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**Orphans and Vulnerable Children (OVC) Mapping and Directory
July 1, 2008 – July 30, 2010**

Report of the Vulnerable Children Stakeholders

Brainstorming Workshop

“Developing a Services Directory”

Date of Submission: November 11, 2008

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Vulnerable Children (VC) Stakeholders Brainstorming Workshop

“Developing a Services Directory”

1. Agenda

Monday, 27 October, 2008	
8:00 am to 8:30 am	Registration and Tea
8:30 am to 8:40 am	Welcome Roxanna Rogers, Head Health Office, USAID/Southern Africa
8:40 am to 9:00 am	Introductions, Background, Purpose Anita Sampson, Prevention and OVC Team Leader, Health Office, USAID/Southern Africa
9:00 am to 9:15 am	Welcome From Department of Social Development Dr Connie Kganakga, Chief Director, HIV & AIDS Directorate
9:15 am to 9:55 am	Approach and Methodology for Directory Development Julialynne Walker, JD, Project Director Population Council
9: 55 am to 10:15 am	How Can Maps Help Me To Do What I Do Better? Shannon Rushworth, Population Council GIS Consultant
10:15 am to 10:30 am	Tea Break
10:30 am to 11:30 am	Brainstorming: Maximizing the Impact of the Directory on Increasing/Improving Access to Comprehensive Services for Vulnerable Children
11:30 am to 12:00 pm	Survey: Increasing/Improving Access to Comprehensive Services for Vulnerable Children
12:00 pm to 1:00 pm	Lunch

1:00 pm to 3:00 pm	<p>Topic Areas and Break-away Focus Group Assignments</p> <p>Topic areas for discussion will include:</p> <ol style="list-style-type: none"> 1. What determines the relevance of a directory of service providers for vulnerable children? 2. What data sets should be included as part of the mapping component to assist you in addressing your planning objectives? 3. What constitutes a referral in your community? What role should a directory play with such referrals? 4. What are the key points where children should have direct access to the directory? How accessible is mobile technology as a tool for dissemination? 5. Participants to identify a topic
3:00 pm to 3:30 pm	Way Forward and Closure

Vulnerable Children Stakeholders

Brainstorming Workshop

“Developing a Services Directory”

2. Workshop Details

- 2.1 Sponsored by Prevention and OVC Team, Health Office, USAID/Southern Africa and the OVC Mapping and Directory Project under the Population Council
- 2.2 Held at the Premier Hotel, Pretoria, South Africa
- 2.3 On Monday, October 27, 2008 from 8:30 am to 3:30 pm
- 2.4 Attended by 73 representatives of government, civil society, business and the donor community

3. Introduction

This process was designed to introduce the OVC Mapping and Directory Project to key stakeholders; to receive feedback on current experiences with databases and directories, dissemination and updating practices; and to address aspects of the needs assessment. Key representatives of the HIV and AIDS and children’s sectors were identified and invited for the day. 73 participants attended, representing 42 civil society organizations, South African and United States government departments, business and donors.

4. Summation of Workshop Activities

4.1 Introductions, Background, Purpose

Anita Sampson, Prevention and OVC Team Leader,
Health Office, USAID/Southern Africa

She welcomed and thanked the participants for attending and then explained that this is the best opportunity to understand the objectives of the project, to answer all the questions and to develop a useful referral service. She then asked that the representatives of each organization introduce themselves, which was done. She concluded by taking everyone through the day’s program.

4.2 Welcome From Department of Social Development

Dr Connie Kganakga,
Chief Director, HIV & AIDS Directorate

Dr Kganakga also welcomed the participants and stressed that it was important for business and donor representatives to be present due to their strategic role in supporting the sector. She acknowledged the role of USAID in stepping in and assisting the Department of Social Development in developing resources in this area. Successful monitoring and evaluation of vulnerable children can be assisted with the development of a directory of service providers.

She also shared with the group that the Minister for Social Development would be receiving an update on the progress of the groups' discussion with respect to the directory's development. She encouraged everyone to engage in fruitful discussions that would support the service providers. Her conclusion stressed that this was a project of the Department of Social Development, assisted by USAID and Population Council and that therefore, as the owners she would supervise the process very closely.

4.3 Approach and Methodology for Directory Development

Julialynne Walker, JD, Project Director,
Population Council

This was a slide presentation that began with the project's objectives:

- To develop a directory of services for vulnerable children in South Africa based on a mapping exercise of organizations within each province. Organizations to be identified will include NPOs, government and businesses.
- To access services through hard copy (national and directory per province); web service and text messaging
- To provide a sustainable process for annual updates

She then reviewed the partners: the Department of Social Development, Westat, Social Surveys and HIV911 before reviewing the types of key stakeholders, many of whom were present for the workshop. She then reviewed the two year timeline and discussed the projects components of a hard copy, web service and short text message service. A visual representation of the database process enabled participants to see how the information about the service provider would be collected, reviewed, and made accessible to the public.

She encouraged the participants to become involved in the process to ensure that the directory was as integrated and accurate as possible.

Questions from the audience:

Question: Are you going to focus on other programs apart from OVC?

Answer: We are currently restricted to OVC by the USAID contract. HIV 911, our partner, has a broader mandate and their directory covers a wide range of services. One concern from various stakeholders regards the limitations of developing a directory that is limited to NPOs and that is being addressed with the donor.

Question: Will there be people in each province?

Answer: We will work with each organization, especially those umbrella organizations that have subunits in each province. We will also meet with the provincial and district representatives of DSD.

Question: In one of our areas we have a consultant that works on the information. Can you contact that person because he already has most of the information? And how do we get the current directory?

Answer: We have copies of the Gauteng Province directory that will be distributed to each organization today. Please give us the feedback on how to you find the directory.

Question: How is it possible to build community capacity through use of the directory?

Answer: We can produce the directory and people can put it in the shelves. We want to see how this directory helps children and how it strengthens referrals. We will provide through GIS information to the community and link organizations within the communities. We will use the organizations to understand better the needs of the community among the children and how to plan to address those needs

Question: How do you define communities (government, department or organizations)?

Answer: We speak in terms of sectors, or community at the level of sector in which people communicate. A community is also a physically defined area, with boundaries limiting interaction.

Suggestion: There is a need for Population Council to define community, to clarify how you plan to engage the community at different levels and how these communities interact with one another.

Question: Migration trends should be considered – have you considered extending the directory to neighboring countries such as Swaziland, Zimbabwe and Lesotho?

Answer: It was not part of the plan. But all the children within South Africa will be included regardless of their legal status. Once they are across the border we cannot help.

4.4 How Can Maps Help Me To Do What I Do Better?

Shannon Rushworth,
Population Council GIS Consultant

Geographic information system, or GIS, was presented as a location decision support system to reveal trends, to visualize problems in relation to resources, and to target resources. Through GIS basic information is converted into maps, and data sets are available to put services into context of other services e.g. where schools are, rivers, different types of census data etc. It is a tool for monitoring and management. GIS can be used for business need assessment, project management , service delivery , awareness of what service are rendered, hardware/software, support, skilled people skill sharing, data / information.

For successful use of GIS there is a need to understand maps and what each spot stands for on the map. One needs to be able to understand different kinds of data sets. GIS relies on good information systems and accuracy.

This directory aims to understand what services are available and what areas are serviced by each service provider. It is possible to map or demarcate where OVC sites are located and to show what areas have easy access and which have poor access. With an accessibility model demographic profiles are used to determine who is in the defined area.

Some of the other maps that are available are:

- Time series animated maps that show what is happening over time
- Mapping where patients/recipients are using the services

Age/gender catchment area
Prominent language spoken, poverty levels, age
Fly through maps to determine the type of terrain that people have to go through
In summary, with GIS the directory's web service can show what data is available, what are the limitations and how can this data be accessed to promote the strategic objectives or program planning for an NPO or government unit.

4.5 Brainstorming: Maximizing the Impact of the Directory on Increasing/Improving Access to Comprehensive Services for Vulnerable Children

This was an opportunity for participants to raise their concerns regarding both past and projected experiences with directories. They were encouraged to think of ways in which to collaborate with the process.

Question: One of the challenges is that the information in the directory has not been current. How do we ensure that the new directory provides current information?

Answer: Once a year we will call you to find out if there has been changes in your organization. If you know that some of the information has changed, you can contact us or update your details via the web service. There will date tags so users know how current the information is.

Question: My previous experience with the existing directory has been the absence of valid landlines. We were calling service providers but the phones were not answered and we went to voice mail.

Answer: We need to have current information on the new directory. We only work with what the service provider gives us. The web service and the SMS should give you more current, updated services while the hard copy directory will get updated only once a year. The directory can be a white elephant if people do not use it and the organizations do not take an initiative to build the relationship. The use of the directory is a continuing process that needs a continuing relationship.

Question: Problem exists with some organization listing services that are peripheral; there is a need to screen services to ensure that core services are listed.

Answer: HIV911 realized that people were ticking a lot of services in series 1 and in series 2 has tried to ensure that organizations respond to a developed list of definition of services and explain the relationship. The team asks the organization to explain what exactly it is that they do. So that if they say they are doing VCT- then do they have nurses, counseling and days when they provide the service, the contact person for that service. This process ensures that what comes out in the OVC directory is true and correct as possible without actual visitation of the service provider sites for onsite confirmation.

Suggestion: A list of definitions for services included in the directory should be developed by HIV911 in consultation with various stakeholders for a clear and accurately captured set of services.

Question: With respect to quality assurance - we do not want to have the organization in the directory without knowing the quality of the services they offer and that can hinder the OVC

services. How do you ensure the quality of services offered by organizations in the directory?

Answer: Any user can provide feedback on a service provider but right now we do not have a validation process for the quality of services. We have experience that directories are good communication tools but the challenge is that organization move without informing relevant stakeholders. How do we make sure that other stakeholders and organizations not present today are aware of this directory? We would like to urge you to spread the word, give other stakeholders and organizations not present today our contacts, HIV911, DSD and in general to promote this process.

Question: Will you include a glossary in the directory? Will you mention other services that can be accessed within different department or services?

Yes

Question: How will you involve the media to market the program?

The following options were already suggested: local radio stations, Sangonet, Cellular network providers, Department of Communications, and the SA Business Coalition. However, a full marketing strategy will be developed later this year.

Question: Have you linked with the child programs in Cape Town who have their directory?

Yes

Have you explored using SANGONET? - They are one of the first groups we meet with.

Contact SA Business coalition? - We have met with them.

One concern is with the rural community who will use mostly the hard copies not the SMS. Most programs in Limpopo will not know how to use the directory and the SMS.

Answer: Let's look at how we can help these communities understand how to use the SMS which means promoting the number. Maybe provide training should be provided by DSD, as most of the people in these areas are illiterate. Population Council is in discussion with the DSD to try and identify specific communities in terms of the form of access. The SMS facility is so far thought to be the best for rural areas.

Question: How about having CDs and the print out, is it easy if you can investigate digital OVC directories on CDs so that we can print and update?

We are talking about the printed copies, but we will look at the CDs.

Question: There are low levels of literacy which are problematic. In addition, Issues of registration, as some organizations are not registered as NPOs. How will you plan the empowering process on how to register these organizations?

Answer: We will have discussions with the CBOs and the FBOs to assist them in registering.

Question: Is there a process to give feedback on how the organization works and we can recommend referral?

Answer: It is better to contact HIV 911 to share experiences on various organizations they have accessed. We encourage more response.

Question: Are there any plans to link the information to existing information systems such as the local districts? What are some of the issues you have encountered?

Answer: Yes we are looking at the health district and the mapping.

Question: The issue of service definitions will be key. If Population Council comes up with definitions without engaging widely the organizations, this will be problematic. How do you select the services because this will stretch the directory? Quality of the services in terms of sustainability is a huge task but we need at least a rough ranking of the services

Answer: Later you will see the categories of services that we are currently working with.

Question: Accessibility in rural communities can be increased through churches will be the best stakeholders and local clinics should be used as the resource for the directory.

Answer: Schools are the best and important stakeholders in the communities. We would like to see the school based programs in the directory. The directory can be disseminated to the schools. Can we map the schools as well – where are the schools and where are the services. Can you ensure that the mapping of services integrate the school as it is the place to access children. (Yes, schools are included in the mapping. We can also have the poverty profile of the children using that school). School information is available and mapped out. It is possible to keep that in the OVC directory and also the HIV prevalence. We know of three school based programs for now: Lovelife , AIDSbuzz, and Soul City

Question: How will you be distributing the directory for organizations that are working in different provinces and districts throughout the country?

Answer: We have 10 stakeholder meetings planned, one in each of the provinces. This is the first national one. We need to ensure that needs of each province are taken into account.

Answer: How can Corporate Social Information (CSI) step in this program?

Answer: Businesses with CSI interests in this area will be contacted for support. Also, Lovelife is launching something on HIV through MIXIT and Trialogue is a good source of information with regards to NGOs around the country.

Question: A number of questions have come up on who gets the directory and how does the community access the directory.

Answer: HIV 911 directory for Gauteng is available today for each organization; it is just the only provincial one available today. Directories will be developed for all other provinces and one is given free to each listed organization but if organizations request more, then they are charged a minimum fee for printing.

4.6 Survey Results: Increasing/Improving Access to Comprehensive Services for Vulnerable Children

Mary-Louise Bofolo, technical Coordinator
Population Council

This survey was in three parts. Part A asked for short answers to questions that focused on possible issues concerning gender relevant to the development of a directory. Part B looked at the types of format that the directory could utilise and Part C asked participants to rank their preferred choices of topics for a directory of service providers.

4.6.1 Part A

These responses will be more fully elaborated in the needs assessment analysis so this represents just a few responses.

1. What are the different services that are needed for the Boy Child or youth as compared to those that are needed by the Girl Child or youth?

1.1 No difference

- Basic services will be the same. Focus on certain issues (like gender) might differ but the basic needs are the same
- Boys and girls in the specific sector of health issues (*oncology, HIV, palliative care) have the same needs

1.2 Boy Child

- Mentorship, gender sensitization, early onset HIV prevention planning
- Recreational services
- Sexual abuse and sodomy
- Intergenerational discussions

1.3 Girl Child

- HIV awareness and prevention
- Female sexual reproductive health
- Gender, femininity and responsible adulthood
- Caring for younger siblings

2. Are they available in your area? Please specify if these services are missing or just inadequate in your community.

2.1 Missing

- Not too many boy-specific activities and partners tend to cater for girls most of the time
- There is no proper structure for these services

2.2 Inadequate

- Available but inadequately marketed
- Services are available but not coordinated or planned
- If workshops do happen there is no follow-up, individual counselling
- Not well equipped and located in vulnerable areas

3. What is the greatest need for these groups in your community today?

- Child protection services and food
- All services are crucial so building a strong network is a priority
- Libraries, recreational centers, after school clubs
- Prevention of HIV and AIDS

4.6.2 Part B

How do you prefer accessing a service directory for vulnerable children? Please tick only one.

- a. Hard copy __29__
- b. Web service _17__
- c. SMS __14__
- d. Telephone __03__
- e. (CD __02__ this category was added by two participants)

Participants were also asked to respond to the following question: What do you see as the problems with the choices that you DID NOT tick?

For many participants lack of access to telephone lines prohibited use of the web service and telephone access. Lack of technical literacy was also seen as a barrier for web usage. And lowering cost of the SMS service would increase use of the SMS service.

4.6.3 Part C

Participants were asked to rank their top ten (10) choices as areas of need in their community for vulnerable children from the following chart. Selections were to be ranked with 1 as the most important to 10 as the least important by choosing only ten topics from column 2 and ranking them from 1 to 10 in column 1. Column 3 provided an idea of the services offered in that area. Listed below are the categories from 1 to 10 that received the most marks. A fuller analysis will be presented as part of the overall needs assessment.

Group Ranking	#1: Rank	#2: Topic	#3: Examples
1	41	Educational Support	Access to education Pre-school and Early Childhood Development Programmes Homework Support Provision of School Fees/Uniforms/Supplies
2	38	Psycho-Social Support	Trauma and Bereavement Counselling Memory Boxes Support groups Assistance with Social Grants Home visits and referrals to special services/assistance
3	36	Nutritional Support	Subsistence - Gardening Projects / Daily meals Food Parcels Soup Kitchen Nutrition Dietary Counselling
4	33	Health Services	Primary health care

			Medical aid
5	30	Life Skills Training	Social and personal skills Social responsibility awareness Health and hygiene Entrepreneurial skills Environmental awareness
6	26	HIV and AIDS	Youth Friendly Services
7	26	Financial Services	Grant application assistance Banking Budgeting
8	25	Child Abuse Prevention	Domestic violence
9	25	Substance Abuse Rehabilitation for Children/Youth	
10	23	Legal Services (Child Focused)	Identity documents

Mary-Louise Bofolo, the Project's Technical Coordinator, also encouraged delegates to complete the data-publisher sign in sheet. This is for organizations with websites that would consider publishing the data provided by the OVC web service and 28 organizations indicated interest.

4.7 Break-Away Focus Group Discussions

4.7.1 What determines the relevance of a directory of service providers for vulnerable children?

In order to be relevant

- Directory should respond to the needs of the community, address the needs for knowledge
- Caregivers should be capacitated in using the directory (providing training where necessary)
- Be user friendly and child participation and involvement should be encouraged
- Directory should reflect and respond to the needs/ circumstances of the beneficiaries
- Definitions should be included, acronyms used need to be explained, printing of hard copy should be child friendly, date of hard copy and web-update should be reflected, updates should reflect changes that have occurred and irrelevant information should be excluded (i.e. background of service provider)
- Indicate whether service is paid or free
- Directory should categorize by service and the criteria of inclusion in the directory should give credibility to the service provider
- Determine whether you include individuals such as doctors or organizations and government
- Strong linkages with DSD at National and Provincial should be from the start, NPO's should be registered, NPO directorate should help service providers function and not be a barrier. DSD will be able to identify organizations that need capacity assistance in registering or maintaining their registered status

Do you know of any service directories for vulnerable children or any other similar directories? If yes, how do you use service directories currently?

Current or informative directories used include SA HIV & AIDS Directory- DOH producer; Directorate Victim Empowerment (DSD); DOH '07-'09 (NW province); HSRC; Sangonet; UNAIDS Directory; Botswana Youth Directorate -UNICEF (last seen 2002); and the Donor Database (DSD).

What do you find useful about directory services?

- Get assistance
- Get information around possible partnerships (between different service providers)
- Coordinate services in a community, strengthen linkages
- Can be a source of education for the user
- Establish stakeholder forums
- Means of identifying gaps

Please describe in detail the characteristics which, in your view, should be contained in a service directory for vulnerable children?

- All the services listed in the survey provided at the meeting and then adding other services identified as relevant, institutions of safety, area of organization coverage should be specified and organizations should specify target group, i.e. gender, age.
- Specific procedures for inclusion (deadlines) should be stated; nature of copyright issue- can the directory be photocopied and distributed; cost of directory, will it be free; with cross indexing- service providers who offer OVC services as well as other services should have all services listed.
- Web-based query result should provide link to website of organization. (E.g. If HIV911 is one of the organizations listed in the search result, there should be a link to HIV 911 website).
- How do we ensure quality of services of organizations listed in the directory? Organisation in the directory should be accountable. Could have a complaint section at the back of directory to be completed and faxed back.
- To help assist quality of organizations there should be an active process of being part of the directory (i.e. completion of forms).
- Directory should have list of funders, list of caregivers- this is beyond the scope of work.

How important do you think updating a service directory is?

- Extremely important to remain relevant.
- Methodology of updating is vital (telephone, SMS, web)

4.7.2 What data sets should be included as part of the mapping component to assist you in addressing your planning objectives?

General comments included the following:

1. Participants generally agreed that the incorrect people were mostly sent to these kinds of stakeholder meetings and it was normally the lower ranking staff that was not in a position to make strategic input.
2. The importance of marketing the benefit of this project to stake holder's was raised so that the correct staff is sent to these meetings and the benefits of registering with HIV911 is clearly understood.
3. The use of networking forums was important in terms of finding out who is doing what, but there is often not enough time to attend these forums.
4. Everyone was inspired to register his or her services with HIV911.
5. Email and internet were a great source of finding strategic information.
6. When specifically asked what kind of information would help assist with strategic decision making there was a little hesitation in the audience which could be as a result of being exposed to the GIS technology and feeling a little overwhelmed. Many participants wanted to be able to using mapping to find out where their service delivery was taking place in relation to other related services and were very clear that they didn't only want to see OVC services. The following dataset were highlighted as being vital in strategic planning and in all cases it was not only their physical location that was identified as being important but the type and quality of services rendered as well.

All HIV related services which could be a site with an associated service are or just a service area. In the case where service areas are not defined the assumption will be made that people will make use of the closest service to their place of stay. Theissen polygons (a graphic device used by GIS specialists) will be used which draws a line at the half-way mark between one service and another.

- 6.1. All Health services.
- 6.2. General population distribution.
- 6.3. Juvenile service relating to crime.
- 6.4. Social payment offices.
- 6.5. Poverty data.
- 6.6. Demographic data; Age by single year and gender
- 6.7. Child headed house-hold data.
- 6.8. Literacy level data.
- 6.9. Municipal boundary data; District, local and ward.
- 6.10. Roads.
- 6.11. Rivers.
- 6.12. Towns.
- 6.13. Churches
- 6.14. Police stations.
- 6.15. Conservation protected areas.
- 6.16. Tribal authority boundaries.
- 6.17. Back drop data in the form of SPOT5 2.5m pixel resolution full colour imagery which looks like an aerial photo in order to see the type of terrain a site falls within.
- 6.18. Hot spot areas within communities like truck driver stops, shabeens, prostitution etc.

Many of the participants showed a very keen interest in having access to the above mentioned spatially enabled data. Instead of all the organizations duplicating the effort of

collecting the data, buying the hardware & software, a Web-based system could be developed by a centralized service provider, like the ESI team that maintains the currency of the service. An excellent example of a web-based GIS system (which was developed by MHP Geospace – Director is Chris Carter - 082 786 4083) is <http://gis.kzntransport.gov.za/>. This service would allow people with access to the internet to make their own customized maps according to their individual needs. This would be an enormous cost saving.

The currency of the data was also raised as a concern and the idea of a District HIV services Information Officer being deployed to each Municipal District in South Africa would form an integral part of utilising local knowledge to feed into and maintain information relation to HIV/AIDS services. It was clearly stated that managing OVC in the absence of any other HIV service providers would be impossible so seeing the HIV service provider picture in its entirety would be of great assistance.

4.7.3 What constitutes a referral in your community? What role should a directory play with such referrals?

Overall the participants thought there was more child abuse in the urban areas as opposed to rural areas. But the challenge in helping with traumatized children who need immediate care are the same – and sometimes helplines are not available.

At risk child can show behavior disorientation (suddenly withdrawn, changes in eating behavior etc), health related issues, abuse, and education problems. Foster children, children who are OVCs or whose parents are incapacitated due to HIV show similar behavior problems. And children are not reporting the abuse, they see some of these things as normal (it's something that should happen to them) or the parents and relatives are not being cooperative. It is very difficult to investigate or to intervene in such cases. Most of these cases are then referred to social workers. Therefore partnerships and relationships with various organizations to facilitate referrals, to establish the links before things get out of hand, are crucial.

With a TB HIV case referral crucial – one must be able to link all these to make it a complete referral. With some hospices, they collaborate with the doctors to ensure that the patient gets proper treatment.

But there are no guiding principles/procedures, for referrals and it all depends on individual cases or situations. Hospitals refer the patient to an NGO and vice versa. Referral should mean a continuous process that requires constant follow up. Referral forms reflect a common system used by most organizations for accountability from one service provider to another. There is then a control measure. Some NGOs provide resources to facilitate referrals e.g. provide transport.

Overall the child should be aware of the potential situations that could cause them to be at risk. They should also know what to do in such situations.

A referral process should also facilitate social grants through the development of a relationship with social services e.g. social services arrive on site to assist children and

register them for grants. The service level offered by NGOs differs depending on various issues including lack of resources, community involvement and so on

Challenges

Key challenges in this area are: follow ups or case management, type of forms used, cross referencing, and the distortion of information. An OVC register or database should be developed to show how many OVC have been identified for monitoring and evaluation purposes. There should be remedies in the Child Act for children who are referred to social workers and receive no assistance. There is no referral mechanism for nutrition cases. Referral often come much too late in the process and those involved struggle to meet their objectives and as a result, families are withdrawing their children from the process without waiting for completion. Those involved should know to make immediate referrals rather than to wait. Referral is a two-way process – follow-up!

Success stories

- Fun day – An event for children where you invite various government departments, identify the OVC or guardians, assess and refer them.
- Encourage and train OVC's on how to grow and maintain food gardens
- Train volunteers to offer psycho social support, home based care, referrals, linked with Home Affairs, Childline and Social Development
- Childline – when a child is referred to them for abuse they offer support and counseling, then call the police and doctor to come onsite, if there is a problem with transportation. They use their own vehicle to collect the police or doctor. Do not like the platform where the child has to retell the story many times.

4.7.4 What are the key points where children should have direct access to the directory? How accessible is mobile technology as a tool for dissemination?

General comments on the topic area

- **Key points of access** to directories in communities were felt to be schools, libraries, community halls (with security office), churches / religious establishments, farms (where the farm acts as a network node for a number of families living on the farmers land) and clubs where people meet (after school clubs, peer education clubs). Schools were stressed as key access points.
- **Key people in the community** who should have a copy of the directory were felt to be community health workers (CHW). CHW are the main contact person in many communities for referral advice so having a directory on hand would allow them to see the composite picture of who can provide assistance in the community and how to contact them. This would then facilitate easier and faster referral.
- **Dissemination:**
 - The group understood that it would not be possible to provide multiple copies of the full directory to each community.
 - It was therefore felt that various community level forums (stakeholder forums / CHW forums / Community Child Care Forums) should identify leaders in the community who are network nodes who should be capacitated by being given a copy of the directory / relevant section.
 - In addition, the directory could be provided to a local Government office or local NGO who would then take responsibility for photocopying

the relevant district or local municipality information for each CHW in the municipality and work-shopping the information with them.

- Distribution via umbrella organisations was seen as an important and useful means of ensuring that the directory was received by the right organisations in the community, and that people were sufficiently briefed on what to do with it / how to use it. It would also allow follow up with recipients to ensure they are using it effectively. This would maximize impact and use a lot more than sending a cover letter with the directory. It was felt that too few people would understand how to use the directory simply from reading a cover letter.
- **Data Collection:**
 - It was seen as important to get government buy in to facilitate access to data on what services are available in each community.
 - In particular, it was felt that once data collection had happened, the district (health) managers could be given an excel print out of the details for service providers in the area, and be asked to assist with verifying the information prior to publication. This would help to get district (health) managers on board, which could help with referrals to service providers and follow ups with providers on behalf of the community.
- **Marketing/ Transfer of Knowledge:**
 - There should also be marketing so service providers know how to use the directory and so that people at a community level know what services are available in their own community, e.g. networking must be promoted.
 - Media in which to market were suggested – youth programmes, morning live TV, ETV, community radio.
 - It was also strongly felt that CHW Forums, stakeholder forums, community child care forums and other such forums in each community should be used as vehicles to create awareness of the database / directory and how to use it.
 - The group felt the directory was so important that there should be a mechanism to encourage a transfer of knowledge about the directory to any new staff / successors of staff who leave the organisation.
 - Someone suggested using the upcoming elections to market the directories.
 - One person suggested that it should be compulsory / automatic that if you register your organisation as an NPO, the organisation also becomes a member of HIV-911 Referral Network (perhaps a reciprocal information sharing relationship between DSD and HIV911 would suffice). This would make keeping abreast of new NPOs easier and help govt facilitate update of their NPO register.
- **Layout:**
 - The size of the directory was considered important – it was suggested that it should be pocket size to aid use by CHW
 - In terms of the information that a directory should contain – the group said it would be better to include only portfolio and organisation details

as people within these portfolios can change but the portfolios generally remain constant.

- Icons were seen as critical to make the directory more accessible and readable for children, many of whom do not read well (icons = pictures so easier to understand).
- Directory should contain a listing of services by service category.
- Format should be by alphabetical by location: that is provincial, divided into district municipalities and then these divided into local municipalities – in other words as it is currently in the HIV-911 directories.

How do vulnerable children receive services in your community? What of child-headed (under 18) or sibling-headed (18-24) households?

- Children generally access care and support via schools – where a concerned school teacher will alert social workers etc.
- Children are also sometimes monitored via community health workers who know of their circumstance as the CHWs work directly with the community.
- Community Care Centres usually offer a meal or home visits or after school care. This brings them into contact with children so they could act as connection points for children needing to access services of various kinds
- Children also connect with government public health service providers for immunisation
- Children connect with Home Affairs to access grants and to obtain birth certificates and ID documents.

How accessible are these services / can children access services? What are some of the barriers to access?

- No, services are very hard to access for children and children generally do not know where to go to access support that they need. There is a lack of information accessible to children (see comments in this section on services not being child friendly – prevents children engaging with services and makes them afraid to ask for support). Generally you need an adult to assist a child as children are not taken seriously. This is why schools and local agencies such as NGOs and Community Health Workers are important as they generally know the child's situation.
- Ward counsellors can assist youth between 18 – 25 years because these are the young voters in the community. They can play a useful role here. In some communities community development workers report up to ward counsellors.
- It was felt that services are generally not child friendly. Children get intimidated and stigmatised if they try to use services not considered appropriate for children – such as family planning. There is gossip from employees and other adults attending the facility who may know the child. This makes it difficult for children to be served with a sense of confidentiality / circumspection.
- It was felt that service providers should be encouraged to network more and to share space so that children / others can access a greater spectrum of service provision in one location and at one time, rather than having to move from one area to another to access the various services.

- While schools offer opportunities of various kinds in terms of service provision it was felt that the Dept of Education was too removed from the on-the-ground situation of children, and therefore it was further suggested that social workers at community level could be encouraged to connect more with schools.
- The problem is that schools often do not know who to refer to for various kinds of support. There is supposed to be an HIV co-ordinator in each school but in reality this is not happening. As a result it was felt that directories placed at schools would be best placed with the Life Orientation teacher or School Governing Body.
- There is a need to challenge government departments to give more attention to service children in need more directly.
- District AIDS Councils were suggested as potential advocates for children, for tutorials on use of the directory and for follow up on referrals.
- Service providers need to be trained and encouraged to speak and relate to children in a more effective manner. A great suggestion here was to encourage organisations to incorporate knowledge of and use of the directory into all their training sessions with staff. It was felt this would result in more familiarity with what services were available, create more update of services and greater access to support.
- **Mobile phones and access:**
 - Children do not have cell phones in most communities however many of the adults do. Around 90% of care workers have cell phones and they use them to get in touch with providers and patients.
 - It will be useful to monitor if people SMS or if they prefer to speak to someone on a telephone who can advise them directly.

4.7.5 Icons

All focus groups were asked to review the groups of icons currently suggested for HIV911 and to discuss the relevance of each image for themselves and the community that they work with.

All of the groups took to this task very enthusiastically. They took all the icons out of the container and spread them out on the desk. Within a very short time they had linked over half the icons to the correct name tags and the remainder were matched fairly easily. It was clear that once the group had established the “logic” or “pattern” behind the symbols, they easily identified the service intended.

For one group about 6 of the icons were not easy to match with names or were not particularly favoured by the group. The group was asked what could be changed or what alternative pictures could be used to better express the service intended by the icon. Useful suggestions were made and these changes were indicated on the control sheet.

Another group suggested at this point that:

- Usage of icons should be shared with stakeholders to check if they have the same understanding of the meaning of icons.
- Icons should be culturally sensitive
- Why don't you use road signs for standard things like hospital?
- Legal services should be the standard justice lady.
- Apple too simple for nutrition, should have a plate with food

- Rape icon not gender sensitive
- Icons should not be repeated as it causes confusion (figures repeated on the primary health care, children's services and treatment icons)
- Treatment should have pills and medication
- Look at PEPFAR partners' icons that are used for illiterate caregivers
- Ask children to draw the icons

For another group, their suggestions included:

- Use bread slices for food
- Research is confusing with legal assistance – just use a book
- Awareness – too broad should be called referral
- Primary health care – different types of services or just a cross is appropriate
- Treatment-syringe and tablets
- VCT- stigmatizing if it's a broken heart,
- Legal –Just a hammer remove the book, justice scale
- Rape /Domestic violence- heart too low, both sexes must be represented
- Care and support- figure embracing the other one
- Economic empowerment program – notes and coins and remove the dollar sign
- Grants (economic strengthen- rand sign on the bag
- Palliative care –elevate the bed too low with a nurse wearing a cap remove arrow
- Other health services- Just one big cross, include traditional healers, herbs, bones, calabash (homeopath symbol)
- Counselling (two people facing sitting each other)
- Advocacy- skill???(people with banners)
- Information, provision and referral networks- flow of directional arrows or spider web

5. Note on Group Process

Overall the process went smoothly with each contributor being prepared and fully engaged with the participants. A majority of the participants who pre-registered did in fact attend, participated enthusiastically and remained for the bulk of the day. Responses to the surveys will be more fully developed as part of the needs assessment.

6. Recommendations

Specific recommendations for specific key stakeholders such as the OVC Mapping and Directory project, DSD, other SA government departments and NPOs should be understood from this report and disseminated accordingly. A roll-out process at the provincial and district levels should be immediately identified to ensure that this happens at the level of the project and DSD.

7. Conclusion

A key group of stakeholders from NPOs, CBOs, FBOs, government and the private sector, representing both the HIV and AIDS sector and the children's sector, were introduced to the OVC Mapping and Directory Project; and the project received feedback on current experiences with databases and directories, dissemination and updating practices and was able to address aspects of the needs assessment. This process has contributed significantly to the two-year development of an OVC Directory of service providers in South Africa. Their collaboration has reinforced the need for such a document/process and the extensions that arise from the same. It is clear that usage of such a directory can in fact contribute to capacity building at the community level through the development of a referral process that involves service organizations that deliver quality service.