to an increase in the number of children and carers coming forward to disclose incidents of physical, sexual and domestic abuse for further referral;
- Demonstrate that the approach can be implemented and achieve similar outcomes in a range of contexts and settings; and
- Establish a system for tracking services and resources accessed by OVC and their families, using monthly Caregiver and Cluster Manager reports and a database. At the end of the project, the following summary of data was documented:

Grants	
Child Support Grants received	229
Foster Care Grants received	165
Unspecified Grants Received	140
HACs established and functioning	100
Child-headed households identified	137
Cases of abuse disclosed	252
Cases of abuse reported	180
OVC assisted to visit the clinic or doctor	646
OVC HIV status disclosed	41
Cases of OVC receiving counseling support	89
Donations of school uniforms	778
Donations of food parcels	3952
Drop out children returned to school	40
OVC supported with homework	692
School food gardens established	30

Lessons learned

These include:

- Adequate time for implementation is required to ensure that activities are institutionalised within school structures and will be sustained beyond the project timeframe. This is particularly important for Health Advisory Committees, which will need to drive the initiative should Caregiver stipends not continue to be funded by government.
- Comprehensive school-based care and support and an integrated and coordinated approach require the involvement of other ECDOE directorates apart from HIV and AIDS, including those responsible for school management and governance, inclusive education, curriculum management, nutrition and welfare services.
- Cost sharing between government and donors from the outset contributes to government ownership and support and is critical to longer-term sustainability.
- An overarching provincial policy for OVC and care and support is critical to ensure that all relevant government departments are involved in addressing the needs of OVC and to guide implementation at school and community level.

The ECDOE Directorate of HIV and AIDS and Social Planning has planned and budgeted to sustain and scale up the project from August 2008. Approximately 35% of the Directorate's budget has been allocated to sustain the initiative in the current 100 schools and to expand to a further 100 schools. Funding has been approved for payment of stipends to Caregivers and Cluster Managers in these 200 schools and for a tender for a service provider to support continued implementation.