Childline Mpumalanga Evaluation of the OVC Community Development Programme

Evaluation Report

Prepared by

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Childline Mpumalanga: OVC Community Development Programme

Evaluation Report

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Research conducted for PACT SA by Clacherty & Associates

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Executive Summary

The evaluation sought to answer two questions:

- To what extent has the CLMPU raised awareness and response to child protection issues in the sites in which they work?
- Has the CLMPU OVC programme outcomes resulted in improved well-being and resilience of OVC involved?

These questions influenced the structure of the research.

To what extent has the CLMPU raised awareness and response to child protection issues in the sites in which they work?

The answer to the first research question was sought through a comprehensive KAP study undertaken with children, parents/caregivers, teachers and stakeholders in three of the four sites where CLMPU works. The study made use of a comparison group from sites in which CLMPU did not work. Participants were randomly selected from the general population in the three project sites and not only from those who were beneficiaries of the OVC programme (though some of these may have been in the randomly selected sample).

The research included a child-friendly survey conducted with children aged 10-12 to 14-18, focus group discussions with parents/caregivers and teachers and interviews with stakeholders in project and comparison sites.

The findings show that:

- Children in sites where CLMPU works have greater protective knowledge around broad lifeskills such as trafficking awareness, choosing good friends and seeking out trustworthy adults than children in the comparison sites.

- Some parents in CLPMU sites show awareness of how to keep their children safe, who to report abuse to, how to discipline without beating and also some acceptance of the idea of children's rights. These insights were not evident in comparison site groups.

- Stakeholders in the child protection sector in CLMPU sites said that CLMPU played an important role as they provided a service to refer children to for psychosocial support and for support in legal issues. It is worth noting that this awareness of CLMPU as a resource extended beyond the borders of the project sites into the comparison sites where many stakeholders also referred children to CLMPU.

- Teachers in ECD centres in CLMPU project sites were an important source of protection for the young children they looked after and also for older children who came to them for advice.

- Most teachers in primary and secondary schools did not seem to have been impacted by CLMPU. There was little difference between teachers in project and comparison sites – both seemed equally de-motivated and passive in terms of child protection. They had few ideas about alternatives to corporal punishment and were openly ant child rights, seeing it as an excuse for misbehaviour. There were of course a few caring teachers who almost always knew about CLMPU and the services they offered but they were few and far between.

Has the CLMPU OVC programme outcomes resulted in improved well-being and resilience of OVC involved?

The answer to the second research question was sought through a study based on a set of indicators of well-being and resilience derived from the idea that vulnerable children need a set of internal assets such as reduced emotional stress, a sense of self-worth and an ability to communicate with adults in order to display resilience. They also need a set of external resources such as access to services and wide and deep social networks if they are to thrive.

Each indicator of resilience chosen for the study was measured through a set of qualitative and quantitative tools that compared data from CLMPU OVC beneficiaries with data from comparative children or from externally validated norms. Caregivers of the children were also engaged around the indicators in order to triangulate the qualitative data. Careworkers were engaged to describe how internal assets were built through the CLMPU programme and what external resources existed in the children's communities.

The findings show that:

- CLMPU OVC beneficiaries have significant protective knowledge around broad lifeskills issues but little knowledge to protect them against HIV and AIDS. One reason for this lack of knowledge could be the high level of discrimination the children face in the community which makes them distance themselves from anything related to HIV, including protective knowledge.

- CLMPU careworkers play a significant role in building children's sense of self worth through their regular visits and encouragement of the children.

- Children and careworkers in the beneficiary households do have emotional stress (usually related to the context of poverty they live in) but in spite of this their levels of emotional stress are significantly less than children and caregivers in similar households where no support service such as CLMPU exists.

- Children who are part of the CLMPU OVC programme have a future orientation and almost all have adults they can talk to. Teenagers do not always have someone they can talk to at home but they did indicate that the CLMPU careworkers are adults they can trust to talk to. In addition, careworker's homes are a constant safe place where children can go, in an often threatening and unsafe community.

- CLMPU careworkers facilitate children's access to services such as social grants and to school. One group of children that careworkers struggle to help are the children of migrants who are often denied access to documentation by government services.

- In addition to the above findings the careworker focus group discussions and interviews with CLMPU staff also highlighted some areas related to programme implementation that could enhance the goals of the CLMPU programme. For example, careworkers asked for help in extending their skills to do grief work with orphan children.

The following **conclusions** were reached.

CLMPU's work has had an impact on the communities in which they work. Adults seem to have gained insight into how to protect their children and crèche teachers have learned how to reduce risks for young children and become a protective resource for older children. Children in the project sites have learned some important protective knowledge and stakeholders have a resource that they can call on when children need help. More work needs to be done to make sure teachers become proactive protectors of children.

Being part of the CLMPU OVC programme builds important internal assets towards resilience. It is clear from these findings that being part of the CLMPU OVC programme has reduced children's emotional stress. Regular interaction with the CLMPU careworkers builds children's sense of self worth and gives them a future orientation. The programme seems to be particularly effective in smaller more cohesive communities whereas larger, disparate communities with higher levels of community 'chaos' prove more challenging.

CLMPU facilitates OVC beneficiaries access to external resources for well-being and resilience. The children who are part of the CLMPU OVC programme are more likely to get help through referral to services than children who are not part of the programme. It is clear that the careworkers provide an important link between government services and caregivers. An important area of Childline support identified by caregivers was the psychosocial support through activities, counselling and outings.

Children who are part of the CLMPU OVC programme have deeper and broader social networks; especially important is their access to caring adults. Careworkers' homes provide children with a safe place to go to in their often threatening and

difficult communities. Caregivers also have increased social support because of their link to CLMPU.

Recommendations

The following would enhance awareness around child protection in project communities:

- Training (similar to that run in ECD centres) around child protection in primary schools (and possibly later in secondary schools).
- A campaign to map and then target the child protection stakeholders who do not know about the work of CLMPU in the project sites
- A review of the present campaign strategy to find ways to teach children additional broad lifeskills with a focus on the reduction of stigma related to HIV and AIDS.
- Research to find out the most effective way of combating stigma against HIV and AIDS in the community and then the implementation of a campaign in partnership with other organisations.

The following would enhance CLPMU's work within the OVC programme:

- Economic strengthening is not a core focus or skill of CLMPU so research should be done into possible partnerships in the project sites with organisations that can assist families in the OVC programme to develop greater economic independence.
- CLMPU should find ways of increasing careworker's confidence in the area of grief work.
- Review the debriefing programme for careworkers and explore with careworkers what would best suit their needs.
- CLMPU should partner with other agencies such as Alliance for Children's Access to Social Security (ACESS) and Coordinating Organisation for Refugees and Migrants in South Africa (CORMSA) and Lawyers for Human Rights (LHR) who work with issues of migrant children to look at a national advocacy and education campaign around documentation for migrant children.
- Identification and partnerships with local organisations who have skills in economic strengthening to find ways of reducing poverty of beneficiary families
- The need for youth friendly reproductive services should be another area for local and national advocacy with key strategic partners such as loveLife.
- Start with an intense internal campaign to get CLMPU staff talking about HIV and AIDS. Openness within the organisation will reduce the stigma and free careworkers to talk about the issue openly amongst their own families and in their community and then with the children and families they work with. This is imperative because this research seems to suggest that silence increases vulnerability.
- CLMPU could make an important contribution to the sector by writing up their model for 'careworker as professional' as opposed to volunteer and sharing this with other peer organisations.

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1. BACKGROUND

1.1 Childline Mpumalanga

Since its launch as a toll-free counselling service in October 2003, Childline Mpumalanga (CLMPU) has expanded its scope of services to include a youth development programme focusing on Life Skills in 2004 and Orphaned and Vulnerable Children (OVC) in 2006, which aims to create a sustainable response from communities to care and provide for children in their families. The commencement of PEPFAR funding in 2008 allowed CLMPU to expand its services to several new areas within the province.

Currently CLMPU runs four site offices in Elandshoek, Daantjie, Nkomazi and Dundonald and employs 140 community careworkers (CCWs) who are trained to identify and support orphaned and vulnerable children in target communities. The programme provides services to about 7,000 children annually.

1.2 The PEPFAR funded OVC programme

The main objectives of the PEPFAR funded OVC programme, which focuses primarily on promoting child protection and expanding access to related services through working closely with community stakeholders, are:

- Promotion of human and children's rights through continuous awareness campaigns and education of communities;
- Development of coordinating structures to ensure effective and appropriate delivery of services to OVC, their family and communities;
- Ensuring that OVC remain in the care of their homes through the support of a large network of well-trained community care workers;
- Enhancing access to key services with a main focus on child protection services including psychosocial services delivered by CLMPU full-time social workers, educational support, and life-skills and HIV prevention awareness training for youth;
- Enhancing community access to other essential services through referrals to other service providers.

2. PURPOSE OF THE EVALUATION

Over the past three years, the CLMPU programme has capitalised on community awareness promotion, particularly around child protection issues and in the mobilisation and training of members of the community (called careworkers or CCWs by Childline and referred to as such in this report) to render services to needy orphans and vulnerable children. A large amount of data has been generated from the programme, mainly on inputs and key activities implemented, as well as some immediate results such as the numbers of children served and the different service types rendered. However there is limited availability of data on outcome level results that reflect the value of the programme in changing the lives of beneficiaries.

The overall purpose of this evaluation was therefore to assess the

> "*key program outcomes related to **improved well-being and resilience** of OVC in targeted communities with particular focus on determining **the extent to which awareness and response to child protection issues** have been enhanced by the program." (TOR)*

This report is structured in relation to the two areas of focus for this evaluation report:

- Section one: Determining the extent to which awareness and response to child protection issues have been enhanced by the programme.

- Section two: Assessing key programme outcomes related to improved well-being and resilience of OVC in targeted communities.

Talking to child beneficiaries themselves is an important activity in an evaluation

SECTION ONE

To what extent has the CLMPU programme enhanced the awareness and response to child protection issues in the areas in which they have worked?

3. DESCRIPTION OF THE CLMPU AWARENESS-RAISING PROGRAMME

A number of different strategies are used by CLMPU to raise awareness and increase response to children who need protection in projects sites, as described below.

3.1 Campaigns

CLMPU runs regular campaigns in the project sites. These often take place in primary schools and consist of "presentations" to large groups of children. They usually involve songs, talks and games that help the children remember the key messages. These campaigns are often in response to an issue faced by children in the area such as child abuse or linked to events such as World AIDS Day. Issues related to child protection are often specifically handled but are also integrated into all of the other campaigns. One of the focuses of these campaigns is informing children about what they can do to protect themselves and the fact that Childline exists in their community to help them, in the form of the helpline and Childline careworkers living in the local area. There are some key areas of focus that are not covered by other protection such as protection against trafficking and a focus on long-term protection strategies such as choosing good friends and findings trusted adults to talk to. Teachers at some of the primary schools attend these campaign presentations with the children so they are also exposed to the messages.

3.2 Teacher workshops

A workshop programme is run with women who run crèches for young children in all of the sites.

3.3 Child protection committees

Each site has a child protection committee convened by Childline. All role-players are invited to be on this committee and to attend regular meetings. Most committees have representatives of the Department of Social Development (DSD), Department of Health (DOH), Department of Home Affairs (DOHA), South African Police Services (SAPS), Community Policing Forum (CPF), church leaders, local community-based and non-government child care organisations (CBOs and NGOs) and local school principals. Of course the involvement in these committees depends on the commitment of these local role-players. In some CLMPU sites the committees are active because local NGO and government role-players are enthusiastic, in other sites CLMPU has, in spite of repeated efforts, struggled to get clear commitments

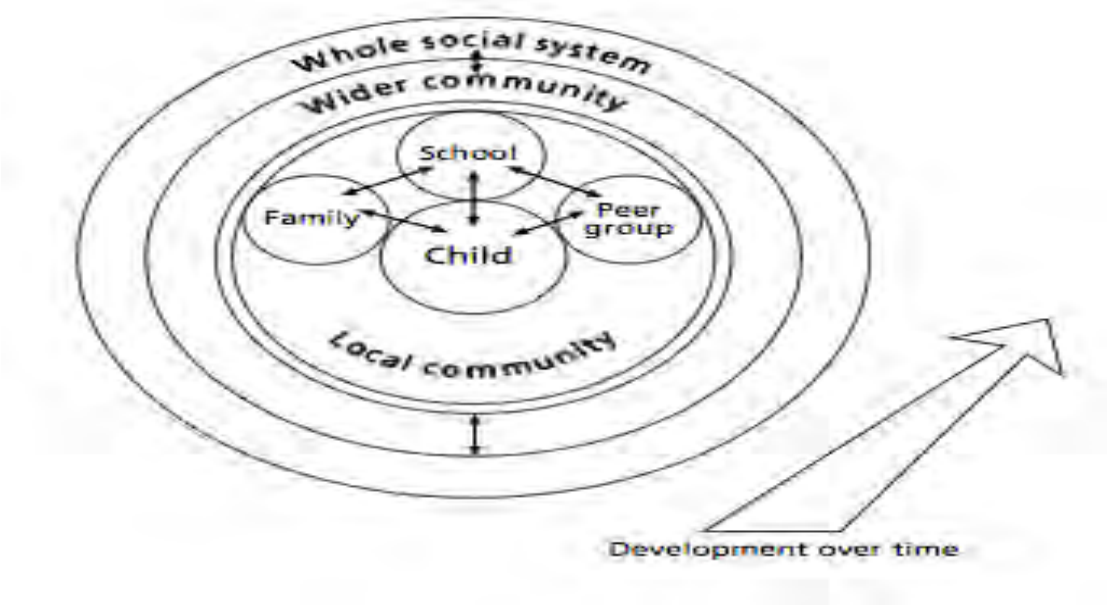
from government departments to these committees so the committees are made up mostly of local NGOs.

4. RESEARCH APPROACH AND DESIGN: KAP STUDY

The research approach used to examine the impact of the CLMPU on community awareness and response to child protection issues was a quasi-experimental KAP survey informed by an eco-systemic view of child development and protection.

4.1 Quasi-experimental study: A KAP survey

The structure of the quasi-experimental study (Posavac & Carey, 1997) was influenced by the view that all children grow and develop within a set of interacting systems that include the family, the school, peers, the community, local services and the broader social milieu (Bronfenbrenner, 1979). This diagram illustrates this ecosystemic view of child development. It is within this context that we understand child protection.



The ecosystemic view of child development (Bronfenbrenner, 1979)

The description of the CLMPU programme given in 3.1 shows that the CLMPU intervention is similar conceptually to the ecosystemic model. CLMPU programme activities are designed to create awareness of the needs of vulnerable children and the promotion of knowledge of protection strategies within the individual child, family, peer group and community. The evaluation sought to assess the extent to which appropriate knowledge, attitudes and practices (KAP) within each of the parts of the system (see diagram above) had been enhanced by the CLMPU intervention. This was done through a KAP survey with randomly selected adults, children, teachers and community stakeholders (government and non-government) in three of four intervention sites and in three comparative control sites where CLMPU is not operating. This allowed for measuring the extent to which CLMPU has created an awareness of child protection issues.

KAP related to conventionally accepted child protection issues such as abuse of children were included in the survey. Table 1 shows those areas or aspects of child protection that were included in the KAP survey.

Table 1: Topic areas explored by the KAP study

Role-players in the "system"	Areas of KAP
Adults in the community	**Knowledge of:** - child rights - child protection strategies - what to do in case of abuse - local services in cases of neglect and sexual abuse **Attitudes to:** - children - discipline of children - community responsibility for all children **Practice:** - treatment of children - use of services for children - discipline of children - daily protection of children
Children in the community	**Knowledge of:** - child rights - child protection strategies - what to do in case of abuse - local services in cases of neglect and sexual abuse **Attitudes to:** - own protection - children who are different (e.g. poor) **Practice:** - ability to communicate with adults - assertiveness - treatment of children affected by HIV/AIDS - empathy - use of services for children - daily protective strategies
Teachers	**Knowledge of:** - child rights - child protection strategies - what to do in case of abuse - local services in case of cases of - neglect and sexual abuse **Attitudes to:** - children - orphan children - discipline of children **Practice:** - encouragement of school-going - use of services for children - discipline of children - daily protection of children

Role-players in the "system"	Areas of KAP
Community leaders	**Knowledge of:** - child rights - child protection strategies - what to do in case of abuse - local services in case of cases of - neglect and sexual abuse **Attitudes to:** - children - orphan children **Practice:** - support of CCWs

4.2 Research approach

Children's KAP were assessed through a quantitative survey of "children generally" in sites where Childline ran campaigns (**project** sites) and a number of **comparison** (or control**)** sites where Childline did not work. Adults in intervention and comparison sites were engaged through focus group discussions in small groups.

A focus group discussion with caregivers during the KAP study

The tables below outline the sample numbers and descriptions for the KAP study.

4.2.1 Sampling method

The sample for the KAP survey was drawn using randomised multi-stage cluster sampling with probability proportionate to size (PPS). The sampling made use of Childline's OVC programme clusters (geographic demarcations) within the sites (See Appendix 1).

A two stage sampling technique (1st Stage – selection of clusters using PPS and 2nd Stage – selection eligible children from the selected clusters) was undertaken[1]. Of the four Childline OVC programme sites, two (namely Nkomazi and Daantjie with 10 clusters each) were purposely selected for the evaluation. The criteria for the selection of these sites were:

- Availability of NEW CLMPU clusters (to be used as comparison clusters) within the sites selected for the evaluation
- Homogeneity of the respondents in terms of demographic and other socio-economic characteristics
- The level of Childline programme intervention in the NEW clusters
- Urban / rural / peri-urban settings.

The table below records the planned number of children according to the sampling process. The table also records the actual numbers of children achieved and the similarity between project and comparison groups.

Children

Age band	Project		Comparison	
	Planned	Actual	Planned	Actual
10-12	323	318	100	106
14-16	345	311	68	125
Totals	**668**	**629**	**168**	**231**

The average age of participants overall was 13.69 years. The average age of children in the project group was 13.66 years and in the comparison group it was 13.79 years. The age difference between the project and comparison groups was not significant (Two sample t-test: t=0.6976, df=858, p=0.49).

[1] Grateful thanks to Addis Berhanu of PACT SA for assisting with this process. The sampling document with all technical details is listed as Appendix 1.

Answering the KAP survey

The child KAP survey took place over five weeks from 28 May to 21 June. It involved visits to 26 schools by 4 researchers who conducted the survey in children's home languages. The adult KAP survey took place in 12 research sites over the same period.

Adult KAPs were explored through qualitative focus groups run with the following adults during the same period as the child survey:

- Caregivers
- Teachers
- Community stakeholders (interviews)

Caregivers

Caregiver focus group discussions were held in both project areas and comparison sites. They were selected randomly and organised by the Childline fieldworkers at schools where children were surveyed. In each site a group of between 8 and 10 caregivers was requested. In this way 26 caregiver focus group discussions were planned. The table that follows provides further information about actual numbers of caregivers with which we interacted.

Caregivers

Place	Project	Comparison
Daantjie	80	40
Nkomazi	80	40
Elandshoek	20	Nil
Totals	**180**	**80**

Teachers

Teachers from the above-mentioned 26 randomly selected schools took part in focus group discussions. The teachers were selected by the schools and were normally those who expressed willingness, or were in some way associated with vulnerable children (for example Life Orientation teachers). As it was exam marking time in schools sometimes the selection was simply whoever happened to be in the staffroom at the time and could be persuaded to give of their time. Between 8 and 10 teachers were requested for each group. The following numbers of groups were engaged. Two groups of teachers in Daantjie were not held for logistical and timing reasons (school exams and subsequent school holidays).

Teacher groups (teacher numbers in brackets)

Place	Project	Comparison
Daantjie	6 (48)	4 (32)
Nkomazi	8 (64)	4 (32)
Elandshoek	2 (16)	Nil[2] (0)
Totals	**16 (128)**	**8 (64)**

Stakeholders

Approximately 20 stakeholders in child protection were identified and interviewed. These included political and traditional leaders, members of the South African Police Services (SAPS), religious leaders and representatives of the Departments of Health (at clinics), Education (at circuit offices) and Social Development (at site offices). These were selected in project and comparison sites. The stakeholders were identified and organised by Childline fieldworkers. A difficulty we encountered in the field was that very few could truly be said to be "controls", as some in the comparison sites seemed to have partial or even good knowledge of and operational contact with Childline. We did, however, engage some stakeholders who had no operational contact with Childline which allowed us to do some comparison.

A copy of the Child-friendly KAP survey can be found in Appendix 2.

[2] No suitable comparison sites existed in this area

4.3 Limitations of KAP study

A number of limitations should be kept in mind when looking at the findings.

1. Mixed methods research is preferred as significant findings (or not, as the case may be) can be more readily understood and explained by triangulating with the findings of qualitative work. In the KAP study the children's questionnaires were not matched by comparable qualitative research.

2. Stakeholder selection proved problematic in that many of the comparison group stakeholders did, in fact, have some knowledge of, or worked with Childline in some way. This suggests wide influence of Childline amongst stakeholders (which is a good thing).

5. FINDINGS: KAP STUDY

5.1 KAP survey: Adults

5.1.1 Caregivers

The focus group discussion outline used with caregivers is presented in Appendix 3.

A very clear difference between the project and comparison sites emerged in caregiver focus groups. The table below summarises the findings. The rating is based on analysis of the transcripts of focus group discussions with caregivers and assesses the extent to which caregivers showed evidence of child-protective knowledge, attitudes and practices. 1 is a low score and 5 a high score. Note that the table compares sites where Childline works (project) and sites where Childline does not operate (control or comparison). The findings are discussed in more detail below the summary table.

Table 2: KAP Caregivers summary of qualitative findings

	Project	Comparison
Knowledge		
Safety strategies	5/5	1/5
Child rights	4/5	1/5
Children's needs	4/5	1/5
Knowledge of abuse	5/5	2/5
Reporting abuse	5/5	1/5
Attitudes		
Children's rights	2/5	1/5
All our children	5/5	1/5
Practices		
Care for children outside their family	2/5	1/5
Have reported abuse	3/5	1/5

Knowledge

Safety strategies

Caregivers in all but two of the project sites could give specific examples of what they do to protect their children. They talked about not allowing young children to walk alone and about the need to supervise young children and know where older children were. In about half of the project groups they also mentioned that they had taught their children to talk about things that worried them. A question about knowledge of the taxi driver who brought the children home from school was used

as an indicator of protective care. Most of the parents in the project groups knew and had regular contact with the taxi drivers that brought their children home from school. In three groups they mentioned that Childline taught them about keeping their children safe[3].

> *R: What do you teach your children to make sure they are safe in the community?*
> *Not to go at night.*
> *Not to walk alone.*
> *To tell us where they are going.*
> *We do not teach so much ourselves but Childline do house visits while children are at school, then they share some of the information with us. (Caregivers, Project site)*

By contrast the parents in most of the comparison sites could articulate few protection strategies. When asked what they did to keep their children safe they talked about shelter and food rather than safety. Only a few caregivers knew the taxi driver who transported their children from school.

Child rights

About two thirds of the project groups showed a good knowledge of children's rights. They talked about rights balanced with responsibilities and could name a wide range of children's rights beyond the usual education and food. About one third of the project groups were not as knowledgeable. They named a number of rights but did not talk about children's responsibilities. They also articulated the view that rights were an excuse for children to misbehave. All of the comparison groups (except for one group that seemed quite knowledgeable) had little knowledge of children's rights and named only the right to education, shelter and food.

Children's needs

Almost all of the project groups described children's needs in a broad way, with reference to psychosocial needs, whereas most caregivers in the comparison groups mentioned only children's need for food and shelter. Some of the comparison groups mentioned the need for documentation for children whose parents had come from other countries.

In eight of the project groups caregivers spontaneously mentioned Childline as a source of help for children who were vulnerable.

> *In case you don't know how to help as an adult you can contact Childline to help the orphans. (Caregiver, Project site)*

Knowledge of abuse

Caregivers in most of the project sites had a sophisticated understanding of what child abuse was. This suggests that they had been exposed to some education in this area. For example, they described emotional abuse.

[3] Note that researchers did not introduce the research in the context of Childline. So this mention was spontaneous.

> *Abusing children is not always about sexually abusing. As parents we also abuse our children. Let's say you ask your child to take a cup and it falls and you call the child names like, "you idiot" and insult that child, that is also abusing the child. (Caregiver, Project site)*

In comparison, caregivers in all comparison areas interpreted abuse only as sexual abuse. Project site participants also listed a number of the signs of abuse which suggest some education about abuse. Comparison site participants listed only the fact that a child would isolate themselves.

Reporting abuse

All but two caregiver groups in the project sites knew where and how to refer a child who needed help. In ten of the eighteen project sites group participants mentioned Childline spontaneously when asked what they would do if a child had been abused. They all knew the Childline number. They also knew about a Childline community worker in their area. In most of the comparison sites caregivers gave a vague answer about referral and in five of the groups participants went on to say that it was not worth referring as no one did anything. They also said they did not know what to do when they saw abuse or need.

> *Most orphans don't have certificates as their parents are from Mozambique. We live with them in our community but we don't know how to help the children.*

> *It's not easy to talk and to interfere in someone else's house. I could go to the social worker and tell her and try to be anonymous but … (Caregivers, Control site)*

One pattern that emerged from the analysis of the discussions was that the project sites that showed a lower level of awareness of child rights and needs and of safety were in the Daantjie area. This is a large sprawling semi-urban area characterised by high level of unemployment and community violence. This could indicate a less effective Childline programme in Daantjie but it could also reflect the difficulty of making an impact in such a complex context.

Attitudes

Children's rights

Most project groups of caregivers showed a positive understanding of and attitudes towards children's rights. There were, of course, always one or two caregivers in each group who did not see children's rights in a positive way. In some project groups most participants showed a muted acceptance and made comments about how children's rights had "ruined" children as they stopped them from respecting their parents. This shows a lack of understanding of how rights are balanced with child related responsibilities (something emphasised by Childline in their education programmes).

The important difference is that in all but one of the comparison groups comments about children's rights were openly hostile. Almost nobody had anything positive to say about children's rights.

All our children

The most striking finding related to attitudes was that in almost all of the project sites the caregivers expressed the idea that they were responsible for the safety of all children in their community – not only the children in their immediate care (except in the Daantjie area where the context seemed to work against impact).

> *R: What can you do for vulnerable children?*
> *If we see these children suffering/struggling we mustn't keep quiet.*
> *If I have something extra I must give the child, and if the child asks for help I must provide if I am able to provide what the child is asking.*
> *To add on that as parents we mustn't wait for the child to ask we must provide. As a community who see that the child is struggling we must reach out and help before the child wanders around asking. Because people talk things like, 'eish, here he comes again, like we told his parents to die." It's not nice when we speak such things. We must give them what we can with love. (Caregiver, Project site)*

This idea was not expressed at all in the comparison groups, except by one woman in one group.

Practices

Care for children outside the family

Most caregivers (project and comparison) referred to children from the extended family that they cared for. However, in the project groups there was at least one person who described concern for children outside the family.

> *There is an incident. A 10 year old was raped by a 15 year old boy. As neighbours we didn't even know what to do to help the girl's family. But as the neighbours we came together and go to the police. (Caregiver, Project site)*

It is worth noting that in a context of poverty it would be extremely difficult, even for caregivers who expressed positive attitudes towards vulnerable children, actually to care for them.

Reporting abuse

Four women had reported abuse, either to a Childline worker or to the police. All came from project sites. There were participants in two comparison sites who showed an awareness of the need to report children who may have problems in the community. These same people also showed an awareness of child rights and the need to talk to children about their problems. But it was clear that they did not have access to support in their attempts to help their own and other children. They knew

about the social workers at DSD but they said that it was often difficult to get hold of them. They knew the police should be called in or reported to but they did not seem confident that they could go to the police. It seemed as if the presence of Childline in a community provided two things, an accessible point to refer children, and by their presence and example they seemed to give confidence to caring people in the community to take appropriate action.

Another point worth mentioning is that participants in two of the comparison sites knew about Childline and knew the helpline number. This knowledge could have been gained from general media but it may also suggest that the messages from the CLMPU programmes in the adjoining areas had infiltrated into the comparison areas.

5.1.2 Teachers

The focus group discussion outline used with teachers is presented in Appendix 4.

In contrast to the caregiver groups, little difference between teachers in project and comparison sites emerged. There were some examples of "teachers who cared" in both project and comparison sites. These teachers cared about children, had noticed the fact that some children were vulnerable because of being orphans or neglected at home, and some had even noticed and reported abuse. These same teachers also tended to be the ones who had found alternatives to corporal punishment and who taught children strategies for protecting themselves. The table below is a summary of the findings from the teacher focus groups. The ratings are based on an analysis of the transcripts of the discussions. The findings are discussed in more detail below the summary table.

Table 3: KAP Teachers summary of qualitative findings

	Project	Comparison
Knowledge		
Safety strategies	2/5	2/5
Children's needs	3/5	3/5
Knowledge of abuse	2/5	2/5
Reporting abuse	1/5	1/5
Attitudes		
Children's rights	1/5	1/5
Towards children	2/5	2/5
Practices		
Alternatives to corporal punishment	1/5	1/5
Taking action for vulnerable children	1/5	1/5

Note that the patterns described here reflect the majority of teachers. There were a few teachers in both project and comparison sites who showed deep empathy for vulnerable children and who did take action to protect these children, to the extent

of taking on a foster parent role to several of them. But these teachers were the exception rather than the norm.

It is also important to note the present state of crisis in South African schools. Repeated curriculum changes and poor logistical support have frustrated and demoralised teachers in many schools. In this context it would be difficult for Childline to impact on the powerlessness and apathy of teachers.

Knowledge

Safety strategies

There was some evidence of teachers articulating (in project and comparison groups) even common safety strategies such as not staying out late at night and not talking to strangers, there was none of more complex safety strategies such as having friends the same age, how to look out for good friends and the need to communicate with adults.

> *Ja, we do have a safety policy. At the entrance we have a security and he signs off things like weapons that are not allowed on school premises.*
> *We ask the stakeholders to come and teach children about safety.*
> *But with bullying and fighting there is nothing you can do because it is a family matter – we cannot do anything about that. (Teachers, Project site)*

One group of teachers in a project site, in answer to a question about what they taught learners around safety, mentioned that they called Childline in to do presentations for the learners about staying safe.

Vulnerable children's needs

Teachers in both project and comparison groups could outline the problems that vulnerable children such as orphans face. They specified a lack of physical needs such as food and shelter and school uniforms. But they also all talked about the need for parental guidance. They all said that many learners in their schools had these problems. But, in spite of being able to outline the problem, teachers in both project and comparison groups did not show high levels of awareness of what they as teachers could do to help. For example, they did not mention the need for psychosocial support and how they as teachers could provide it through talking to vulnerable learners[4].

Another general pattern that emerged was a stereotyped view of the vulnerable child; when talking about orphan children they talked about prostitution, sugar daddies and teenage pregnancy. They also talked about abuse of orphan and vulnerable children as inevitable and most often without empathy. This was a stereotyped view rather than one that acknowledged the resilience of such children. One wonders if this would have been the case if they had actually been involved in

[4] In some of the groups there were examples of particular teachers who did counsel children and some who knew about Childline as a source of psychosocial support but they were in the minority.

the problems the children faced.

> *R: What is the nature of the problems orphan children are experiencing?*
> *Most of them are not going to school because there is no one person responsible for them at home. They are doing whatever they like. The girls are falling pregnant at a young age because they don't have something to eat and so they go to older men for money.*
> *Most of the boys end up being criminals. (Teachers, Comparison site)*

> *R: What kinds of problems do orphan children face?*
> *Hunger, financial and protection.*
> *R: Protection - explain that to me.*
> *If there are no parents there anybody can come in there and rape them and then they can use them for child labour at shops and fetching water. Yes, they are used. (Teacher, Project site)*

Abuse – signs and reporting

Interestingly many of the teachers were able to articulate some of the common signs of abuse. But, this knowledge was not coupled with knowledge of how to report abuse, nor the power to do so.

In most of the groups, project and comparison, teachers knew about the Childline help number. But only a few of the project site teachers mentioned Childline as a source of help for children who had been abused, and only two teachers mentioned Childline careworkers who they could go to for help.

Interestingly, there were some negative comments from teachers in one project site and one comparison site about Childline. Consistent with their negative view of the child and of child rights they expressed the idea that Childline supported the children's views without gathering evidence and that this threatened them.

> *And also children they know their rights but they don't know that they go hand in hand with responsibilities so parents feel so threatened by their children. When parents want to beat their kids they just say "if you hit me I will lay a charge against you" and police and social workers are not trained properly to deal with this issue, they don't follow the procedure to find out where did this start from. They must look for evidence. Even people from Childline talk to people who know the child because they just believe whatever the child is telling them nothing else matters even the real truth. (Teacher, Project site)*

Attitudes

Attitudes towards children

On the whole teachers in both project and comparison groups showed little of the knowledge they would need to protect children. There was little evidence of attitudes that would promote child well-being and (apart from the few caring

teachers) little evidence of practice that would impact on child well-being. Most often the attitude to children was a negative one. The quote below illustrates this (note too the abdication of responsibility).

> *My plea is to Childline to find a way to deal with this behaviour problem (fighting in school). When you talk to them it is like you are talking to stones - sometimes you wonder what are they taught at home. So if they (Childline) can come up with the strategy to make these kids to listen that would be better. (Teacher, Project site)*

There was evidence in both project and comparison groups (and even among those teachers who were generally positive and took action) of a powerlessness and inaction in the face of the problems faced by children.

> *I feel the weight of being a teacher. You have this mandate to educate these children but the families outside are not as they should be. So many single parents, or no parents and broken families so here are so many gaps and you as a teacher are expected to fill the gaps. (Teacher, Project site)*

Attitudes to children's rights

Most of the teachers we talked to were against children's rights. They saw them as taking away adults' rights. A few mentioned responsibilities but without a complete sense of how these should exist in balance with rights.

> *It's not fair - I don't have rights as a teacher. If it is my period learners are supposed to be in the class and they are not so technically children have rights but we as adults do not have rights so there is no balance. (Teacher, Project site)*

Practice

Alternatives to corporal punishment

There was some awareness of the possible alternatives to corporal punishment. Teachers in both project and control groups could articulate quite well why corporal punishment had been banned in schools – because it damaged children physically and emotionally. But apart from sending children to pick up paper or clean the toilets or standing at the board for some time, few alternative discipline strategies were described. The point that these approaches were ineffective frequently accompanied the description of the alternatives.

> *There are other means (alternatives to corporal punishment) there but it doesn't work - they don't see it as punishment. Like when we ask them to clean the toilet they run away. (Teacher, Project site)*

> *The department or the government did not give us an alternative. We don't have an alternative, because they said we must not punish the child but what are the disciplinary measures instead of corporal punishment?*

There are no clear things we are supposed to do instead of corporal punishment.
That is why most of the learners are ungovernable, uncontrollable, they are not disciplined.
These children are not responsible anymore. We are unable to guide them, because corporal punishment helped us to discipline them a little bit, but now if the child is going to do something wrong to you, you don't know what you are going to do.
They even tell you in class there is nothing you can do. And he is right there isn't. (Teachers, Comparison site)

Sometimes we just wish that corporal punishment can come back. We really have a problem. (Teacher, Comparison site)

Childline must try to find a way of teaching the learners what is expected of them. Because we as teachers we try but we are struggling. They don't understand. They need another way to be taught right from wrong and on how to use their rights. (Teacher, Project site)

Taking action to stop and report abuse

Perhaps the most important pattern to emerge in both project and control groups was a general feeling of powerlessness by teachers. One had the impression that they had given up because of the extent of the problems they felt children faced. Because of their largely negative view of the child they were not open to the possibility that children might be able to solve some of their problems for themselves if given support and encouragement. None of the language of resilience or child agency was evident in the majority of teachers' discussions.

Finally, many of the focus group discussions included a request (usually from the concerned teachers) for help with a particular case of abuse, poverty or neglect.

There is something that I want to highlight; maybe Childline can help me in this situation. We had two learners last year from the same family – they were orphans. One was in Grade 12 and she was struggling. She had nothing. As educators we had to support her as she was the breadwinner. If we had camps she couldn't attend so we had to pay for her. At the camp she would say she can't eat as her sister was at home with no food. So we called the clinic then the sister there said she would organise the social worker. There was some confusion because both girls went and asked for help and the social worker ended up saying they were tsotsis. This family really need help as I speak the older one is out of school. (Teacher, Project site)

5.1.3 ECD teachers

The interview schedule used with teachers at crèches or Early Childhood Development (ECD) learning centres is presented in Appendix 4.

Childline has run a series of workshops to train ECD (crèche) teachers in project sites

in child protection. It is clear that these workshops have had an enormous impact. A very clear difference between ECD teachers in project and comparison sites emerged.

The project site teachers could articulate specific strategies for keeping young children safe. They had taught children their full names and addresses; they taught them not to leave home alone and to talk to their parents about things that worried them. Comparison site teachers had an awareness of child safety but they could not articulate the strategies they would teach children as clearly.

> *We did get training from Childline and they taught us a lot of things. We need to give love and care to the children so they can open to us. We tell them to talk to people they trust so that the problem they have can be solved because if they are quiet it's not good for them. They must speak up if something wrong happened to them. (ECD teacher, Project site)*

Childline-trained ECD teachers could identify a number of discipline strategies as alternatives to corporal punishment. These strategies were suited to young children. Comparison site teachers, on the other hand, though they could say why it was wrong, did not have a range of alternatives and many said they "beat children lightly".

Childline-trained teachers had a fairly sophisticated understanding of the needs of children infected and affected by HIV/AIDS. They talked about helping young children cope with grief, about helping HIV-positive children to learn about their medication, about keeping young children healthy and about how they were aware of infection control. Control site teachers had some awareness but again they could not articulate what they did as clearly suggesting a lack of training.

The Childline-trained teachers knew exactly who to refer a child to if they had needs related to protection. They knew where the local Childline office was and most also had an ongoing relationship with the local Childline careworker. They knew that these local people were a resource that they could go to for advice and for referral.

> *We had a child who had [been abused] so I immediately called the careworker and she called the coordinator (Childline) and they came immediately. (ECD teacher, Project site)*

Though this relates to the OVC programme study it is worth mentioning here that girls in two of the focus group discussions run with child OVC programme beneficiaries mentioned that if they had a problem they would go to the local ECD teachers and talk to them as they knew they cared about children and they trusted them. This shows that the benefit of the Childline training for ECD teachers is felt beyond the younger children in the community.

5.1.4 Stakeholders

Interviews were conducted with members of the Department of Social Development (DSD), South African Police Services (SAPS), clinic sisters, local community-based organisations (CBOs) and non-government organisations (NGOs) (a number of home-based care organisations, a rape crisis organisation and a child-care organisation), pastors of local churches and councillors and tribal authority leaders. The interviews were conducted in both project and comparison sites. The interview schedule is presented in Appendix 5.

The pattern that emerged was that those stakeholders in the project sites clearly had a more in-depth grasp of child protection issues and they had a resource to call on for child counselling and advice about child protection issues.

Pastors: Two pastors interviewed in project sites both said that they had called on local Childline staff for help in child abuse cases. One also mentioned that he had learnt about the need for psychosocial support for vulnerable children from Childline and that he now tried to include this in his church programme. He had started a holiday activity programme in response to this need and also to "… keep the children from roaming in the holidays and getting into trouble". The two pastors interviewed in the comparison areas were concerned with child protection and said there was a problem. They did not articulate what the church could do in response, however, which suggests they had not had the education that the project site pastors had benefited from. They said they would refer abuse cases to DSD social workers.

Political and traditional leaders: The councillors and tribal office staff in both the project and comparison sites showed awareness and concern for child protection. A councillor in a project site said he had gained important insight from Childline about how important the issue of child protection was in planning issues. He had involved Childline in planning for a new urban development in his area. He also described Childline as a resource that he could refer cases of abuse that were brought to him. The tribal authority staff member said the same. The councillor from a comparison site clearly had a concern for children but he did not have the extra resource of Childline careworkers to draw on.

> *There are many, many cases (of abuse) it is usually the clinic that is called on. I get to hear of them sometimes and then I involve SAPS and the clinic. It would be good to have an organisation to do counselling like Childline here. (Councillor, Comparison site)*

A policeman in a project site described how important Childline careworkers were to him in terms of psychosocial support and protection training.

> *We call them when we get a case reported. They just know how to talk to the children and they understand the courts issue too. They are doing counselling for some of the children too. We go together to do the safety training in the schools. They are such a help to me. (Victim empowerment officer SAPS, Project site)*

A local DOH community health worker described how she worked alongside the Childline careworkers.

> *I always go along on the home visits with them because then we can work together on the issues. I look at the children's health and they look at the emotional issues. It is especially useful with homes affected by HIV where children need to take medication. Also I keep track of the teenage pregnancy and TB this way. I think the other really important contribution is the Lifeskills programme. The young people love it and it teaches such important things. We don't even do a lifeskills project in our clinic we just combine with Childline because their programme is so good. If I come across a case of abuse I just know to call the Childline people and they will help me. (DOH Environmental health officer, Project site)*

CBOs and NGOs: Members of community-based and non-governmental organisations were interviewed in both project and control sites. Childline was an important resource for the home-based care organisations. They mostly referred children who needed counselling to Childline. The CBO in the comparison site said that they did not have any organisation to refer troubled children to.

> *We tried the social worker (DSD) but she was so busy and we did not get help for the child. (CBO staff member, control site)*

The stakeholders in project sites were asked about the stakeholder forums convened by Childline. Predictably, the stakeholders who showed the greatest interest in child issues were the ones who attended. Site co-ordinators reported that it was very difficult to get DSD and Home Affairs staff to attend the meetings. This was evident in the research process too. Confirming interviews with DSD social workers and Home affairs proved to be impossible, despite persistent attempts.

It is clear that Childline plays an important role in raising awareness of child protection issues when the stakeholders engage with them. They also play an important role as a source of psychological counselling and NGO and CBO partners refer children to them often.

5.2 KAP survey: Children

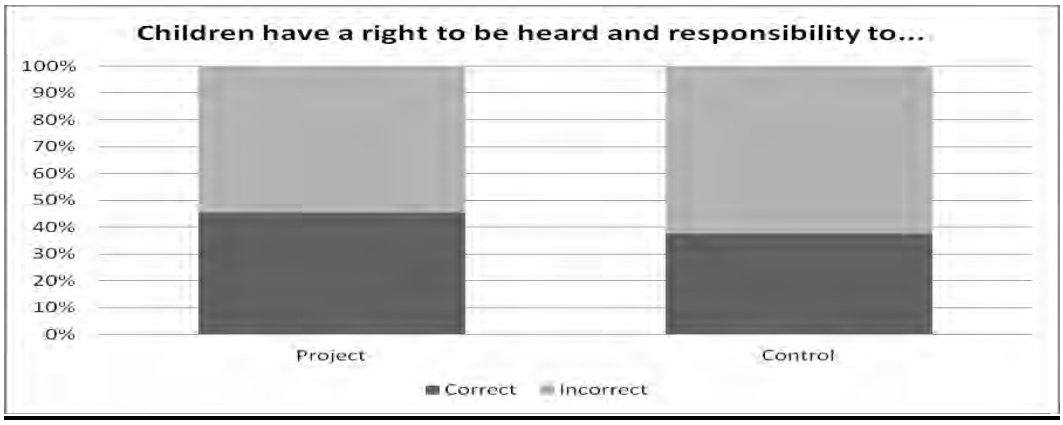
The knowledge, awareness and practices of children generally in the project and comparison sites were measured through a child-friendly questionnaire. Note that the sample of children in the project sites were randomly selected children from the general area, not children who were beneficiaries of the Childline OVC programme. The sample was chosen in this way because this part of the evaluation (Section One) sought to measure the impact of the awareness-raising and education work of Childline in the project areas. Section Two deals with the OVC programme and samples programme beneficiaries directly.

In order to measure the actual impact of Childline's awareness-raising work on KAP in the project sites the presentation of findings here focuses on topics specifically taught and emphasised by Childline as opposed to general KAP taught in for example, Life Orientation classes in schools or media programmes. These included the idea that each right a child has comes with a responsibility (Q 2) that should govern their behaviour, broad and long-term protection strategies such as choosing friends with care (Q6), seeking out adults that are trustworthy for help (Q9), and specific information on child trafficking (Q10). We also included general questions that children might have learned about from multiple non-Childline sources, in particular Life Orientation classes.

The findings from these questions confirm that children in project and comparison sites show very few differences. All but one question[5] show no significant difference between the children in project and comparison sites. However, in all of the topics specific to Childline education campaigns the sample of children living in areas where Childline operates showed better results than children who did not live in areas where Childline operates (comparison sites). The findings from these questions in the KAP survey are presented below.

Q2: Children have a right to be heard and a responsibility to … (listen)

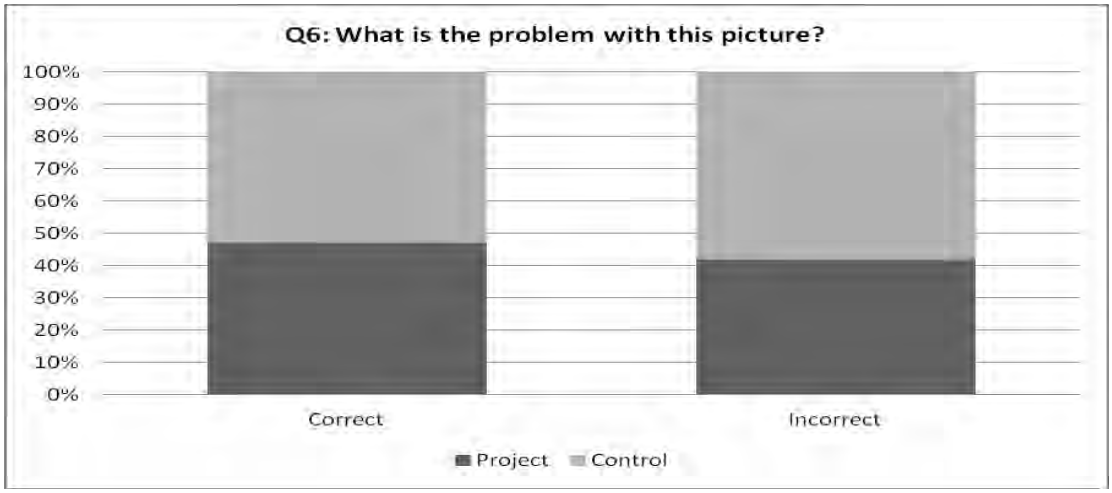
860 children in the project sites answered this question and 231 in the comparison sites. Overall, 43%, or 372 got the answer right. Children in the **project sites did better** (45% of them answered correctly) than the children in the comparison sites (38% answered correctly). The difference between the groups was significant (Pearson Chi^2 =4.026, p=0.045). Put differently, the children in project sites were 1.37 times more likely to answer this question correctly than the children in the comparison sites.



[5] This one question asked children to write down children's rights that they knew. The results showed that the **children in comparison sites knew more rights** (2.13) overall than the project group (1.89). The difference was significant. When the data was stratified by age the older group were found to be close to identical but in the younger group the comparison group knew more rights. It is not clear why there should be this difference.

Q6: How many could identify that having older friends is risky?

860 children in project sites answered this question and 231 in the comparison sites. Of the 860, almost half (46%) answered this question correctly. **This is a positive general result**. More participants from project sites answered this question correctly (47%) compared to just 42% in the comparison sites. Although this was not a significant difference (p=0.186), **the project group were 1.22 times more likely** to answer this question correctly than the control group.

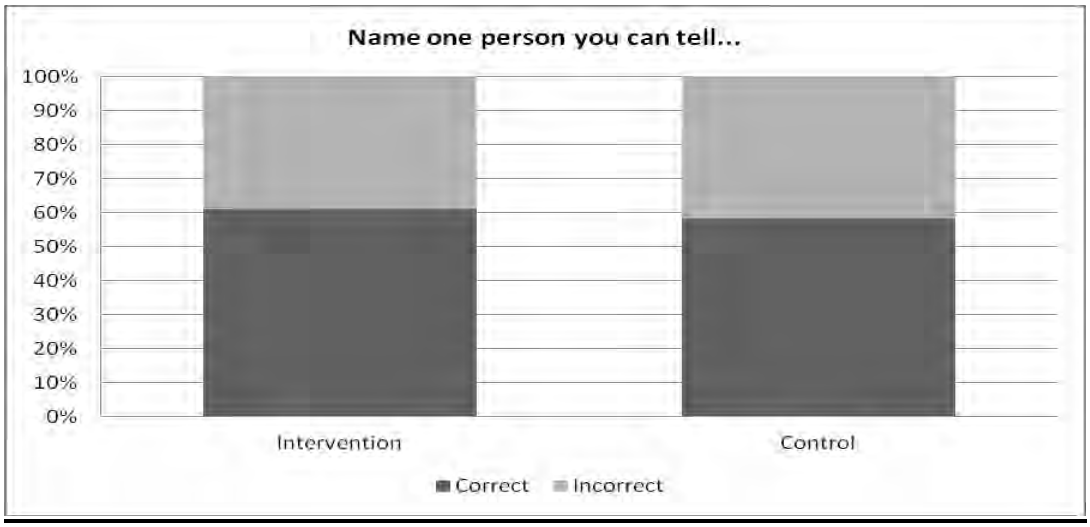


When these results were stratified by age an interesting pattern emerges. Among younger children there were no significant differences between the project and comparison sites (p=0.64). 38% of children in the project sites answered this question correctly compared to 41% in the comparison sites.

Among older children, significantly more (p=0.015) children in the project sites (55%) compared to the comparison sites (42%) answered this question correctly. This is important in the context of child development as positive peers and social networks are particularly important as adolescents make choices that could impact on their future lives.

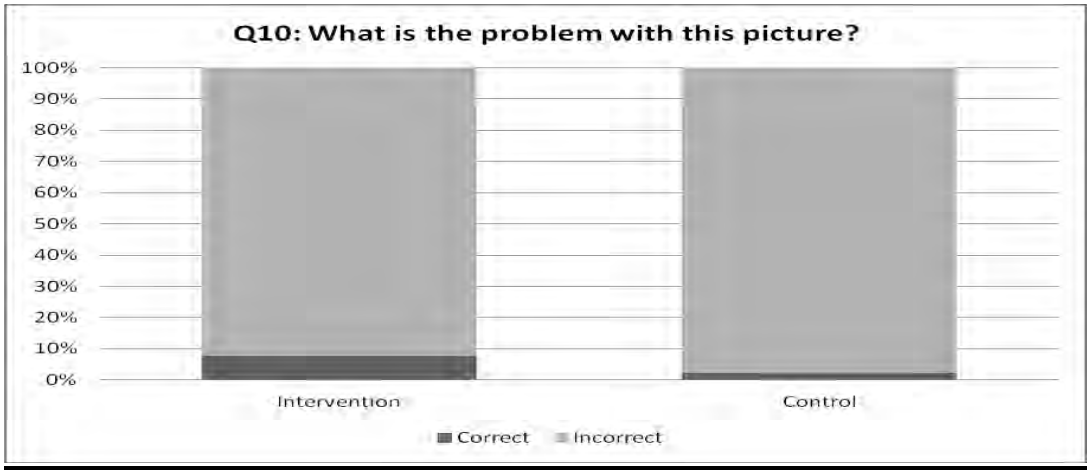
Q9: Name one person (not in your family) who you could tell if you were being abused?

860 children in the project sites answered this question and 231 in the comparison sites. Overall, 60% of the participants answered this question correctly. The children in **project sites did better** on this question with 61% answering correctly compared to 58% in the comparison sites. The difference, however, was **not significant** (Pearson Chi^2 = 0.652, p = 0.419). Put differently, **the project group was 1.13 times more likely** to answer this question correctly.



Q10: Can the children identify the risk of trafficking?

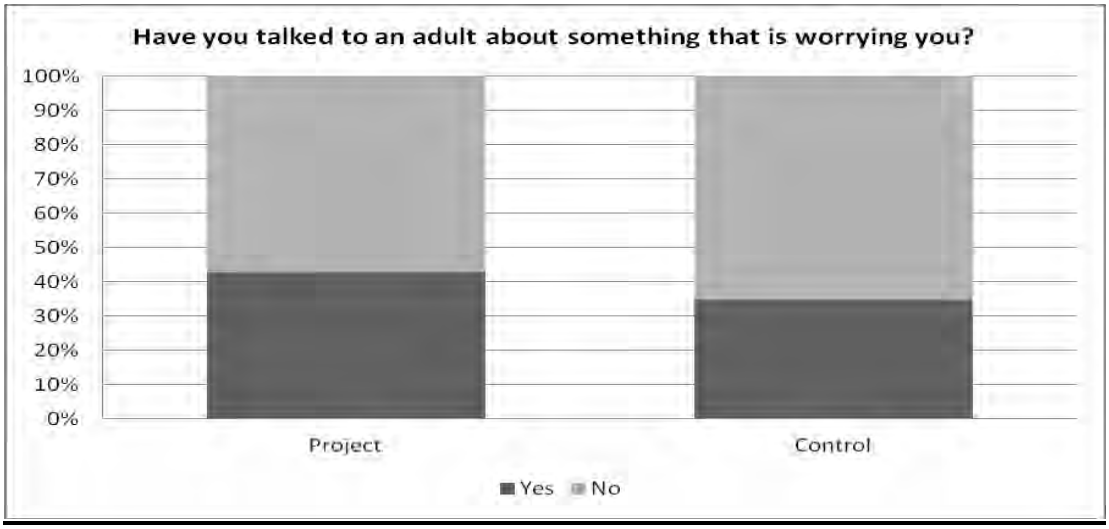
860 children from project sites answered this question, 231 from comparison sites. Overall, 6% of participants answered this question correctly. **This is disappointing generally** as child trafficking is a significant problem in the area. However, it is encouraging for Childline, who educates around this issue, that **the children in areas where Childline works (project sites) did significantly better** (49 children, or 8%) than children from comparison sites (5 children, or 2%) (Pearson Chi^2=0.652, p=0.003). **Put differently, the children in project sites were 3.81 times more likely** to correctly identify the problems with the advert than children in comparison sites.



When the results for this question were stratified by age the difference between children in project sites and children in comparison sites was even more obvious. Amongst the older children in the project sites (10%) answered this question correctly and only 1% of children in the comparison sites answered it correctly (OR=14). This is probably because Childline campaigns focus on the issue of trafficking with learners in secondary schools rather than primary schools. It is clear though that more focus needs to be put on this issue in campaigns.

Q 15: In the past two weeks have you talked with an adult about something that is worrying you?

860 children in project sites answered this question, 231 in the comparison sites. Overall, 40.5% of children had spoken to an adult about something that was worrying them in the past two weeks. This was **significantly higher among the children in project sites** (42.6% and 45% among older children) than the control group (34.6%). The difference was significant (Pearson Chi^2 = 4.46, p = 0.035). Put differently, children in **the project sites were 1.4 times more likely** to have spoken to an adult about something worrying them in the past two weeks than the children in the comparison sites.



SECTION TWO

Has the CLMPU OVC programme promoted the well-being and resilience of OVC in the targeted communities?

6. DESCRIPTION OF THE CLMPU OVC SUPPORT PROGRAMME

The CLMPU OVC intervention is described below.

6.1 Identifying vulnerable children

The Childline Mpumalanga OVC programme works in four sites, Daantjie, Nkomazi, Dundonald and Elandshoek/Mataffin. Each of these sites has a number of sub-sites. Each sub-site has about four careworkers who live in the local area. The careworkers are employed by Childline and paid a salary.

Vulnerable children and their families are identified through stakeholders and through careworkers' local knowledge of the community. The families are placed on a register. Childline careworkers then work with about four or five families for a period of three months. After three months the family is monitored and can call on the careworkers for help but regular home visits are stopped as the careworkers move on to other families in the area.

6.2 Working with vulnerable children in their families

The core work of the careworkers is regular home visits to the families of vulnerable children. These visits allow the careworker to identify the needs of the child or children and then to work with caregivers to address some of the issues. Careworkers can help a family with income generation projects – many of the sites have a food garden project. They also help with basic health issues and hygiene. In addition they help children with homework, lifeskills and basic counselling. They also advise caregivers about parenting. They often assist children to get back into school by interacting with the local school.

They refer caregivers to local service organisations such as Child Welfare for help with accessing grants and documentation and the local clinic for health issues. Some also assist caregivers directly by collecting and filling in forms and accompanying caregivers to the offices of DOHA and DSD. Cases of neglect or abuse are dealt with within Childline and careworkers often support families through the reporting and recovery phases. Careworkers refer particularly vulnerable children to Childline counsellors for help.

Careworkers also organise regular lifeskills programmes in the school holidays and some also organise regular recreation programmes.

6.3 Supervision of careworkers

The careworkers are supported by a site coordinator and a social worker. The coordinator supervises the delivery of the service. The social worker supervises the professional aspects of each case and the mental well-being of the careworkers. The careworkers have regular training and de-briefing sessions.

6.4 Link to awareness raising work in the community

The careworkers and site coordinators are involved in regular awareness-raising campaigns held in the communities. They organise school visits and take part in the campaign presentations.

Many of the beneficiaries of the Childline OVC programme had young brothers and sister to look after so they came to the research workshops too. Here we are singing while their older brothers and sisters fill in the questionnaire.

7. RESEARCH APPROACH AND DESIGN: OVC STUDY

7.1 The OVC study

The OVC study was structured around the outcomes of the CLMPU programme in relation to recent, and now widely accepted, theory on resilience and well-being of vulnerable children (Masten, 2001; Richter, 2006; Rutter 2005; Ungar 2008).

Theory around building resilience in vulnerable children suggests that resilience is determined mainly by the balance between the stresses and developmental risks to which children are exposed on the one hand, and the protective factors that might be operating for them on the other (Rutter, 1985). It is possible to identify protective and risk factors within each of the systems that children interact with.

It is important to understand resilience as more than a quality or set of characteristics that are **internal** or reside within the individual child. In addition there are many protective or compensatory factors that are **external** to the individual. In order to clarify the difference, we refer to internal factors as *assets*, while the external factors are referred to as *resources* (Fergus and Zimmerman, 2005). The CLMPU intervention is based on building internal assets (through the lifeskills and psychosocial programme activities, for example) and facilitating access for vulnerable children to external resources (through facilitating access to social grants and OVC services programme activities, for example).

The evaluation, therefore, focussed on assessing the presence of internal assets (such as knowledge about child rights, self-confidence and the ability to communicate with adults) within the child and adult beneficiaries of the programme and the external resources (such as the presence of child-friendly health facilities, a crisis help-line and access to child-support grants). We developed a set of indicators based on the protective and risk factors for resilience

7.1.1 Indicators: Child beneficiaries – OVC

The following table outlines the indicators based on resilience theory that informed the study and the respondents we engaged with. This list was refined through a participatory process with CLMPU staff.

Internal assets

- Knowledge of protective strategies
- Communication with adults – skills
- Reduced emotional stress
- Future orientation
- Positive self-concept

External resources

- Access to child support services
- Social networks
- Support for school-going

7.1.2 Indicators: Caregivers/parents/guardians of OVC

Internal assets

- Skills of effective communication with children
- Knowledge of protective strategies
- Caregiver emotional stress level

External resources

- Access to child support services
- Social networks of support
- Access to economic support – food gardens, IGP, food aid

7.1.3 External resources

In addition to the exploration of protective and risk factors related to resilience in orphans and vulnerable children and their caregivers we did a survey of external resources with Childline careworkers (as an informed group of adults in the community) and interviews with key service providers in each site.

Careworkers – mapping the services/external resources

We asked a group of careworkers from the CLMPU programme in each site to map external resources through a workshop activity. The reason for doing this was that they are an informed group of adults who could provide us with an informed understanding of the resources for children that are present in the intervention sites. We also explored their role in the implementation of the programme and their successes and challenges.

Service providers

In addition, we interviewed DSD, DOH, SAPS and local NGO and CBO service providers. These interviews allowed us to complete the picture of external resources that vulnerable children have in the intervention sites. It also allowed us to evaluate the extent to which CLMPU has assisted children and caregivers to gain access to services. We also explored how service providers perceive communities' referral skills and if there has been improved reporting related to child protection.

CLMPU staff

Finally, we interviewed key CLMPU staff to understand how the organisation has sought to build internal assets in vulnerable children and provide access to services for them and their caregivers.

7.1.4 Sampling

Childline Mpumalanga operates in four sites, Daantjie, Nkomazi, Elandshoek and Dundonald. Given the diversity of clients and circumstances across these four sites it was decided to include all four in this phase of the study.

In all four sites the following research activities were conducted:

- Questionnaires with project beneficiary children (two age groups 10-12 and 14-16[6], 45 per site)
- Focus group discussions with project beneficiary children (two age groups, 10-12 and 14-16 per site)
- Questionnaires with caregivers of these children (25 per site)
- Focus group discussions with these caregivers (8-10 per site)
- Focus group discussion with the careworkers at each site.

Child beneficiaries of the OVC programme map the safe and unsafe places in their area

7.1.5 How the data was analysed

Quantitative: The quantitative data was compared with externally validated norms where these existed. For example, the SRQ20 and SDQ instruments have externally validated norms and these are used in the analysis and presentation of findings below. Where externally validated norms did not exist the quantitative findings were analysed in three ways:

- compared with a group of children in the same context as that of the CLMPU children and who were administered a questionnaire with some questions that were identical. That work comes from the Child Welfare Asibavikele Programme Evaluation (Clacherty G, Clacherty A and Barnes B, 2012).
- compared with the comparison site results from the present KAP study – using those survey questions that were identical and thus provided comparability.

[6] In some sites a few children between the ages of 16 and18 also participated in the focus groups as they were beneficiaries of the CLMPU programme in the area.

- interrogated against the theory about resilience and well-being i.e. for presence or absence of the indicator in the children's lives

Qualitative: The qualitative findings were analysed in two ways:

- compared with the theory i.e. for absence or presence in the children's lives
- by means of triangulation techniques (focus groups with caregivers, for example) to verify our assessment.

Playing games creates a relaxed research environment – Childline careworkers assisted us with organising the research groups

OVC beneficiary caregiver focus group discussion

8. LIMITATIONS: OVC STUDY

1- The findings are not all compared with externally validated norms because they do not exist for some of the questions we asked. Steps were taken to use data from very similar and comparable samples of children living in comparable conditions as outlined above.

2- Budget constraints did not allow for a full comparison study of the OVC programme. In the absence of such a control group and wishing to make some kind of comparison, data collected for the OVC evaluation was compared with findings from a control group from the Child Welfare evaluation (Clacherty G *et al)* where the same questions were asked and where possible, with the control group data from the KAP study in this evaluation where the questions were identical.

Answering the OVC beneficiary questionnaire – in a local church

9. FINDINGS: OVC PROGRAMME STUDY

9.1. Children

The activity-based research group workshop outline is presented in Appendix 6.

9.1.1 Internal assets

Knowledge of protection strategies

Knowledge of how to stay safe is an important internal asset that protects children. Knowledge of protection strategies was used as one of the indicators to measure the impact of the Childline OVC programme on child beneficiaries. A quantitative instrument asked a number of questions related to protective strategies. These included knowledge about trafficking and general lifeskills. The findings were compared to a control group[7]. The qualitative instrument explored a map of unsafe places and what children do to stay safe in these places. The data was analysed for presence and depth of knowledge of every day community-based protection strategies. The quantitative and qualitative data were compared to corroborate and interpret findings.

Quantitative findings on OVC beneficiaries' protective knowledge

The results here were mixed. In the area of general lifeskills and trafficking awareness the OVC beneficiaries had higher protective knowledge than the control group but they had lower knowledge of HIV and AIDS prevention and protection. The results are summarised below.

Childline OVC beneficiaries (project) higher knowledge levels	No significant difference between project and control	Control group had higher knowledge
Having friends the same age		
You have to have sex with a boy if he buys you dinner at Nandos		
Trafficking awareness		
	It is a good thing to tell them to stop if a person is trying to make you do something that you do not feel comfortable with, even if they are adult.	
		HIV and AIDS are the same thing
		You can get AIDS from sharing a cup with someone
		The immune system in our bodies helps us to fight off diseases
		If a teacher asks you to have sex with him you should not tell anyone

[7] These results were compared with the control group from the KAP study conducted for this research. The survey questions were identical in both cases.

The results are explained in more detail here.

Having friends the same age
613 children answered this question, of which 231 were control group children. 47% of all children got this question correct. The **project children (50%) were significantly more likely to get this question correct** than the control group (42%) (Pearson Chi^2=3.95, p=0.047).

You have to have sex with a boy if he buys you dinner at Nandos
229 children answered this question, of whom 73 were in the control group. Overall, 56% of the participants answered this question correctly. **Significantly more participants in the project group** (78%) answered this question correct compared to the control group (10%) (Pearson Chi2=95.2, p=0.0000).

Trafficking awareness
613 children answered this question, of which 231 were control group children Overall, only 7% of them got this question correct. **The project children (9%) were significantly more likely to get this question correct** than the control group (2%) (Pearson Chi^2=12.15, p=0.000).

It is a good thing to tell them to stop if a person is trying to make you do something that you do not feel comfortable with, even if they are adult.
229 children answered this question, of whom 73 were in the control group. Overall, **91% of the participants answered this question correctly**. A similar proportion of participants in the control group (90%) answered this question correct compared to the project group (91%). **The difference was not significant** (Pearson Chi2=0.0226, p=0.881).

You can get AIDS from sharing a cup with someone
228 children answered this question, of whom 73 were in the control group. Overall, 36% of the participants answered this question correctly. **Significantly more participants in the control group** (90%) answered this question correct compared to the project group (10%) (Pearson Chi^2=138.2, p=0.0000).

The immune system in our bodies helps us to fight off diseases
229 children answered this question, of whom 73 were in the control group. Overall, 92% of the participants answered this question correctly. **More participants in the control group** (94%) answered this question correct compared to the project group (90%). **The difference was not significant** (Pearson Chi^2=1.118, p=0.29).

If a teacher asks you to have sex with him you should not tell anyone
229 children answered this question, of whom 73 were in the control group. Overall, 35% of the participants answered this question correctly. **Significantly more participants in the control group** (88%) answered this question correct compared to the project group (10%) (Pearson Chi2=134.08, p=0.000).

HIV and AIDS are the same thing

229 children answered this question, of whom 73 were in the control group. Overall, 36% of the participants answered this question correctly. **Significantly more participants in the control group** (62%) answered this question correct compared to the project group (24%) (Pearson Chi^2=31.1, p=.0000).

Note that the data was analysed for age and gender and the significant differences that emerged confirm that even when differentiated control group participants know more about HIV and AIDS than the project group. The one question that showed project older girls knowing more than control older girls was 'It is a good thing to tell them to stop if a person is trying to make you do something that you do not feel comfortable with, even if they are adult. This suggests that project girls have learned an important piece of protective knowledge.

Qualitative findings on OVC beneficiaries' protective knowledge

The research workshops run with the children began with them drawing maps of "all the places I go to in a week". They then marked on these maps the places where they felt afraid or worried. The discussion around these maps gave a clear idea of the risks that the children lived with. The picture that emerged was that most of the children live in high-risk communities in terms of child protection. They described many dangers: walking long distances to school across open areas, rape, community violence, parks where people got drunk and taverns where people got drunk and violent. Children were often afraid to walk in the streets. Crime such as robberies at shops and homes was another risk. They also described teasing and bullying, sometimes related to their status as orphans, children with ill parents or children alone.

> *R: Tell me about where you put your stickers (to show scary places).*
> *The bush is scary.*
> *The tavern.*
> *People fight there.*
> *When they get drunk they throw bottles and we can get hurt.*
> *The bridge!*
> *The thugs hide there when you pass they grab you.*
> *If adults leave children alone they can enter that house.*
> *It's not safe.*
> *If the girl is alone in the house she is not safe.*
> *We need to ask the social workers (Childline) to come and check on her. (10-12)*

Many of the children also indicated that home was not a safe place and then described how adults often fought at home and in a few sites children also described how they were beaten at home (in one site this was a particular issue – see the discussion later in this section). The more urban the site the worse the community violence appeared to be. Three of the research sites were located in fairly remote housing areas that had an almost traditional village cultural norm. These communities were very poor but seemed to be less violent and the community more cohesive and able to control deviant behaviour.

In spite of this high-risk environment children in all of the groups could articulate protection strategies suggesting that they had been exposed to education about how to stay safe. It is important to note that what they described were not merely superficial facts about being safe but actual strategies that they seemed to apply.

Younger and older children described how they would tell someone if they were going to be home late, that they would be home before dark and that they would not walk alone and not go anywhere with strangers. Some of the younger groups also said they would talk to adults if something worried them. Another strategy mentioned in about two thirds of the groups was that they would not have older friends.

> *R: What do you do to keep safe?*
> *I don't go past the tavern. They are stabbing people there.*
> *We use other roads.*
> *We go with an older person.*
> *R: If someone sends you at night – sometimes people ask children to go and but a beer fro them at night?*
> *I would ask someone older to accompany me if I have to go out late at night.*
> *I would ask an older person because it is people over 18 who are allowed to buy beer. (10-12)*

Older groups talked about having good friends that did not influence them to do wrong things. Most of the older groups also showed that they had received some education about trafficking as they recognised the danger in a scenario where two young women were offered work. They knew to check before following up on job offers and to tell an adult.

In terms of knowledge about HIV and AIDS both younger and older children
In most of the sites showed a reluctance to talk about the topic. They did show some knowledge of how HIV is contracted but seemed very reluctant to talk about even the bare facts. So it was difficult to ascertain how much they knew. Later in the workshop when discussing problems they faced many of the children highlighted discrimination against them as orphans from peers and adults in the community. Often this discrimination mentioned that their parents had died from AIDS. This could explain their reluctance to discuss HIV and AIDS. They did not want to associate themselves with it at all.

This could also explain the general lack of knowledge about HIV and AIDS.
It seems that discrimination against orphan children around the reason for their parent's death places them at risk in terms of their own protection.

The exception was one of the groups where older girls talked openly about their concerns about contracting HIV. This group had a Childline careworker who was open and willing to talk and also supportive of their attempts to go for tests and to access condoms – she was not judgemental.

In 9.3.2 below we make the observation that some careworkers were generally reluctant to talk about HIV and AIDS. When asked to discuss how they supported children who were HIV-positive they often made the point that caregivers did not disclose status so how could they do anything.

Summary: protective knowledge

The quantitative findings show that the project group has greater protective knowledge than the control group in the area of general lifeskills. Few children had knowledge of trafficking but of those that did more where in the project group.

In terms of knowledge related to HIV and AIDS the project group had mostly significantly lower knowledge than the control group. The qualitative data throws some light on this by suggesting that the discrimination the children receive in relation to the reason for their parent's death (suspected AIDS) means that they do not want to discuss or associate themselves with HIV and AIDS in any way. This could be one of the reasons for their lack of knowledge. It may be that stigmatised orphanhood places them at risk themselves.

The qualitative findings do show though that the project group has knowledge about how to stay safe in the context of crime in the community and knowing that they need to talk to adults if something worries them.

Communication with adults

The willingness and ability to communicate concerns and needs with adults is an important indicator of resilience. The presence of this internal asset in the child beneficiaries of the OVC programme was measured through a qualitative instrument. A related quantitative instrument is reported under "Social networks". The results from this confirm the results reported on here.

Qualitative findings on OVC beneficiaries' communication with adults

The qualitative research tested children's ability to express their perspective to an adult by asking what they would say if an adult asked them to go on an errand to the shop at night. We also asked who they would tell if there was fighting amongst adults at home and they were worried by it.

What emerged from the discussions around these scenarios was that most of the children in almost all of the research sites felt confident to explain why it was dangerous to go out at night. They could articulate why it was not safe and ask if someone could be sent with them. This applied to both age groups. They were also clear that they would find someone to talk to if they had a problem at home and many went on to say who they would talk to (see '"Social networks").

Children in two of the groups seemed to be powerless to communicate their concerns to the adults in their homes.

The one group was in a community where adults did seasonal work on farms and where economic conditions were precarious. The children described adults with very high levels of stress, for example caregivers were often angry with them and beating was common. The children said that parents were worried about money and this was why they were stressed and angry. Note that this group did feel able to talk to the careworkers and described how important the Childline careworkers were to them, as they helped them find ways to cope with their home situation (see discussion below "Social networks").

The second group that seemed powerless to communicate their needs to adults at home was a group in a community with high levels of community violence.

However, apart from these, most of the children who were part of the Childline OVC programme were willing and able to articulate to adults in their homes the need to stay safe. This is an important protective skill and an internal asset that promotes resilience. This skill links with the fact that they also had knowledge about keeping themselves safe (see "Knowledge of protective strategies" above).

Most of the younger children said they had an adult at home to talk to about things that worried them. The older groups did not mention talking to adults about things that worried them. One or two children in each older group did have an adult at home that they trusted and talked to but most of them described communication with adults as mostly admonitory or instructional – they were told how to behave and given instructions for work they had to do at home. This makes the relationships they had with the careworkers very important (see "Adults to talk to").

Summary: Communication with adults

There is evidence that most of the younger children in the project groups were able to communicate their concerns to adults. The exception among younger children were two groups where high levels of economic and emotional stress amongst parents and high levels of community violence seemed to affect the relationships between children and parents.

Some teenagers had adults at home to talk to but most did not talk to caregivers.

Reduced emotional stress

Emotional stress caused by grief and insecurity is one of the risk factors in the lives of OVC and finding ways to reduce emotional stress is therefore an important way of promoting well-being in vulnerable children. Many aspects of Childline's OVC programme work to reduce emotional stress directly (e.g. grief counseling) and others to reduce emotional stress indirectly (e.g. helping children to access services such as social grants).

This evaluation used two quantitative instruments to measure emotional stress in children. The one was completed by the children in relation to their own emotional health and the other completed by caregivers in relation to a child in their home. The idea of reduced emotional stress was also explored through a qualitative instrument.

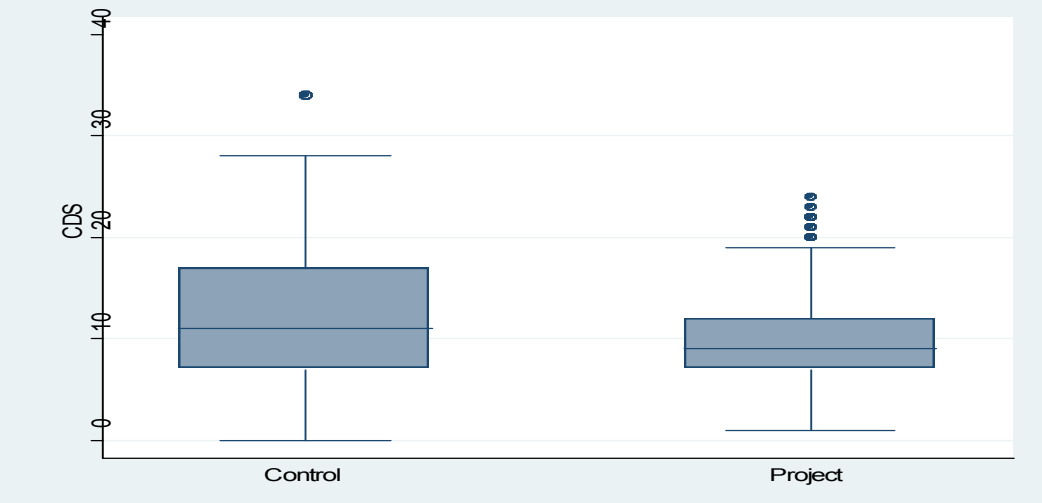
The Children's Depression Scale (CDS) used in this evaluation is an adapted version of the Reynolds Depression Scale (Reynolds, 1989) which is used comparatively with a control group[8]. It was used to assess the emotional stress levels of children.

The second measure of emotional stress in beneficiary children was of general socio-emotional adjustment. This was done using the Strengths and Difficulties Questionnaire (SDQ) (Bhagwanjee, Parekh, Paruk, Petersen, Subedar, 1998). It was filled in by caregivers as a means of assessing the emotional stress of children in their care.

Quantitative findings – OVC beneficiaries: Emotional stress

General emotional state

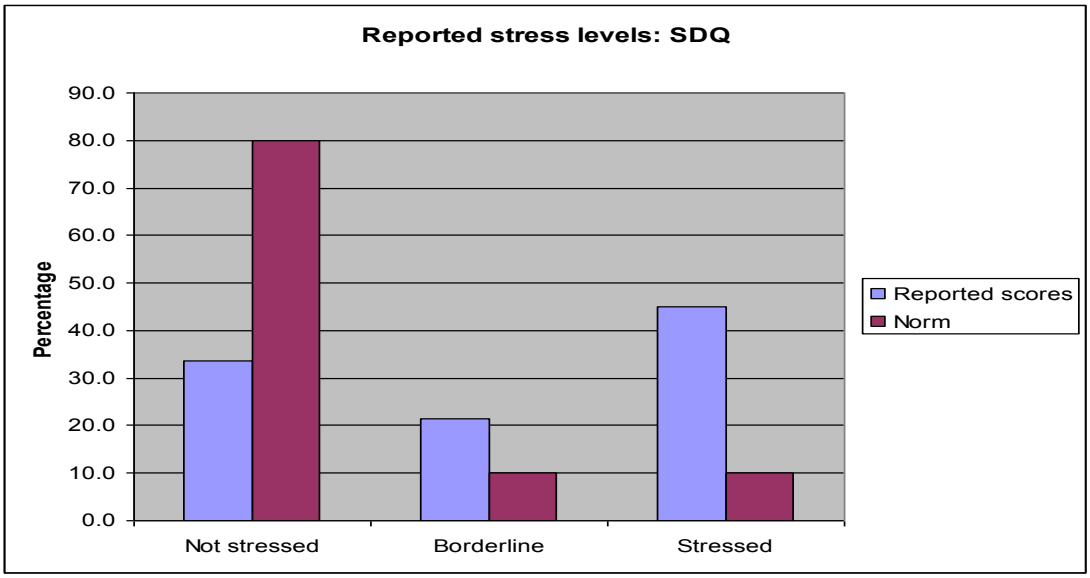
544 children answered the CDS questions, of whom 167 were in the control group. Overall, CDS scores ranged from 0 to 34. The **project group children were significantly less stressed** (they had a lower average CDS score**,** mean=9) compared to the control group (mean=12). (Kruskal Wallis Chi^2=11.39, df=1, p=0.0007). This means that the **project group children were more emotionally stable** than other children in similar circumstances.



General Socio-emotional adjustment

The results of the SDQ were analysed according to the SDQ standard procedures. They were categorised into "not stressed, borderline and stressed". The numbers of children in each category was calculated and compared with international norms. These norms place 10% of children into stressed and borderline and 80% into not stressed. We have plotted both of these in the graph.

[8] The CWSA Asibavikele Programme evaluation: Clacherty G, Clacherty A and Barnes, B (2012)



The above data were compared across sites (we included sub-sites in this, so seven sites in all). Nkomeni, Buffelspruit and Daantjie (Ogies) are the top three in the stressed category (conversely, they are also the bottom three in the "not stressed" category). At the other end of the scale are Elandshoek, Langeloop and Schoemansdal, where children are far better adjusted and experience fewer difficulties of a socio-emotional nature, as reported by caregivers.

Qualitative findings: Emotional stress

The levels of emotional stress were measured through a qualitative instrument where children were asked to indicate the problems they faced through the metaphor of a bag of stones. They discussed what the stones were called and how big they were. We then talked about if and how the stones had been removed from their life in the last year. This allowed for a concretising of emotional stress and an indication of the role that Childline had played in relieving this stress.

What emerged was that the children who participate in the Childline OVC programme do carry significant emotional stresses. The greatest causes of emotional stress are hunger and grief. But, in all of the groups some of the children could describe how their "burden" of stress had been lifted through Childline. Many spontaneously attributed this lifting of stress to particular careworkers, often because of direct help.

> *R: Tell me about this big stone?*
> *Most parents are not working.*
> *Some children are staying with their grannies who drink mqombothi (traditional beer) instead of buying food.*
> *Yes, hunger.*
> *They would go to bed hungry and ask from the teachers – some help others don't.*
> *R: Are there any people who help children who are hungry?*
> *Sis Thembi at Childline can help you. (10-12)*

Others said Childline careworkers helped with emotional support.

> *This stone is for feeling bad about mothers who died.*
> *R: What do you do to make that better?*
> *I play.*
> *I go to my friend's house.*
> *I talk to Childline. Sis Cebile. She asks what is the problem and tells us to stop to cry.*
> *There is also Hazel from Childline. She says, "thula baba".*
> *And Cebile's mother (CCW). She says. "What is wrong - stop crying my boy".*
> *She asks about your problem then she helps with it.*
> *And Ma Cebile takes me to the clinic too. (10-12)*

One group of older girls (aged 14-17) spent some time in the research workshop talking about how the Childline careworkers could not always help with the burden of poverty in many of their homes (they were unable to provide food parcels) but that they did support them emotionally. Three of these girls had small babies (two were heads of households) and they described the support they got with parenting and emotional support from the careworkers.

In one site the local church, along with Childline, played an important role in relieving emotional stress through their recreational activity programme. Children took part in sport, traditional dance, singing and poetry at the church. This not only increased their confidence (see "Self concept" below) but they said it also relieved stress. In another community the local home-based care organisation had a regular feeding scheme and vegetable garden and an after-school activity programme for vulnerable children. The children described this as playing an important role in relieving stress. The Childline careworkers worked closely with the after-care centre.

Summary: Emotional stress

The two quantitative measures suggest that the children who are part of the CLMPU OVC project, while certainly stressed and facing many difficulties in their lives, have lower levels of emotional stress than children in a comparative situation who have not received the CLMPU service.

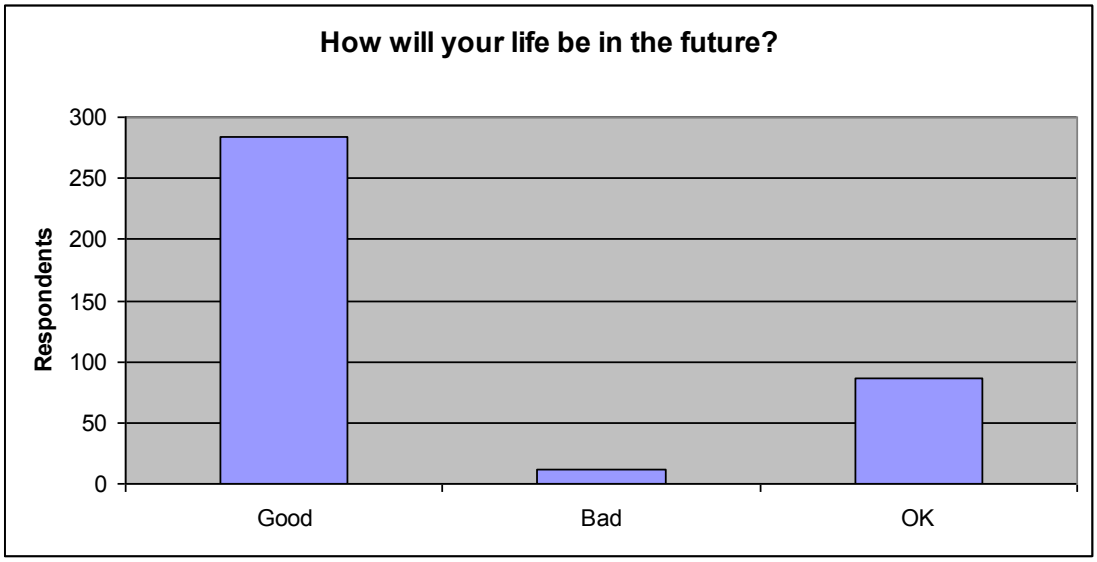
The qualitative findings add depth to this by showing that according to the children the Childline careworkers play a significant role in reducing the high levels of stress they experience because of their precarious economic situation and their grief.

Future orientation

Having some kind of future orientation is an internal asset and the presence of this in children's lives is an indicator of resilience. The presence of this asset was measured through quantitative and qualitative instruments.

Quantitative findings

In the survey children were asked how their lives would be in the future, "good, bad or OK?" 74.3% of the 382 children who answered this question reported "good", 2.9% bad and 22.8% OK. This is reflected in the graph below. This suggests that in spite of the difficult circumstances of their lives they have a strong future orientation. This is one of the internal assets that characterise resilience.



Qualitative findings future orientation

The qualitative research showed a similar pattern to the quantitative in the younger groups i.e. most younger children were positive about their future. They described how they would be in school in five years time. Some described how they would be bigger physically. This research activity has been used in a number of evaluations in east and southern Africa (Clacherty and Donald, 2006; Hoffman, Heslop, Clacherty and Kessy, 2008; Clacherty and Donald, 2010). In these evaluations there were many children who said that they would be dead or ill or did not answer at all when asked this question – a sign of no future orientation, hopelessness and powerlessness. This was not the case in this evaluation. All of the children could make some suggestion as to where they would be. This suggests a measure of locus of control and a sense of some power over their future.

Older children did talk about the significant barriers that would stand in their way to achieving their goals but they did have goals, none of them were hopeless about the future.

R: Where will you be in five years time? What will you be doing?
I want to be in college.
To have a car.
To be working in a job.
I don't want to work on the farms here.
But it is difficult there is no money for studying after school. (14-16)

Summary: Future orientation
Children who are part of the CLMPU OVC programme have a clear future orientation – a sign of resilience.

Older children have a realistic awareness of the barriers that could stand in the way of their achieving their goals.

Self concept

A sense of self worth is one of the important internal protective factors the Childline OVC programme seeks to promote. Children's sense of self-worth was evaluated through two qualitative activities – one for younger children and another for older children. The younger children were asked to role-play their caregivers and teachers through hand puppets thus giving their idea of how their parents and teachers saw them – their sense of self. The older children were asked to make an envelope with their idea of how other people saw them on the outside of the envelope and how they really were on the inside.

Qualitative findings self concept

With the younger children it was clear that their sense of self was linked to adults who affirmed them. In the smaller village-like communities where the children had close, everyday contact with the careworkers because they lived close to each other it became clear that the careworkers built up children's self esteem often also doing some intervention in the family alongside this. The quote below illustrates this.

> *R: Hello sister of L (sister was caregiver) what can you tell me about L?*
> *I sometimes beat him because he is naughty. He is not listening.*
> *R: Oh dear, what do you think can help L?*
> *He must talk to Sis Thembi (CCW), she will make him feel better. She tells him he is a good boy. Then she goes and told the sister to stop beating him because he is sometimes good. (10-12)*

The 14-16 year old's envelopes showed a similar pattern. In the smaller communities the careworkers were a source of encouragement and built up young people's sense of self. In one site where a group was run with young women even though three of the young women had babies, which is often a reason for them to be criticised in the community, they described how the careworkers supported them by helping them to think about what they could do with their lives now.

> *She (CCW) does talk to me about my mum and how she would be proud of me now. That I must work hard at school and I can get my dream. (14-16)*

This pattern of support from careworkers was less obvious in the groups run in the larger urban communities but one pattern that did emerge was of young people who thought that adults in the community saw them as "a bad girl", "a girl who likes boys" or "a bad boy" but inside their envelopes most of them presented themselves

as “caring”, “loving and good”, “respectful”. This suggests that though they do feel labelled by the community (which may have something to do with being a teenager) they have not internalised this view of themselves. They must have someone in their lives who affirms them. Given the fact that most of them saw the careworkers as “people they could trust” we could assume that it is the careworkers who affirm them.

Summary: Self concept
Childline careworkers play an important role in developing a sense of self-worth amongst the vulnerable children in the OVC programme. This is done through affirming children during their everyday interaction with them. This is particularly clear in the smaller more cohesive communities in which Childline works.

9.1.2 External resources

Access to child support
In this evaluation the term “child support” refers mostly to access to identity documents and the child support, foster care and disability grants. Childline careworkers usually help children access the documents and grants by referring them and their caregivers to government and non-government service providers in the community who deal with these services (e.g. Child Welfare, DSD and Home Affairs). Access to these service providers was evaluated through two questions in the quantitative survey.

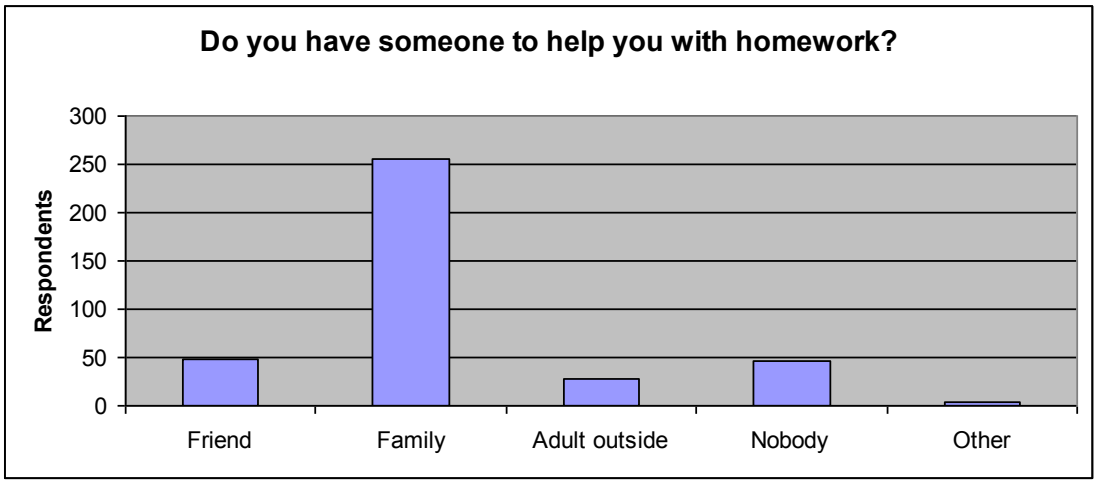
Quantitative findings: Access to child support
This aspect was investigated by means of two questions in the quantitative survey. The first survey question looked at whether the children had ever been referred to another service for help. This was compared with a control[9].

Have you been referred to anyone for help?
547 children answered this question, of whom167 were control group children. Overall, 32% of participants had been referred for help. **The project group (34%) were significantly more likely** than the control group (25%) to have been referred for help (Pearson Chi^2=4.66, p=0.031).

School-going is one of the key external resources that build protective factors in children’s lives. As a measurable indicator of this we used “help with homework”.

Help with homework: The extent to which children have someone to help them with homework is a measure of the external support they have with school-going. 67.2% reported that family members help them. 19.7% said that a friend or someone outside their families (possibly the careworkers) helped them. Only 12.1% or 46 children reported not having anyone to help them.

[9] Child Welfare Asibavikele Programme evaluation. (Clacherty G et al, 2012)



Summary: Access to services
The children who are part of the Childline OVC programme are more likely to get help through referral to services than children how are not part of the programme. These services would include health and social services such as help with documentation and accessing social grants.

Social networks

The presence of a wide and deep social network is one of the most important resources that a vulnerable child can have (Donald, Lazarus and Lolwane, 2010). "Wide" refers to the number of people in the child's social network and "deep" refers to the nature of the relationships with these people. Children need friends of their age that they can play with and talk to about their problems. They also need adult friends that they trust. They need to be included in community activities. One of the signs of emotional vulnerability is children who isolate themselves.

This indicator of resilience was measured quantitatively through four questions in the children's survey. It was measured qualitatively through a mapping activity where children were asked to indicate where "people they trusted and could tell a problem to" were located on their map.

Quantitative finding social networks

Adults you trust to talk to: The first survey question that measured social networks looked at the number of adults children would trust enough to talk to.

550 children answered this question, of whom 168 were in the control group.
Overall, the number of adults that the participants could talk to ranged from 0 to 21 with a mean of 3.5 and a median of 3. The **project group had more adults** (mean=3.9) compared to the control group (mean=2.4).
difference was highly significant (Kruskal Wallis Chi^2=36.06, df=1, p=0.0001)

How many friends of your age do you trust to tell important things: The third survey question looking at social networks assessed the number of peer-age friends the children had.

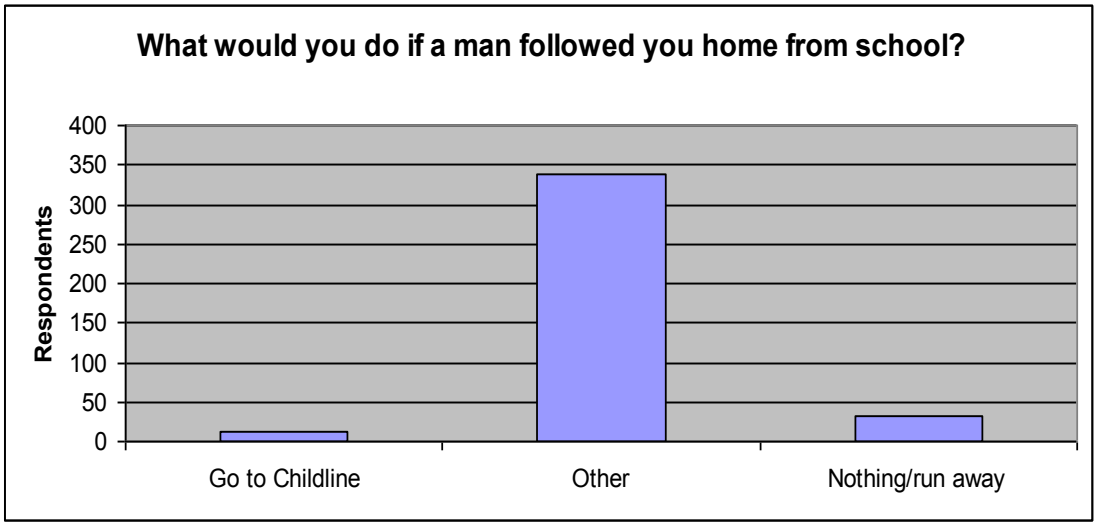
550 children answered this question, of whom 168 were in the control group.
Overall, the number of friends ranged from 0 to 33 with a mean of 2.6 and median of 2. The **project group had more friends** (mean = 2.8) compared to the control group (mean = 2.2). **The difference, however, was not significant** (Kruskal Wallis Chi^2=1.435, df=1, p=0.23). But, when the data was analysed for gender the results are interesting – girls had signficantly more friends (project (mean=3.05) and control groups (mean=1.89).)

How many groups do you belong to: The fourth survey question that assessed social networks looked at the number of recreational, out of school groups children belonged to.

550 children answered this question, of whom 168 were in the control group.
Overall, the number of groups ranged from 0 to 14 with a mean of 2.29.
Project group children belonged to more groups (mean=2.3) compared to the control group (mean=2.11). **The difference was not significant** (Kruskal Wallis Chi^2=1.79, df=1, p=0.187). This could be because there were few recreational activities in many of the project areas.

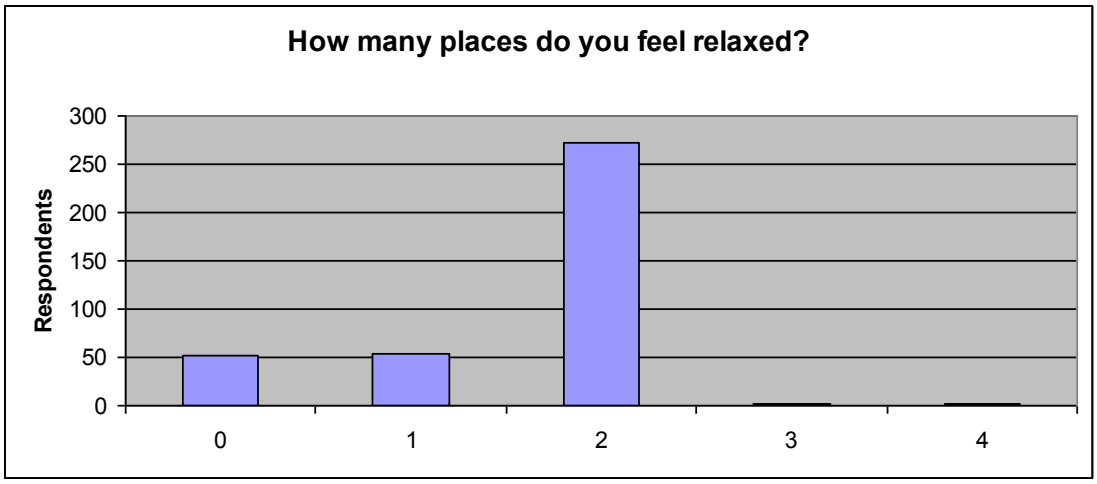
Another external resource that is related to social networks is the presence of safe places in the community. This was investigated by means of two questions in the quantitative survey.

A safe place to go: Children were asked what they would do if a man followed them home from school. By far the majority (88.5%) said they would go to a police station or a safe place or someone's house. Only 8.4% or 32 children said they would do nothing or would run away. Significantly, 12 children specifically mentioned Childline (presumably the careworker's home) as a safe place to go.



Good places to be: The children were asked how many places they had in their area that made them feel relaxed and safe. 330 or 86.4% had one or more such places. The qualitative research suggests (see below) that one of the reasons for this is that

the children can go to the homes of the Childline careworkers.



No comparative data was available for this indicator of resilience. However, it is included here because a mere absence or presence of factors such as a safe place to go are some evidence of external resources that promote resilience.

Qualitative findings social networks

The finding from the qualitative activity gives more information about the quantitative findings. The qualitative finding is best summed up by the photograph below.

It shows a number of leaves stuck to Sis T's house (which the children call the Childline house) on the map of the community drawn by the children. We have 12 maps like this one. The leaves show where there is a person in the children's social network that they can talk to. In most groups there were one or two leaves placed

on friends' houses, in their homes and in churches and the home-based care centre but in all of the OVC sites there were leaves placed to indicate Childline careworkers.

The importance of the collection of leaves at Sis T's house becomes obvious when one looks at the discussions around "people we trust". The children indicated peer-age friends on their maps but seldom named them as trustworthy.

> *I don't tell my friends. They gossip.*
> *Yes, friends talk too much. (14-16)*

In some cases children identified the relationship between them and family members as conflictual (see "Communication with adults" above). But on every map there were a collection of leaves at a Childline house. This was one place where children found an adult they could talk to. The careworkers were almost the only people that allowed children to develop the internal asset of learning how to relate to others.

Summary: Social networks
Children who were part of the Childline OVC programme had many more adult friends that they trusted to talk to than children in the control group. Given the qualitative data it is likely that many of these adults are Childline careworkers.

The qualitative and quantitative data suggests that the careworkers' homes provide children with a safe place to go to in their often threatening and difficult communities.

9.2 Caregivers

The focus group discussion outline used with caregivers is presented in Appendix 7.

9.2.1 Internal assets

Communication with children in OVC household
This topic was explored with caregivers partly to triangulate what the children had to say but also to find out from the caregivers what they talked to their children about.

Four of the six groups of caregivers seemed to communicate with their children. Some of the women said they talked with their children about their daily problems. They described talking to their children about how they could stay safe. This included staying safe in the community. This protective talk seemed to apply mostly to younger children. Older children were mostly admonished to stay away from boys and taverns and crime. A few women described having communicative discussions with teenagers about their plans for the future but few talked about sexuality. Yet these four groups did express the idea that it was good to talk to children.

R: What do you talk about with your children?
There is a lot we talk about.
I talk to my children about respect.
I ask her how are things at school and help when she has a problem.
I teach my children to brush their teeth before they go to school.
They tell me about what they have been doing. Like last week they went to Mathafeni with Childline and then they told me about it.
If they look sad I ask him what is the problem is he is sick or if he had a fight with his friends or maybe I made him angry without noticing. We can see if they are not happy. (Caregivers)

In four of the six groups a few caregivers talked about how they tried to help the children cope with the grief of dead parents by talking.

You have to comfort the child. Say life doesn't en and say he or she must be strong. Things will be okay.
We talk about the things his father used to do when he was alive. (Caregivers)

Knowledge of protective strategies
The overwhelming pattern from all six focus groups was that caregivers felt largely powerless to protect their children in the face of community violence. They talked about criminal violence, including abuse by people the children know such as neighbours and family members, rape and kidnapping. One woman summed up the feeling when she said.

We pray when they go to school for God to protect them, then we thank God when they come home. (Caregiver)

But, in spite of this sense of helplessness they did they did teach their children some protective strategies. The ones most often mentioned were:

- Not being out after dark
- Walking with older children
- Staying away from taverns
- Having good friends

Four of the six groups also mentioned the fact that encouraging children to talk about their lives would make sure they talked when they needed help.

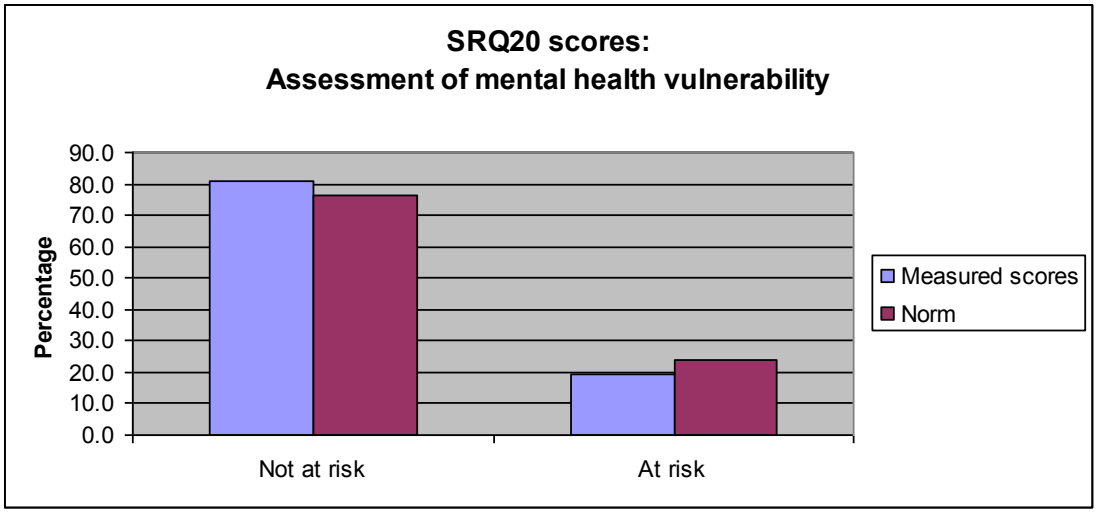
Another thing, a child mustn't be scared of you. If something happens to her on the street she won't tell you because she is scared of you. When she comes from school you must sit down with the child and talk about things. I know my child if I see she has been crying. I sit down with her ask what the problem is. I know her very well. (Caregiver)

Summary: Caregiver knowledge of protective strategies
While caregivers do have knowledge of child-protective strategies and teach these to children, they generally feel powerless to do much about the broader context.

Caregiver emotional stress level

Caregiver stress levels are one indicator of risk for children – the more emotionally stressed a caregiver is the less able she or he is to provide the care that children need. The evaluation used a simple questionnaire (the SRQ20) that is used widely to assess for mental health vulnerability as a measure of caregiver stress.

Of the 89 caregivers who completed an SRQ20 questionnaire, 17 (19.1%) can be classified as "at risk" or vulnerable in terms of their mental health. Or stated differently, most of the caregivers, though they obviously experience emotional stress (see the qualitative results) are not in the "at risk" category. The comparison with norms[10] based on wide international research and adjusted for African countries suggest that these caregivers are slightly less at risk than the norm. Note that some of the research on this instrument was conducted with women in areas of high violence[11] similar to those present in some of the Childline sites.



I sleep sometimes (when am feeling stressed). Sometimes I can't even speak.
I am short tempered. I cry when I am angry.
As for me I get sick when I am angry. I get headache and pain in my muscles then I sleep because even the pills don't work sometimes.
R: is there anywhere you can go for help?
Sometimes we talk to somebody but the problem is you are going to hear that story from somebody else so it is better to just sleep and when you wake up you feel fine.
I know the care workers from Childline.
If there is stress with the child they talk to him because they now how to take care of the situation. (Caregivers)

[10] WHO (1994)

[11] E.g. Lusaka and Eastern Cape townships Harpham, Grant and Thomas (2002); Harpham, Reichenheim, Oser, Thomas, Hamid, Jaswal, Ludermir and Aidoo (2003)

In five of the six groups someone mentioned Childline careworkers as a source of support when they were stressed (see "Social networks of support" in the next section".

Summary: Caregiver emotional stress
Although caregivers experience high levels of stress on a daily basis, and this make sit more difficult for them to provide caring environments for their children, the evidence suggests that they mostly are not in the "at risk" category. Childline careworkers play an important role in assisting caregivers to cope.

9.2.2 External resources

Access to child support services
Caregivers in all groups described how Childline careworkers facilitated access to government social services. Very often this was done through referral and help to fill in forms but in some cases careworkers accompanied caregivers to the government offices to get help.

In two of the six groups caregivers also mentioned frustration at the fact that careworkers had visited to find out what help they needed and then promised to refer the case but the caregivers were still waiting for feedback.

> *N is the one coming to us to check the children and report back to the office. Then they contact you.*
> *They sent me to the clinic and they said they are going to come and take all the information up until now since 2010 I haven't seen them.*
> *Yes, we have one family they took all the information and said they would come back but they have not. (Caregivers)*

One of the biggest issues (mentioned by careworkers too) was the issue of documentation for orphan children whose parents had been Mozambican. It is very difficult to access any kind of documentation for these children. This was a particular issue in the Nkomazi and Dundonald sites which border on Mozambique.

Support for school-going was another service identified by the caregivers. They described how careworkers helped with homework. The elderly caregivers identified this as a particularly important support.

> *What we ask is for Childline to continue with their work. If the child has a homework and as a parent I don't understand it I send the child to the careworkers. Like when they said the children must do an assignment about cancer I didn't know about it so they helped the children with this homework. (Caregiver)*

Another common service that was mentioned and very much appreciated by caregivers was the activities and trips that Childline organised for the children.

Caregivers described how this reduced the children's emotional stress.

> *Childline take children out when school closes. They also teach them and that helps, but they complain about hunger when they come back.*
> *Like mine come back with a lot of knowledge. They really help them. For them to take a taxi and go somewhere - it takes their mind off things - it is a good thing. (Caregivers)*

Also mentioned in all sites was the fact that Childline provides counselling for children who have been sexually abused.

> *If the child is abused they counsel her and give her a teddy bear. They try to solve problems for the children. (Caregiver)*

The quote below is interesting as it outlines the wide range of services that Childline offers caregivers and children. Notice how the caregivers describe an integrated approach of emotional and practical support for children.

> *They help children with their homework and to make the grade. If there is something I don't get through to her (the child) I ask the careworkers to talk to her because they don't listen to us – it's better if they talk to the careworkers.*
> *They also take them out for activities and to learn.*
> *Yes, they come back talking positive things.*
> *They take children to Home affairs and they come back and do a follow up on how things are going since they came to visit the family. (Caregivers)*

Social networks of support

Social support for caregivers is another external resource that can be a protective factor for children. This indicator was measured through asking caregivers to draw a map of their area and to show where they had someone they could trust to tell their problems to. In each group a few caregivers marked the Childline careworkers as a source of support.

A distinct pattern of support from Childline emerged in most of the caregiver's groups. Interestingly, the pattern is very similar to the pattern that emerged in the children's groups. Caregivers did not always trust neighbours and friends as they gossiped but in five of the six groups at least three caregivers mentioned Childline careworkers as a source of support.

> *I get help from Childline (when I am feeling stressed). When the child is sick they advise us to take the child to the clinic and then they come to see what happens after that.*
> *The church is also helpful. After speaking to Childline I then go to church and ask the pastor to pray for me and the child. Then I see the change. When Childline ask I tell them that the situation is better now. (Caregiver)*

The quote above is interesting for two reasons. It shows how Childline follows up on

the children and caregivers and it points to the church as an important source of support for caregivers.

Access to economic support – food gardens, income generation projects, food aid
It is important to point out that the focus of Childline's work is psychosocial support and referral to other services that can provide help with economic support. The focus group discussions showed that caregivers understood this focus. They knew that Childline Careworkers were there to provide emotional support to the children in their households and to refer them to other service organisations and government departments for practical help such as food and grants. This shows that Childline has communicated its purpose well in the projects sites and to its beneficiaries.

But, in spite of this, the context of deep poverty that most beneficiary households found themselves in meant that they did still hope that they may get practical help from Childline. Poverty was the biggest problem described in all of the groups. Caregivers described it as a huge source of stress that affected their relationship with their children.

> *If you have children at home and you are not working they want food and clothes. In winter they are feeling cold – they don't even have shoes. That hurts you as a parent. With their grant it's for food and I can't buy clothes with that money. In that R560 you can't do everything. (Caregiver)*

> *I have five children and some don't have school shoes. They wear takkies and at school they chase them away to call their parents. So we go to school and explain the situation to the principal. They once beat her for wearing coloured shoes. I even thought of taking her out of school until I spoke to the principal. (Caregiver)*

So, even though they said they knew that it was not Childline's role they did spend time in the focus group discussions wishing that Childline could help more with practical things. They admitted that they often got angry with Careworkers who just came to talk when what they really needed was food for the evening meal. This issue was discussed at length by Careworkers who felt powerless in the face of the need they came across. They too often wished that they could help in a practical way.

One issue that seemed to cause some bad feeling was that sometimes Childline did provide practical things like shoes or school stationery (usually donated by local companies) but it did not go to all children in the OVC project, usually because the supply was limited.

This issue of practical versus psychosocial support is a challenge faced by all organisations offering psychosocial support services in a context of deep poverty[12] and it is not one that is simply dealt with. The important thing is that Childline is

[12] For example, Sophiatown Community Psychological services which operates among migrant communities in Johannesburg grapples with this issue on a regular basis (pers. comm. Johanna Kistner, Director and clinical psychologist).

aware of the dynamic and looks carefully at donations of practical support in the context of deep poverty and the bad feeling that can so easily be created.

9.3 Careworkers

The focus group discussion outline used with careworkers is presented in Appendix 8.

9.3.1 Building internal resources

It was clear that the home visits carried out by careworkers played an important role in building internal resources. There was strong triangulation with the social support and safe space that the children described. Careworkers described how they became a source of support to teenagers and caregivers through the home visits. The regular homework help was also a way of getting to know the children and build trust. Even giving hygiene advice and checking up on health issues created an opportunity for careworkers to show that they cared about the children. Careworkers had a clear understanding of the link between external needs such as clothing and internal emotional states.

> *R: How about self esteem (of the children)*
> *It is just they are children but sometimes you can see they feel ashamed when we have activities during school holidays. You see that the child is wearing torn pants and you bring something from your house if you have those clothes. (Careworker)*

Careworkers spent some time in the workshops discussing how many of the orphan children grieved for their parents. They said that they did a lot of informal counselling around grief.

> *R: What do you do to help the children inside (emotionally).*
> *The social workers do that because we are not trained to do that.*
> *We do informal counselling.*
> *Yes, we are parents to these children. They call us mama, father and uncle. And it's difficult to heal that child emotionally. (Careworkers)*

Some of the careworkers had participated in memory box workshops to help them to make boxes with children and their families. A few careworkers said this was a useful tool that they had used in an adapted form and they saw how it could help children. But most found the approach to the memory work threatening. When they had tried it they worried that it made caregivers and children too sad and they did not know how to contain the emotions they had raised. Others said they had not managed to try out the approach as it needed the family to work together and elderly caregivers were resistant to doing memory work about their adult children who had died or family members as it "made them too sad". Careworkers asked for a simpler approach that they could use with the children alone.

There was evidence of careworkers doing simple lifeskills and general counselling work with children during the home visits and evidence that children came to careworkers with their problems. This triangulates what the children had to say too. The careworkers homes are a place where children feel safe and can talk about their needs.

One of the challenges that careworkers said affected their work was the ongoing feeling of powerlessness they felt because they could not change the families situations of deep poverty. They could help with access to grants but often this was not enough or in the case of non South African children not possible. They described how this wore them down. They knew that their role was to refer to services and not to provide direct help such as food parcels. But they often felt guilty that they could not help more. Most of the discussions with careworkers included time spent discussing their feelings of guilt. Some said that they often did not go back to a home to check on the children because they knew the situation would be bad and that the caregivers would be angry with them because they could not help more.

> *There are child-headed homes and it is hard. I have seen once they hear your name Childline they start to tell you about their problems and we have nothing. We can refer them to home-based care. But they ask what are you going to do to help these children? They have these questions and we don't have an answer.*
> *Even if we help with homework you can't help a child who is hungry. We try to help with our own money but our stipend is small.*
> *We are sometime scared to do home visits because when we come they think we have something for them. Other girls they stay at home when they have their periods because they don't have sanitary pads so they miss school for five days.*
> *And the referral can take so long. We have some children we have referred to the local social workers and they have registered them two years ago but still today there is nothing. (Careworkers)*

Careworkers in three of the groups discussed the fact that families most often wanted to be given clothes and food and even though the careworkers could help with gardens and other more long term projects like beading families did not always want this kind of help. This dependency was disheartening and disempowering for many of the careworkers who then felt it would be easier for them if they had something to give. In a few of the group discussions careworkers discussed the fact that even a symbolic gesture of giving food or school clothes once a year signalled to families that they recognised their poverty and that this would improve the relationship between them and the caregivers.

Additionally many of the careworkers themselves faced similar problems in their own homes. They also struggle for food and to clothe their children or with HIV and AIDS. Childline does provide support and debriefing sessions for careworkers but they seemed to suggest that, although they appreciate this, it is not always useful. Most of the careworkers said they did not feel comfortable talking about their own

problems or even their feelings of helplessness around the families they visited in front of their colleagues.

> *(They talk about their own home situations which are difficult)*
> *R: Who is helping you with the problems you have?*
> *If we have a problem we talk to our colleagues and our mothers those are the people we talk to.*
> *We really need counselling or to have people that we can talk to if we have problems.*
> *We do debriefing with the social worker but it's not enough it is not what we really need because we need it one-to-one.*
> *We do talk as careworkers like this.*
> *Sometimes it is because there is someone who has passed away at home or you have something that you don't like at home that has happened. (Careworkers)*

9.3.2 Mapping external protective resources

One of the roles of the research groups with the careworkers was to map the external resources in each research site. This allowed us to triangulate what children and caregivers said about the external resources they had access to and how Childline facilitated this access.

What emerged from the mapping activity was that there are few external protective resources for children and families in the areas where Childline works. Careworkers mentioned that NGOs and CBOs come and go (except for GRIP - Greater Rape Intervention Programme) which is a rape crisis NGO that works in all of the sites except Dundonald. Child Welfare was another more long-lasting partner in most of the sites.

Health services

Health services varied according to sites. Some (such as Mataffin and Elandshoek) had very poor access to clinic services with mobile clinics that visited once a month. In three of the research sites careworkers also described the problem of lack of medicines when the clinic was accessible. The discussions did show though that many of the careworkers helped children and caregivers that were HIV-positive to access and manage their medication. They also describe how they facilitate immunisation and TB treatment adherence.

> *The clinic is a place that helps children in our area.*
> *R: How?*
> *We help children by taking them to the clinic if they are sick or if they have to go and get their treatment.*
> *As a careworker I make sure that the child takes his treatment everyday if maybe he is taking TB treatment I must check if there is somebody who is signing for him on the card.*

Careworkers described strong partnerships with the clinics in four of the six sites.

> *We also refer them to the clinic. They also refer other children to Childline. They know that we work with Childline. If maybe there is going to be immunisation to tell the children to come to the clinic. (Careworker)*

In some of the sites we noticed that Careworkers seemed quite reluctant to discuss what they did to help families that had HIV-positive children or ill adults. Many said that they did not know if a child was positive.

> *You can guess because the child is sick a lot but if the caregiver does not disclose there is nothing you can do. (Careworker)*

Of course confidentiality is an important consideration but it seemed that in some sites careworkers were reluctant to even discuss HIV and AIDS at all as if it was a taboo subject. There seemed to be a lack of openness even amongst the careworkers themselves (see the discussion in xx).

The link between health services and the protection of teenage girls from pregnancy was a common discussion point in the focus group discussions with careworkers. In most of the sites careworkers discussed teenage pregnancy as a huge risk factor and the role a lack of health resources plays in this problem. This discussion with careworkers describes why this places young people, in particular at risk.

> *There is a lot of teenage pregnancy even at 12 years.*
> *Sometimes we think that it's due to poverty. The family is not getting much money and the girls think that if they can have a rich boyfriend to support them.*
> *Another thing is we don't have a clinic here – the mobile clinic comes once a month and there is no money to go to Nelspruit to get contraceptives.*
> *And at the civic centre there is a long queue and you must come early and they tell you to come the next day and that is money.*
> *And if young ones come they question them and they turn them back and after they fall pregnant they do abortion but some of the sisters do give them an injection because it is better than getting pregnant and dropping our of school. They are trying to protect them.*
> *It is difficult for the girls though because the clinic comes in the morning and they are at school. (Careworkers)*

Most careworkers we talked to said they emphasised abstinence to the teenagers in their care rather than trying to create opportunities for young men and women to get contraceptive advice at the clinics. There were some exceptions though; in one site a community health worker and the careworkers work closely together to make sure the teenagers have access to confidential advice and contraception.

> *Pregnancy is such a risk. Because of poverty. The boyfriends buy the girls what they need. So we work with Sis G to talk to the girls. She comes with us to visit and makes friends with them and they talk to her. They go to the clinic to see her. (Careworker)*

Police services
The extent to which police services were there for children and families to access differed according to the sites. In two of the sites the Childline careworkers had built very strong links with the police services or the policing forum when there was not a police station in the immediate area (which was the case in some of the sites). In other sites the police were supportive when cases of sexual abuse where reported by Childline but not always in less serious cases such as neglect or domestic violence. In one site careworkers had no faith in the police as they said they were ineffectual and part of the problem.

Social support services
The ability to access social support services also varied with area. The more remote areas had problems with transport costs to Home affairs or DSD offices. Careworkers said that finding transport money to get children and caregivers to DSD offices was a major challenge.

In line with what children and caregivers said the biggest issue was accessing identity documentation for children born of foreign parents. This seems to be an insurmountable issue that careworkers have no solution for. Another problem raised in all of the groups was the issue of foster grants for caregivers when the father of the child was not traceable.

School-going support
Careworkers described how they help support school-going. The biggest role they play seems to be homework support.

> *We go to their classrooms and ask about their performance at school so we can see how we can help the child*
> *Another thing that happened in April there were children that were not doing very well I grouped them according to their grades and helped them with their schoolwork. (Careworker)*

It is important to keep in mind how this kind of interaction would build up internal assets such as self confidence and esteem. It can also build a child's ability to communicate with adults, with homework support being a vehicle for that kind of interaction.

Churches
Careworkers described the churches as playing an important role in families lives. Usually the support was emotional but very often churches also helped with food and clothes. In one site the pastor of a local church had developed a vibrant youth programme that caregivers, children and careworkers described as an important protective resource for young people. The programme included afternoon activities such as dancing, sport, a choir and lifeskills groups. Childline careworkers worked closely with this pastor, for example our research workshop was held in this church and it was clearly a place familiar to the children.

Other support for children
In two of the sites a local home based care child care centre was a key resource for vulnerable children. In both cases careworkers worked alongside the centres as they provided regular food and recreational support. Children came to the centres to play and talk after school (older and younger children) so they provided a safe space for children. One had a large vegetable garden so it also provided a sustainable food resource for vulnerable families. CCWs described their partnerships with these centres as important for the work they did. Our research groups were held at the centre.

9.3.3 Careworker as professional

One of the areas of strength that emerged from discussions with careworkers (and management staff) that made a strong contribution to the careworkers being an ongoing and reliable resource for vulnerable children was the way their role was perceived by the organisation.

In CLMPU careworkers are not volunteers as they are in many other similar programmes. They receive a salary, are appointed through a careful process, have a job description and are held accountable to this job description. CLMPU also facilitates ongoing training for careworkers that is usually accredited so that they are able to improve their qualifications and status.

Careworkers valued this status. Their morale was generally high and they clearly felt as if they were an important part of the organisation. There were no complaints about their remuneration as there so often is in other organisations where careworkers are treated as volunteers and given a minimal stipend. They often talked about how they value the training they receive, particularly the Thogomelo training, which is accredited. They saw this as a part of career building. Many of them said they hope to build their careers in the organisation. In fact, three of the site coordinators who were part of the study had previously been careworkers, so this is a definite possibility.

Linked to this discussion is the fact that careworkers did not complain about the administrative work that accompanied their jobs. They saw the forms they needed to fill in as a necessary part of monitoring vulnerable children. They seemed to see the administration as part of their professional role as careworkers rather than as a tiresome burden, as other community careworkers sometimes do.

Management staff mentioned that careworkers tended to stay on in the organisation for some years and attributed this to the status given to the role of careworker. Careworkers also talked about how social workers and management staff treated them as equals too. There was no sense of a hierarchy of roles within the organisation.

> *We are treated well. You feel they value us.*
> *Yes they listen to us when we say things.*

Even the social worker, she lets me tell her about the children. (Careworkers)

This is an important finding as it adds important evidence to the debate about volunteers in service organisations.

Summary: Protective external resources
The lack of some services such as clinics placed children at risk. The lack of youth-friendly reproductive services placed teenage girls at a particular risk.

But what is clear is that Childline plays an important role in facilitating access for vulnerable children (and teenagers) to external resources such as school, clinics, social services and other NGOs where these exist. They seem to work alongside role-players such as the police, the clinic sisters and state social workers where these role-players are there and active. The status given to careworkers within the organisation contributes to the effectiveness of the careworkers.

9.4 Service Providers

The interview schedule used with service providers (and stakeholders) is presented in Appendix 5.

9.4.1 Provision of external resources

26 interviews were conducted with service providers in the project sites.
The extent to which service providers interacted with Childline to provide access to external protective resources for children was dependant on the commitment and attitude of the service providers themselves.

There were exemplary examples of church leaders, health service providers, police, local home-based carers, crèche teachers who work together with Childline careworkers. Here are two examples.

I am a pastor of a local church. I was approached by the some careworkers from Childline where they give lifeskills to do lifeskills at our church to our youth. I noticed most of the boys you have here today are from our church. We have a very good relationship with Childline. We do refer child abuse cases to Childline and they refer on to us if necessary. If I take it to SAPS myself it may not go anywhere. But with Childline they counsel the children and they have those skills. Mine are more spiritual. They also follow up with SAPS to ensure progress and they (careworkers) know the relevant steps. They are the experts in the field and we rely on each other. (Pastor)

I have been able to reach places that I would never have gone to before with Childline. I go with them on home visits. They also refer children to the clinic if they do not have a road to health card. They do know more about the road to health card now because I workshopped them (CCWs). So we help each other because their home visits do allow us to pick up children who are hidden from us at the clinic. Like last year they referred a disabled child to us. (Community health sister DOH)

There were fewer examples of links with councillors and traditional leaders. There were also service providers in some of the project sites who did not know Childline, for example, some of the victim support units in SAPS and clinic sisters. All of these service providers asked for Childline to make contact as they saw a need for their expertise in their work. DSD social workers were not included in the service provider interviews as they were difficult to make contact with. This lack of support from DSD is an issue that Childline has struggled with in trying to set up functioning stakeholder committees.

9.5 CLMPU staff

The following CLMPU staffs were interviewed:

- Seven site coordinators
- Orphan programme coordinator
- Social work manager
- Evaluation and monitoring manager
- Social worker
- Director

The focuses of the interviews were the challenges they felt CLMPU faced in building protective factors in children's lives and the achievements they felt they had made.

9.5.1 Building internal assets: Challenges and strengths

Strengths

One of the achievements highlighted by staff across the organisation from careworkers to the managers was the fact that the careworkers had a deep understanding of the fact that the psychosocial needs of vulnerable children were important. There was also recognition that simple caring and even meeting children's practical needs had an impact on a child's inner assets and ultimately their ability to overcome their difficult situations – their resilience.

The interviews with staff also show that another strength is the consistent understanding, again through the organisation, of the fact that acting-out or withdrawn behaviour are signs of inner stress. This is not a widely held understanding. Linked to this is the fact that Childline staff have a broad understanding of child protection. They understand that teaching lifeskills gives children protection far beyond simple admonitions to not walk alone at night.

> *Coordinators and careworkers know about the emotional needs of children. Before I did not know. Now I feel so good being involved in a project that can just see that children get emotional support. I see children on the streets behaving badly and before I used to think they were naughty now I just think they need counselling because this is how we will improve our society – they are being damaged by neglect. (Site coordinator)*

So, though careworkers and other staff are often challenged about why they do not provide more practical help to poor families, and they often feel guilty about this, they do understand the core work of the organisation.

Linked to this is the careful training given to careworkers. The careworkers themselves spoke positively about the Thogomelo training especially in the way it helped them to understand how to build children up emotionally. Another positive about the training was that it was most often accredited and careworkers valued their ability to improve their personal education. There were also examples of careworkers moving up within the organisation.

Though careworkers did describe their work as stressful there was a commitment from managers and coordinators to support them at a psychosocial level, often through simple collegiality.

> *"If you are not open to careworkers and them to you then the stress builds up and that is when they resign." (Site coordinator)*

Challenges
An issue that arose frequently was around Childline campaigns. The campaigns are designed to give protective knowledge to children and adults in general in the community. However, careworkers in all of the sites talked about how the campaigns took up a lot of time and energy and also took them away from what they saw as their core work – home visits. But, the campaigns were successful in some of the smaller sites. One coordinator had this to say. "Previously people did not report abuse. Now people report it and it is because of the campaigns." The local health service provider in this area confirmed that report of abuse cases had definitely risen since the campaigns. This comment should be seen in the light of the KAP results. It seems that the campaigns do give children generally in the project sites important protective knowledge.

The coordinators and careworkers all expressed some concern about the memory box work. They generally liked the programme but worried about their ability to deal with the very deep issues it raised. They felt inadequate. But, they did see that children needed help with grief and were not always able to find ways of helping the children and their caregivers.

9.5.2 Providing external resources: Challenges and strengths

Strengths
One of the strengths was that the Childline careworkers and coordinators had crafted strong partnerships programme in some sites with some service providers. This ability to create partnerships seemed to rely to some extent on the service providers themselves. However, interviews with service providers suggest that there are more of them that would be interested in making contact and working alongside Childline.

As mentioned earlier, context clearly plays a role. Smaller, more rural communities are more cohesive. It is easier for careworkers to interact with service staff and with each other in such communities. It is also easier for the social workers to be in touch with the community and the services. The more disparate urban communities are more difficult to work in.

Challenges

One of the greatest challenges and debates within the organisation is the link between practical help and overall child well-being; the need to find ways of supporting families practically without creating dependency. Site coordinators said gardens just didn't work in some communities because in the more urban ones people thought they were above gardening and in some sites there was no water or fences. They acknowledged that the search for ways to help families create sustainable income was an ongoing challenge.

The stakeholder committees were seen as an important tool for the ongoing protection of children in the area but they were difficult to run as service providers did not attend meetings, in all sites coordinators said they struggled to get DSD and Home Affairs staff to attend.

Another challenge expressed by careworkers was the time period of three months with each family. Though it is necessary to make sure a certain number of children are reached careworkers seemed to think that three months was not enough time to get to know the children so they could assist emotionally and to help with the complex service access issues. They did acknowledge that they had ongoing contact with the children but that there just was not time to focus on complex cases. It seemed as if there was a need for a set of indicators that Careworkers could use to decide when intensive support should stop for a particular family.

One of the biggest challenges related to children of migrant parents. All staff mentioned this issue. It seems to be a problem for greater advocacy at national level.

10. CONCLUSIONS AND RECOMMENDATIONS

Evaluation question one: To what extent has the CLMPU programme enhanced the awareness and response to child protection issues in the areas in which they have worked?

Conclusions

CLMPU's work has had an impact on the communities in which they work. Adults seem to have gained insight into how to protect their children. Crèche teachers have learned how to reduce risks for young children and become a protective resource for older children. Children in the project sites have learned some important protective knowledge and stakeholders have a resource that they can call on when children need help. More work needs to be done to make sure teachers become proactive protectors of children.

- The evaluation shows that CLMPU **awareness-raising around child protection in project sites and the presence of the CLMPU careworkers has had an impact on parents/caregivers**. The findings from the KAP study suggest that there are parents in the project communities who have the knowledge to protect children and who have the attitude that adults are responsible for all children in the community. These parents are a potential resource for child protection.

- Childline has not run specific training with primary and secondary school teachers around child protection. Some teachers have, however, been reached through the general campaigns in schools. These few teachers demonstrate some knowledge of child protection strategies, have a commitment to supporting vulnerable children emotionally and also try to find alternatives to corporal punishment. There are, however, many teachers who have not been reached with these ideas. **Many teachers in project and comparison sites displayed a hopelessness and passivity about their ability to support and protect children**.

- **There is strong evidence that the training of ECD teachers in crèches in the project sites has been very successful**. They show knowledge of child protection strategies, knowledge of child rights and alternatives to corporal punishment. They also understand the need for psychosocial support for children. It is significant that in some of the project sites they have become a resource for children and young people beyond the crèches in which they work.

- **There is evidence of CLMPU's influence on pastors, police officers, local councillors, health workers and community organisations**. There is also evidence of Childline providing a supportive service for these stakeholders in their work for children; they have somewhere to refer children. This is evidenced in the sites where Childline CCWs work and beyond these sites into adjoining areas which were used as comparison sites in the KAP study.

- There is also evidence from the interviews carried out as part of the KAP study that **there are stakeholders who do not know about Childline and their work**. All of them expressed the idea that interaction with Childline would improve the services they offer.

- There is some evidence that CLMPU campaigns and their presence in the project sites have **increased children's knowledge of protective strategies in some key general lifeskills areas** such as friendships, awareness of trafficking and the need to seek out supportive adults.

Recommendations

1. **Specific parenting programmes** could enhance the role that caregivers play in the protection of children in project sites. They should focus on:
    - The fact that communication with children is a protective strategy - especially as they grow into adolescence
    - Countering the negative perception of child rights – helping parents see that rights are not an excuse for license but part of our responsibility to children as adults.

2. The passivity evidenced in teachers could be explained by the crisis in education (a particular issue in Mpumalanga) but nevertheless, teachers are critical role-players in the protection of children and as such Childline needs to continue to try to influence them. The success of the ECD teacher training suggests that **CLMPU should conduct similar training in child protection in primary schools** (and possibly later in secondary schools). The training should focus on:
    - Countering the negative perception of child rights – helping teachers see that rights are not an excuse for license but part of our responsibility to children as adults and that all rights come with a responsibility on the part of the child
    - Alternatives to corporal punishment
    - How teachers can play a role in the emotional support for vulnerable children by being empathetic and building up self-esteem in their everyday interaction with children; we are not asking teachers to be social workers but just asking them to interact with children with care.

3. **CLMPU should initiate a campaign to map and then target the child protection stakeholders who do not know about their work in the project sites** and begin to inform them about the services they offer for referral of abused children and children needing psychosocial support. A closer working relationship with them would enhance child protection and support in the entire area.

4. CLMPU staff as a whole should r**eview the present campaign strategy to find additional ways to teach children broad lifeskills** that are not covered in

school curricula, media and other education programmes. It would be important to find ways to educate children about how to apply knowledge around protection to their own life context. It would also be important to review the campaign topics in the light of the finding about vulnerable children's lack of knowledge about HIV and AIDS (a lack possibly caused by the stigma attached to AIDS).

5. Linked to point 4 above is the need to find ways to address the stigma attached to HIV and AIDS in the sites where CLMPU works. A possible place to start would be to identify partner organisations working on similar issues and to work with them to develop anti-stigma campaigns. It would be important for these campaigns to be informed by recent research and understandings about the most effective ways to address the stigma attached to HIV and AIDS. A useful place to start would be to read the excellent review of research by Deacon and Stephney (2007). See also recommendation 9 below.

Evaluation question two: Has the CLMPU OVC programme promoted the well-being and resilience of OVC in the targeted communities?

Conclusions

Being part of the CLMPU OVC programme builds important internal assets towards resilience

It is clear from these findings that being part of the CLMPU OVC programme has reduced children's emotional stress. Regular interaction with the CLMPU careworkers builds children's sense of self worth and gives them a future orientation. The programme seems to be particularly effective in smaller, more cohesive communities whereas larger, disparate communities with higher levels of community 'chaos' prove more challenging.

CLMPU facilitates OVC beneficiaries' access to external resources for well-being and resilience

The children who are part of the CLMPU OVC programme are more likely to get help through referral to services than children how are not part of the programme. It is clear that the careworkers provide an important link between government services and caregivers. An important area of Childline support identified by caregivers was psychosocial support through activities, counselling and outings.

Children who are part of the CLMPU OVC programme have deeper and broader social networks. Of particular importance is their access to caring adults. Careworkers' homes provide children with a safe place to go to in their often threatening and difficult communities. Caregivers also have increased social support because of their link to CLMPU.

Recommendations

The following would enhance CLPMU's work within the OVC programme:

1. Poverty causes deep emotional stress and is still, in spite of the support given by Childline, an issue for many of the families in the OVC programme. Childline clearly plays a role in helping families access government social support services but maybe more could be done in this area. Economic strengthening is not a core focus of CLMPU so research should be done into possible partnerships in the project sites with organisations that can assist families in the OVC programme to develop greater economic independence.

2. Careworkers acknowledge the need to do grief work with the children and they value the training they have had in memory work but they still feel inadequate in this area. CLMPU should find ways of increasing careworkers' confidence in this area.

3. Review the debriefing programme for careworkers and explore with careworkers (perhaps with an external facilitator) what would best suit their needs.

4. Map stakeholders in the sites and develop a plan to raise awareness among them of Childline's programmes and how they can assist stakeholders who are involved in the protection of children. We are aware that Childline has done this in many sites and struggled to gain the commitment of some stakeholders (especially DSD). Perhaps contact at DSD provincial level would help. This should be given focussed attention.

5. Make efforts to raise the profile and role of Childline and its local staff amongst local stakeholders (teachers, clinic staff, NGOs and CBOs) to the extent that Childline is the 'top-of-mind' provider in cases of need.

6. Make contact with local organisations who work in the area of economic strengthening and seek out ways of partnering with them to assist beneficiary families to find ways to reduce ongoing poverty.

7. Government and NGO service providers do not understand or apply the legislation that states that all children, whether they are South African or not, have a right to identity. Childline should partner with agencies such as the Alliance for Children's Access to Social Security (ACESS), the Coordinating Organisation for Refugees and Migrants in South Africa (CORMSA) and Lawyers for Human Rights (LHR) who work with issues of migrant children. These organisations are working on a national advocacy campaign around documentation for migrant children.

8. The need for youth-friendly reproductive health services was highlighted by careworkers – this is another area for local and national advocacy (alongside the issue above) with a key strategic partner such as loveLife.

9. Review the process of withdrawing intense support of families. There is a need to develop indicators of 'coping', for example, "When is a family ready for us to withdraw intense support?" This should not be merely time-based.

10. Start with an intense internal campaign to get CLMPU staff talking about HIV and AIDS. Openness within the organisation will reduce the stigma and free up careworkers to talk about the issue openly amongst their own families and in their communities and the children and families they work with. This is imperative because this research seems to suggest that silence increases vulnerability.

11. CLMPU could make an important contribution to the sector by documenting and sharing their model of professionalisation of the careworker role in contrast to the volunteer model. It's recommended that this should be studied further as a best practice case study and shared broadly so that peer organisations can learn from the CLMPU approach.

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Appendix 1: Sampling method[13]

Childline Mpumalanga (CL MPU): Orphans and Vulnerable Children (OVC) Program Evaluation

-A KAP Survey - Sampling Strategy

- The sample for the KAP survey is drawn using a randomized multi-stage cluster sampling with probability proportionate to size (PPS). The sampling utilizes CL MPU OVC program clusters (geographic demarcations) within the sites.

- A two stage sampling technique (1st Stage – selection of clusters using PPS and 2nd Stage – selection eligible children from the selected clusters using SRS) is undertaken.

- Of the four CL MPU OVC program sites, two sites (namely Nkomazi and Daantjie with 10 clusters each) were purposely selected for the evaluation. The criteria for the selection of these sites were

  - Availability of NEW CL MPU clusters (to be used as control clusters) with in the sites selected for the evaluation
  - Homogeneity of the respondents (intervention and control group respondents) in terms of demographic and other socio-economic characteristics
  - The level of CL MPU program intervention in the NEW clusters
  - Urban / rural/ peri-urban settings

- Complete set of information on the name and number of NEW and OLD clusters per site selected for the evaluation, the names of primary and secondary schools in the OLD and NEW cluster, and the number of grade 6 and grade 10 learners are captured under Table 2 at the end of this document.

-A.I Multi Stage Sampling

Stage 1: Selection of Clusters

1.1 Selection of OLD Clusters (Intervention Group)

(a.1.1) Selection of PSU (Clusters) – Nkomazi : OLD

1st list Primary Sampling Units (OLD Clusters) with corresponding approximate Measure of Size (MOS): total learners (grade 6 and 10)

2nd - Starting at the top of the list, calculate the cumulative measure of size

3rd - Calculate the sampling interval

SI = M/a where M = is the total cumulative measure **= 3,658**

a = is the # of PSU (sub-partners) to be selected **= 4**

SI = 915

4th - Select a random number (RS) between 1 and SI= 915 and compare the # with cumulated measure of size

5th - Random # selected, RS = 706

[13] Grateful thanks to Addis Berhanu of PACT SA for his technical assistance with sampling

Subsequent units are chosen

RS = 706	RS + SI = 1,621	RS + 2SI = 2,535	RS + 3SI = 3,450

Name of Cluster (OLD): **Nkomazi**	# of Learners: Measures of Size (MoS)	Cumulative	Selection (*)
1-Jeppes Reef	66	66	
2-Driekoppies	512	578	
3-Schuzendal	228	806	*
4-Boschfontein	536	1 342	
5-Block C	76	1 418	
6-Buffelspriut	242	1 660	*
7-Middleplaas	398	2 058	
8-Magogeni	327	2 385	
9-Langeloop	649	3 034	*
10-Schoemansdal	624	3 658	*

Cluster with * are selected

(b.1.1) Selection of PSU (Clusters) – Daantjie: OLD

1st list Primary Sampling Units (OLD clusters) with corresponding approximate Measure of Size (MOS): total learners (grade 6 and 10)

2nd - Starting at the top of the list, calculate the cumulative measure of size

3rd - Calculate the sampling interval

SI = M/a where M = is the total cumulative measure **= 2,822**

a = is the # of PSU (sub-partners) to be selected **= 4**

SI = 706

4th - Select a random number (RS) between 1 and SI= 598 and compare the # with cumulated measure of size

5th - Random # selected, RS = 598

Subsequent units are chosen

RS = 598	RS + SI = 1,304	RS + 2SI = 2,009	RS + 3SI = 2,715

Name of Cluster (OLD): **Daantjie**	# of Learners: Measures of Size (MoS)	Cumulative	Selection (*)
1.Thembisa	137	137	
2.Enkomeni	543	680	*
3.Likazi	237	917	
4.Mpakeni	194	1 111	*
5.Luphisa	105	1 216	
6.Clau - Clau	338	1 554	
7.Ngodini	450	2 004	
8.Makoko	100	2 104	*
9.Msogwaba	384	2 488	
10.Daantie (OGIE)	334	2 822	*

Cluster with * are selected

1.2 Selection of NEW Clusters (Control Group)

Applying the PPS in selecting NEW clusters for the control group will not apply as the number of NEW clusters with in **Daantjie** and **Nkomazi** sites are very limited. There are only two NEW clusters in each of these two sites. Therefor the two NEW clusters in each site are selected as the control clusters.

(a.1.2) Selected NEW Clusters – Nkomazi

CL MPU Site	Name of Cluster *NEW clusters which CL MPU started in May 2012*	Schools in the Cluster							Total Grade 6	Total Grade 10
		Primary School in the Cluster		Secondary School in the Cluster		Combined School in the Cluster				
		Name of School	Total # of Grade 6 Learners	Name of School	Total # of Grade 10 Learners	Name of School	Total # of Grade 6 Learners	Total # of Grade 10 Learners		
Nkomazi	1-Mgobodzi *	Sogasa Primary School	125	Mandzi Olwandle high School	125	Mgobodzi Combine School	117		242	125
	2-Hectorspruit *	-	-	-	-	Thanda Combine School	156		156	-

Cluster with * are selected

(b.1.2) Selected NEW Clusters – Daantjie

CL MPU Site	Name of Cluster *NEW clusters which CL MPU started in May 2012*	Schools in the Cluster							Total Grade 6	Total Grade 10
		Primary School in the Cluster		Secondary School in the Cluster		Combined School in the Cluster				
		Name of School	Total # of Grade 6 Learners	Name of School	Total # of Grade 10 Learners	Name of School	Total # of Grade 6 Learners	Total # of Grade 10 Learners		
Daantjie	1.Mbonisweni *	Mbonisweni Primary	95	Phatwa Secondary	70	-	-	-	95	70
	2.Shishila *	Msogwaba primary	125	E.J Sigwane	145	-	-	-	125	145

Cluster with * are selected

Stage 2: Selection of Eligible Children from each Cluster (OLD + NEW)

Eligible children from Grade 6 and Grade 10 for the selected clusters (OLD and NEW) will be selected using SRS. The Learners Register from the schools will be used to undertake a random selection.

-A.II Sample Size

The sample size is calculated in due consideration that the evaluation (specifically the KAP survey) intends to assess the extent to which CLMPU program contributed to improved knowledge of, attitude and practice on **child protection** in targeted communities. In calculating the sample size the following points are therefore taken into consideration; the magnitude of change / differences expected to be reliably measured and the degree of confidence with which it is desired to be certain that the observed change would not have occurred by chance. It is well acknowledged that CL MPU has implemented the intervention program long enough for the expected results to show.

The sample size is based **Two-Group χ^2 test of proportions (odds ratio = 1) (unequal n's)**. The sample size calculation is performed using statistical package **nQuery Advisor Version 7** by taking the followings into consideration:

(1) The following group representations are made

Group 1: Intervention Group represents the leaners/children in the CL MPU intervention OLD clusters

Standard Proportion Π_S denote the proportion of learners/children who show improved understanding of child protection and resilience adequately as a result of CL MPU program (Π_S at 0.30); from program follow up, it is estimated that the proportion of children (0.30) who may have shown significant change in understanding of child protection and resilience as a result of benefiting from the intervention program.

Group 2: Control Group represents the learners / children from the NEW CL MPU clusters in which CL MPU has not started program intervention.

Test Expected Proportion Π_T denote the proportion of learners/children who are expected to show change in understanding around child protection and resilience without being given an opportunity to benefit from CL MPU program (Π_T at 0.20)

(2) Level of significance α: it represents the probability/chance of rejecting the hypothesis that the observed change on knowledge, attitude and practice on children protection and resilience would have occurred due to CL MPU program intervention (α at 5%)

(3) Ratio n_T/n_s : To control for potential confounding variables, it will be important to match each child in Group 1 with one or two children in Group 2. However due to limited availability of resources as well as NEW clusters which are not yet supported by CL MPU program, 1:4 ratio (n_T / n_s **= 0.25**) is used for paring. A ratio of 1.0 indicates equal sample sizes in each group. This ratio will give the highest power for a given total sample size. Note should be taken that the farther the ratio is from 1.0, the smaller the power for a given sample size; likewise, the farther the ratio from 1.0, the larger the total sample required to obtain a given power (90%).

(4) Power % at 90

(5) The sample size calculated using statistical package **nQuery Advisor Version 7** by taking the above information is **n_s = 608 for Group 1 and n_T = 152 for Group 2.**

The calculated sample size is with an **Odds ratio, ψ** of **0.508.** The odds ratio compares the odds of success in Group 2 to the odds of success in Group 1. An odds ratio less than 1.0 indicates that the odds of success are greater in Group 1 than in Group 2.

Hence, a random sample of 608 children will be selected for Group 1 and 167 for Group 2. A 10% contingency is added for non-response to the calculated sample sizes which will give **n_s = 668** d **n_T = 167.**

Summary of Selected Clusters

Table 1.1 below provides the summary of the selected OLD clusters with the sites and allocation of sample size for grade 6 and 10.

Table 1.1: **Selected** CL MPU OLD Clusters

Name of Site	* Selected Clusters OLD	Name of Primary / Combined School	Total # of Grade 6 Learners (ai)	Name of Secondary School	Total # of Grade 10 Learners (bi)	Proportion of Grade 6 Learners (ci) = (ai) / Total Learners T (2 249)	Proportion of Grade 10 Learners (di)= (bi) / Total Learners T (2 249)	Sample Size Allocation for Grade 6 and Grade 10	
								(ei) = Total Sample Size for Group1 (ns=668) * (ci)	(fi)= Total Sample Size for Group1 (ns=668) * (di)
Nkomazi	Schuzendal	Schuzendal Primary School	111	Mdzili High School	117	0.05	0.05	33	35
	Buffelspriut	Sendlovu Primary School	96	Ndlela High School	146	0.04	0.06	29	43
	Langeloop	Mftini Combine School	123		143	0.05	0.06	37	42
	Schoemansdal	Schoemansdal Combine School	143		132	0.06	0.06	42	39
Daantjie	Enkomeni	Tiboneleni	195	Mayibuye	150	0.09	0.07	58	45
	Mpakeni	Mpakeni Primary	136	Chief Charels	58	0.06	0.03	40	17
	Makoko	Makoko	50	Jacob Mdluli	50	0.02	0.02	15	15
	Daantie (OGIE)	Siyakhula	164	Bongihlahla	170	0.07	0.08	49	50
Elandshoek *[14]	Mataffin	John Mdluli P.School	67	Cyril Clark Sec. School	198	0.03	0.09	20	59
Total Learners (T) = Total ai + Total bi			**2 249**				**Total Sample Size ns**		**668**

[14] * **Note:** The selection of cluster from Elandshoek site is purposive. The site was identified as s site for the evaluation (in an evaluation planning meeting held on the 10th of May 2012). However the NEW clusters in the site cannot serve as Control sites. Accordingly the only cluster with both primary and secondary school was selected for the intervention group (Group 1) KSP survey.

Table 1.2 below provides the summary of the selected NEW clusters with the sites and allocation of sample size for grade 6 and 10.

Table 1.2: **Selected** CL MPU NEW Clusters

Name of Site	* Selected Clusters **NEW**	Name of Primary / Combined School	Total # of Grade 6 Learners (ai)	Name of Secondary School	Total # of Grade 10 Learners (bi)	Proportion of Grade 6 Learners (ci)= (ai) / Total Learners T (841)	Proportion of Grade 10 Learners (di)= (bi) / Total Learners T (841)	Sample Size Allocation for Grade 6 and Grade 10	
								(ei) = Total Sample Size for Group 2 (nt = 167)* (ci)	(fi)= Total Sample Size for Group 2 (nt = 167) * (di)
Nkomazi	Mgobodzi	Sogasa Primary School	125	Mandzi Olwandle High School	125	0.15	0.15	24.8	24.8
	Hectorspruit	Thanda Combine School	156			0.19	-	31.0	-
Daantjie	Mbonisweni	Mbonisweni Primary	95	Phatwa Secondary	70	0.11	0.08	18.9	13.9
	Shishila	Msogwaba primary	125	E.J Sigwane	145	0.15	0.17	24.8	28.8
Total Learners (T) = Total ai + Total bi			**841**			**Total Sample Size ns**		**167**	

Clusters of CL MPU Sites

Table 2 below provides complete set of information on the name and number of OLD clusters per site selected for the evaluation (namely Nkomazi and Daantjie), the name of primary and secondary schools in the OLD clusters, and the number of grade 6 and grade 8 learners.

Table 2: CL MPU OVC Program Existing (OLD) Clusters by Site

Sampling Frame: **CL MPU Evaluation - KAP Survey / General : Children from CL MPU Sites**

Clusters: **Existing (OLD) CL MPU Clusters**

Province / District: **Mpumalanga / Ehlanzeni District**

CL MPU Site	Name of Cluster *These are clusters which CL MPU is currently working in*	Schools in the Cluster							Total Grade 6	Total Grade 10
		Primary School in the Cluster		Secondary School in the Cluster		Combined School in the Cluster				
		Name of School	Total # of Grade 6 Learners	Name of School	Total # of Grade 10 Learners	Name of School	Total # of Grade 6 Learners	Total # of Grade 10 Learners		
Nkomazi	1-Jeppes Reef	Sabata Primary School	66						**66**	-
	2-Driekoppies	Bukhosibethu Primary School	132	Joseph Mathebula High School	139	Driekoppies Combine School	52	189	**184**	**328**
	3-Schuzendal	Schuzendal Primary School	111	Mdzili High School	117				**111**	**117**
	4-Boschfontein	Zwide Primary school	125	Mbambiso High School	270	Mhlaba Combine School	141		**266**	**270**
	5-Block C	Tindzaleni Primary Schhol	76			Ingwenyama Combine school			**76**	-
	6-Buffelspriut	Sendlovu Primary School	96	Ndlela High School	146				**96**	**146**
	7-Middleplaas	Phakamani Primary School	153	Camalaza High School	245				**153**	**245**
	8-Magogeni	Magogeni Primary School	130	Soshangani High School	197				**130**	**197**
	9-Langeloop	Lomati Draai Primary School	75	Lovunywa High School	308	Mftini Combine School	123	143	**198**	**451**
	10-Schoemansdal	Zithulele Primary School	106	Ligebhuta High School	243	Schoemansdal Combine School	143	132	**249**	**375**

CL MPU Site	Name of Cluster *These are clusters which CL MPU is currently working in*	Schools in the Cluster						Total Grade 6	Total Grade 10
		Primary School in the Cluster		Secondary School in the Cluster		Combined School in the Cluster			
		Name of School	Total # of Grade 6 Learners	Name of School	Total # of Grade 10 Learners	Name of School	Total # of Grade 6 Learners	Total # of Grade 10 Learners	
Daantjie	1.Thembisa	Siyibile	137						137	-
	2.Enkomeni	Tiboneleni	195	Mayibuye	150	Sibambisene	198		393	150
	3.Likazi	Tiphembeleni	59	Central	178				59	178
	4.Mpakeni	Mpakeni Primary	136	Chief Charels	58				136	58
	5.Luphisa	Lepesi Primary	16	Sdungeni	89				16	89
	6.Clau - Clau	Nyalunga primary	140	Mhlumi	198				140	198
	7.Ngodini	Sandzile	200	Ngodini	150	Mthonjeni	100		300	150
	8.Makoko	Makoko	50	Jacob Mdluli	50				50	50
	9.Msogwaba	Mamindza	184	E.J	200				184	200
	10.Daantie (OGIE)	Siyakhula	164	Bongihlahla	170				164	170

Appendix 2: Child-friendly KAP survey

Note that the font size and line spacing have been reduced for the purposes of this report.

School Date:

1.
Children are often taught about children's rights, for example children have a right to education. Please write down as many of these children's rights as you can. There is space for 6. There are more, but put 6 if you can.

1.

2.

3.

4.

5.

6.

2.
Finish this sentence

Children have a right to be heard and a responsibility to ……..

……

3.
Circle the answer that is correct (True or False?)

You have the right to say what you think should happen when adults are making decisions that affect you

TRUE FALSE

Children are allowed to do any type of work

TRUE FALSE

Children have a right to get and share information

TRUE FALSE

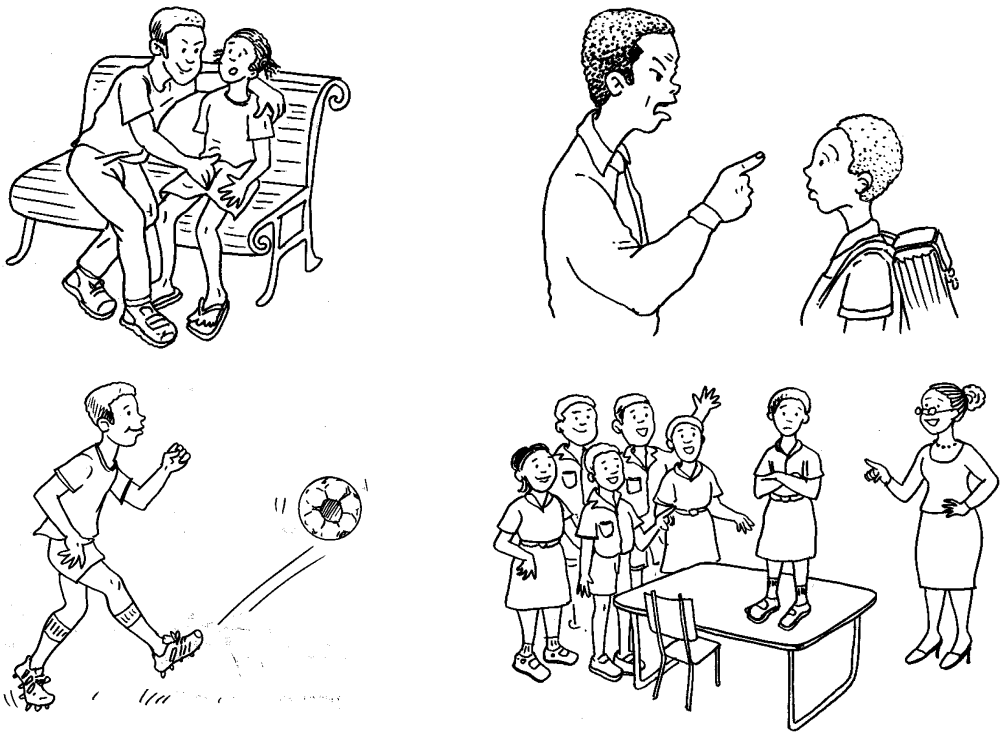
Children have a right to privacy

TRUE FALSE

If you misbehave at school you lose the right to education

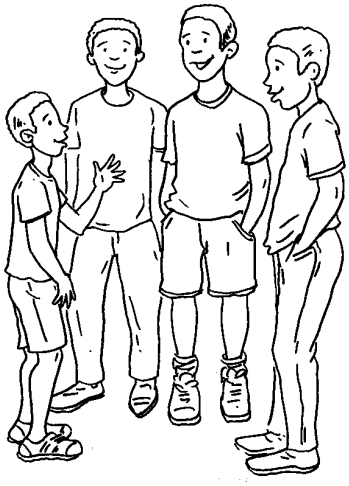
TRUE FALSE

4.
Please draw a circle around the pictures that show child abuse.



5.
Mary's uncle touched her on her private parts. He told her not to tell anyone. She tells her mother and her mother does not believe her. She tells her granny and her granny gets angry with her. What must she do? Write your answer here:

6.
What is a problem in this picture?



John with his friends.

John is the little boy on the left.

Write your answer here.

7.
Write down the Childline number.

8.
What other number can you phone if a child is being abused?

9.
Name a person other than a person in your family who you could tell if you were being abused.

10.
What is a problem in this picture?

Write your answer here.

11.
Finish this sentence

If you know you are going to be home late ……

12.
How do you feel when you see this happening? Choose one of these sentences and draw a circle around it.

I feel afraid

I feel sorry

It's funny

I feel nothing

13.
Peter is an orphan. What are orphans like?
Circle the words you choose

naughty	clever	
friendly	lazy	kind
thief	stealing	hungry
sad	dirty	dangerous

14.
Jane has a sister who is slow. She is 16 years old but she still thinks like a small child. Jane needs advice about how to help her sister. What do you think are the 3 most important needs she has.
We will help you to rank them.

To get the right food to eat

To go to school

To be kept safe from abuse

To have friends to play with

15.
In the last two weeks have you talked to an adult about something that is worrying you?

YES NO

16.
Have you teased or bullied anyone in the last two weeks?

YES NO

Appendix 3: Caregiver focus group (KAP study)

Target group	Indicator
Community adults – fgd with parents at schools	Child rights and responsibilities Child has the right not to be abused and the responsibility not to abuse others Right to be heard and responsibility to listen
	What is abuse – types of abuse
	Signs of abuse
	What to do if a child has been abused
	About tollfree line
	Know someone in community to report abuse to
	What should you teach children to protect them Address and phone number – little ones Don't go with or take lifts from strangers – I would always tell you about going with someone and only send someone you know Let me know if you are late to come home
	Attitude
	Children need to be loved – need to show our love for them
	Positive discipline
	Non-discrimination/empathy towards poor children
	Non-discrimination/empathy towards HIV-positive children
	Non-discrimination/empathy towards orphan children
	Report abuse if you suspect it - our responsibility as adults in the context of laws vs children's lack of power
	Non-discrimination and need to especially protect disabled children
	Practice
	Support of vulnerable children
	Reported abuse
	Taught own children about: Rights and responsibilities How to report abuse About tollfree line No prank calls About strangers and coming home late
	Daily protection of children Know where child is Teach about address, don't go with strangers Don't take a job without checking – older girls
	If your child goes to school by taxi do you know the taxi driver, is he a good person, do you communicate with him?

Intro: We want to find out about children in the area and some of their problems – don't mention child protection or children's rights

YOU MUST ASK THE QUESTIONS IN THE ORDER GIVEN HERE

You are looking for:

- non-discriminatory attitudes here
- for an awareness that they need protection from abuse
- that all adults in the community should be protecting them

Are there orphan children in this area?
What do they need?
What should adults do for them?
Do they have problems?
What problems?

Are there disabled children in this area?
What do they need?
What should adults do for them?
Do they have problems?
What problems?

You are looking for

- awareness of abuse as an issue
- knowledge of what is abusive (neglect, sexual, physical and emotional and verbal abuse)

What about child abuse in this area? Ask this open-ended question first.
What is child abuse?
How do you know if a child is being abused?
    How do you know if a child is being sexually abused? What are the signs? In young children? Older children?
What would you do if you thought a child was being abused?
Who would you report to?

You are looking for:

- Knowledge of what to teach children to protect them
- Have they actually taught their children
- Do they practice strategies for keeping children safe?

What do you teach your children to make sure they are safe in the community?

(this is slipped in here as we don't want to raise HIV too early on in the discussion)
Are there children who are HIV-positive in this area?
What do they need?

How many of you have children who go to school in a taxi?
If your child leaves his shoes in the taxi how would you get them?
Do you know the taxi driver?

What do you teach your children to make sure they are safe?

(slipped in here)
What is an adult's responsibility to children in the community?

You are looking for:

- Knowledge of children's rights
- Attitudes to children's rights
- If they have taught children their rights

What do you think of children's rights?
What rights do children have?
Do you teach your children about rights? Why?
What are responsibilities? (see if they link children's rights and responsibilities)

You are looking for:

- Actual practice – reporting abuse
- teaching children childline number
- teaching them not to make prank calls

Have you ever suspected a child is being abused?
Reported it? To who? How? What happened?
Do your children know the childline number?
Have they ever called the number for fun?

With older children what are the particular dangers?
Are job offers a danger? Why?

Appendix 4: Teacher focus group

Teachers ***NB ECD teachers have had lots of training***	**Knowledge**
	Can ID OVC
	Knows signs of abuse
	Types of abuse
	Who to report abuse to
	What to do if a child discloses abuse – knows to listen but not to ask and ask and ask but to refer
	Impact of corporal punishment
	What positive discipline is?
	Child rights and responsibilities
	Needs of HIV positive children
	Daily protection of school children
	Attitudes
	Empathy to vulnerable children
	Commitment to alternatives to corporal punishment
	Acceptance of child rights
	Practice
	Anti-bully policy in classroom
	Responds to daily needs of poor children – Food, uniform, school materials

Intro: We want to find out about children in the area and some of their problems – don't mention child protection or children's rights

YOU MUST ASK THE QUESTIONS IN THE ORDER GIVEN HERE

You are looking for:

- non-discriminatory attitudes here
- how to recognise OVC

Are there orphan children in this area?
How do you recognise them?
What do they need?
Do they have problems? What problems?
What about HIV-positive children? Do they have special needs?

You are looking for:

- Awareness of impact of corporal punishment
- Attitudes to it and alternatives
- Knowledge of positive discipline and use of them in the classroom

What do you think about the no corporal punishment rule?
Why was it abolished?
What do you do to discipline children?

You are looking for

- awareness of abuse as an issue
- knowledge of what is abusive (neglect, sexual, physical and emotional and verbal abuse)
- know what to do about disclosure – don't get full story and details

What about child abuse in this area? Ask this open-ended question first.
What is child abuse?
How do you know if a child is being abused?
    How do you know if a child is being sexually abused? What are the signs? In young children? Older children?
What would you do if a child disclosed abuse to you?
Who would you report to?

You are looking for:

- Knowledge of what to teach children to protect them
- Have they actually taught their learners
- Do they practice strategies for keeping children safe?

What do you teach your class to make sure learners are safe in the community?
What do you do in your school to make sure learners are safe? Do you have any special rules or strategies?
Is it only adults who abuse children?
What do you do in your school about bullying?

You are looking for:

- Knowledge of children's rights
- Attitudes to children's rights
- If they have taught children their rights

What do you think of children's rights?
What rights do children have?
Do you teach your learners about rights? Why?
What are responsibilities? (see if they link children's rights and responsibilities)

You are looking for:

- Actual practice – reporting abuse
- teaching children childline number
- teaching them not to make prank calls

Have you ever suspected a child is being abused?
Reported it? To who? How? What happened?
Do your learners know the childline number?
Have they ever called the number for fun?

SECONDARY SCHOOL TEACHERS

You are looking for:

- Evidence of them teaching about
  - job offers and trafficking
  - Dangers of sex for money or goods
  - Sugar daddies
  - Older friends
  - Protection in relationships
  - Alcohol and how it affects decisions

With older children what are the particular dangers?
Are job offers a danger? Why?
What about discussing sugar daddies?
Relationships
Alcohol

Appendix 5: Stakeholder interview schedule (KAP study and service providers)

1. What is your role in regard to child protection? (deliberately framed as an open-ended question)

Probe:

- the range of different service providers that they link with – keep these actual, operational partnerships, not hypothetical.
- specific (not hypothetical) child safety points, topics, agendas, strategies that they promote or lobby for or have introduced.
- why do children in this area need protection? (probe beyond the first answer, e.g. so why do they need to stay safe / so why is that a problem?)

2. Do you provide support or help of any kind to children? (Practical, emotional, clubs, recreation groups, protection, wider participation in the local community)

3. One of the issues people often try to promote in their child protection work is that people should know the signs of child abuse. What are those signs, in your experience?

4. Another issue that people try to address is who to report to in cases of child abuse and how to report. What do you recommend? Are people in this area good about reporting abuse?

5. You have mentioned a number of service providers that you have partnerships with. Could you clarify the roles of each of these?

6. This visit is specifically about Childline. What are your links/relationship with CL (if not already covered)

7. Has Childline's awareness programme around Child Protection changed anything in the way that you work? Compare how it was for you before Childline worked here and after? And not only the way you work, but also the way you think about children and child protection, your views and attitudes? Have those changed in any way? (Probe on specifics).

8. Have you ever dealt directly with a case of child abuse? What did you do? (probe – and then? And then?)

9. CL would like to learn from your experience of working with them. Please could you identify both weaknesses and strengths in their work, and then make recommendations about how they could be more effective in this area and in working with you?

Appendix 6: CLMPU Child beneficiary workshop outline

Activity 1: Knowledge of unsafe places and safety strategies and somewhere to go to keep safe
Draw all the places you go in a week.
Which are unsafe? Why? What do you do about this?
Which are safe? Why?

Are there any places on your map that make you feel like this? What would you do if a person or a place made you feel like this?

Activity 2: 'Trusted people' map
On the same map you drew before show where there are people you can trust with a leaf.

Activity 3: Communicating with adults

Communicating something important with an adult
"Your granny asks you to go and get something from a local shop but it is late and getting dark and you are afraid to walk at night. What would you usually do?"
A -don't mention your fear and just go
B-explain to your granny – I am scared
Have a discussion. Probe for what they would say in this situation.

Telling someone you trust about a problem you have
"Your aunt and uncle fight at home. This makes you very unhappy." What would you do?
A-not go to anyone at all
B-Talk to a friend
C- Talk to an adult (Who?)
Have a discussion. Probe for what they would say in this situation.

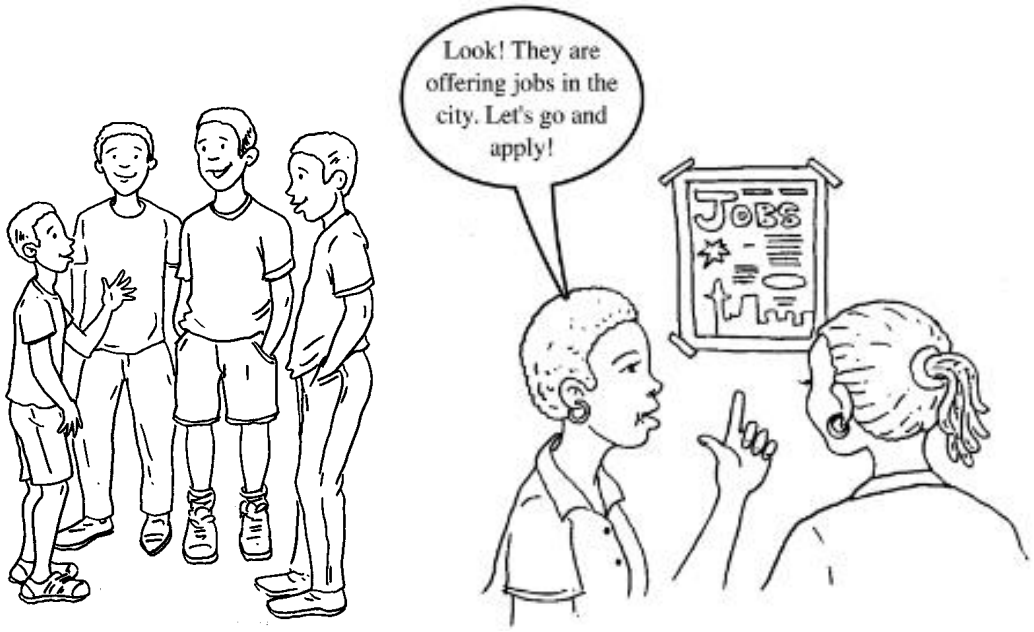
Activity 4: Safe place?
A man talks to you on the way home from school and you feel uncomfortable and he

follows you as you walk on. No one is at home. Where would you go?

Activity 5: Knowledge of reporting abuse
Mary's uncle touched her on her private parts. He told her not to tell anyone. She tells her mother and her mother does not believe her. She tells her granny and her granny gets angry with her. What must she do next?

Show anywhere on your map where children can go to report abuse.

Activity 6: Knowledge risks
What is a problem in these two pictures?



Activity 7: Emotional stress reduced
Step 1:
Fill a basket with stones – it should be very heavy. Place it in the middle of the circle. Ask one or two children to hold the basket on their head.
Facilitator then says:
"When we have problems in our lives (like our mother or father dying, or bad things happening to us) it is like a lot of stones come into your basket making it very heavy. "

Step 2
Take the stones out of the basket. Say:
"Think about when the bad thing happened in your life, maybe someone died, maybe you saw a bad thing, maybe your life was just a bit upside down.
These are the stones that came into your basket at that time. What could we call these stones?" They will begin to call out things like, 'no food', 'feeling sad' etc.
As they call out name each stone and place it back into the basket.
When are the stones the heaviest? Lightest?
Step 3

Facilitator says:
"Are those stones still there? Are you still carrying those worries?
Is there anyone here who has been able to take some of the stones out?"

Make it ok not to have stones taken out – as some children may still feel a heavy burden.
If they say some of the stones have been taken out ask which ones.
"Which stones were taken out?
"Who or what helped you to take them out?"
If they refer to the group or careworker ask how did it help to take the stones out – what in the group helped you? How did the careworker help you?

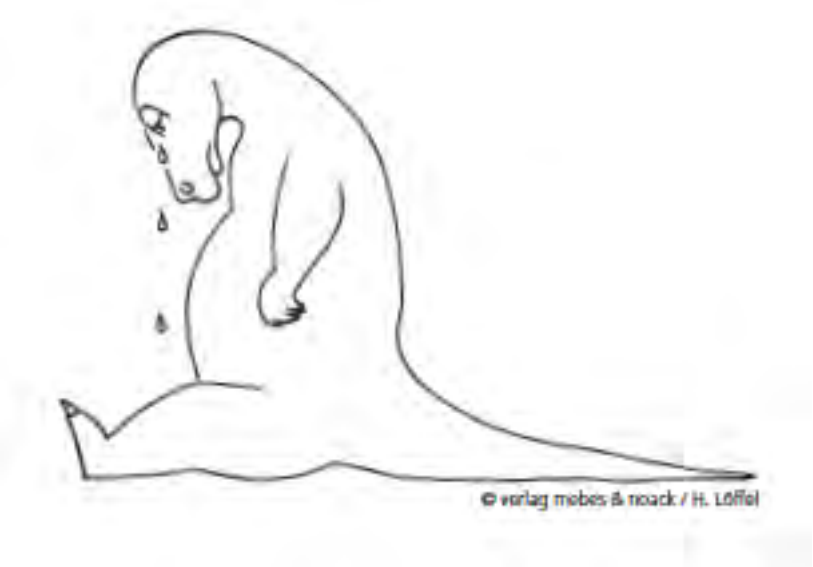
Show on your map a place where children can go to get help when their bag is feeling very heavy.

Activity 8: Talking about parents – grief dealt with
What do you talk about at home?
With guardians? With siblings?
Probe if anyone tells them stories of parents

Have you ever made anything to remember your parents? Read one page of Tido's story about her memory bag and ask if they have ever made something like this. Was it good to make it or bad?

Show a place on your map where children can go to talk about their parents.

Activity 9: Knows how to deal with feelings
Step 1: Explain to the children that everybody has some days in which they feel sad. Show the children the sad Dino picture.



Ask the children to remember if they had days of sadness. Give each child a piece of paper and pens, and tell them: "Draw on the piece of paper the activities or people

that make you feel better when you are sad."
Step 2: Ask the children to explain their drawings.
Talking points
• Which activity helped you the most? Do you have an idea why it helps you?
• Who was involved and how was this person useful?
• Can you say what feelings came in place of the sadness?
Show a place on your map where you feel happier.

Activity 10: Future orientation
OLDER ONES
Where will I be in 5 years and how will I get there
Do a quick drawing of a young person at the bottom of a staircase and a bigger child at the top.
"Imagine yourself here, now as a young boy or girl and then here you are at the top of the steps in 5 years time."
"Think about what you would like to be doing in 5 years time?"
"What are you doing now to help you to get up those steps?"

YOUNGER ONES
Step 1: Tell the children: "You are not small children anymore. You have started to go to school and you already know many things. Now we are going to think about these things that you know and can do."
Step 2: Give them paper and pens. Say to them:
"Draw the things you know and the things you can do that you feel very proud about." Give them 10–15 minutes.
Step 3: Say to them: "Now think about a time when you will be three years older. Tell me how old you will be in three years' time. Do you know somebody who is this age?" Give them this example: "I will be 12 years old like my neighbour's daughter Elisa." This will help the children to get a clearer idea of "three years later".
Step 4: Now put some pieces of paper on the ground so that they form steps. Tell the children that by walking up the steps they will get older, and that they must now look at the next few steps.
Step 5: Give them each another piece of paper. Ask them to think about the things they want to know and be able to do in three years' time. They must draw these things on the paper. Give them 10–15 minutes.
Step 6: Ask them to explain their drawings.
Talking points
• What would you like to know or be able to do in three years?
• Who will help you to achieve these things?
• Are you already doing something in order to achieve them?
• What do you do?

Activity 11: Who can give me advice
Step 1: Say to the children: "Sometimes you will have questions and you can't get the answers at home. Or you want to do something, and you need a certain skill that is not available at home. I will read out the cases and you must write on a paper who

you would ask for each one.
Cases:
1. You want to raise chickens. You must build a shed for the chickens. Who can advise you?
2. You are not sure how long you have to boil water so that it kills germs and you don't get sick. Who can give you an answer?
3. Some of your friends tell you that when a girl sleeps with a boy for the first time, she can't get pregnant.
Who can tell you if this is true or not?
4. You are having trouble with your closest friend and you don't know how to solve the problem. Who can advise you?
5. You have finished primary school and you would like to go for some vocational training. Who can advise you?
6. Your neighbours accuse you of stealing fruit from their garden, but it is not true. Who can support you and convince the neighbours about the truth?
Step 2: Gather the children together. Read out Case 1.
Ask the children to say who they think could help them with that case.
Talking points
• Who could help you? And who else can you ask?
• What do you think they may say to help you?
• Did you ever actually try to get such advice from people? And what was your experience?
Show on your map where you can get the advice.

Step 3: Ask the children if there is any question or problem they have and they can't get an answer or advice in the community.

Activity 12: Self worth
Envelope inside and outside activity – OLDER
Step 1: Give each child an envelope, a piece of paper and a pen. Ask them to fold the paper and put it inside the envelope. Explain to them: "This envelope is like you. The outside is how other people see you.
The inside is how you see yourself, what you think you are really like. On the outside, draw a picture of how you think people see you – your teachers, your caretaker, your friends. For example, when they talk about you, they might say, "That girl (or boy) is ..." You can draw and you can also add some words or sentences."
Step 2: "Now take the piece of paper from inside the envelope, and draw and/or write what you think you are really like – the things that people do not see."
Step 3: Discuss together what the children drew and wrote.
Talking points
• What do people say about you? Why?
• Do you think you are really like this?
• Are the pictures inside different from the pictures outside?
• What are you really like?
• Can you get people to see what you are really like?

Activity 12: Self worth
Drawing and talk as if granny and teacher – YOUNGER
Step 1
Work with each child alone. Ask the child who looks after them mostly at home. Draw a quick picture of that person e.g. Granny. Give the drawing to the child and ask them to hold it. Tel them they must pretend they are that person.
Step 2
Facilitator to say:
"Morning grandmother how are you, you are the grandmother of (child's name) Baby?"
Child acting as grandmother: "Yes I am."
Facilitator: You know Baby quite well - Now what can you tell me about her?"
Facilitator to say:

"Tell us what your grandmother would say about you, Baby – what does Baby do well, what has she still to learn?
Step 3
Repeat this same exercise with a drawing of a teacher.

Activity 13: Self care
Discussion.
"What do you do to look after yourself? How do you take care of yourself?"

Appendix 7: CLMPU Caregiver beneficiary outline of activities

Welcome everyone

Hand out the SRQ20 answer sheets and explain that you will read a question and they must put a cross in box after YES or NO.

Check that they know how to do this.

Read the introduction of the SRQ20 and then read each question. In Swati.

Play a quick and fun stretching game.

Hand out the SDQ and explain that you will do the same thing but this time they must think of **one** of the children they care for – the child should be in primary school if possible. If they are an aunt or uncle it must be an orphan child they care for.

Read the introduction to the SDQ and then read each question – in Swati.

Make sure they know how to fill in the answers.

Give everyone tea and a bun.

Ask for 10 volunteers to stay and talk to you for about an hour and a half. Send the others away with your thanks for their help.

WITH 10 only

Together they draw a large map of the area with large markers. They mark their houses on the area and write who lives with them. You can write for them if it makes it easier. Use the map all the way through the discussion as a focus – ask them to show you places they talk about.

1. What did you talk about this week with the children in your house?
Probe: parents and grief discussions

2. What do you think about children's rights? This is an open-ended question so we can assess if they have a negative or positive view of rights.

3. How do you discipline the children in your house?
Probe: Positive discipline such as praise and views on corporal punishment

It is stressful looking after children – right? Discuss this for a bit.

4. Has anything helped you reduce stress? What do you do when you feel very sad? Ask them to show you where they go if they go somewhere in the community.

5. Who do you go to if you have a problem with a child?
Show me where they are Link to map below?

6. Show me the unsafe places for children on the map. What do you do to keep children safe?

7. Show me on the map where the people are who keep children safe and who you can report to.
Probe: Kn of services in community

8. Tell me about how you manage at home – food, uniforms etc.
Tell me stories about how you access grants
Probe: Help to access – who?

9. Stories of accessing health services for children
Probe: Who helps?

Appendix 8: Childline careworkers FGD outline

We will use them as a group of informed adults who can identify the risks and protective factors vulnerable children in the area face.

They draw a large map of the area and then show us where the:

1. Risks for vulnerable children are on the map

2. Where can children find protection – identify protective factors in their lives and find out how many come from CLMPU

Internally?

- Communication skills
- Confidence and self worth
- Knowledge
  - To protect against HIV
  - To protect against abuse and violence
- Social ecology – where can they make new friends – adult and peer?

Externally?

Practical help

- Food
- Shelter
- School

3. Discuss what they do as careworkers in this process
   - What do they do well?
   - What could help them to do better work for vulnerable children?