Final Report

National Implementation of Training
in Resiliency-Building for Caregivers
of Orphans and Vulnerable Children
in South Africa

USAID Cooperative Agreement No.: GHO-A-00-08-00006-00
(April 4, 2008 – April 3, 2011)

Submitted by:
Children's Emergency Relief International

***In collaboration with*:**
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Submitted on:
June 30, 2011

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The project "*National Implementation of Training in Resiliency-Building for Caregivers of Orphans and Vulnerable Children in South Africa*" was funded by the United States Agency for International Development through Cooperative Agreement No: GHO-A-00-08-00006-00 and was implemented by Children's Emergency Relief International (CERI) in collaboration with the Sinomlando Centre for Oral History and Memory Work in Africa.

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of CERI and do not necessarily reflect the views of USAID or the United States Government.

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III. Acronym & Select Term Definition List

CBO	Community-Based Organization
CBP	Capacity Building Program = A residential, three-month memory work methodology curriculum program in Pietermaritzburg, South Africa, which has three intake groups of memory students per year and consists of classroom instruction, supervised field work, and evaluation.
CERI	Children's Emergency Relief International
CLOCA	Close-Out Organizational Capacity Assessment
CSI	Child Status Index
DSD	Department of Social Development
FBO	Faith-Based Organization
M&E	Monitoring and Evaluation
MF	Memory Facilitator = A person who has participated in at least one four-day memory workshop, facilitated by a Memory Trainer
MT	Memory Trainer = A person who has gone through the three-month, full-time Capacity Building Program in Pietermaritzburg
NGO	Non-Governmental Organization
NPI	New Partners Initiative Program
NuPITA	New Partners Initiative Technical Assistance Project
OCA	Organizational Capacity Assessment
OVC	Orphans and Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
QA/QI	Quality Assurance/Quality Improvement
UKZN	University of KwaZulu-Natal
USAID	United States Agency for International Development

IV. Executive Summary

The project used the Memory Box methodology to render psycho-social rehabilitation services to orphans and vulnerable children (OVC) in six South African provinces identified by the South African government, USAID, and CERI's subgrantee, Sinomlando, as being most in need of services: Eastern Cape, Free State, KwaZulu-Natal, Limpopo, Mpumalanga, and North West.

The Memory Box methodology is a family-centered psychosocial intervention, which facilitates intergenerational dialogue among immediate and extended family members. The purpose of the intervention is to enhance resilience and nurture identity in OVC who have lost parents or primary caregivers to AIDS. Resilience can be defined as a child's capacity to recover his/her well-being and life potential in spite of suffering through one or more life misfortunes.

The identified strategy was to encourage CERI/Sinomlando's partners in South Africa to adopt and integrate the Memory Box approach into their existing programs with a purpose of providing holistic care and treatment services to OVC. This strategy was achieved through the following major goals: (1.) Build the capacity of indigenous NGOs/CBOs/FBOs and appropriate governmental entities to create, manage, evaluate, and sustain the Memory Box intervention within their organizations and to provide Memory Box training to other organizations in their communities; (2.) Scale up the use of Memory Boxes by partners, with the ultimate goal of building resilience, facilitating identity formation, and increasing intergenerational family dialogue among those affected by HIV/AIDS; (3.) Expand the field for a sustainable use of Memory Boxes via partnership agreements with community-based organizations and provincial government agencies.

Over the life of the project, Memory Work training was provided to 149 Memory Trainers and 2,548 Memory Facilitators in six targeted provinces.

Both CERI and Sinomlando have made remarkable strides in building their organizations' capacity to develop, manage, and evaluate programs, in large part due to the comprehensive technical assistance both entities received through NuPITA. At times, we faced challenges in the partner recruitment process as we sought to engage organizations pursuing a number of OVC-centered activities and restrained by scarce resources. While appreciating the significance of Memory Work, some partner organizations located in widespread rural areas were unable to dedicate ample resources to the implementation of Memory Work in their communities after the training.

CERI and Sinomlando consistently took steps to adapt the program approach so as to maximize the impact of the training and enhance the partner organizations' capability to sustain Memory Work in their respective provinces. For instance, we incorporated the Child Status Index (Addendum C) into the CBP curriculum. In addition, we revised the partner selection criteria to allow for a larger number of paid staffers to be recruited, considering the high volunteer turnover experienced by many indigenous organizations in South Africa. Further, we transferred the responsibility for coordinating the implementation of Memory Work from provincial Area Coordinators (who were employees of partner organizations trained by Sinomlando in Memory Work) to Sinomlando's own seasoned mentors, who were more available for, and adept at, coaching and counseling the Memory Workers.

V. Summary Table of PEPFAR and Program-Specific Indicators

Reporting Period: Final: April 2008-April 2011	**Indicator**	**Life of Project**	**FY08 Target**	**FY08 Results/ Achieved**	**FY09 Target**	**FY09 Results/ Achieved**	**FY10 Target**	**FY10 Results/ Achieved**	**Life of Project Results/ Achieved**
Care: Orphans and Vulnerable Children (PEPFAR) **New generation indicator:** **PEPFAR 8.1** Number of providers/ caregivers trained in caring for OVC **FY 2010 indicator:** **H2.3.D** Number of health care workers who successfully completed an in-service training program within the reporting period	Number of orphans and vulnerable children (OVC) served by an OVC program	3,700	90-135	*	*	*	*	*	*
	Number of providers/ caretakers trained in caring for orphans and vulnerable children	2,135	195	209	945	682	1,716	1,806	2,697
Program-Specific	Number of Memory Trainers Trained	135	15	13	45	42	66	94	149
Program-Specific	Number of Memory Facilitators Trained	2,000	180	196	900	640	1,650	1,712	2,548

* As per our discussions with USAID/Washington and the USAID/SA Mission regarding their concerns with the possibility of double-counting OVC, it is our understanding that these OVC will be counted by the end-service provider.

VI. Project Implementation by Strategic Objective

1. Conduct Memory Awareness Meetings that present the Memory Box program to current and prospective PEPFAR-OVC partners.

The CERI-South Africa National Director (CERI-SA ND) typically held Awareness Meetings with the management of prospective partner organizations two months prior to the start of the Capacity Building Program (CBP) block in each province. During these meetings, the managers received a packet of introductory information about the Memory Box program. The packet included an overview of the program, a schedule for the upcoming CBP block, descriptions of the selection criteria and graduation requirements for CBP trainees, and a list of expectations that CERI/Sinomlando jointly held for the partner organizations.

On average, 10 to 12 organizations per province were targeted through these meetings, with priority given to PEPFAR-funded partners identified in consultation with the USAID/South Africa Mission. One month after the initial Awareness Meeting, the CERI-SA ND and Sinomlando staff visited the organizations that had expressed interest in the program and interviewed prospective students recommended by the organizations. The three-month training session attended by the selected finalists began a month later.

After the completion of each CBP block, the CERI-SA ND and Sinomlando trainers held follow-up meetings with the mid- and high-level management of partner organizations; following this initial post-training visit, we met with the partners at least once every four months. The purpose of these meetings was two-fold. Firstly, we sought to re-confirm the organizations' commitment to Memory Work. Secondly, we determined whether the overall organizational environment was conducive to Memory Trainers fulfilling the obligation they had assumed at the start of the CBP block, to conduct two post-CBP Memory Workshops to train 30 additional home-based OVC care providers as Memory Facilitators, and to accompany these Memory Facilitators during their visits to families. Because mid-level and senior managers set priorities that drove their employees' daily workload, such follow-up meetings were crucial to ensuring that PEPFAR partners continued to allocate to the Memory Box program the time and resources it required to be replicated in target provinces.

The final CBP Block (7) differed from the rest of the blocks in that it was designed with a specific goal of sustaining and institutionalizing the knowledge about Memory Work among the previously trained partners who faced high volunteer and staff turnover over the last two years and requested a repeat training for their new staff. The Memory Awareness Meetings, which normally served to introduce the organizations' senior management to the Memory Work concept, were not held with these partners: they were already familiar with the concept and were chosen for CBP Block 7 based on their previous discussions with Sinomlando.

One of the challenges CERI and Sinomlando encountered in the process of partner recruitment was the need to identify organizations with a sufficient number of staff present on the ground and able to conduct regular family visits. In addition, because CBP training was geared toward entities providing home-based care, we evaluated the potential partners' programmatic focus based on this consideration. As a result, we had to turn down some organizations which

demonstrated keen interest in Memory Work but focused on individual counseling with no direct link to the family-wide psycho-social intervention.

Another challenge we experienced was related to larger PEPFAR-funded organizations, whose tight activity plans and budgets, projected ahead of time for the next fiscal year, precluded them from committing their staff to a new and unanticipated program. These organizations were concerned that the Memory Box program would interfere with their planned activities and were reluctant to send their representatives to a three-month CBP training for that reason.

CERI/Sinomlando addressed this challenge during the subsequent Awareness Meetings with potential partners by emphasizing how the Memory Box program would complement and strengthen the organization's ongoing HIV/AIDS-focused services by adding a psycho-social rehabilitation component to the organization's 'toolbox', if such component was missing at the time.

Furthermore, after lengthy discussions on client targeting and retention, CERI/Sinomlando concluded that partners needed to be recruited well in advance of the CBP training, at the time when they were negotiating their annual work plan and budget with USAID. Doing so would enable partners to include Memory Work in their work plans for the fiscal year ahead. This approach was used while recruiting partners in North West, and the CERI-SA ND asked the USAID/SA Mission to assist in negotiating the allocation of resources to Memory Work with CERI's PEPFAR-funded partner in that province.

2. Enlist three more groups of prospective MTs from among the staff and volunteers of OVC partners, one group per province scheduled to receive training in a given year, and organize and conduct a three-month CBP training session for each group.

Throughout the project, Memory Trainers were recruited from a wide array of urban, suburban, and rural localities.

In an effort to enhance the sustainability of Memory Work, CERI and Sinomlando revised the trainee selection criteria in 2009 to ask that partner organizations propose candidates from among their full-time employees for the training to the extent possible. This new requirement allowed the partners to not rely excessively on loosely affiliated short-term volunteers but, rather, engage their full-time personnel who were dedicated to carrying out Memory Work as part of their ongoing OVC care and treatment activities.

Recruitment for CBP Block 6 in the North West Province was conducted by the CERI-SA ND in close association with the provincial Department of Social Development and the USAID/South Africa Mission. Sinomlando sent an invitation to all PEPFAR partners in the province through CERI's USAID/SA Activity Manager, Cephas Goldman. Only one PEPFAR-OVC partner in the North West Province was successfully recruited, due to the fact that it had the funding needed to conduct and sustain Memory Work in the province. The remaining eleven partners were selected by DSD project coordinators.

The participants of CBP Block 7 were recruited based on the nominations proposed by the previously trained PEPFAR-OVC partners during two surveys conducted by Sinomlando from March to June 2010. As explained above, these partners expressed the need to have their newly-hired community healthcare workers trained in Memory Work.

In 2010, the CBP training curriculum was revised to expand the module on Non-Profit Organization (NPO) Management. This module now includes more recent and substantive information pertaining to management of NPOs.

In addition, at the advice of NuPITA's M&E expert, Dr. Nelson Kamoga, Sinomlando now routinely references USAID's Child Status Index (CSI, Addendum C) during Memory Work training sessions and family interventions. The CSI is now a part of the revised CBP Manual, is being taught to all MTs, and was partially incorporated into the Closure Report form. Specifically, the Closure Report was expanded to incorporate pertinent qualitative information contained in Section 5 of the CSI, Psycho-Social Needs of Children, in addition to the quantitative information. Also, at Dr. Kamoga's suggestion, Sinomlando now briefs MTs on South Africa's national standards of OVC care, which are also referenced in the CBP manual.

The list of organizations whose Memory Trainers successfully completed a three-month CBP course over the life of the program is provided in Addendum A. This information was verified and updated during Sinomlando's internal program data audit conducted in the fall of 2010 in coordination with the CERI-SA ND.

Above: Example of the certificate awarded to Memory Trainers upon completion of the three-month CBP course. The certificate reads: "This is to certify that [name] has successfully completed a three-month module in memory work and psychosocial support of orphans and vulnerable children. This module is recognized as a short course by the University of KwaZulu-Natal."

Above: Memory Trainers graduating from the CBP course. Graduation ceremonies were held following each training block. A total of 149 individuals from six South African provinces successfully graduated from the program.

3. Each Memory Trainer is to (co-) facilitate a four-day Regional Memory Workshop, mentored by the Sinomlando staff, for up to 15 of his/her coworkers.

Over the course of the program, 149 Memory Trainers, guided and counseled by Sinomlando mentors, conducted 139 Regional Memory Workshops that replicated the Memory Work training for 2,548 OVC care and treatment providers operating in the Memory Trainers' communities.

Due to language barriers, CERI/Sinomlando were unable to reach as many communities across South Africa as we would have liked. However, we creatively overcame such limitations whenever possible. For instance, the predominant language of the Limpopo Province is Pedi, but Sinomlando Mentors only spoke Zulu and English. In addition, various parts of Limpopo feature their own dialects: Venda in the north and Tsonga in the east. We resolved this challenge by holding briefings after each training session, whereby mentors and Memory Trainers met at the hotel where they all stayed together, and the MTs, who were fluent both in English and the local vernacular, advised mentors of the discussions that occurred during the training.

A number of PEPFAR-OVC partners noted that their geographic areas of operation are widely spread out. As a result, properly sustaining and broadening the Memory Work in such communities requires a much greater investment of time, funding, equipment, and personnel than these organizations are able to afford. While resource constraints were less of a deterrent for well-established partners, they limited the capacity of smaller organizations, as well as of those

international NGOs that are in the process of closing down or downsizing their offices in South Africa due to diminished funding and/or shifts in program priorities.

The shortage of resources is amplified by the highly sensitive and labor-intensive nature of Memory Work interventions, as acknowledged by many OVC caretakers trained by Sinomlando. Typically, up to ten emotionally-charged encounters with the members of each household are necessary in order for the family to fully appreciate the necessity of Memory Work, and to enable the Memory Worker to develop a personalized approach that takes into account each family's unique history and situation. It was not uncommon for Memory Workers to have to navigate, with varying degrees of success, deep-seated cultural taboos, such as the refusal to retain the memorabilia of a deceased relative.

Some of these challenges impeding the continuation of Memory Work in South Africa are beyond CERI/Sinomlando's control, while others can be mitigated with proper organizational capacity building. For instance, Sinomlando has developed a standardized Memory Work toolkit and is in the process of sharing it with all interested partners. The toolkit, which includes templates of M&E forms, descriptions of procedures, and other helpful tips, was designed to facilitate the implementation of Memory Work by partner organizations.

Another challenge we faced was the high turnover of staff within partner organizations. According to Sinomlando's survey of partner organizations in Eastern Cape, Mpumalanga, and KwaZulu-Natal conducted from March to April 2010, 14 percent (12 of 87) of Memory Trainers and 22 percent (12 of 55) of managers known to Sinomlando had left their organizations.

Despite this, many of our partners made considerable progress in the aftermath of the training. During May and June of 2010, Sinomlando conducted a second, follow-on survey of 70 partner organizations to determine their capacity to carry on the Memory Work. The Memory Trainers and/or their managers were contacted by email and over the telephone on two occasions. The results of the survey were as follows:

1) 56.5% of partner organizations conducted Memory Workshops after the end of the training;

2) 76.8% showed evidence of continued family visits after the training;

3) 43% conducted other activities such as safe park camps, weekend camps, child care forums, and children's groups.

A detailed breakdown of Regional Memory Workshops conducted and Memory Facilitators trained over the course of the program is presented in Addendum B.

4. Conduct family interventions with a view to reach two to three children per family

As part of the CBP training, Memory Trainers were required to conduct at least one family intervention and submit a Closure Report summarizing the results of the intervention. Closure Reports were submitted to Sinomlando's M&E officer during the evaluation workshops, which typically occurred three months after the completion of the CBP block.

Above: A grandmother and her grandson hold the child's memory box in their home near Ladysmith. Both the child and his grandmother, as his caretaker, went through the family intervention process facilitated by a memory worker trained through the program.

Each family intervention targeted one to three OVC. The number of family interventions conducted by Memory Trainers in each province is as follows:

CBP Block 1, Eastern Cape:	13
CBP Block 2, Mpumalanga:	19
CBP Block 3, KwaZulu-Natal:	23
CBP Block 4, Limpopo:	24
CBP Block 5, Free State/KZN:	30
CBP Block 6, North West:	26
CBP Block 7, five provinces:	14
Total:	**149**

In addition, the following numbers of family interventions were conducted by Memory Facilitators affiliated with CERI/Sinomlando's partner organizations in each province:

CBP Block 1, Eastern Cape:	196
CBP Block 2, Mpumalanga:	257
CBP Block 3, KwaZulu-Natal:	383
CBP Block 4, Limpopo:	457
CBP Block 5, Free State/KZN:	512
CBP Block 6, North West:	507
CBP Block 7, five provinces:	236
Total:	**2,548**

5. Enlist Area Coordinators for follow-up and long-term sustainability of Memory Work

As explained in previous reports, CERI and Sinomlando managers concluded in early FY 2009 that relying on provincial Area Coordinators to sustain Memory Work in their respective provinces was not a viable approach. As employees of partner organizations already assigned to other demanding projects, Area Coordinators were unable to properly oversee the implementation of Memory Work by other MTs and MFs scattered across their respective provinces. It is important to note that Area Coordinators were expected to carry out these functions in addition to their ongoing Memory Work, to which they committed upon graduating from the CBP program. CERI/Sinomlando, therefore, determined that the functions assigned to Area Coordinators would be most effectively handled by Sinomlando's own mentors directly.

Being intimately familiar with the Memory Box approach, Sinomlando mentors were best positioned to educate communities at large about its benefits for the families affected by HIV/AIDS. Mentors accompanied Memory Workers throughout the training and intervention process, coaching them about techniques for coping with grief and psychological trauma that often accompanies Memory Work interventions. In the process, mentors became true experts on Memory Work and were able to impart this knowledge to partner organizations, both during the training and afterwards, by helping Memory Workers themselves overcome the distress inherent in this line of work. During their follow-up meetings with Memory Workers, mentors were also able to collect success stories, lessons learned, and M&E data from partner organizations and to convey this information to CERI/Sinomlando for further recording, analysis, and reporting.

Above: Sinomlando Capacity Building Training Manager and Mentor, Lois Moyo, conducts a follow-up evaluation and planning workshop with memory workers in the town of Mkuze in the KwaZulu-Natal province.

6. Conduct an Annual Memory Work Conference providing refresher courses, training manual updates, best practices, and "lessons learned"

CERI/Sinomlando's Memory Work Conference, held in Pietermaritzburg in September 2009, welcomed 140 Memory Trainers and managers from partner organizations in the Eastern Cape, Mpumalanga, KwaZulu-Natal, and Limpopo provinces. Participating organizations included both PEPFAR-OVC partners trained as part of this NPI grant and other entities previously introduced to Memory Work by Sinomlando. In his opening speech, the Premier of the KwaZulu-Natal province, Dr. Zweli Lawrence Mkhize, called for the government and civil society organizations to join forces in responding to the pressing needs of OVC. The keynote speaker, Dr. Vincent Sezibera, the Head of the Department of Clinical Psychology at the National University of Rwanda, poignantly described the psychological trauma experienced by the Rwandan children during the 1994 genocide in that country.

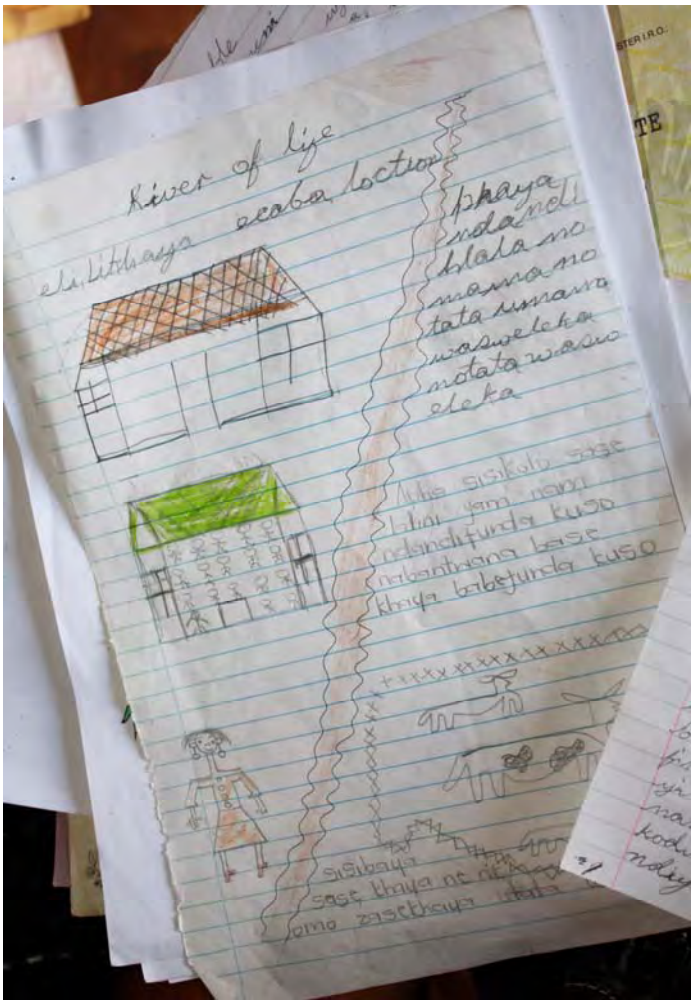
During the 2009 Annual Conference, 19 community workers from Mpumalanga received certificates of graduation after having successfully completed the CBP requirements. The graduation ceremony was chaired by Prof. J. Kunnie, the Deputy Dean of the Faculty of Humanities, Social Science and Development at the University of KwaZulu-Natal.

As explained below (Section VII., 1.2), in August 2010 CERI/Sinomlando chose to replace the annual conference with provincial Memory Work mini-conferences, which allowed for more substantive discussions with partner organizations about their plans to continue Memory Work in the future.

7. Impact Assessment Study

The baseline part of the impact assessment study in the North West Province, commissioned by CERI/Sinomlando and implemented by an external consultant, took place from May 30 to June 5, 2010, prior to the start of the CBP block. The baseline evaluation gauged the extent and quality of psycho-social rehabilitation services offered in the area. The second, post-training part of the assessment occurred from November 8 to 11, 2010, three months after the return of Memory Trainers to their communities.

The interviews conducted in November with beneficiaries, community-based OVC care providers, and professional social workers from the North West Department of Social Development demonstrated a marked improvement in the psycho-social well-being of many of the OVC. The Memory Work interventions improved communication between children and adults, prompting them to talk more openly about the causes and consequences of HIV/AIDS. Emboldened by these discussions and no longer feeling stigmatized by their orphan status, many of the OVC stopped isolating themselves from their peers. The interviewed teachers reported better academic performance by many of the OVC that had benefitted from Memory Work interventions. A number of family members noted that their relationships with the children in their care grew warmer and more respectful, with children being more willing to help adults around the household, feeling more confident about their future, and the entire families paying closer attention to their health and nutrition. Interestingly, numerous youths mentioned that candid conversations about HIV/AIDS encouraged them to be tested for HIV, and, having



received a negative result, they felt inspired to live more fulfilling and productive lives.

Left: River of Life exercise from a beneficiary's memory box. During this exercise, the Memory Worker encourages the child to draw a river, along which they illustrate or describe the significant events of their life in chronological order, helping the child to identify, talk about, and make sense of these life-shaping events in their history.

On a larger scale, the Capacity Building Program has produced a cadre of OVC care and treatment workers who have undergone a structured training on culturally-appropriate techniques of psycho-social rehabilitation for families affected by HIV/AIDS. Our baseline evaluation showed that, prior to the CBP training, this type of knowledge was scarce, often non-existent, in the targeted South African communities. The Memory Workers were grateful to the program for equipping them with the skills needed to facilitate the healing process for the children and their families.

Right: Memory workers with their training materials at a partner organization near the town of Kokstad.

VII. Other Issues

1. Sustainability and Transition

1.1 Follow-up and Retraining of Partners

In mid-2010, CERI/Sinomlando surveyed our partner organizations in the Eastern Cape, Mpumalanga, and KwaZulu-Natal provinces. Due to high volunteer and staff turnover, these organizations requested during the survey that Sinomlando provide Memory Work training for their new community-based OVC care and treatment providers who had replaced previously trained staff and volunteers. We complied with this request and trained 14 MTs from five provinces during CBP Block 7, thus helping to sustain Memory Work in these areas.

1.2. Provincial Memory Work Conferences

Between November 2010 and February 2011, CERI/Sinomlando conducted seven mini-conferences on Memory Work in Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo, and Free State. Sixty-one partner organizations that received training in Memory Work since the inception of this NPI program in 2008 were invited to participate in the conferences, and 35 of them attended. The mini-conferences enabled us to review activities conducted by partners as a result of the CBP training, identify obstacles in the implementation of Memory Work, propose solutions aimed at enhancing the sustainability of Memory Work after the completion of this grant, and discuss possibilities for future collaboration. Such collaboration may take many forms including, but not limited to, technical assistance to be provided by Sinomlando or a joint project between Sinomlando and a PEPFAR-OVC partner that will expand Memory Work into areas of South Africa not yet familiar with this approach to alleviating the psycho-social trauma of HIV/AIDS. A specific action plan was developed with each organization in attendance. These action plans strive to integrate Memory Work into the organizations' current OVC services by means of active networking, technical assistance, and collaboration with Sinomlando in the area of fundraising. Please see CERI's FY 2011 Semi-Annual Report for additional detail on these action plans.

2. Capacity Building

2.1 CERI's Organizational Development

CERI has gained a wealth of knowledge and experience as a result of participation in the NPI program. Working to implement and institutionalize the knowledge and best practices gained as a result of this program has made CERI a stronger organization and given us the motivation to use the successes already achieved and the knowledge and resources gained as an impetus to help us continue our focus on building our organizational capacity in the future.

One particular example of a capacity building success is the drafting and implementation of policies on human resource management, procurement/inventory management, sub-grant management, financial management and travel for the CERI-South Africa office. The draft policies were completed in mid-2010, revised to incorporate NuPITA's comments, and approved

by the Board of Directors of CERI's parent agency, BCFS, in early 2011. It is now CERI's intent to use these newly-developed policies as templates that can be adapted for use in our other country offices.

During a CERI-wide Strategic Planning Conference facilitated by NuPITA in early June 2010, CERI staff and representatives of BCFS senior management brainstormed and fine-tuned CERI's organizational mission, assessed the demand for CERI services, and identified the organization's strengths and opportunities for improvement. A three-year strategic plan summarizing these deliberations was then developed, reviewed by all participants, and approved in its final form by the BCFS Board in March 2011. This strategic planning event was an effort unprecedented in the history of CERI as an organization. We are in the process of planning a follow-up training conference for the CERI-USA staff and the National Directors of each country office currently scheduled for late 2011.

CERI has demonstrated continued improvement in our organizational capacity scores over the past three years during our Organizational Capacity Assessments (OCAs). Our average organizational capacity scores for year one, year two, and year three were 2.7, 3.5, and 3.6, respectively, on a 4.0 scale. Our scores on U.S. Government grant implementation subsections were 2.5, 3.6, and 3.9, respectively. In the course of CERI-USA's Close-out Organizational Capacity Assessment (CLOCA) facilitated by NuPITA in March 2011, CERI staff reviewed the progress made since the previous OCA held in June 2010 and rated the organization's performance in a number of areas, including governance, staffing, new opportunity development, program planning, quality assurance, and others. The staff discussed gaps in each of these areas and designed a timeline-driven action plan. CERI conducts periodic internal reviews of its progress toward implementing the CLOCA action plan and will continue to do so going forward.

CERI hopes to continue to build on and institutionalize knowledge gained from NuPITA trainings attended by members of our staff by sharing this information with our National Directors in order to bolster capacity in all of our field offices, as well as at headquarters. As an example, upon return from NuPITA's Quality Assurance/Quality Improvement (QA/QI) training held in August 2010 in Kampala, the CERI-USA Assistant Contract Administrator, Diana Bass, shared this knowledge with the CERI-USA staff, and the staff began brainstorming ways to incorporate, and in some cases formalize, QA/QI within CERI's existing programs. As a starting place, it was decided that CERI would begin by including a module on QA/QI as one of several topics introduced at the training conference scheduled for late 2011. Subsequently, it was suggested that additional information be disseminated in small, digestible segments, perhaps through a regular QA/QI e-newsletter with topics being basic initially but progressing to issues such as examining practices, researching local, national, or international standards for service delivery, and writing or formalizing specific standards for CERI's overseas programs.

2.2 Sinomlando's Organizational Development

The Sinomlando Centre, as an organization, benefited enormously from this opportunity. It has improved its management practices by introducing a streamlined organizational structure and refined vision and mission. It now has more viable M&E systems and tools, uses the Child Status Index widely, and has a functional database of projects. Further, the Centre has improved its

methodology by placing a stronger emphasis on networking with managers of partner organizations, as opposed to staff and volunteers alone. Lastly, the three Organizational Capacity Assessment (OCA) workshops have also helped Sinomlando become more focused and efficient.

All along, CERI and Sinomlando have actively sought and implemented strategies aimed at increasing the sustainability of Memory Work. During the last phase of the program, we launched an extensive evaluation exercise comprised of seven provincial mini-conferences on Memory Work involving 35 partner organizations. This exercise revealed that more than 60 percent of our partners are integrating Memory Work into their existing programs. This, in our view, is a remarkable achievement.

3. Coordination with In-Country Team and Host Government, Local Partners

CERI and Sinomlando have successfully engaged partners from various South African Government (SAG) agencies. In early 2010, the CERI-SA National Director learned that the SAG signs service agreements with, and provides funding to, community-based NGOs. By signing MOUs with these government agencies, the CERI-SA ND was able to enroll both government and NGO employees in the CBP program, which dovetailed with these NGOs' OVC-focused projects funded via service agreements with the SAG.

In the run-up to CBP Block 6 in the North West Province, CERI-SA and Sinomlando representatives met with Dr. Edwin Kabasia, head of the provincial Department of Social Development (DSD) and with officials from DSD's sub-division, the Directorate of HIV/AIDS Programmes. Our discussions resulted in a partnership agreement with DSD and the Directorate, whereby the Department agreed to fully cover the costs of an intensive one-day training course on Memory Work to be provided by Sinomlando for 80-120 public social workers from four districts (20-30 people per district) in the North West Province. The training, facilitated by Sinomlando's Program Director and Senior Memory Work Coordinator, was adjusted to the needs of government officials. The officials were educated about the basic concepts of the Memory Box approach and advised on ways to incorporate Memory Work into their agencies' funding cycles, so as to ensure its continuity in the province.

In addition, DSD agreed to allocate 70,000 Rand ($9,345) toward the production of a DVD documentary to be recorded over the period of three months (concurrently with CBP Block 6), portraying the impact of the Memory Box program on children and families in the North West Province. At a meeting in September 2010, Dr. Kabasia assured the Sinomlando Director, Professor Philippe Denis, that the production of the DVD would be completed by mid-2011.

The DSD also helped us enlist CBP trainees from non-governmental organizations in the North West that were funded by the Department. By weaving Memory Work into their ongoing services provided to OVC and by reporting the data on OVC reached to the Department, these partners will help sustain Memory Work in the North West Province.

CERI also initiated contact with Ms. Nomthandazo Sikhakhane, the corporate business unit manager overseeing programs relating to children, the elderly, and persons with disabilities at the Msunduzi Municipality in the KwaZulu-Natal Province. The CERI-SA National Director

introduced Ms. Sikhakhane to the Memory Box concept, and, in September 2010, Sinomlando received an invitation from Ms. Lenore Spies, Acting Manager of the HIV, AIDS, STD and TB unit (HAST), to discuss possible cooperation with the Health Department, particularly at the level of the National Integrated Plan for Early Childhood Development (NIP) sites.

In August and September 2010, Sinomlando was invited to make two presentations on Memory Work and psychosocial support to OVC at workshops for DSD officials from all nine South African provinces. Subsequently, officials from the KwaZulu-Natal, North West and Eastern Cape provinces expressed interest in signing an MOU with Sinomlando to implement Memory Work programs. Sinomlando's Senior Memory Work Coordinator, Ms. Nokhaya Makiwane, continues negotiations with these officials.

VIII. Success Stories

1. Memory Box Process Helps Teen Orphan Connect

Fourteen-year-old Sarah* from Pholonhle, North West Province, felt she was inferior to other teenagers in her neighborhood. Her shyness and low self-esteem made it difficult for her to genuinely connect with, and befriend, her peers. Averse to socializing, Sarah also avoided school as much as possible.

Sarah's mother died of AIDS, and she never met her father. Once, as a little girl, Sarah inquired about his whereabouts, only to be told that he was originally from Mozambique and that he returned there before Sarah was even born. Sarah felt that her orphan status made the neighbors pity her, which further caused her to withdraw into herself.

Sarah's 26-year-old aunt and a 24-year-old uncle took their niece under their wing after their older sister (Sarah's mother) had passed away. As is common in the South African culture, the adults refrained from discussing the topic of AIDS with the younger members of the household, so Sarah never fully understood what caused her mother's death.

With both parents absent from her life and her adoptive family headed by two young adults, Sarah felt she needed an older mentor figure, with whom she could openly discuss her predicament. Her aunt and uncle were not readily available for such a conversation, as they themselves desperately sought for ways to cope with the family's tragedy, while also struggling to overcome daily economic hardships.

When the caretaker from the Pholonhle Home-Based Care, trained by Sinomlando in 2010, described the Memory Box approach to Sarah and her family, the girl's hopes for reconnecting with her family's roots were revived. The intervention was grueling at times and, in the end, it left Sarah feeling sad and relieved at the same time. While she was saddened to learn about her mother's illness, she also came to learn a lot about her family's background, history, and values. When Sinomlando's mentors spoke to Sarah last November, she said she felt much happier now and was better able to connect with her peers and make friends at school, which she began attending regularly.

** The girl's name was changed to protect her confidentiality.*

2. Partner Organization's Enthusiasm Fuels Sustainability of Memory Work

Our experience has shown that partner organizations that are truly committed to the Memory Box program have exceeded targets set for the numbers of Memory Facilitators trained and home visits conducted, as well as provided quality M&E data in a timely and consistent manner. These champions have exhibited strong commitment to Memory Work, both at the senior management level that drives the organization's agenda, and among the Memory Trainers, who are responsible for the daily implementation of the program.

The success we have witnessed at the ACTS Clinic in Mpumalanga is a case in point. After meeting with the CERI-South Africa National Director and learning about the Memory Box program, the Hospice Palliative Care Association's (HPCA) AIDS Care, Training and Support (ACTS) Clinic sent two of its home-based care providers, Ednah Hlatshwayo and Nonhlanhla Fakude, to CBP Block 2 training in Mpumalanga. The Clinic came to appreciate the Memory Work approach so much that, after Ednah and Nonhlanhla had completed the training, the Clinic's management designated them the organization's key staffers for psycho-social support to OVC. With Ednah and Nonhlanhla's new roles came increased responsibilities and the need for additional resources to capacitate them to carry out the Memory Work. The Clinic assigned a separate telephone line and computer for Ednah and Nonhlanhla and increased their salaries to reflect their new status. Although Edna and Nonhlanhla will need Sinomlando's support for a while, the commitment the ACTS Clinic's management has made to providing Memory Work services for OVC is a clear and encouraging indication of the program's sustainability.

3. Memory Work Takes Off in Sheepmoor Village

Sheepmoor is a small, rural dormitory village in the Mpumalanga Province. A product of the apartheid system of forced removals, Sheepmoor has scant infrastructure and is far removed from local job opportunities. However, the village has been fortunate to have Mama Vilakazi as its resident. With the outbreak of HIV/AIDS in the late 1990s and the growing number of orphans, the retired Mrs. Vilakazi took vulnerable children into her home and fostered them. When she became overwhelmed by the sheer number of children being orphaned by the epidemic in the district, she started a community-based organization called Zimeleni (Zulu for "to be independent"). With a little bit of training and scarce resources, Zimeleni launched a preschool program and began working with the government's social development workers.

One of Zimeleni's volunteers, Phindile Vilakazi, was chosen to attend Sinomlando's three-month Memory Work training course. Upon returning to Sheepmoor, she ran a four-day workshop, which was attended by the rest of Zimeleni's volunteers, local counselors, and a social worker from the local Department of Social Development.

During a follow-up evaluation visit two months later, the CERI/Sinomlando team interviewed Mama Vilakazi. She was ecstatic at the change, which has taken place in her own home, and the new level of awareness in her relationship with children in her care. In her own words, it felt "as if someone has switched on a light." For the first time, Mrs. Vilakazi said, she realized the importance of listening to children and recording their stories. It occurred to her that the orphans did not even have any official identification documents, such as birth certificates, which made the process of reconnecting with their family roots even more complicated for them. Mama

Vilakazi said she personally witnessed the increase in her foster children's self-esteem and resilience through the process of Memory Work, and noted that she wished the same for all other OVC. She now wants Phindile to train all of the other partner organizations working in the adjacent villages, so that they, too, can benefit from the training.

List of Addendums

Addendum A: Memory Trainers Trained, 2008-2010
Addendum B: Regional Memory Workshops Conducted and Memory Facilitators Trained, 2008-2010
Addendum C: Child Status Index (CSI)

ADDENDUM A:
Memory Trainers Trained
2008-2010

CBP Block 1, Eastern Cape Province (with participants from Pietermaritzburg, KwaZulu-Natal Province), (July 14 - October 3, 2008)					
Organization	**Trainees**	**Women**	**Men**	**Project**	**Location**
Masangane AIDS Programme	2	2			Shiloh
Masangane AIDS Programme	1	1			Matatiele
Sinako Wellness and Development Organisation	1	1			Whittlesea
The Anglican Diocese of Mthatha AIDS Office	2	2			Mthatha
Bathethi Bakgotso Youth Organisation	1	1			Matatiele
The Catholic Diocese of Port Elisabeth AIDS Committee	1	1			Uitenhage
AfriCare	1	1			Whittlesea
Keiskamma Trust	2	2			Hamburg
Madwaleni Hospital, OVC Program	2	2			Madwaleni
TOTAL MEMORY TRAINERS TRAINED IN EASTERN CAPE	**13**	**13**			

CBP Block 2, Mpumalanga Province (with participants from Pietermaritzburg, KwaZulu-Natal Province), (January 19 - April 9, 2009)					
Organization	**Trainees**	**Women**	**Men**	**Project**	**Location**
Project Support Association Southern Africa (PSASA)	1	1			Bethal
Project Support Association Southern Africa (PSASA)	1	1			Lydenburg
Management Sciences for Health (MSH)	1	1		Sizanani Home-Based Care	Wesselton, Ermelo
Management Sciences for Health (MSH)	1	1		Zimeleni Home-Basec Care	Sheepmoor, Ermelo
Training Institute for Primary Health Care (TIPHC)	2	2			Witbank
Heartbeat Community Development	1		1		Machadodorp
Hospice Palliative Care Association (HPCA)	2	2		ACTS Clinic	Hazyview
Hospice Palliative Care Association (HPCA)	2	2		Hosanna Hospice	Hazyview
Childline Mpumalanga	3	3			Nelspruit
Catholic Diocese of Witbank	1	1		Simunye	Malelane
Catholic Diocese of Witbank	1	1		Prayer St. Kizito	Malelane
Sinomlando	2	2		Onjengami	Pietermaritzburg
Thandanani Children's Foundation	1	1		Onjengami	Pietermaritzburg
TOTAL MEMORY TRAINERS TRAINED IN MPUMALANGA	**19**	**18**	**1**		

CBP Block 3, KwaZulu-Natal (KZN) Province (April 27 - August 6, 2009)					
Organization	**Trainees**	**Women**	**Men**	**Project**	**Location**
Ingwavuma Orphan Care	2	2		Isibani Sethemba	Ingwavuma
Management Sciences for Health (MSH)	1	1		Inkosinathi	Empangeni
MSH Management Sciences for Health (MSH)	2	2		Khanyeselani	Bongweni
Noah Orphans	2	2			Durban
Life Line	2	1	1		Pietermaritzburg
Mpilonhle	2	2			Ladysmith
African Medical and Research Foundation (AMREF)	1	1		Ubombo	Mkuze
African Medical and Research Foundation (AMREF)	1	1		Ithembalesizwe	Mtubatuba
Senzawenzeke	2	2			Nkandla
Thandanani Children's Foundation	3	3			Pietermaritzburg
Sinosizo	1	1			Ozwathini
Sikhona Care Centre	3	3			Ladysmith
Sibambisane	1	1			Empangeni
TOTAL MEMORY TRAINERS TRAINED IN KZN	**23**	**22**	**1**		

CBP Block 4, Limpopo Province (August 10 - October 30, 2009)					
Organization	**Trainees**	**Women**	**Men**	**Project**	**Location**
African Medical and Research Foundation (AMREF)	1	1		Dindela Home-Based Care	Marble Hall
African Medical and Research Foundation (AMREF)	1	1		Mohedic	Marble Hall
African Medical and Research Foundation (AMREF)	1	1		Itsoseng Youth Project Centre	Marble Hall
Holani Home-Based Care	1	1			Mninginisi
Baptist Church	2	2			Thengwe
Centre for Positive Care (CPC)	1	1		Manini Home Based Care	Manini,
Centre for Positive Care (CPC)	1	1		Faranani Home-Based Care	Mapate
Centre for Positive Care (CPC)	1	1		Tshififi Community Home-Based Care	Tshififi
Elim Care Group	1	1		Mtititi Drop-in-Centre	Nwamitwa
Elim Care Group	1	1		Pfunani Drop-in-Centre	Giyani
Elim Care Group	1	1		Pfuxanani Drop-in-Centre	Elim
Makhuduthamaga Umbrella Group	1		1	Masemola Community Home-Based Care	Ga-Masemola
Makhuduthamaga Umbrella Group	1	1		Masakhane Home-Based Care	Monsterlus
Management Sciences for Health (MSH)	1	1		Mohlarekoma Home-Based Care	Lenting, Phokwane
Management Sciences for Health (MSH)	1	1		Makotse Women's Club	Makotse
Management Sciences for Health (MSH)	1	1		Direlang Project	
Ntshuxeko Health & Development Organisation	2	2			Thomo Giyani
Project Support Association Southern Africa (PSASA)	1	1			Phiring
Salvation Army (Matsoko A Thuso)	1	1		Vleifontein Community Home-Based Care	Vleifontein
Salvation Army (Matsoko A Thuso)	1	1		Vusanani Home-Based Care	Sambadou
Sekhukhune Educare	2	2		Woz'obona	Jane Furse
TOTAL MEMORY TRAINERS TRAINED IN LIMPOPO	**24**	**23**	**1**		

CBP Block 5: Two concurrent trainings in Free State and Kwa-Zulu Natal (KZN) Provinces (January 18 - April 17, 2010)					
Organization	**Trainees**	**Women**	**Men**	**Project**	**Location**
Bana Pele	2	2			Dewetsdorp, Bloemfontein
Child and Family Welfare	2	1	1		Bethlehem, Bohlokong
Child Welfare South Africa	2	1	1	Asibavhikele	Heidedal, Sasolburg, Virginia, Wepener
Dihlabeng Development Initiative	2		2		Bethlehem, Bohlokong
Getshemane Health Care Centre	2	1	1		Ficksburg, Meqheleng
Health and Development Africa	3	1	2		Kutlwanong,Wesselbron 9680, Thabong
Heartbeat	1	1			Bloemfontein
World Vision	2	1	1	Khauhelo Area Development Programme	Botsahbelo
Lesedi Home-Based Care	1		1		Excelsior
Ntsoanatsatsi Educare Trust	2	2			Phuthaditshaba, Qwaqwa
St. Elizabeth	1	1			Reitz
Bethlehem Child & Family Welfare	2		2		
TOTAL MEMORY TRAINERS TRAINED IN FREE STATE	**22**	**11**	**11**		
Friends for Life	2	2			Pietermaritzburg
LifeLine	3	1	2		Pietermaritzburg
Sinomlando - General Memory Work	2	1	1		Pietermaritzburg
Onjengami Project	1		1		Pietermaritzburg
TOTAL MEMORY TRAINERS TRAINED IN KWAZULU-NATAL	**8**	**4**	**4**		

CBP Block 6, North West Province (May 9 - July 31, 2010)					
Organization	**Trainees**	**Women**	**Men**	**Project**	**Location**
Boitumelo Support Group	2	2			Boitumelong – Ward 1
Ipopeng Home Based Care	2	2			Kgakala
Kitlano Drop-in Centre	2	2			Ganyesa – Ward 4
Maubane Health Information Centre	2	2			Maubane Village – Ward 15
Pholontle Home Based Care	2	2			Tlapa Village, Lekgalong
Reitlamile Home- and Community-Based Care	2	2			Mokassa Two Village – Ward 8
Thuso-Potlako Home Based Care	2	2			Mmasebudule
Tshepang Caregivers	2	2			Hartbeesfontein
Tsholofelo Drop-in centre	2	2			Tshing, Goedgevonden
Tsholofelo OVC	2	2			Ramatlhabama
Tsibogang	2	2			Khunotswane, Sewedeng
Tswelopele Home- and Community-Based Care (HCBC)	2	2			Deelpan
Uitkyk Caregivers	2	2			Madikwe
TOTAL MEMORY TRAINERS TRAINED IN NORTH WEST	**26**	**26**			

CBP Block 7, Five Provinces Combined (July 19 - October 9, 2010)					
Organization	**Trainees**	**Women**	**Men**	**Project**	**Location**
Bethlehem Catholic Diocese	2	1	1		Bethlehem, Free State
Bhekuzulu Self–Sufficient project	2	2			Estcourt, KwaZulu-Natal
Childline Limpopo	2	2			Polokwane, Limpopo
Childline Mpumalamga	2		2		Nelspruit, Mpumalamga
Keiskamma Trust	1	1			Pedi, Eastern Cape
Mpilonhle Project	2	2			Ladysmith, KwaZulu-Natal
Sinosizo	1	1			Durban, KwaZulu-Natal
Tholulwaz'Uzivikele	1	1			Kosi Bay, KwaZulu-Natal
Yomelela	1	1			Matatiele, Eastern Cape
TOTAL MEMORY TRAINERS TRAINED	**14**	**11**	**3**		

ADDENDUM B:
Regional Memory Workshops Conducted and Memory Facilitators Trained
2008-2010

BLOCK 1: EASTERN CAPE PROVINCE						
	Workshop Dates	**Organization**	**Area of Operation**	**Women**	**Men**	**Total**
1	Aug. 18-21, 2008	Catholic Diocese of Port Elizabeth	Port Elizabeth	15	3	18
2	Aug. 18-21, 2008	Bathehi Bakgotso	Matatiele	12	2	14
3	Aug. 18-21, 2008	Keiskamma Trust	Leqeni-Hamburg	20	2	22
4	Aug. 18-21, 2008	Soga Clinic –Madwaleni Hospital	Eliotdale	18		18
5	Aug. 19-21, 2008	Masangane	Shiloh-Whittlesea	16	5	21
6	Aug. 25-28, 2008	Catholic Diocese of Port Elizabeth	King William's Town	13	1	14
7	Aug. 25-28, 2008	Keiskamma Trust	Mphekweni – Hamburg	16	1	17
8	Aug. 25-28, 2008	Masangane	Maluti	22	1	23
9	Aug. 25-28, 2008	Anglican Diocese	Umthatha	24	2	26
10	Aug. 26-29, 2008	Africare	Whittlesea	16	7	23
TOTAL				**172**	**24**	**196**

BLOCK 2: MPUMALANGA PROVINCE						
	Workshop Dates	**Organization**	**Area of Operation**	**Women**	**Men**	**Total**
1	Feb. 24-27, 2009	Acts Clinic	White River	11	1	12
2	Feb. 23-26, 2009	PSASA	Buthanani	18		18
3	Feb. 23-26, 2009	Childline	Pienaar – Daantjie	17	3	20
4	Feb. 23-25, 2009	Hosanna	Hazyview	22		22
5	Feb. 23-27, 2009	Heartbeat	Marchardorp	12	4	16
6	Feb. 23-26, 2009	Simunye	Schoeman's daal – Malelane	20		20
7	Feb. 24-27, 2009	Training Institute for Primary Health Care	Witbank	20		20
8	Feb. 23-26, 2009	Zimeleni Home-Based Care	Sheepmore – Ermelo	13	2	15
9	March 2-5, 2009	Childline	Pienaar – Daantjie	16	2	18
10	March 2-5, 2009	Hosanna	Hazyview	15		15
11	March 2-5, 2009	Prayer St. Kizito	Schoeman's daal – Malelane	16	1	17
12	March 2-5, 2009	Sizanani Home- Based Care	Ermelo	19		19
13	March 2-5, 2009	Acts Clinic	White River	15		15
14	March 2-5, 2009	Training Institute for Primary Health Care	Witbank	15		15
15	March 2-5, 2009	PSASA	Matibidi	15		15
TOTAL				**244**	**13**	**257**

BLOCK 3: KWAZULU NATAL PROVINCE						
	Workshop Dates	**Organization**	**Area of Operation**	**Women**	**Men**	**Total**
1	Feb. 16-20, 2009	SOS	Pietermaritzburg	13	4	17
2	March 16-19, 2009	Pietermaritzburg Refugee Council	Pietermaritzburg	9	4	13
3	June 8-11, 2009	Khanyiselani	Kokstad	15	2	17
4	June 8-11, 2009	Lifeline	Pietermaritzburg	15		15
5	June 8-11, 2009	Sinosizo Community Health Centre	Ozwathini	17	1	18
6	June 8-11, 2009	Noah	Durban	15	1	16
7	June 8-11, 2009	Sikhona Care Centre	Ezakheni - Ladysmith	15	1	16
8	June 8-11, 2009	Ingwavuma Orphan Care	Ngwavuma	22		22
9	June 8-11, 2009	Mpilonhle	Ladysmith	18	3	21
10	June 8-11, 2009	Senzakwenzeke	Inkandla	16	3	19
11	June 8-11, 2009	Ithemba Lesizwe	Mtubatuba	17	1	18
12	June 15-19, 2009	Khanyiselani	Kokstad	15	1	16
13	June 15-19, 2009	Lifeline	Pietermaritzburg	19		19
14	June 15-19, 2009	Noah	Eshowe	16		16
15	June 15-19, 2009	Sikhona Care Centre	Ezakheni- Ladysmith	16	2	18
16	June 15-19, 2009	Ingwavuma Orphan Care	Ngwavuma	20	1	21
17	June 15-19, 2009	Mpilonhle	Ladysmith	18	2	20
18	June 15-19, 2009	Senzakwenzeke	Inkandla	18	2	20
19	June 15-19, 2009	Ubombo Community Care Centre	Jozini	19	1	20
20	June 15-19, 2009	Sibambisene	Mtubatuba	14	2	16
21	June 22-25, 2009	Thandanani	Richmond	10		10
22	June 22-25, 2009	Inkosinathi	Empangeni	15		15
TOTAL				**352**	**31**	**383**

BLOCK 4: LIMPOPO PROVINCE						
	Workshop Dates	**Organization**	**Area of Operation**	**Women**	**Men**	**Total**
1	Oct. 20-23, 2009	Project Support Association in Southern Africa (PSASA)	Phiring	17	3	20
2	Oct. 20-23, 2009	Salvation Army (Matsogo Athuso)	Makado	20		20
3	Oct. 20-23, 2009	African Medical and Research Foundation	Leewfontein	16	2	18
4	Oct. 20-23, 2009	African Medical and Research Foundation	Dindela	18	1	19
5	Oct. 20-23, 2009	Centre for Positive Care (CPC)	Tshififi	16	2	18
6	Oct. 20-23, 2009	Baptist church	Thengwe	11	6	17
7	Oct. 20-23, 2009	Management Sciences for Health (MSH	Lenting	11	5	16
8	Oct. 20-23, 2009	Management Sciences for Health (MSH)	Phokoane	19	1	20
9	Oct. 20-23, 2009	Salvation Army (Matsogo Athuso)	Sambandou	19		19
10	Oct. 20-23, 2009	Sekhukhune Educare Project	Jane Furse	19	1	20
11	Oct. 20-23, 2009	Ntshuxeko Health Development (HD)	Thomo Village	20		20
12	Oct. 20-23, 2009	Holani Drop-In-Centre	Mninginisi	15	3	18
13	Oct. 27-30, 2009	Elim Care Group	Nkabanko village	16	2	18
14	Oct 27- 30, 2009	Management Sciences for Health (MSH)	Makotse	20		20
15	Oct. 27-30, 2009	Centre for Positive Care	Mapate	18		18
16	Oct. 27-30, 2009	African Medical and Research Foundation	Denilton	20		20
17	Oct. 27-30, 2009	Elim Care Group	Mapata Village	21		21
18	Oct. 27-30, 2009	Sekhukhune Educare project	Jane Furse	19		19
19	Oct. 27-30, 2009	Tshuxeko Health Development (HD)	Thomo Village	19		19
20	Oct. 27-30, 2009	Makhuduthamaga	Jane Furse	20		20
21	Oct. 27-30, 2009	Elim Care Group	Altein	22		22
22	Oct. 27-30, 2009	Baptist Church	Thengwe	16	2	18
23	Nov. 3-6, 2009	Centre for Positive Care (CPC)	Manini	17		17
24	Nov. 3-6, 2009	Makhuduthamaga	Jane Furse	19	1	20
TOTAL				**428**	**29**	**457**

BLOCK 5A: FREE STATE PROVINCE						
	Workshop Dates	**Organization**	**Area of Operation**	**Women**	**Men**	**Total**
1	Feb. 23-26, 2010	St Nicholas	Excelsior/ Lesedi	16	4	20
2	Feb. 23-26, 2010	Getsemane Health Care Centre (HCC)	Meqheleng	14	1	15
3	Feb. 23-26, 2010	Ntsoanatsatsi Educare Trust	Qwaqwa	14	2	16
4	Feb. 23-26, 2010	Child Welfare South Africa	Thaba Nchu	14	5	19
5	Feb. 23-26, 2010	Bethlehem Child & Family Welfare	Bohlokong	12	3	15
6	Feb. 23-26, 2010	World Vision	Botshabelo	15	2	17
7	Feb. 23-26, 2010	Bana-Pele	Dewetsdorp	6		6
8	Feb. 23-26, 2010	Bana-Pele	Bloemfontein	17	1	18
9	Feb. 23-26, 2010	Health &Development Africa	Wesselsbron Monyakeng	14	8	22
10	Mar. 2-5, 2010	Child Welfare South Africa	Virginia	18	6	24
11	Mar. 2 -5, 2010	Getsemane Health Care Centre (HCC)	Meqheleng	13		13
12	Mar 2-5, 2010	Ntsoanatsatsi Educare Trust	Monotsha	21		21
13	Mar. 2-5, 2010	Child Welfare South Africa	Wepener	19	2	21
14	Mar. 2-5, 2010	Bethlehem Child & Family Welfare	Bohlokong	18	2	20
15	Mar. 2-5, 2010	Health & Development Africa	Kutlwanong	8	5	13
16	Mar. 2-5, 2010	World Vision A	Khauhelo ADP Botshabelo	20		20
17	Mar. 2-5, 2010	Dihlabeng Development Initiative (DDI)	Jacket view	16	2	18
18	Mar. 2-5, 2010	Heartbeat	Peterswart	21	1	22
19	Mar. 9-12, 2010	Health Development Africa	Thabong	9	2	11
20	Mar. 9-12, 2010	St. Elizabeth	Reiz	14	2	16
21	Mar. 22-25, 2010	Dihlabeng Development Initiative (DDI)	Jacket View	20	3	23
22	Aug 24-27, 2010	Child Welfare South Africa	Sasolburg	17	1	18
TOTAL				**336**	**52**	**388**

BLOCK 5B: KWAZULU-NATAL PROVINCE (concurrent group)						
	Workshop Dates	**Organization**	**Area of Operation**	**Women**	**Men**	**Total**
1	Mar. 2-5, 2010	Khanya Africa	Emaphethelweni	15	1	16
2	Mar. 9-12, 2010	Sqalakabusha	KwaMashu	19	1	20
3	April 6-9, 2010	Key ministry	Emaphethelweni	1	14	15
4	April 27-30, 2010	Maluti district Steering committee	Matatiele	24	6	30
5	April 27-30, 2010	Maluti district Steering committee	Matatiele	22	5	27
6	May 25-28, 2010	Friends for Life	Mpophomeni	14	2	16
TOTAL				**95**	**29**	**124**

BLOCK 6: NORTH WEST PROVINCE						
	Workshop Dates	**Organization**	**Area of Operation**	**Women**	**Men**	**Total**
1	June 15-18, 2010	Boitumelong Support Group	Boitumelong	21		21
2	June 15-18, 2010	Maubane HIC	Maubane	17	2	19
3	June 15-18, 2010	Ipopeng HBC	Leeudoring	17	3	20
4	June 15-18, 2010	Pholontle HBC	Rankelenyane village	15	3	18
5	June 15-18, 2010	Reitlamine HCBC	Mokhasa 2	14	5	19
6	June 15-18, 2010	Tsholofelo OVC	Tsetse village	14	1	15
7	June 15-18, 2010	Tsholofelo DIC	Tshing Location	18	4	22
8	June 15-18, 2010	Thuso-potlako HBC	Mmasebudule	17	3	20
9	June 15-18, 2010	Tswelophele HBC	Deelpan	17		17
10	June 15-18, 2010	Tshepang Caregivers	Joberton	17	3	20
11	June 15-18, 2010	Uitkyk Caregivers	Brakkuil	13	1	14
12	June 21-24, 2010	Ipopeng HBC	Lebaleng	20	2	22
13	June 21-24, 2010	Thuso Potlako HBC	Mmasebudule	20		20
14	June 21-24, 2010	Tshepang Caregivers	Khuma	17	2	19
15	June 22-25, 2010	Kitlano DC	Ganyesa DC	15	5	20
16	June 22-25, 2010	Maubane HIC	Maubane	14	4	18
17	June 22-25, 2010	Pholontle HBC	Tlapa village	8	2	10
18	June 22-25, 2010	Reitlamine HCBC	Mokhasa 2	20	4	24
19	June 22-25, 2010	Tsholofelo OVC	Miga	19	1	20
20	June 22-25, 2010	Tsholofelo DIC	Ventersdorp	14	4	18
21	June 22-25, 2010	Uitkyk Caregivers	Koffikraal	25	1	26
22	June 29-July 1, 2010	Boitumelong Support Group	Christiana	17	1	18
23	June 29-July 2, 2010	Kitlano DC	Ganyesa DC	19	2	21
24	June 29-July 2, 2010	Tswelophele HBC	Delareyville	18	6	24
25	July 6-9, 2010	Tsibogang HBC	Lomanyaneng	9	8	17
26	July 12-15, 2010	Tsibogang	Welbedaght	20	5	25
TOTAL				**435**	**72**	**507**

BLOCK 7: VARIOUS PROVINCES						
	Workshop Dates	**Organization**	**Areas of Operation**	**Women**	**Men**	**Total**
1	Aug. 23-26, 2010	Hlokomela Waheno	Bethlehem	10		10
2	Aug. 23-26, 2010	Hlokomela Waheno	Bethlehem	7	3	10
3	Aug. 23-26, 2010	Sinosizo	Amanzimtoti	17		17
4	Aug. 23-26, 2010	Tholulwazi Uzivikele	Manguzi	20		20
5	Aug. 24-27, 2010	Bhekuzulu Self Sufficient project	Bhekuzulu	17		17
6	Aug. 24-27, 2010	Yomelela	Matatiele	17		17
7	Aug. 24-27, 2010	Childline Mpumalanga	Dun Donald	18	2	20
8	Aug. 24-27, 2010	Childline Limpopo	Indermark	20	1	21
9	Aug. 24-27, 2010	Keiskamma Trust	Mgababa	20		20
10	Aug. 24-27, 2010	Mpilonhle project	Ladysmith	16	1	17
11	Aug. 31-Sept 3, 2010	Bhekuzulu Self Sufficient project	Bhekuzulu	14		14
12	Aug. 31-Sept 3, 2010	Childline Limpopo	Mamotintane	17	2	19
13	Aug. 31-Sept 3, 2010	Childline Mpumalanga	Schoemasdal	15	2	17
14	Aug. 31-Sept 3, 2010	Mpilonhle project	Uitvaal	16	1	17
TOTAL				**224**	**12**	**236**

CHILD STATUS INDEX (CSI)

DOMAIN	1 — FOOD AND NUTRITION		2 — SHELTER AND CARE		3 — PROTECTION	
	1A. Food Security	1B. Nutrition and Growth	2A. Shelter	2B. Care	3A. Abuse and Exploitation	3B. Legal Protection
GOAL	Child has sufficient food to eat at all times of the year.	Child is growing well compared to others of his/her age in the community.	Child has stable shelter that is adequate, dry, and safe.	Child has at least one adult (age 18 or over) who provides consistent care, attention, and support.	Child is safe from any abuse, neglect, or exploitation.	Child has access to legal protection services as needed.
Good = 4	Child is well fed, eats regularly.	Child is well grown with good height, weight, and energy level for his/her age.	Child lives in a place that is adequate, dry, and safe.	Child has a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her.	Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	Child has access to legal protection as needed.
Fair = 3	Child has enough to eat some of the time, depending on season or food supply.	Child seems to be growing well but is less active compared to others of same age in community.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child has an adult who provides care but who is limited by illness, age, or seems indifferent to this child.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	Child has no access to legal protection services, but no protection is needed at this time.
Bad = 2	Child frequently has less food to eat than needed, complains of hunger.	Child has lower weight, looks shorter and/or is less energetic compared to others of same age in community.	Child lives in a place that needs major repairs, is overcrowded, inadequate and/or does not protect him/her from weather.	Child has no consistent adult in his/her life that provides love, attention, and support.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child has no access to any legal protection services and may be at risk of exploitation.
Very Bad = 1	Child rarely has food to eat and goes to bed hungry most nights.	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	Child has no stable, adequate, or safe place to live.	Child is completely without the care of an adult and must fend for him or herself or lives in child-headed household.	Child is abused, sexually or physically, and/or is being subjected to child labor or otherwise exploited.	Child has no access to any legal protection services and is being legally exploited.

DOMAIN	4 — HEALTH		5 — PSYCHOSOCIAL		6 — EDUCATION AND SKILLS TRAINING	
	4A. Wellness	4B. Health Care Services	5A. Emotional Health	5B. Social Behavior	6A. Performance	6B. Education and Work
GOAL	Child is physically healthy.	Child can access health care services, including medical treatment when ill and preventive care.	Child is happy and content with a generally positive mood and hopeful outlook.	Child is cooperative and enjoys participating in activities with adults and other children.	Child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.	Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.
Good = 4	In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses.	Child has received all or almost all necessary health care treatment and preventive services.	Child seems happy, hopeful, and content.	Child likes to play with peers and participates in group or family activities.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is enrolled in and attending school/training regularly. Infants or preschoolers play with caregiver. Older child has appropriate job.
Fair = 3	In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	Child received medical treatment when ill, but some health care services (e.g. immunizations) are not received.	Child is mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.
Bad = 2	In past month, child was often (more than 3 days) too ill for school, work, or play.	Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently or often be inactive.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child is learning and gaining skills poorly or is falling behind. Infant or preschool child is gaining skills more slowly than peers.	Child enrolled in school or has a job but he/she rarely attends. Infant or preschool child is rarely played with.
Very Bad = 1	In past month, child has been ill most of the time (chronically ill).	Child rarely or never receives the necessary health care services.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Child has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior.	Child has serious problems with learning and performing in life or developmental skills.	Child is not enrolled, not attending training, or not involved in age-appropriate productive activity or job. Infant or preschooler is not played with.

Public Domain: Developed by the support from the U.S. President's Emergency Fund for AIDS Relief through USAID to Measure Evaluation & Duke University.
O'Donnell K., Nyangara F., Murphy R., & Nyberg B., 2008