hlsp

MSP THEMATIC BRIEF – ORPHANS AND OTHER CHILDREN MADE VULNERABLE BY HIV AND AIDS

Experiences, achievements and lessons learned from MSP projects in Eastern Cape and Limpopo Provinces

South Africa has an estimated 5.5 million adults and children living with HIV. The South African response to HIV and AIDS is guided by the National HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP). The NSP aims to reduce the rate of new HIV infections by 50% by 2011 and to reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all positive people and their families by 2011.

The South Africa Multisectoral HIV & AIDS Support Programme (MSP), funded by the UK Department for International Development (DFID), is contributing to a reduction in the number of new HIV infections and is mitigating the impact of the epidemic through support for a strengthened national response. Care and support for children affected by HIV and AIDS is a priority for the NSP and, hence, for the MSP.

This thematic brief:

- provides an overview of the challenges and issues facing orphans and other children made vulnerable by HIV and AIDS (OVC) in South Africa and the current government response,
- and describes MSP projects that aim to address the needs of OVC through policy development, capacity building, piloting models of care and support, research and evaluation.

The needs of OVC in South Africa

South Africa has over 18 million children – more than a third of the population – of whom 60% are living in poverty. The HIV epidemic has contributed to a rise in the under-five mortality rate, which increased from 65/1,000 in 1990 to 75/1,000 in 2006 (ASSA, 2006). The prevalence of HIV in children under 18 has almost doubled from 1.2% in 2000 to 2.1% in

2006 with prevalence in children under five increasing from 2.2% to 3.6% in the same period. Most HIV infection in children is due to mother-to-child transmission during pregnancy, delivery or breastfeeding.

The epidemic has also resulted in an increase in OVC. The number of orphans is expected to rise significantly as the epidemic matures and adult AIDS mortality increases. It is estimated that, by 2015, South Africa will have 5.7 million children – a third of all children in the country – who have lost one or both parents (MRC, 2007).

OVC face many challenges including:

- Responsibility for caring for sick and dying parents and for younger siblings.
- Anxiety, stress and bereavement.
- Stigma, discrimination and vulnerability to exploitation and abuse.
- Lack of parental guidance and support.
- Lack of resources to meet basic needs such as food, shelter, education and health care.

These challenges can have an adverse impact on children's psychological and physical well being, school attendance and educational achievement, and development of knowledge, skills and values for constructive participation in society. The growing number of OVC also has wider social and economic implications in terms of, for example, increased juvenile crime, reduced literacy and employment prospects, and rising welfare costs.

The Government of South Africa is addressing the needs of OVC through provision of free education and health care, social grants, psychosocial support, skills training and measures to deal with cases of child abuse, neglect and exploitation. The Children's Amendment Bill, passed by the National Assembly in 2007, also makes provision for child-headed households.

The Department of Social Development (DSD), which is mandated to implement a comprehensive response to the needs of OVC, has developed a Policy Framework and National Action Plan. Current initiatives include the following:

- *Database of OVC* – The DSD is in the process of developing a national database of OVC, which includes child-headed households.
- *Home Community Based Care (HCBC)* – The provision of services for OVC through HCBC programmes implemented by 1,700 organisations throughout the country.
- *Drop-in centres* – The DSD has established drop-in centres where OVC and children from child-headed households are given meals, homework supervision and life skills training.
- *Child Care Forums (CCFs)* – There are approximately 600 CCFs throughout the country, working closely with social workers, welfare organisations and community structures.
- *Foster care* – The DSD is collaborating with the Departments of Justice and Constitutional Development and Home Affairs to reduce the backlog in foster care placements. The Children's Amendment Bill includes a provision for placement of children with a family member. The DSD has also introduced a cluster foster care scheme managed by non-profit organisations, which makes provision for care of groups of up to six children.
- *Provisions of Grants* – As of December 2007, 8 million poor children were receiving Child Support Grants, 462,294 children were receiving Foster Care Grants and 100,681 children with disabilities were receiving Care Dependency Grants.
- *Community caregivers* – The DSD is working with the Department of Health to develop a Regulatory Framework to standardise conditions for the recruitment, employment

and remuneration of community caregivers as well as working jointly with the Health and Welfare Services Skills Education and Training Authority (HWSETA) to facilitate the accreditation of service providers to train these caregivers.

Coordinated efforts involving different government departments, NGOs and the private sector are required to meet the range of needs of OVC. The DSD works in partnership with other government departments, with NGOs and FBOs, and with international donors. The latter includes partnerships with UNICEF to roll out CCFs in all provinces, German Development Bank to conduct a situation analysis of child-headed households and the Japanese International Co-operation Agency to develop an integrated M&E system for the HCBC programme.

MSP-funded projects

The DSD also works in partnership with DFID through the MSP, which funds projects that promote multisectoral collaboration and build the capacity of organisations delivering care and support services for OVC. The following table summarises MSP-funded projects, described in more detail below, which aim to address the needs of OVC in Limpopo and Eastern Cape provinces.

Project	Service Provider	Partner	Timeframe
Supporting comprehensive HIV prevention for mothers and children in Limpopo	ECHO Project (University of Limpopo and University of the Witwatersrand)	Limpopo Department of Health and Social Development (DHSD)	August 2007 – September 2008
Evaluation of services rendered at drop-in centres and children's homes in Limpopo	Akena Research, Evaluation and Consulting	Limpopo Department of Health and Social Development (DHSD)	November 2007 – September 2008
Development of an OVC policy for the Limpopo Department of Health and Social Development	Health and Development Africa (HDA)	Limpopo Department of Health and Social Development (DHSD)	August 2007 – July 2008
Organisational capacity building programme for CBOs in Eastern Cape	The Barnabus Trust	Eastern Cape AIDS Council (ECAC)	October 2006 – July 2008
Capacity building for social workers providing services to OVC and HIV and AIDS affected households in Limpopo	CHOICE Trust	Limpopo Department of Health and Social Development (DHSD)	September 2007 – May 2008
Development and implementation of OVC care and support in 100 primary schools in four districts in Eastern Cape	Health and Development Africa (HDA)	Eastern Cape Department of Education (ECDOE)	May 2007 – July 2008

Supporting comprehensive HIV prevention for mothers and children in Limpopo

Young children with HIV mostly acquire the infection through mother-to-child transmission either during pregnancy, delivery or breastfeeding. Prevention of mother-to-child transmission (PMTCT) interventions are cost-effective and can reduce the rate of transmission to less than 5%. Given the cost of life-long care and treatment for an HIV-infected person, it makes both public health and economic sense to strengthen PMTCT services. Empirical evidence also indicates that early identification of HIV-positive children for care and treatment improves both the quality and length of their lives.

The 2005 National HIV Antenatal Prevalence Survey found that 21.5% of mothers tested in antenatal clinics in Limpopo were HIV positive. Challenges in rolling out PMTCT services in Limpopo, and sub-optimal uptake of available services, have resulted in an estimated 27,000 children who are infected with HIV and require treatment. However, less than 1,000 of these children are currently receiving ARVs. Although ART sites in the province are scaling up services, the main focus is on care and treatment for adults and health care workers lack the experience and confidence to manage children with HIV.

To address this, the MSP contracted a multidisciplinary team from the University of Witwatersrand Paediatric HIV Clinic and the University of Limpopo Department of Paediatrics to develop the capacity of health workers at ART sites to provide comprehensive care and treatment for HIV-infected and affected mothers and children. The Enhancing Children's HIV Outcomes (ECHO) team comprises a project manager, medical doctor, primary health care nurse, HIV trainer and community worker, and an administrator. The team is working with six hospitals (five in Vhembe district and one in Mopani district) and 12 primary health care sites in Limpopo to strengthen:

- Provision of PMTCT as part of antenatal care and in hospitals.
- Early testing using DNA PCR to identify infants with HIV.
- Management of children on ARVs.
- Identification and care of infected and affected children in communities.

By the end of the project, the team expects to achieve the following:

- 300 children and 190 pregnant women initiated on ART.
- 90% of pregnant woman attending project sites have access to HIV counselling and testing.
- 60% of infants of mothers receiving PMTCT interventions receive DNA PCR testing.

As of June 2008, 182 children and 54 pregnant women had been initiated on ART. There is an upward trend in the number of children initiated on ART at each of the six hospitals. An increase in the number of women accessing HAART is also anticipated, following the recent shift to management of HIV-positive pregnant women at high-risk obstetric clinics. In addition, DNA PCR testing of HIV-exposed infants at six weeks has been introduced in all sites supported by the project.

Evaluation of services rendered at drop-in centres and children's homes in Limpopo

Drop-in centres (DICs) typically provide meals, homework supervision and skills development opportunities for OVC. The Limpopo Department of Health and Social Development (DHSD) has funded DICs since 2006 and plans to increase the number of government-funded DICs in the province from 167 to 327 in 2008-2009. There are also a growing number of DICs that are not funded or regulated by government and the DHSD identified the need to evaluate the services provided by these centres and by children's homes, service coverage and the range of services required to provide holistic support to OVC.

In response to a request from the DHSD, the MSP contracted a consortium consisting of Akena Research, Evaluation and Consulting, Development, Training and Facilitation Institute (DevFTI), Faculty of Management and Law at the University of Limpopo and Research Methods, a Limpopo-based research company, to conduct the evaluation and specifically to:

- ascertain the nature and scope of services provided by DICs and children's homes.
- assess whether these services confirm to draft national and provincial norms and standards.

- identify the strengths and weaknesses of these institutions in addressing the needs of OVC.
- make recommendations for strengthening services offered by DICs and children's homes.

The evaluation includes a comprehensive assessment of a sample of 25% of DICs and three children's homes. The evaluation design has two components – an external evaluation of DICs and children's homes by evaluators and by the children themselves, and an internal evaluation by DIC and children's home staff. The latter includes seeking staff views about the quality of material support (e.g. food and clothing) and professional services (e.g. social services and access to grants) and difficulties experienced by staff in providing quality services.

Prior to the comprehensive assessment, the evaluation questionnaires were piloted in 21 DICs in Capricorn District. The main evaluation findings will be made available in October 2008 and the consortium will produce a provincial report and five district reports as well as a database of DICs.

Key findings from the 21 DICs covered by the pilot study include:

- All DICs receive government funding; 48% receive top-up funding from other donors; 43% receive food and training from the DHSD.
- The number of staff employed at DICs ranges from 4-31 (average 12); 86% of staff are female and 67% are aged under 50 with most aged 30-44.
- The number of children catered for by DICs ranges from 49-679 (average 171); most children attending are aged 5-14.
- Door-to-door campaigning and school referrals are the most common methods used to identify children.
- All DICs provide food and assist children and their families to apply for grants; most children said that the main reason for attending is that there is no food at home; children also liked the togetherness and hospitality offered by the centres.
- Children are generally not involved in decision making at DICs.
- Major challenges facing DICs are financial constraints, inadequate educational equipment and infrastructure.
- Most DICs attempt to keep asset registers, caregiver profiles, income and expenditure records, minutes of staff meetings, lists of beneficiaries and NPO license; most do not have activity plans and budgets.

Drop-in centres are an effective mechanism for meeting the basic needs of OVC at community level and the DHSD has made a strong commitment to fund an increased number of these centres. It is anticipated the evaluation findings will support the development of minimum service standards that ensure children are cared for and protected and that their rights are respected. In addition, the database will assist the DHSD to regulate services provided by centres that are not funded by government.

Development of an OVC policy for the Limpopo Department of Health and Social Development

In 2007, the Limpopo DHSD identified the need to develop a provincial policy, based on the National Policy Framework for OVC and adapted to the provincial context, to guide planning and implementation of care and support for OVC. The MSP contracted Health and Development Africa (HDA) in August 2007 to assist the DHSD to develop the provincial OVC policy including involving children in the policy development process.

Methods used to develop the policy included:

- Literature review – HDA conducted a review of relevant international literature and of all national and provincial OVC policies
- Child participation workshop – Children were selected from organisations working with OVC in all five districts in the province. The workshop process had two stages. In the first stage, participatory methods were used to collect information and experiences from the children. In the second stage, participatory methods including drama and debate were used to obtain feedback from children on the draft policy. The workshop process and methods were presented at the HIV and AIDS Implementers Conference in Uganda and the International HIV and AIDS Conference in Mexico.
- Consultation and review – A departmental policy reference group and a broader stakeholder group were consulted on the conceptual framework and subsequent drafts of the policy. A legal and child rights review of the draft policy was also undertaken.

The Provincial Policy on Orphans and Children made Vulnerable by HIV and AIDS, which details specific provisions in four key areas – child survival, child development, child protection and child participation – has been finalised. Its goal is for every child in Limpopo Province who is orphaned or made vulnerable by HIV and AIDS to be protected and supported in order to achieve their full potential – physical, intellectual, social, emotional and spiritual – and to realise their rights.

To achieve this goal, the objectives set out in the policy are for OVC to:

- Have their basic survival needs met.
- Develop to their full potential.
- Be protected from all forms of abuse, exploitation and discrimination.
- Participate fully and meaningfully in all matters affecting their lives.
- Access holistic and appropriate services from all government and non-government duty bearers and providers.

HDA has also assisted the DHSD to produce an abridged, popular version of the policy written in plain language that can be translated into local languages at a later stage, a Framework and Implementation Guidelines for the policy, and a Code of Conduct for Child Participation Activities for adults working with OVC. Although the guidelines include a framework for monitoring policy implementation, detailed indicators that are in line with relevant OVC-related indicators in provincial and national policies and plans still need to be developed.

The DHSD is planning a formal launch of the policy for all relevant stakeholders and orientation sessions for representatives from key sectors to ensure a clear understanding of their respective roles in implementing the policy. The popular version of the policy will be disseminated through existing DHSD channels and NGOs funded by the department.

Capacity building for social workers providing services to OVC and HIV and AIDS affected households in Limpopo

To improve the provision of care and support to OVC and households affected by HIV and AIDS, the Limpopo DHSD identified the need for a comprehensive training programme for social workers to improve their knowledge and skills for working with OVC at drop-in centres and children's homes.

In response, the MSP funded CHOICE Trust to develop and implement a capacity building programme for social workers. The DHSD identified 30 social workers from across the province for capacity building, selecting those working with HIV infected and affected

children and with drop-in centres. CHOICE, in collaboration with FAMSA, developed an accredited training course using an outcomes-based, learner-centred approach and comprising the following topics:

- HIV and AIDS and STI
- Group therapy
- Children's rights and identifying children's needs
- Counselling of children
- Integrating counselling with cultural belief systems
- Play therapy
- Trauma and bereavement counselling

Social workers were trained in two groups of around 15 participants in a residential facility over a period of four weeks. On-site visits carried out after the training provided social workers with support and assessed the extent to which they were able to apply their new knowledge and skills. Social workers were also required to complete a workplace assignment in order to meet the requirements of the training programme. The training had the following positive outcomes:

- Analysis of pre- and post-test results on the HIV and AIDS and STI module showed significant improvements in knowledge. This is important as social workers were initially resistant to participating in this module, because they thought that the content would only confirm what they already knew.
- Prior to the training, social workers based at drop-in centres tended to give priority to provision of food. After the course, social workers were aware of the importance of also addressing the emotional and psychosocial needs of children.
- The workplace assignment helped social workers to reflect on their work, identify gaps and take a more holistic approach to the care and support of OVC. The assignment also highlighted the importance of collaborating with community-based health workers.
- The training provided social workers with an opportunity to share their experiences with colleagues and to find solutions to common problems. They also identified the need to network more in future in order to discuss difficult cases.

Lessons learned from this project include:

- Training modules need to be implemented over a longer period of time as it was difficult for some social workers to attend a four week residential course because of other commitments. A longer timeframe would also give social workers more time to put what they have learned during training into practice in the workplace.
- Workplace assignments promote networking with other providers of services such as community-based health workers and home-based caregivers.
- Auxiliary social workers also need to be trained to reduce the workload of social workers. Participants also noted that the wide range of responsibilities in their job descriptions prevents them from concentrating on the needs of OVC and suggested that social workers with a passion for children be allowed to focus on this area to improve service delivery.
- Social workers should be registered with HWSETA to ensure recognition of prior learning.

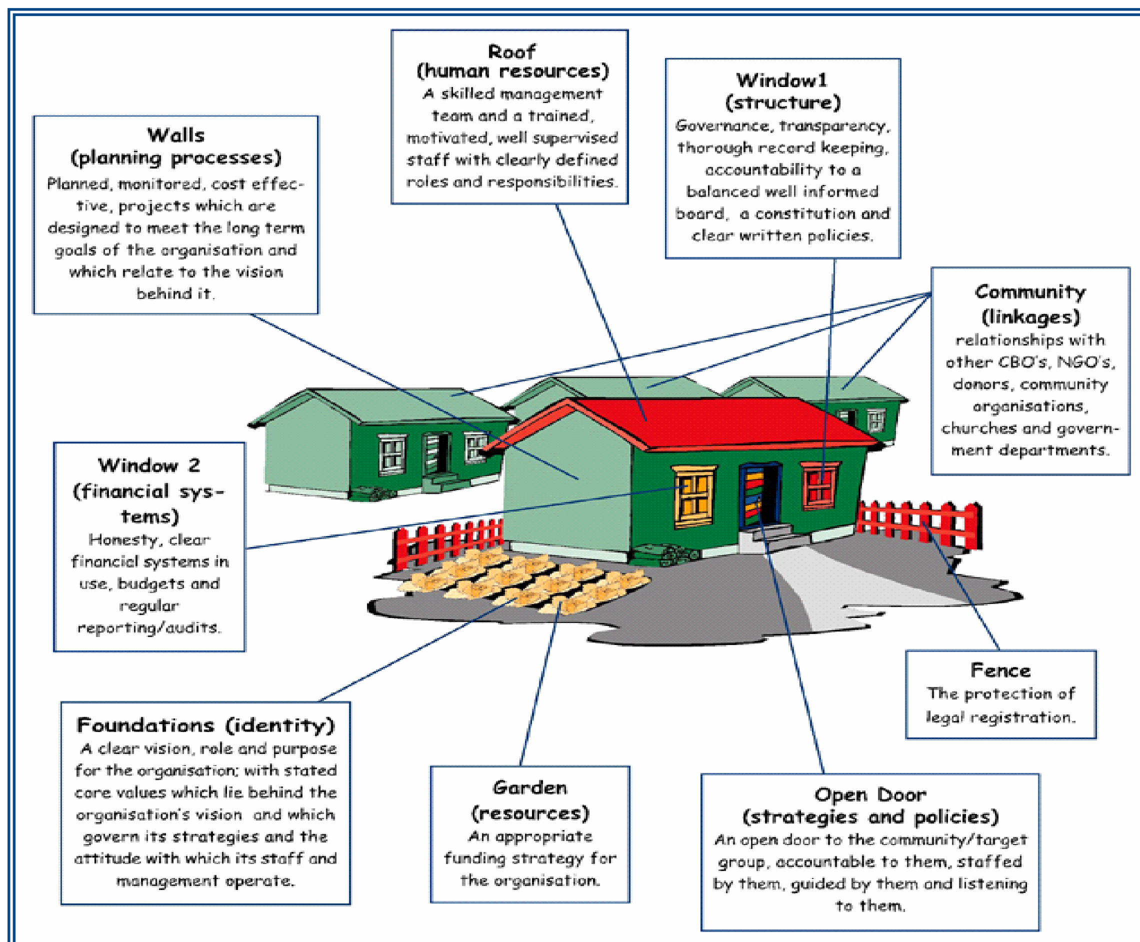
The DHSD plans to scale up this training to more social workers in the province. Use of a training the trainer approach is being considered to accelerate scale up. CHOICE has concerns about whether the current workload of social workers will allow them to fulfil a trainer role and has suggested that training accredited CSOs to conduct the course may be a more feasible approach. There is also potential to include the training course in pre-service

programmes for student social workers and induction programmes for newly appointed graduates.

Organisational capacity building for CBOs in the Eastern Cape

Community mobilisation to address the needs of OVC has resulted in a proliferation of small community-based organisations (CBOs) providing support in Eastern Cape province. Although well intentioned, many of these organisations lack the necessary management systems to offer efficient services and to ensure their sustainability.

The MSP funded the Barnabus Trust between October 2006 and July 2008 to implement a CBO capacity building programme. Fifteen CBOs providing support to OVCs participated in the programme, which included organisational assessment, basic financial management, book keeping and monitoring seed funding, and training on developing and implementing programmes for OVC, the priority service delivery area identified by CBOs. Capacity building was provided through a combination of training workshops, mentoring and follow-up support for the establishment of organisational systems and structures, with the ultimate objective of developing effective, sustainable organisations as illustrated below.



The project has achieved a number of positive outcomes:

- CBOs have put in place systems and structures, for example, constitutions, governance structures including boards of directors, mission statements, strategic and operational plans; legal registration, human resource policies and procedures including job descriptions and contracts, budgets and financial record-keeping and reporting systems.

- Barnabus Trust is in the process of establishing a resource centre to ensure CBOs have access to learning materials, computer and photocopying equipment and the internet.
- CBOs have improved their services for OVC as a result of better management systems and also report a decrease in stigma and an increase in community acceptance and support of infected and affected children.
- Some CBOs have successfully raised funds as a result of training and mentoring in fund raising and proposal writing.

Lessons learned from the project include:

- The need to extend follow-up to allow adequate time for CBOs to become fully capacitated and sustainable.
- The need to register mentoring organisations as accredited service providers with HWSETA to promote sustainability.
- The need to explore the potential role of CBOs that have an established track record of achievement and sound fiscal management, and are accredited with HWSETA, as intermediate grant managers and providers, given the difficulties emerging CBOs experience in securing direct funding for their activities.

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

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

Specific project objectives were to:

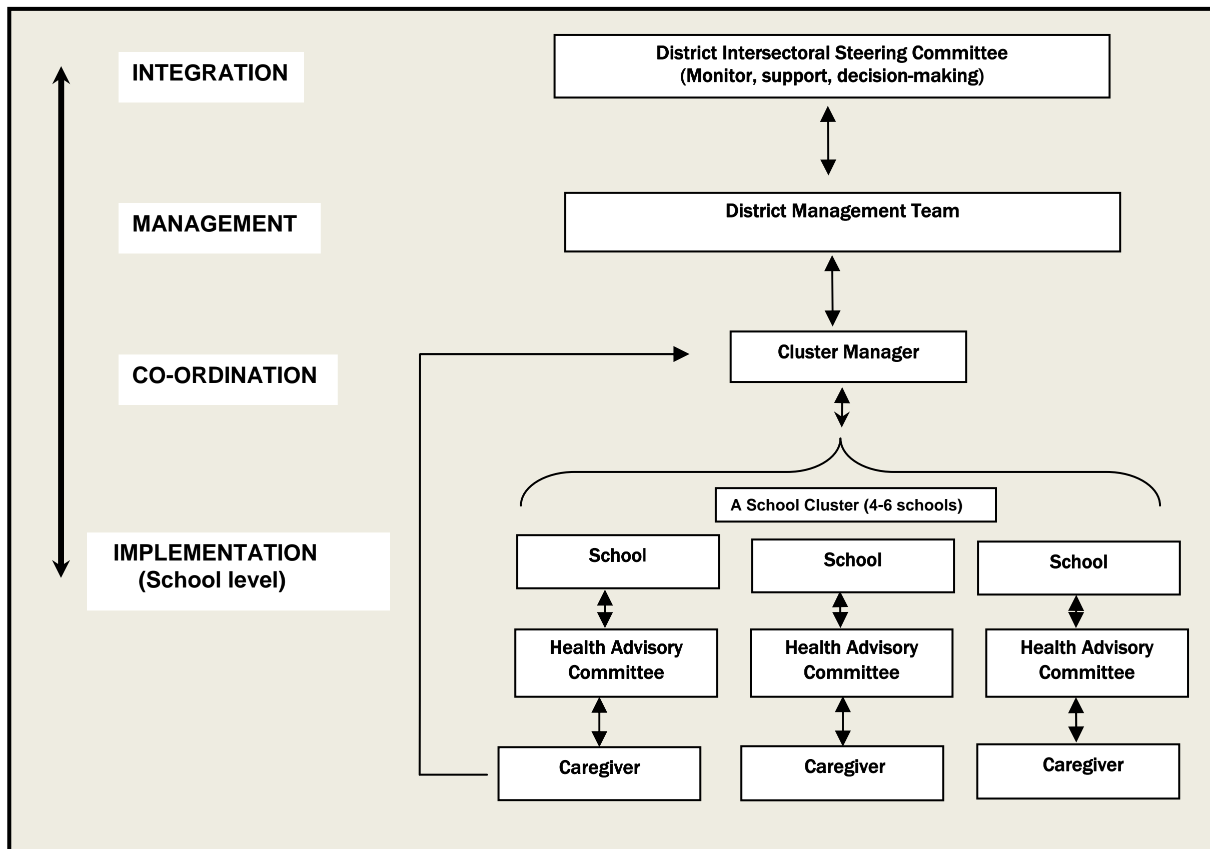
- Create a safety net for OVC using school-based structures.
- Improve the quality of life of OVC by linking them to services and resources available from government departments, NGOs, CBOs and FBOs, and establishing referral mechanisms for OVC requiring health, welfare and child protection services.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

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 a 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 (DIC) in each project district promotes a multisectoral approach to care and support of OVC. Committee members include representatives from the ECDOE, Departments of Social Development, Health, Home Affairs, Justice, 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 OVC Caregivers. Cluster Managers also provide progress reports to the District Management Team.
- A Health Advisory Committee (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 CBOs that provide HCBC 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 less than a year, the project has:

- Implemented capacity building for Caregivers, Cluster Managers and Health Advisory Committees to enable them to offer quality care and support to OVC.
- Generated 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.
- Shown 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).
- Catalysed the development and implementation of school-based OVC action plans within individual schools and their immediate communities.
- Contributed to an increase in the number of children and carers coming forward to disclose incidents of physical, sexual and domestic abuse for further referral.
- Demonstrated that the approach can be implemented and achieve similar outcomes in a range of contexts. The project has been equally effective in urban, peri-rural and deep rural areas, indicating that the approach could be replicated in a range of settings.
- Established 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 Foster Care Grants received Unspecified Grants Received	 229 165 140
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 counselling 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 from the project 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 donor 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: 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.

Conclusion

By the end December 2008, the MSP will have allocated around R16 million on the projects described in this brief. Although partners have requested further technical assistance to ensure the long term sustainability of activities, these projects have played an important role in testing new approaches to care and support for OVC or influencing the development of related policies.

For example, the development of a provincial OVC policy for Limpopo will provide an overarching framework for care and support, helping to expand and improve action for OVC and to improve coordination, communication, information sharing and distribution of resources between government, civil society and the private sector.

The training and support provided to social workers through the CHOICE project has helped to raise the profile of OVC care and support within their broader roles and responsibilities. As discussed earlier, the DHSD intends to scale up the training to more social workers across the province in future to improve the quality of services rendered to OVC and their families. The accredited status of the training provides an incentive for social workers to complete the course as part of their on-going professional development.

The findings from the evaluation of drop-in centres and children's homes in Limpopo, which is expected to enhance the effectiveness of these centres, will also improve services provided to OVC. The findings will also inform the development of minimum service standards, which will ensure that all centres, including those not currently funded by government, provide quality care and support. In addition, the development of a comprehensive database of drop-in centres will help the DHSD to improve planning and implementation of social services for OVC in Limpopo.

In Eastern Cape, the development of a school-based approach to care and support for OVC is an important initiative, since it gives the Department of Education a central role and advocates for a mandate for schools that goes beyond teaching and learning to address the physical, intellectual, social, emotional and spiritual needs of the child. The success of the pilot has resulted in ECDOE commitment to sustain and scale up the approach with a budget allocation of R9 million from the provincial HIV and AIDS Conditional Grant.