EVALUATION OF THE SUCCESS OF THE CENTRE FOR POSITIVE CARE'S ORPHAN AND VULNERABLE CHILDREN PROGRAMME IN VHEMBE DISTRICT OF SOUTH AFRICA

By

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A dissertation submitted in fulfilment of the requirements of the Masters in Rural Development (MRDV) Degree

Institute for Rural Development

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DECLARATION

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ABSTRACT

Since the Centre for Positive Care (CPC)-run orphan and vulnerable children (OVC) programme was established in 2005, it has never been systematically evaluated. Its impact in the community is still unknown. This study was conducted to determine the success of the OVC programme in terms of its relevance, effectiveness, impact and sustainability. The study was carried out in Makhado, Musina and Thulamela Municipalities of Vhembe District in Limpopo Province of South Africa. Five hundred and one (501) respondents, who included OVC, Child Care Forum coordinators, caregivers, CPC programme staff and representatives of community-based institutions, participated in this study. Multiple data collection tools such as questionnaires that required responses on a Likert-type scale, personal reflection stories, a well-being assessment guide, focus group discussions and key informant interviews were used. Quantitative data were analysed using the Statistical Package for Social Sciences (SPSS) version 19.0 for Windows. Cross-tabulations and frequencies were computed to compare the level of satisfaction amongst caregivers and CCF coordinators with respect to the CPC-run OVC programme. Inferential statistics were conducted to test whether there were any differences between the perceptions of OVC coordinators and those of caregivers. The Shapiro-Wilk test was conducted to determine if the data were normally distributed. Two sample t-tests were then carried out for each perception.

In general, the means for the perceptions of the OVC coordinators were higher than those for caregivers. With respect to programme relevance, the means for the perceptions, "there was a need to implement the OVC programme in their communities" and "ordinary community members have always been involved in the programme from the time it was introduced" were significantly lower for OVC coordinators than for caregivers ($P < 0.05$). Lower means for the perceptions of OVC coordinators compared to caregivers were observed for "the CPC-run OVC programme was well introduced in their communities" and "relevant stakeholders were involved in decision making from the beginning of the OVC programme" ($P < 0.01$). The mean for the perception that "all villages with OVC were covered" was much higher ($P < 0.001$) for the caregivers compared to OVC coordinators. Regarding the effectiveness of the CPC-run OVC programme, the means for the perceptions that "adequate support was provided by CPC staff members" and "debriefing sessions were held at least once a year for emotional support" were significantly lower for OVC coordinators than for caregivers ($P < 0.05$). It was found that OVC coordinators agreed more than carers with the perception that "training was provided on an on-going basis and also when needed" ($P < 0.01$). To a larger extent, OVC coordinators agreed much more than caregivers with the view that "data verifications were done frequently" ($P < 0.001$).

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Regarding the impact of the CPC-run OVC programme, there were no significant differences in observations ($P > 0.05$) in all the perceptions of OVC coordinators and caregivers. Both OVC coordinators and caregivers agreed that the programme had made impact.

This study provided evidence indicating that the CPC-run OVC programme made a positive impact in the community. The changes in the lives of OVC were in the form of provision of essential services such as psychosocial care, health and educational support, child protection and household economic strengthening. Community-based institutions and all the children who participated in this study reported that they had benefited from the CPC-run OVC programme in various ways. Although there was a notable improvement in the lives of children, households and the community at large, various challenges impeded the smooth operation of the CPC-run OVC programme. Lack of standardised salaries, inadequate structures to use as children resource centres and changes in the political landscape were cited as the challenges to successful implementation. With regard to the sustainability of the OVC programme, most CCFs indicated that they did not have their own funding to supplement that from the donor. However, in spite of the inadequate stipend received, members of CCFs demonstrated great passion for serving the OVC. One volunteer summed this up quite eloquently, viz. "*Nne a thina ndavha nauri ri a wana kana a ri wani masheleni a ndivhuwo, ndi to u funa u shuma na vhana*" (I do not care if we get a stipend or not, I just love to work with children*)*. It was evident from this study that in order to provide quality care services to OVC, there was a need for strengthening coordination among various players at national, provincial, district and local Municipality levels.

Key words: Evaluation, success, impact, effectiveness, sustainability, relevance, orphans and vulnerable children, non-governmental organisations, Child Care Forums.

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To my wife Lufuno Mavhandu Ramarumo, my first born son Rolivhuwa Junior Caleb Ramarumo and my late grandmother, Seleminah Ramarumo

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ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to the Almighty God for guiding me as well as giving me the power and strength to work on this dissertation.

Special thanks go to my supervisors, Professor J. Francis and Dr J. Zuwarimwe for successfully directing me towards the finishing line.

I am indebted to all the research participants, who included the Centre for Positive Care staff members, Child Care Forum coordinators, caregivers, orphans and vulnerable children and a range of community-based stakeholders. Without their participation my study would not have been successfully completed.

I also wish to give special thanks to Mrs Linda Johnson and Mr E Harshfield who proof read and edited this whole dissertation.

Let me extend my special gratitude to my wife, Lufuno Mavhandu Ramarumo, who supported me throughout this academic journey. My parents and family members, viz: Gilbert, Selinah, Mashudu, Rose, Daveton, Tshilisanani, Khathutshelo and Portia, inspired and encouraged me throughout my studies. May the Lord continue to bless them all!

Fellow students, in particular Butho Ndhlovu and Susan Tshikotshi, selflessly shared their knowledge with me. Their support spurred my confidence to soldier on especially when everything seemed impossible. Members of staff in the special collection and reserve sections of the University of Venda library rendered considerable professional support.

The National Research Foundation (NRF) of South Africa (Scarce Skills Scholarships Programme) funded the research activities.

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ABBREVIATIONS AND ACRONYMS

AIDS	:	Acquired Immunodeficiency Syndrome
CBOs	:	Community Based Organisations
CCFs	:	Child Care Forums
CDC	:	Centers for Diseases Control and Prevention
CDWs	:	Community Development Workers
CPC	:	Centre for Positive Care
DACCA	:	District Action Committee for Children Affected by HIV and AIDS
DSD	:	Department of Social Development
FBOs	:	Faith Based Organisations
HBC	:	Home Based Care
HIV	:	Human Immunodeficiency Virus
HES	:	Household Economic Strengthening
MRDV	:	Masters in Rural Development
NACCA	:	National Action Committee for Children Affected by HIV and AIDS
NDI	:	Non-profit Development Institute
NGOs	:	Non-Governmental Organisations
NPO	:	Non-profit Organisation
NRF	:	National Research Foundation
OECD	:	Organisation for Economic Co-operation and Development
OVC	:	Orphans and Vulnerable Children
PACCA	:	Provincial Action Committee for Children Affected by HIV and AIDS
PEPFAR	:	President's Emergency Plan for AIDS Relief
PMCT	:	Prevention of Mother to Child Transmission
PSG	:	Project Support Group
RDP	:	Reconstruction and Development Programme
SADC	:	Southern African Development Countries
SANGOCO	:	South African National Non-Governmental Organisation Coalition
SASSA	:	South African Social Security Agency
SCUK	:	Save the Children United Kingdom
SPSS	:	Statistical Package for the Social Sciences
STATSSA	:	Statistics South Africa
STIs	:	Sexual Transmitted Infections
UN	:	United Nations
UNAIDS	:	The Joint United Nations Programme on HIV/AIDS
UNICEF	:	United Nations Children's Fund
UNGASS	:	United Nation General Assembly Special Session
USAID	:	United States Agency for International Development
VSO	:	Voluntary Service Organisation
WHO	:	World Health Organization

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CHAPTER 1 INTRODUCTION

1.1 Background

Throughout the world there is a growing concern about the increase in the number of orphans and vulnerable children (OVC). Although there is no consensus regarding the actual number of orphans in the world, the United Nations Children's Fund (UNICEF, 2009) estimates that there are 163 million children without one or both parents. Approximately, 18.5 million children throughout the world have no parental care (UNICEF, 2009). Even though it varies according to country-specific conditions, various factors make children to be orphans and vulnerable (Oleke, Blystand, Rekdal and Moland, 2007). The factors include diseases, war, conflict, violence, abuse, natural disasters and severe poverty. According to the Save the Children United Kingdom (SCUK, 2009), every year children around the world are thrust into unsafe conditions that threaten their health and safety in addition to exposing them to serious survival and well-being risks.

In sub-Saharan Africa, about 12 million children less than 18 years old have lost one or both parents due to AIDS (Joint United Nations Programme on HIV/AIDS: UNAIDS, 2010). This number of children continues to increase. Southern Africa tops the global statistics with respect to the number of OVC without parental care (Cates, 2010). Although there are many causes of the increase in the number of OVC, HIV/AIDS remains the major factor in many countries (UNAIDS, 2004; UNICEF, 2004; United States Agency for International Development: USAID, 2004; Oleke *et al.*, 2007). The South African government's Department of Social Development (DSD, 2002) lends support to this fact and argues that HIV/AIDS is the most critical factor that undermines development initiatives.

In South Africa, many children are not growing up in safe and secure families (Holborn and Eddy, 2011). They face the associated challenges of poverty and the burden of the effects of the HIV/AIDS pandemic. With almost six million people living with HIV in South Africa in 2009, the pandemic continues to contribute to increased orphanhood and child-headed households (UNAIDS, 2010). The number of children living in child-headed households is rapidly increasing mainly due to an equally worsening AIDS-related adult mortality rate in much of sub-Saharan Africa (Meintjesa, Halla, Mareraa and Boulleb, 2010). This state of affairs strains the systems through which families and communities have traditionally provided care for OVC (Stover, Bollinger, Walker and Monasch, 2007). In response to the global increase in the number of OVC, many HIV/AIDS prevention and care programmes

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continues to be established and implemented worldwide. However, Non Governmental Organizations (NGOs), government and other community-based institutions providing services to OVC reach only a small proportion of those who need it.

Faced with inadequate support systems, children orphaned by AIDS may be forced to leave school, engage in child labour or prostitution, suffer from depression and anger, or adopt high-risk behaviour that makes them vulnerable to contracting HIV/AIDS (Mangoma, Chimbari and Dlomo, 2008). Besides the grief of abandonment, children in affected families face the added burdens of responsibilities that are far beyond their capabilities. For example, they have to nurse sick parents, raise younger siblings, run the household or family farm, replace a breadwinner and also struggle for survival on the streets (USAID, 2005). In many parts of the world, including South Africa, there are some groups of committed community members already caring for vulnerable children. However, there is urgent need for increased funding and technical support to ensure that all vulnerable children receive the support they need. In many countries, there are many blockages which prevent resources from reaching vulnerable groups of children and their families (Foster, 2005). This makes it imperative to find ways of addressing this challenge.

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Countries with a significant proportion of children orphaned and made vulnerable by HIV/AIDS face challenges such as surging street children populations, an increase in child labour, child prostitution and other forms of exploitative work, vulnerability to crime, militias and terrorist organisations, a growing population of uneducated and unskilled labourers; and long-term dependence on foreign aid (Salaam, 2005). Rudolph (2009) reveals that conditions in homes, schools and communities continue to be unpleasant for vulnerable children. This calls for coordinated multi-stakeholder action to address the OVC challenge.

Although the South African government has always known the overall scale of the impact HIV/AIDS has on children, locating and identifying this segment of the population remains a huge challenge (DSD, 2005). This is due to the insufficient capacity of the government to access all communities, in particular those in remote rural areas (DSD, 2002). Community-based organisations often aim to locate and identify these hard-to-reach children and provide them with the needed social services. In order to strengthen the efforts of civil society, the DSD promoted the establishment of Child Care Forums (CCFs) so that they serve as vehicles for community-anchored care of OVC (DSD, 2002). However, to date, systematic evaluation studies carried out to determine what has worked or not have been inadequate, largely due to the perception that evaluation studies are expensive and mainly needed to comply with the requirements of donor funding. In addition, most NGOs do not

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have the capacity to carry out such studies. Thus, this study sought to close this gap and specifically focused on the Centre for Positive Care (CPC) OVC programme implemented in three local municipalities of Vhembe District, Limpopo Province of South Africa.

The framework for this study adopted four criteria normally used to evaluate developmental programmes. According to the Centres for Diseases Control and Prevention: CDC, (1999), the conceptual framework is a practical, non-prescriptive tool, designed to summarise and organise essential elements of programme evaluation. It includes steps and standards for effective programme evaluation. Figure 1.1 depicts steps followed in evaluating the CPC-run OVC Programme. Sonko, McCoy, Mahlalela, Oteba, Kamau, Berhanu and Shamu (2010) are of the view that evaluation is action-oriented and has direct relevance to a programme, project and policy. It seeks to answer a range of questions such as:

(a) Is the programme addressing a real or the right problem in the community?
(b) Are beneficiaries and relevant stakeholders satisfied?
(c) Are the interventions appropriate?
(d) Are additional interventions necessary to achieve the set objectives?
(e) Are the interventions implemented as planned and are they sustainable?
(f) Are the interventions effective and resulting in the desired change at a reasonable cost?

Donors use various criteria when evaluating their programmes. The Organisation for Economic Co-operation and Development (OECD) uses the following criteria: relevance, effectiveness, impact and sustainability as evaluation criteria. These criteria were adopted for the current study. Beck (2006) describes the four criteria as follows:

(a) Relevance: The extent to which the objectives of a development intervention are consistent with beneficiaries' requirement, country needs global priorities and partners' and donors' policies.
(b) Effectiveness: The extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.
(c) Impacts: The positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.
(d) Sustainability: The continuations of benefits from a developmental intervention after major activities have been completed.

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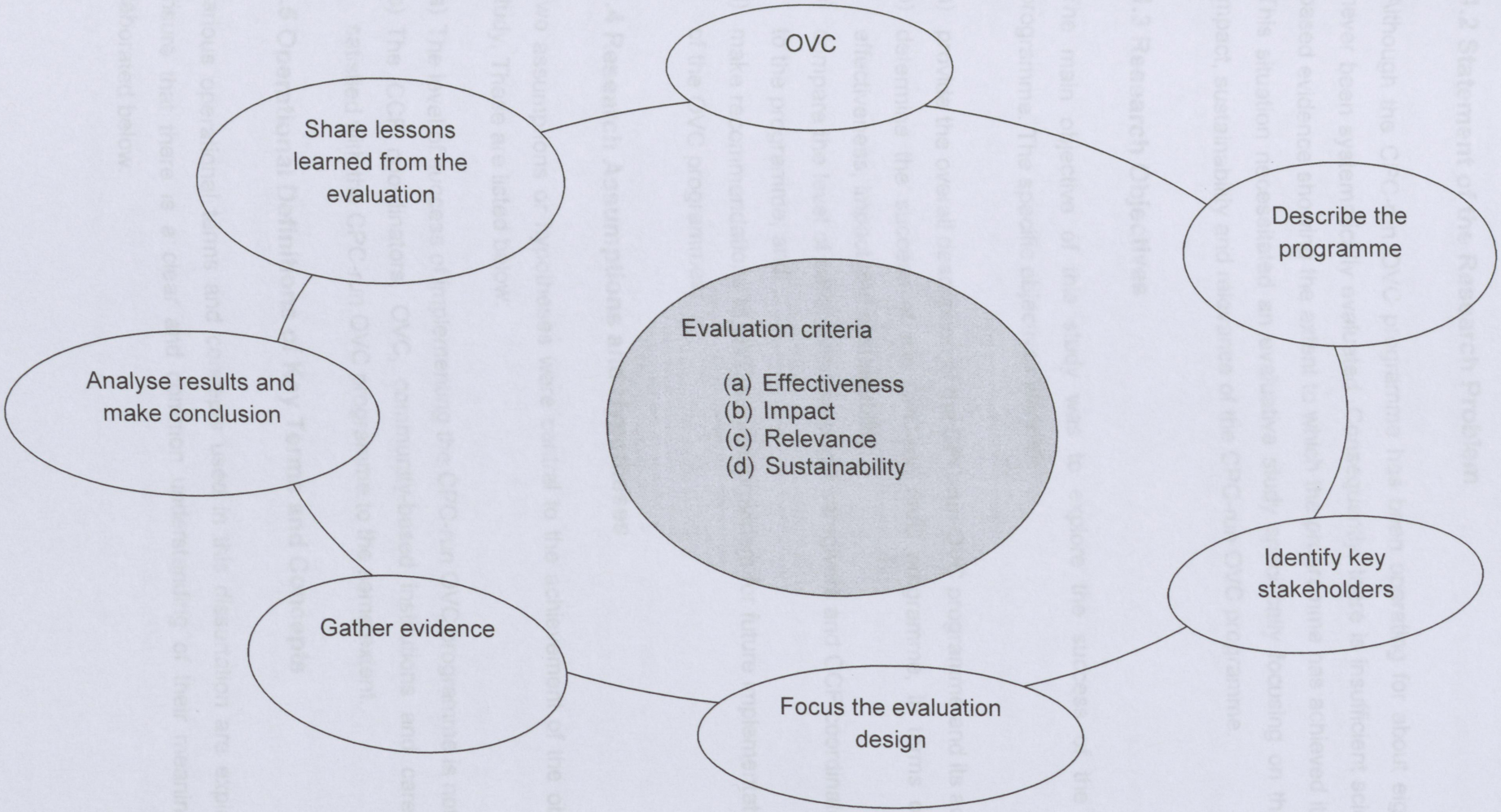

Figure 1.1 Conceptual framework of the evaluation of the CPC-run OVC Programme in Vhembe District, Limpopo Province

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1.2 Statement of the Research Problem

Although the CPC-run OVC programme has been operating for about eight years, it has never been systematically evaluated. Consequently, there is insufficient scientific research-based evidence showing the extent to which the programme has achieved its desired goals. This situation necessitated an evaluative study specifically focusing on the effectiveness, impact, sustainability and relevance of the CPC-run OVC programme.

1.3 Research Objectives

The main objective of this study was to explore the success of the CPC-run OVC programme. The specific objectives were to:

a) provide the overall description of the CPC-run OVC programme and its activities;
b) determine the success of the CPC-run OVC programme, in terms of its relevance, effectiveness, impact and sustainability;
c) compare the level of satisfaction amongst caregivers and CCF coordinators with respect to the programme; and
d) make recommendations to OVC service providers for future implementation and support of the OVC programmes.

1.4 Research Assumptions and Hypotheses

Two assumptions or hypotheses were central to the achievement of the objectives of this study. These are listed below:

(a) The level of success of implementing the CPC-run OVC programme is not known; and
(b) The CCF coordinators, OVC, community-based institutions and caregivers are not satisfied with the CPC-run OVC programme to the same extent.

1.5 Operational Definitions of Key Terms and Concepts

Various operational terms and concepts used in this dissertation are explained so as to ensure that there is a clear and common understanding of their meanings. These are elaborated below.

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Community-based organisations are local membership structures that rely almost exclusively on volunteers from within their residential areas to implement programme activities. In general, they receive limited international funding.

The OECD defines *evaluation* as the process of determining the worth or significance of an activity, policy or programme.

Orphan is a term used to refer to a child whose mother or father, or both died.

The SCUK (2008) defines *Orphans and Vulnerable Children* as those below 18 years old, are poor, have lost one or both parents, live in child- or elderly-headed households or where an adult is sick. At times they live in substitute families. Furthermore, children who are sick, disabled, abused, neglected, unaccompanied or destitute are classified as OVC.

Any child whose rights to care and protection are being violated or who is at risk of this happening is regarded as *vulnerable*. This category includes children who are poor, abused, neglected or lacking access to basic services, ill or living with disabilities, as well as those whose parents are ill, are affected by fighting forces or who are in conflict with the law.

1.6 Organisation of the Dissertation

Chapter 1 presents the background of the study, statement of the research problem, research objectives, hypotheses and definitions of key terms. In Chapter 2, the literature related to the research topic was reviewed with the aim of building an understanding of the current state of knowledge on the subject and also to identify the gaps and debates relating to the state of OVC, HIV/AIDS and programme evaluation. Chapter 3 presents a detailed description of the research methodology used in the study. In Chapter 4, the results of the study on relevance are presented, described and discussed. Chapter 5 covers the description and discussion on the results of the study on the effectiveness of the OVC programme. The results of the study on the impact of the OVC programme are presented and discussed in Chapter 6. Chapter 7 is a synthesis of the entire study in which the general discussion of the results, conclusions and recommendations are articulated. After this chapter, the sources of literature used to develop this dissertation are presented in the reference section. Several pertinent useful materials that could not be included in the main body of the dissertation constitute the appendix section.

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CHAPTER 2 REVIEW OF LITERATURE

2.1 Introduction

This chapter contains the review of literature related to this study which focused on the success of the CPC-run OVC programme. Literature review helps the investigator to relate the research problem to the existing theory and debates on the subject. It also helps to narrow the focus of the topic, define the research question, select a theoretical framework and justify the methodology (Elliott and Higgins, 2012). A full description of the CPC-run OVC programme is provided in order to give a clear understanding of it and the context of the evaluation. Various definitions of OVC are also explained so as to deepen the foundation of the study. The theoretical underpinnings of the OVC situation, CCFs in South Africa, the need and criteria for programme evaluation are reviewed. Also included in this chapter are the types of evaluations, challenges that NGOs face when conducting programme evaluation. A summary of the review of literature marks the end of this chapter.

2.2 Definition of Orphans and Vulnerable Children

Defining the terms orphans and vulnerable children can be difficult. This arises from the fact that vulnerability and orphan-hood are culturally relative as they depend on the local conditions and, therefore, vary between and within communities and countries (Family Health International, 2004). Each community and country uses different criteria to define OVC. As a result of multiple definitions used among various cultures and countries, there is no consensus on the precise definition of OVC. Table 2.1 presents the various definitions of OVC by different institutions.

Although there are many definitions of OVC, this study was guided by the definition that SCUK and CPC programme adopted in 2003. The latter defines OVC as those persons less than 18 years old who are poor, have lost one or both parents, who live in child- or elderly/grandparent headed household, where an adult is sick, a child who lives in substitute families, a child who is sick, disabled, abused, neglected, unaccompanied, destitute and non-national. This definition also includes children who are made vulnerable by HIV/AIDS.

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Table 2.1 Definitions of Orphan and Vulnerable Children as perceived by various institutions

Institutions	Definition of OVC	Reference
UNAIDS	A child who has lost his/her mother (maternal orphan) or both parents (double orphan).	UNAIDS (2011)
AIDS CARE	A child under the age of 18 years whose mother, father, or both biological parents have died.	Meintjies, Halla, Mareraa and Boulleb (2010)
UNICEF	A child who has lost one or both parents.	UNICEF (2009)
Save the Children (UK)	A child under the age of 18 years who has lost one or both parents. *Orphan:* a child who has lost one or both parents due to HIV/AIDS.	Save the Children (2008)
PEPFAR	Orphan: A child who has no surviving parent caring for him or her.	PEPFAR (2006)
The policy framework for OVC in South Africa	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	DSD (2005)
World Bank	Children who are more exposed to risks than their peers	World Bank (2005)
UNICEF, UNAIDS and USAID	A child aged between 0-17 whose mother (maternal orphans) or father (paternal orphans) or both (double orphans) are dead.	UNICEF, UNAIDS and USAID (2004)

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2.3 Statistics on Orphans and Vulnerable Children

It is estimated that more than 30 million people have died from AIDS worldwide, with another estimated 33 million people living with HIV worldwide, about 16 million children have been orphaned because of AIDS and over 7000 new HIV infections occur every day, mostly among people in low and middle-income countries (UNAIDS, 2010). Sub-Saharan Africa remains the worst affected region by the impact of HIV/AIDS than any other region of the world (UNAIDS, 2010). It is estimated that almost 15.7 million of all children in the Southern African Development Countries (SADC) are orphans (SADC, 2012). Since the beginning of the epidemic, about 14.8 million children have lost one or both parents due to HIV/AIDS worldwide (UNAIDS, 2010).

In South Africa, an estimated 5.6 million people were living with HIV/AIDS in 2009, more than in any other country (UNAIDS, 2010) and it is believed that in the same year an estimated 310 000 South Africans died of AIDS. Recent estimates of the total number of people living with HIV in South Africa are approximately 5.38 million in 2011 (Statistics South Africa, 2011). The HIV and AIDS epidemic is a major catastrophe which threatens South Africa's ability to meet its commitments to the realisation of children's rights. According to DSD (2005) the epidemic exacerbates the difficult circumstances of many children in South Africa that result from poverty, lack of access to resources and services, minimal infrastructure, fragmented families, violence and abuse against women and children. This is eroding precious and hard won development gains made since 1994 (DSD, 2005). According to the United Nations Development Programme (2005) the impact of AIDS in the region has played a significant role in the reversal of human development indicators such as labour force, households and enterprises.

The epidemic is causing a rapid increase in the number of orphans and vulnerable children. The total number of children aged 0–17 who reported that they had lost one or both parents are 3.37 million in South Africa (Statistics South Africa, 2011). AIDS is reducing the pool of traditional caregivers and the numbers of breadwinners resulting in increased poverty and reduced care giving for children (DSD, 2005). There are already a considerable number of children who care for terminally ill parents or caregivers and these impacts negatively on the psychosocial well-being of children due to the difficult living circumstances and awareness of their impending loss. These circumstances compel many children to withdraw from school as they take on adult responsibilities at a very young age and this exacerbates their vulnerability as they lack protection and are at risk of abuse (DSD, 2005).

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2.4 Legislative and Policy Mandates for the Protection of OVC

Through a series of goals, resolutions and declarations adopted by member Nations of the United Nations (UN), the world has a set of commitments, actions and goals to stop and reverse the spread of HIV and scale up towards universal access to HIV prevention, treatment, and care and support services. This section covers the legal and policy milestones that seek to protect OVC. There are a number of international and national conventions that define the framework for action for OVC.

2.4.1 Universal legislations and policy mandates for OVC

At the international level, the World Declaration on the Survival, Protection and Development of Children was passed at the World Summit for Children in September 1990. It called for specific actions in child health, food and nutrition, role of the family, basic education and literacy, children in difficult circumstances, protection of children during armed conflicts, children and the environment, alleviation of poverty and revitalisation of economic growth (UNICEF, 1990). The Millennium Summit in September 2000 reaffirmed the international commitment to working toward a world in which sustaining development and eliminating poverty had the highest priority. It also identified a number of Millennium Development Goals, which are relevant to the rights of all children, including OVC, in particular those related to education (UN, 2000).

In June 2001, the UN General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS set specific targets for all signatory nations. Recognising that children orphaned and affected by HIV/AIDS needed special assistance; all signatory nations were mandated that, by 2003, they develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS (UN, 2001). These include providing appropriate counselling and psycho-social support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance (UN, 2001).

Furthermore, the nations must ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS; and urge the international community,

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particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa (UN, 2001).

2.4.2 Regional legislations and policy mandates for OVC

At the regional level, the Eastern and Southern Africa workshops on OVC were held in Lusaka, Zambia and Windhoek, Namibia in November 2000 and 2002 respectively. The Lusaka workshop's objectives were to investigate ways of building the capacity of communities to respond to the needs of OVC, and of scaling up OVC activities so they reach a far greater proportion of the millions of children needing help. The expressed aim of the workshop was to find consensus on the way forward, rather than simply reflecting on current activities (UN, 2002).

The Windhoek workshop was convened to review progress towards the achievement of the UNGASS goals at country level, and towards the commitments made by countries at the Lusaka OVC workshop in 2000. It also explored good practice in implementing large-scale action to achieve the UNGASS goals as well as to develop a clear vision of the way forward, and make commitments to action, at country and regional level (UN, 2002).

In September 2002, an Africa Leadership Consultation meeting entitled Urgent Action for Children on the Brink was held in South Africa. The goal of the meeting was to address the crisis of orphans and other vulnerable children in sub-Saharan Africa and to come up with a set of concrete actions that would ensure a shift in the global response to children affected by HIV/AIDS (UNICEF and UNAIDS, 2002). The aims of the consultation meeting were to:

(a) Develop consensus on priorities for a scaled-up emergency response to the OVC crisis in sub-Saharan Africa; and
(b) Propose actions to be taken to mobilise the leadership, partnerships and resources required to deliver on the promises made at the UNGASS to children affected by HIV/AIDS in Africa.

2.4.3 South African legislations and policy mandates for OVC

South Africa is one of the signatories to the Declaration of Commitment of The United Nations General Assembly Special Session on Children held in 2002 (UNGASS). It

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responded by developing and strengthening the following documents: The South African Constitution, Act 108 of 1996 is the basis of human rights in South Africa. All rights contained in the South African Bill of Rights apply equally to adults and children.

The inclusion of Children's rights in the Bill of Rights as a special section on the rights of the child was an important development for orphans and vulnerable children in South Africa. Section 28 of the Constitution; deals specifically with the rights that children have in addition to all other rights contained in the Bill of Rights. These include right to a name, citizenship and some form of care. Children need food and shelter, and should be protected from abuse, neglect and degradation. Children need special protection because they are among the most vulnerable members of the society. They are dependent on others, their parents and families, or the state when these fail - for care and protection. As a result, the South African Constitution has made children's rights a priority and has stated that the best interests of a child are the overriding concern when it comes to any matter affecting them (Constitution of South Africa, 1996).

The National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS was one of the significant initiatives taken by the South African government designed to assist all organisations and persons providing services to children who are infected and affected by HIV/AIDS. It also assures that the provision of community based care and support, as the intervention approach adopted by the Department of Social Development, takes into account community needs, cultural practices and protects the rights of children (DSD, 2002).

In July 2005, The Policy Framework for Orphans and other Children Affected by HIV and AIDS in South Africa was finalised and approved by the cabinet (DSD, 2005). It mandated the CCFs to ensure that effective referral systems were in place, services were accessible and training needs of stakeholders working with children were identified. Also, the framework promoted the establishment of an enabling environment for more effective delivery on commitments to orphans and other children made vulnerable by HIV and AIDS at legislative, policy and programmatic levels. Another dimension of the framework is that it was designed to encourage flexibility and effective harmonisation and coordination among various legislations, policies and regulations within and among government departments and other stakeholders at all levels (DSD, 2005).

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Although there are a number of policy frameworks for the care of OVC, much more needs to be done to protect and care for OVC at all levels. There is still a gap on the implementation of policies and legalisations.

2.5 Child Care Forums in South Africa

The Department of Social Development spear-headed the establishment of the CCFs in South Africa. This was done in response to the high prevalence rate of HIV amongst children and need for enhancing OVC care (DSD, 2002). Child Care Forums are community-based structures that identify OVC and ensure that the needs for the latter in the community are fulfilled (National Action Plan for OVC, 2009-2012). The policy framework for orphans and other children who are made vulnerable by HIV and AIDS in South Africa (2005) recognises CCFs as a body consisting of a locally-based organised group of people committed to caring for children within their community. Table 2.2 shows some basic information about the composition of CCFs in Vhembe District. In essence, CCFs are a joint venture that both the DSD and NGOs initiated out of a mutual concern for OVC (DSD, 2002).

In most cases, CCFs do not provide all the services to children directly. However, they ensure that their needs are identified and referrals are made to existing service providers (DSD, 2005). Moreover, the CCFs monitor whether OVC are receiving appropriate services. Furthermore, the CCF members compile and keep registers of OVC, households and caregivers. Apart from this, they maintain the information in a regularly updated OVC database. Regular update involves proper recording of those who become sick, die or move. Although CCFs fulfil a critical role in many OVC programmes, their work is rarely acknowledged nor are the CCF measured well documented, trained or remunerated (DSD, 2005). Also, the CCFs do not have the capacity and resources to evaluate their own work.

A Cabinet Lekgotla held in South Africa in 2001 defined the overall roles of home or community-based care and support as to direct the emphasis of care to the beneficiaries and their communities, support a functional referral system to ensure access to care and follow-up, integrate informal, non-formal and formal health care systems, empower communities to meet their own health needs, reduce pressure on health facilities and ensure the access of children and families affected by HIV/AIDS to social welfare systems.

A SADC conference on OVC held in June 2002 prioritised the development of CCFs in rural communities with a three level coordinating structure. It was proposed that there would be a National Action Committee (NACCA), a Provincial Action Committee (PACCA) and a District Action Committee for children affected by HIV and AIDS (DACCA).

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Table 2.2 Some basic information about Child Care Forums in Vhembe District

Variables	Makhado Municipality	Thulamela Municipality	Musina Municipality
Number of wards covered	19	32	5
Villages covered	152	197	8
Male CCF members	10	32	1
Female CCF members	189	275	20
Minimum number of CCF members	6	5	2
Maximum number of CCF members	15	18	10
Minimum age of CCF members	20	22	23
Maximum age of CCF members	58	58	49

Key: CCF = Child Care Forum

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The same conference emphasised the need for engaging in a national process aiming to identify OVC and duty bearers and using the information to create a database. Access to social security grants would be fast-tracked. The need for involving civil society in identifying children and linking these children to available services was highlighted. Moreover, there was need to engage in a national process for creating awareness about services available to OVC. Apart from this, the establishment of home/community-based care and support programmes was to be accelerated. Lastly, it was affirmed that NGOs, Faith Based Organisations (FBOs) and Community Based Organisations (CBOs) that offered services to children would be identified and their capacities enhanced. The process of funding them would be streamlined.

2.6 Description of the Centre for Positive Care OVC Programme

The CPC is a South African NGO based in Vhembe District of Limpopo Province. It was established in 1993 to provide HIV/AIDS awareness information in rural communities as the virus began to spread rapidly in the area. The organisation was formally registered as an NGO in 1997. Its mission is to prevent and mitigate the impact of HIV/AIDS and improve the quality of life of those infected and affected by HIV/AIDS. Emphasis is placed on low-income, marginalised vulnerable men, women and children living in remote rural communities, border towns and high risk areas such as farms and mines.

Initially, the programme focused on prevention of HIV/AIDS through peer education, including prevention of mother to child transmission (PMCT). In 2000, CPC introduced Home-based care (HBC) work, primarily with funding from the Zimbabwean-based Project Support Group (PSG). As home-based care workers made door to door visits, they discovered that there were many parents who were sick in their homes. As a result, CPC realised that the burden of death and chronic ill parents was placed on children. This situation necessitated CPC to introduce the OVC programme in 2001.

The Nelson Mandela Children's Fund provided financial support initially, but the OVC programme was only operating in the Malamulele area. In 2003, Save the Children United Kingdom (SCUK) identified CPC as an ideal strategic partner to implement an OVC programme in Limpopo Province. The programme was supported by the grant from the President's Emergency Plan for AIDS Relief (PEPFAR). During the initial phase of the programme, only ten wards in Thulamela Municipality were served. Due to the high demand of children services in other wards the programme expanded to other wards in Thulamela, Makhado and Musina. Currently, 56 CCFs based in 56 wards of Vhembe District serve as the programme implementation sites.

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The OVC programme was introduced to communities through CPC staff members. When the programme was introduced, CPC staff consulted the local municipalities. The latter mandated the respective ward councillors to work closely with other institutions such as traditional leaders. In the process, volunteers were selected. The CPC was not directly involved in the process of selecting volunteers, mainly due to the need to ensure ownership of the programme by the communities. The following selection criteria which was determined by CPC was used: interest of volunteering, knowledge of the community, level of participation in community activities, ability to work with people, possession of problem-solving skills, membership of any community structure and interest of working with children.

The overall goal of the OVC programme that the CPC is implementing is to develop and expand the provision of comprehensive and compassionate care for orphans and other vulnerable children which is responsive to their needs. The following objectives underpin implementation of the programme: build the capacity of CCFs, mobilise community-based structures to provide care and support for OVC, increase access to government and community services, which is responsive to the needs of OVC and respective adult caregivers and strengthen household income through facilitating social security grants and income-generating activities.

The CPC-run OVC programme provides services to children under the eight main indicators. Table 2.3 provides a clear description of each indicator. The programme activities ensure that children are provided with care and support which helps in creating an enriching environment and allows them to become healthy and productive members of society. The programme approach focuses on providing direct and indirect service delivery to children; strengthening community structures and building constituencies of support to vulnerable children. The conceptual framework of the CPC-run OVC programme, as shown in Figure 2.1, places a lot of emphasis on collaboration and partnership development. The OVC programme works closely with government departments, communities, traditional leaders, schools, local municipalities and businesses to leverage resources and support. At the community level children access services through the intervention of CCFs, youth facilitators and other community-based structures. Forms of care and support accessed by vulnerable children through the intervention of community-based care groups through referrals include accessing grants, being linked with feeding programmes, homework assistance, receiving counselling, accessing information and advice, and receiving school uniforms.

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Table 2.3 The main indicators and services of the CPC-run OVC programme

OVC Programme Indicators	Indicator Description and services
(a) Child protection	Children in the programme are provided with interventions that keep them safe from any abuse, neglect, stigma, discrimination and exploitation. The programme also ensures that the children have all the necessary citizenship documents.
(b) Clinical nutritional support	Children who are suspected to be malnourished are identified and referred to health professionals or facilities for assessment. Once they are assessed and diagnosed as malnourished, the CCF members provide regular support through home visits.
(c) Health	Children are provided with interventions that ensures continued access to health care services. The types of general healthcare services that they receive include childhood immunization, adolescent reproductive health care and pre and post- test counseling.
(d) Education	During home visits CCF members check if children are attending school and they follow up with the schools where there are problems. Children are also encouraged to go back to school and ensure that they are at school and attending regularly. They are also assisted with homework at the resource centres and in other groups where there are no resource centres.
(e) Household economic strengthening	Advice and referrals for OVC and their caregivers on the procedures to follow to access government social security grants are provided. Households of OVC are encouraged to have vegetable gardens, save money, involve themselves in stovel or social clubs.
(f) HIV prevention education	HIV-related educational activities that are designed to prevent the spread of HIV and minimize the risk of infection among OVC are provided.
(g) Psychological care	Psychosocial care is provided through talking with children during home visits, at the resource centres and in the community meetings of children. The resource centres and community meetings also provide opportunities for children to interact with their peers and provide support to one another. CCFs also refer cases to social workers for counseling.
(h) Health care support to access ART	Children in households affected by HIV are encouraged to test and if they are positive, they are enrolled on ART programme. In conjunction with the HBC groups, CCF members check to ensure that children are adhering to their treatment.

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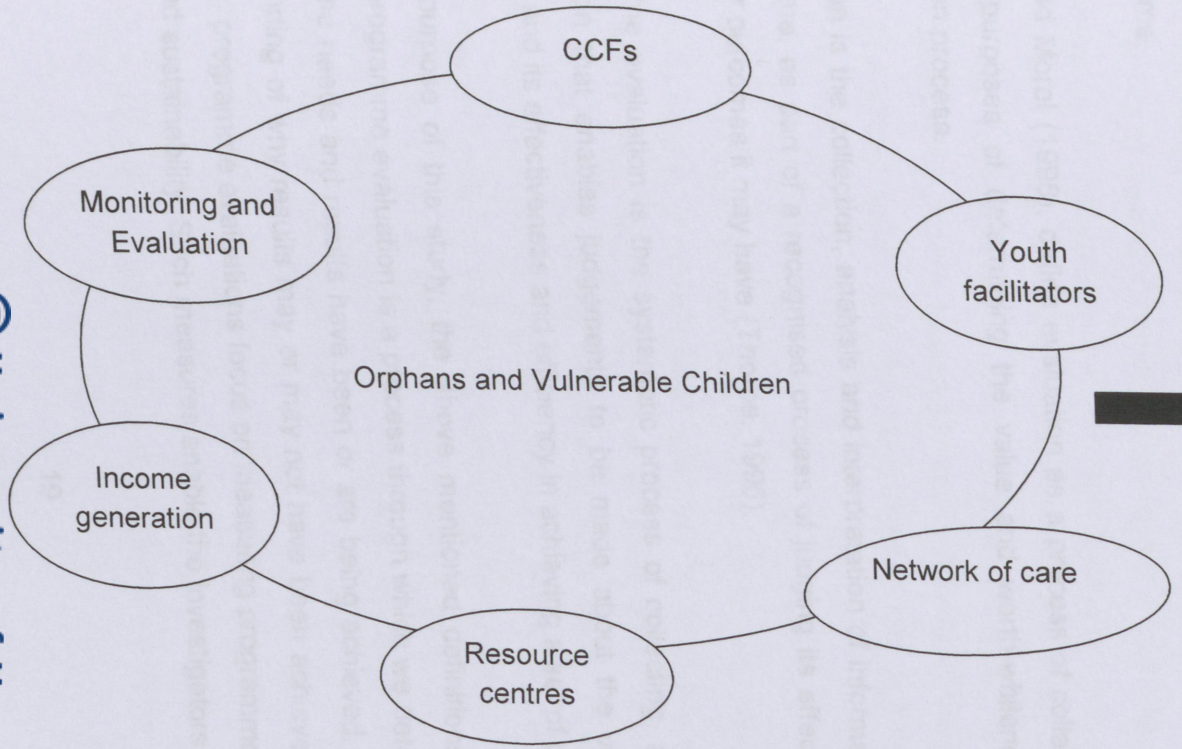

Outcomes

1. Orphans and Vulnerable Children

(a) Improved performance at school
(b) Reduction in school drop out
(c) Improved well-being of OVC
(d) Children participation

2. Stronger Communities and Families

(a) Improved knowledge of community members about the OVC situations
(b) Improved coordination between service providers and CCFs
(c) Better community participation
(d) Reduction of stigma and discrimination towards OVC
(e) Improved knowledge of community members about the processes of applying for grants and other social services
(f) Household income strengthened

Figure 2.1 The Conceptual framework of the CPC-run OVC Programme in Vhembe District, Limpopo Province

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2.7 Programme Evaluation

Programme evaluation is an essential organisational practice in social service programmes. However, it is not practiced consistently by organisations and it is not sufficiently well integrated into the day-to-day management of most programmes (Nonprofit Development Institute, (NDI), 2004). Authors from different disciplines have their own ways of defining programme evaluation. Some definitions are as follows:

Patton (2002) defines programme evaluation as the systematic collection of information about the activities, characteristics, and results of programmes to make judgments about the programme, improve or further develop programme effectiveness, inform decisions about future programming and increase understanding.

The Organisation for Economic Co-operation and Development (OECD) (2011) defines evaluation as a process of determining the worth or significance of an activity, policy or programme.

Birley and Morel (1998), define evaluation as a process of collecting and using information for the purposes of determining the value and worth-whileness of the subject of the evaluation process.

Evaluation is the collection, analysis and interpretation of information about any aspect of a programme, as part of a recognised process of judging its effectiveness, its efficiency and any other outcomes it may have (Thorpe, 1996).

Programme evaluation is the systematic process of collecting, analysing, and interpreting information that enables judgements to be made about the value of a programme (of learning) and its effectiveness and efficiency in achieving a set of outcomes (Dolley, 1994).

For the purpose of this study, the above mentioned definitions can be summarised as follows: programme evaluation is a process through which we determine the extent to which programme needs and results have been or are being achieved. Evaluations enable better understanding of why results may or may not have been achieved by a given programme. Generally, programme evaluations focus on measuring programme relevance, effectiveness, impact and sustainability. Such measures enable the investigators to determine whether and

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to what extent a given programme's inputs and services are contributing to improving the quality of lives of the targeted community.

2.8. Types of Programme Evaluations

There are different types of programme evaluations depending on the object being evaluated and the purpose of the evaluation (Patton, 2011). This includes, formative evaluations, developmental evaluation, process evaluation, mid-term evaluation, summative or outcome evaluation and impact evaluation.

According to the World Bank (2007), formative evaluations are usually undertaken during the design and pre-testing of the programme or early in the implementation phase to assess if implementation is on track. Furthermore, formative evaluations look into the ways in which the programme, policy or project is implemented, whether or not the assumed operational logic corresponds with the actual operations and what immediate consequences the implementation stage produces. It assists in planning and developing the programme and includes a needs assessment, contextual scans, and a feasibility assessment. Because of its early occurrence in the programme, formative evaluation has often been associated with baseline surveys – and therefore sometimes referred to as baseline evaluation. Stakes (2009) furthermore indicated that, formative evaluations strengthen or improve the object being evaluated. This is done by examining the delivery of the program or technology, the quality of its implementation, and the assessment of the organizational context, personnel, procedures and inputs.

Developmental evaluation is described as a process in which the evaluator becomes part of a design team helping to monitor what is happening, both processes and outcomes, in an evolving, rapidly changing environment of constant feedback and change (Patton, 1994). The concept of developmental evaluation arose from the realization that traditional evaluation approaches do not address the needs of development programs which by their design evolve and adapt to the changing context and needs of stakeholders. This kind of evaluation is usually internal and its primary audience is the key stakeholders participating in implementation of the programme. It is a developmental, process oriented evaluation and provides guidance to program activities.

Process evaluation is also frequently used to refer to evaluations that focus on assessing and improving programme implementation processes. Process evaluations help programmes get ready for mid-term and summative evaluations by improving programme

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processes and providing feedback about strengths and weaknesses that appear to affect goal attainment.

Mid-term evaluation is used to refer to an assessment of the effectiveness and efficiency of the program when it is halfway through the planned period. Often, external evaluators are brought to conduct this type of assessment. It is also referred to as mid-term review.

Summative or outcome evaluation is the final assessment done at the end of a project. Results obtained help in making decisions about continuation or termination of a program. A summative evaluation determines the extent to which anticipated outcomes were produced. It is intended to provide information about the worth and the outcome of the program. Examples of summative evaluations include outcome assessments and cost effectiveness investigations[15]. This kind of evaluation focuses on the program's effectiveness, assessing the results of the program.

Finally, impact evaluations are normally conducted years after the program implementation has closed.

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2.9 The need for Programme Evaluations amongst NGOs

According to Nzimakwe (2008), NGOs are increasingly recognised as the important role-players in community or people-centered development. They are extremely important mechanisms in rural development and they enjoy the goodwill and acceptance of the community. This view is supported by Manji and O'Coill (2002) who argues that NGOs today form a prominent part of the development machine. Stacey (2003), states that the non-profit sector serves two primary goals in South African society. Firstly, the NGO sector is involved in the direct delivery of services to meet immediate lacunae in welfare priorities such as health care, food and shelter. A second generation of this service-delivery role is in the development of capacities to sustain the benefits of NGO's assistance beyond the period of their direct involvement. Secondly, NGOs can help to strengthen democracy and participatory government by acting as intermediaries between the grassroots levels of society and the processes of policy formation.

Non-governmental groups working within communities are able to communicate to local, regional and even national spheres of government the wishes of people on the ground (Stacey, 2003). However, there is a need for all NGOs who are serving communities to be evaluated. The need for evaluations varies. However, for the purpose of this study, the following reasons prompted the need for conducting the evaluation:

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(a) Calendar for Evaluation: The CPC OVC-run programme has been operating since 2004 and it was never been evaluated. In principle, programmes should be evaluated on a 5 year cycle (National Evaluation Policy Framework, 2011).

(b) Accountability and Transparency: NGOs should strive for openness and honesty internally and toward donors and members of the public.

(c) Truthfulness: An NGO should be honest and truthful in its dealings with its donors, project beneficiaries, staff, membership, partner organisations, government, and the public in general.

(d) Learning and Change: Evaluation may represent a major opportunity for learning and change by capturing the reasons for successes or problems or failures.

(e) Documentation: Evidence from evaluation is used for planning, budgeting, on-going project management, fundraising advocacy and communications.

(f) Reprogramming: Evaluation results inform the focus and transition of the programme. Considering the fact that PEPFAR funding was due to end in September 2012, there was a need to identify other important areas for funding with scientific evidence from the evaluation study.

2.10 Barriers for NGOs in Conducting Evaluation

During the apartheid period, NGOs in South Africa were subjected to continuous harassment and banning (Habib and Taylor, 1999). Their leaders and activists were subjected to banning, arrests, detentions without trial, death threats and assassination attempts, and having their homes and cars petrol bombed. Furthermore, Habib and Taylor (1999) highlighted that, the NGOs were also subjected to general security police harassment by having their telephones tapped, post intercepted, meetings disrupted, and structures infiltrated.

The political and legal system was only supportive of NGOs directed to serving the white community. The environment was not conducive for NGOs to operate in line with their main objectives of serving all people. Their activities were not properly monitored and evaluated. This behaviour was not giving NGOs any room to evaluate their work. The majority of NGOs during apartheid were playing activists roles in opposing apartheid. However, they were oppressed, segregated and racially discriminated. This posed a major challenge to NGOs that were dedicated to serve the people, especially the black communities which were characterised by poverty and high unemployment rates (Habib and Taylor, 1999).

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Devenish (2009) highlights that, since the early 1990s, the South African NGO landscape changed significantly. New opportunities for NGOs to participate in the process of nation-building and reconstruction became available but it was also a period of uncertainty as the sector experienced a crisis of purpose and identity. With a legitimate government in place, the incentive for international donors to fund South African non-profit organisations was not as compelling, and NGOs were forced to seek government aid and support from businesses and individual donors. As a result, many NGOs closed down, and a number of experienced individuals in the sector took up jobs in government and the private sector (Devenish, 2009).

According to Habib and Taylor (1999), the perspective of NGOs showed that the heart of the problem was the shortfall in organisational capacity. The seriousness of this problem has been compounded by many NGOs facing the problem of high staff turnover as skilled staff move into government and state-run institutions. In addition, the South African National Non-Governmental Organisation Coalition (SANGOCO) highlighted that since 1990, the sector had lost more than (60 %) of its senior staff to government and the private sector (Habib and Taylor, 1999).

As the new landscape came into play, demand for accountability to donors, community-based institutions and beneficiaries started to grow dramatically. However, most of the NGOs are still struggling to build their own organisational capacity which is necessary to report effectively and be accountable to their donors and beneficiaries (Devenish, 2009).Regardless of the work that they are doing, most of these organisations are not evaluated to determine their impact to beneficiaries. In addition, there is insufficient documentation to prove that they are doing positive work to improve the well-being of their beneficiaries. Furthermore Devenish indicated that during the apartheid regime, donors provided funding to South African NGOs but demanded little accountability. These days, NGOs need to demonstrate the long term sustainability plan and the impact of their initiatives in order to secure donor funding. According to Bendell (2006), organisational accountability is seen as a bureaucratic hurdle at best, and at worst as a threat to achieving NGO's aims. There is also a fear that toughening of accountability may lead to an overbearing influence from funders and governments, which might then lead to co-optation and a deflection of original purpose of NGOs (Bendell, 2006).

Mpabanga and Lekorwe (2007) argue that one of the major challenges faced by NGOs is poor governance. However, Bendell (2006) indicates that when NGOs hold their own debates about improving their governance, evaluation is often overlooked. Evaluation is often seen in limited terms as a donor responsibility. Most donors use external evaluators

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who do not leave any knowledge to the organisation. This is an indication that most of the NGOs are not interested in conducting evaluation because they do not see it as an important aspect of learning and future planning. Evaluation should be viewed as a critical component to the existence of all NGOs who are providing services to the people.

Merrington (1991) summarises the limitations of NGOs in conducting evaluation as follows:

(a) Lack of capacity to conduct evaluation and impact studies;
(b) Inadequate planning, organisation and management;
(c) Lack of interest by NGOs to conduct evaluation;
(d) Inability to replicate projects and ensure sustainability;
(e) Inability to effectively collaborate at appropriate levels with government services;
(f) Lack of co-ordination of the efforts of individual NGOs to ensure an effective macro level spread of development.

Most NGOs in South Africa are increasingly dependent on international funding agencies (Bond, 2001). This has both positive and negative consequences. The negative consequences are that, when NGOs write their proposals for funding, they do not include costs for conducting evaluation. In many instances, funding agencies are more interested on the results than the NGOs themselves. Internal evaluations would be more suitable if they were conducted to stimulate organisational improvements rather than for the sake of donors. Funding agencies prefer to use external evaluators, because external evaluators are assumed to be unbiased compared to internal evaluators (Conley-Tyler, 2005).

2.11 Summary of the Review of the Literature

A range of literature related to this study was reviewed to further reveal the state of knowledge with respect to the evaluation of the OVC programmes. A full description of the CPC-run OVC programme was provided in order to give a clear understanding of it and the context of the evaluation. Various definitions of orphans and vulnerable children were also explained so as to deepen the foundation of the study. The theoretical underpinnings of the OVC situation, CCFs in South Africa, the need and criteria for programme evaluation were also reviewed. Also included in this chapter are the different types of programme evaluations, challenges that NGOs face when conducting programme evaluation.

This review of the literature has revealed the difficulties in defining OVC because vulnerability and orphan-hood are culturally relative. Each community and country use different criteria to define their OVC. Although there are many definitions, there are

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similarities relating to the needs of such children. Worldwide, HIV and AIDS remain the major cause of orphan-hood in many countries. Since the discovery of HIV/AIDS, the epidemic exacerbates the difficult circumstances of many children in South Africa that result from poverty, lack of access to resources and services, minimal infrastructure, fragmented families, violence and abuse against women and children.

Considerable amounts of resources have been channelled to NGOs to combat HIV/AIDS. Substantial goals, resolutions and declarations adopted by member Nations of the United Nations (UN), were set to stop and reverse the spread of HIV and scale-up towards universal access to HIV prevention, treatment, and care and support services. However, efforts to document the impact of the programmes are lacking. This justifies the need to collect and document information on the impact, relevance, sustainability and effectiveness of such programmes. It is crucial for NGOs and programmes to be evaluated so as to develop effective strategies for service delivery and to improve their performance. In order to fill this knowledge gap, this study was carried out to document the success of the CPC OVC-run programme in terms of its relevance, effectiveness, impact and sustainability. The next chapter describes the methodologies used in the study.

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CHAPTER 3 RESEARCH METHODOLOGY

3.1 Introduction

Research methodology refers to the general approach chosen to carry out a study (Khothari, 2006). It dictates the particular tools the researcher applies. This chapter is devoted to the research methodology, covering the description of the study area, research design, population and sampling, data collection and analysis methods. Measures taken to deal with various ethical issues associated with the study are explained in relevant parts of the methodology.

3.2 Description of the Study Area

The study was carried out in three Local Municipalities of Vhembe District of Limpopo Province (Figure 3.1) within South Africa. Vhembe District Municipality is located in the northern part of Limpopo Province and shares borders with Capricorn and Mopani District Municipalities in the southern, eastern and northern directions, respectively. It also shares borders with Zimbabwe and Botswana to the northwest and Mozambique through the Kruger National Park to the east. Vhembe District Municipality was established in the year 2000 in terms of the Local Government Municipal Structures Act 117 of 1998. Vhembe District Municipality is classified as a Category C, Grade 4 Municipality by the Municipal Demarcation Board in terms of Section 4 of the Local Government: Municipal Structures Act, 1998 (Vhembe District, 2007-2008). A Category C Municipality is one that has executive and legislative authority in an area that includes more than one municipality (Crythorne, 2006).

The District consists of four local Municipalities, namely Makhado, Musina, Mutale and Thulamela (Figure 3.2). It covers 21 407 km^2 of land, with approximately 1 294 722 million people (Statistics South Africa: STATSA, 2011). The largest portion of the population (618 460) resides in Thulamela Municipality, respectively followed by Makhado, Mutale and Musina with 516 030, 91 870 and 68 360 people (STATSA, 2011). Only 1.1 % of the District can be considered to be urban. The Vhembe District Integrated Plan (2012-2017) revealed that the local settlement pattern is largely rural with approximately 335 280 households. Elim, Dzanani, Makhado, Malamulele, Musina, Sibasa, Thohoyandou and Tshilamba are the main towns in Vhembe District.

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Figure 3.1 Limpopo Provincial Map showing all the five Districts of Vhembe

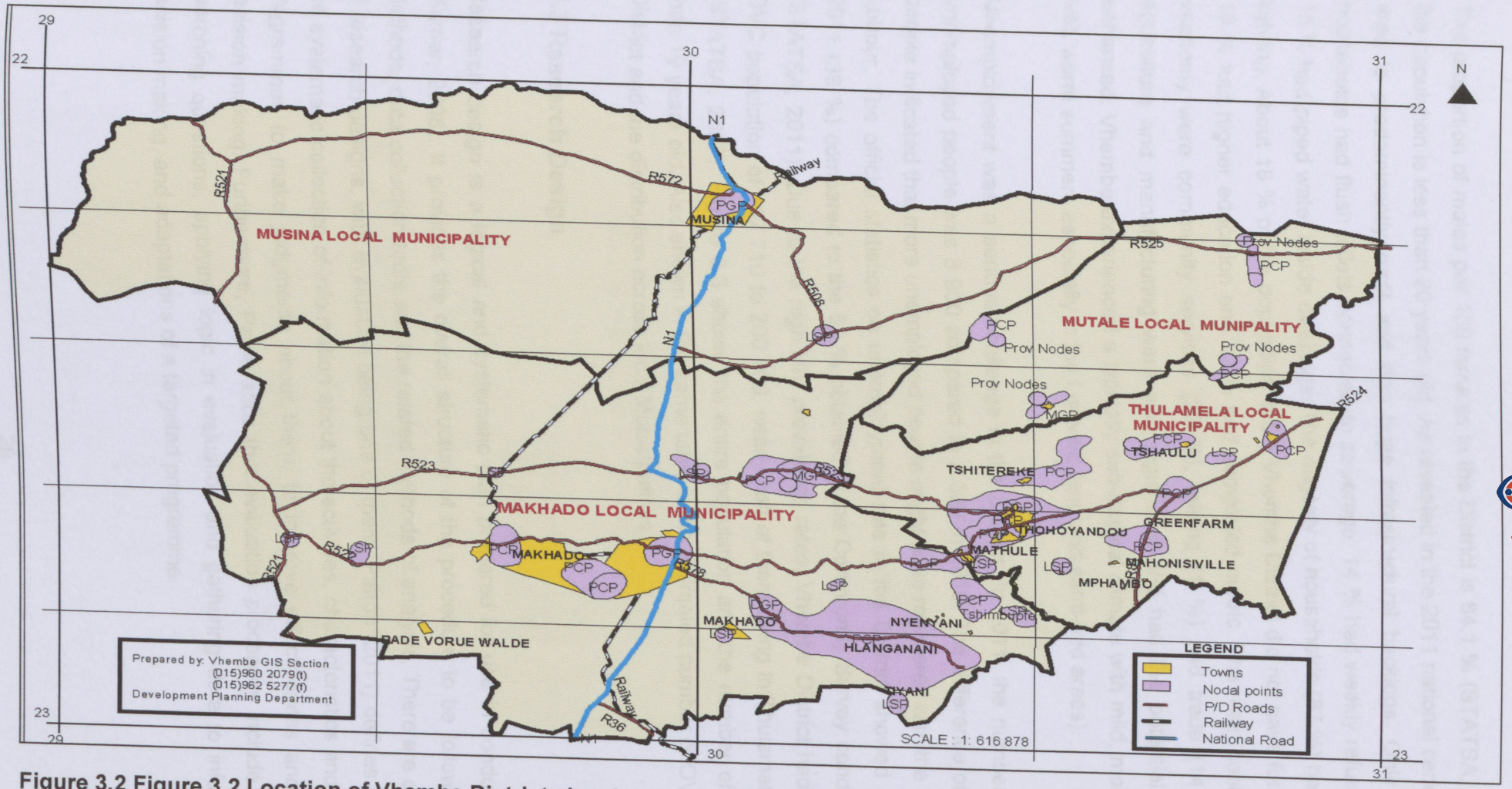

Figure 3.2 Figure 3.2 Location of Vhembe District showing the four Local Municipalities

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The proportion of males per 100 females in the District is 84.1 % (STATSA, 2011). Half of the population is less than 20 years old. As revealed in the 2011 national census results, the area is predominantly rural and has huge infrastructural backlogs. Only 14 % of the households had flush toilets connected to sewerage, 14 % had weekly refuse removal and 15 % had piped water inside dwellings. The majority of households (87 %) had electricity for lighting. About 18 % of the population in the Vhembe District did not have formal education, 10 % had higher education and 22 % had completed matric. The main contributors to the economy were community services (22 %), mining (1 %) and trade (14 %). Tourism, agriculture and manufacturing were also significant and had the potential to be further enhanced. Vhembe experienced a typically sub-tropical climate with mild, moist winters and wet, warm summers especially in the Lowveld (arid and semi-arid areas).

Unemployment was a serious challenge in the District. In 2011, the number of registered unemployed people was 8 950 compared to 2 320 in 2010. The difference of almost 6 630 people indicated that more unemployed people might have registered with the Department of Labour. The official statistics on unemployment rate in the District showed a decrease in 2011 (39 %) compared to the 53 % obtained in the Community Survey conducted in 2007 (STATSA, 2011). Due to the high HIV prevalence rates, Vhembe District had an estimated OVC population of 167 710 to 200 000, nearly half of them being in Thulamela Municipality (STATSA, 2007). Figure 3.3 shows the entire population and the number of children less than 19 years old. Also shown in the same table is the estimated number of OVC in Vhembe District and the distribution across local Municipalities.

3.3 Research Design

Research design is a logical and systematic plan prepared for use in conducting a study (Kumar, 2008). It provides the overall structure of the procedure to be followed, sampling methods, data collection tools and the related methods of analysis. There are different types of research designs, with evaluation being one of them. Patton (2011) defines evaluation as the systematic collection of information about the activities, characteristics and outcomes of programmes to make judgments about them, to improve effectiveness and also inform decision making. Furthermore, Paton adds that evaluation processes include asking deep searching questions, applying logic in evaluation and gathering data to inform on-going decision making, and adaptations of a targeted programme.

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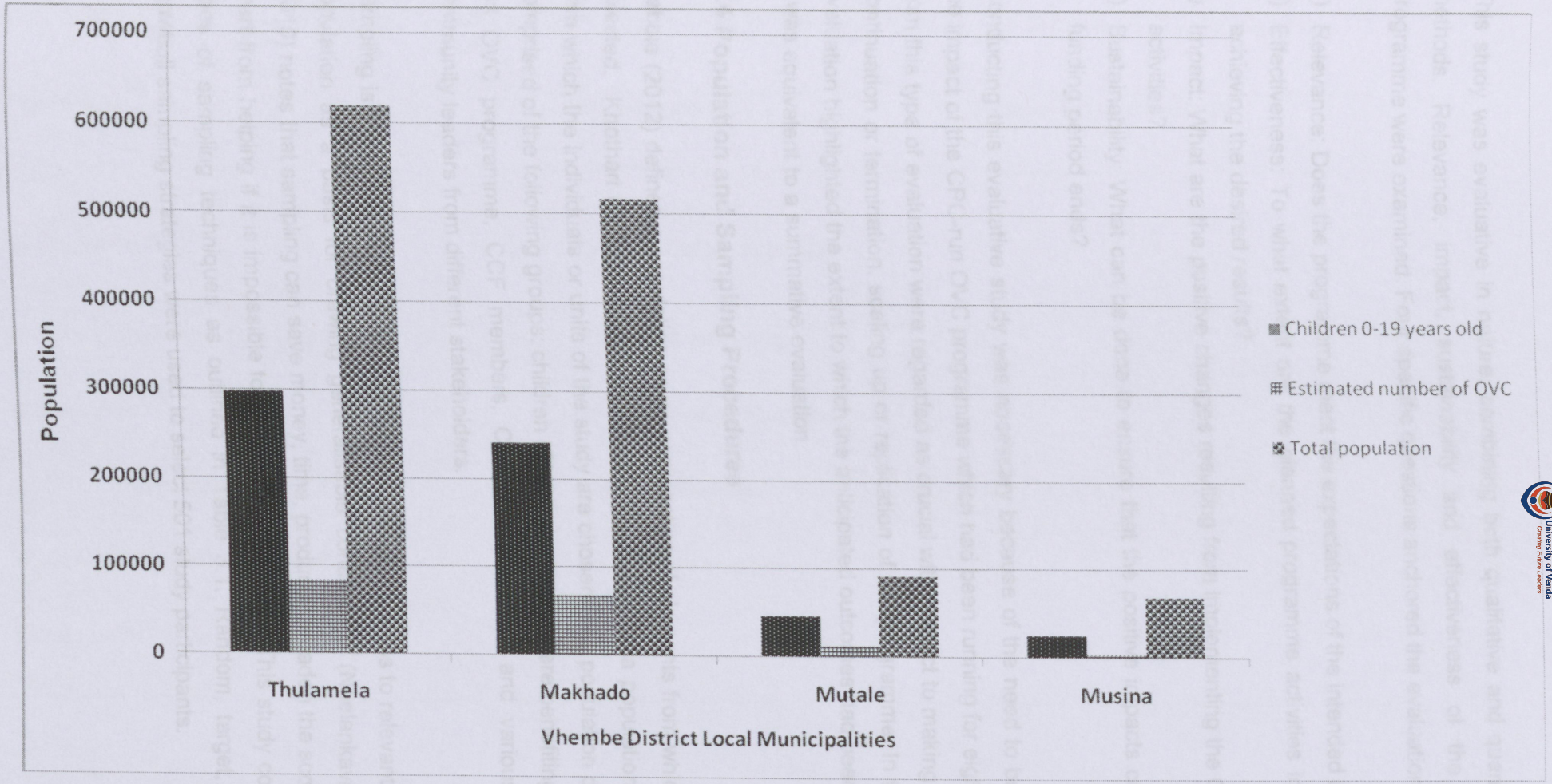

Figure 3.3 Estimated Numbers of Orphans and Vulnerable Children (OVC) in Vhembe District of Limpopo Province
Source: Modified from Statistics South Africa (2011), and Byenkya and Njaramba (2007)

This study was evaluative in nature, combining both qualitative and quantitative research methods. Relevance, impact, sustainability and effectiveness of the CPC-run OVC programme were examined. Four specific questions anchored the evaluation, namely:

a) Relevance: Does the programme meet the expectations of the intended beneficiaries?
b) Effectiveness: To what extent are the planned programme activities implemented and achieving the desired results?
c) Impact: What are the positive changes resulting from implementing the OVC programme activities?
d) Sustainability: What can be done to ensure that the positive impacts continue after the funding period ends?

Conducting this evaluative study was necessary because of the need to build evidence on the impact of the CPC-run OVC programme which had been running for eight years. Results from this type of evaluation were regarded as crucial with respect to making decisions about continuation or termination, scaling up or replication of the programme. In this respect, this evaluation highlighted the extent to which the anticipated outcomes had been realised. Thus, it was equivalent to a summative evaluation.

3.4 Population and Sampling Procedures

Babbie (2012) defines a population as an aggregation of elements from which the sample is selected. Khothari (2006) supports the Babbie viewpoint that a population is the total set from which the individuals or units of the study are chosen. The population of this study was comprised of the following groups: children (OVC) who had or were benefiting from the CPC-run OVC programme, CCF members, CPC staff members and various categories of community leaders from different stakeholders.

Sampling is a procedure used to identify, choose and gain access to relevant units of a given population as a basis for drawing generalisable conclusions (Neelankavil, 2007). Black (2010) notes that sampling can save money, time, products, broaden the scope of the study, apart from helping if it is impossible to access the population. This study combined several types of sampling techniques as outlined in Table 3.1. Random, target, purposive and snowball sampling strategies were used to select 501 study participants.

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Table 3.1 Population and sampling of respondents who participated in the evaluation of the CPC-run OVC programme

Population	Sampling methods	Number of respondents
a) Children (OVC)	Simple random sampling	338
b) Child Care Forum coordinators	Purposive sampling	56
c) Caregivers	Simple random sampling	56
d) CPC OVC programme staff	Target sampling	11
e) Community leaders / stakeholders	Snowball sampling	40
Total number of respondents	-	501

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The total population for OVC in all three local municipalities where the CPC-run OVC programme is being implemented was 18000 during the time of the study. The sample size calculator which is the product of the Creative Research System was used to determine the total size of OVC needed in this study. This method was preferred in order to get results that reflect the target population as precisely as possible. The confidence level was accepted at 95% with the confidence interval of 5.28 from the population of 18000 OVC. As a result, simple random sampling was used to select a total sample of 338 OVC who participated in this study. The simple random sampling design was preferred because it gives every element in the population an equal chance of being selected (Babbie, 2012). A numbered list of OVC was generated from an electronic database which is maintained at CPC. A table of random numbers was used to complete the sample size.

The simple random sampling method was again used to select 56 caregivers from a list of all caregivers who work in the OVC programme. The confidence level was accepted at 95% with the confidence interval of 12.3 from the population of 467 caregivers. Purposive sampling method was used to select 56 CCF coordinators and 11 CPC employees running the OVC programme. The researcher used his own judgement to select the above mentioned participants. Purposive sampling is a probability sampling strategy which is subjective or deliberate. This sampling method is done with some purpose on mind; the researcher selects participants who are considered to be typical of the wider population and is used often in small scale evaluations. The selected 56 CCF coordinators and 11 CPC employees had similar characteristics that the researcher believed could provide relevant information about the CPC-run OVC programme. The preferred characteristics included that they had been part of the programme since the beginning and they were all familiar with the services that are provided to children in the community.

Snowball sampling was used to get forty representatives of various community leadership institutions. According to Bailey (2008) snowball sampling refers to a chain referral sampling strategy whereby referrals from earlier participants are used to gather the required number of participants. The researcher together with the help of the CCF coordinators began by identifying key people who know about the CPC-run OVC programme and they were further asked to recommend others they know in other communities.

3.5 Data Collection

The data used in this evaluative research were obtained from a wide range of sources, using various techniques. In line with the recommendations of Sonko, McCoy, Mahlalela, Oteba,

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Kamau, Berhanu and Shamu (2010), the decision on the data to collect was informed by what the research questions dictated, where the data resided, available resources and complexity of the data to be collected. Both quantitative and qualitative data collection methods were adopted. Table 3.2 shows the objectives of the study, data sources and collection methods or techniques.

During the data collection process, many ethical standards were adhered to. This was done because data should not be obtained whilst simultaneously violating the protection and privacy of human beings (De Vos, Strydom, Fouche and Delport, 2005). Taking into account the Babbie (2010) recommendations, it was important to ensure that all the people involved in this study were aware of the general arrangements of the study. The approval to conduct the study was obtained from the Ethics Committee of the University of Venda. Permission to access the study areas and subjects was obtained from CPC, CCFs, parents and OVC.

Detailed information relating to the goal of the investigation, procedures to be followed, possible advantages, disadvantages and dangers as well as the obligations of the researcher was made available to the respondents. Interviews were conducted in English and Tshivenda. Emphasis was placed on the research team providing complete information to enable the respondents to fully comprehend the investigation and consequently be able to make voluntary, thoroughly reasoned decisions about their possible participation. Each respondent was asked to sign a consent form before data collection. This happened after explaining what signing the agreement meant. It was explained that all the data would be kept confidential, with the respondent identities remaining anonymous.

3.5.1 Key informant interviews

Eleven CPC staff members (key informants) were interviewed using a semi-structured guide (Appendix 3.1). The main purpose of interviewing the CPC staff was to gather information about the OVC programme, its background, implementation, activities and target areas as well as beneficiaries. Most of the information gathered from the CPC staff was included in chapter 2. Each interview was conducted in private at the CPC offices in Sibasa. Prior to the interview, the researcher explained the nature of the study before each participant gave verbal and signed consent to participate. On average, each interview took about 40-45 minutes to complete. Notes were taken during the interviews. At the end of each day the notes were typed in preparation for analysis. Emerging themes were also drawn from the notes.

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Table 3.2 Research objectives, questions, data collection methods and types of respondents

Research Objectives	Questions	Tools	Respondents
(a) To provide a description of the CPC-run OVC programme and its activities.	i. What necessitated introducing the OVC programme? ii. What are the specific programme interventions?	Interview guide	CPC Staff
(b) To determine the success of the CPC-run OVC programme in terms of its relevance, effectiveness, impact and sustainability.	i. What do you regard as the success of the OVC programme? ii. What has changed since the implementation of the CPC-run OVC programme?	Questionnaire, success stories and focus group discussions	CCF coordinators, OVC and major stakeholders involved in the programme
(c) To assess the level of satisfaction amongst CCF coordinators and caregivers	To what extent are you satisfied with the CPC-run OVC programme?	Questionnaire requiring responses on a Likert-type scale	CCF coordinators and caregivers
(d) To make recommendations to OVC service providers to make informed decisions that ultimately improve the well-being of OVC.	What should be done differently to improve the implementation of the OVC programme?	Interview and focus group discussions	CPC Staff, CCF representatives, OVC and major stakeholders involved in the programme

Key: CPC =Centre for Positive Care OVC = Orphans and Vulnerable Children CCF =Child Care Forums

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3.5.2 Focus group discussions

Forty representatives of various community stakeholder institutions participated in the study. Snowball sampling methods were used to select the participants. The researcher requested the CCF coordinators to identify one representative from each community institution. It was explained to the coordinators that they should select people who had adequate knowledge of the OVC programme. A list of representatives was compiled with contact information included. Each participant was phoned and the reasons for participating in the study were explained. They were also invited to a one day data collection workshop held at the CPC offices.

Although 56 community representatives were invited, 40 actually participated. All the participants' travel and lunch expenses were reimbursed. On the day of data collection, the purpose, objectives and engagement approach of the study were explained. Thereafter, the participants were requested to sign a consent form (Appendix 3.5). It was explained that all the data would be kept confidential, with their identities remaining anonymous. The participants were randomly allocated numbers as a basis of grouping in order to answer the specific research questions provided. Each group was given 30 minutes to discuss the questions and 10 minutes to present their findings. The principal researcher and three research assistants facilitated all the focus groups. Prior to the focus group engagements the research assistants were briefed about the main purpose of the study. Their consent was also secured. Participants worked in groups to answer questions contained in a semi-structured guide (Appendix 3.1). After completing the focus group discussions, representatives presented their views followed by general discussions and way forward.

3.5.3 Measuring success of the programme using social change stories

Twenty-five CCF coordinators were randomly selected to compile what they regarded as success stories relating to the OVC programme interventions. A most significant change story collection template (Appendix 3.2) was used. The researcher met with all the 56 CCF coordinators at the CPC offices during one of their monthly meetings to explain the purpose and objectives of the study. Using the meeting attendance register, a random sample of 25 CCF coordinators was chosen and requested to compile individual success stories. Each story was expected to include the types of interventions provided, outcomes and challenges encountered during implementation. Consent forms detailing the reasons for undertaking the study, expectations and confidentiality of information they supplied were signed. The fact that the participants were free to withdraw from the study should this become necessary was explained. All the selected CCF coordinators gave consent to participate in the study.

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3.5.4 Structured questionnaire

A questionnaire that sought responses relating to the level of satisfaction regarding implementation of the CPC-run OVC programme was administered to 56 CCF coordinators and an equal number of caregivers. A clear description, purpose and the objectives of the study were given to all the participants. As explained above, consent forms were also signed after full disclosure of information pertaining to the entire study. Each participant completed a questionnaire (Appendix 3.3). The questionnaire was divided into four sections, namely: programme design and relevance, effectiveness, sustainability and impact. The respondents used a Likert-type scale of 1 (strongly agree) to 5 (strongly disagree) to assess the extent to which they agreed with the statements in it.

3.5.5 Assessment of well-being

A well-being assessment questionnaire (Appendix 3.4) was administered to 188 OVC and a most significant change story collection template (Appendix 3.2) was used to collect stories from 150 OVC from different centres in Makhado, Musina and Thulamela Municipalities. The well-being assessment questionnaire sought to measure the situation of children in terms of food and nutrition, shelter and care, protection, health, psychosocial, education and skills training. The questionnaire was designed to assess whether the interventions of the CPC-run OVC programme helped improve the wellbeing of children. Children were rating their perceptions using the score of 1-4 (1=Not improved, 2=somewhat improved, 3= improved and 4=Very improved).The electronic OVC database maintained at CPC was used to generate a list of children registered in the programme. Only OVC at least 12 years old who could read and write on their own were randomly selected to complete the wellbeing assessment form. Prior to the data collection engagement, consent forms detailing the purpose of the study, expectations and confidentiality were distributed in advance to CCF coordinators for parents, guardians and children to complete.

3.6 Data Analysis

Data analysis is a process of inspecting, cleaning, transforming and modeling data with the goal of highlighting useful information, suggesting conclusions, and supporting decision making (Sonko *et al.*, 2010). De Vos (2005) describes data analysis as a process of bringing order, structure and meaning to the mass of collected data. Qualitative and quantitative data were analysed separately, using appropriate techniques in this study. Further details on this subject are presented below. In qualitative studies, the goal of data analysis is to find themes

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that explain the study (Patton, 2002). Qualitative data analysis was carried out using Henning, Van Ransberg and Smit (2004) methods of content analysis. Content analysis involves gathering and analysing the textual material, where content refers to words, meanings, pictures, symbols, ideas, themes or any message that can be communicated (Neuman, 2007). The following steps were followed when analysing the qualitative data. Compiled notes were read in order to list the key ideas and recurrent themes. Data were then divided into smaller and more meaningful units, comparisons were made so as to build and refine categories. Conceptual similarities were defined, patterns highlighted and descriptions in terms of words were presented to restate the characteristics of responses from various groups or individual respondents. The data were then tabulated and also presented in figures.

Quantitative data were cleaned, coded and stored as a Microsoft Office Excel 2007 spread sheet. They were then imported into the Statistical Package for Social Sciences (SPSS) version 19.0 for Windows. Descriptive statistics for non-parametric variables were computed. This was mainly in the form of cross tabulations and frequencies. As for numerical variables, measures of central tendency such as mean, median and mode were calculated.

Inferential statistics were conducted to test the hypothesis that the perceptions of OVC Coordinators and carers were the same. Since the data were nonparametric, it was necessary to carry out a test for normality. Thus, the Shapiro-Wilk test was conducted. The assumption that the data were normally distributed was accepted ($P > 0.05$). A t-test was then carried out to assess whether the means of the perceptions of the OVC Coordinators and caregivers were statistically different from each other.

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CHAPTER 4 RESULTS AND DISCUSSION OF THE RELEVANCE OF THE CENTRE FOR POSITIVE CARE-RUN ORPHANS AND VULNERABLE CHILDREN PROGRAMME IN VHEMBE DISTRICT

4.1 Introduction

In this chapter, the results of the study on the relevance of the CPC-run OVC programme are presented, described and discussed. The Organisation for Economic Co-operation and Development (OECD) (1991) defines relevance as the extent to which aid activities are suited to the priorities and policies of the target group, recipient and donor(s). In addition, relevance is concerned with assessing whether the project is in line with local needs and priorities. The results presented in this chapter were obtained through a study involving CPC staff members, community-based institutions, CCF coordinators and OVC caregivers.

4.2 Relevance of CPC-run OVC Programme

4.2.1 Perceptions of CCF Coordinators

Table 4.1 presents the perceptions of CCF coordinators and caregivers on the extent to which they agreed with the relevance of the OVC programme. Almost all the CCF coordinators (98 %) agreed that there was a need to implement the OVC programme in their communities. About 96 % reported that the OVC programme was well introduced in their localities. Most CCF coordinators (88 %) agreed that all the stakeholders were involved in decision making right from the beginning of the OVC programme. A large proportion of CCF coordinators (94 %) revealed that ordinary community members had been involved in the programme since its beginning.

Both categories of respondents confirmed that they had received initial training focusing on OVC issues. About 90 % of the CCF coordinators indicated that adequate resources were always provided to support the implementation of the OVC programme. More than three-quarters of the CCF coordinators (79 %) believed that all villages with OVC were covered. Approximately 92 % of the CCF coordinators agreed that the needs of OVC were continuously and successfully identified with active involvement of all major interested parties.

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Table 4.1 Perceptions of CCF coordinators and Caregivers on the extent of agreement of the OVC programme relevance

Perceptions	% of CCF Coordinators					% of Caregivers				
	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
i. There was a need to implement the OVC programme in our community	80	18	0	2	0	62	29	9	0	0
ii. The CPC-run OVC programme was well introduced in our community	56	40	4	0	0	47	33	16	4	0
iii. Relevant stakeholders were involved in decision making from the beginning of the programme	55	33	7	0	5	40	22	7	18	13
iv. Ordinary community members have always been involved in the programme from the beginning of the programme by the time it was introduced	58	36	6	0	0	40	46	14	0	
v. Volunteers were selected/recruited in a fair and transparent manner	53	41	4	2	0	39	35	9	17	0
vi. Initial training on OVC issues was provided	67	33	0	0	0	65	35	0	0	0
vii. Adequate resources have always been provided	52	38	4	4	2	51	25	0	13	11
viii. All villages with OVC were covered in your area	52	27	6	10	5	29	18	4	45	4
ix. Needs for OVC were continuously and successfully identified with active involvement of all major interested parties	49	43	4	4	0	53	42	2	3	0

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4.2.2 Perceptions of Caregivers

The majority of caregivers (91 %) agreed that there was a need to implement the OVC programme in their communities. About 80 % of the caregivers reported that the OVC programme was well-introduced in their communities. Sixty-two percent of the caregivers agreed that all stakeholders were involved in decision making from the beginning of the OVC programme. Only 31 % of the caregivers did not agree that all the stakeholders were involved. A large proportion of the caregivers (86 %) were in agreement that ordinary community members had always been involved in the programme since its beginning. Only 14 % of the caregivers indicated that they were not sure.

More than three quarters (76 %) of caregivers indicated that adequate resources were always provided to support the implementation of the OVC programme. Less than half (47 %) of the caregivers confirmed that all villages with OVC were covered in their areas. About 45 % of the caregivers disagreed that all villages with OVC were covered. Almost all (95 %) of the caregivers were in agreement that the needs for OVC were continuously and successfully identified with the active involvement of all major interested parties.

4.2.3 Perceptions of Community-based institutions and CPC Staff Members

Table 4.2 presents the perceptions of community-based institutions that are the main beneficiaries of the programme. These institutions indicated that the main beneficiaries of the CPC-run OVC programme were orphans, vulnerable children and child-headed families. The results from the key informant interviews indicated that the OVC programme was relevant since there was a need to reduce the burden on children who were left by parents who died as a result of HIV/AIDS. The CPC staff members indicated that before the programme was implemented, a needs assessment was done to identify OVC and their needs in rural communities of Vhembe District. They further indicated that the rights of vulnerable children were violated, OVC were dropping out of school due to stigma and discrimination and children were found in towns like Thohoyandou, Makhado and Musina, begging for food and money as well as smoking glue and other harmful substances.

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Table 4.2 Who are the intended beneficiaries of the OVC programme?

Responses	Respondents											Total
	Community Development Workers	Headman	Civic Association	Ward Councillors	Social Workers	Home Based Cares	Home Affairs	Nurses	Teachers	Business People		
i. Orphans	𝍸 I	𝍸 I	IIII	𝍸	𝍸	II	I	II	III	II		36
ii. Vulnerable Children	𝍸	𝍸	II	𝍸 I	𝍸	II		I	II	I		29
iii. Childheaded Families	I	II	I	III	II		I	II	I	I		14

Key: "I" Means the stakeholder identified the intended beneficiary of the OVC programme

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4.3 Differences in Perceptions of OVC Coordinators and Caregivers with regard to the relevance of the CPC-run OVC programme

In general, the means for the perceptions of OVC coordinators were higher than those for caregivers. Most of the respondents were satisfied with the implementation of the CPC-run OVC programme. However, Table 4.3 shows that there were some statistically significant differences observed in terms of programme relevance. On programme relevance, the means for the perceptions "there was a need to implement the OVC programme in their communities" and "ordinary community members have always been involved in the programme from the time it was introduced" were significantly lower for OVC coordinators than for caregivers ($P < 0.05$). Moreover, much lower means for the perceptions of OVC coordinators compared to caregivers were observed for "the CPC-run OVC programme was well introduced in their communities" and "relevant stakeholders were involved in decision making from the beginning of the OVC programme" ($P < 0.01$). It was found that OVC coordinators agreed more than caregivers with the following perception, "volunteers were selected or recruited in a fair and transparent manner" ($P < 0.01$).To a larger extent, significant differences were observed amongst the interest groups for the perception that "all villages with OVC were covered" ($P< 0.001$).

4.4 Discussion

The fact that the majority of CCF coordinators, caregivers and community-based institutions fully agreed that there was a need to implement the OVC programme in their communities was a clear indication that the OVC programme was desired. All CCF coordinators, caregivers and representatives of community based institutions indicated that the main beneficiaries of the programme were orphans, vulnerable children and child headed families. These results confirm the concern raised by Meintjesa, Halla, Mareraa and Boulleb (2010) that, the number of orphans living without adults is rapidly increasing as a result of AIDS-related adult mortality in South Africa and elsewhere in sub-Saharan Africa. Since the AIDS epidemic began, the total number of OVC who were living with HIV in South Africa was estimated at approximately 3.37 million (Statistics South Africa, 2011). This highlights the fact that the HIV/AIDS epidemic remains a critical concern in the lives of children. Anyadike, Hopps, Jansson, Ndaki and Siegfriend (2007) support this view when they argue that many children, whose parents have died or are sick as a result of HIV, are caring for sick parents and even more are made vulnerable through the impact of the HIV/AIDS epidemic in their communities.

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Table 4.3 The significance of differences in mean scores for the perceptions of OVC Coordinators and Caregivers relating to the relevance of the OVC programme

Perceptions	Mean score for the perceptions of:				
	OVC Coordinators		Caregivers		
	Mean	SE	Mean	SE	Significance
i. There was a need to implement the OVC programme in our community	1.24	0.073	1.47	0.089	*
ii. The CPC-run OVC programme was well introduced in our community	1.47	0.077	1.76	0.116	*
iii. Relevant stakeholders were involved in decision making from the beginning of the programme	1.69	0.137	2.42	0.200	* *
iv. Ordinary community members have always been involved in the programme from the beginning of the programme by the time it was introduced	1.47	0.081	1.75	0.094	*
v. Volunteers were selected/recruited in a fair and transparent manner	1.55	0.092	2.04	0.147	* *
vi. All villages with OVC were covered	1.90	0.170	2.76	0.187	* * *

Key: * = P < 0.05 ** = P < 0.01 ***= P< 0.001 SE = standard error

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When communities, households, government and other stakeholders fails to create conducive environment for OVC their risk for survival increases rapidly. Anyadike *et al.* (2007) support this view when they argue that such children may have to drop out of school, face stigma and discrimination, and deal with increased poverty, inadequate health care and poor nutrition. As a result, critical questions can be asked about the nation's capacity to provide sufficient and relevant family-based care for these children.

According to Loening-Voysey and Wilson (2001), children who are orphaned or neglected need love, care and affection. As a result, programmes which are designed to serve OVC need to be relevant and suited to their priorities and needs. The frightening scale of orphaned children had influenced a lot of NGOs to establish initiatives that provide care and support to those children (Oleke, Blystand, Rekdal and Moland, 2007). Some organizations offer a comprehensive array of services which are designed to address the needs of OVC while others emphasize on specific kinds of knowledge and skills. According to Anyadike *et al.* (2007), OVC who grow up in communities with supportive programmes are safe from many challenges and risks.

It was interesting to note that, both OVC coordinators and caregivers agreed that the CPC-run OVC programme was well introduced in the targeted communities. The CPC staff members indicated that, before the OVC programme was rolled-out to other targeted communities, a community assessment and a household survey were conducted. This was done to better understand the dynamics of the communities and to provide the information needed to make decisions that will contribute to the long-term implementation of the programme. After completing the community assessment and the household survey, the CPC staff together with community stakeholders had to agree on the relevant services to be provided to OVC.

The CPC's success is built upon building a strong relationship with community stakeholders and ordinary community members. Involving relevant stakeholders and community members is important for any development programme (Jeon and Amekudzi, 2005). According to Cibulas and Falk (2005), one of the keys to the success of the community-based programme lies in the ability to establish clear expectations, communicate effectively, and place the community at the centre stage. This includes involving as many stakeholders as possible in the programme. Community stakeholders in the CPC-run OVC programme were involved through the CCFs and CFC programme staff who were able to sensitise the communities to support and provide the needs of vulnerable children. Once people understood what

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programmes were doing and how services were benefiting the community, they were far more likely to become involved. A wide network of contacts has helped secure resources and services for OVC. Of particular importance are CPC's relationships with local municipalities and traditional leaders. The CPC works with local government departments as key partners in establishing, training and supporting CCFs at the ward level.

In the current study, the majority of CCF coordinators and caregivers reported that volunteers were selected/recruited in a fair and transparent manner. According to International Labour Organisation (ILO, 2011), volunteer work, is a crucial renewable resource for social and environmental problem-solving worldwide. To minimise dependency and ensure long-term sustainability of its programmes, CPC has been relying on volunteers to implement its programmes. The CPC has also developed a community care workers/volunteers management policy and procedure which provide basic standards of recruiting and supporting its volunteers. The care workers/volunteers are recruited and selected from the same communities in which they live in; they receive training and career pathing support as well as participating in peer learning activities.

When introducing the OVC programme in targeted communities, the CPC staff members indicated that they consulted the local municipalities about the intentions of the programme. The goal of good communication during programme design is to raise awareness of the needs within the community and then address how the programme will meet the identified needs (Remmert and Trusner, 2008).The municipality then mandated the ward councillors who worked closely with the chiefs and community-based institutions to select volunteers. The respondents further highlighted that CPC staff members were not directly involved in the process of selecting volunteers so that the community would have ownership of the programme. Almost all respondents indicated that the following selection criteria were used: interest in volunteerism, knowledge of the community, participation in community activities, ability to work with people, possession of problem-solving skills, membership in any community structure and interest in working with children.

According to Aguinis and Kraiger (2009) there is documented evidence that training and mentoring activities have a positive impact on the performance of individuals and teams. Providing relevant trainings to staff and volunteers can help any organization to flourish. All CCF coordinators and caregivers agreed that relevant trainings on OVC issues were provided. The training, mentorship and support provided by CPC and other partners have been valuable, enabling the establishment and functioning of a substantial CCF force. The

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training of CCF members on the twelve modules from the National Action Committee for Children Affected by HIV and AIDS was regarded as valuable by all participants. The modules included the causes of vulnerability, OVC identification, communication, children's rights, best practices, networking, introduction to Child Care Forum, government and non-governmental resources, HIV and AIDs, death and dying, nutrition, data management, psychosocial support and management. This training provided the CCFs with a solid base of knowledge to appropriately care for OVC and improve their wellbeing. Such training should continue to be prioritised. While effective in many respects, respondents suggested that training should be longer, more practical, better adapted to non-literate participants, and should include more thorough follow-up.

The CCF coordinators agreed more than the caregivers that adequate resources were always provided to support the implementation of the OVC programme. All CCF members received a stipend and transport allowances to attend meetings. Other material support has included uniforms, office furniture, equipment, stationery and provisions for OVC. Unfortunately, CPC depends largely on foreign and local funding to run its operation (Kisianangi, 2005). Often, such funding is restricted and insufficient to provide all the resources required.

Despite the fact that the CCF coordinators agreed more that the caregivers that all villages with OVC were covered in the targeted areas, it is clear from the literature and the observations of this study that there might still be a huge demand for the OVC programme in other areas not yet covered. This implies that community-based care programmes which address the needs of OVC are desired.

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CHAPTER 5 RESULTS AND DISCUSSION OF THE EFFECTIVENESS OF CENTRE FOR POSITIVE CARE-RUN ORPHANS AND VULNERABLE CHILDREN PROGRAMME

5.1 Introduction

The results of the study on the effectiveness of the CPC-run OVC programme are presented, described and discussed in this chapter. The Austrian Development Agency (2009) defines effectiveness as the extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance. As described in Chapter 3, CCF coordinators, caregivers and community-based stakeholders were the key respondents. The study sought to address the following research questions: 1) to what extent were the planned programme activities implemented? and 2) were the desired results achieved?

5.2 Effectiveness of the CPC-run OVC Programme

5.2.1 Perceptions of CCF Coordinators

Table 5.1 presents the perceptions of CCF coordinators and caregivers on the effectiveness of the OVC programme. All the CCF coordinators reported that CPC staff members provided adequate support to the programme. About 92 % of the CCF coordinators agreed that regular trainings that were provided were relevant. Approximately 88 % of the CCF coordinators reported that there was regular and reliable flow of information amongst all parties involved in the programme. Both categories of respondents indicated that monthly stipends were provided. A significantly high proportion of the CCF coordinators (90 %) highlighted that motivational certificates were provided after each training session.

About 86 % of the CCF coordinators agreed that debriefing sessions were held at least once a year focusing on emotional support. Both CCF coordinators (94 %) and caregivers (95 %) agreed that OVC were referred to relevant stakeholders or service providers. More than half (57 %) of the OVC coordinators indicated that stakeholders attended to OVC issues in an appropriate timeframe. While 24 % were not sure, 19 % of them disagreed. About 71 % of the CCF coordinators were of the view that the tools for tracking and documenting referrals were used most of the time, 11 % were not sure and 18 % disagreed. Nearly all CCF coordinators (98 %) agreed that community members participated in the programme activities.

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Table 5.1 Perceptions of CCF coordinators and caregivers on the effectiveness of the OVC programme

Perceptions	% of CCF Coordinators					% of Caregivers				
	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
Programme Support	53	47	0	0	0	33	67	0	0	0
i. Adequate support was provided by CPC staff members										
ii. Trainings were provided on an on-going basis and also when needed	45	47	4	4	0	33	36	6	25	0
iii. There was regular flow of information among all the parties involved in the programme	51	37	2	10	0	47	37	0	16	0
iv. Monthly stipend was provided	53	35	0	10	2	55	45	0	0	0
v. Certificates were provided after each training	52	38	2	8		42	33	7	18	
vi. Debriefing sessions were held at least once a year for emotional support	40	46	8	2	4	20	36	38	2	4
vii. OVC were referred to relevant stakeholders or service providers	63	31	4	2	0	60	35	5	0	0
Participation and Feedback										
i. Stakeholders attend to OVC issues in time	24	33	24	15	4	20	33	20	24	3
ii. Tools for tracking and documenting referrals were used most of the time	38	33	11	13	5	49	27	4	11	9
iii. Community members participated in programme activities	44	54	0	2	0	44	42	0	14	0
iv. There is good relationship between the programme and all strategic stakeholders	65	33	2	0	0	75	25	0	0	0
v. Programme meetings were held every month	70	30	0	0	0	73	27	0	0	0
vi. Feedback about programme targets was provided most of the time	60	38		2	0	53	31	5	11	0
vii. Feedback to community was done most of the time	50	46	2	2	0	41	46	13	0	
viii. Data verification was done frequently	58	38	4	0	0	32	22	7	39	0

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Both groups revealed that there were good relationship between the programme implementers and strategic stakeholders. All CCF coordinators and caregivers agreed that programme meetings were held monthly. Almost all CCF coordinators (98 %) acknowledged that feedback about the programme's targets was provided most of the time. In addition, approximately 96 % of the CCF coordinators agreed that data verification was done.

5.2.2 Perceptions of Caregivers

As was the case with CCF coordinators, all the caregivers agreed that CPC staff members adequately supported the implementation of the OVC programme. The perception of caregivers slightly differed from that of the CCF coordinators with regard to training. Sixty-nine percent of the caregivers indicated that trainings were provided on an on-going basis and also when needed. Further evidence of the difference regarding perceptions on training was that 25 % of the caregivers disagreed that trainings were provided on an on-going basis and also when needed. About 83 % OVC of caregivers reported that there was regular and reliable flow of information amongst all the parties involved in the programme. Furthermore, three quarters (75 %) of the caregivers agreed that motivational certificates were provided after each training session.

More than half (56 %) of the caregivers agreed that debriefing sessions were held at least once a year for emotional support with about 38 % who were not sure that debriefing sessions were held. Also, there were differences among the respondents with respect to the stakeholder's response to the OVC issues. Fifty-three percent of the caregivers indicated that stakeholders attended to OVC issues in an appropriate timeframe. One-fifth of them were not sure and more than a quarter (27 %) disagreed. Slightly more than three-quarters (76 %) of the caregivers indicated that the tools for tracking and documenting referrals were used most of the time, while 20 % disagreed. A very high proportion (86%) of caregivers agreed that community members participated in the OVC programme activities. The majority (84 %) of the caregivers acknowledged that feedback about programme targets was provided most of the time. Only 13 % of the caregivers were not sure whether feedback about the programme targets was provided. Lastly, more than half (54 %) of the caregivers agreed that data verification was done.

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5.2.3 Perceptions of community-based institutions

Table 5.2 presents the perceptions of community-based stakeholders regarding the effectiveness of the OVC programme. Almost all community-based institutions identified infrastructure development as a key indicator for improving the effectiveness of the programme. To support this view, community-based institutions indicated that CCFs should have proper offices with necessary equipments in their communities. Community Development Workers (CDWs) and Home-Based Carers (HBCs) added that shelter must be built for immigrants' children, especially in Musina.

Staffing and employment were also identified as one of the key indicators of improving programme effectiveness by community-based institutions. They emphasised that CCFs must be employed as permanent staff members and their monthly stipend must be increased. On governance, the majority of community-based institutions highlighted that for the OVC programme to run effectively all community members must be involved. Other community-based institutions reported that there was a need to have frequent stakeholders' meetings to talk about issues affecting children. Only a few of them reported that marketing programme activities could strengthen governance of the OVC programme.

In terms of resource provision, the majority of community-based institutions indicated that OVC who pass grade 12 with good results must get bursaries, CFFs must get more funding, volunteers must be provided with uniforms all the time, and they must be given transport money to move around villages to see OVC. Furthermore, there should be designated nurses and social workers in all resource centres. Most community-based institutions indicated that referral systems must be improved in order to provide quality services to OVC.

5.3 Differences in Perceptions of OVC Coordinators and Caregivers with regard to the effectiveness of the CPC-run OVC programme

Similarly to the previous chapter, the means for the perceptions of OVC coordinators were higher than those for caregivers. Nevertheless, Table 5.3 shows that there were some statistically significant differences observed in terms of the effectiveness of the CPC-run OVC programme. Significant differences were observed, although to a much lower extent, in the perceptions that "adequate support was provided by CPC staff members," and "debriefing sessions were held at least once a year for emotional support" ($P < 0.05$). It was found that OVC coordinators agreed more than carers with perception that "training was provided on an on-going basis and also when needed" ($P < 0.01$).To a larger extent, significant differences were observed for the perception that "data verifications were done frequently" ($P< 0.001$).

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Table 5.2 What could be done differently to improve the implementation of the OVC programme?

Responses	Sources of Information										
	Community Development Workers	Headman	Civic Associations	Ward Councillors	Social Workers	Home Based Cares	Home Affairs	Nurses	Teachers	Business People	Total
(a) Infrastructure Development											
i. To build proper offices for CCFs in communities	III	III	III	IIII	II	III		I	I	I	21
ii. To build a shelter for immigrants	I					I					2
(b) Staffing and Employment											
i. To employ CCFs as permanent staff members	I	II		II		III			I		9
ii. To increase stipend for volunteers				I	I	III			I		6
(c) Governance											
i. To involve all community members in the programme	IIIII	IIIII I	IIII	IIIII	IIIII	II	I	II	II	I	33
ii. To have stakeholders meetings frequently to talk about issues affecting children	III	III	II	II	II	III			II	II	19
iii. Marketing programme activities				II	I					I	4
(d) Resources											
i. To provide bursary for children who pass grade 12	III	III	I	IIII	III	I			IIII		19
ii. To get more funding	I	I		III	II	III	I	I	I	I	14
iii. To provide volunteers with uniform all the time	I	I	I			III		I	I	I	9
iv. To provide transport money to move around villages to see OVC.		II				III					5
v. To have designated nurses and social workers in resource centres				I	II			II			5
(e) System Improvement											
i. To improve referral system	II	I		IIII	IIII	II	I	II			16

Key: "**I**" = Means the stakeholder identified the intended beneficiary of the OVC programme

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Table 5.3 The significance of differences in mean scores for the perceptions of OVC coordinators and caregivers relating to the effectiveness of the OVC programme

Perceptions	Mean score and standard error for the perceptions of:				
	OVC Coordinators		Caregivers		
	Mean	SE	Mean	SE	Significance
i. Adequate support was provided by CPC staff members	1.47	0.068	1.67	0.064	*
ii. Trainings were provided on an on-going basis and also when needed	1.65	0.098	2.24	0.158	* *
iii. Debriefing sessions were held at least once a year for emotional support	1.84	0.135	2.33	0.127	*
iv. Data verifications were done frequently	1.45	0.079	2.54	0.177	* * *

Key: * = P < 0.05 ** = P < 0.01 ***= P< 0.001 SE = standard error

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5.3 Discussion

Effectiveness measures the merit and worth of an intervention and the extent to which the intervention objectives were achieved or were expected to be achieved in a sustainable manner and with positive institutional effects (UNAIDS, 2010). Measuring programme effectiveness demonstrates that the programme met or exceeded its objectives. This also assists in determining if the programme needs to be adjusted or changed for continued funding or program expansion. This study revealed several valuable results on the effectiveness of the OVC programme focusing on how CPC was supporting the implementers on the ground and linking them with key community-based institutions.

5.3.1 Programme support

Providing effective support is crucial for HIV/AIDS programmes that seek to improve the lives and livelihoods of those affected by the pandemic and to intensify awareness and prevent further infection (FHI, 2008). The fact that both CCF coordinators and caregivers agreed that programme support was provided was not surprising. Centre for Positive Care as a technical support organisation, had been implementing the HIV/AIDS programme in South Africa for many years. The organisation had a good working relationship with other service providers, communities and relevant stakeholders including government departments, municipalities, schools, community leaderships and other locally-based organisations. In addition, CPC had capacity building programmes which included financial management, administration, governance, policy development and implementation, service delivery and monitoring and evaluation.

In the PEPFAR-funded program, CPC had been providing technical support to CCFs in three municipalities of Vhembe District. The support for CCFs was in line with the recommendations from "A Call for Coordinated Action for Children Affected by HIV and AIDS Conference" held in Johannesburg, South Africa 2002. The National Action Plan of SA of 2009-2012 reveals that the conference mandated the Department of Social Development to establish the National Action Committee for Children Affected by AIDS (NACCA). The structure sought to ensure co-ordination of efforts at national, provincial, district and local levels with respect to issues of OVC.As a result, the NACCA task team designed a set of training modules to ensure the implementation of systems to care for OVC in grassroots communities.

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The NACCA training modules are (Children's Rights, the vulnerable child, Introduction to Child Care Forums, data collection and record keeping, HIV and AIDS, being prepared for death, communication, children's psycho-social support, basic health and first aid, management and networking). In order to ensure that the OVC programme met its objectives; CPC had been using the NACCA training modules to capacitate and support CCFs to effectively care for OVCs.

The CPC programme staff indicated that they visited each CCF group at least twice per month and they held monthly meetings with the CCF members of each of the groups during which there were on-going programme reviews on specific areas. CPC provided support and assisted CCFs to network with relevant government structures, community development workers and ward councillors, local business people, faith-based organisations (FBOs) and other community structures to support OVC. During the beginning of the OVC programme in 2004, CPC was providing some direct support (such as seeds sourced from cost share funding, school uniforms and blankets) to OVC and their families. Furthermore, CPC had assisted CCFs to establish and strengthen ward level networks with community-based institutions such as HBC groups, schools, local business, FBOs and other groups. This support had contributed immensely to the successful implementation of the OVC programme for the past 7 years.

5.3.2 Infrastructure

This study revealed that, although CCFs were providing services to OVC, poor infrastructure development in South Africa was identified as a hindrance to the effective implementation of the programme. African countries are faced with an enormous infrastructure backlog (Estache, 2006), and South Africa is no exception (SA Department of Land Affairs, 1997). In order to increase access to services for South Africans, new public infrastructure programmes are gradually being implemented. However, despite government efforts, there is still a backlog of municipal infrastructure development in rural communities because of the Apartheid legacy and the communities' growing need for basic services (SA Department of Land Affairs, 1997).

The current rural infrastructure deficits include water, sanitation, transport (roads), electricity, health (clinics), and education (schools). Smit (2010) argued that inadequate and fragile infrastructure could do more harm to a large number of people in the short term than current global warming concerns. Meeting this backlog requires large capital inputs from government, business, institutional development, training and technology development (SA

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Department of Land Affairs, 1997). Thwala (2011) argued that investment in infrastructure has substantial potential to redress the high levels of unemployment and poverty in South Africa, and also to correct the skills deficits in disadvantaged communities.

Participants from this study indicated that in order to improve the implementation of the OVC programme, CCFs must have proper offices in their communities and shelters must be built for the children of immigrants. Speeding up the delivery of infrastructure and providing for the maintenance thereof is a major component of the government's programme for the second decade of freedom (Department of Local Economic Development South Africa, 2004). The objectives of this programme are to accelerate reduction of social backlogs, such as access to water and sanitation and construction of clinics and schools, and to improve and give more people access to economic infrastructure such as transport and telecommunications. This should be implemented in a way that reaches the poor and builds integrated and viable communities.

5.3.3 Employment

The rate of unemployment in South Africa is extreme and is one of the highest in the world (Leibbrandt, Woolard, Finn and Argent, 2008). Despite the decrease in the unemployment rate to (23.9 %) in the fourth quarter of 2011, the challenge of unemployment in South Africa is one of the most pressing socio-economic problems facing the South African government (Statistics South Africa, 2011). Only two in five working age adults in South Africa (those aged 15 to 64 years old) have a job and more than 4 million people (24 %) in the workforce are currently unemployed, of which 2.9 million have been looking for work for over a year or longer (National Treasury of South Africa, 2011).

Due to the high rate of unemployment, most people are volunteering their services to various sectors. The International Labour Organisation (2011) indicated that volunteer work is crucial all over the world. The scale of volunteer work is enormous and the contribution it makes to the quality of life in countries everywhere is significant. Despite this, there are few sustained efforts and there is a lack of motivation for the work being done. Statistics South Africa (2010) revealed that 1.2 million persons aged 15 years and older participated in volunteer activities in the second quarter of 2010 in South Africa. The rate of volunteering was higher among women than among men in all age groups. It can be argued that most of these people are volunteering because they have no job opportunities especially in Vhembe District.

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In this study, community-based institutions feel that although CCFs are volunteers they must be employed as permanent staff members and their stipends must be increased. The challenge with employing volunteers as permanent staff members is that most NGOs depend on donor funding and NGOs must work within donor restrictions on how they can spend the funds they receive (Agg, 2006). Funding agencies do not want to spend more money on salaries than on service delivery. In addition, most NGOs do not have secure funding to hire full-time, permanent employees. As a result, NGOs cannot employ many people whom they will not able to support when the donor programme has ended (Harcourt, 2006). Makuwira (2006) indicated that NGOs are still struggling to contain the influence of funding agencies on their operation. These problems show how difficult it is to have an equal partnership because decisions are always in the hands of funding agencies.

A study on The Capacity Challenges of Nonprofit and Voluntary Organisations in Rural Ontario, Canada revealed that without volunteers, most NGOs would not have effective programmes because volunteers are the ones who are on the ground delivering services to targeted beneficiaries (Stowe and Barr, 2005). However, due to high unemployment, most volunteers are looking for short-term assignments and they also expect to be paid after a certain period of time. If they are unable to become hired permanently or receive some incentives they drop out of the programme and seek other opportunities. This trend is also the same in South Africa, and the same thing has happened in the OVC programme that CPC operates.

5.3.4 Governance

Governance is defined as the process of decision-making and the process by which decisions are implemented or not implemented (Sheng, 2012). According to Wyatt (2004), the term governance refers to the way in which power is assumed, conveyed, and exercised within a society or an organisation. In the context of NGOs, the role, scope and desirability of governance is gaining more recognition (Dawson and Dunn, 2006). However, problems in the execution of NPO objectives often result from a lack of understanding of complete governance (Renz, 2008). Wyatt emphasised that an organisation exercises good governance when it has an internal system of checks and balances ensuring that the public interest is served.

Good governance is essential to the growth and sustainability of Non-Governmental Organisations. Graham, Amos and Plumptre (2011) highlighted that one of the goals of good governance is to enable an organisation to do its work and fulfil its mission, which results in

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organisational effectiveness. In South Africa, the Department of Social Development is the custodian of the Nonprofit Organisations Act, 1997 (Act No 71 of 1997) which encourages non-profit organisations to maintain adequate standards of governance, transparency and accountability (DSD, 2012).

Graham *et al.* (2011) define governance as the process whereby societies or organisations make their important decisions, determine who has voice, decide who is engaged in the process and dictate how accounts are managed. In this study, the majority of community-based institutions highlighted that for the OVC programme to run effectively all community members must be involved and frequent stakeholders meetings must be held to discuss issues affecting children. It is argued that effective governance facilitates the possibility for citizens, individually or in groups, to articulate their interests, exercise their legal rights and negotiate their differences (Li, 2009).

5.3.5 Resources

The responsibilities of NGOs are centered on helping people who are sick, vulnerable and needy (Viravaidya and Hayssen, 2001). Stowe and Barr (2005) added that NGOs are an important element of rural communities, often addressing the needs and interests of citizens that the public and private sectors do not. Unfortunately, the magnitude of such NGOs in Africa depends largely on foreign funding to run their operation (Kisiangani, 2005). Stowe and Barr (2005) argue that NGOs often find that such funding sources are insufficient to meet their growing needs and rising costs.

In addition, restrictions and changing priorities imposed on many grants and donations, along with the uncertainty of these funds over time, make it difficult for NGOs to do long-term planning, improve their services or reach their full potential(Pratt, Adams and Warren, 2006). Most NGOs are forced to operate with limited resources. In this study respondents indicated that orphans and vulnerable children who passed grade 12 well must receive bursaries, NGOs must be provided with more funding from the government and local business people, volunteers must be given uniforms at all times, and transport money must be provided to move around villages to see OVC. Respondents also indicated that the government must provide nurses and social workers in resource centres to assist children on a daily basis.

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5.3.6 System improvement

The approach of the CPC-run OVC programme is centered on identifying children and their needs in their communities and providing referrals to relevant service providers. This process required a close relationship between all stakeholders in the community. Save the Children UK (2009) emphasised that effective implementation of the OVC programme requires an integrated approach and inter-departmental coordination between government departments and community-based institutions. The results of this study showed that the referral system between stakeholders must be improved. This was emphasised by the fact that some respondents indicated that the tools for tracking and documenting referrals were used most of the time. The CCF coordinators indicated that it was sometimes difficult to get feedback from higher level officials. Effective referral requires clear communication to assure that patients receive optimal care at each level of the system. According to the World Health Organisation, a referral system will function effectively if all service providers are expected to adhere to the referral discipline, to refer appropriately, and to follow the agreed protocols of care.

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CHAPTER6 RESULTS AND DISCUSSION OF THE IMPACT AND SUSTAINABILITY OF THE CENTRE FOR POSITIVE CARE-RUN ORPHANS AND VULNERABLE CHILDREN PROGRAMME

6.1 Introduction

In this chapter, the results of the study on the impact and sustainability of the CPC-run OVC programme are presented, described and discussed. Sonko *et al.* (2010) defines impact as the long term effects of the programme on the beneficiaries. Such results are usually achieved after several years of implementing programmes and are usually contributed to by several actors. Sustainability refers to the continuation of benefits from a development intervention after major development assistance has been completed (OECD, 1991). In addition, impact refers to the probability of continued long-term benefits. Results for this chapter were obtained from various categories of respondents, including CCF coordinators, OVC caregivers, OVC, CPC staff members and community-based institutions. The results in this chapter sought to address the following research questions: (a) What are the positive changes resulting from implementing the OVC programme's activities? (b) What can be done to ensure that the positive impacts continue after the funding period ends?

6.2 Impact of CPC-run OVC Programme

6.2.1 Perceptions of CCF coordinators and caregivers

Table 6.1 presents the perceptions of CCF coordinators and caregivers on the OVC programme impact. Almost all CCF coordinators (98 %) and caregivers reported that as a result of the OVC programme, children participated freely in all programme activities. The majority of CCF coordinators (96 %) and all caregivers indicated that performance of children at school had improved as a result of the OVC programme interventions. Both CCF coordinators and caregivers (95 %) believed that some household incomes were strengthened. About 98 % of the CCF coordinators and almost all caregivers (99 %) reported that community-based institutions were aware of OVC issues as a result of the OVC programme. There were strong feelings from both CCF coordinators (98 %) and all caregivers that community-based institutions were committed to the successful implementation of the OVC programme. The majority of CCF coordinators (86 %) and caregivers (87 %) highlighted that because of the OVC programme success; other communities were requesting to be included in the programme.

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Table 6.1 Perceptions of CCF coordinators and caregivers on the OVC programme impact

	Perceptions	% of CCF Coordinators					% of Caregivers				
		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
i.	Children freely participated in programme activities	62	36	2	0	0	64	34	2	0	0
ii.	Performance of children at school had improved as a result of this programme	59	37	4	0	0	67	33	0	0	0
iii.	Targeted households income had been strengthened	53	42	5	0	0	54	41	5	0	0
iv.	Community-based institutions are aware about the OVC issues	56	42	2	0	0	56	43	1	0	0
v.	Community-based institutions are committed to the successful implementation of the programme	55	43	2	0	0	60	40	0	0	0
vi.	Because of its success, other communities are requesting to be included in the programme	56	30	9	0	5	56	31	9	0	4
vii.	Communities are using some of the knowledge, skills and experience gained in this programme to run other related initiatives	71	29	0	0	0	61	39	0	0	0
viii.	As a result of association with this programme, there is now a noticeable improvement in the desire and ability to solve community problems	70	24	0	6	0	69	28	0	3	0
ix.	OVC are no longer discriminated or stigmatised	67	22	4	1	6	66	20	8	0	6
x.	Households are aware about where to go when they need assistance such as (documents, grants, food parcels and others	55	30	11	4	0	53	32	8	7	0
xi.	School dropout has decreased	48	33	7	4	8	47	35	7	4	7
xii.	OVC are exempted from paying school fees	74	26	0	0	0	71	27		2	0
xiii.	OVC are no longer paying for Civic letters	55	30	11	4	0	53	31	13	3	0
xiv.	Children's committee are formed	48	20	20	12	0	44	13	32	11	0
xv.	Children are aware of their rights	74	26	0	0	0	69	31	0	0	0

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All categories of respondents indicated that communities were using some of the knowledge, skills and experience gained from the OVC programme to run other related initiatives. There were strong beliefs from both CCF coordinators (94 %) and caregivers (97 %) that, as a result of the association with the OVC programme, there were noticeable improvements in the desire and ability to solve community problems. Eighty-nine percent of the CCF coordinators and 86 % of the caregivers agreed that OVC were no longer discriminated or stigmatised. About 85 % of both CCF coordinators and caregivers indicated that households were aware of where to go when they needed assistance such as identification documents, grants, food parcels and others. The majority of CCF coordinators (81 %) and (85 %) of the caregivers reported that school dropouts had decreased. There was general agreement from both categories of respondents that OVC were exempted from paying school fees. Nearly three-quarters of the CCF coordinators (68 %) and more than half (57 %) of the caregivers indicated that children's committees were formed as a platform of OVC to share and discuss issues affecting them. All CCF coordinators and caregivers agreed that children were now aware of their rights as a result of the OVC programme.

6.2.2 Well-being of OVC

Food and nutrition

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As shown in Table 6.2, only 5 % of the OVC indicated that their situation on food security had not improved since the inception of the OVC programme. These individuals indicated that they rarely had food to eat at home and went to bed hungry most of the nights. About 17 % indicated that their situation had somewhat improved but they frequently had less food to eat than needed and they sometimes complained about hunger. Forty-three percent reported that their situation had improved because they had enough food to eat some of the time, depending on the season or food supply. The remaining (35 %) indicated that they were well fed and they ate regularly as a result of the OVC programme interventions.

Only 3 % of the total OVC who participated in the study had very low weight and were too short for their age, which showed that their situation had not improved. About ten percent of the total population had lower weight, looked shorter and were less energetic compared to others of the same age in the community. There was a drastic improvement in the majority of OVC (75 %) as they seemed to be growing well but were less active compared to others of the same age in the community. Only 12 % of the OVC were growing well with good height, weight and energy level expected for their age after receiving the benefits of the OVC programme intervention.

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Table 6.2 Wellbeing assessment for OVC

Indicators	Proportion of respondents (%) saying (n = 188)			
	Not improved	Somewhat improved	Improved	Very improved
1. Food and nutrition				
(a) Food security	5	17	43	35
(b) Nutrition and growth	3	10	75	12
2. Shelter and care				
(c) Shelter	3	10	69	18
(d) Care	6	11	39	44
3. Protection				
(e) Abuse and exploitation	3	6	13	78
(f) Legal protection	0	67	22	11
4. Health				
(g) Wellness	3	4	7	86
(h) Health care services	0	6	8	86
5. Psychosocial				
(i) Emotional health	5	19	29	47
(j) Social behaviour	4	13	36	47
6. Education and skills training				
(k) Performance	4	4	7	85
(l) Education and work	0	0	12	88

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Shelter and care

About 69 % of the OVC indicated that their shelter situation had improved as the result of the OVC programme interventions. Furthermore, these individuals indicated that they lived in a place that needed some repairs but was fairly adequate, dry and safe. Only 3 % reported that their shelter situation had not improved and they still had no stable, adequate or safe place to live. Ten percent of OVC indicated that their shelter had somewhat improved but they still stayed in a place that needed major repairs, was overcrowded, inadequate and/or did not protect him or her from bad weather.

In terms of care, most OVC (44 %) reported that their situation was very improved because they had a primary adult caregiver who was involved in their life and who protected and nurtured them. Thirty-nine percent of OVC had an adult who provided care but who was limited by illness, age, or seemed indifferent to the child. About 11 % of OVC indicated that their situation had somewhat improved since they had no consistent adult who provided love, attention and support at home.

Protection

Due to the OVC programme interventions, the majority of OVC (78 %) highlighted that the situation had improved because they were no longer abused, neglected, required to do inappropriate work or exploited in other ways. Only 13 % indicated that they were neglected, over-worked, not treated well or otherwise maltreated at some point. Despite the interventions of the OVC programme, about 67% of OVC indicated that they still had no access to legal protection services, but no legal protections were needed during the time of the study.

Health

On wellness, the situation had improved as the majority of OVC (86 %) reported that in the past month, they had been healthy and active with no fever, diarrhea or other illnesses. Only 3 % indicated that their situation had not improved. With regard to health and care services another 86 % of OVC highlighted that they had received all or almost all necessary health-care treatment and preventive services as a result of the OVC programme interventions.

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Psychosocial support

On emotional health, about 47 % of OVC indicated that they were happy, hopeful and content. Twenty-nine percent of the OVC reported that they were mostly happy but occasionally anxious or withdrawn. About 19 % said they were often withdrawn, irritable, anxious, unhappy or sad. The remaining (5 %) seemed hopeless, sad, withdrawn, wished they could die or wanted to be left alone.

Most of the OVC (47 %) indicated that they liked to play with peers and participated in group or family activities. A significant number (36 %) of OVC reported that they had minor problems in getting along with others and argued or got into fights sometimes. Thirteen percent of OVC highlighted that they were disobedient to adults and frequently did not interact well with peers, guardians or others at home or school. The remaining (4 %) of OVC indicated that they had behavioural problems, including stealing, early sexual activity and/or other risky or disruptive behaviour.

Education and skills training

As the result of the OVC programme interventions the majority of OVC (85 %) indicated that they were learning well, developing life skills and progressing as expected by caregivers, teachers or other leaders. Another 88 % reported that they were enrolled and attending school regularly. Only 12 % of the total OVC indicated that they were enrolled in school but attended irregularly.

6.2.3 Positive Changes in the Lives of OVC

This section highlights the positive changes in the lives of OVC as a result of various interventions and activities of the CPC-run OVC programme. Success stories were collected from children to highlight interventions or activities which had impacted positively in their lives. Changes in the lives of children ranged from education, health, psychological support and protection services.

Figure 6.1 depicts that all orphans and vulnerable children who participated in the study had benefitted from food and nutrition support. This had been achieved through local donations, referral by CCFs to access food parcels from the DSD/SASSA and donations from community members. The majority (80 %) of the OVC indicated that the OVC programme had helped them to access HIV prevention education.

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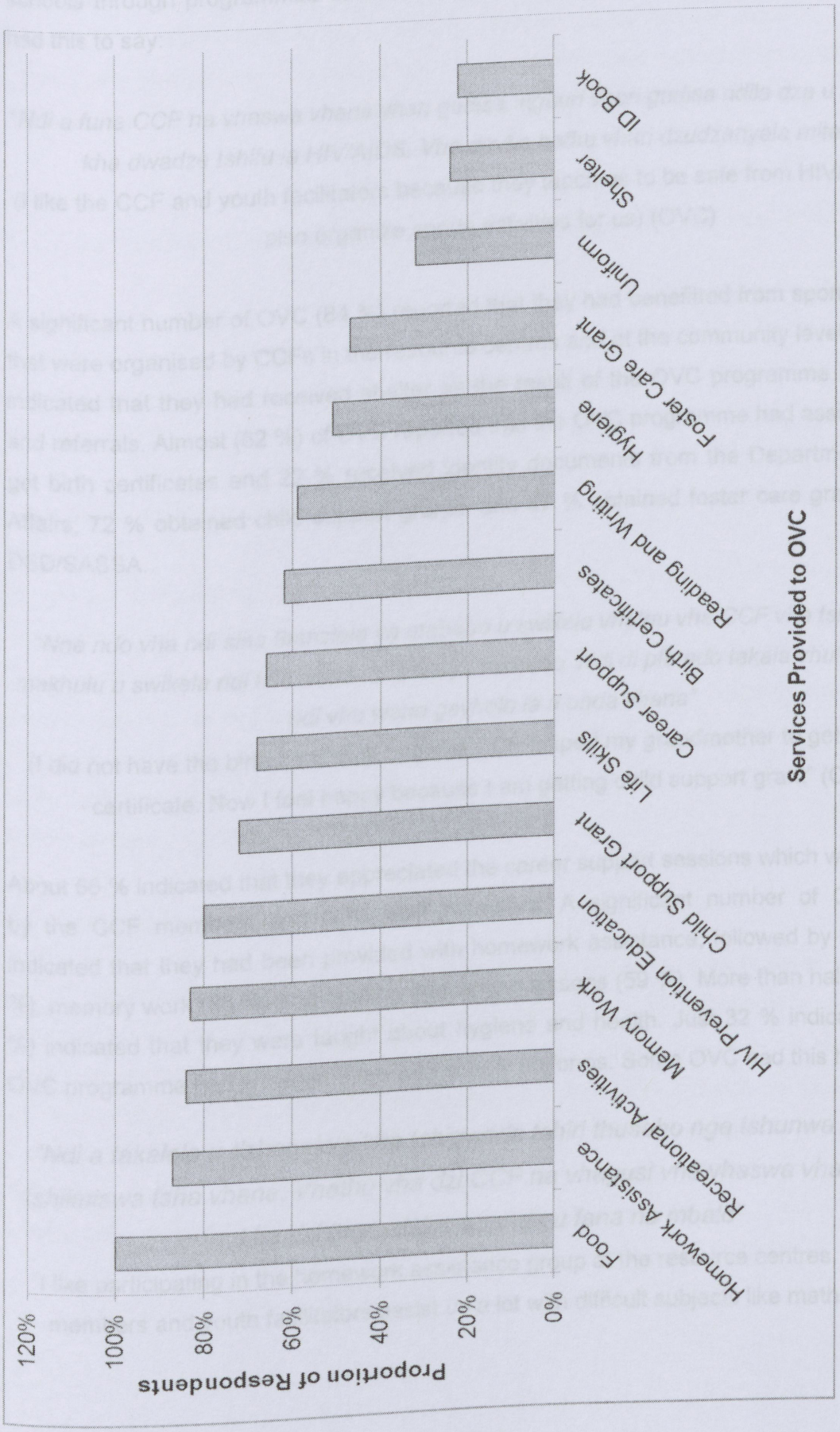

Figure 6.1 Impact of the OVC programme in the lives of children in Vhembe District

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This education was provided by youth facilitators and CCFs in resource centres, villages and schools through programmes such as Grassroots Soccer, Score and Love Life. One OVC had this to say:

"Ndi a funa CCF na vhaswa vhane vhari gudisa, ngauri vhari gudisa ndila dza u di tsireledza kha dwadze tshifu la HIV/AIDS. Vha dovha hafhu vhari dzudzanyela mitambo"

(I like the CCF and youth facilitators because they teach us to be safe from HIV/AIDS. They also organize sports activities for us) (OVC)

A significant number of OVC (84 %) reported that they had benefitted from sporting activities that were organised by CCFs in the resource centres and at the community level. About 24% indicated that they had received shelter as the result of the OVC programme interventions and referrals. Almost (62 %) of OVC reported that the OVC programme had assisted them to get birth certificates and 22 % received identity documents from the Department of Home Affairs, 72 % obtained child support grants, and 47 % obtained foster care grants from the DSD/SASSA.

"Nne ndo vha ndi sina thanziela ya mabebo u swikela vhathu vha CCF vha tshi thusana makhulu u swikela ndi tshi wana tanziela ya mabebo. Ndi di pfa ndo takala vhukuma ngauri ndi vho wana gavhelo la u unda vhana"

(I did not have the birth certificate until the CCF helped my grandmother to get me a birth certificate. Now I feel happy because I am getting child support grant" (OVC)

About 66 % indicated that they appreciated the career support sessions which were provided by the CCF members and CPC staff members. A significant number of OVC (87 %) indicated that they had been provided with homework assistance, followed by life skills (68 %), memory work (83 %) and reading and writing lessons (59 %). More than half of OVC (51 %) indicated that they were taught about hygiene and health. Just 32 % indicated that the OVC programme had provided them with school uniforms. Some OVC had this to say:

"Ndi a takalela u dzhenelela kha tshigwada tshiri thusaho nga tshunwa haya kha tshiimiswa tsha vhana. Vhathu vha dzi CCF na vhagusi vha vhaswa vha a ri thusa kha dzi thero dzino konnda u fana na mbalo"

I like participating in the homework assistance group at the resource centres. The CCF members and youth facilitators assist us a lot with difficult subjects like maths. (OVC)

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"Vhathu vha dzi CCF vha a ri fha zwiliwa duvha na duvha ri tshi bva tshikoloni ri centharani ya vhana. Ndi dzula ndo takala musi ndi centharani ya vhana nahone mirado ya CCF vhari fara u fana na vhana vhavho. Nahone ndi ndi vhabebi vhashu"

The CCFs give us food everyday at the resource centre after school. I am always happy at the centre and the CCF members treat us like their own children. In fact they are also our parents. This makes me feel motivated. (OVC)

6.2.4 Success stories highlighting positive changes in the lives of OVC

In this section, about twenty five CCF coordinators were selected and requested to compile success stories as the result of the OVC programme interventions. The content of each success story included the following: challenges, CCF interventions and the outcomes for each intervention.

Challenges faced by OVC

As shown in Table 6.3, the major challenges faced by OVC were as follows: not having access to social security grants (child support, foster care and disability grant), identification documents (birth certificate, asylum and ID books), not going to school regularly, not having enough food to eat every day, abuse and discrimination, children heading households, HIV infection, not having clothes and uniform, neglected children, burden of care as children were taking care of sick parents, not having proper shelter and misuse of child support grants by family members or relatives.

Interventions by CCFs

All CCF coordinators reported that they solved most of the challenges faced by OVC through referrals to relevant stakeholders and service providers such as (social workers, nurses, home affairs, ward councillors), regular home visits for support, requests for donations such as food, money, clothes and other materials, work with school principals to enrol children back to school, links for OVC with local community structures, arrangements for relatives to take care of OVC, especially those heading households, provisions for basic counselling, advice and conduction of regular follow-up with service providers.

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Table 6.3 Success stories from CCF coordinators

	Views expressed by			
1. **What are the challenges faced by OVC?**	CCF Makhado	CCF Thulamela	CCF Musina	Total
a) No social grants	4	8	1	13
b) No documents	2	6	2	10
c) Not going to school regularly	2	4	2	8
d) No food	3	4	1	8
e) Child Abuse	3	3	1	7
f) Childheaded families	1	5		6
g) No clothing and uniform	2	3	1	6
h) Burden of care (taking care of ill parents)	4	2		6
i) HIV positive	1	3	1	5
j) Neglected children	1	2	1	4
k) No shelter		4		4
l) Misuse of grant by family members	1	1		2
2. What are the CCF interventions to solve the OVC challenges?				
a) Referral to relevant service providers	8	14	2	25
b) Regular home visits	4	9	1	14
c) Request for donations	1	4	1	6
d) Enrol OVC back to school		2	2	4
e) Link OVC with community structure	4	2		6
f) Get relatives to take care of OVC	3	6	1	10
g) Provide basic counselling and advice	3	4	1	8
h) Regular follow-ups with service providers	4	10	2	16
3. What are the outcomes as the results CCF interventions?				
a) Social grants received	4	8	1	13
b) Relatives and neighbours are taking care of OVC	3	6	1	10
c) Identification documents received	2	6		8
d) Children are going to school regularly	2	4	2	8
e) Food is received from DSD and other community members	3	4	1	8
f) Cases of Child Abuse are reported to the police station	3	3	1	7
g) Professional counselling provided	3	3	1	7
h) Support for child-headed families received	1	5		6
i) Clothing and school uniforms received from community members	2	3	1	6
j) HBC are reducing the burden of care (taking care of ill parents)	4	2		6
k) HIV positive OVC counselled and enrolled for ART	1	3	1	5
l) Shelter (RPD) houses received from the municipalities		3		3
m) Identification documents still pending because children are from Zimbabwe			2	2
n) Grants are no longer misused	1	1		2
o) Shelter is still pending		1		1

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Outcomes of CCF interventions

The majority of CCFs indicated that the outcomes in most of the OVC challenges were successful. This was evident because all OVC who did not have social grants and identification documents were assisted to receive these. However, there were other cases which were reported as pending because the children were from Zimbabwe. Some of the successes were as follows: children who were not attending school regularly were motivated and assisted to go to school regularly, food was received from DSD/SASSA and other community members, cases of child abuse were reported to the police stations and offenders were arrested and professional counselling was provided to rape victims. CCF members also mobilised support for child-headed families and clothing and uniforms were received from community members. The OVC who were HIV-positive received counselling and they were enrolled on antiretroviral treatment. Home-based care groups were approached to reduce the burden of care that fell on vulnerable children who had to take care of their ill parents. Houses from the Reconstruction and Development Programme (RDP) were built by local municipalities, but some houses were still outstanding.

6.2.5 Views of community-based institutions

Table 6.4 presents the views of community-based institutions on the changes resulting from the OVC programme activities. In terms of child protection services, almost all community-based institutions reported that the OVC programme was helping by organising sporting activities that kept OVC busy. Another proportion of community-based institutions highlighted that the OVC programme assisted OVC to get identification documents and provided them with housing. On education, community-based institutions indicated that the OVC programme provided orphans and vulnerable children with uniforms, negotiated for school fee exemption, assisted children with homework and also encouraged children to go to school regularly. Community-based institutions agreed that the OVC programme had helped in reducing stigma and discrimination, teaching children about their rights, providing communities with knowledge about the impact of HIV/AIDS, teaching manners to OVC, removing children from the streets and creating jobs for citizens. Most of the community-based institutions indicated that the OVC programme helped by taking children to the clinic or hospital when they were not feeling well. The majority of community-based institutions reported that the OVC programme assisted OVC to get social grants such as child support, foster care and disability. The *case studies (1-3)* highlight important outcomes which came as the result of the OVC programme. The impact highlighted on the case studies relates to issues about HIV/AIDS, stigma and discrimination and household economic strengthening:

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Table 6.4 Positive changes resulting from the OVC programme activities

Responses	Views expressed by										
	Community Development Workers	Headman	Civic Associations	Ward Councillors	Social Workers	Home Based Cares	Home Affairs	Nurses	Teachers	Business People	Total
(a) Child Protection Services											
Organising sporting activities	4	7	3	6	5	3		2	3	2	35
Assist OVC get identification documents	6	6	3	5	6	3	1	2	3		33
Provide housing for children	4	5	1	3	2	2		1		1	19
(b) Education											
Provide them with uniform	4	4	4	6	2	2			4		26
Negotiate for school fee exemption for OVC	3	4	3	3	2	3			4	1	23
Assist them with homework	3	1	2	3	2	1			4		16
Encourage children to go to school	1	1		2	1	1			4		10
(c) Empowerment											
Reduce stigma and discrimination	2	4	1	3	3	2	1	2	3		21
Teaching children about their rights	3	3	3	4	2	2	1	1	2		21
Community empowerment about HIV	3	2		1				2	2	2	13
Teach manners to OVC	1	3		2	3	2			2		13
Take away children from street	1	1		1	1	1				2	7
Creating jobs for people		2	1	1	1	1				1	7
(d) Health											
Take children to clinic or hospital	4	4	2	4	3	3		2	2		24
(e) Household Economic Strengthening											
Assist OVC to get Grants	5	6	3	6	4	3	1	2	1	1	33

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Case study 1: An HIV Positive Child Is Assisted to Cope

Introduction: Takalani's mother was very sick for a long time. Takalani was taking care of her mother most of the times and she did not know the reason of her mother's sickness. Later on it was discovered that her mother was HIV positive. Takalani got sick as well and she was diagnosed with Tuberculosis. After a while her mother passed away and she remained with her brother as the head of the house. As she was taking her treatment for TB, she was diagnosed with HIV. Some community members and her peers at school started to discriminate against her. The child started to have internal stigma and she decided to drop-out of school.

CCF/OVC Programme Intervention: Takalani's case was referred to the CCFs by the local civic association. As CCFs, we conducted a home visit and administered a child needs status form which helped us to identify all the needs in the house. We then referred the case to the social worker for counselling and to apply for welfare grants. We mobilised resources (food, blankets, clothes and school materials) from business people and some community members. Furthermore, we arranged a meeting with the school principal to address stigma and discrimination with teachers and learners so that the child went back to school freely.

Outcomes: The child was counselled on how to cope with HIV virus. As a result, she decided to go back to school. She received donations (food, clothes and money) from business people and community members. Children and teachers changed their attitudes towards her status. Child support grant was approved while waiting for foster care grant.

Note: Name changed for confidentiality

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Case Study 2: Efforts for Household Economic Strengthening

Background: I identified 3 orphans who were not getting a foster care grant. I asked them why they were not getting any kind of grant. They told me that they were not aware about how it is done. There was no one to assist them on how to apply for the grants.

CCF/OVC Programme Intervention: As a CCF member I took it upon myself to assist them. I created a file with all documentations that were required in procession the application (letters of support from schools, copies of birth certificates and death certificates of parents). I reported the case to the social worker.

Outcomes: The social worker visited the children to assess their situation. Fortunately the social worker was convinced that the children needed help. I worked closely with the social worker to apply for the child support grant and foster care grant. Foster care grant took so long to be approved but in the meantime the children were receiving child support grant. After a year foster care grant was approved. I realised that the amount was not enough to support the family. I was approached by the ward councillor to nominate a child from the community who will be enrolled for the disadvantaged nursing programme. I selected one of the 3 children to be part of the nursing programme. Currently the child has completed the nursing programme and he is working.

Note: Names were not used for confidentiality

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Case Study 3: CCF Prevent Misuse of Child Welfare Grants by Grandmother and Uncle

Background: The story is about a disabled child, his 2 siblings, and his mother whose welfare grants were misused. All the grants were registered in the name of the mother. The challenge was that the mother was not mentally well. After receiving the grants, the grandmother and the uncle would take all the money and share it amongst themselves.

CCF/OVC Programme Intervention: We sat down with the mother and convinced her to tell us the whole story, but she was scared to talk about it. She finally explained to us that after getting her own disabled grant money and the grants of other children, the grandmother and uncle take all the money and share it amongst themselves. The most unfortunate part of the story is that, the grandmother was using the money for gambling at the casino. The total amount of money which was shared every month was R 2600.00. The elder child was only given R100.00 after changing it to ten Rands. The aim of changing the money was to convince the child that he has a lot of money.

Outcome: As CCF members, we were deeply touched by the situation as children's rights were violated. We decided to sit down with the grandmother, uncle and the mother of children to discuss about the issue. The grandmother was angry and she accused the mother of selling them out. We did not give up despite the complexity of the situation. We consulted the local civic association about the matter and they wrote the letter to summon them for hearing. Unfortunately the grandmother and the uncle did not show-up for the arranged meeting. We decided to take the matter further to the department of social development. We explained the whole story to the social worker, who also wrote the letter to summon them to her office. Fortunately they attended the meeting with the social worker. She asked them about the misuse of money, they both started to cry and apologised emphasising that they will not do it again. They were ordered to repay all the money that they have misused. Currently they are no longer misusing any money. Both children are benefitting from their money and grandmother and uncle were paying back the money which was misused.

Note: Names were not used for confidentiality

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6.3 Views on Programme Sustainability

Table 6.5 presents the perceptions of CCF coordinators and caregivers on the OVC programme sustainability. More than half of the CCF coordinators (53 %) and 49 % of the caregivers agreed that the CPC-run OVC programme was financially stable whereas 23 % of the CCF coordinators and 29 % of the caregivers were not sure. About 24 % of the CCF coordinators and about 22 % of the caregivers disagreed that the CPC-run OVC programme was financially stable. About three-quarters (75 %) of the CCF coordinators and (70 %) of the caregivers highlighted that their CCF groups have governance structures which support the implementation of the programme. There were almost similar perceptions between the CCF coordinators (87 %) and the caregivers (82 %) as they both agreed that training on resource mobilisation was continuously provided. Both CCF coordinators and caregivers (49 %) indicated that programme members regarded CPC as the only organisation which sourced out funding for the OVC programme. More than half of the CCF coordinators and caregivers (54 %) disagreed.

Less than half (49 %) of both CCF coordinators and caregivers (34 %) indicated that fundraising activities were carried out in a systematic manner. About 32 % of the CCF coordinators and 43 % of the caregivers did not agree that fundraising was carried out in a systematic manner. Only 34 % of the CCF coordinators and 27 % of the caregivers agreed that income generating projects were running. Almost half of both CCF coordinators and caregivers (49 %) disagreed that income generating projects were running. Less than half of the CCF coordinators (42 %) and about 31% of the caregivers agreed that their Child Care Forum structures were registered with the NPO Directorate. About 58 % of the CCF coordinators and 64 % of the caregivers disagreed.

There was a high level of community ownership of the OVC programme as viewed by (94 %) of the CCF coordinators and (93 %) of the caregivers. Most of the CCF coordinators (94 %) and caregivers (81 %) indicated that parental care support was provided to selected members of the community. About 66 % of the CCF coordinators and 77 % of the caregivers agreed that business people supported the OVC programme. Almost the same percentages of CCF coordinators (68 %) and caregivers (64 %) reported that the local municipalities supported the OVC programme. About 72 % of the CCF coordinators and 67 % of the caregivers agreed that government supported the OVC programme. A significantly high proportion (97 %) of the CCF coordinators and (96 %) of the caregivers indicated that the community contributed in such a manner that showed that it had ownership of the OVC programme.

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Table 6.5 Perceptions of CCF coordinators and caregivers on the OVC programme sustainability

Perceptions	% of CCF Coordinators					% of Caregivers				
	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
(a) The programme was financially stable	18	36	23	17	6	16	33	29	20	2
(b) There was governance structure for the programme	20	55	8	12	5	19	51	9	15	6
(c) Training on resource mobilisation is continuously provided	56	31	2	4	7	51	31	4	7	7
(d) Programme members regard CPC as the only organisation to source funding for the programme	30	19	24	18	9	31	18	24	18	9
(e) Fundraising was carried out in a systematic manner	22	27	19	17	15	20	14	23	32	11
(f) Income generating projects were running	21	13	17	28	21	16	11	24	29	20
(g) Income generating projects were generating income	22	12	22	24	20	18	15	16	33	18
(h) The CCF structure were registered with the NPO Directorate	40	2	0	44	14	22	9	5	46	18
(i) The entire community felt that it owns the programme	53	41	4	2	0	49	44	5	2	0
(j) Parental care support were provided	58	36	4	2	0	46	34	18	2	0
(k) Business people often support the programme	19	47	11	11	12	19	45	14	11	11
(l) The local municipalities support the programme	36	32	11	13	8	35	29	13	16	7
(m) Government support the OVC programme	25	47	11	8	9	26	41	11	13	9
(n) The community contributed in such a manner that showed that it had ownership of the programme	49	48	3	0	0	50	46	4	0	0

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Table 6.6 presents the views of community-based institutions on things which could be done to ensure that the positive impacts continue after the funding has ended. Their views are categorised into two sections. In order to maintain the positive impacts after funding, community-based institutions indicated that CPC or CCFs must apply for other funding and encourage child-headed households to start food gardens. Furthermore they indicated that CCFs must start income generating projects and to do more fundraising activities. Almost all community-based institutions indicated that community members must support the OVC programme, government must take over the programme, and neighbours must support OVC with their needs.

6.4 Discussion

Over the last decade there has been a dramatic growth in the number of NGOs involved in development (Davies, 2000). Lingán, Cavender, Lloyd and Gwynne (2009) added that associated with this growth, NGOs are facing increasing pressure to demonstrate their achievements and impact. Furthermore, Lingán, Cavender, Lloyd and Gwynne (2009) indicated that, there is more demand for NGOs to demonstrate added value. This study has generated valuable data about the impact of the CPC-run OVC programme.

6.4.1 Education

Education is critical to the future of all children, especially to those who are orphaned or vulnerable (UNICEF, 2009). Orphans and vulnerable children must overcome a host of different barriers that stand between them and their goal for them to access education. In many countries, the greatest challenge used to be the payments of school fees, which severely restricted the ability of families and caregivers to enable children to go to school. However, this trend has dramatically changed since many countries have abolished school fees, leading to dramatic increases in enrolment (UNICEF, 2009). This was done with the understanding that education gives children hope for life and work, and is a strong protector against HIV to which these children may be particularly susceptible. Addressing the educational rights and needs of orphans and vulnerable children presents new opportunities and hopes in their lives (UNICEF, 2009). The results of this study revealed that the OVC programme had assisted orphans and vulnerable children to get uniforms, negotiated for school fee exemption, assisted them with homework and encouraged children to go to school regularly.

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Table 6.6 What can be done to ensure that the positive impacts continue after the funding ends?

Responses	Views expressed by												
	Community Development Workers	Headman	Civic Associations	Ward Councillors	Social Workers	Home Based Cares	Home Affairs	Nurses	Teachers	Business People	Total
(a) Fundraising and Income Generation											
To apply for other funding	II	I	I	III	II	I			I	I	12
Encouraging child-headed to start food gardens	I	I		I	I	III		II	II	I	12
CCFs must start income generating projects	I	I		II	I	I			II	II	10
To do more fundraising activities	I		I	I		I			I	II	7
(b) Ownership and Support											
Community must support the programme	IIII	IIII I	IIII	IIII I	III	III	I	II	III	II	35
Government must take over the programme	IIII	IIII	III	II	II	I	I	I	III	II	24
Neighbours must support OVC	I	III		I	III			II	II		12

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6.4.2 Community empowerment

According to Petersen and Kwan (2009), community empowerment refers to the process of enabling communities to increase control over their lives. According to Duhl (1990), a healthy community is one that is continually creating and improving those physical and social environments and expanding community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential. Participants in this study admitted that the CPC-run OVC programme had played a significant role in empowering communities about issues affecting OVC. Furthermore, the study revealed that community-based institutions agreed that the OVC programme had helped in reducing stigma and discrimination, teaching children about their rights, providing community empowerment about HIV/AIDS, teaching manners to OVC, taking away children from the streets and creating jobs for people. The below highlights important issues about HIV/AIDS, stigma and discrimination:

6.4.3 Health and nutrition

In HIV/AIDS affected households lacking community support, food consumption can drop by more than (40 %), putting children at higher risk of malnutrition and stunting (UNICEF, 2003). For children, the right to health is vital because they are vulnerable beings, more at risk to illness and health complications which has further negative influence on school attendance and performance (Martorell, 1996). Andrews, Skinner and Zuma (2006) argue that reduced access to social services puts children at risk of being less healthy. According to Martorell (1996) lack of adequate nutrition has a long-term negative physical and mental effect on children and in severe cases, this may result in stunted development and even death. In South Africa, it is the state's constitutional responsibility to ensure that no child goes hungry and that children receive adequate nutrition and health services.

The World Health Organisation describes the infant mortality rate and under-five mortality rate as leading indicators of the level of child health in South Africa (Lake and Marera, 2009). In 2008, nearly 9 million children died before their fifth birthday, mostly from preventable causes (UNICEF, 2008). UNICEF further indicated that an estimated 4000 children die every day from diarrhoea caused by poor sanitation and dirty water. Others die because they do not have enough food to eat. Sickness and malnutrition continue to stunt the growth and restrict the development of millions more.

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The results from this study showed that there were some improvements in the health and nutrition situation of children since the OVC programme was started. The CCFs referred children to health facilities for support. They also assisted children and families to get food from DSD/SASSA and donations from local business people. Most of the children in this study reported that their situation had improved because they now had enough food to eat some of the time, depending on the season or food supply, and some indicated that they were well fed and they ate regularly as the result of the OVC programme interventions.

Only a few children in this study had very low weight and were too short for their age, which showed that their situation had not improved. There was a drastic improvement in the majority of OVC as they seemed to be growing well with adequate heights, weights and energy levels expected of their ages as the result of the OVC programme interventions.

6.4.4 Household economic strengthening

According to the PEPFAR (2011) Household Economic Strengthening (HES) is defined as the portfolio of sustainable strategies and interventions that reduce the economic vulnerability of target households that support vulnerable children. The former UN general secretary Kofi Annan said, "The biggest enemy in the developing world is poverty" (UN, 2001). Wolfe (2009) argues that the economic impacts created by poverty can include declining workforce productivity in private businesses, reduced household earnings and diminished consumption and ability to pay for basic services. Households may be torn apart by the stress of trying to provide for their basic needs, and children may be abandoned or exploited for financial purposes (Wilson, Torres, Bastelaer, Yamba, Parrott, Brand and Fowler, 2008). One important way to help orphans, vulnerable children and people living with AIDS is to economically empower those who care for them (Donahue, 2000). Household economic strengthening aims to reduce a family's vulnerability to poverty, increase economic independence and improve people's ability to provide for their children.

In this study, participants indicated that the CPC-run OVC programme had been successful in strengthening household incomes. The programme facilitated HES interventions in four categories:

(a) Social assistance: This included asset transfers, social pensions and public works (public sector employment programs, educational support in the form of bursaries, access to child grants, foster care grants and other social grants).

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(b) Asset growth and protection: This included savings, insurance (life disability, health, agriculture, including food gardening for household consumption initially but with the goal of selling excess yields) and food gardens at the household level (non-commercial gardens) that supplement the household's income.

(c) Income growth: This included vocational skills training, income generating activities, job creation, market linkages, and facilitating business loans.

The majority of OVC were assisted to get child-support grants, foster-care grants and disability grants. This was accomplished through good working relationships with community-based institutions such as the Department of Social Development, civic associations, community development workers, ward councillors and traditional leaders. It was also revealed that some parents and guardians were misusing child support grants. However, with the intervention of CCFs members these trends changed dramatically.

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CHAPTER 7 DISCUSSION OF MAJOR RESEARCH RESULTS, CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

As a result of this evaluative study, valuable evidence regarding how the OVC programme achieved the desired results was revealed. Effective ways of delivering quality services to OVC were identified. It was anticipated that the evaluation would distil key messages on the success of the programme. In addition, the results of the study were sought to provide useful input into OVC policy making and future programming. This chapter presents the general discussion of the major research results, recommendations and conclusions.

7.2 General Discussion

One of the reasons for conducting this study was to enforce accountability of the OVC programme to the beneficiaries and community-based institutions. This evaluation has helped the CPC programme to unravel the views of various stakeholders. The need for strengthening accountability as a key feature of NGO governance is gaining momentum in development debates (Jordan, 2000). Murphy and Mitchell (2007) contend that most donors and other external agencies are increasingly demanding accountability and transparency, which justifies evaluation of funded programmes and services. It is crucial that NGOs should consult and involve communities to give inputs about projects and programmes that directly affect them. By so doing, community participation is enhanced resulting in the development of sensitive and accountable organisations (Edwards and Hulme, 1994).

In the current study, it was shown that there was a need to implement the OVC programme in Vhembe District. This originated from the fact that poverty and high unemployment rates characterised the area. A growing number of OVC was still a cause for concern. With about 3.37 million children who are considered to be orphans in South Africa, the initiative of implementing the programme was relevant and desirable. The current study further illustrate that it is important to have programmes that provide care and support to vulnerable children in rural communities.

Children in this study indicated that before the OVC programme was introduced they were facing multiple challenges such as taking care of sick parents and siblings after their parents passed away, dropping out of school, not having access to social security grants and lacking food and identification documents. Community leaders who participated in this study agreed

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with the views of children that before the OVC programme was implemented in their communities, the rights of vulnerable children were violated, OVC were dropping out of school due to stigma and discrimination and children were found in towns such as Thohoyandou, Makhado, and Musina begging for food and money as well as smoking glue and other harmful substances. The success stories obtained from CCF members further revealed that the major challenges faced by OVC were not having access to social security grants (child support, foster care and disability grant), identification documents (birth certificate, asylum and ID books), not going to school regularly, not having enough food to eat every day, abuse and discrimination, children heading households, HIV infection, not having clothes and uniform, neglected children, burden of care as children were taking care of sick parents, not having proper shelter and misuse of child support grants by family members or relatives. However, the results of this study provided satisfactory evidence that the CPC-run OVC programme had created positive impact in the lives OVC, in households and community at large. The majority of challenges identified were addressed as a result of the programme and good partnerships with community-based institutions.

Children who were orphaned as a result of HIV/AIDS indicated that they used to face difficulties in coping with stigma and discrimination at schools and community. Most of the OVC who participated in this study reported that they were no longer discriminated against and stigmatised by their peers. However, there is need for a comprehensive research focusing on the impact of stigma and discrimination on OVC. The contribution of the CCF members and youth facilitators in the overall implementation of the programme played a significant role in protecting the rights of children within households, schools and communities. Through the CPC-run OVC programme, 28 000 OVC were identified and registered and provided with various services.

The needs of the OVC were documented on the needs status form and categorised according to their level of vulnerability. This assisted the CCFs to effectively refer and provide OVC with care and support services. Although CCFs could not provide all the direct services to OVC, they were able to refer and make follow-up on cases such as abuse, documents, social security grants, health and housing. Further interventions from government and stakeholders were required to ensure that all the needs for OVC are provided. It is encouraging to note that communities in this study were found to have provided support to OVC in different ways. The manner in which the OVC programme was introduced in various communities encouraged community members to support OVC.

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Various types of evidence about the success of the CPC-run OVC programme were obtained. In general, the means for the perceptions of OVC coordinators were higher than those for caregivers. Although the majority of participants in this study were satisfied with the implementation of the CPC-run OVC programme, there were statistical differences in the perceptions of the two interest groups. The means for the perceptions that "there was a need to implement the OVC programme in their communities" and "ordinary community members have always been involved in the programme from the beginning of the programme by the time it was introduced" were significantly lower for OVC coordinators than those for caregivers. Moreover, much lower means for the perceptions of OVC Coordinators compared to carers were observed for "the CPC-run OVC programme was well introduced in their communities" and "relevant stakeholders were involved in decision making from the beginning of the OVC programme".

It was found that OVC Coordinators agreed more than carers with respect to the following perceptions: "volunteers were selected or recruited in a fair and transparent manner" and "trainings were provided on an on-going basis and also when needed". A similar pattern, and to a larger extent, was observed for the perceptions that "all villages with OVC were covered" and "data verifications were done frequently". Although the OVC coordinators still agreed more with the view that "debriefing sessions were held at least once a year for emotional support" and "adequate support was provided by CPC staff members," the extent of the agreement was much lower than what was observed for the other perceptions.

There were notable achievements which were reported by both categories of respondents. All OVC who participated in this study indicated that they have benefitted from food and nutrition support facilitated by CCFs. During the initial phase of the programme, children who did not have food were provided with food parcels bought by CPC. However, due to the changes in donor requirements, this food provision was stopped as the programme progressed. In order to supplement the provision of food to children, CPC encouraged CCF members and community members to request donations from local business people and support from the DSD/SASSA. The introduction of the school feeding programme was a major boost to many vulnerable children. According to Mail (2008), providing a meal at school is a simple but concrete way to give poor children a chance to learn and thrive.

The majority of OVC reported in this study that they had benefited from the HIV prevention education which was provided by CCFs and youth facilitators. According to USAID (2008), HIV prevention education for children infected and affected by HIV is crucial in rural communities. Equipping school age children with the right knowledge, attitudes and beliefs

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to grow up free from HIV infection is important. It is assumed that with increased knowledge and awareness children can delay their first sexual encounter, have fewer sexual partners, use contraception more often, change of sexual behaviours and reduce their risk of infection (Vandemoortele and Delamonica, 2000). This HIV prevention education was provided in resource centres, villages and schools through programmes such as Grassroots Soccer, Score and Love Life.

High involvement of OVC in different sporting activities was identified as one of the indicators of success. According to Rimm (2009), sporting activities stimulates growth and leads to improved physical and emotional health. Today, research shows that the importance of physical activity in children is stronger than ever. Medical researchers have observed that highly active children are less likely to suffer from high blood pressure, diabetes, cancer of the colon, obesity, and coronary heart disease later in life. Exercise is also known to relieve stress. Many OVC experience much stress, depression, and anxiety. Sport gives a child more than just physical well-being; it contributes to a child's development both psychologically and socially. Francis, Mamatsharaga, Dube and Chitapa (2011) further indicated that active participation in sporting activities improves physical health, contributes to the development of a positive self-image, social skills and values such as teamwork and tolerance.

7.3 Recommendations

7.3.1 Centre for Positive Care

According to Byenkya and Njaramba (2007) the success of the CPC-run OVC programme is built upon a foundation of strong relationships within the community. Because CPC involved the community through the CCFs, they have been able to sensitise the communities to address the needs of vulnerable children. Their good reputation with and inclusion of community members helped reduce the stigma associated with HIV/AIDS and OVC. Despite the good work that the CPC-run OVC programme has done, there are a number of recommendations which can assist in improving its effectiveness and impact.

The results of the study revealed that there was a need to provide more training on OVC issues to guardians, parents, neighbours and community leaders. As a result, it is recommended that CPC must continue to provide on-going support to CCFs and community members despite the end of the PEPFAR funding in September 2012. Child Care Forums

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who want to register as independent NPOs must be assisted to register with the NPO Directorate. It is important that when community-based organisations are registered as independent bodies, they can be able to source out funding on their own rather than relying only on CPC.

Taking into consideration that CPC has been providing services to rural communities for more than 16 years, the organisation must continue to apply for funding from other donors to support the OVC programme at the end of the PEPFAR funding. The CPC must continue to establish and strengthen strong partnerships with community-based institutions and other government departments. A wide network of contacts has helped secure resources and services for OVC. The CPC has an electronic OVC database which stores and generates valuable reports about OVC information, services received and caregiver's information. It is recommended that the database be introduced to local municipalities and other government departments.

In order to reduce the household economic vulnerability, CPC must continue to assist CCFs to establish and strengthen income generating projects for sustainability purpose. CPC must continue to advocate for children's rights and ensure that their voices are heard in all developmental planning process, at local, provincial and national levels. Building capacity to stakeholders to support the OVC programme even when CPC is no longer operating is one of the crucial aspects. Due to the increasing needs of OVC, local municipalities have established child advisory councils; however, these structures need to be strengthened and supported. The CPC must facilitate that children's committees are established, trained and provided with necessary support at the best interest of OVC. The CCF members who generously give their time as volunteers need greater financial support. The high level of CCF caregiver dropout is evidence that current stipends are not adequate to meet the needs of these volunteers.

7.3.2 Funding agencies/donors

The largest donor in the world, accounting for more than half of disbursements on HIV/AIDS by governments was the United States in 2009 (UNAIDS and Kaiser Family Foundation, 2010). This was followed by the United Kingdom, Germany, the Netherlands, France, and Denmark. South Africa alone has received approximately 2569.4 million US dollars during the financial year 2004 to 2010 from PEPFAR. Despite the substantial progress since AIDS was first reported, the HIV epidemic remains an unprecedented human catastrophe inflicting

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immense suffering on countries, communities and families throughout the world (UNAIDS 2011).

For the past 7-8 years, the CPC-run OVC programme has been largely funded by PEPFAR/USAID South Africa. The current phase of funding was scheduled to end in September 2012. Despite the support from PEPFAR, South Africa is still affected by the large number of HIV infections in the whole world (UNAIDS, 2007). The increasing number of orphan population is still viewed as a major concern. Donors must continue to fund programmes which support orphans and vulnerable children. In order to reduce dependency, donors must continue to build capacity for community based structures to care and support OVC.

7.3.3 Government, including local municipalities

In this study the majority of participants recommended that the government must take over the OVC programme at the end of funding period. Government departments and local municipalities must use the OVC designated database to track and determine the number of OVC who are accessing services and those who are not receiving services. It is also recommended that government must strengthen and monitor the implementation of policies which address OVC issues.

Local municipalities and government departments must prioritise OVC problems when allocating budget more specifically in rural communities. The study revealed that community assisted by donating buildings to CCFs, so it is recommended that municipalities and department of public works must refurbish old buildings donated by communities and use them as resource centres for children. Government and other community-based institutions must strengthen the referral system, which will speed-up the process of accessing services by OVC, to speed-up the process of grants and documents application as well as approval.

There is a need to support and strengthen child advisory councils which are located in municipalities. By strengthening these structures children can be able to voice their needs. Play materials must be provided in children resource centres. Resource centres are spaces where children can come every day after school. These centres provide after school care activities such as homework assistance, life skills, HIV prevention education, recreational activities and feeding programmes. Materials which are needed in these centres include toys, books, sports materials and swings.

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It is recommended that government must provide CCF members with accredited trainings on OVC issues. In addition, government and municipalities must support community dialogues about HIV/AIDS, child abuse, children's rights, gender and discrimination at schools and communities. They must also support career guidance, holiday camps and vocational trainings for OVC. Local municipalities must involve OVC when developing their plans.

7.3.4 Community members and local institutions

The frequently heard saying, "it takes a village to raise a child," always proves to be the most effective way of taking care of OVC. It is clear that community initiatives can provide various kinds of assistance including parenting, protection, psychological and spiritual support and material assistance (Save the Children, 2007). The study revealed that community members and leaders were supporting the OVC programme. However, there is a need for community to continue to support, take ownership of the programme, participating in activities of the programme and to continue to identify OVC and refer them to CCF or relevant service providers.

Local teachers must assist OVC in children resource centres with school projects or homework. Community leaders must continue to donate land and unused buildings. Community members such as doctors, social workers and fundraisers must contribute with their skills. There is a need for community members to advocate for children's rights, fight against stigma and discrimination, support children's committees and support household economic strengthening initiatives.

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7.3.5 Child Care Forums

The South African government maintains that CCFs are a more effective and affordable form of care for children and that the best means of ensuring that children are protected from abuse is to provide caregivers with the necessary support (Department of Social Development, 2002).Despite the hardship that CCF members face, it is recommended that they should continue to identify OVC and their needs in communities. The CCFs should build upon and enhance the strengths of the community to take care of OVC since community members are best placed to identify vulnerable children; the community is also best positioned to link those children to services and resources. The CCF members must continue to refer OVC to relevant service providers and follow-up if needs are met or not.

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They must continue to monitor the well-being of OVC, fundraise and mobilise resources for children, introduce and support household economic strengthening initiatives, register with the NPO directorate, train household caregivers with parental care skills, advocate for children's rights, provide feedback to community-based institutions and members and monitor school attendance and performance.

7.3.6 OVC-related

The OVC from the resource centres recommended that they want their resource centres to be well equipped with resources such as library, toys, books, recreational facilities, swimming pools, computer labs, food, electricity and water.

7.3.7 Further research

Further evaluative research should be conducted to assess the well-being of OVC in a much larger scale, covering all the areas served. Since the views of community-based institutions were limited to few representatives, there is a need to involve more stakeholders in future studies. Research which will document the voices of the children is also crucial. Studies of such nature would enable the generalisation of the findings which will have a greater impact on policy, legislations and future programming.

7.4 Conclusions

The findings of this study constitute significant evidence of the success of the CPC-run OVC programme. The CPC was successful in developing and strengthening community institutions, developing human capacity, promoting advocacy, and providing care services at ward level in all the 56 wards in which the OVC programme was implemented. Through the strong network of care, the CPC-run OVC programme provided various care and support services to the OVC in Vhembe District. This included assistance with birth registration; health care services, negotiations with schools for fee exemptions, assisting with access to social security grants, and child protection. It is evident that the CCFs have played a major role in the provision of these services under the supervision of the CPC full time program staff and the support from service providers.

Although there was a notable improvement in the lives of children, households and the community in general, various challenges impeded the smooth operation of the CPC-run

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OVC programme. Lack of standardised salaries, inadequate structures to use as children resource centres and changes in the political landscape were cited as the challenges to successful implementation. With regard to the sustainability of the OVC programme, most CCFs indicated that they did not have their own funding to supplement that from the donor. However, in spite of the inadequate stipend received, members of CCFs demonstrated great passion for serving OVC. For example, a volunteer expressed the following view: "*Nne a thina ndavha nauri ri a wana kana a ri wani masheleni a ndivhuwo, ndi to u funa u shuma na vhana*" ("I do not care if we get a stipend or not, I just love to work with children"). It was evident from this study that in order to provide quality care services to OVC, there was a need for strengthening coordination among various players at national, provincial, district and local municipality levels.

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9. APPENDICES

Appendix 3.1 Guiding questions for community members and stakeholders

Indicators	Evaluation Questions
Relevance	Who are the intended beneficiaries of the OVC programme?
Effectiveness	What could be done differently to improve the implementation of the OVC programme?
Impact	What positive changes are resulting from the OVC programme activities?
Sustainability	What can be done to ensure that the positive impacts continue after the funding ends?

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Appendix 3.2 The most significant change Story Collection Form

My name is Ndavheleseni Elias Ramarumo. I am a master's student (nr. 11520607) in the Institute for Rural Development, School of Agriculture at the University of Venda. I am conducting evaluation research and I would like to document the success stories with regard to the services provided by the Child Care Forums. The stories and information collected from these interviews will be used for my study only.

Will you kindly participate in our study by sharing your experiences about the OVC programme interventions? **Yes** ☐ **No** ☐

If the child is a minor, kindly request consent from the parent or guardian

Signature of Parent or Guardian:_____ **Date**_____

Contact details

Name of storyteller _____

Gender ☐ Male ☐ Female

Age _____

Grade _____

Name of person recording story _____

Municipality_____ Ward No_____

Date of recording _____

(If they wish to remain anonymous, don't record their name or contact details (USE CODE) e.g. OVC 01

Confidentiality

We may like to use your stories for reporting to our funders, or sharing with other people within the OVC Program.

Do you, (the storyteller):

- want to have your name and picture on the story (tick one) Yes ☐ No ☐
- Consent to us using your story for publication (tick one) Yes ☐ No ☐

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1. From your point of view, describe a story that characterise the most significant change that has resulted from OVC Program/ Child Care Forum Program (In your story, explain your background/problem, how you were assisted by the CCFs and the final outcome or results)

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Appendix 3.3 Questionnaire used to collect data from CCF coordinators and Caregivers

Evaluation of the Success of the Centre for Positive Care's Orphan and Vulnerable Children Programme in Vhembe District of South Africa

Rating Instructions

Please rate the statements below on a scale of 1 to 5 as follows:

1 – Strongly Agree 2 – Agree 3 - Not sure 4 – Disagree 5 – Strongly Disagree

Position_____**Gender**_____**Municipality**_____**Ward**_____

Indicators and Questions	Ratings					Comments
		2. Agree	3. Not Sure	4.Disagree	5. Strongly Disagree	
SECTION A. PROGRAM DESIGN AND IMPLEMENTATION						
There was a need to implement the OVC programme in your community						
The CPC-run OVC programme was well introduced in your community						
All stakeholders were involved in decision making from the beginning of the programme						
Ordinary community members have always been involved in the programme from the beginning of the programme by the time it was introduced						
Volunteers were selected/recruited in a fair and transparent manner						
Initial training on OVC issues was provided						
Adequate resources have always been provided						
All villages with OVC are covered						
Needs for OVC are continuously and successfully identified with active involvement of all major interested parties						
SECTION B. EFFECTIVENESS						

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OVC staff members provide adequate support to the programme							
Training is provided on an on-going basis and also when needed							
There is regular and reliable flow of information among all the parties involved in the programme							
Monthly stipend is provided							
Certificates are provided							
Debriefing sessions are held at least once a year for emotional support							
OVC are referred to relevant stakeholders or service providers							
Stakeholders attend to OVC issues in time							
Tools for tracking and documenting referrals are used most of the time							
Community members participate in programme activities							
There is good relationship between the programme and all strategic stakeholders							
Programme meetings are held every month							
Feedback about programme targets is provided most of the time							
Feedback to community is done most of the time							
Data verification is done							
SECTION C. SUSTAINABILITY							
The programme is financially stable							
There is a governance structure for the programme							
Training on resource mobilisation is continuously provided							
Programme members regard CPC as the only organisation to source funding for the programme							
29. Fundraising is carried out in a systematic manner							
Income generating projects are still running							
Income generating projects are generating income							
The CCF structure is registered with the NPO Directorate							
The entire community feels it owns the programme							

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Parental care support is provided							
Business people often support the programme							
The local municipalities support the programme							
Government support the OVC programme							
The community contributes in such a manner that it has ownership of the programme							
SECTION D. IMPACT							
Children freely participate in programme activities							
Performance of children at school has improved as a result of this programme							
Households income is now strengthened							
Community-based institutions are aware about the OVC issues							
Community-based institutions are committed to the successful implementation of the programme							
Because of its success, other communities are requesting to be included in the programme							
Communities are using some of the knowledge, skills and experience gained in this programme to run other related initiatives							
As a result of association with this programme, there is now a noticeable improvement in the desire and ability to solve community problems							
OVC are no longer discriminated or stigmatised							
Households are aware about where to go when they need assistance such as (documents, grants, food parcels and others							
School dropout has decreased							
OVC are exempted from paying school fees							
OVC are no longer paying for Civic letters							
Children's committee are formed							
Children are aware of their rights							

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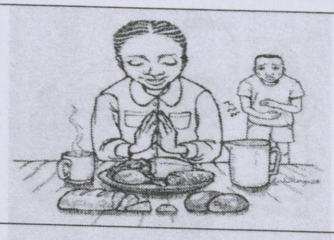
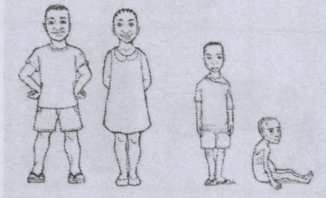
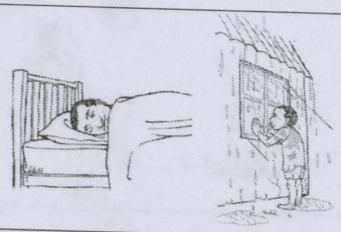
Appendix 3.4 Child Wellbeing Assessment Tool

INDICATORS		1.NOT IMPROVED	2. SOMEWHAT IMPROVED	3. IMPROVED	4.VERY IMPROVED
A. Food and Nutrition					
1) Food Security		**1.** Child rarely has food to eat and goes to bed hungry most nights.	**2.** Child frequently has less food to eat than needed, complains of hunger.	**3.** Child has enough to eat some of the time, depending on season or food supply.	**4.** Child is well fed, eats regularly.
2) Nutrition and Growth		Child has very low weight (wasted) or is too short (stunted) for his/ her age (malnourished).	Child has lower weight, looks shorter, and/or is less energetic compared to others of same age in community.	Child seems to be growing well but is less active compared to others of same age in community.	Child is well grown with good height, weight, and energy level for his/her age.
B. Shelter and care					
3) Shelter		Child has no stable, adequate, or safe place to live.	Child lives in a place that needs major repairs, is overcrowded, inadequate, and/or does not protect him/her from weather.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child lives in a place that is adequate, dry, and safe.
4) Care		Child is completely without the care of an adult and must fend for him or herself or lives in child-headed household.	Child has no consistent adult in his/her life that provides love, attention, and support.	Child has an adult who provides care but who is limited by illness, age, or seems indifferent to this child.	Child has a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her

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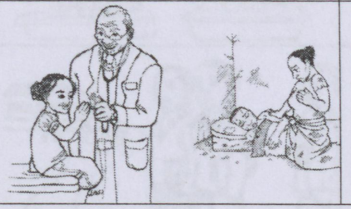
INDICATORS		1.NOT IMPROVED	2. SOMEWHAT IMPROVED	3. IMPROVED	4.VERY IMPROVED
C. Protection					
5) Abuse and Exploitation		Child is abused, sexually or physically, and/or is being subjected to child labor or otherwise exploited	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.
6) Legal protection		Child has no access to any legal protection services and is being legally exploited.	Child has no access to any legal protection services and may be at risk of exploitation.	Child has no access to legal protection services, but no protection is needed at this time.	Child has access to legal protection as needed.
D. Health					
7) Wellness		In past month, child has been ill most of the time (chronically ill).	In past month, child was often (more than 3 days) too ill for school, work, or play.	In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses.
8) Health Care Services		Child rarely or never receives the necessary health care services.	Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	Child received medical treatment when ill, but some health care services (e.g.) immunizations) are not received.	Child has received all or almost all necessary health care treatment and preventive services.

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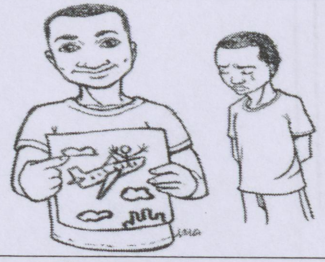
INDICATORS		1.NOT IMPROVED	2. SOMEWHAT IMPROVED	3. IMPROVED	4.VERY IMPROVED
E. Psychosocial					
9) Emotional Health		Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently or often be inactive.	Child is mostly happy but occasionally he/ she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child seems happy, hopeful, and content.
10) Social Behaviour		Child has behavioural problems, including stealing, early sexual activity, and/or other risky or disruptive behaviour.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child likes to play with peers and participates in group or family activities.
F. Education and Skills Training					
11) Performance		Child has serious problems with learning and performing in life or developmental skills.	Child is learning and gaining skills poorly or is falling behind. Infant or preschool child is gaining skills more slowly than peers.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.
12) Education and work		Child is not enrolled, not attending training, or not involved in age appropriate productive activity or job. Infant or preschool is not played with.	Child enrolled in school or has a job but he/she rarely attends. Infant or preschool child is rarely played with.	Child enrolled in school/ training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily	Child is enrolled in and attending school/ training regularly. Older child has appropriate job.

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Appendix 3.5 Letter of Informed Consent

RESEARCH PROJECT: EVALUATION OF THE SUCCESS OF THE CENTRE FOR POSITIVE CARE'S ORPHAN AND VULNERABLE CHILDREN PROGRAMME IN VHEMBE DISTRICT OF SOUTH AFRICA

My name is Ndavheleseni Elias Ramarumo. I am a master's student (nr. 11520607) in the Institute for Rural Development, School of Agriculture at the University of Venda. I am conducting evaluation research which will explore the success of the OVC programme which is implemented in Vhembe District. Professor J. Francis and Dr Jethro Zuwarimwe of the above department will act as my supervisors.

Will you kindly participate in my research project by joining in the discussions and interviews? Yes ☐ **No** ☐

I will do my best to ensure your anonymity in all my written reports by using either code names or pseudonyms. I do not expect you to divulge any information that might compromise you or your organisation in any way. All information will be treated as confidential and you may withdraw from discussions or interviews at any time without any consequences. I will provide you, upon request, with any additional information on my research project and answer any questions about my studies, my research methods, and myself. You may also contact me at the following telephone number: 0761756200.

I, the undersigned, have read the above and I understand the nature and objectives of the research project of Ndavheleseni Elias Ramarumo as well as my potential role in it and my right to withdraw from it at any stage.

I voluntarily consent to participate in all discussions and interviews.

Full name of participant	Signature of participant	Date
----------	----------	----------

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Appendix 3.6 Ethical Clearance Certificate

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S103

NAME OF RESEARCHER/INVESTIGATOR:

MR NE RAMARUMO

Student No. 11520607

PROJECT TITLE: EVALUATION OF THE CENTRE FOR POSITIVE CARE'S ORPHANS AND VULNERABLE CHILDREN PROGRAMME IN VHEMBE DISTRICT OF SOUTH AFRICA

PROJECT NO: SARDF/12/CRD/09

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof. J Francis	University of Venda	Supervisor
Dr J Zuwarimwe	University of Venda	Co-supervisor
Mr NE Ramarumo	University of Venda,	Investigator - Student

ISSUED BY:

UNIVERSITY OF VENDA, HEALTH, SAFETY AND RESEARCH ETHICS COMMITTEE

Date Considered: February 2012
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. C.V. Nikodem

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