

GREATER CAPITAL

AAHT Mid-term Evaluation

Final report

24 March 2011

Contents

CONTACT

Tsholofelo Mpshe
Research and Evaluation
GreaterGood SA
t. 021 762 7944
e. tsholofelo@ggsa.co.za
w. greatergoodsa.co.za

Acronyms	2
Executive summary	3
Introduction	5
Key purposes of the evaluation	7
Methodology	7
Key informants	9
Scope and limitations	10
Literature Review	12
Outcome evaluation	16
Programme reach	16
Identification of OVC	18
Services available to OVCs	20
Process Evaluation	28
Organisational Structure.....	28
Programme staff selection process	29
Building the capacity of communities.....	30
Programme management and reporting.....	37
Financial Management.....	40
Summary of Challenges and Recommendations.....	45
Conclusion	48
Appendix A: Parish Profiles.....	50
Appendix B: Evaluation tools.....	72

GREATERCAPITAL is a not for profit social enterprise, incorporated under Section 21. Part of the GreaterGood group. Reg no: 2005/026508/08 Level 4 BEE contributor

DIRECTORS

Raymond Ndlovu
Tamzin Ractliffe
Bheki Sibiya
Nicky Newton-King
Yukani Magubane
Brett Thornton-Dibb
Geraldine Hand

Acronyms

ACSA	Anglican Church of South Africa
AAHT	Anglican AIDS and Healthcare Trust
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
CCW	Child Care Worker
DOVC	Diocesan Orphans and Vulnerable Children Coordinator
HIV	Human Immunodeficiency Virus
M and E	Monitoring and Evaluation
NACCW	National Association of Child care workers
NAP	2009-2012 South African National Action Plan for Orphans and Other Children made Vulnerable by HIV and AIDS
NGO	Non governmental organisation
NPO	Non profit organisation
OVC	Orphans and vulnerable children
PEPFAR	President's Emergency Fund for AIDS Relief
TL	Team Leader

Executive summary

GreaterCapital was commissioned by the Anglican AIDS and Healthcare Trust (AAHT) to conduct a mid-term evaluation of its Vana Vetu programme in four of its eight dioceses¹. These four dioceses are False Bay in the Western Cape, and Port Elizabeth, Grahamstown and Umzimvubu in the Eastern Cape. The purpose of the evaluation was to determine the strengths and weaknesses of the programme to inform the improvement of the Vana Vetu programme implementation. The evaluation also sought to assess the short-term and medium term outcomes of the programme and the implementation processes used for service delivery.

Founded in 2007, the Vana Vetu programme exists to offer orphans and vulnerable children (OVCs) appropriate care and support to equip them to reach their optimum potential. It was established in response to the HIV/AIDS epidemic in South Africa that has left children across South Africa orphaned and vulnerable due to being infected with or affected by HIV/AIDS.

Vana Vetu is funded by the President's Emergency Fund for AIDS Relief (PEPFAR).

The evaluation followed a carefully designed methodology to fit the requirements of the assignment. A review of literature was conducted to inform the contextual background of the sector as well as the methodology and evaluative process.

Data was collected through site visits and the collation of documents from the AAHT head office. Beneficiaries, guardians, AAHT staff and key stakeholders in the respective communities were interviewed to assess the programme's processes as well as beneficiary perceptions of the programme.

Key findings indicated that Vana Vetu follows well efficient processes to achieve its objectives. Vana Vetu has well defined, decentralised processes for staff and beneficiary selection; all staff members are given at least basic training before they assume their duties; clear reporting processes and lines of accountability have been established; financial management processes have been established.

There have been a few changes to the Vana Vetu programme between 2009 and 2010. The changes include the shift away from providing beneficiaries with psychosocial support to psychological support. This has been initiated through strategic partnerships with tertiary institutions and the training of 17 child care workers as auxiliary social workers. Other changes to the programme include the exclusion of food parcels and shelter as key services in the programme. These changes were mainly prompted by Vana Vetu's main donor, PEPFAR.

The evaluation found that staff members had a good overall understanding of Vana Vetu processes. However, there are some areas for further improvement. Staff members expressed some frustration with the reporting requirements of the programme. The evaluation also found that at some Dioceses, financial management processes, such as

¹ A diocese is defined as a geographical area of the Anglican Church headed by a bishop.

claiming transport costs and providing for afterschool snacks, are not being followed due to communication break-down.

Through its effective processes, and staff dedication and motivation, both at management and ground level, Vana Vetu is successfully meeting its objectives. The Team Leaders (TLs) and CCWs use the knowledge they have gained at training in their daily interaction with OVCs.

Most Vana Vetu beneficiaries are not receiving similar services from other local organisations. This indicates that Vana Vetu is meeting needs of OVCs that would otherwise not be met.

Parishes that have established strong relationships with community members and key stakeholders in the community have been able to direct OVCs to additional support. The benefits of this and the need to build up such networks in other parishes are vital.

Vana Vetu effectively uses limited human and financial resources to deliver basic services to OVC in their communities. The basket of services provided to OVC aligns with national policies, and sector best practices on OVC care.

Introduction

Context to the HIV and AIDS pandemic in South Africa

In 2008, the Joint United Nations Programme on HIV/AIDS (UNAIDS) declared HIV/AIDS in South Africa to be of hyper-endemic epidemic, as 15% of South Africans aged 15-49 were living with HIV/AIDS. Consequently, millions of children across South Africa are affected by HIV/AIDS. In 2008, it was estimated that of the 1.5 million orphans in South Africa, half are these are orphans as a result of HIV/AIDS² & ³. Countless other children have been made vulnerable as a result of the epidemic. These children may be infected, have at least one parent who has died due to AIDS related illness, without a suitable caregiver, neglected or not having their basic needs met. These children's access to basic needs are threatened or do not exist. They thus become the responsibility of people outside of their immediate families and are cared for by extended family, their community or, in the absence of other options, they are placed in the care of the state. Children are more likely to thrive in familiar surroundings than in the care of institutions or the state⁴ and the role of family and community is consequently paramount.

The 2009-2012 South African National Action Plan for Orphans and Other Children made Vulnerable by HIV and AIDS (NAP) is intended to ensure that OVC's rights are protected. In this plan, the government acknowledges its inability to face the HIV/AIDS crisis without the support of other key stakeholders. Two of the key stakeholders that have been identified are non-governmental organisations (NGOs) and international donors. NGOs are essential in assisting families and communities to build their capacity to care for OVCs. This is as they often operate at a local level and are able to build a relationship of trust and cooperation with community members that government struggles to achieve. If this is achieved, children are able to remain in their familiar surroundings, the option that will best benefit their development and wellbeing.

The Vana Vetu programme: background

The AAHT's Vana Vetu OVC Care and Support programme provides counselling, education, care and support for orphaned and other vulnerable children. Vana Vetu trains people within the community to respond to their needs and mobilises communities to commit themselves to addressing the challenges of HIV and Aids, particularly as they affect children⁵.

Vana Vetu builds on a successful OVC model piloted under the Anglican Church of South Africa (ACSA) Isiseko Sokomeleza (Building a Foundation) Programme. This is in partnership with Heartbeat Centre for Community Development, the Barnabas Trust and the Mothers Union (MU), in the three Eastern Cape dioceses of Grahamstown, Port Elizabeth, Umzimvubu. All activities were implemented directly by the MU, an important women's group of the Anglican Church who work beyond the Anglican Church, including

² National Action Plan for orphans and other children made vulnerable by HIV and AIDS (NAP), South Africa.

³ In the context of this statistic, an orphan is a child whose mother, father or both parents have died due to AIDS related illness.

⁴ Richter et al. 2009. Strengthening families to support children affected by HIV and AIDS. *AIDS Care*. (21) (S1) 3-12.

⁵ <http://www.anglicanaids.net/vanavetu.htm>

community volunteers from other faith based organisations (FBOs). The MU has worked to train these volunteers as trainers in order to collaborate as a collective in addressing the needs of our children in their respective communities.

In 2007, the programme's name was changed to Vana Vetu - meaning "our children" to epitomize the reality that it is our children who are suffering and who need our care and support. At this stage, strategic changes were implemented. Additional staff including DOVCs to coordinate programme activities at each Diocese, TLs to coordinate the team of CCWs at each parish, a cluster manager was also appointed to coordinate activities at the various Dioceses in the Eastern Cape. All staff members were given clear job descriptions, and the number of CCWs per parish was standardised to four or five per parish. All staff members employed work toward achieving output targets set at each parish. This formalisation of the Vana Vetu structure also entailed formalising the objectives and activities included in this programme, as well as the monitoring of services rendered to OVC.

Adding this structure to the programme facilitated a more effective process that operates according to specified objectives with defined outputs that are systematically recorded. The programme has expanded since 2007 and currently operates in eight dioceses. The programme mobilises church communities to provide care and support for children who have been orphaned or otherwise made vulnerable by the HIV pandemic and supports those caring for them. The church is accessible to communities as an institution and as such is well placed to take on the role of community strengthening⁶.

Vana Vetu sees the church leadership as a strategic partner in the implementation of the programme at the local level. Parish leaders are seen as key role players as they are well positioned to provide programme oversight, advising local teams and providing pastoral care- key to the well-being of CCWs who work closely with children confronted by serious problems.

In working toward achieving their vision and mission, the Vana Vetu programme takes a holistic, community focused approach aligned with the NAP, including:

1. To provide basic needs for OVC less than 18 years of age in five provinces (KZN, EC, LP, NW and WC) through the life of the programme;
2. To build the capacity of communities affected by HIV and AIDS by training child care workers to meet identified OVC needs; and
3. To develop network linkages within the community and other service providers. that allow Vana Vetu to tap into the resource potential that exists within community

Specific target populations are OVCs (boys and girls ages 0-18 years), HIV and AIDS affected families, caregivers, community and religious leaders, teachers, community based organisations (CBOs), FBOs and NGOs.

⁶ AAHT Vana Vetu Programme MER Plan Version 7, 2010

Key purposes of the evaluation

The following constitute the key purposes of the evaluation as per AAHT requirements:

- To assess the effectiveness of the processes in leading to specific objectives and outcomes
- To determine the processes used by the Vana Vetu programme in implementing its mandate and to note changes to the original programme;
- To find out if Vana Vetu has enabled the provision of basic services in the four chosen dioceses or not and to what extent;
- To establish whether the project has enabled the development of networks/linkages within the community and other service providers or not;
- To establish what kind of services have been provided to OVCs in the four regions and to what extent;
- To determine what kind of capacity building has been provided for the communities including Diocesan OVC Coordinators (DOVCs), CCWs, TLs and those who do not belong to the Anglican church, and to what extent; and
- To identify the greatest challenges and enablers to reaching the programme targets.

Methodology

In order to fulfil the purposes of this evaluation as explained above, the assessment conducted by GreaterCapital followed the next stages:

Phase 1: Establishing method of working & parameters of impact assessment

This phase began with an introductory briefing session between GreaterCapital and AAHT to confirm the parameters of the mid-term evaluation and to agree on activities for the evaluation. During this meeting, roles were clarified, key contacts communicated, and project time frames for deliverables were agreed upon.

Phase 2: Consultation with AAHT head office headquarter staff

Initial consultation was held with staff at the AAHT head office. During this phase, key contacts for each site were identified in preparation for the dioceses site visits. Information on the history and current state of the programme, and an explanation of the staff's responsibilities were provided. Relevant Vana Vetu documentation was submitted to GreaterCapital by the monitoring and evaluation (M and E) manager at Vana Vetu. On conclusion of site visits, a further consultation was held at head office. At this meeting, further knowledge relevant to the analysis and responses to queries related to the site visits were addressed.

Phase 3: Literature review of Vana Vetu and broader environment

An introductory literature review preceded data collection to provide us with solid background on all aspects of and related to AAHT and the Vana Vetu programme.

In addition, key enabling and inhibiting trends relating to OVC care has been researched. This has provided a reference point for the evaluation of the programme and its outcomes.

Phase 4: Development of data collection tools and data collection plan

During this phase, our organisational evaluation and programme assessment tools were adapted to the requirements of the Vana Vetu mid-term evaluation. Data collection tools for each key informant were developed to facilitate data collection.

All the framework documents and tools for data collection were peer reviewed⁷ by GreaterCapital staff and submitted, via email, to Vana Vetu Head office staff for review. Additional questions were later added at the advice of Vana Vetu Headquarter staff.

The tools were designed to highlight current areas of strength and weakness in the Vana Vetu programme.

Tools were designed for the various stakeholders in the last week of October 2010. They focused on two elements:

- *Outcome⁸ evaluation:* The objective was to understand how effective the programme has been. This was conducted through desk based research on outputs reported at each Diocese as well as by interviewing key participants within the programme to develop a qualitative understanding of the programme to date. This could act as a base line for further evaluations in time.
- *Process evaluation:* The objective was to analyse the programme's performance and risk in the areas of *concept, design, capability, control and sustainability*.

The tools developed can be found in Appendix B.

Phase 5: Consultation with beneficiaries, AAHT staff and partners

The process and outcome evaluation over the four sites involved eight days of field research. Data collection took place at the following four dioceses: Umzimvubu, Grahamstown, False Bay and Port Elizabeth. These dioceses were chosen by AAHT management through purposive sampling to suit the purposes of the project. Through the purposive sampling, AAHT wanted to gain insight into the differences between old established programmes in the Eastern Cape, and newly established programmes in the Western Cape.

Two or three evaluators worked simultaneously in each location. During field visits, the evaluators were in constant contact to discuss their progress and to revisit the focus of their visits. This allowed for some flexibility in addressing unanticipated obstacles.

⁷ GreaterCapital uses the peer review model in order to enrich and strengthen analysis and depth on its evaluative work. The peer review panel is made up of additional members of GreaterCapital's research and evaluation team to enable cross-fertilisation of team experience and a multi-disciplinary focus.

⁸ According to the scope of work, an outcome evaluation was to be conducted, in the absence of baseline information and clear definitions for the life change Vana Vetu hoped to facilitate, it was not possible to conduct an outcome evaluation, although the qualitative information collected attempts to address this question as explained in the next sections of this report.

The tools were reviewed again after the first site visit to False Bay on the 8th and 9th of November. Minor changes were made to focus on issues highlighted during this first site visit.

Four questionnaires were developed, field-tested, and administered to each OVC household to collect data on the household schedule (roster and other socio-economic factors), caregiver demographics, child characteristics (aged 8-14 years), and child well-being from both the perspective of the child and that of the child's caregiver. Up to two children per household could be included. From June to September, 2007, interviews were carried out with 487 OVC households (78.5% of 620 approached). A total of 564 OVC aged 8-14 years (81.0 % of those approached), and 488 of their caregivers were successfully interviewed.

Phase 6: Data entry, analysis and reporting

GreaterCapital has processed data collected on the field. Using the tools detailed above, the data has been sifted according to the purposes of the evaluation. Key findings over the evaluation period have been highlighted. The analysis of the findings also includes recommendations for Vana Vetu programme.

Key informants

In addition to direct programme beneficiaries, these are the key informants who were included in the evaluation. Evaluators interviewed a minimum of three key informants at each site. The sample was narrow due to the short time frame of the evaluation and the often limited availability and willingness of stakeholders to participate in the research. In spite of this, we believe that the outcomes of the evaluation come from a range of stakeholder groups, which provide a very valuable critical review of the programme.

Principal and/or teacher

It is the principal or teacher who is a direct line of contact between the school and Vana Vetu. Most of the children involved in Vana Vetu have been identified by staff members as OVCs or as children in need of extra care and assistance. As they are in constant contact with children, they are able to offer valuable insight into the challenges that children face in and outside of the classroom.

Nurse

Nurses are well positioned to comment on the prevalence of HIV/AIDS in a community, as they are in constant contact with HIV/AIDS infected patients and thus have a greater idea of the status and effects of HIV/AIDS within the community.

Department of Social Development / social worker

Vana Vetu staff will refer beneficiaries on to government departments and social workers for assistance with accessing grants, assessing a child's home and/or family situation and psychological care.

Parent and/or guardian

Without the permission of a parent or guardian⁹, children cannot participate in Vana Vetu. A healthy relationship and cooperation between guardians and Vana Vetu staff assists in ensuring optimal care for beneficiaries.

Table 1 below summarises the number of stakeholders interviewed at each site.

Diocese	Parish	OVC	Guardians	Key informants
False Bay Diocese	St John's	9	3	4
	St Matthews	12	4	4
Grahamstown Diocese	St Pauls	9	9	2
	St Gregory's	7	8	2
Port Elizabeth Diocese	St Timothy's	9	8	2
	St Boniface	8	7	3
Umzimvubu Diocese	St George's	12	4	4
	St Thomas	12	4	3

Table 1: Summary table of stakeholders interviewed at each site

All the CCWs at each parish visited were interviewed. Parish leaders or their representatives were also interviewed at each site.

Scope and limitations

- No formal baseline study was conducted on Vana Vetu's establishment. Therefore, evaluation areas that depend on knowledge of the programme's beginnings could not be suitably addressed. These areas included modifications in the implementation process, whether original intentions remain or have been met, and if the underlying assumptions that informed the programme's beginnings remain valid. The implication of this is that Vana Vetu cannot scientifically quantify the extent of its reach, or what percentage of its target beneficiary population it has reached. Therefore the evaluation focused on collecting qualitative information
- Because of the short timeframe set for the evaluation, only a small sample of beneficiaries was interviewed at each site. The sample of beneficiaries was drawn mainly from beneficiaries enrolled on the Educational Support programme (80% of beneficiaries interviewed), with approximately 60% of enrolled beneficiaries interviewed, which renders this sample statistically significant.
- The effectiveness of the processes leading to specific objectives and outcomes could not be fully assessed because of the lack of baseline information. We were able to collect anecdotal data on the perceived impact of the programme i.e. how

⁹ The term guardian refers to the adult who is used to refer to the adult who is legally responsible for a child. It could therefore be a parent or another adult appointed to care for the child.

beneficiaries (OVC and guardians) experienced the programme and how much they attribute to the programme activities.

- Of the eight dioceses where Vana Vetu is run, this evaluation covered four dioceses and only two parishes were visited in each diocese. Consequently, it could not address challenges and success that require evaluation in other parishes and dioceses. As mentioned previously, only a small sample of OVCs and guardians were interviewed at each parish (approximately 10 OVCs and 4 guardians per parish).
- The study focused on a small sample of children aged 8-18 leaving the outcomes these interventions on children outside this age group unknown.
- Communication between evaluators and interviewees at two sites was affected by language difficulties. In line with AAHT stipulation, two isiXhosa speaking evaluators were appointed to this evaluation. However, the need for additional Afrikaans speaking skills became evident. When evaluators and interviewees did not share any knowledge of the same language, a translator was need. Translators were generally TLs or CCWs and their presence during interviews could have influenced interviewees' responses.
- Due to time constraints, interviews were short and there was little opportunity for evaluators to properly prepare interviewees to a level of comfort. As a result, interviewees were sometimes unwilling to share information or were uncomfortable when responding to questions.
- TLs and CCWs were fearful that their respective parishes were being assessed to decide if funding should be continued or halted. This could reflect their reliability during the interviews, as they want to ensure that their parishes are evaluated highly and continue to receive funding.
- As a consequence of the limitations above, the evaluation has mainly focused on assessing the existence and strength of the systems and processes that the Vana Vetu programme has put in place to achieve its objectives. This overall assessment is complemented by valuable qualitative information from key stakeholders into the programme; however, in order to gather evidence of the impact of the programme, a baseline on a larger, more representative sample of beneficiaries would be required.

Literature Review

Literature relating to OVC care has informed much of this report. Key texts are outlined below. These provide an introduction to definitions and concepts that are discussed in this report and thus contribute to the analysis and subsequent recommendations.

Definitions

The operational term “orphans and vulnerable children” (OVC) includes not only children orphaned by their parents' death, but also children considered vulnerable to shocks endangering their health and well-being, including living with a chronically ill parent. This umbrella term was developed in the face of the growing HIV epidemic in Sub Saharan Africa where it quickly became apparent that children whose parents had died of AIDS were not the only children affected by the epidemic. Studies show that vulnerability does not only occur when a child loses its parents, but when a parent is first diagnosed with HIV or becomes ill.

There are two common definitions of orphan; an orphan can refer to a child whose mother, father or both parents have died or an orphan is a child with no living parents¹⁰. A single, accepted definition of vulnerable child does not exist. Briefly, a vulnerable child is a child whose basic needs go unmet. This is generally due to their socio-economic situations and can result from poverty, conflict and family problems.

In the context of this evaluation, the two relevant definitions of OVC are those of PEPFAR, AAHT's primary funder, and the 2009-2012 South African National Action Plan for Orphans and Other Children made Vulnerable by HIV and AIDS (NAP). The NAP definition is significant as Vana Vetu is structured in line with these goals. These definitions relate to children who are orphaned or vulnerable due to HIV/AIDS.

The following definitions are used by PEPFAR¹¹:

- *Orphan*: An orphan has lost one or both parents to HIV/AIDS
- *Vulnerable child*: A child is considered vulnerable because of any or all of the following factors that result from HIV/AIDS: he/she is HIV-positive; lives without adequate adult support; lives outside of family care (e.g. in residential care or on the streets); or is marginalized, stigmatized, or discriminated against.

The NAP 2009-2012¹² is guided by these definitions:

- *Orphan*: A child who has no surviving parent caring for him or her.¹³
- *Vulnerable Child*: A child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance that prevents fulfilment of his or her rights.

¹⁰ Skinner *et al.* 2004. Defining orphaned and vulnerable children. Human Science Research Council.

¹¹ The President's Emergency Fund for AIDS Relief (PEPFAR). 2006. Orphans and other children: Programming guidance for United States government in-country staff and implementing partners.

¹² 2009-2012 South African National Action Plan for Orphans and Other Children made Vulnerable by HIV and AIDS.

¹³ Sourced by the NAP from the Policy Framework for Orphans and other Children made Vulnerable by HIV and AIDS South Africa, 2005.

Principles of good practice in OVC care

Nationally, the government's plan is in line with internationally accepted approaches to OVC care. The specific strategies outlined by UNICEF and the South African government have been used as a reference best practice framework for conducting this evaluation. UNICEF's Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS¹⁴ is a largely accepted framework for many OVC programmes worldwide. Programmes with interventions in OVC care and support in various parts of Africa and Asia have adopted the principles and definitions detailed in this framework. The framework sets out five core strategies (or action areas) that provide operational guidance to governments and other stakeholders responding to the needs of OVCs. These strategies are:

- Strengthening the **capacity of families** to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
- Mobilizing and support **community-based responses**.
- Ensuring access for OVCs to **essential services**, including education, health care, birth registration and others.
- Ensuring that **governments protect** the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.
- Raising awareness at all levels through advocacy and social mobilization to create a **supportive environment** for children and families affected by HIV/AIDS.

The 2009-2012 South African National Action Plan for Orphans and Other Children made Vulnerable by HIV and AIDS (NAP) is centred on six core strategic goals that are widely recognised as essential in the fight against HIV/AIDS. These are

- Strengthen and **support the capacity of families** to protect and care for OVCs;
- Mobilize and **strengthen community-based responses** for the care, support and protection of OVCs;
- Ensure that **legislation, policy, strategies** and programmes are in place to protect the most vulnerable children;
- Ensure **access of OVCs to essential services**;
- **Raise awareness and advocate** for the creation of a supportive environment for OVCs and
- Strengthen mechanisms to drive and support the implementation of the NAP in which the plan refers to the involvement of other role players.

¹⁴ UNICEF, 2004. The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS.

Theoretic foundations for basic services provided by OVC programmes

The Horizons programme is a USAID funded collaboration between Family Health International, The National HIV/AIDS alliance, Johns Hopkins University, and other research organisations that has been designating, implementing, evaluating innovative strategies for HIV prevention and care since 1997. Horizons' research identifies key issues confronting OVC and provides theoretic justification for the services provided by localised OVC programmes. The following discussion summarises Horizon's study on effective OVC programmes.

The breakdown in protective social networks observed in the early 1990s due to rising HIV and AIDS infections and subsequent deaths led to the establishment of numerous orphanages. Such responses were criticised for undermining traditional models of family and community care, and creating adverse psychological and social effects among children and families affected¹⁵.

Interventions that take the "asset based approach" to addressing the negative impacts of HIV and AIDS on communities and children have replaced the institutional model which led to the establishment of orphanages as described above. The "asset based approach" encourages governments, NGOs and CBOs to start designing interventions based on the assets that exist in the community, including community structures and networks, and the capacities of residents. Such interventions focus on the existing strengths in the community by identifying ways to mobilise the local resources to address challenges. As such, asset based interventions use relationships between and among local residents, local associations and local institutions to address local challenges. PEPFAR funded OVC programmes take such an approach by deploying care givers from the community to cater to the needs of OVCs¹⁶.

Providing adult support to OVC

Studies in Zimbabwe reveal that OVCs may suffer severe clinical depression due to the impact of multiple traumatic events including the death of parents, illness in the family, stigma associated with HIV and AIDS, rejection in time of need, and the absence of adults they can trust to talk to about their problems. OVCs frequently reported experiencing feeling worry, stress, irritability, sadness, difficulty concentrating, and feeling hopeless. Adult support is said to be the most important intervention to address this issue. The same study reports that longitudinal studies show that child heads with adult mentors such as child care workers (CCWs) showed vast improvements in psychosocial wellbeing within a two year of intervention. Regular home visits by trained adult volunteers helped to develop stable, caring relationships with these children, helping them take better care of younger siblings.

¹⁵Horizons/Population Council. 2010. "Improving the Lives of Vulnerable Children: Implications of Horizons Research Among Orphans and Other Children Affected by AIDS". *Public Health Rep.* 125(2): 325–336

¹⁶ A. Mathie, G Cunningham. 2003. "From Clients to Citizens: Asset based community development as a strategy for community driven development". *Development in Practice* 13(5) pp. 474-486

OVC interventions also need to provide access to adult mentors to OVC in the care of elderly care givers. Elderly adults often lack the skills necessary to provide guidance to young children and adolescents. Studies show that the elderly often feel they have limited influence on the behaviour of young people. Elderly care givers experience emotional distress as they are forced to spend less time to participate in economic and social activities due to increased demands on them to look after ill adults and children, and to raise the orphans that are left behind. Therefore interventions should aim to increase their capacity to deal with the children in their care.

Reducing risks and vulnerability

OVCs are vulnerable to a wide range of health risks due to abuse, and limited access to material and social resources. Studies in three rural communities in South Africa found that orphaned children, children with ill parents, and children from granny headed homes were more likely to perform poorly or drop out of school due to financial constraints, sickness, and having to assume adult responsibilities.

Vulnerable children are also more likely to engage in risky sexual behaviour, including early sexual debut and higher rates of transactional or survival sex compared to other children.

Accordingly, it is important for OVC programmes to provide beneficiaries with life skills, and educational support, including homework assistance and providing school material.

Increasing access to ARV treatment

Children with HIV positive parents could also be infected with HIV. There are numerous obstacles to paediatric access to HIV treatment. Some parents avoid having their children tested because of fear that their own status will be revealed, while other times, care givers are not aware of the symptoms of HIV infection and AIDS related sickness. This again, highlights the importance of the work done by trained child care workers in identifying potentially infected children during home visits, and educating parents about ARV compliance, etc.

Outcome evaluation

The identified good practices in OVC care have provided the context to extract the strengths and challenges of the Vana Vetu programme strategy and implementation. Consecutively, we discuss the outcomes of programme activities as reported by programme beneficiaries, programme staff, and relevant stakeholders.

Programme reach

Parishes in the Eastern Cape have between 250 and 400 OVCs enrolled on the programme. Parishes have three to five CCWs and one TL. The number of OVCs assigned to a CCW or TL varies according to each CCW's capacity and can be as many as 100 although most CCWs assume responsibility for approximately 40 OVCS. Each OVC enrolled on the programme receives a single or a package of services depending on his or her needs as understood by the CCWs and TLs. This means that the term of benefit for each OVC depends on the type of service(s) provided to the OVC.

Between 2008 and 2010, 41 723 OVCs have been serviced by Vana Vetu at the four Dioceses visited.

Only the St John's parish in Strand was significantly different to the other parishes visited. This was due to the fact that the programme was recently reintroduced in the community, therefore the CCW team did not have a TL and three of the four CCWs were very new to the programme. Another key difference was that of the four CCWs, two were training to become auxiliary social workers, with limited time to spend on programme activities. Additionally, unlike other sites, the afterschool programme had not been initiated, and programme beneficiaries interviewed had only been exposed to the holiday camp and some were recipients of school uniforms. For a more detailed analysis of each diocese and parish, refer to the appendices.

In this section, the evaluation looks at how the programme is implemented and short-term outcomes as described by programme staff, beneficiaries (OVCs enrolled on the programme and their guardians) and other relevant stakeholders.

The six categories of basic services listed in the table below are provided through local child care workers (CCWs)

	Food/Food Parcel	Shelter	Child Protection	Gen Health	HIV Prevention	Psychosocial	General Ed.	Economic Opp.	Healthcare /ARV	Total
False Bay										
2008/ 2009	1406	475	274	25	462	902	1576	80	1	5200
2009/ 2010	382	310	10	2	115	231	248	18	12	1328
Grahamstown										
2008/ 2009	2083	1285	446	325	317	473	1021	171	130	6121
2009/ 2010	1223	690	195	188	410	228	564	124	369	3991
Port Elizabeth										
2008/ 2009	913	1406	195	187	154	287	543	137	2	3822
2009/ 2010	945	715	171	41	253	95	390	123	0	2733
Umzimvubu										
2008/ 2009	2965	1206	1333	598	1405	2829	2630	116	21	13082
2009/ 2010	1084	676	70	113	1378	1054	888	183	0	5446

Table 2: Number of OVCs assisted by service category, adapted from AAHT data

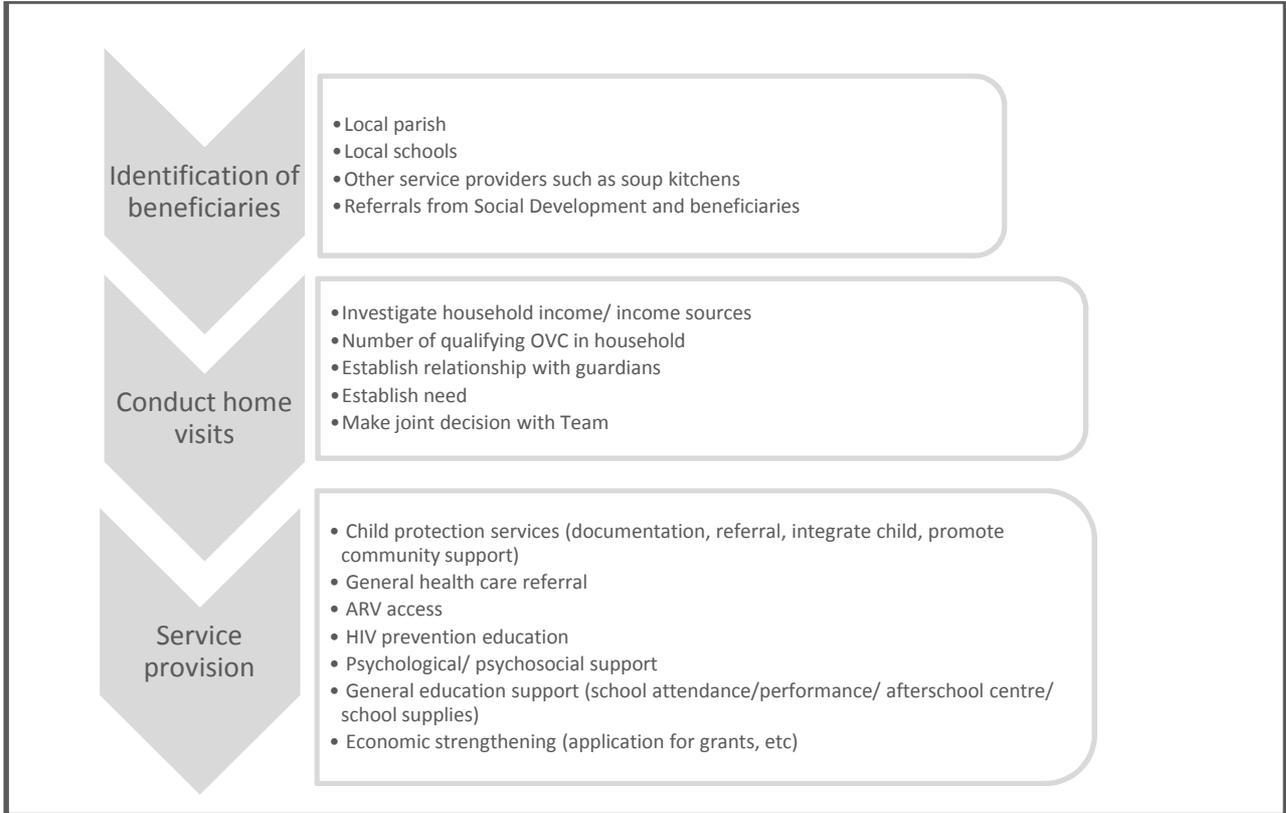
Across the various sites, there was a general decline in the number of recorded services provided to OVC due to Vana Vetu's attempt to align its services with donor requirements. The changes were implemented mainly to standardise the services CCWs report on. The following changes in 2010 explain the variance in the number of services rendered at each Diocese year on year. The dominant services provided are food parcels, general education assistance and psychosocial support.

Although the number of recorded services rendered to OVC has declined, CCWs continue to provide the services that are no longer recognised under the new reporting requirements. What the new reporting requirements have achieved is consistency across the sites, for example if a child has had HIV prevention education, we know that every child said to have received this training is 10 years or older, and has been exposed to at least 10 hours of training on HIV related issues. This makes the data comparable across the sites.

Identification of OVC

According to the DOVCs, TLs and CCWs, OVCs are identified through various means, namely during the CCWs' home visits; through referrals from local schools; through referrals from local clinics; through the local parish and other local churches; through the Tribal Council (in the Umzimvubu Diocese).

The OVC selection process



Good relationships with local schools ensure that school going OVCs are identified and registered on the programme. All programme staff at management and local level have a shared understanding on who qualifies as an OVC beneficiary on the Vana Vetu programme.

All staff members and stakeholders agree that the correct beneficiaries have been identified through this process. The general perception is that the programme is flexible enough to admit children when and as their needs arise.

The definition used for OVC is in line with PEPFAR requirements as Vana Vetu only works in high HIV risk districts. Vana Vetu recognises that insisting on identifying vulnerable children in line with their HIV status would prove to be a stigmatising exercise which would only serve to marginalise programme beneficiaries.

Children with Disabilities

The Umzimvubu, Port Elizabeth and False Bay Dioceses had one to three children with disabilities enrolled on the programme. There was no mention of disabled children participating in the programme within the Grahamstown Diocese. None of the children with disabilities was available to be interviewed.

Disabled children in the Umzimvubu Diocese benefit from CCWs who visit regularly and have trained their guardians in home based care. In Motherwell, there are three children with learning disabilities who are enrolled in the programme. These learners attend the afterschool centre and get individual assistance with homework from two volunteers. CCWs will assist with accessing disability grants if required.

The Umzimvubu DOVC highlighted that most of the children with disabilities in the Umzimvubu region attend boarding school and are thus not present during the school term. In her words, “the best service they can provide to children with severe disabilities that are not in school is home based care as it would be difficult to transport them to afterschool centres”. If severely disabled children were to attend the afterschool programme, it could be taxing on the CCWs as they would need to give these children individual attention and other OVCs might receive inadequate care.

CCWs in Strand, the Port Elizabeth and Grahamstown Dioceses rely primarily on schools for identifying OVCs. As disabled children often do not attend local schools it can be difficult to identify them particularly as they remain stigmatised against. In the Umzimvubu Diocese and Sir Lowry’s Pass Village, CCWs report that children with disabilities are easy to identify because of the small size of the communities and, in some instances, they have been identified through home visits. Where possible, local programme staff should be encouraged to identify these children and taught how to stimulate them as most CCWs are trained in home based care.

Graduating beneficiaries

Once beneficiaries turn 18, they exit the programme. CCWs continue to visit these beneficiaries to ensure that they are well. These visits are not recorded. Beneficiaries can also be removed from the programme when they receive grants or are placed with responsible care givers or guardians. CCWs continue to visit these beneficiaries until they are satisfied that the child is adjusting and progressing well.

Services available to OVCs

Vana Vetu has identified six service areas to improve the lives of children and families directly affected by HIV and AIDS. Vana Vetu provides basic Services in the following categories:

1. Child protection
 - Increase access to birth certificate documents
 - Promote community support to OVC
 - Referral to professional assistance (Social worker, etc)
 - Integrate OVC
 - Succession planning
2. General Health care referral
 - Refer and link to healthcare
 - Clinical monitoring and management
 - Follow-up and ensure adherence to treatment regimen
 - Refer and link to access
 - ARV therapy
3. HIV prevention education
4. Psychosocial assistance which is being replaced by Psychological care
5. General Education
 - School attendance and performance
 - Provide/ waive school fee
 - Uniform/School supplies
 - Aftercare school support and camps
6. Economic opportunity

At each parish visited in the Eastern Cape, Vana Vetu offers the full range of basic services detailed by the programme staff at the AAHT head office in Cape Town. In the Western Cape, of the two parishes visited, only the Sir Lowry's Pass Village parish offers all services.

The Umzimvubu DOVC emphasised an important point that "each child is given the specific help they need". Therefore children may receive different types of services from Vana Vetu. For example, one child may need assistance with obtaining a birth certificate to enable

Psychosocial care

Psychosocial care refers to care that is offered on levels other than material i.e. economic, social and spiritual¹. This, however, is not meant to dismiss material needs but rather to indicate the need for other support structures. Psychosocial needs are best met by family members. If this is unachievable, the community can intervene to provide these needs to as much of a degree as is possible. This would include counselling, creating a stable environment for OVCs, enabling access to social services and ensuring that their basic needs are met.

Psychological care

Psychological care refers to the care provided to individuals and families to address their non-physical suffering. This may include: mental health counselling; family care and support groups; support for disclosure of HIV status; bereavement care; development and implementation of culture- and age-specific initiatives for psychological care; and treatment of HIV-related psychiatric illnesses, such as depression and related anxieties. Vana Vetu's understanding is that such services can only be provided by a trained professional.

Adapted from Richter et al. 2006. "Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS and UNAIDS" available at: www.unaids.org and PEPFAR, 2006. "HIV/AIDS Palliative Care Guidance#1" available at: <http://www.pepfar.gov/guidance/75827.htm>

his/her guardians to receive government grants on his/her behalf, while another child may be registered for a grant but be in need of psychological support. This is assessed on a case-by-case basis. As the programme aims to reach as many children as possible, there is no set of services that all children receive but rather services are customised according to needs.

The TLs and CCWs' responses to unmet needs have benefitted the children socially and economically. OVCs often require additional care and attention to ensure their needs are met; and TLs and CCWs can best measure this through an assessment of the OVC's environment during house visits.

The discussion that follows looks at the each service category and considers only the outcomes of services officially offered through Vana Vetu. Although it was not always easy to get full answers from the OVCs participating in this research due to their young age, the OVC's perceptions of Vana Vetu are revealing of the short-term impact that the programme has had on their lives. Most of the OVCs spoke highly of their CCWs and listed the services they had received through the programme and how they felt about being selected as beneficiaries.

Food parcels

Food parcels are no longer recorded as a service rendered. Although meals are provided at afterschool centres, they form part of general educational support, as children cannot concentrate at the afterschool centre if they are hungry. The food parcels recorded for the 2009/2010 year are funded through independent fundraising activities. The parcels are given to families that are awaiting their grant applications to be approved. A family can receive food parcels for up to 3 months, but where there is serious need, this period is extended.

Shelter

Shelter as a service has been discontinued. The focus of the programme is on integrating children into the family and helping families work through their problems. Where there are serious problems and a child cannot stay with the family, CCWs report taking children into their homes for a short period, the children are transferred to a registered shelter through Social Development or through a partner organisation. This ensures that Vana Vetu concentrates its resources on its core activities.

Child protection services outcomes

Child protection services previously included group support services. This service is now recognised once a child has received their birth certificate or identity document through the assistance of Vana Vetu staff. Recording this service at this stage, i.e. once the family gains access to the required identity documents, ensures that CCWs follow through with this service from start to finish.

OVCs have been assisted by CCWs in the acquisition of identification documents and/or birth certificates that enable them to apply for child support grants (economic opportunity).

Economic opportunity outcomes

Economic opportunity includes assisting families register for social grants. This classification was previously used to describe income generating efforts of families.

It was not clear from the evaluation what the outcomes of this activity were. One can look to theory to establish the potential impact of access to social grants for families that have lost productive adults.

Limited access to material and social resources exposes OVCs of health risks due to abuse. Because OVCs are more likely to perform poorly or drop out of school due to financial constraints, sickness, and having to assume adult responsibilities, increasing their access to social grants mitigates their risk of having to drop out of school, and caters to their basic needs, such as food, school fees (which they should not be paying), and transport to other resources such as clinics in the community.

A major challenge to increasing access to social grants for beneficiaries was experienced mainly by child headed homes. Without an adult to collect the grants for the younger children, social development cannot approve the grant. This means that orphans from child headed homes, although in desperate need for income, cannot access this lifeline provided by the state. Local programme staff, in Mount Frere, are looking at creative ways to assist these children. One possibility being explored is to assign their CCW as a guardian, who then collects the money and delivers it to the orphans. This is a good idea, but it would require close monitoring by the TL and the DOVC to ensure that the CCW does not use the money for her own needs. They could arrange for the orphans to collect the money at one of their weekly meetings where all the CCWs and TLs are present to witness the money transfer.

HIV and AIDS education outcomes

As discussed in the literature survey, vulnerable children are also more likely to engage in risky sexual behaviour, including early sexual debut, and higher rates of transactional or survival sex compared to other children.

HIV and AIDS education has been intensified to 10 hour sessions for children between 10 and 18 years of age. Previously, the sessions were available to all beneficiaries and were often once off. Ten hour-long sessions are more intense and provide beneficiaries with a clearer understanding of how to prevent HIV infection. The lessons are also structured and standardised to ensure OVC have full information on HIV prevention including abstinence, and how to use condoms. Even though CCWs continue holding informal lessons about HIV and AIDS with beneficiaries, these are not accounted for in formal reporting.

This evaluation has not recorded the outcomes of the HIV and AIDS education training beyond assessing the reach and intensity of the programme. During interviews with beneficiaries, and in reference to the School is Cool camp, beneficiaries mentioned HIV and AIDS education, specifically the importance of using a condom if they decide to have sex. This is not the main message taught by Vana Vetu, but programme beneficiaries from the False Bay Diocese specifically, made reference to condoms.

Thus it is clear that HIV and AIDS education is vital for Vana Vetu beneficiaries. The requirement that HIV education take place over 10 hours is also a positive development as more systematic and intense training is more likely to have a stronger impact than a once off workshop. However, the efficacy of information-giving sessions in behavioural change-based interventions has been widely disputed by expert organisations in recent years¹⁷. Peer education has emerged as a widely accepted paradigm for developing positive role models for youth towards positive living

¹⁷ Turner, G. and Shepherd, J. (1999) "A Method In Search of a Theory: Peer Education in Health Promotion." *Health Education Research* 14 (2) 235-247.

and avoidance of risky behaviour. Vana Vetu should consider combining structured information sessions with peer education activities in order to strengthen the impact of their programme in this area.

It is also recommended that Vana Vetu introduce pre- and post- tests for these learning areas to ensure that they capture their contribution to HIV related knowledge among beneficiaries.

The General Health outcomes

The general health care category includes preventative, curative and promotion-oriented health care services. Taking children to the local clinic is also seen as a service, but CCWs don't always report this service. This is being addressed by Vana Vetu Head office staff.

Guardians also highlighted the important role that CCWs play in increasing OVC's access to health care services. They confirmed that CCWs accompany children to the local clinic when they are sick or need ARVs.

Taking children to the local clinic is also seen as a service, but CCWs don't always report this service. This is being addressed by Vana Vetu head office staff.

Children with HIV positive parents could also be infected with HIV. There are numerous obstacles to paediatric access to HIV treatment. Guardians are not always aware of the symptoms of HIV infection and AIDS related sickness. This again, highlights the importance of the work done by trained child care workers in identifying potentially infected children during home visits, and educating parents about ARV compliance, etc.

Guardians also highlighted the important role that CCWs play in increasing OVC's access to health care services. They confirmed that CCWs accompany children to the local clinic when they are sick or need ARVs.

Psychosocial/ Psychological support outcomes

The programme is there to help people that don't have anything, and I have also noticed that the children are happier."- Guardian, Zeleni (St Paul's)

This type of highly specialised work may only be performed by qualified professionals (e.g. social workers, psychologists). CCW can only do memory work. In Tabankulu (St Thomas), where the local team has been struggling to forge relationships with the Department of Social Development, providing psychological support is a serious challenge. CCWs emphasised the need to strengthen their counselling skills so that they can improve proficiency in counselling

Psychological support relies on referrals to relevant authorities and assistance from social work students at local universities. At the time of our site visit, two third year students from the Department of Social Science at the University of Stellenbosch were completing their internships at the Diocese of False Bay and nine students from Rhodes University were assisting at St Augustine's in the Grahamstown Diocese. This indicates that Vana Vetu is using its networks creatively to ensure the smooth transition from psychosocial support to more psychological support. These services will be rolled out to other parishes as new partnerships with tertiary institutions are forged and the existing partnerships grow.

Many beneficiaries have been referred to government and NGO social workers by their CCWs. The CCWs are able to identify “troubled children” in need of professional services. The ability to identify such cases is accredited to the training that they have received from their DOVCs in approaching and caring for children.

“They [CCWs] make us happy and want us to stay happy. They are trying to make us not feel the pain of not having parents by being our parents. They have helped me by making sure that I look after myself and reminding me that I have a future.”

-OVC, 13, Tabankulu (St Thomas)

Focus group interviews with OVCs confirmed that CCWs provide for their emotional needs. Most of the OVCs reported that the counselling they have received from their CCWs has helped them resolve and overcome personal issues. As highlighted in the literature, OVCs and their families are subject to many challenges that may leave them emotionally strained. By providing OVC with counselling and completing activities such as the memory box, CCWs are able to bond with the OVCs and become their adult mentors. These relationships are especially essential for orphans from child headed homes and granny headed homes where there is a lack of a credible adult mentor.

Another key development in the delivery of social services to OVCs is the training of 17 CCWs to become auxiliary social workers. This development and its challenges are discussed extensively in the previous section under “TL and CCW training”.

Connecting the OVC to professional social workers and psychologists also helps the OVC to work through their emotions, resulting in decreased anxiety, depression and anger among the OVC. In the long-run, beneficiaries can develop into responsible sober minded adults.

School education outcomes

The programme is formed by a range of services including twice-weekly afterschool programme . Approximately 20 children attend the programme in an afternoon at each parish¹⁸. OVCs get assistance with their academic work and receive life skills teachings on issues such as HIV/AIDS prevention.

As part of the “School is Cool” campaign, school uniforms and stationery are distributed to some of the OVCs in the programme. Beneficiaries and guardians expressed gratitude and explained that having the correct school uniform restores a healthy sense of pride: children’s motivation to attend school increases, as they are no longer identified as too poor to afford uniforms and are not teased. Teachers highlighted that there are additional children who need school uniforms and requested that future rollout should be scaled up.

“Survivor camps” are used as a platform to teach essential life skills to the beneficiaries. Beneficiaries cited learning about HIV/AIDS, child trafficking and self-development at these camps. According to the social workers from the Department of Social Development in Mount Frere, these topics are pivotal in their community as child trafficking is increasingly becoming a problem in the area; according to the social workers “young girls increasingly sell their bodies for small change to purchase food, thus *exposing themselves to this type of exploitation and HIV infection*”.

¹⁸ At Kruisfontein, approximately 40 children attend each afternoon.

Since being involved in Vana Vetu, "my grandson is a changed boy".

-Grandmother, Sir Lowry's Pass Village (St Mathews)

Guardians' gratitude for the assistance that their children receive was evident. In particular, grandparents expressed their appreciation. As the grandparents are elderly and often illiterate, they struggle to meet their grandchildren's needs. In particular, they are grateful to the CCWs for assisting their children with homework and monitoring school attendance. Grandparents reported that their children's school performance had improved since their children had joined the programme. This finding is in line with broader research that indicates that the elderly often feel ill equipped to deal with the children, especially adolescents, in their care. The presence of CCWs (who are often younger than elder care-givers and therefore well positioned to play a mother's role) provide essential assistance to these families.

"The programme is trying to keep us away from trouble. They also supply us with uniforms. My friends always complain about me going to the homework centre, but I have decided that I will keep going".
-OVC, 17, Zeleni (St Paul's)



Picture 1: Grahamstown Diocese: Starting with an energiser before afterschool¹⁹ programme

Children from child headed homes also expressed gratitude for the homework assistance, and school uniforms they have received from the programme. Some highlighted that they attend school more frequently because of been given school uniforms, and they were coping better with their school work because of the homework assistance they received.

Parents and teachers frequently referred to the effectiveness of the provision of school uniforms in facilitating school attendance. Some beneficiaries emphasised the importance of the afterschool assistance in improving their school results, etc. of course, without pre and post school results, we can only accept this as face value.

¹⁹ Memory box or memory work includes activities that help children to give expression to their feelings and perceptions of loss and help in the preservation of attachment and personal history,

The School is Cool afterschool programme and the survivor camps were cited as favourites. The OVCs explained that this is because they gain invaluable information and skills that they can use in their daily lives and because they receive food. This indicates that the beneficiaries value the teachings they are exposed to through Vana Vetu.

The biggest challenge to the implementation of the School is Cool campaign at the Umzimvubu and Grahamstown Dioceses is that afterschool snacks are not being provided at the afterschool centres. As the beneficiaries come from poverty-stricken backgrounds, they often arrive after school without having eaten. The TLs, CCWs and school teachers state that without food, the success of the programme is jeopardised as children need food to concentrate.

An important recommendation that school results of the children in the programme should be tracked. This tracking was only reported in Sir Lowry's Pass, but the programme is too young for an outcome evaluation to be conducted as yet.

Additional observations

OVCs explained that "it is a programme that helps parents who cannot care for children". CCWs are seen as people that provide care, protection and a sense of self-worth, by showing OVCs that they are as valuable as other children. They are perceived as a source of comfort, which can be approached any time. OVCs at all sites report that they can speak to their CCWs like they would to their own mothers. Most of the older participants stated that attending the afterschool programme and survivor camps teaches them life skills and "keeps them out of trouble".

Another issue that must be highlighted is the issue of under reporting discussed in the previous section. CCWs don't always recognise the value of the work that they are doing and may under report on the activities completed with programme beneficiaries. A typical example is the failure to report taking a beneficiary to the clinic as General Health care provision.

Stakeholders at all sites, including guardians and programme staff, often attributed a beneficiary's increased school attendance to his/her pride in his/her new uniform. As one principal explained, "when learners are bullied because of their tattered uniforms, they will not attend school". By donating uniforms to these learners, their confidence increases and they are no longer ashamed. Consequently, they attend school and their marks and self-esteem increase.

In addition to material goods, the guardians commented on positive changes to their children's behaviour. They have noticed that their children have more respect for others, are more willing to assist with household chores, and are happier and better behaved since attending Vana Vetu.

There are some guardians who do not cooperate with Vana Vetu. This happens when a CCW first approaches a house. During the first official house visit, guardians that do not know about the programme are often suspicious of a CCW's motives and fear that she is trying to gain access to their child's grant. Often, once the programme is explained further, they will allow their children to be enrolled. If not, their children are not able to receive assistance and thus cannot benefit from the potential growth and development that result from participating in Vana Vetu.

OVC's responses indicate that they are aware of positive growth and development within themselves. Particularly, they value Vana Vetu's role in providing them with skills that position them to make informed decisions. The long term impact of this is immeasurable, as it allows them to assume additional responsibility for their wellbeing.

Not only OVCs benefit from Vana Vetu. Guardians are capacitated by Vana Vetu to care for their children, as they receive assistance in accessing social services available to their children and receive advice on parenting. This then impacts positively on the OVCs who benefit from their guardians' increased capacity.

The need for guardian training was raised. The CCWs expressed that their relationships with their children have improved due to parenting skills' training that they underwent highlighting the importance of such training for guardians.

Most of the beneficiaries interviewed were not enrolled in any other programme offering social services or recreational activities, except those who participated in school sport. This indicates that Vana Vetu is not duplicating the services provided by other local organisations, and that it is effectively plugging a gap in extending essential social and remedial services to OVCs

These services have contributed positively to OVC's emotional wellbeing and resilience. This was voiced by respondents in all dioceses.

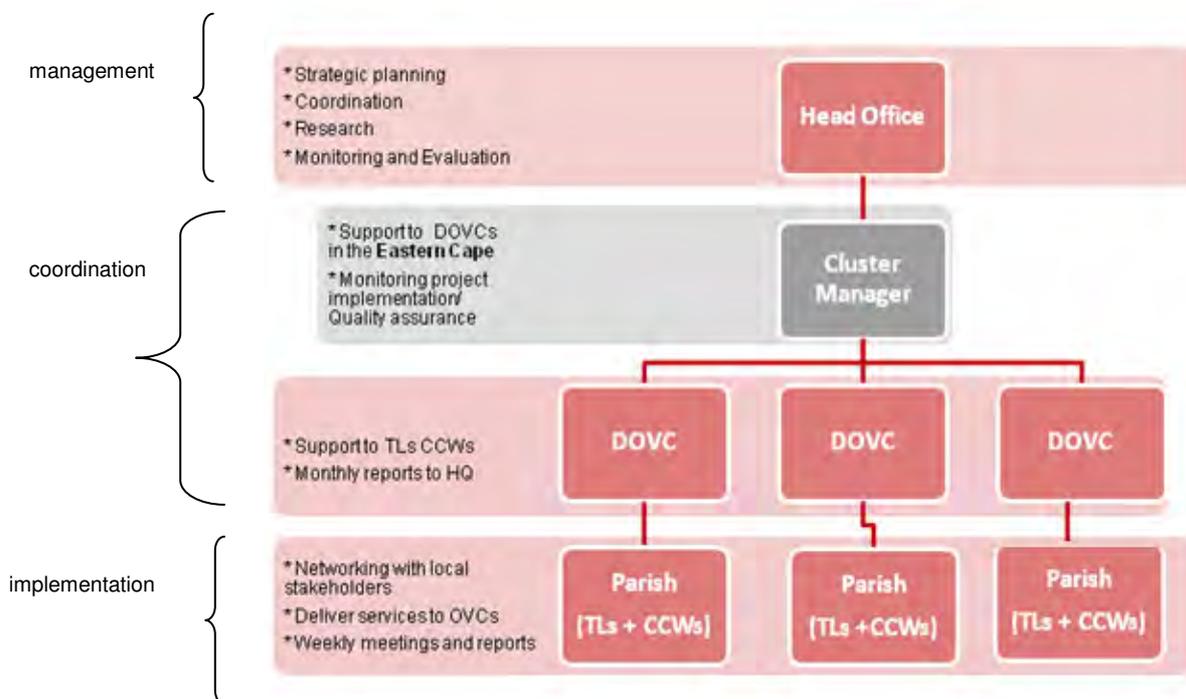
Process Evaluation

This section presents a critical assessment of the processes employed by Vana Vetu to achieve its overall objectives. The section describes each process and assesses how it is being applied across the various sites. This section does not give a detailed analysis of how the process is followed at each site as there was general uniformity in the way processes are followed at every site. Where there are stark differences, the evaluation highlights those differences.

The Vana Vetu programme is consistently implemented across all dioceses. The similarities included the processes followed in the identification of beneficiaries, the appointment of staff, and financial control systems. The combination of services offered to beneficiaries across the sites was also very similar. All the CCWs expressed great passion for their work, and it was clear in the statements and observations of beneficiaries that the programme has extended access to basic services for programme beneficiaries.

Organisational Structure

Vana Vetu is structured in a way that details clear lines of responsibility and accountability. CCWs and volunteers report to their TLs, TLs report to their DOVCs, DOVCs in turn report to the cluster manager and to Head office. This structure empowers local leaders (TLs and DOVCs) to take the lead when problems occur, and to refer complex problems first to the parish leadership (where parish leaders are supportive) and then to Head office.



The structure of AAHT is suited to assisting in the management of local programme staff. All staff expressed confidence in their seniors' ability to provide assistance and advice. If a TL is unable to offer a solution, he/she will involve the DOVC.

The DOVCs believe that they receive necessary support from head office. According to the DOVCs, this support comes in the form of strategic meetings in Cape Town, teleconferences, head office' quarterly site visits, feedback on activities and reporting, and the management's quick responses to any problem. Local teams are in ongoing telephonic communication and meet twice a month. These conversations and monthly meetings are a two-way process that enables the TLs to discuss concerns or challenges with the DOVC, and the DOVC to offer necessary advice and communicate any changes.

All the staff interviewed reported high levels of satisfaction with the overall leadership of the organisation. The DOVCs praised the running of the programme and, in particular, spoke highly of the successes and influence of the programme director. The TLs and the CCWs are grateful for the DOVC's input. The DOVCs are accredited with patience and an ability to clarify processes and responsibilities. As the dioceses are under a cluster co-ordinator, the co-ordinator is often the point of communication between head office and the DOVC.

In describing their relationship with their TLs, there were occasions when CCWs seemed wary of divulging too much information, indicating that, although there is respect for one another, their teams have experienced differences. Another key issue that needs to be addressed is the process of lodging complaints related to managers. In particular, the CCWs rely on their TLs, and TLs rely on their DOVCs. No structures to address challenges that may affect these relationships were identified. This could lead to important issues not being addressed.

This localised structure minimises bureaucratic bottle necks, and allows for processes to be followed efficiently, and for minor problems to be addressed quickly. Vana Vetu would however, benefit from defining how complaints about senior staff should be lodged. Local teams would also benefit from conflict management/resolution training to reduce the risk of minor disputes growing out of proportion.

Programme staff selection process

Vana Vetu staff are carefully screened and given various training opportunities to prepare them for their interaction with children and families directly affected by HIV and AIDS. The following section describes the processes that have been developed and employed for service delivery. The section begins by describing and analysing the process of programme staff selection and concludes by discussing the reporting protocols that have been adopted to ensure that the progress at each parish is carefully monitored.

Staff selection process

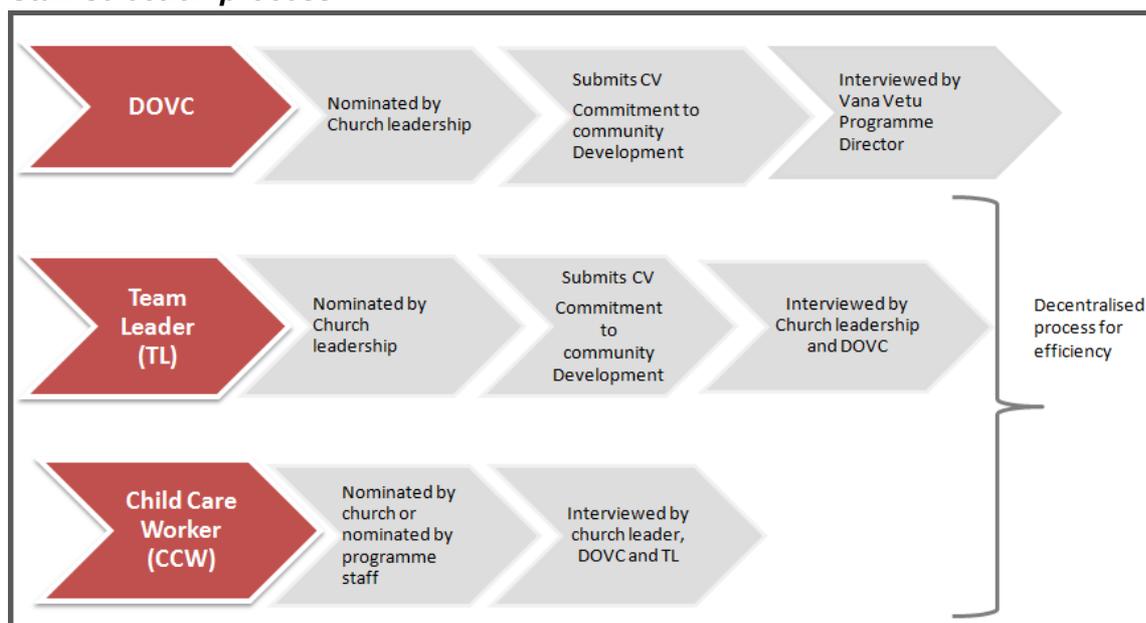


Figure 1 above illustrates the selection process for Vana Vetu staff. Staff are subject to a thorough screening process before appointment. All staff interviewed confirmed that they had been screened and interviewed in accordance with Vana Vetu's stipulated code of practice for recruitment illustrated above. The selection of TLs and CCWs is decentralised to ensure limit bottlenecks in the event of one of the CCWs or TLs leaving.

This process has worked well at all the parishes visited with all reporting to have been interviewed by their TL and DOVC. Church leaders were not identified as key panellists in the selection of TLs and CCWs.

The Strand parish was the only parish without a team leader. Strand also represents a shift away from the normal process of appointing a TL. Head office staff are involved in the recruitment process of the new TL due to previous problems at the parish that led to the suspension of the programme. Thus, although recruitment systems have been clearly defined, where problems have been identified, Head office staff assumes a leadership role to assist the DOVC to ensure that the appropriate people are appointed.

When the programme is introduced at a new site, TLs and CCWs are asked to complete a community mapping exercise that highlights the community's major challenges as well as potential partners. In depth base line that include statistics that illustrate the need for the Vana Vetu programme are not done. Vana Vetu supplements the informal base line studies with broader research that shows that the type of communities it works in are in serious need for the range of services offered by Vana Vetu because of high HIV prevalence, and high levels of unemployment and poverty. This serves as semi-baseline study on the community and highlights the key challenges and resources that can be exploited by the programme.

Building the capacity of communities

To meet its second programme objective, "To build the capacity of communities affected by HIV and AIDS to develop sustainable solutions to identified OVC needs", Vana Vetu provides training

to empower local staff with the necessary skills to work effectively with OVC. Vana Vetu sees this training as a vehicle to empower communities through education.

Vana Vetu has been providing structured training to all its staff members since its inception. Structured training initially takes place over 2 days, where head office staff explain how the programme works and the responsibilities of TLs and CCWs. This training covers a range of topics to ensure that they know what to expect.

The training provided by headquarter staff is followed up with structured refresher courses provided by the DOVC. TLs and CCWs in turn, are expected to disseminate what they learn through the DOVC and other structured training opportunities parents and guardians during home visits.

TLs and CCWs reported gaining skills and working knowledge in parenting, counselling, identifying and approaching children with personal problems needing professional assistance. This means that if the coordination and funding provided through AAHT to these communities were to be withdrawn, the trained CCWs could continue providing services needed to address vulnerability in their communities.

DOVC training

To improve the quality of training given to programme staff, in 2009, the DOVCs attended an intensive, 120 hour accredited course called "*Empowering women leaders of the Vana Vetu Orphans and Vulnerable Children programme of the Anglican Church*", in collaboration with the University of Stellenbosch's Unit for Religion and Development. This course was created at NQF level 5 (12 credits) to provide DOVCs with training on all areas related to Vana Vetu and to provide them with skills for training TLs and CCWs. All the DOVCs at the time were brought to Cape Town to complete this training. All the DOVCs attending completed the training and were awarded certificates.

The curriculum included a thorough introduction to HIV/AIDS and managing the disease, psychosocial support, counselling skills; fundraising; monitoring and evaluation (M and E) processes, community development and strategic planning. This training was then cascaded to TLs and CCWs by DOVCs.

AAHT owns the accredited material developed for this course and has provided training using the same material to two new DOVCs appointed in 2010. Unfortunately, the training for the two DOVCs was not certified as AAHT trainers are not certified trainers.

CCW and TL training

The TLs and CCW are given experiential training that is aimed at preparing them for their work with OVC and their families, and to prepare them to transfer the skills they acquire at training to the parents and guardians they work with.

None of the training given to CCWs' is accredited, although their DOVCs give them prepare lessons based on the accredited material. Training is provided by DOVCs at each parish.

Staff in the Eastern Cape have been exposed to various training opportunities due to their longer participation in the programme. CCWs in the Eastern Cape also report that at least once every quarter, some CCWs and TLs are selected to participate in training facilitated by Head office staff at a central local in the province. This training is seen as a reward for their hard work.

Programme staff in the Western Cape (False Bay) had been exposed to limited training opportunities, citing CBO training as the only training they have had access to. This was mainly because training is understood in narrow terms, only as the learning opportunities provided directly from head office. Training provided by their DOVC is rather seen as advice. This indicates that these CCWs do not see their sessions with the DOVC as learning opportunities to inform the way they complete tasks. The finding that CCWs from the False Bay Diocese do not take the training provided by their DOVC seriously is call for concern as it indicates that they may not be paying sufficient attention to the important information they are being given, and as a result missing the opportunity for development.

The CCWs report covering the following topics: counselling (psychosocial support) home based care, introduction to CBOs, HIV/AIDS, life skills, parenting, M and E, and approaching and dealing with OVCs. All the TLs and CCWs stated that they value all the training they have received. The CCWS believe that the knowledge they have gained in psychosocial training has provided invaluable guidance in confronting complex issues and feel that such training should be ongoing.

As briefly discussed in previous sections, as per the NAP and UNICEF's Framework, Vana Vetu is currently moving towards replacing psychosocial with psychological support. Psychological support relies heavily on a referral system. Due to limited resources, the period between a referral and an OVC receiving assistance from professionals can be lengthy, this situation was said to be especially serious at the St Thomas parish in Tabankulu. Through effective psychosocial support, the CCWs and communities are better suited to caring for OVCs in this waiting period. It is likely to take a while for AAHT to roll out the psychological support and ensure efficient and working procedures exist throughout dioceses. Therefore, in the short-term, psychosocial training in these areas should be strengthened and its value must not be ignored.

Both the NAP and UNICEF's Framework for the Protection, Care and Support of Orphans and Vulnerable Children document the importance of communities and professionals' responses to and care for OVC's needs. TLs and CCWs often referred to the benefit of psychosocial care while the funder wants a closer focus on psychological support. A well-managed combination of TLs and CCWs' existing psychosocial support skills and their acquisition of skills in psychological support would provide OVCs with holistic support that incorporates the requirements laid out in the NAP and UNICEF Framework.



Picture 2: DOVC, TL and CCWS, St Gregory's

Seventeen CCWs are currently being trained as social auxiliary workers. The yearlong training is funded by CARE.. Once these CCWs graduate, they are contractually bound to serve Vana Vetu for a year, which ensures that knowledge gained is harnessed by the programme as well as providing trainees an ideal ground for acquiring practical experience.

When one compares the current cost of training these CCWs to the value these auxiliary social workers will add to the organisation, it is clear that this is a well-thought out means of securing skilled resources for Vana Vetu, and for the long term capacity building of these communities. One must caution that the likelihood exists that Vana Vetu will have to continuously train auxiliary social workers as the CCWs that graduate (most of them are currently unemployed) will become more employable with this new qualification.

The basic requirement to qualify for this training is a Grade 10. There is potential for CCWs without this education to feel resentment at not being able to enrol on the course, but it appears that this qualification could motivate CCWs to complete Grade 10. Unfortunately, there were only two CCWs undergoing this training were interviewed and, as they had recently joined the programme at St John's in Strand, and had very limited insight as to how this training would impact their work at Vana Vetu.

The biggest challenge posed by this training is that CCWs undergoing training cannot fulfil their duties full time for the duration of the programme. This compromises the programme's ability to deliver on its goals as fewer CCWs in a single community are available for their duties. Another challenge is that other CCWs that have not been selected to participate in the training become bitter that the trainees remain eligible for stipends while they are not doing the work. Vana Vetu needs to identify creative ways to address the staff shortages as a result of auxiliary social work training.

Although not observed during the evaluation, another potential challenge confronting programmes in rural, more traditional settings is that gender can be a major issue. Almost 100% of CCWs are female, and they normally have limited influence on the dominant cultural practices in the area. Training that seeks to change culturally acceptable norms, should include tribal leaders and male leaders from the church to secure their buy-in into proposed interventions.

Capacity building of guardians

According to Vana Vetu's strategy, TLs and CCWs should use home visits to transfer the skills they acquire at training to guardians. CCWs reported teaching heads of child headed homes parenting skills. None of the CCWs however, reported transferring skills to peers or elderly guardians. None of the guardians interviewed reported having been trained in any skill by the CCWs. It is also possible that, given the amount of time CCWs spend with each family, informal training has been given during home visits. CCWs often reported that they gave advice to parents and guardians, since there is no specified curriculum or method of teaching, this is may not be recognised as training by the CCWs or the parents. Unfortunately, this could not be established during the evaluation. Vana Vetu should decide what they consider as training, and advice CCWs to capture such activities in their weekly journals accordingly.

Some guardians explicitly said that they would like to learn parenting skills. Many of the CCWs who are mothers have experienced improved relations with their children by implementing the parenting skills that they acquired through Vana Vetu training. Teaching parents and guardians in the community basic parenting skills, either through house visits or community workshops would benefit OVCs as their guardians would be more understanding of issues such as puberty and peer pressure. This would better equip guardians in assisting their children, thereby strengthening the impact of the programme on the beneficiaries.

An indication that CCWs may be missing the opportunity to educate guardians on the basic parenting principles is highlighted in the finding that the guardians' knowledge of Vana Vetu's purpose and activities was vague. Guardians viewed the programme positively²⁰, but this was often a result of their children's enjoyment of the programme rather than a result of their knowledge of the programme.

Additionally, the process of training parents could be implemented through setting basic targets for CCWs to record each skill that they pass on to guardians. Role playing could be introduced at weekly meetings to help CCWs practice their teaching skills regularly. Part of the solution also includes building the CCWs confidence to approach adults with confidence, believing that their contribution is valuable.

Staff turnover

Unlike similar OVC programmes operating in South Africa who experience high staff turnover²¹, to date, Vana Vetu does not face this challenge. More than 70% of their staff members in the

²⁰ All the parents and guardians interviewed were guardians to children that have been attending the homework centres or children that have received school uniforms. Although some of the parents interviewed had received assistance with accessing grants and identification documents, none of them had benefited from that service alone.

²¹ Khulisa Management Services. 2008. OVC Programmes in South Africa Funded by the U.S. President's Emergency Plan for AIDS Relief Summary Report for 32 Case Studies

Eastern Cape have been involved in the programme since 2004 while it was still under the management of the Mother's Union. The programme's connection to the church possibly explains why Vana Vetu's CCWs' stay commitment to the programme for an extended period compared to similar OVC programmes.

In the Western Cape, the programme in Strand was reintroduced in 2010 and new CCWs appointed. One CCW from the previous team was reappointed. The programme in Sir Lowry's Pass, also in the Western Cape is new to the community and was established in 2010.

Low levels of staff turnover indicate that CCWs are committed to the work they are doing with the OVCs and their families. Some of the CCWs that have left the programme are said to have left to join a similar programme in the community. This can be seen as a positive trend as it highlights the profile selected to participate in the programme are people with a long-term commitment to community development. By the time these CCWs leave Vana Vetu to join another programme, Vana Vetu has invested resources in the form of training to ensure that they can provide quality service to OVC. When they leave the programme for similar initiatives, they are able to use their skills to serve their communities. Even once out of the programme, they are empowered with essential skills to continue providing locally based solutions to the problems confronting OVC.

Emotional wellbeing of programme staff

The emotional wellbeing of staff in a programme such as Vana Vetu is extremely vital as it affects the quality of service delivery to OVC and their families. If staff cannot handle the pressure associated with their work, they may resign, causing a gap in services provided to the OVC allocated to them, thus threatening the overall sustainability of the programme.

The TLs and CCWs repeatedly mentioned the difficulty of separating themselves from their role of TL or CCW. CCWs carry the burden of approximately 40 OVCs each. They worry about OVC's problems to the extent that they often do not sleep at night and stress about helping the children and their families. This highlights the need for professional debriefing sessions or debriefing session with church leaders that can provide pastoral care. While the weekly team meetings, journal and other interactive activities aim to address this challenge, more deliberate debriefing is necessary to ensure the wellbeing of the CCWs and the long-term sustainability of the programme.

Working for Vana Vetu "cannot be a job, it is love and care".

-DOVC, Port Elizabeth Diocese

Staff struggle to draw boundaries with the families they assist. Some CCWs explained that some guardians insist on receiving money for food because they know that the CCWs battle to refuse their requests. This creates unnecessary stress and potential feelings of resentment towards their work. A good illustration was expressed in Mdantsane, where one guardian stated that Vana Vetu should come "fix my place" and another said that Vana Vetu "should give me money to help me raise my children". Such expectations need to be well managed to ensure CCWs do not suffer from unnecessary pressures and that the programme's reputation is not harmed. Staff members need basic training in drawing boundaries and communicating the programme's objectives effectively.

Invariably, there is a large number of OVCs in the rural and peri-urban communities. The limited number of CCWs at each parish is insufficient to meet the numerous needs of OVCs. However, the lack of funding for CCW stipends limits the appointment of additional CCWs.

Current guidance on debriefing CCWs is limited and additional training for DOVCs and TLs should address this. According to head office, this gap exists because it was initially envisioned that the local parish leaders would take ownership of the Vana Vetu programme and provide appropriate support to the local structures, and mediate when necessary. To date, this has not happened. Church leadership has been shy to get involved in conflict situations as they want to be seen as impartial.

"We visit children at home and give them counselling. We make sure that they [orphans] are living well together and we try to help them resolve disputes between them [siblings]."

-CCW, Tabankulu (St Thomas)

Staff motivation

Vana Vetu local staff members play a critical role in the delivery of services to beneficiaries. Each staff member and the teams of TLs and CCWs' understanding of Vana Vetu's goals influences the attitude and manner in which they provide services to OVCs. This subsection considers how local staff members perceive the programme and what value they attach to their work. It is also important to look at how staff define their job description compared to their documented job description. Differences in their understanding of their roles at each diocese are discussed in further detail in Appendix A.

The cluster co-ordinator and DOVCs had a common interpretation of Vana Vetu's objectives and stated that the programme should strive to "develop children to their optimum potential". This can be achieved by the development of children's mental and social wellbeing, instilling appropriate morals, and by ensuring that the OVCs realise their value even if they have been abandoned or suffered hardships. The cluster co-ordinator and the DOVCs explained that their work was to provide support to the TLs and the CCWs and to ensure that the programme is well administered at each parish. The cluster co-ordinator provides support to the DOVCs in the Eastern Cape, ensuring that the quality of programme implementation is maintained.

"Our responsibilities as CCWs are to do the home visits, love the kids, and build the kids self confidence, to help them in their education, to nurture them."

-CCW, Mt Frere (St George's)

The TLs and CCWs' motivation is not primarily monetary. Their involvement with Vana Vetu has to do with "the love of kids" and "helping children who are suffering". Two TLs explained that their motivation stems from a need to ensure the OVCs are never made to feel different from other children in the community and this was echoed by other staff members. Staff availability and motivation shone through repeatedly. Staff members struggled to quantify the hours that they dedicated to the programme, with most of them estimating that they spend between 3 to 6 hours on programme activities 4 or 5 days a week. They state that, if an OVC needs their assistance, they will work in addition to the programme's basic expectations. None of them sees this as a burden but, rather, as a means of ensuring each OVC's wellbeing. Although staff are not involved for monetary reasons, they claim to be unable to sustain themselves on the stipend and raised the need for an increase.

Although Vana Vetu is a programme of the Anglican Church, not all CCWs are Anglican. The large majority are practising Christians and feel the need to serve their community "as Christ's hands and feet." They participate in the programme because it provides a platform for them to care for the many OVCs in their respective communities. Many of the CCWs are or have been involved in other volunteer initiatives such as Mother's Union, teaching Sunday school and youth

ministry. Those that have had no prior experience or training in volunteer initiatives stated that Vana Vetu offered the perfect opportunity for them to demonstrate their care for others and assist their communities. Although many of the CCWs experience the same hardships and poverty as other community members, they have a strong and natural ability to see beyond their own circumstances and will take every opportunity to care for others around them.

Programme management and reporting

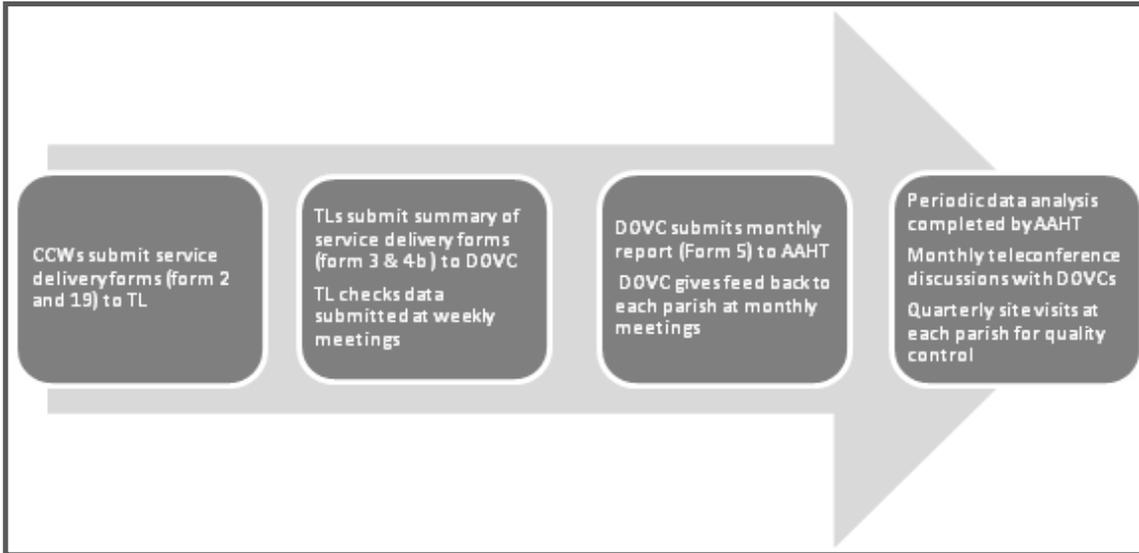
Good governance is necessary for the long term sustainability of the programme. Governance includes organisational management and leadership, reporting practices and budgeting. A community project that is effectively managed stands to make a bigger and more measurable impact on the community it seeks to service. If community based staff are empowered with good management and reporting skills, they may transfer and apply their skills in other local development projects that they are involved in.

According to the DOVCs, there have been extensive improvements in the administration of the programme since administration was centralised under the AAHT management in 2007. The AAHT management sought to meet similar objectives to the programme run under the MU, but the implementation strategy was significantly improved. Through this new strategy, clearer goals were set and these were accompanied by better defined job descriptions and organisational documentation.

GreaterCapital reviewed reports and minutes related to the M and E site visits. These reflect detailed analyses of programme implementation at each parish, enabling thorough feedback to each parish. This feedback ensures that achievements by parishes are recognised and remain in place while opportunities for further success can be suggested. The thorough M and E process can be lengthy but acts as a valuable means of identifying challenges and achievements and providing each parish and DOVC with detailed recommendations for improvement.

According to the DOVCs, there have been extensive improvements in the administration of the programme since administration was centralised under the AAHT management in 2007. The AAHT management sought to meet similar objectives to the programme run under the MU, but the implementation strategy was significantly improved. Through this new strategy, clearer goals were set and these were accompanied by better defined job descriptions and organisational documentation.

Vana Vetu reporting procedures



As part of the management process, Vana Vetu needs to be evaluated continuously. M and E processes are in place and require that staff at all levels of the programme review their activities and work toward specific goals. M and E occurs primarily through the completion of written reports.

Evaluators found that a good reporting system designed at head office have been implemented across the various sites, although programme staff struggle to adhere to protocols by varying degrees.

At each parish, the CCWs and TL set monthly and annual output targets and meet weekly to discuss their progress. They complete and/or review reports and are given an opportunity to share experiences and assist one another with any problems they have encountered. In addition, the TL and CCWs meet with their respective DOVCs fortnightly. The meeting with their DOVCs serves to ensure that reports are completed, monthly and annual parish targets are being met, and to discuss issues that may have arisen on the field that require the DOVC's input.

CCWs are required to complete three reports each month as well as attendance registers. These are given to the TL who reviews and summarises them into a further report before delivering them to the DOVC. The DOVC ensures the quality of these reports and checks data accuracy. In addition, she writes her report and submits all reports to the AAHT head office. Management reviews these and if irregularities arise or they have any concerns these are discussed with the DOVC or individual parishes with management recommendations.

TLs and CCWs see the reporting as a lengthy process that is labour intensive. All staff acknowledged that feedback is important for the programme's success but some believe that a simpler and more time effective system would be adequate. In particular, the CCWs and TLs believed that there was unnecessary repetition required. There were frequent references to redundancy in Form 2 and 3, as many of the details reported in Form 2 have to be summarised in Form 3.

Importantly, the TLs and CCWs recognise the time head office spends on assessing their reports and the feedback that they receive on their reports. It is through this that the value in reporting emerges for the TLs and CCWs.

It was primarily the CCWs and TLs, particularly the more elderly, who struggled with reporting. This was due to their literacy and/or English levels. The CCWs' struggles then fall on the TL who has to assist them and will sometimes translate reports from Afrikaans/isiXhosa to English; a timely process that can result in the loss of information. If the TL also encounters difficulties, the DOVC has to devote additional time to ensuring that the reports are of a decent quality and contain the relevant content before sending them to the head office. These difficulties were reflected by a CCW who saw reporting as a "burden upon [her] shoulders". The DOVCs are aware of the CCWs' reservations about the forms as this is discussed at most monthly meetings.

At all focus group discussions, CCWs explained that they believed there was unnecessary repetition required in the reporting process. There were frequent references to redundancy in Form 2 and 3, as many of the details reported in Form 2 have to be summarised in Form 3. As such, TLs and CCWs see the reporting as a lengthy process that is labour intensive. It was primarily the CCWs and TLs, particularly the more elderly, who struggled with reporting. This was due to their literacy and/or English levels. The CCWs' struggles then fall on the TL who has to assist them and will sometimes translate reports from Afrikaans/isiXhosa to English; a timely process that can result in the loss of information. If the TL also encounters difficulties, the DOVC has to devote additional time to ensuring that the reports are of a decent quality and contain the relevant content before sending them to the head office. These difficulties were reflected by a CCW who saw reporting as a "burden upon [her] shoulders". The DOVCs are aware of the CCWs' reservations about the forms as this is discussed at most monthly meetings.

Despite their complaints about the reporting processes, the TLs and CCWs recognise the importance of the time head office spends on assessing their reports and the feedback that they receive on their reports. It is through this that the value in reporting emerges for the TLs and CCWs.

Each parish receives extensive support from head office. The value placed on head office' site visits emphasises the importance of this process. These visits ensure head office are well informed of the programme's implementation and allows them to establish if the programme's objectives are addressed and if the results been achieved align to Vana Vetu's goals.

According to Head office staff, CCWs often under report on services rendered. The main reason cited is lack of understanding. For example, one of the services available to OVC through Vana Vetu is "General Health". CCWs report preventive, curative and promotion-oriented health care services provided. At the same time, CCWs often take beneficiaries to the clinic when they see that they are ill, yet they do not record this service as a referral under General Health. This highlights the importance of checking the narrative reports submitted by TLs against the quantitative data submitted by the DOVC. This issue has been raised with DOVCs, who have been requested to emphasise the importance of recording such services.

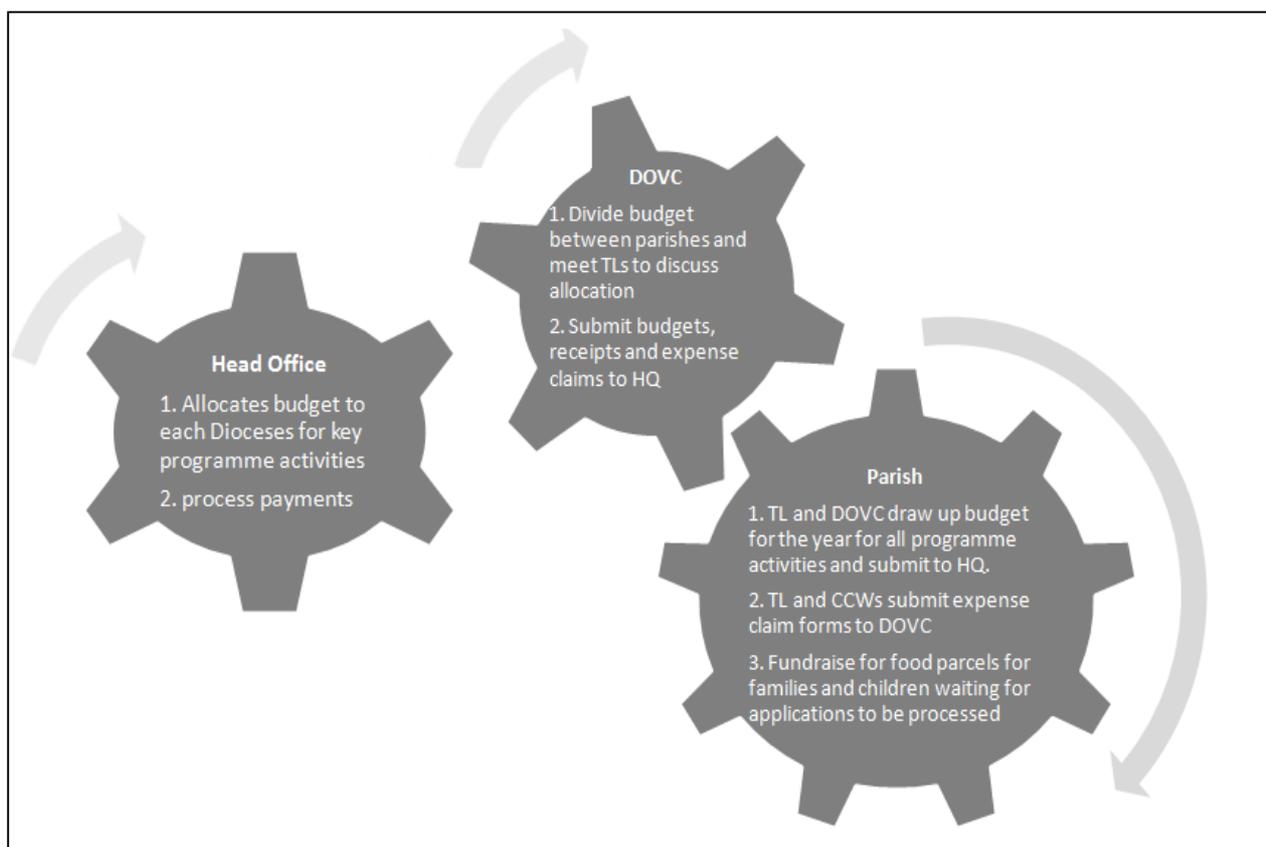
Vana Vetu's monitoring systems, including weekly reports submitted by CCWs and monthly reports submitted to Head office by DOVCs as well as regular staff meetings, are working well and have resulted in misunderstandings being identified and appropriately dealt with as highlighted with the issue of under reporting.

Two programmes in Umzimvubu district have been given independence because they are well managed by the local team (TL and CCWs) and have successfully applied for government funding. The projects consult with Vana Vetu for advice, but they are run as independent NPOs, reporting to the department of Social Development. Vana Vetu envisions that all of its projects will eventually be graduated. To graduate, local programme structures must be stable, with teams having been thoroughly trained and implementing all the programme services efficiently, they must be able to follow all the programme reporting protocols which will allow them to report successfully to their new funder. Programmes must also be registered as NPOs, allowing them to fundraise independently

Financial Management

PEPFAR funding is the only substantial source of income available to local project sites. AAHT head office, DOVCs and TLs have all acknowledged the excessive dependency on one source of income and the need for increased fundraising.

Vana Vetu financial management process



Unlike its other processes, Vana Vetu's financial management systems are very centralised. Head office is mainly responsible for budget allocation and approval. As highlighted above, PEPFAR is the programme's main donor, and once funds awarded to the programme, they are equally distributed to each Diocese.

Each Diocese currently receives a budget of R450 000. The DOVC together with each team leader, are responsible for planning how the funds will be used that year. Funds received from PEPFAR cover staff stipends, school uniforms, school stationary, afterschool centre snacks,

Vana Vetu camps, CCW transport costs related to programme activities, etc. The grant excludes the provision of food parcels.

DOVCs are required to submit monthly budget reconciliations that include expense claims from CCWs (transport costs), and application for monthly expenses such as afterschool snacks.

Because PEPFAR funding does not cover food parcels to beneficiaries, if local projects wish to provide food parcels to households waiting for their children's grant applications to be fully processed, it is their responsibility to fundraise for these parcels. Overtime, each parish is expected to scale its fundraising activities to cover all operating costs.

According to local programme staff, Vana Vetu programmes are in desperate need of more funding, especially for afterschool snacks and food parcels, which they believe are not covered by the main donor. This statement is in direct contrast with Vana Vetu head office' statement that each diocese receives R450 000 per year for programme activities including afterschool snacks, school uniforms, stationery, and survivor camps.

These opposing reports indicate that there is a communication breakdown between headquarter management, the cluster co-ordinator, DOVCs, TLs and CCWs. In other words, TLs and CCWs are of the impression that Vana Vetu does not cater for afterschool snacks, while management and DOVCs understand that afterschool snacks should be included in each parish's annual budget. One DOVC explained that she had in fact applied for money for afterschool snacks, but had received no response from Head office. She did not follow up on the matter, as she assumed there was no funding available.

Each DOVC is charged with the responsibility of planning how the money will be used to cover all these expenses, the same plans are assessed and approved by head office. This highlights that AAHT needs to analyse the plans submitted by each DOVC carefully. Head office also needs to take responsibility for this breakdown in communication as they know the importance of snacks at afterschool centres. In the event that no application has been received for afterschool snacks, knowing the importance of snacks after a long day at school, Head office (as part of their oversight function) should take it upon itself to enquire why the application has not been received. This issue needs to be addressed urgently by Vana Vetu as various stakeholders have highlighted the lack of afterschool snacks as a major challenge to the impact of the afterschool centres.

Ideally, each parish should have a fundraising plan and a strategy to implement it. This requires capacity building in fundraising and bookkeeping to ensure that all donations are well managed. There is evidence that some strategies are being established: all the parishes visited in Umzimvubu and Grahamstown have been registered as non profit organisations (NPOs) to advance their fundraising opportunities. Both Port Elizabeth parishes were in the process of applying for NPO status at the time of the site visits. The DOVCs have prioritised establishing fundraising opportunities for 2011.

There are fundraising successes that must be highlighted. The Umzimvubu Diocese receives R50 000 annually from a British parish. This donation contributes to operation costs and to the provision of food parcels for ten children for three months per year. The packages contain samp,

rice, soup and mealie meal (maize meal). This money was sourced through the fundraising activities of the local MU. The chief from the tribal council at Mount Frere is assisting the parish in the application for a grant from the Mandela Children's Fund. Motherwell, in the Port Elizabeth Diocese, receives food donations from the local Shoprite store. Although these initiatives are positive developments, they are insufficient to meet the nutritional needs of the hundreds of OVCs in these communities.

There were no reports of any regular donations to the parishes in the False Bay or Grahamstown Dioceses.

Staff Stipends

Vana Vetu policy states that any expenses that CCWs incur are to be claimed back from the programme. This includes transportation costs as outlined in Form 17. However, CCWs reported spending a significant amount of their stipends (the sole income for most) on transport and providing guardians with money for food. These extra costs could pose a threat to the programme's effectiveness and sustainability. CCWs could eventually experience burnout from helping the OVCs and their guardians emotionally and financially, while they struggle to feed their own children at home.

This issue should be taken up with DOVCs and TLs to ensure that CCWs understand that their stipends are to be used for their personal expenses and that the process of claiming expenses is fully understood and implemented. It is not Vana Vetu's responsibility to assist guardians financially and CCWs need to be empowered to understand this and to respond accordingly to guardians' demands.

CCWs believe that their stipends are insufficient in relation to their responsibilities. However, Vana Vetu management indicated that these stipends are competitive considering that CCWs are not required to work fulltime

Establishing network linkages within the community

Vana Vetu does not have a structured process for establishing networks within communities. DOVCs, TLs and CCWs are given basic training and advice on how to establish networks. The common strategy used to establish networks is to attend community meetings, especially Community Child Care Forums that are ideally organised by the Department of Social Development. It is at these meetings that local staff begin interacting with other organisations that provide similar or complimentary services to OVC.

As a standard, each local programme should establish connections with local schools; social Development or NGOs that fulfil similar function to Social Development; local clinics, local NGOs dealing with OVC.

Staff acknowledge that they are unable to assist OVCs at all levels and thus need to collaborate with other stakeholders. They realise the need for other organisations and experts' skills and will thus refer OVCs to clinics (particularly to access ARVs), the Department of Social Development, social workers and other organisations that might have the appropriate skills and facilities (e.g. shelters for children). In return, these people or organisations will refer children to Vana Vetu. All of the parishes have a good working relationship with the local schools, who help them identify OVCs. The DOVCs state that there is scope for further networking and collaborating with organisations in 2011 and that achieving this will benefit the programme's effectiveness.

Generally, the most established networks are those with local schools and NGOs offering similar or supporting services. In most communities, stable relationships have also been established with the Department of Social Development. Many of these relationships are still in their elementary stages and if carefully cultivated, could ensure that the large majority of OVCs in the area are

catered to and duplication, where the same children receive the same service from multiple service providers, could be avoided. Thus, the programme is well positioned to use local resources and networks effectively in identifying and catering to beneficiaries' needs.

According to the Grahamstown's DOVC, a relationship has been established with the Isibindi programme in King William's Town and Grahamstown. The Isibindi model is recognised as best practice by the provincial Department of Social Services and Population Development. Isibindi CCWs receive South African Training Authority accredited training through the National Association of Child Care Workers (NACCW). As Vana Vetu and Isibindi share similar goals, collaboration between the two programmes could assist in the sharing of experiences, training and possibly resources. This would increase the knowledge and capacity of CCWs thus benefitting the beneficiaries in both programmes.

Umzimvubu Diocese

In Mount Frere, the most established relationship is with the Department of Social Development and recently, a new relationship is being developed with Siyakhana (Save the Children).

The programme at St Thomas parish has an established relationship with the local schools, but has been struggling to secure a stable relationship with the Department of Social Development. This has made it difficult for CCWs to refer their OVCs to qualified social workers operating in the area. Relationships have been established with the existing NGOs in the area.

This presents an opportunity for Vana Vetu to collaborate with the parish leadership in approaching the relevant officials and introducing the programme. In collaboration with the church leadership and the local team, the DOVC also has the opportunity to look for creative ways to establish a CCCF in Tabankulu (St Thomas). This would create a platform for Vana Vetu and other struggling NGOs in the area to network and propose collective solutions for the problems that plague their community.

Grahamstown Diocese

In Zeleni (St Paul's), Vana Vetu programme staff work alongside Likhaya Lathemba, an organisation that offers services to HIV/AIDS infected or affected community members. Likhaya Lathemba has well trained employees that provide Vana Vetu staff with advice when necessary. Communication between the two organisations is said to be important to ensure that OVCs do

not go unidentified by either organisation or receive the same services repeatedly. Through this collaboration, the majority of OVCs in the community have been identified and assisted. In Mdantsane (St Gregory), the programme staff have formed a close relationship with Scripture Union. Scripture Union staff are involved in the survivor camps. They also have a local coach who plays sport with the children. These relationships provide programme diversity.

Port Elizabeth Diocese

LoveLife, the best known organisation in Motherwell (St Timothy), is seen as an important programme in that it concentrates on peer education at a primary and senior school level. Although the co-ordinator of the loveLife centre in Motherwell was unfamiliar with Vana Vetu's work, she stressed that if programmes with similar objectives to Vana Vetu are well run, they make a "significant difference" to children's lives. This relationship should be improved as loveLife is a useful resource for Vana Vetu in this area.

A strong relationship with the parish priest and congregation is essential, as Vana Vetu relies on the support of its parish. In all parishes, mutual respect between Vana Vetu staff and the priests was evident. The staff relied on the priest for advice and kept him/her up to date with the programme's progress. In turn, the priests attribute Vana Vetu's success in their respective parishes to the commitment and hard work of the TL and CCWs. While emphasising this respect, CCWs frequently suggested that the parish and priest offer more direct assistance to Vana Vetu, particularly financially and by providing food.

The teachers cautioned that the children are frequently hungry and that without afterschool snacks or lunch, the children cannot concentrate at the afterschool programme and are likely to drop out of the programme as a result.

False Bay Diocese

In Sir Lowry's Pass (St Matthews), the most established relationship is with the Department of Social Development and the local school which uses the CCWs as a resource when teachers are absent. Vana Vetu successfully organised a holiday programme in collaboration with an organisation called 11/11 over the long World Cup holiday in Sir Lowry's Village.

In Strand (St John's) Vana Vetu collaborated with local schools in identifying OVC in need of school supplies. The school was not familiar with the other programmes or activities conducted by Vana Vetu. Two CCWs from St John's are training to become auxiliary social workers. During this training, they are based at the local social service organisation BADISA. Although this compromises the time these CCWs have to spend on Vana Vetu activities, it has fostered a close working relationship between the two organisations, and created potential for future partnership in service provision.

Summary of Challenges and Recommendations

Challenges	Recommendations
<p>Gap in communication between head office and each parish. Examples of this include</p> <p>Expectations regarding stipend expenditure</p> <p>Allocation of funding for afterschool programme activities</p> <p>AAHT's responsibilities in the distribution of food</p> <p>Processes involved in expense claims</p>	<p>Communication between head office and individual programmes must constantly be assessed. Any misunderstandings or non-communication must be addressed immediately. Processes need to be implemented to ensure such incidences are not repeated</p>
<p>The CCWs ability to care for each OVC is often restricted due to the high ratio of CCW to OVC</p>	<p>Establish strong networks in the community that enable CCWs to gain assistance from other stakeholders</p>
<p>CCWs struggle to juggle caring for OVCs and their own children, often resulting in their children being jealous</p>	<p>Invite CCWs' children to participate in afterschool activities and impress on CCWs the need to reassure their children of their importance</p>
<p>Parents and guardians are suspicious of CCWs and their motives</p>	<p>Publicise the role of Vana Vetu and provide CCWs with formal identification</p>
<p>Guardians hold high expectations of CCWs</p>	<p>Remind CCWs that they are responsible for managing the expectations of guardians and remind them to stress to guardians that Vana Vetu exists to assist children</p>
<p>CCWs' training in parenting skills is not being formally communicated to guardians</p>	<p>DOVCs and/or TLs must stress the importance of this to their CCWs at weekly meetings. They can do so by including role playing in how to teach</p>

guardians a new skill

High cost of training social auxiliary workers. While social auxiliary workers are in training, they are placed at an organisation other than AAHT. This organisation and not Vana Vetu benefits from this model. Further, once social auxiliary workers are qualified, there is no guarantee that they will remain involved in Vana Vetu long-term.

Consider alternative forms of training e.g. NACCW's programme for training CCWs

Challenges

Recommendations

TLs and CCWs show resistance to the reporting process

Impress the benefit of effective M and E on the TLs and CCWs every quarter

TLs and CCWs become emotionally involved with the OVCs and struggle to separate themselves from the OVC's difficulties

Provide TLs and CCWs with training on establishing boundaries between themselves and beneficiaries

Offer regular debriefing sessions to TLs and CCWs through DOVCs and cluster co-ordinator

Engage local parish leaders, encouraging them to provide pastoral care to local teams

Occasional conflict between TL and/or CCWs

Offer instruction in basic conflict management skills and ensure processes are in place for mediation e.g. DOVC facilitation

Constant need for further funding

Fundraising efforts must be intensified. Possibly introduce an annual Vana Vetu Road show to introduce the programme to better resourced Anglican Churches around the country

Limited facilities	Approach potential donors for financial assistance or donations in kind
Children are often hungry when they attend the afterschool programme	Ensure AAHT funding toward food is spent properly. Initiate fundraising if additional food is needed
Children are desperate for reading material and homework assistance	Request affluent schools/churches in neighbouring areas hold book drives. Involve older children in assisting learners with homework
Weak relationships with government and non profit organisations threaten the referral process	Constant efforts at establishing networks must be made. This could be through hosting community forums or approaching organisations and government individually Local teams could partner with parish leaders in approaching authorities
No clear baselines for the programme	Partner with local Universities to conduct a thorough baseline study- propose working with a Masters student in Sociology/ Economics on research project in Strand as the programme is still fairly new there
No clear indicators for programme objectives	Define what short-term, medium term, and long term impacts the programme hopes to achieve. Identify appropriate and measurable indicators for each impact area.

Conclusion

The Vana Vetu programme has established itself as an integrated intervention in communities where the Anglican Church has identified a need for assistance in OVC care. Its reputation among stakeholders and community members is impressive and this is highlighted by guardians' evident appreciation for the positive effect the programme has had on their children and through a community and professionals who frequently turn to Vana Vetu to address the needs of children they have identified as requiring help in the community.

Vana Vetu's programme strategy is aligned with sector best practice outlined in the NAP. The services offered by Vana Vetu are supported by research that indicates that they will have a long-term positive impact on beneficiaries, their families, and their communities. For example, providing OVC with adult mentors in the form of CCWs allows them the opportunity to form healthy relationships with adults.

It is a programme that relies strongly on the participation of community members as CCWs and TLs, and its success can largely be attributed to these dedicated people who are willing to sacrifice themselves to serve their communities and the children within these communities. Without these highly committed people, the programme would not have achieved the many successes that are evident on site visits.

Unfortunately, at each site there is an ongoing struggle to fund activities not covered by the main funder. Further funding could also allow for additional training for CCWs and TLs and the provision of further CCWs; both factors that would further enhance the success of this programme. In addition, an increase in funding would allow the sites to secure extra resources that would help in meeting the OVC's needs.

Fundraising in the communities surrounding the programmes is exceptionally challenging due to the poverty that is present. Community members often struggle to provide for themselves and lack the capacity to assist Vana Vetu. The need for intense fundraising training and planning, and a constant effort to secure resources are essential to the growth of the programme.

Good communication between head office and local programmes is key for the successful implementation of this programme. Vana Vetu has developed a good model to minimise the occurrence of miscommunication. One example is the appointment of a cluster co-ordinator in the Eastern Cape where many local programmes are being implemented in distant parts of the province. This system however has not ironed out all possibilities of miscommunication, as is evident in the gaps in knowledge of expense claims and the funding of snacks.

Processes have been consistently improved throughout the life cycle of the programme. The most notable change, and perhaps one met with much resistance by local staff, has been the changes in reporting requirements.

Vana Vetu staff encounter problems on a daily basis. These include a lack of resources, difficulties in identifying OVCs, guardians who lack an understanding of the programme's objectives and are wary of trusting Vana Vetu staff, and personal stresses due to their own financial problems and their inability to remain objective in their care of OVCs.

Vana Vetu's progress in assisting OVCs is incredibly valuable for its beneficiaries. It is recommended that they continue enforcing all strategies that promote such success. Key focus areas to enable growth are fundraising and the establishment and/or maintenance of strong networks within the communities. This need for networking is particularly so in light of Vana Vetu's shift from offering psychosocial to psychological support. Meaningful partnerships will also leverage the positive effects of Vana Vetu achieving a holistic and lasting positive impact on the OVCs and their families.

The results of this evaluation as well as a thorough needs analysis at each programme implementation site should be formulated as a baseline to enable Vana Vetu to measure the outcomes of programme activities more constantly in future.

Appendix A: Parish Profiles

Diocese: Grahamstown

Parish: St Pauls, Zeleni

Number of CCWs (incl. TL) and volunteers: 4 CCWs, 1 volunteer (not present on site visit)

Key Strengths:

- Together with another NGO, believe the programme to have reached all OVCs locally
- Community respects and values the programme

Community challenges identified (by stakeholders)

- Poverty
- Unemployment
- Low levels of education
- Drugs and alcohol abuse

Opportunities (which services that are not being provided for that AAHT could easily provide)?

- Provision is made for all services outlined by the Vana Vetu programme, however, need still exceeds programme reach.

Reach and Coverage

Number of OVCS: 260, 9 interviewed

Services offered:

- Identify OVC/child-headed/grandparent-headed households
- Assist with application for identification/birth registration and child grants through referrals
- Refer and monitor children in need of protective services
- Survivor camps
- School holiday programmes
- Accessing of legal services for OVCS and families
- Referral to clinics, hospitals for general health and HIV+ support
- Educational support
- School is Cool campaign: provision of uniforms and stationery; assistance with school fees exemption
- Afterschool programme: assistance with academic work.
-

Key findings – Objective 1

General findings:

- Together with Likhaya Lathemba, they believe they have reached all OVCs in the community.
- CCWs are aware of their inability to provide professional counselling. There is a focus on gathering information about the OVCs and referring them to more qualified community members for additional assistance
- They have structured and well-planned workshops for OVCs. There is evidence of ensuring teachings are pitched to OVCs at the appropriate level. The training that they received from the DOVC and the knowledge they gained is being passed on effectively. This parish shows that although the CCWs may not have received accredited training, they are able to use the training extensively and to the advantage of the OVCs
- The CCWs have used their training to run a successful support group for the high school OVCs
- A number of children who attend the afterschool programme are not OVCs. However, they cannot turn them away, particularly as they do not want to attach stigma to the OVCs who do attend the programme

Challenges:

- The CCWs struggle in providing homework assistance to the older children because of their literacy levels and/or changes to the curriculum

Recommendations/opportunities:

- Continue in the relationship with Likhaya Lathemba
- Try to gain the assistance of community members who are more up to date with the school curriculum and able to help with homework. Community members could be asked to volunteer on a weekly or monthly basis
- Constant contact and collaboration with the community will assist in the smooth running of the programme
- Children requested playing more sports and outdoor games. As there is space on the church grounds, this could be incorporated into the programme easily

Key findings – Objective 2

General findings:

- Older CCWs struggle with the reporting process
- The DOVC was highly praised for her advice and teachings

Challenges:

- Lack of facilities in building
- All furniture and other facilities such as dishes and mugs are borrowed, and there is no guarantee that they will have them long-term
- Three of the CCWs have young children and they struggle when they arrive home in the evenings to interact with their children after an exhausting day. This has led to two of the CCW's children indicating jealousy

Recommendations/opportunities:

- CCWs who struggle with reporting could turn to younger CCWs who find the process manageable

Key findings – Objective 3**General findings:**

- They are able to rely on others in the community when they lack the capacity to assist all the OVCs registered with them.
- Likhaya Lathemba and Vana Vetu share advice and experience.
- The programme is acknowledged by local partners
- The high school principal reports offering Vana Vetu land for a vegetable garden. They have not yet made use of it

Challenges:

- Zeleni is a poor, rural area. The opportunities for fundraising are few.

Recommendations/opportunities:

- Maintain close relationships with other community organisations.
- If the land is suitable for vegetables, establish a vegetable garden. Community members who have successfully grown their own gardens could be approached for advice.
- Every opportunity for fundraising or for gaining insight into fundraising has to be used, even if chances of success seem remote.

Diocese: Grahamstown

Parish: St Gregory's, Mdantsane

Number of CCWs: 1 TL, 5 CCWs

Key Strengths:

- The CCWs are willing to go beyond the call of duty to assist OVCs.

Key Weaknesses:

- Lack of sufficient resources

Community challenges identified (by stakeholders)

- Children are often hungry
- Extensive poverty
- Risky sexual behaviour resulting in high levels of HIV/AIDS and unplanned pregnancy
- Parental neglect of children's needs

Opportunities (which services that are not being provided for that AAHT can easily provide)?

- The OVCs' suffering due to poverty and their circumstances was clearly evident in this parish. There is a desperate need for more facilities for these children but there are no resources to provide the necessary help.

Reach and Coverage

Number of OVCS: 250, 7 interviewed

Services offered:

- Identify OVC/child- headed/grandparent-headed households
- Assist with application for identification/birth registration and child grants through referrals
- Refer and monitor children in need of protective services
- Survivor camps
- School holiday programmes
- Accessing of legal services for OVCs and families
- Referral to clinics, hospitals for general health and HIV+ support
- Educational support
- School is Cool campaign: provision of uniforms and stationery; assistance with school fees exemption
- Afterschool programme: assistance with academic work
- Feeding

Key findings – Objective 1

General findings:

- Poverty is rife in this community. CCWs believe that they have managed to identify those who

are most in need due to poverty.

- Guardians will push their children to attend the afterschool programme as there is often food provided.
- There is one CCW who the OVCs seem to rely on heavily.

Challenges:

- According to one of the CCWs, of the children enrolled in the programme, only 50 of them have been identified as OVCs.
- Guardians believe that they should also be getting assistance.
- Guardians were vague in their understanding of the programme.
- OVCs requested additional activities at the afterschool programme.
- There is a delay between when CCWs refer OVCs to social workers and the social workers ability to see them.

Recommendations/opportunities:

- Further efforts and processes to identify OVCs must be implemented.
 - Resources such as toys, musical instruments and soccer balls could stimulate the children and incorporate aspects of a traditional childhood into their lives.
 - Work toward ensuring that guardians realise the programme exists to support their children and not themselves.
 - Guardians need to be more aware of the programme's goals to enable working together with Vana Vetu for the wellbeing of their children.
- Provide CCWs with sufficient counselling skills to assist the OVCs in the interim phase between referral and meeting with a social worker.

Key findings – Objective 2

General findings:

- Five former CCWs were present on our site visit. They stated that they had left the programme because of disagreements with the DOVC and problems with reporting requirements. The DOVC reported that they had left due to personal reasons or to take up other opportunities. The exact circumstances are unclear but it seems that better communication might have assisted in resolving the issues.

Challenges:

- The CCWs struggle to balance their work and family life
- The reporting process is tedious and they do not understand why it needs to be so

Recommendations/opportunities:

- Examine if faults in communication are to blame for a misunderstanding between the DOVC and CCWs or if it was a matter of personalities who struggled to work alongside one another. Establishing the reasons could assist in avoiding similar occurrences in the future in this and other parishes
- Involve CCWs' children in the afterschool programme
- Provide refresher courses on training that the CCWs have already received to ensure they are up-to-date and able to perform their role well
- Repeat and explain the need for a thorough M and E process to meet the AAHT head office' and funders' requirements

Key findings – Objective 3

General findings:

- Scripture Union assists with the running of survivor camps
- They have an established relationship with SASSA (the South African Social Security Agency)

Challenges:

- A need for ongoing growth in relationships with communities and community organisations.

Recommendations/opportunities:

- The issue of children's hunger was frequently raised. Although this is not outlined in Vana Vetu's programme, efforts to fundraise to provide food would assist in the running of the programme and the OVC's wellbeing.

Diocese: Port Elizabeth

Parish: St Timothy's, Motherwell

Number of CCWs: 1 TL, 6 CCWs, 1 volunteer

Key Strengths: Well established programme

Key Weaknesses: There are CCWs who are too emotionally involved in the OVC's lives.

Community challenges identified (by stakeholders)

- Unemployment is rife
- Widespread poverty
- Children and youth lack suitable role models and have no sense of future.

Opportunities (which services that are not being provided for that AAHT can easily provide)?

- All required services are in place but the programme lacks the capacity to meet each OVC's needs completely.

Reach and Coverage

Number of OVCs: 400, 9 interviewed

Services offered:

- Identify OVC/child- headed/grandparent-headed households
- Assist with application for identification/birth registration and child grants through referrals
- Refer and monitor children in need of protective services
- Survivor camps
- School holiday programmes
- Accessing of legal services for OVCS and families
- Referral to clinics, hospitals for general health and HIV+ support
- Educational support
- School is Cool campaign: provision of uniforms and stationery; assistance with school fees exemption
- Afterschool programme: assistance with academic work
Food at afterschool programme.

Key findings – Objective 1

General findings:

- CCWs' commitment and impact on the OVCs' lives was evident in interviews with the CCWs, OVCs, guardians and the priest. According to the priest, they are "so very committed, very very much caring for kids".

Challenges:

- CCWs are required to travel long distances from their homes to the church and on house visits.
- There are OVCs who depend too heavily on CCWs.
- There are children who are not involved in Vana Vetu who accuse children who attend afterschool as only going to receive food.

Recommendations/opportunities:

- OVCs need to be encouraged to explore positive opportunities for their futures. Workshops with or talks by successful community members could highlight their potential for growth.
- CCWs need to create and maintain appropriate boundaries between the OVCs and themselves

Key findings – Objective 2

- Well established and long-serving group of CCWs. They have a strong commitment to Vana Vetu and the Anglican church

Challenges:

- No venue; all activities occur within church. If any other members of the congregation need access to the church, Vana Vetu has to vacate the building
- All CCWs are of similar age and, with the exception of one, have been involved in Vana Vetu since 2007. The benefits of youth and new insight are lacking.
- Guardians and beneficiaries hold unrealistic expectations of the CCWs. In particular, guardians request financial assistance from the CCWs and the CCWs struggle to refuse them.

Recommendations/opportunities:

- The DOVC needs to counsel the CCWs in what their role ought to be and how to handle unfair demands.
- When a position for a CCW next becomes available, efforts to recruit a younger person should be intensified as he/she might offer new perspectives and some children respond better to youth.

Key findings – Objective 3

General findings:

- Evidence of efforts to ensure additional funding and support. This has resulted in receiving food from Shoprite.

Challenges:

- The loveLife co-ordinator stated that CBOs in Motherwell often exist in isolation of each other.

Recommendations/opportunities:

- Efforts at fundraising and sourcing donations should be ongoing.
- Attempts to identify other organisations and establish relations that could assist Vana Vetu must be made.

Diocese: Port Elizabeth

Parish: St Boniface, Kruisfontein

Number of CCWs: 1 TL, 5 CCWs

Key Strengths:

- Community is aware of programme and supports its efforts.
- Dedicated CCWs who view the programme as “about God and reaching out” to OVCs.

Key Weaknesses:

- Difficulty in identifying beneficiaries because of community’s reluctance to discuss or address HIV/AIDS.
-

Community challenges identified (by stakeholders)

- Draw children away from crime and drug and alcohol abuse.
- Reduce poverty and unemployment levels.
- Overcome grant abuse.

Opportunities (which services that are not being provided for that AAHT can easily provide)?

- If each child had access to all of Vana Vetu’s services, they would be well provided for. However, this cannot be achieved due to financial and human resources. Focus should not be on providing additional services but rather on creating resources to reach out further.

Reach and Coverage

Number of OVCS: 200-300 (TL’s estimation), 8 interviewed

Services offered:

- Identify OVC child- headed/grandparent-headed households
- Assist with application for identification/birth registration and child grants through referrals
- Refer and monitor children in need of protective services
- Survivor camps
- School holiday programmes
- Accessing of legal services for OVCS and families
- Referral to clinics, hospitals for general health and HIV+ support
- Educational support
- School is Cool campaign: provision of uniforms and stationery; assistance with school fees exemption
- Afterschool programme: assistance with academic work
Food provided at afterschool programme.

Key findings – Objective 1

General findings:

- There is a community perception that Vana Vetu keeps children away from trouble, particularly crime.
- CCWs strive to offer children a place where they “can be children” and play games and activities freely
- There is a strong psychosocial focus
- Children believe it is helpful to do their homework at the programme and want to learn as much as possible in their time there
- Parents encourage children to attend afterschool

Challenges:

- Due to the stigma surrounding HIV/AIDS in the community, it can be difficult to identify OVCs
- No clear criteria for identifying OVCs

Recommendations/opportunities:

- Accept that there is no foolproof method of identifying OVCs but use any available resources to assist with this
- Increase CCWs' awareness of psychological support in line with Vana Vetu's new policy
- Incorporate outdoor activities into the programme e.g. soccer
- Obtain reading books to assist children in learning
- Closely monitor guardians' use of OVC's grants

Key findings – Objective 2**General findings:**

- There is a strong sense of community and willingness to work together for the good of the children
- CCWs are not assigned OVCs and alternate who performs which house visits. This is done to assist in ensuring objectivity
- Children benefit from interaction with CCWs of various ages. They are able to speak to the CCW who they feel will best relate to them
- They are complimentary of the DOVC and cluster co-ordinator for increasing their ability to understand processes and uplift OVCs in the community. They believe the programme has been better run since the employment of these two women

Challenges:

- They are currently based in a building that is in poor condition and has insufficient space.
- CCWs are overworked and concerned that they cannot offer all children adequate support

Recommendations/opportunities:

- The TL is in the process of applying for land from the Department of Social Development. If this is unsuccessful efforts, other avenues could to be explored. She believes that having their own site would bring a sense of community ownership and thus, further participation from the community in OVC care
- CCWs need to be aware of the potential for burnout and, if possible, acquire advice from the DOVC on dealing with stress

Key findings – Objective 3

General findings:

- The TL is widely respected in the community. Her involvement in many community initiatives places her in a strong position for collaboration with other networks
- The relationship with Kruisfontein Primary School is strong. They work closely with an assigned teacher and this ensures efficient communication
- The community is grateful for the programme particularly as it is the only such programme in the area

Challenges:

- There are no similar organisations that they can consult and share ideas with.

Recommendations/opportunities:

- Continue to maintain strong relationships with schools and Department of Social Development
- Work towards establishing further networks
- As no other programmes of its sort exist in the community, Vana Vetu must focus attention on fundraising that would allow them to reach a greater number of children

Diocese: Umzimvubu

Parish: St, George's, Mt Frere

Number of CCWs: 1 TL, 5 CCWs, 2 Volunteers

Key Strengths:

- Community is aware of programme and supports its efforts.
- Established partnership with local Social Development Office

Key Weaknesses:

- Afterschool snacks are not being provided
-

Community challenges identified (by stakeholders)

- High unemployment rates
- High HIV prevalence- there are many child-headed homes
- Malnutrition
- Many school dropouts
- Teenage pregnancy, associated with misuse of grant money and the neglect of children.
- Hopelessness: children do not know that there are opportunities to be pursued after school
- Kidnapping and child trafficking - children as young as 11 have been trafficked to Durban
They were taken by truck drivers and dropped off in Durban
- Delinquent behaviour is a problem - some children are the abusers in the home and parents want them removed by the State
- There are some NGOs operating in the community addressing these problems, but more help is needed

Opportunities (which services that are not being provided for that AAHT can easily provide)?

- Parenting skills to young parents and heads of child-headed homes
- Career guidance workshops at local schools - through strategic partnerships with local professionals and other NGOs
- Continue teaching life skills to OVCS and providing support to prevent young girls from prostituting themselves for a small income.

Reach and Coverage

Number of OVCS: 300 (TL's estimation), 12 interviewed

Services offered by Vana Vetu:

- Identify OVC/child- headed/grandparent-headed households
- Assist with application for identification/birth registration and child grants through referrals
- Refer and monitor children in need of protective services
- Survivor camps
- School holiday programmes
- Accessing of legal services for OVCS and families
- Referral to clinics, hospitals for general health and HIV+ support
- Educational support

- School is Cool campaign: provision of uniforms and stationery; assistance with school fees exemption
- Afterschool programme: assistance with academic work
- Food parcels
- Home visits for children with disabilities

Key findings – Objective 1

General findings:

- TL and CCWs described Vana Vetu as a programme that aims to restore the dignity or self worth of OVCs in the community who often feel like outcasts, and to restore the OVCs' sense of belonging, thus reducing their pain of not having parents.
- CCWs describe their role as that of a parent (with emphasis on the love of a mother), a teacher and a mentor (or motivator).
- CCWs emphasised the importance of helping the OVCs with their school work and teaching them life skills with one saying, "We teach them how to live".
- Most of the beneficiaries interviewed came from child-headed homes and grandmother-headed homes, and were either recipients of school uniforms or regular attendees of the afterschool centre.
- The DOVC, TLs, CCWs parish leadership and local schools are all responsible for the selection of OVCs. They shared a clear understanding of the term OVC and selected only those children who fit the criteria.

Challenges:

- Fundraising in these communities has proven difficult because of extreme poverty levels.
- Securing grants for children from child-headed homes. CCWs and the DOVC are discussing creative ways to help them gain access to grants.

Recommendations/opportunities:

- The lack of access to government grants by children from child-headed homes needs to be seriously addressed. A possible intervention that could be managed by DOVCs or AAHT head office could be arranged as follows:
Allocating the household to a CCW to act as a guardian. Once the CCW receives the grant money for the child, they immediately deposit it into an account only accessible to the head of the house and Vana Vetu head office etc. This would obviously need to be managed very closely and the head of the household would need close guidance on how to manage a budget etc. This could be rolled out to other sites and service level agreements could be negotiated with government to secure the grants.

Key findings – Objective 2

General findings:

- CCWs have received training in:
 - HIV/AIDS (use this training to teach OVCs about HIV prevention)
 - Understanding children and youth
 - Care Worker bookkeeping

- M and E
- Parenting skills
- Children's rights.

All found the training was useful. They would like to get training more frequently. They state that at the time of the site visit, they had had only had one training opportunity in 2011.

- Guardians expressed a need for parenting skills.

Challenges:

- None observed.

Recommendations/opportunities:

- Teach CCWs how to transfer their skills to guardians, young mothers and heads of child-headed homes.

Key findings – Objective 3

General findings:

- The most established relationship is with the Department of Social Development
- A new relationship is being developed with Siyakhana (Save the Children). Siyakhana is the NGO cited as the most active in the community. Siyakhana has a shelter for children and provides afterschool snacks to children in the community.
- Community ownership: Based on stakeholder interviews, Vana Vetu is well known in the community and is seen as an important intervention.

Challenges:

- None observed.

Recommendations/opportunities:

- Formalise relationship with Siyakhanya. Possibly arrange for afterschool snacks to be delivered to the afterschool centre afterschool programme days.

Diocese: Umzimvubu

Parish: St Thomas, Tabankulu

Number of CCWs: 1 TL, 6 CCWs; 2 volunteers

Key Strengths:

- Good relationship with local schools. Successful fundraising initiative through Mother's Union

Key Weaknesses:

- No afterschool snacks
-

Community challenges identified (by stakeholders)

- High unemployment rates
- Drug abuse – no organisations currently address this problem
- High HIV prevalence
- Child-headed homes are increasingly becoming a problem. This sometimes causes youth to drop out of school and engage in criminal activity in the community.
- Children's sense of hopelessness. They do not know that there are opportunities to be pursued afterschool.

Opportunities (which services that are not being provided for that AAHT can easily provide)?

- Parenting skills to young parents and heads of child-headed homes
- Career guidance workshops at local schools - through strategic partnership with local professionals and other NGOs.
- Continue providing teaching life skills to OVCS and providing support to prevent young girls from prostituting themselves for a small income
- Increase the number of children with disabilities registered on the programme

Reach and Coverage

Number of OVCS: 320 (TL's estimation), 12 interviewed

Services offered:

- Identify OVC/child-headed/grandparent-headed households
- Assist with application for identification/birth registration and child grants through referrals
- Refer and monitor children in need of protective services
- Survivor camps
- School holiday programmes
- Accessing of legal services for OVCS and families
- Referral to clinics, hospitals for general health and HIV+ support
- Educational support
- School is Cool campaign: provision of uniforms and stationery; assistance with school fees

exemption

- Afterschool programme: assistance with academic work
- Feeding
- Home visits for children with disabilities

Key findings – Objective 1

General findings:

- CCWs' perception of the programme's key objective is to help children and guardians access the legal documents necessary for accessing government grants.
- CCWs see Vana Vetu as a programme to "uplift" children that do not have parents, bringing them happiness through the knowledge that someone cares for them.
- CCWs focus their house visits on child-headed homes where the children are in need of counselling and mediation between the siblings and accompany children to a clinic and this often requires long distance travelling in rural areas that fall within the parameters of this parish.
- DOVC, TLs, CCWs parish leadership and local schools all responsible for the selection of OVCs. They shared a clear understanding of the term OVC and select only those children who fit the criteria.
- Beneficiaries are all either orphaned, living with a grandparent or siblings, living with a single parent or living in foster care. Largely because of the secrecy that surrounds AIDS related mortality, it is very difficult to tell with certainty whether every case of orphanhood or vulnerability is due to HIV and AIDS related illness.
- CCWs see children regularly as they visit the local schools to monitor attendance and afterschool centres are run at the school, so they see other children on the programme that do not normally attend afterschool centres
- Vana Vetu provides assistance to orphans from child-headed homes and children in the care of their grandparents.
- There are very few NGOs operating in the communities that make up Tabankulu.

Challenges:

- Securing a relationship with the Department of Social Development.
- Fundraising in these communities has proven difficult because of extreme poverty levels.
- Securing grants for children from child-headed homes. CCWs and the DOVC are discussing creative ways to help them gain access to the grants.
- Secrecy surrounds AIDS related mortality. It is very difficult to tell with certainty whether every case of orphanhood or vulnerability is due to HIV and AIDS related illness.
- CCWs have to travel long distances to see their OVCS. They also report spending their stipend on transport
- Recommendations/opportunities:
 - Clarify the Vana Vetu transport policy to CCWs and TLs and ensure it is fully enforced
 - See Mount Frere recommendations.

Key findings – Objective 2

General findings:

- All CCWs have obtained a Grade 10.
- CCWs have completed the following training with Vana Vetu:
 - HIV/AIDS (used to teach OVCs about HIV prevention)
 - Parenting and counselling.

- All CCWs found the training was useful.
- They would like to get training more frequently, as they have had only one training opportunity this year.
- Guardians expressed a need for parenting skills
- One CCW left the programme to join another similar programme run by the Catholic Church.
- The Catholic Church programme offers better stipend and gives children food afterschool. Some of their children get food afterschool and food parcels at the Catholic Church. Vana Vetu is the only programme that runs the afterschool centre and provides children with school uniforms.

Challenges:

- CCWs can receive better stipends elsewhere.
- Recommendations/opportunities:
- Teach CCWs how to transfer their skills to guardians, young mothers and heads of child-headed homes
- CCWs have Grade 10 qualification, they can be trained as auxiliary social workers
- CCWs need more psychosocial training, especially given the difficulties they have experienced in establishing a relationship with social development

Key findings – Objective 3

- Vana Vetu partners with Yondla Abantu which also works with OVCs. Yondla Abantu teaches OVCs soft skills that they can use to generate an income (bead work, sewing, and knitting)
- No relationship with the Department of Social Development has been established.

Challenges:

- Securing a relationship with Social Development in the area has been a great challenge for the programme.

Recommendations/opportunities:

- TL and CCWs need more hands on assistance from DOVC and possibly head office with securing a relationship with the Department of Social Development and potentially with other organisations in the area.

Diocese: False Bay

Parish: St Matthews, Sir Lowry's Pass Village

Number of CCWs: 1 TL, 5 CCWs, 2 volunteers

Key Strengths:

- Good relationship with local community

Key Weaknesses:

- CCWs have not been trained.
-

Community challenges identified (by stakeholders)

- High unemployment rates
- High HIV prevalence
- Malnutrition
- Many school dropouts and young school going age children not enrolled
- Hopelessness- children do not know that there are opportunities to be pursued afterschool
- Lack of youth friendly recreational opportunities- young people watch television at the local pub, and play video games and smoke dagga at the Rasta compound
- There are some NGOs operating in the community addressing these problems, but more help is needed

Opportunities (which services that are not being provided for that AAHT can easily provide)?

- Parenting skills to young parents

Reach and Coverage

Number of OVCS: 350 (TL's estimation), 12 interviewed

Services offered by Vana Vetu:

- Identify OVC/child- headed/grandparent-headed households
- Assist with application for identification/birth registration and child grants through referrals
- Refer and monitor children in need of protective services
- Survivor camps
- School holiday programmes
- Accessing of legal services for OVCS and families
- Referral to clinics, hospitals for general health and HIV+ support
- Educational support
- School is Cool campaign: provision of uniforms and stationery; assistance with school fees exemption
- Afterschool programme: assistance with academic work

Key findings – Objective 1

General findings:

- CCWs all cited the slogan “my child is your child”. They stated that the programme is about taking care of children, especially OVCs affected by HIV and AIDS.
- Key roles of CCWs as described by local staff: accompany children to the clinic and ensure their safety if they are threatened. Some CCWs see the programme as a vehicle to change their community for the better.
- The CCWs value teaching children how to become independent and responsible adults. CCWs frequently referred to ensuring teaching the children to have a positive self-image. This was evident in statements such as " we take care of them to make sure that they take out what is best in them."
- The DOVC, TL, CCWs, parish leadership and local schools are all responsible for the selection of OVCs. Children are considered vulnerable if they live in poverty.
- The selection process is not in line with the standards defined by PEPFAR, yet the children that were eventually selected often live with a single parent or a grandparent. According to the primary school head master, it is difficult to say why children live with one parent, i.e. one cannot say if the absent parent(s) has died or if the absent parent(s) has left the village to pursue better economic opportunities elsewhere.

Challenges:

- Due to secrecy surrounds AIDS related mortality, it is difficult to tell with certainty whether children have been orphaned or are vulnerable due to HIV/AIDS.
- Recommendations/opportunities:
- Identify school age children that are not in school and investigate the reasons why. Some of these children may be in need of services provided by Vana Vetu.

Key findings – Objective 2

General findings:

- All CCWs had attended a workshop introducing them to the programme, and CBO training.
- CCWs found the training was useful even though it is not accredited.
- They would like to get training more frequently, as they have had only one training opportunity this year.
- Guardians expressed a need for parenting skills.

Challenges:

- CCWs have not received much training. They depend on the skills they acquired through other volunteer activities such as home based care. The main reason given for their lack of training is the lack of an accredited curriculum for training as required by the donors.

Recommendations/opportunities:

- Provide training to CCWs using the old curriculum while a new one is being negotiated/developed. CCWs in the Eastern Cape found all the Vana Vetu training helpful even though it is not accredited

Key findings – Objective 3

- The most established relationship is with the Department of Social Development and the local school which uses the CCWs as a resource when teachers are absent.

- Vana Vetu organised a holiday programme in collaboration with the organisation 11/11 over the long World Cup holiday. Children were given lunch – this is not normally provided during the school holidays.
- Many stakeholders knew the programme well and are willing to allow the programme staff to use local facilities.

Challenges:

- None observed.

Recommendations/opportunities:

- Strengthen ties with other local NGOs.

Parish Strand

Number of CCWs 5 CCWs, no team leader

Key Strengths Two CCWs being trained as auxiliary social workers

Key Weaknesses

- No afterschool centre
- CCW team not yet consolidated (no TL is in place).

Community challenges identified (by stakeholders)

- High unemployment rates
- Malnutrition
- Drug abuse and alcohol abuse – insufficient initiatives to address this problem
- Child abuse
- Teenage pregnancy
- Child neglect
- Hopelessness- children do not know that there are opportunities to be pursued afterschool.

Opportunities (which services that are not being provided for that AAHT can easily provide)?

- Parenting skills to young parents
- Career guidance workshops at local schools - through strategic partnerships with local professionals and NGOs.
- Continue teaching life skills to OVCs
- Introduce the afterschool programme

Reach and Coverage

Number of OVCS: 300 (TL's estimation), 9 interviewed

Services offered:

- Identify OVC/child- headed/grandparent-headed households
- Assist with application for identification/birth registration and child grants through referrals
- Refer and monitor children in need of protective services
- Survivor camps
- Accessing of legal services for OVCs and families
- Referral to clinics, hospitals for general health and HIV+ support
- School is Cool campaign: provision of uniforms and stationery; assistance with school fees exemption

Key findings – Objective 1**General findings:**

- TL and CCWs view Vana Vetu as a programme that exists to help the community and

children in need, particularly those that are orphaned, and those infected or affected by HIV/AIDS.

- All the CCWs at the Strand Parish, except one, were new to the programme and had limited experience with the programme activities.
- Most of the CCWs spoke about the programme in theory.
- The only services that had clearly been provided since the reintroduction of the programme to this community was the identification of beneficiaries for the school uniforms as part of the School is Cool campaign and the survivor camps. Some children reported going on the Vana Vetu camp and learning various life skills. Even they were uncertain of the programme and the programme staff.
- The identification of beneficiaries was through the church and the local primary school. Similar to Sir Lowry's Pass Village, there were no clear lines of identification. The children chosen as beneficiaries came from poor homes and, according to the school principal, were the most in need for school uniforms.

Challenges:

- Ensuring programme stability- interpersonal issues between CCWs remain a major challenge to programme implementation.

Recommendations/opportunities:

- Clarify the Vana Vetu transport policy to CCWs and TLs, ensure it is fully enforced
- Teach CCWs conflict management skills

Key findings – Objective 2

- As this programme was recently re-established in the community, the CCWs' training is limited.
- Two CCWs were undergoing auxiliary social work training through AAHT. This one year accredited course will increase their ability to care for children. This course is sponsored by Vana Vetu and these CCWs are expected to remain with the programme for an additional year upon completion of the course. This ensures that well-trained CCWs are in place for an extended amount of time, thus improving the sustainability of services.
- One of the CCWs is yet to receive training from Vana Vetu as she joined 2 months before the site visit, but had already been allocated some OVCs to follow up.
- It is unfortunate that these CCWs have not been trained using the existing material. As all the CCWs from the Eastern Cape found Vana Vetu training invaluable and used it in their work with the OVCs. In the absence of accredited training, Vana Vetu should continue using the training material already available to them to ensure that the CCWs are adequately briefed.

Key findings – Objective 3

- This parish must still establish networks in the community. As some of their CCWs are already placed at BADISA (as a partial requirement for their auxiliary social work qualification) more formal agreements on service delivery should be entered into. CCWs and DOVC are already discussing hosting a homework centre in collaboration with BADISA.

Appendix B: evaluation tools

AAHT Mid-term evaluation | Data Collection Tool 1- Cluster Manager and DOVC interviews

Instructions to the evaluator, please take note of the following

Gender:

Age:

Qualifications:

Previous occupation:

What is your basic job description?

Number of dependants:

Pay special attention to these demographics when compiling the report.

Project objectives and aims

1. How long have you been working for the Vana-Vetu programme? How long have you been in the organisation as a whole?
2. What is your understanding of the Vana-Vetu programme - what is the programme trying to achieve?
3. How does the programme identify the needs of the communities and the targeted beneficiaries? Are there any documents available for review? Which are the main needs identified?
4. Do you evaluate the programme's impact against your initial objectives?

Reach and Strategy

1. Can we have a copy of your annual/monthly implementation plan?
2. Does the Vana Vetu programme/s have an implementation plan that is based on a needs assessment?
3. Does it indicate time-frames and activities? For what period of time?
4. Does it indicate: aims, target outcomes, resources required and costs?
5. Please describe how the programme operates on the ground. How do you identify and select programme participants? What criteria do you use?
6. How has the programme evolved/ changed over the years? Please, provide two concrete examples.
7. Do you have partnerships with other service providers? Who do you partner with? What is the nature of the partnerships?
8. What support, if any, do you give to parents?

Resources and staff capacity

1. What kind of training were you to prepare you for your role in the organisation? Was it accredited? Did it give you sufficient preparation for your daily tasks?
2. How easy or difficult is it to recruit new volunteers? What is your recruitment strategy?
3. What type of contract/agreement is signed with volunteers?
4. What additional training would assist you in your daily tasks?
5. What other training do CCWs and TLs would need to improve the quality of service they offer to OVCs?
6. What percentage/rate of your volunteers resign/leave per year? Please, provide reasons why.

Governance

7. What is the quality of the reports you receive from team leaders?
8. What communication channels are in place between you and head office? Are these effective? /Is the communication among staff effective at all levels of the programme?
9. Do you receive support from head office?
10. Where and how do you keep the data you collect? Is it available electronically?
11. Are the projects at the parishes registered NPOs?
12. How does each parish manage finances raised through fund raising initiatives?
13. How often does head office visit the Diocese to monitor and evaluate progress?
14. How often do you visit each programme?
15. How often do you meet with the TLs/ DOVCs? Are these individual or group meetings with the TLs/DOVCs?

Sustainability

1. What do you see as strengths and weaknesses of parish/Diocese?
2. Have you got implementation plans for next year?

Monitoring and evaluation

1. How do you conduct monitoring and evaluation?
2. Who is involved in M&E (data collection, etc.)?
3. Is the programme's implementation plan regularly evaluated and updated?
4. Are there any aspects of the programme that you would like to see changed?
5. Are there other services that you would like to see implemented for the benefit of the children?

General Questions (questions specified in the scope of work)

6. Are you a member of the Anglican? If not, specify if a church member elsewhere?
7. When did you start working as a DOVC?
8. What is the most important role that you play as DOVC?

AAHT Mid-term evaluation | Data Collection Tool 2- Team leader (TL) and CCW interviews

Instructions to the evaluator, please take note of the following

Gender:

Age:

Employment:

Main source of income:

Number of dependants:

Type of dwelling:

Pay special attention to these demographics when compiling the report.

Programme objectives and aims

1. What is your understanding of Vana Vetu - what is the programme aiming to achieve?
2. How long have you been active on the programme at Vana Vetu?
3. How and why did you get involved with the programme?
4. What are the community and your family's perception of the programme?
5. How does the community interact with the programme? Do they provide any support?

Programme strategy and reach

1. How many OVCs do you look after?
2. How are you matched with the OVCs?
3. Are the OVCs enrolled in the programme the OVCs in the community who are most in need of help?
4. How frequently do you meet or communicate with other staff? What purpose does this interaction serve?
5. How much time do you spend volunteering every week?

Staff capacity

1. What are your responsibilities at Vana Vetu?
2. How many years of experience have you had working with OVCs or other vulnerable people?
3. Which grade did you complete at school? Do you have other qualifications?
4. What training have you received in OVC care (from Vana Vetu or elsewhere)? Has this been helpful for your work at Vana Vetu?
5. Is this training accredited?
6. Who do you turn to if you need support (TL, CCWs, DOVC)?
7. Do you work together with any other organisations in the community?

Governance

1. How easy is it to understand and complete the reporting templates?
2. How often do you meet with the TLs/ DOVCs? Are these individual or group meetings with the TLs/DOVCs?

Personal Growth

1. What has made your job easy and/or difficult?
2. What impact has the programme had on you?
3. What do you think your future at Vana Vetu holds?

Outcomes and evaluation

1. In your opinion, are there certain areas of the programme that are unnecessary or need to be looked at critically?
2. Are there other services that the children would enjoy or benefit from?

Evaluation specific questions

1. Are you a member of the Anglican? If not, specify if a church member elsewhere?
2. Are you employed by any other organisation? Which? In what capacity?
3. Do you have income other than your Vana Vetu stipend? From where?
4. Are you able to live off the money you receive from Vana Vetu?

Questions specifically for TLs

1. What does the progression from the role of CCW to TL entail?
2. How many CCWs are part of your team.

AAHT Mid-term evaluation | Data Collection Tool 3- Parent / guardian interviews

Instructions to the evaluator, please take note of the following

Gender:

Age:

Employment:

Main source of income:

Number of dependants:

Type of dwelling:

Pay special attention to these demographics when compiling the report.

Programme implementation

1. When did your child join the programme?
2. How/why did she enrol (parent heard about; child asked to; liked a specific aspect of programme; beneficial to child).
3. What services do they receive from the programme?

Programme	Y/N	Biggest benefit	Biggest disadvantage
<i>School is cool:</i> supplies (e.g. uniforms)			
<i>School is school:</i> (academic assistance)			
Aftercare			
Food Parcels			
Life skills			
Peer education			

Other?			

Probing: pressure off family; access to services [birth certificates, uniform, and aftercare] that they would not otherwise have access, marks, focus on work, diligence.

4. How often do the CCWs visit your home? Do you know when they will be visiting?
5. What assistance do CCWs offer to you and/or your child?
6. Is your child involved in/receive assistance from other organisations in the community?
Please, explain what additional services he/she receives.
7. What do you think the programme's is trying to achieve?

Level of satisfaction and additional feedback

1. Has your child's behaviour at home changed since he/she started attending the centre?
Please refer to the following areas:

General wellbeing	
Attitude	
Resilience	

2. Are you satisfied with the assistance provided by the CCW? Please, explain why.
3. Is there any part of the programme that you do not like or believe to be unnecessary?
4. Are there areas of the programme that could work better? Please, explain which ones and the reasons.
5. Do you know of other parents whose children aren't in the programme? Why are they not in the programme?
6. Do you think the programme is doing enough to address the needs of the OVCs in the community?

AAHT Mid-term evaluation | Data Collection Tool 4 - OVC interview

Instructions to the evaluator, please take note of the following

Number of boys:

Number of girls:

Average age:

Average age:

Pay special attention to these demographics when compiling the report.

Programme implementation

1. How long have you been on the programme?
2. Why did you join the Vana Vetu programme?
3. How often do you attend activities/ events organised through this programme? Why do you think this programme was established?
4. Please list the type of activities they have been involved in through Vana Vetu.

Programme	Y/N	Biggest benefit	Biggest disadvantage
<i>School is cool:</i> supplies (e.g. uniforms)			
<i>School is school:</i> (academic assistance)			
Aftercare			
Food Parcels			
Life skills			
Peer education			
Other?			

5. How often do you meet with your CCW? What role should CCWs play in a beneficiary's life?
6. Do you participate in other programmes in the community? (sport clubs, drama, etc)

Level of satisfaction and additional feedback

1. How would you describe your relationship with the CCWs?
2. Do you need other services currently not offered by the programme?
3. Has Vana Vetu been helpful to you and your family?
4. Are there any new skills or knowledge you have learnt? What is the effect?
5. What would you change about this programme?
6. Are there other children at your school that you think would benefit from the programme?
7. What do people think or say about children on this programme?

AAHT Mid-term evaluation | Data Collection Tool 5- Key informant interviews

Instructions to the evaluator, please take note of the following

Gender:

Age:

Employment:

Main source of income:

Number of dependants:

Type of dwelling:

Pay special attention to these demographics when compiling the report.

A. Schools: Teacher or head master

1. What are the main issues confronting your community, especially children?
2. What services are available in the community to assist children with these needs?
3. Does the school partner with organisations in order to improve the service provided to learners?
4. What pressing needs are currently not catered for?
5. Are you familiar with the Vana-Vetu programme? In your view, what is the programme trying to achieve?
6. How many learners from the school are enrolled on the Vana-Vetu programme?
What is the total number of learners enrolled in your school?
7. How often do representatives from the school and Vana-Vetu meet? How would you describe your working relationship?
8. Have you/ staff ever noticed any changes in the children enrolled on the programme?
(school performance, behaviour/ emotional wellbeing, school attendance, etc)

9. How would you compare Vana-Vetu's performance with other organisations targeting children?

Reach	
Coordination	
Depth	
Is the programme integrated and comprehensive?	

10. How does the broader community perceive the programme?

11. Do you have any suggestion on how the programme can be improved to provide better services to children and youth?

B. Social Development

What are the main issues confronting this community, especially children?

Which issues affect children the most?

What services are currently available to assist children with these issues?

Which organisations offer these services?

Which services are still needed to address some of these issues?

To what extent do NGOs in this community collaborate?

Which organisations do they work with?

Are you familiar with Vana-Vetu? How would you describe your relationship with the programme?

How do Vana-Vetu's service offerings compare to the services provided by other NGOs in the area?

Reach	
-------	--

Coordination	
Depth	
Is the programme integrated and comprehensive?	

C. Local Priest

1. How long have you been serving at this parish?
2. What are the main issues confronting your community? Children and youth up to 18?
3. How much do you know about the Vana-Vetu programme? How does the programme operate?
4. What kind of relationship do you have with the programme leader/ the programme? Do they come to you for assistance/ do you collect reports from them?
5. Do you think that the project is well positioned/ implemented to meet the needs identified? What can be done to improve it?
6. *If the Priest has been in service at this parish for longer than 5 years:* How has the project changed over the years.
7. What other similar programmes does the church run? What services does the Mother's Union give to the community?
8. Do churches in this community network with each other? Do they partner on social issues? Do you know if people from other churches/denominations participate in this programme?

D. Other NGOs/ CBOs

1. What are the main issues confronting this community?
2. Which issues affect children the most?
3. What services are currently available to assist children with these issues?
4. What services does your organisation offer?
5. Which services are currently unavailable in the community, which still need to be addressed?
6. To what extent do you collaborate with other NGOs in this community?
7. Which organisations do you work with?
8. What/ how much do you know about Vana-Vetu? How would you describe your relationships?
9. How do Vana-Vetu's service offerings compare to the services provided by other NGOs in the area?

E. Ward Councillor

1. What are the main issues confronting this community?

2. Which issues affect children the most?
3. What services are currently available to assist children with these issues?
4. Which services are currently unavailable in the community, which still need to be addressed?
5. Do you frequently interact with NGOs in this community?
6. Which organisations do you interact with the most?
7. What/ how much do you know about Vana-Vetu? How would you describe your relationships?
8. How do Vana-Vetu's service offerings compare to the services provided by other NGOs in the area?

AAHT Mid-term evaluation | Data Collection Tool 5- CCW Focus group discussions

Instructions to the evaluator, please note down the demographics of the group, including number of participants, age and gender breakdown.

1. What is the Vana Vetu programme trying to achieve?
2. What are the responsibilities of a CCW?

Training

1. Did you find your training useful? Did it give you sufficient preparation for the work you are doing?
2. Do you know if it was accredited? Did you understand the material? The pace?
3. How often do you get training?
4. Which other topics would you like your training to cover?

Process/ Implementation

1. How often do you see the OVCs under your care?
2. When do you get to see them? Are the appointments fixed/ do you have to travel late?
3. What are the risks associated with your these tasks? (working late, etc)
4. How easy is it to understand and complete the reporting templates?
5. In your opinion, are there certain areas of the programme that are unnecessary or need to be looked at critically?

AAHT Mid-term evaluation | Data Collection Tool 6 - OVC Focus group discussions

Instructions to the evaluator, please note down the demographics of the group, including number of participants, age and gender breakdown.

Programme Implementation

1. Why do you think this programme was established?
2. How often does Vana Vetu organise activities/ events?
3. How often do you meet with your CCW? What is the role of a CCW?
4. What is like having a CCW?

Level of satisfaction and additional feedback

1. What is the best thing about being part of Vana Vetu?
2. What would you change about this programme?
3. Do you participate in other programmes in the community? (sport clubs, drama, etc)
4. Do you have other recommendations/ things you would like to add to the programme?
5. Are there other children at your school that you think would benefit from the programme?
6. What do people think or say about children on this programme?

Information sheet for the Key informant Interviews

The Anglican AIDS and Healthcare Trust's Vana Vetu OVC Care and Support programme has appointed GreaterCapital to conduct their mid-term formative evaluation aimed at determining program strengths and weaknesses to help them improve how they implement the Vana Vetu programme aimed at orphans and vulnerable children (OVC) between 5 and 18 years of age.

The key questions that we will be investigating are:

- The effectiveness of the programme in achieving its objectives
- Identify additional services needed by their target beneficiaries.

What you discuss with us today will be kept completely confidential. None of your personal information will appear in our final report to the AAHT. Your experience and perceptions will help us better understand the programme and how it is affecting the lives of its participants. Your participation is completely voluntary; you may refuse to answer any questions you are not comfortable with.

Thank you for your cooperation

CONSENT FORM

Participation in an interview or focus group discussion

I, _____ (*name*) agree of my own free will to participate in a group discussion about my experiences as a volunteer, staff member or beneficiary of the Vana Vetu programme (*circle the one that applies*).

I understand that the general content of the interview will be used to draw up a report on the programmes that Vana Vetu run and my experiences of them.

I understand that my name will not be used in any report and that the information that I provide will not be attributed to me but rather to the group as a whole.

Signed: _____

Name: _____

Date: _____

If you are **under 21**, your parent or guardian must sign on your behalf:

I agree that _____ (*name*) may of their own free will participate in interviews about their experiences as a beneficiary of the Vana Vetu programme.

I understand that the general content of the interview will be used to draw up a report on the programmes that Vana Vetu run and their experiences of them.

I understand that their name will not be used in any report and that the information that they provide will not be attributed to them but rather to the group as a whole.

OVC number: _____

Signature of parent or guardian: _____

Name of parent or guardian: _____

Date: _____

CONSENT FORM

Photography and media

I agree that my photo and story can be used by GreaterCapital to demonstrate the work of Vana Vetu.

Signed: _____

Name: _____

Date: _____

If you are **under 21**, your parent or guardian must sign on your behalf:

I agree that the photo and story of _____ (name of child) can be used by GreaterCapital to demonstrate the work of Vana Vetu.

Signature of parent or guardian: _____

Name of parent or guardian: _____

Date: _____