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REPUBLIC OF SOUTH AFRICA



FINAL REPORT

Mid-Term Review of the Isibindi Program

November 2016

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MID-TERM REVIEW OF THE NATIONAL ISIBINDI PROGRAM

**NATIONAL ROLL OUT OF THE MINISTERIAL ISIBINDI PROGRAM
IN SOUTH AFRICA**

23 NOVEMBER 2016



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ACRONYMS

Abbreviation	Term in Full
AIDS	Acquired Immune Deficiency Syndrome
ARVs	Antiretrovirals
CBIMS	Community Based Information Management System
CBO	Community Based Organisation
C4C	Care for Caregivers
CHH	Child Headed Household
CRC	Convention on the Rights of the Child
CSG	Child Support Grant
CYCW	Child and Youth Care Worker
DHA	Department of Home Affairs
DoBE	Department of Basic Education
DoH	Department of Health
DoL	Department of Labour
DSD	Department of Social Development
ECD	Early Childhood Development
FCS	Family Violence, Child Protection, and Sexual Offences unit
FET	Further Education and Training
FETC	Further Education and Training Certificate
FGD	Focus Group Discussion
FPL	Food Poverty Line
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HWSETA	Health Worker Sector Education and Training Authority
ILO	International Labour Organisation
IPV	Intimate Partner Violence
LBPL	Lower Bound Poverty Line
M&E	Monitoring and Evaluation
MEC	Member of the Executive Council
MTR	Mid-Term Review
NACCW	National Association of Child Care Workers
NAP	National Action Plan
NCOP	National Council of Provinces
NDP	National Development Plan
NIDS	National Income Dynamics Study

NPAC	National Plan of Action for Children
NPO	Non-Profit Organisation
NSP	National Strategic Plan
NYDA	National Youth Development Agency
OVC	Orphans and Vulnerable Children
OVCY	Orphans, Vulnerable Children and Youth
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission
SADC	Southern Africa Development Community
SAHRC	South African Human Rights Commission
SAPS	South African Police Services
SAQA	South African Qualifications Authority
SASSA	South African Social Security Agency
SLA	Service Level Agreement
TCC	Thuthuzela Care Centre
ToC	Theory of Change
UBPL	Upper Bound Poverty Line
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
USAID	United States Agency for International Development
WHO	World Health Organisation

EXECUTIVE SUMMARY

In response to the poor socio-economic conditions that prevail in many South African communities, and the manner in which such factors impact on the lives of children and young people, the Isibindi model of care and support has been conceptualized and implemented by the Department of Social Development (DSD) in more than 320 sites across South Africa. As the primary interface between the model and communities, trained Child and Youth Care Workers (CYCWs) provide a package of appropriate adult support to improve the physical and psychosocial well-being of children and young adults. Through regular home visits, trained CYCWs work to develop stable, caring relationships with children and adolescents who live in circumstances where there is no adult caregiver, or where adult caregiving is sub-optimal. The scaling up of the Isibindi program from 2012 should be seen in the context of two critical government priorities: poverty reduction and employment creation.

This Mid-Term Review (MTR) has been conducted to summarize and evaluate the successes, challenges, and gaps of Isibindi within the parameters of national and provincial child protection legislation, OVCY policies, strategies, and programmatic interventions. The core MTR research question has been whether the Isibindi intervention has brought about positive psychosocial changes after two years among households and children who have been supported by CYCWs. The Mid-Term Review provides the DSD with an overall assessment of the Isibindi program based on the evidence gathered during the literature review and the field work.

The Isibindi program log frame set three overarching targets to measure progress. The success of the Isibindi scale-up is dependent on having an available trained cadre of CYCWs to implement the program. A target was therefore set for NACCW to train 10,000 CYCWs by 2018. The Isibindi roll-out plan assumed that each project (implementation site) would have a full complement of 25 CYCWs per site. This has not been the case everywhere, as some provinces have opted to assign a smaller number of CYCWs per project. Nevertheless, by mid-term 5,292 CYCWs had been trained, which represents 52% of the target. By June 2016, 324 Isibindi sites had been established across nine provinces. This represents 81% of the 400 target to be achieved by 2018. The number of Isibindi beneficiaries reached by June 2016 stands at 277,186, which represents 20% of the target of 1.4 million by 2018. While this has raised concerns within NDSD about project under-performance, mitigating circumstances for this short-fall were identified.

As a result of the collaborative initiative of the National Association of Child Care Workers (NACCW) and the Department of Social Development, significant progress has been made in establishing child and youth care work as a profession registered through the South African Council for Social Service Professions (SACSSP). The scale up of the Isibindi program signaled a rapid increase in the training of new CYCWs to meet the targets set by the DSD. For Isibindi, the requirement has been that CYCWs are sourced from within the communities that they will serve. To achieve this objective, local selection committee comprising community members, the NACCW, the DSD and the selected implementing partner have been responsible for recruiting identifying, interviewing and selecting learners.

A key research question for the MTR was whether the services being provided by CYCWs through the Isibindi model have been implemented and to what extent these services aligned to the DSD's basket of services for OVCY are of a sufficiently high quality, and whether there any obvious gaps in services. What the data shows is the increasing frequency of Isibindi services as the number of sites have increased year on year, but doesn't yet speak to the quality of the services provided. This may well be something to consider for inclusion in an end-term impact evaluation. The MTR set out to assess whether the Isibindi program is utilizing the Safe Park model effectively, and whether they allow care workers to establish safe relationships with the children through play and structured activities.

Isibindi is a complex intervention comprising discrete but interlinked components, with different stakeholders taking the lead on specific elements of the intervention. For optimal program efficiency and effectiveness, each component needs to be working as part of a dynamic system. The MTR has looked at how the impact of Isibindi lies in moving beneficiaries from a state of risk and vulnerability to a state of

relative safety and security. The qualitative evidence gathered from the MTR suggests that the services provided through Isibindi do make a very real difference in the lives of those OVCY who receive them, and may well have a multiplier effect within the household and across the community more generally. What will, however, be required at the end of the five-year program cycle will be a comprehensive end-line impact evaluation that studies the relevance and efficacy of the services provided and demonstrates where the most significant changes in conditions have occurred.

The Isibindi program has been able to identify the most vulnerable children and youth in some of South Africa's poorest wards and target services where they are most needed. In this way, the Isibindi program is making a significant contribution to key national development outcomes through a community-based intervention that aims to prevent and mitigate socio-economic factors that impact negatively on the lives of children and young people. The outcome of the research has made it clear that for the model to effectively achieve these goals, the enabling programmatic environment must be strengthened. Efficient and effective implementation of the Isibindi model is clearly hampered by a range of internal (institutional) and external (socio-economic) challenges, which should be addressed and where possible overcome.

Recommendation 1 therefore suggests that the key stakeholders engage in renewed strategy development and resource planning for the Isibindi program. It is understood that the DSD and NACCW each developed an independent logical framework to inform the Isibindi strategy and that these were combined at a later stage (June 2016). It is very important that the strategic plan follows a structured process and that the identified activities can achieve what the project has been planned to achieve. Given that the DSD now has two substantive mid-term reports (from KPMG and Mott MacDonald) it is strongly recommended that DSD, in collaboration with its key sector stakeholders including NACCW, UNICEF and other national government departments, convene a multi-stakeholder forum to review the conceptual underpinnings, strategic direction, and implementation modalities of the Isibindi intervention to ensure that the overall goal is met in a relevant, sustainable, and effective manner.

Recommendation 2 speaks to enhancing the professional status of CYCWs. Through the Isibindi intervention significant effort and resources have been channeled into professionalizing child and youth care work, providing it with an academic and qualifications framework, and creating a professionalized cadre of CYCWs capable of servicing the enormous needs of OVCY in South Africa. This is clearly in line with the objectives of the welfare sector in developing and capacitating a core cadre of social service professionals (including social workers, social auxiliary workers, child and youth care workers, community development practitioners and youth workers) to service the socio-economic needs of communities in a comprehensive and integrated way. During the MTR process it was frequently noted that CYCWs see themselves as professionals and approach their work in accordance with that understanding. A challenge exists, however, with counterparts in the different child protection sectors who do not always acknowledge them as peers or professional counterparts.

The institutional arrangements for implementation of the Isibindi project are relatively complex given the tripartite nature of the DSD, NACCW and service provider relationship, as well as implementation through nine provincial DSD offices. Efficiency of Isibindi implementation is highly resource dependent and therefore reliant on departmental capacities at the provincial and district levels. Implementation is also dependent on the commitment, competence, and available financial and human resources of the selected implementing partner. The lines of accountability are not always clear and onerous reporting and administrative processes impede effective delivery of services. The current funding and contracting mechanism leaves implementing partners without signed Service Level Agreements (SLAs) as well as CYCWs without stipends for lengthy periods. **Recommendation 3 therefore calls for an urgent review of the working conditions and job satisfaction of CYCWs.** The MTR found that the quality and effectiveness of the Isibindi program is currently being compromised by the inconsistencies and uncertainties in ensuring that contracts with implementing partners are signed on time, and that CYCW stipends and related expenses are paid. As with any profession the working environment and terms and conditions of employment are critical factors in ensuring motivation, morale and job satisfaction. The MTR found that at many of the sites visited the challenge is that the morale of both the implementing partners and the CYCWs is being impacted by bureaucratic delays and inconsistencies.

Recommendation 4 speaks to the selection of the Isibindi implementing partners. Many of the implementing partners felt or acted as though the project was an add-on to their core business and were not necessarily prioritizing Isibindi. In several instances, it was clear that the implementing partner did not clearly understand the nature and scope of what Isibindi is intended to achieve. In most instances, the CYCWs had no office space within the organization and had to manage using whatever space they could find. In general, CYCWs worked more effectively in an organization that was well established in the community and offered a combination of community outreach interventions, feeding schemes and home based care. The CYCWs were clearly more contented and effective where the implementing partner was in a sound enough financial position to supplement their income in the absence of stipends coming through from the DSD.

Recommendation 5 speaks to the issue of capacity strengthening for implementing partners. The MTR site visits demonstrated very clearly that the selected Isibindi implementing partners cover a spectrum of organizational and program management capacity. Where the selected implementing partners are established organizations with professional staff and a credible track records of implementation in the sector the Isibindi model clearly works effectively. Where selected implementing partners are small or emerging organizations with limited experience and weak capacity, they generally struggle to manage the Isibindi program. If the DSD wants to achieve its objective of strengthening community based organizations through Isibindi then it must take into account key capacity development considerations.

Recommendation 6 speaks to the financial and governance arrangements that have been put in place to manage the Isibindi program. The system of three points of reporting, via the implementing partner, the NACCW and the DSD, is not ideal. It tends to be cumbersome and time consuming, and is proving to be difficult to manage for the various partners. It is not always clear at the site level who takes overall responsibility for the intervention and the CYCWs have unclear reporting and accountability mechanisms. A system of one clear reporting, accountability and payment mechanism should be found – this could be through having two or more systems of tools that are consolidated under one umbrella data management system. However, it remains critical that data is imported to the broader system via streamlined and aligned processes.

If the NDSD is to ultimately manage this project as a DSD program, then a system must be developed to ensure that the program is monitored and managed by the DSD. If an implementing partner comes on board to house the program, then they should work in collaboration with the DSD, much the same as schools work in collaboration with the Department of Basic Education – they retain some autonomy but work under rules, regulations and norms and standards as stipulated by the Department. The DSD pays the implementing partner for the CYCWs but monitors progress in collaboration with the partner. The CYCWs report to the implementing partner who accounts to the DSD – an in-house social worker could be the conduit for the reporting mechanism. That the NACCW provide invaluable support in the monitoring, training and supervision of the work done by the CYCWs was universally acknowledged.

Recommendation 7 therefore proposes that the current M&E Systems are streamlined for optimal data generation. This MTR relied heavily on data provided by NACCW through its M&E unit, and on data provided by NDSD through the Isibindi M&E Coordinator. The MTR found that the NACCW have put in place a sophisticated and very comprehensive system for data collection, data management and data analysis that covers all the components of the Isibindi intervention. The MTR also found that the NACCW Annual M&E Reports for years one to three provided extensive and granular information on the program and the data collection process was aligned with the Isibindi log frame indicators. It was evident that for the first three years of implementation the NDSD has been heavily reliant on the M&E systems and comprehensive set of data collection tools developed and implemented by NACCW. Over the past two years the NDSD has been working with partners including PEPFAR and UNICEF to implement a Community Based Information Management System (CBIMS) which is designed to be a work-based information system that enables CBOs that are implementing DSD services to streamline their reporting requirements. The aim is to bring the Isibindi program into the CBIMS across all nine provinces. The challenge at present is that as CBIMS is piloted and replicated for the Isibindi program, it is working in parallel with the NACCW data collection system. This requires careful data exchange between the

parallel systems and eventually a full systems alignment and synchronization to avoid duplication, data inconsistencies and data gaps will be required.

Recommendation 8 speaks to a process of visioning an alternative institutional arrangement for the Isibindi program. The evidence from key informants and from in-depth focus group discussions points to a consensus that the current institutional arrangement is sub-optimal and may over time erode the gains that the Isibindi program scale-up has made over the past three years. The multiple layers of bureaucracy involved in managing Isibindi at national and provincial level are complex and onerous, and the personnel assigned to Isibindi are too thinly spread and often have multiple and competing portfolios. These deficits are resulting in system blockages that are having a negative impact on efficient implementation. It is recommended that at this Isibindi scale-up mid-point the key partners (in particular DSD national and provincial as well as NACCW) come together in a forum – possibly in a retreat format – to undertake a strategic re-visioning exercise. The partners should use the MTR Report and the KPMG Sustainability Report as a basis for dialogue, scenario-setting and re-visioning to look at possible alternative options.

Some of the key blockages to effective implementation were related to inadequate resources. The impression gained from the site visits and the key informant interviews is that the program is under-funded in terms of what it seeks to deliver. A needs analysis and resource plan aligned to the strategic plan should identify the requirements and articulate a plan for ensuring that they are in place.

Recommendation 9 therefore calls for the development of a new implementation and resource plan. Resource issues were universally acknowledged as necessary for the project to achieve what it plans to achieve and for South Africa to give effect to some of its constitutional and legislative obligations in relation to children's rights. If the project is to be sustained and to positively impact on the lives of its beneficiaries, then a clear, well-resourced plan has to be put in place. In addition, it was clear from the majority of respondents that the CYCWs have been a huge support to people in the community and that without them, communities would be significantly worse off.

Recommendation 10 speaks to the continual capacity improvement and support for CYCWs. The MTR had a strong focus on the work undertaken by the CYCWs and on the circumstances within which they work. What came out clearly from the interviews and focus group discussions was the need that CYCWs had for ongoing professional development over and above the support provided through the mentorship program. Many indicated their need for specialized training in areas that would strengthen their capacity to manage specific community challenges.

Through engagement with CYCWs in the field the MTR wanted to understand what the needs of OVCY were at the community and household level, and the extent to which the Isibindi program was able to address these in a coherent way. In broad terms the CYCWs acknowledged that the challenge of the HIV and AIDS pandemic continues to disrupt family, community and social structures, and that this is an ongoing challenge that results in an ever increasing number of orphans and other vulnerable children.

Recommendation 11 therefore proposes a review the current “Package of Services” provided to OVCY. OVCY represent a complex, diverse and age-differentiated group that often have very unique circumstances and needs. This requires that services include psychosocial and practical support tailored for children living with HIV, children living with caregivers who are ill or disabled, children with special needs, children living in child and youth-headed households, children from other countries, and children affected by other forms of adversity such as physical and sexual violence, substance abuse and neglect.

The Safe Parks are a cornerstone of the Isibindi program and should provide a safe place for children and young people to play, interact and learn. The potential for Safe Parks to be a key resource in poor areas was clearly demonstrated in those sites where the Safe Parks are providing such a secure and positive environment. Based on the evidence gathered for the MTR it is obvious that, where it functions adequately, the Safe Park model adds significant value to the Isibindi intervention. With enhanced guidance and support from DSD, the implementing partners and key community decision makers can ensure that the less functional Safe Parks are rapidly upgraded. **Recommendation 12 therefore proposes that stakeholders establish fully functioning and holistic Safe Parks across the Isibindi program.** The MTR has found that where the Safe Parks are “formal”, well-equipped and effectively

utilized they serve as a unifying core of the Isibindi program. Where the Safe Parks were properly secured and provided a “basket of activities”, they were greatly appreciated by the community, which otherwise would not have anything at all.

Recommendation 13 calls for stakeholders to build and sustain multi-stakeholder forums for addressing OVCY issues in a coordinated way. The issue of resourcing for Safe Parks was not always clear to the field work teams as different sites appeared to have different understandings of how funds – if any – were being allocated for Safe Parks. There were also very clear provincial differences. It was also clear that the energy, dynamism, and commitment of the implementing partner played a crucial role in the quality of the Safe Parks and the kinds of resources that they had. Safe Parks need to be properly resourced and fully functional in order to provide a holistic, multi-purpose community environment for the beneficiaries.

A range of issues related to the performance and impact of Isibindi could be addressed if wider knowledge and understanding of core considerations and ‘best practices’ were available for policy-makers, implementers and trainers. Targeted research would assist in providing better understanding of the major elements of national OVCY innovation environments, including an examination of the roles and responsibilities of the different actors at national, provincial, district and site levels. **Recommendation 14 therefore proposes that the DSD undertake Targeted Research to Better Inform the National OVCY Terrain.** Many MTR respondents identified that further research is required to assess the effectiveness and generalizability of the Isibindi program for the OVCY sector and for the further development of capacity in social welfare and child protection systems at both government and institutional levels.

IMAGES FROM ISIBINDI SITES

Figure 1: CMR Drakensberg Safe Park with Counselling Room in Cala, Eastern Cape



Source: Mott MacDonald

Figure 2: Child and youth Care Workers at Laingsville, St. Helena Bay in Western Cape



Source: Mott MacDonald

Figure 3: Focus Group Discussion with Parents at Galothlare Village, Northern Cape



Source: Mott MacDonald

Figure 4: Informal Safe Park at Sizabantwana, Marite in Mpumalanga



Source: Mott MacDonald

PROJECT BACKGROUND

“Articulating national policy in a ‘turnkey’ model, Isibindi projects are implemented by local organisations and communities, with the support of the social development authorities and donors, in the social service equivalent of a franchise. Linking community-based organisations with a national support network and information feed, Isibindi enables poorly resourced communities to adopt an evidence-based approach to the provision of integrated welfare services, and rapidly develop effective and informed local care and protection services for children”¹.

In response to the poor socio-economic conditions that prevail in many South African communities, and the manner in which such factors impact on the lives of children and young people, the Isibindi model of care and support has been conceptualized and implemented in more than 320 sites across South Africa. As the primary interface between the model and communities trained Child and Youth Care Workers (CYCWs) provide a package of appropriate adult support to improve the physical and psychosocial well-being of children and young adults. Through regular home visits, trained CYCWs work to develop stable, caring relationships with children and adolescents who live in circumstances where there is no adult caregiver, or where adult caregiving is sub-optimal. The core Mid-Term Review (MTR) research question has been whether the Isibindi intervention has brought about positive psychosocial changes after two years among households and children who have been supported by CYCWs. Previous assessments of Isibindi have underscored the importance of frequent visits from adult mentors to foster positive relationships, and concluded that while building connections between adult care workers and young people takes time, it can be a powerful strategy for improving psychosocial outcomes².

Concerns have been raised that many programs for orphans and vulnerable children focus on the material needs of children, and less upon the non-material needs such as psychosocial support and protection³. This gap is addressed by the Isibindi model, which offers a continuum of care and support and aims at ensuring the social, emotional and psychological wellbeing of individuals, their families and communities. The Isibindi “Circles of Courage” model was conceptualized and designed by the National Association of Child Care Workers (NACCW) in 2005 as a response to the enormous challenges being faced by orphans, vulnerable children and youth (OVYC) in South Africa. The model was designed to be aligned to the HIV and AIDS and STI National Strategic Plan 2007-2011 and the National Guidelines for Social Services to Children Infected and Affected by HIV and AIDS and the Children’s Act (2005 as amended in 2008), which all promote early intervention to mitigate the negative impact of HIV and AIDS in communities where children live.

The core of the Isibindi model is the provision of intensive child and youth care services to children in their homes⁴. The program trains Child and Youth Care Workers (CYCWs) to work with children in households in their own communities, offering a range of key psychosocial and practical support services and referrals. CYCWs attend weeklong on-the-job training in each of 14 modules over a two-year period, leading to an accreditation certificate, and they receive ongoing training and support from team leaders and mentors. The Isibindi model also offers supervisory monitoring and structured ongoing support for CYCWs from experienced NACCW trainers and mentors. Every project site receives a five day visit each month from the experienced mentor assigned to the project.

¹ NACCW, <http://www.naccw.org.za/isibindi>

² Since 2005 a number of aspects of the program have been formally assessed. The reported findings include recognition of the benefits of the Isibindi ‘Circle of Care’ model through a post program evaluation (Visser et al., 2015), a longitudinal evaluation of selected sites which reported increased access to grants and other material resources and more positive support from adults (Thurman et al., 2013), a case study of an Isibindi community site in the Eastern Cape showing the positive effects of the program in a disadvantaged community (Pillay and Twala, 2008), and a costing analysis demonstrating that children received many benefits from the program (Kvalsvig et al., 2008).

³ Phillips. L. 2015. An Outcome Evaluation of Psychosocial Services Provided to Orphans and Vulnerable Children in the Western Cape.

⁴ DG Murray Trust, 2014, Hands-on Learning from our implementing partners.

The purpose of the psychosocial support provided by the CYCWs is to help vulnerable children and their caregivers to cope with the mental and emotional challenges related to their life circumstances, as well as bringing back control and confidence in the lives of those affected by adverse circumstances. Psychosocial interventions also aim to bring positive change for children, in particular with regard to their coping skills, knowledge, emotional and social wellbeing. The extent and quality of the psychosocial services provided by the CYCWs through a tailored package of services must be monitored and evaluated systematically, as this provides a contextual understanding of the situation of OVCY and will contribute to better policies and program development.

At the outset the Isibindi program was funded almost exclusively by the United States Agency for International Development (USAID) and implemented by the NACCW. The evident child-focused benefits being derived from the program then informed the South African National Department of Social Development (DSD) decision to expand Isibindi. The expansion, initiated in 2012 and fully implemented in 2013, has aimed at training 10 000 CYCWs over a five-year period in order to reach 1.4 million children with needed services⁵. The expansion is still ongoing at the time of this MTR, and the number of project sites has increased from 65 to over 320 since 2012. Prior to the expansion, Isibindi sites were highly concentrated in three provinces: KwaZulu-Natal, Eastern Cape and Western Cape (called “the old sites”), whereas subsequent to the expansion the program was extended to all provinces (the “new sites”). Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs) serve as implementing partners managing project operations at Isibindi sites. The core stakeholders then recruit and hire a local cadre of CYCWs with funding from the provincial Department of Social Development (DSD) to support home visiting and the management of the Safe Parks.

NACCW continues to plan and provide accredited training for CYCWs across the program's sites, and to hire and supervise the mentors who work with them, supported by USAID. NACCW also receives funding from the provincial DSDs to implement these training and mentorship components. While a detailed analysis of service differences among sites at the province level is beyond the scope of the MTR, it is evident from the literature that Isibindi constitutes a targeted and integrated model for the provision of intensive child and youth care services both to individual households and to communities more broadly.

The scaling up of the Isibindi program from 2012 should be seen in the context of two critical government priorities: poverty reduction and employment creation. Accordingly, the selection of Isibindi delivery sites was premised on identifying those areas of South Africa where poverty, deprivation and unemployment are at their most severe, using proxy indicators such as maternal and child mortality rates, as well as maternal orphans data. The M&E Chief Directorate used a database that brought together birth and death records from the Department of Home Affairs to estimate the location of orphans when advising on where Isibindi sites should be located. Use of this database assumed the orphans could be taken as a proxy for vulnerable children. The role of the Monitoring and Evaluation of the National Department of Social Development in supporting the upscaling of the Isibindi Model has been critical in three ways:

- Firstly, in assisting the provinces with profiling of vulnerable children for targeting and identification of Isibindi sites;
- Secondly in redesigning and realigning the M&E system for the roll-out of Isibindi; and
- Thirdly in designing a longitudinal study for the impact evaluation of the Isibindi model.

Vulnerable children and youth are the primary target of Isibindi projects, and the selection of suitable sites has been guided by a set of agreed criteria⁶:

- Areas with a high prevalence of children who are abused, neglected and exploited;
- Street children, child sex workers and children living with disabilities;

⁵ NACCW Website, 2014. <http://www.naccw.org.za/isibindi-circles-of-care>.

⁶ NACCW, Isibindi Project Initiation Guidelines - Version 1 – 2013.

- Areas of high HIV prevalence and poverty (nutritional/food insecurity);
- Areas with high prevalence of maternal and dual orphans;
- Areas with high prevalence of child-headed, youth-headed and households headed by grandmothers;
- Areas with a high prevalence of substance abuse, incarcerated mothers and out of school children or teenagers (school dropouts);
- Rural, historically under-serviced areas; and
- Areas with no/few community-based services for children.

Based on the findings, the Monitoring and Evaluation unit recommended that province utilized the profiling report data as their baseline to target areas where there was a high prevalence of maternal orphans. Consideration was given to the ability and capacity of each province to absorb the existing sites and to strengthen them financially for each financial year - including the ECDs, HCBC and drop-in centers. There was also agreement that the selection of sites in provinces would be further informed by the strategic priority areas of the Minister, Deputy Minister, Premiers and MECs. The critical issue in making such decisions was that Isibindi should provide an integrated and targeted package of intensive child and youth care services to children and young people both in their homes (life spaces) and in the broader community context.

REVIEW PURPOSE AND METHODOLOGY

EVALUATION PURPOSE

This MTR has been conducted with the aim of summarizing and evaluating the successes, challenges and gaps of Isibindi within the parameters of national and provincial child protection legislation, OVCY policies, strategies and programmatic interventions. Documents reviewed include literature on the Isibindi program within the context of South Africa's strategy on Orphans, Vulnerable Children and Youth (OVCY) and within the country's broader child protection system as determined in the Children's Act (2005). This is the first step in a Mid Term Review process that will provide an overview of a very specific model of a child protection approach within the context of the lived reality of South Africa's OVCYs. The review of Isibindi within the national Child Protection System in consultation and collaboration with DSD, NACCW and other relevant OVCY stakeholders will set out several recommendations for enhancing and strengthening the model as an intervention strategy.

The Mid-Term Review set out, as outlined in the Inception Report, to provide the DSD with an overall assessment of the Isibindi program based on the evidence gathered during the literature review and the field work.

Table 1: MTR Assessment Criteria

Criteria	Assessment Areas
Relevance	Alignment of program activities with the Isibindi Theory of Change
	Extent to which Isibindi represents a strategic response to OVCY in South Africa
	Degree to which Isibindi is characterised by strategic learning, reassessment and re-engineering
Efficiency	Performance of Implementing Partners
Effectiveness	Overall management by the key program stakeholders - NDSD/PDSD/NACCW
	Quality of package of services provided by the CYCWs to children and youth
	Quality of service delivery through performance of CYCWs
	Quality of program oversight through performance of mentors / mentor supervisors
M&E	Extent to which Isibindi has leveraged an integrated multi-sectoral response
	Capacity to collect, collate and analyse program data in line with established targets, outcomes and outputs
Impact	Evidence of change at household and community level
Sustainability	Possibilities for program replication / scale-up

RESEARCH POPULATION

The research population for the Mid-Term Review has comprised those individuals with a direct stake in the conceptualization and implementation of the Isibindi program, as well as those individuals receiving benefits from the services provided. The study population therefore included the following:

- Staff from the National and Provincial Departments of Social Development;
- NACCW staff at head office and in the field;
- Staff from the implementing partners;
- Child and Youth Care Workers;
- Community members with a stake in the Isibindi program;
- Staff from other government departments, including Health, Education, Home Affairs and Police Services;
- Parents and caregivers benefitting from Isibindi services; and

- Adolescents and youth benefitting from Isibindi services.

The researchers took into account the fact that qualitative data gathered from interviews with sampled members of the research population would supplement existing M&E data analysis and other quantitative sources available at the time.

INCEPTION MEETINGS

A preliminary meeting was also held with the National Department of Social Development and FHI360 in Pretoria to determine the scope of the MTR, and present the objectives of the formative evaluation. Follow on meeting were held with NACCW in Cape Town and Durban to share the scope of the MTR with them and get their perspective on the proposed methodology. Thus, at the start of the MTR the research team had met with the principal stakeholders (NACCW and DSD to obtain details about the Isibindi Program's development and current operational strategies. Practical issues such as how to access the Isibindi database and who could provide information about the data to be collected was clarified. The research team was also able to meet with the KwaZulu-Natal provincial DSD Isibindi team in Pietermaritzburg to share the field work methodology and to solicit inputs on the most effective way to access the sampled sites. The research team was also able to visit an Isibindi site (James House) in Cape Town with the provincial DSD Isibindi coordinator to get a sense of how sites were operated and how Safe Parks function. Information, advice, and data from these various preliminary visits, questions and discussions contributed to the development of the tools for the key informant interviews, focus group discussions and site assessments.

DESK TOP REVIEW

In order to generate as detailed a context as possible the researchers reviewed the relevant international, regional and national literature to set the MTR in the wider context of child protection and OVCY. Available secondary data was also drawn upon to progress made on achieving the program targets. Standards of child services as reflected in the literature from a wide range of child care programs in South Africa and elsewhere allowed the research team to identify critical features of the Isibindi program and assess the quality of program management, package of services and mentorship, and how community systems can be strengthened to enhance the delivery of the Isibindi model.

SELECTION OF SAMPLE FIELD WORK ISIBINDI SITES

At the inception of the MTR there were 337 partners implementing the Isibindi model across all nine provinces. The selected partners for inclusion in the research were based on purposive sampling of implementing partners to provide a comprehensive cross-section of service provision across the nine provinces. Selected sites had a geographical spread and included a mix of established and emerging Isibindi service providers.

A proportional sample (5%) of Isibindi sites from each province was selected, which allowed for an inclusive and equitable approach. This approach to selection has also allowed for some comparisons across project sites and allowed comparison between urban / rural sites and less experienced and more competent implementing partners.

Table 2: Sampling Approach

Province	Number of implementing partners	Number of site visits per Province	Field Work Team Required
Eastern Cape	17	2	2 technical / 1 field worker
Free State	26	2	2 technical / 1 field worker
Gauteng	60	2	2 technical / 1 field worker
KwaZulu-Natal	113	3	2 technical / 2 field workers
Limpopo	43	2	2 technical / 2 field workers

Mpumalanga	36	2	2 technical / 1 field worker
North West	19	2	2 technical / 1 field worker
Northern Cape	12	2	2 technical / 1 field worker
Western Cape	11	2	2 technical / 1 field worker
TOTAL	337	19	

It was agreed with NDSD that the sample would include at least two sites per province to allow for some measure of intra-provincial comparison. It was further agreed that the sites (implementing partners) would be selected in a purposive manner based on a sample of four to five sites identified by the provincial coordinators responsible for the implementation of the Isibindi project, given their detailed knowledge of these partners. All partners were in agreement that the selection of implementing partners would be undertaken using the following set of criteria:

Figure 5: Site Selection Criteria



Source: MTRT Inception Report

At site level the focus of the field was on assessing implementation and outcomes of the Isibindi model for OVCY, as well as their families and communities, living in both rural and urban areas across the nine provinces. Data was collected from the following groups:

- Staff working with the implementing partners, and specifically those staff members directly responsible for the implementation of Isibindi model interventions;
- Child and Youth Care Workers working directly with OVCY;
- NACCW mentors and mentor supervisors supporting the CYCWs;
- Other service providers who had links with the CYCWs through other sectoral interventions;
- Community role players supporting Isibindi;
- Parents and caregivers who fell within the ambit of the Isibindi interventions;
- Adolescents participating in, and receiving services through Isibindi interventions; and
- Young adults participating in, and receiving services through, Isibindi interventions.

The sites selected were all centers where a range of social services for children, adolescents and youth are provided through the Isibindi model by Child and Youth Care Workers. The locations of the sample sites are mapped in Figure 6, and demonstrate the geographically diverse nature of the intervention:

KwaZulu-Natal:

- St Thomas Health Care Centre (Eshowe)
- Thembaletu Care Centre (Lamontville, Durban)
- Thandukuphila Community Care Centre (Underberg)

Eastern Cape:

- CMR Drakensberg (Eliot)
- Jongilanga Training and Development Centre (New Brighton, Port Elizabeth)
- King William's Town Child and Youth Centre (King William's Town)

Free State:

- Phaphama Youth Development Centre (Clarens)
- Child Welfare Bloemfontein (Thaba Nchu)

Gauteng:

- Crystal Fountain (Pimville, Soweto)⁷
- Vuselela Ulwazi Lwakho Drop In Centre (Diepsloot Extension 5)
- People Opposed to People Abuse (Magaliesburg)

Limpopo:

- Ovkhona Drop In Centre (Tshidzivhe Village)
- Thabazimbi Community Based Organisation (Thabazimbi)

Northern Cape:

- Moshaweng Centre of Hope (Kuruman)
- Noord Kaap Vigs Forum (Upington)

North West:

- Baptist Children's Centre (Ikageng, Potchefstroom)
- Kagisano Orphans Based Care Centre (Ganyesa)

Western Cape:

- Mustadafin Foundation (Tafelsig, Mitchell's Plain)
- Mfesane (St Helena Bay)

Mpumalanga:

- Sizabantwana Children Benefit (Sabie)
- Nhlengelo Drop-in Centre (Bushbuckridge)
- Phaphameni Home Based Care, White River

In preparation for the site visits Mott MacDonald developed an indicative two-day program which was shared with the provincial DSD offices and with the selected implementing partners. This was done to assist the implementing partners in preparing for visits and organizing the interview schedules. Table 2 below presents the categories of Isibindi stakeholders interviewed and the numbers, disaggregated by gender.

⁷ Crystal Fountain was the pilot site for testing the field instruments.

Table 3: Categories and Number of Respondents Interviewed

Interview	Method	Total	Male	Female
Department of Social Development	KII	26	10	16
NACCW	KII	23	4	19
Implementing Partners	KII	24	4	20
Community Representatives	KII	42	27	15
Other Government Stakeholders	KII	34	19	15
Child and Youth Care Workers	FGD	294	43	251
Adolescents 13-18 years	FGD	231	108	123
Youth 19-25 years	FGD	58	22	36
Parents / Guardians	FGD	146	48	98
Total		878	285 (32%)	593 (68%)

Source: Field Work Data Sets

Figure 6 below provides a graphic representation of the spread of sites visited across all nine provinces. It also provides a very clear illustration of the national reach of the Isibindi program.

Figure 6: Location of Sampled Field Work Sites



Source: Mott MacDonald

DEVELOPMENT OF FIELD INSTRUMENTS AND PILOT

For the purposes of the Mid-Term Review Mott MacDonald developed a standard set of base questionnaires in English, taking into account the local South African context. Mott MacDonald developed the following data collection tools, in consultation with the Steering Committee:

Table 4: MTR Data Collection Tools

Data Collection Tool	Purpose
Quantitative Data Collection Tool	This tool was designed to collect all quantitative data relevant to the implementation of the Isibindi project – with a focus on output and outcome level data that allows for analysis of progress against targets that are outlined in the project log frames
Key Informant Tool	Semi-structured interview schedule with questions designed to elicit project level information at policy, planning and implementation levels (three different questions) and a key informant interview guide was also developed
Focus Group Tool	Guiding questions specifically designed for discrete focus groups (caregivers, adolescents, youth) targeted at eliciting beneficiary responses to services provided through Isibindi / a focus group discussion facilitation guide was also developed
Observation Tool	This tool was designed to capture environmental factors at implementation sites (infrastructure, access, facilities etc.)
Organisational Diagnostic Tool	This tool was designed to do a rapid organisational assessment of each implementing partner's capacity in areas including governance, finances, programming, human resources and M&E
Site Visit Verification Form	This tool was designed to ensure that key data regarding the site location was captured and the implementing partner signed off on the visit
Site Visit Check List	This tool was developed to assist the field workers in ensuring that all necessary data was captured on site

A one-day orientation session with the field workers was held on the 29th July at the Mott MacDonald offices in Johannesburg. The purpose of the orientation was for the field workers to meet as a team and to familiarize them with the instruments and the interview methodologies that were planned for use in the field.

The instruments that were designed to be used in the Isibindi Mid-Term Review field work were field tested on the 30th June 2016 at the Crystal Fountain Spiritual Centre in Pimville, Soweto (Gauteng Province). The field work team comprised of four field workers who conducted a combination of Key Informant Interviews and Focus Group Discussions during the course of the day. The pilot took place on the 30th June 2016.

SECONDARY ANALYSIS OF PROGRAM DATA

The NACCW program data consists of routine monitoring data presented in their annual reports to DSD, collected centrally through their head office M&E system, and used for feedback to sites regarding their performance, as well as for program management. Secondary data analyses were concerned mainly with program trends over time as measured against the three principal program targets. In selected support services that qualified and unqualified CYCWs have provided in both new and previously established sites. The MTR highlights aspects of the database judged to be robust, and which shed light on the overall MTR research questions.

DATA MANAGEMENT AND ETHICAL ISSUES

The mid-term review required engagement with adolescents (as project beneficiaries) and needed to be sensitive to local social and cultural norms. In discussion with the PSC at the inception meeting a research protocol was developed in line with requirements, which outlined all permissions necessary for conducting review interviews with beneficiaries. This included relevant permissions from national and/or local authorities, and Institutional Review Boards (Protection of Human Subjects, ethics application). An Ethics application was submitted to the Human Science Research Council (HSRC). Ethics approval was given by the HSRC on the 27 July 2016.

Informed parental consent and child participant assent was sourced from parents/guardians and children respectively. Consent and assent forms were developed. This ensured that consent was obtained from participants after an informed understanding of the survey.

DATA ANALYSIS

The researchers used a mixed method approach to integrate various review methods drawing on both quantitative and qualitative data. The data collection process has included various collection techniques:

- Key informant interviews (KIIs) using semi-structured questionnaires;
- Focus group discussions (FGDs), using an FGD Question Guide tailored to the group being facilitated;
- A rapid desk review of existing secondary data;
- An environmental scan that examined site level socio-economic factors; and
- Case studies to illustrate contextual issues at site level.

The research adopted an appreciative approach which not only identifies project strengths, but also sought to surface solutions-focused information that could enhance future improvements to project design and implementation. The mixed-methods approach combined quantitative data extracted from the program's monitoring system with additional quantitative / qualitative information collected from service providers, CYCWs, mentors and other sources.

- Qualitative methods: From the transcripts, key themes were identified and coded into Atlas-Ti and excel. The data from the FGDs and KIIs were triangulated for use in the selection of key issues and general presentation of findings.
- Quantitative methods: The analysis of the monitoring data focused on trends over time in terms of meeting the core targets of the program as articulated in the log frame, as well as findings from secondary data.

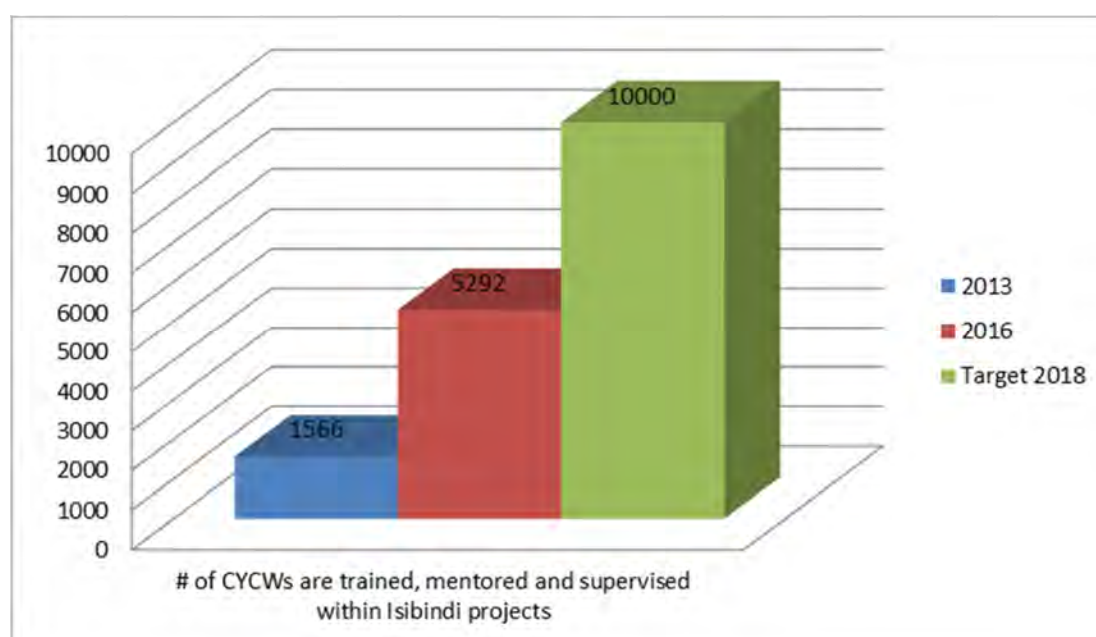
FINDINGS FROM THE SECONDARY DATA

PROGRESS MADE ON THE CORE TARGETS

For the first two years of implementation the Isibindi program lacked a definitive results-based management tool. Both NACCW and the Department of Social Development had developed their own log frames for implementation but these ran in parallel. In June 2016 the two principle partners held a joint planning workshop at the Kopanong Hotel and Conference Centre in Kempton Park to consolidate these tools and agree on the indicators for measuring progress.

The most recent consolidated data for the three core targets in the log frame are presented below in Figures 7, 8 and 9.

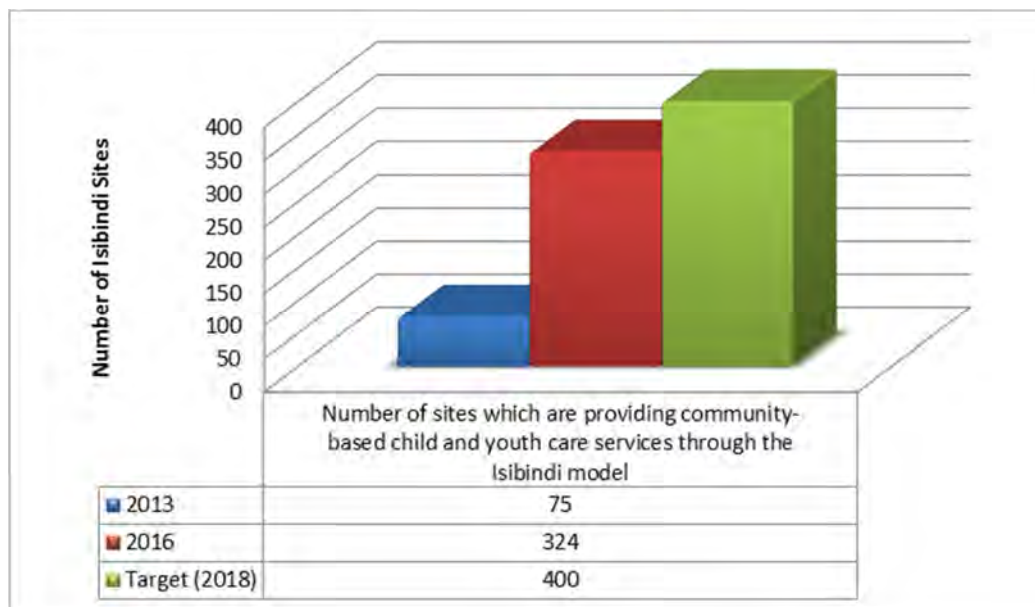
Figure 7: Progress on Target for Training of CYCWs



Source: Consolidated Isibindi Log frame and National Department of Social Development

The success of the Isibindi scale-up is dependent on having an available trained cadre of CYCWs to implement the program. A target was therefore set for NACCW to train 10,000 CYCWs by 2018. The Isibindi roll-out plan assumed that each project (implementation site) would have a full complement of 25 CYCWs per site. This has not been the case everywhere as some provinces have opted to assign a smaller number of CYCWs per project. Nevertheless, by mid-term 5,292 CYCWs had been trained, which represents 52% of the target.

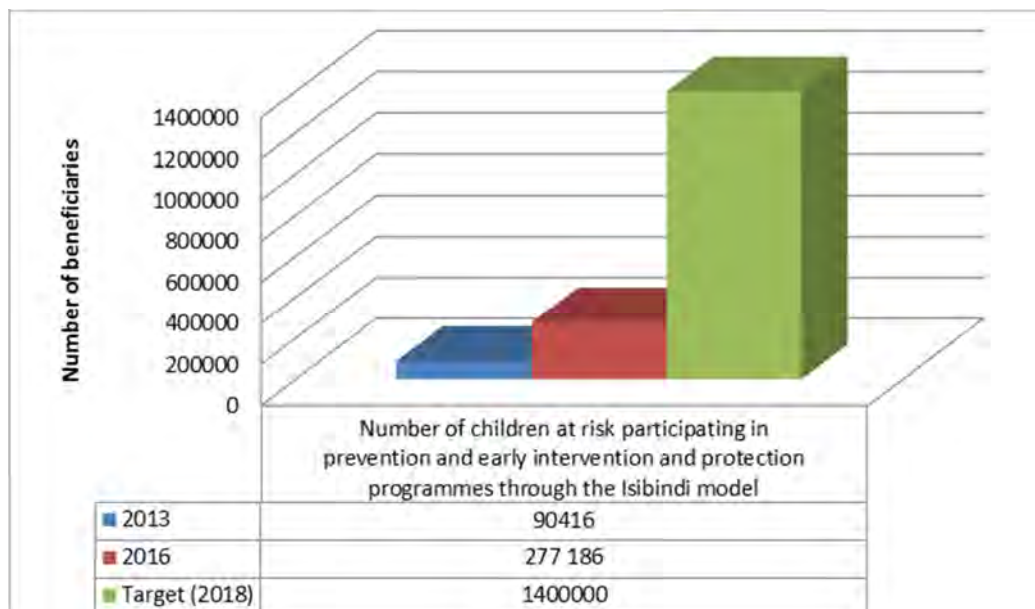
Figure 8: Progress on Target for Isibindi Sites



Source: Consolidated Isibindi Log frame and National Department of Social Development

By June 2016 324 Isibindi sites had been establishment across nine provinces. This represents 81% of the 400 target to be achieved by 2018. A number of provinces have taken a cautious approach to scaling-up, citing the fact that they would prefer to ensure quality of implementation before quantity.

Figure 9: Progress on Target for Number of Beneficiaries⁸



Source: Consolidated Isibindi Log frame and National Department of Social Development

⁸ It should be noted that for the baseline figure for number of children reached only four provinces reported figures.

The number of Isibindi beneficiaries reached by June 2016 stands at 277,186, which represents 20% of the target of 1.4 million by 2018. While this has raised concerns within NDSD about project under-performance, there are mitigating circumstances for this short-fall.

- In the first place the roll-out plan had targets for children that were higher than those initially modelled. This took the form of both higher targets than modelled for experienced CYCWs (70 instead of 64 per year) and no allowance being made for the smaller workloads for trainee CYCWs (modelled as 32 instead of 64 for the first year of training).
- Secondly, no allowances have been made for CYCW training starting mid-year or later, or for situations where lengthy delays in contracting implementing partners have created delays for training programs.
- Thirdly, the roll-out plan assumed a higher ratio of community: intensively serviced children than actually occurs in practice. Community children have accounted for 20% of total children reached rather than the 40% assumed in the roll-out plan. The use of 40% did not take into account the fact that there are many sites that do not have Safe Parks, which negatively affects the total number of community children reached. In addition, the roll-out plan assumed the same turnover for community children as for children receiving intensive services, whereas the expectation is that community children would continue to receive services indefinitely throughout their childhood and adolescence, and possibly on into young adulthood.
- For each of the program indicators Table 3 below provides the percentage reached of the targets set for the full 5-year roll-out period of the national scale up of the Isibindi Model.

Table 5: NDSD Core Indicators April 2015-March 2016

Core Indicators	Total Reach	5-year Target	% Achieved
Number of Isibindi projects established to deliver prevention and early intervention programs through the Isibindi model	324	400	81%
Number of CYCW trainees provided with in service training to deliver prevention and early intervention programs through the Isibindi model	5 292	10 000	53%
Number of children at risk participating in prevention and early intervention and protection programs through the Isibindi model	277 186	1 400 000	20%

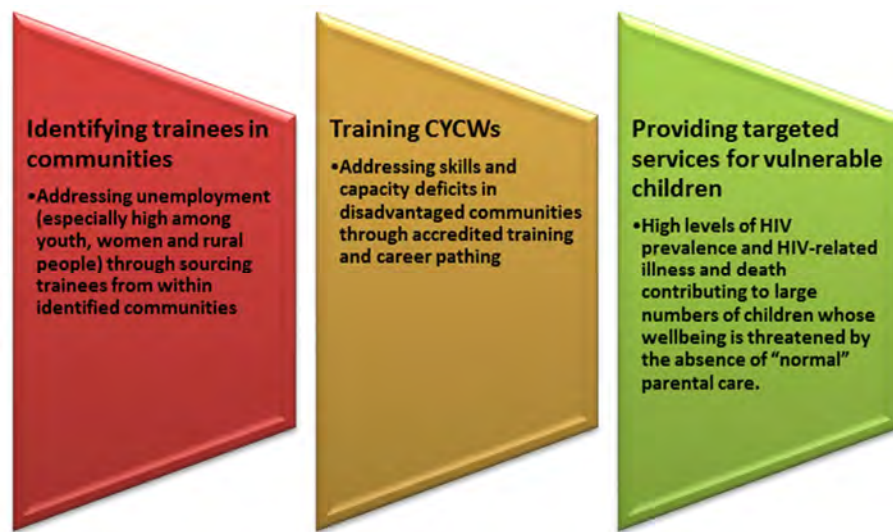
Source: National Department of Social Development

ASSESSMENT OF PROGRESS ON THE THEORY OF CHANGE

As conceptualized by the National Department of Social Development (NDSD) and the National Association of Child Care Workers (NACCW) the Isibindi program has responded to critical OVCY problems by providing high quality training to unemployed people, who are subsequently employed within their communities as Child and Youth Care Workers (CYCWs) to provide skilled care and services for vulnerable children in the community. As illustrated in Figure 10 below the Isibindi model has been defined as “an innovative, effective, and locally directed child and youth care intervention that trains indigenous adults to work with child-headed households and families affected by the AIDS pandemic”⁹.

⁹ Phelan, J. 2009. The wounded healer as helper and helped: A child and youth care model [online]. <http://www.cycnet.org/cyc-online/cyconline-july2009-phelan.html>

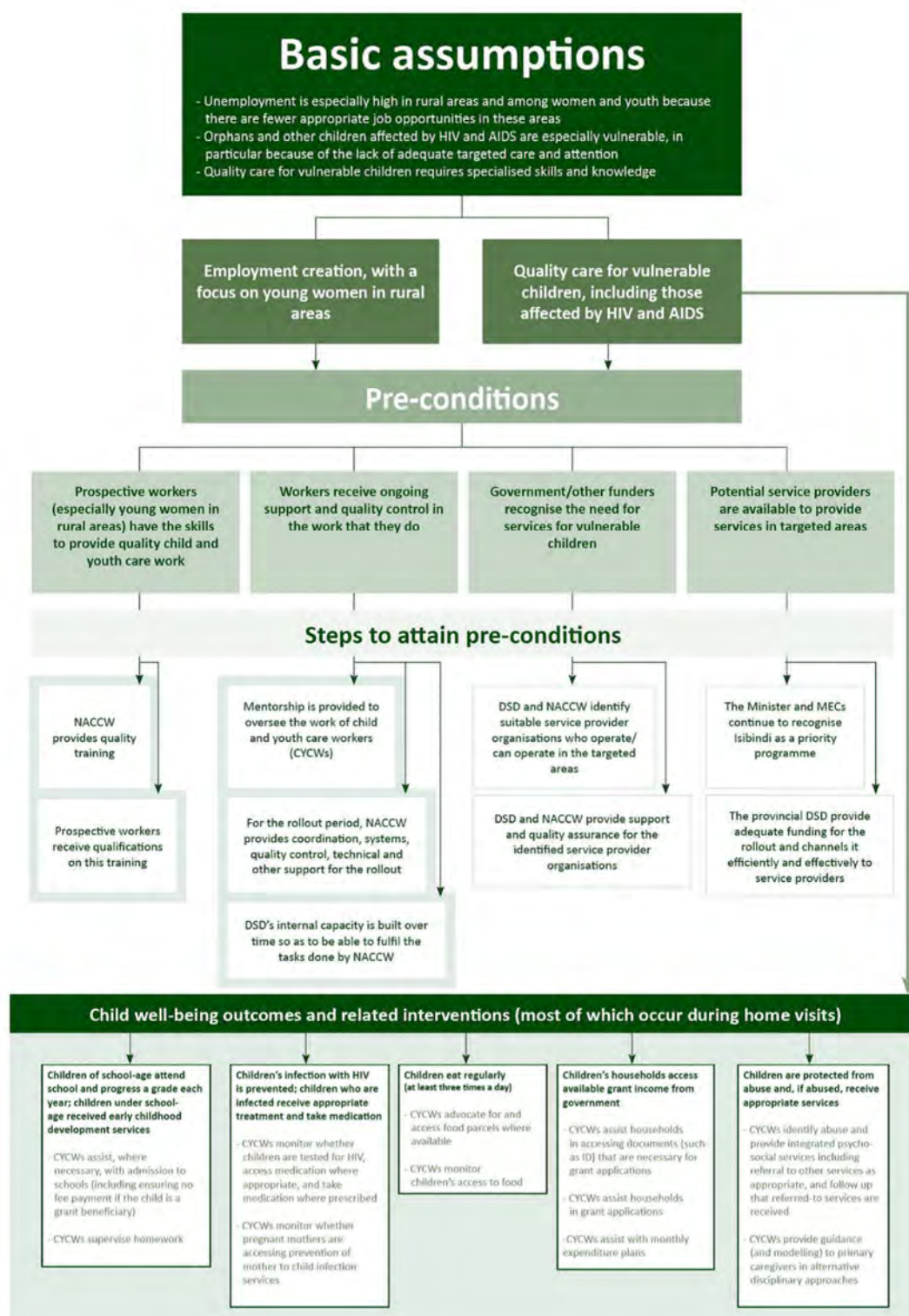
Figure 10: Community Based Isibindi Approach



Source: Derived from NACCW conceptualisation of the Isibindi Model

The Isibindi Theory of Change provides an overview of the basic assumptions, conditions and pre-conditions of the Isibindi model and provide context to the model as a whole and the data results provided subsequently (Figure 11).

Figure 11: Isibindi Theory of Change



Source: NACCW

Coming at mid-term in the current five year Isibindi funding cycle this desk top review attempts to utilize the available secondary data to assess progress made in establishing the necessary pre-conditions and achieving desired program outcomes. Table 4 lists the assumptions and results components of the Isibindi Theory of Change (ToC) and provides some initial commentary on these based on the secondary data. It is anticipated that a more comprehensive set of findings from the Mid-Term review (MTR) field work will supplement these.

Table 6: Assessment of the Relevance of the Theory of Change

Components of the Theory of Change	Comments
Basic Assumptions:	
Unemployment is especially high in rural areas and among women and youth because there are fewer appropriate job opportunities in these areas	This assumption remains valid. Unemployment remains high in South Africa generally, and in rural areas more particularly. Unemployment continues to affect women and youth more severely. Migration from rural areas to urban and peri-urban areas in search of work and better opportunities exacerbates the vulnerability of many children in rural areas.
Orphans and other children affected by HIV and AIDS are especially vulnerable, in particular because of the lack of adequate targeted care and attention	This assumption remains valid. However, children in more deprived communities are being rendered vulnerable by a complex range of intersecting factors that tend to mutually reinforce each other – poverty, food insecurity, poor nutrition, neglect and illness.
Quality care for vulnerable children requires specialised skills and knowledge	This assumption remains valid. The multi-factorial nature of children's vulnerability requires ever more specialised and nuanced interventions at the individual, household and community levels.
Critical Outcomes	
Employment creation, with a focus on young women in rural areas	To date 5,292 CYCWs have been trained. A significant number of trainees are from rural areas of the country, and the majority are women.
Quality care for vulnerable children, including those affected by HIV and AIDS	To date 277,186 children and youth have been reached through services provided by the CYCWs. This represents only 20% of the target of 1.4 million by 2018.
Pre-Conditions	
Prospective workers (especially young women in rural areas) have the skills to provide quality child and youth care work	This pre-condition is in place. The training provided by NACCW is accredited, comprehensive and provides a good balance between theory and practice. CYCWs have the necessary skills to work with children, adolescents and youth in the communities that they serve.
Workers receive ongoing support and quality control in the work that they do	This pre-condition is in place. NACCW provide a systematic, high-quality mentorship framework to support the CYCWs. The implementing partners are also sensitised too the importance of providing oversight for the work of the CYCWs.
Government / other funders recognise the need for services for vulnerable children	This pre-condition is partially in place. The government has articulated a strong commitment to the Isibindi program, although austerity measures across government may constrain future funding for the program. Other bilateral, multilateral and private sector donors and funders have been supporting Isibindi activities, but for continued scale-up will require increased resources.
Potential service providers are available to provide services in targeted areas	In most cases this pre-condition is in place. The selection of implementing partners is a standard requirement for the implementation of Isibindi. The biggest challenge comes in the more remote rural areas where there may be no viable CBOs or NGOs functioning in the area.
Steps to attain pre-conditions	

NACCW provides quality training	Accredited training is provided for all CYCWs by NACCW in line with the approved curriculum, and balancing theory with practice.
Prospective workers receive qualifications on this training	CYCWs who complete the training are certified by the HWSETA. The process, however, is slow and in many cases there are lengthy delays in issuing certificates.
Mentorship is provided to oversee the work of child and youth care workers (CYCWs)	NACCW have put in place a comprehensive system for providing mentorship to the CYCWs on a regular basis – usually one week in every month. The Mentors are themselves supported and supervised by Mentor Supervisors. A 2015 Formative Evaluation identified the quality of mentorship as a crucial factor underlying quality service provision. In qualitative interviews CYCWs spoke about the extensive support they received from their mentors as well as the value of that support for their carework practice ¹⁰ .
For the rollout period, NACCW provides coordination, systems, quality control, technical and other support for the rollout	The impression is that NACCW are fully engaged with the roll-out of existing and new sites. Through their provincial offices and team of Mentors / Mentor Supervisors NACCW provide coordination, oversight and technical support.
DSD's internal capacity is built over time to be able to fulfil the tasks done by NACCW	NACCW provide technical support to DSD although it is not clear the extent to which internal capacity at NDSD and provincial DSD offices is being enhanced.
DSD and NACCW identify suitable service provider organisations who operate/ can operate in the targeted areas	Service providers are jointly identified and then contracted by DSD. The presence of an implementing partner with administrative resources to contribute is as key factor underlying quality service provision.
DSD and NACCW provide support and quality assurance for the identified service provider organisations	NACCW provide technical support to the service providers through the mentoring program. It is less evident the extent to which DSD provides support and quality assurance to these organisations.
The Minister and MECs continue to recognise Isibindi as a priority program	As things stand the Minister and provincial MEC continue to prioritise Isibindi as a national flagship program. The DSD Annual Report 2014/2015 notes that "The Department's strategic goals, which were informed by its priorities and government-wide outcomes, are: • Expand Child and Youth Care Services (Isibindi program)¹¹.
The provincial DSD provide adequate funding for the rollout and channels it efficiently and effectively to service providers	The current program of austerity across government has placed pressure on provincial budgets and under current circumstances it appears unlikely that additional resources will be made available.
Child well-being outcomes and related interventions	
Children of school-age attend school and progress a grade each year; children under school- age received early childhood development services	Through the work of CYCWs there has been a concerted effort to ensure that children attend school regularly and make age-appropriate progress through the school system.
CYCWs assist, where necessary, with admission to schools (including ensuring no fee payment if the child is a grant beneficiary)	CYCWs assist families to access school places for their children and ensure that the no-fees ruling applies to all children who receive social grants.
CYCWs supervise homework	This remains a core component of the work of the CYCWs.
Children's infection with HIV is prevented; children who are infected receive appropriate treatment and take medication	The CYCWs provide sexual and reproductive health knowledge, encourage children and youth to attend HCT

¹⁰ Kvalsvig, J. and Taylor, M. Isibindi Program Effects on Service Delivery and Community Capacity to Care for Orphans and Vulnerable Children in South Africa: A Formative Evaluation, pg. 6.

¹¹ Department of Social Development, Annual Report for the year ended 31 March 2015

CYCWs monitor whether children are tested for HIV, access medication where appropriate, and take medication where prescribed	and for HIV+ children ensure that ARVs taken regularly and the appropriate nutritional requirements are attended to.
CYCWs monitor whether pregnant mothers are accessing prevention of mother to child infection services	Depending on household circumstances CYCWs will monitor whether pregnant mothers have been tested and are accessing PMTCT services.
Children eat regularly (at least three times a day)	CYCWs monitor household nutrition and ensure, where possible, that children eat three meals a day
CYCWs advocate for and access food parcels where available	CYCWs work assiduously to access food parcels from both state and non-state sources in circumstances where households are at risk for undernutrition.
CYCWs monitor children's access to food	CYCWs monitor children's access to food, including through school feeding schemes, soup kitchens and food parcels.
Children's households access available grant income from government	CYCWs monitor access to grants, including Child Support Grants and Care Dependency Grants.
CYCWs assist households in accessing documents (such as ID) that are necessary for grant applications	This is an invaluable service provided by CYCWs, particularly in a context where so many children and possibly their parents / caregivers do not have the requisite documentation to access grants and other key social services.
CYCWs assist households in grant applications	
CYCWs assist with monthly expenditure plans	In households where parents / children have poor numeracy and financial literacy skills CYCWs assist with budgeting and planning.
Children are protected from abuse and, if abused, receive appropriate services	CYCWs are trained to identify cases of abuse and make the necessary referrals.
CYCWs identify abuse and provide integrated psycho- social services including referral to other services as appropriate, and follow up that referral to services are received	
CYCWs provide guidance (and modelling) to primary caregivers in alternative disciplinary approaches	CYCWs are trained to work with primary caregivers to model and enhance good child care practices in the home.

Source: NACCW Isibindi Theory of Change

DEVELOPING A CADRE OF CHILD AND YOUTH CARE WORKERS

As a result of the collaborative initiative of the NACCW and the Department of Social Development through the Isibindi program significant progress has been made in establishing child and youth care work as a profession registered through the South African Council for Social Service Professions (SACSSP). In 2000 the NACCW made an application to the SACSSP on behalf of the child and youth care sector, for recognition of child and youth care work as a social service profession. The application required the sector to provide evidence of the existence of a body of literature in child and youth care work, a research base in the profession, and a set of practice interventions and methodologies that were distinctive in nature¹². After consideration of this application, the SACSSP was satisfied that the child and youth care work sector had provided evidence of its international trend toward being regarded as a profession in its own right, which in turn led to the establishment of the Professional Board for Child and Youth Care Work. This meant that CYC profession was subject to regulation in South Africa and could be recognized as a social service profession. In 2014 the government developed regulations for the Child and Youth Care sector¹³. The SACSSP guides and regulates Social Workers and Social Auxiliary Workers and other

¹² Alsopp, M and Mahery, P. The Social Service Professions Policy: Recommendations from the Child and Youth Care Sector, pg. 25.

¹³ Department of Social Development, 2014, Social Service Professions Act, 1978 (Act No. 1.10 of 1978) Regulations for Child and Youth Care Workers, Auxiliary Child and Youth Care Workers, and Student Child and Youth Care Workers.

professionals for the purposes of which a Professional Board has been established in aspects pertaining to registration, education and training, professional conduct and ethical behavior, ensuring continuing professional development, and fostering compliance with healthcare standards¹⁴. The council has established a professional board for Child and Youth Care. Child and youth care workers (CYCWs) are trained to develop caring professional relationships with young people, and to work in their life space.

Social work has long been recognized as the core profession within social welfare services. There is a recognized career path, with social auxiliary workers serving as the Level 4 step along the route to a social work qualification. The Children's Act (and other legislation) designates a range of responsibilities, often referred to as "statutory" work, to social workers. In particular, social workers are responsible for dealing with reported cases of child abuse in line with the Act. Child and youth care work is a newer profession. The auxiliary qualification is at the same Level 4 as the social auxiliary worker, but along a parallel career/qualification path. The FETC in Child and Youth Care is recognized under the National Qualifications Framework (NQF) as a Level 4 qualification and is now the minimum qualification required to practice as an auxiliary CYCW. The FETC in Child and Youth Care work is an entry qualification for people who want to enter the field of Child and Youth Care. The qualification is based on theory, practical experience, work place and community-based learning, and equips people for their role as an auxiliary child and youth care worker¹⁵. This Qualification is the qualification for most Isibindi CYCWs in current CYCW posts in Child and Youth Care Centers (CYCC), Drop Inn Centers (DIC) and Community based CYC programs.

The scale up of the Isibindi program signaled a rapid increase in the training of new CYCWs to meet the targets set by the DSD. For Isibindi the requirement has been that CYCWs are sourced from within the communities that they will serve. To achieve this objective local selection committee comprising community members, the NACCW, the DSD and the selected implementing partner have been responsible for recruiting identifying, interviewing and selecting learners. The NACCW has drafted standard selection criteria but local selection committees can also use their own criteria. Because the assignments are written, it is also important that learners are literate.

The NACCW provides locally-based training courses which are run in an appropriate community venue that is approved by the Health and Welfare Sector Education Training Authority (HWSETA). To assist communities in ensuring that training venues meet the stringent health and safety requirements set by the HWSETA, the NACCW has developed a standard kit for trainers. The FETC is 30% classroom based and 70% practice based. The learners are supervised in the workplace by a senior CYCW, and by a mentor in the Isibindi program. The Community based auxiliary CYCWs start to practice after three months of training and continuously combine classroom based learning with on-the-job training. The one implication of this being a separate profession is that workers should be supervised by someone else within the profession rather than someone from another profession, such as psychology or social work.

A dedicated training team is based at the NACCW head office in Cape Town and manages the training in accordance with statutory provisions and standards required by SAQA and the HWSETA. The training management team consists of a training manager; training coordinators; data capturers; and general administrative staff. The trainers, assessors and moderators are based in communities and facilities across the country and are contracted by NACCW to deliver the courses according to scheduled training requirements. A training database was established in 2004 as part of the introduction of the accredited training, and contains records on everyone who has ever registered for training with NACCW¹⁶.

One of the core targets of the Isibindi scale-up plan is to train and deploy 10,000 trained CYCWs over five years. The challenge is to train enough CYCWs to meet the target, especially as the training will be spread across the country (DSD, 2012). As part of the roll-out, NACCW is contracted by provincial DSDs to provide accredited training in a child and youth care work qualification, namely the FETC. Table 5

¹⁴ South African Council for Social Service Professions, <http://www.sacssp.co.za/About>

¹⁵ WCSCF, 2015, Training Challenges for Child and Youth Care Workers in the Western Cape, pg. 13.

¹⁶ MSH, 2013, Child and Youth Care Workers in South Africa, pg. 12.

below reflects the total number of CYCWs that have completed their training and those that are still in training.

Table 7: CYCWs Trained / In Training – Status 2015/16

Province	CYCWs Completed Training	CYCWs in Training	Total CYCWs	CYCW target	Target Reach	Predicted CYCWs – Year 4 SLA Discussions	Dropped Out
Eastern Cape	157	0	157	1 425	11%	0	15
Free State	216	168	384	650	59%	0	40
Gauteng	811	100	911	1 925	47%	100	42
KwaZulu-Natal	1 025	1 094	2 119	2 825	75%	453	179
Limpopo	278	93	371	825	45%	325	62
Mpumalanga	122	287	409	925	44%	250	31
North West	205	412	617	775	80%	563	67
Northern Cape	76	42	118	125	94%	80	47
Western Cape	120	86	206	525	39%	0	37
Total CYCWs	3 010	2 282	5 292	10 000	53%	1 771	520

Source: NACCW Isibindi roll-out – Year 3 Monitoring and Evaluation Report

A total of 5 292 CYCWs have been trained with a current reach of 53% towards the roll-out target for CYCWs. The Northern Cape, North West and KwaZulu-Natal are close to reaching the targets for CYCWs whereas the Eastern Cape, Western Cape, Mpumalanga, Limpopo and Gauteng have reached less than half of their targets. At the start of Year 4, the total number of CYCWs that are anticipated to be trained by NACCW by the end of the rollout is 1 771, but this total is yet to be confirmed. Out of 5 892, 9% constitute CYCWs who have dropped out of the training, with 5 292 remaining.

CORE PACKAGE OF SERVICES

A key research question for the MTR was whether the services being provided by CYCWs through the Isibindi model have been implemented and to what extent these services aligned to the DSD's basket of services for OVCY, are of a sufficiently high quality of the services, and whether there any obvious gaps in services¹⁷. The conceptualization of the Isibindi has is clearly rooted in the need to provide core social services to the most vulnerable children and youth in the poorest communities across all nine provinces in South Africa. The researchers have then focused – through the secondary and primary data collected – whether these services are being provided in a coherent, efficient, and effective way through the CYCWs. The front-line implementation of the Isibindi model is undertaken by community members who are selected through an application process and then enter the NACCW training program to be trained as professional CYCWs. As they are based in the communities where they come from and generally live within a manageable distance of their clients. Their primary goal is to provide daily practical and therapeutic assistance to children and youth in their life-space. These core services can be summarized as follows:

¹⁷ These were largely informed by the SADC regional Strategic Framework and Program of Action for OVCY, 2008–2015 that has been actioned through the Minimum Package of Services for Orphans and Other Vulnerable Children and Youth. The Minimum Package was developed through an extensive consultative process involving most actors in the region and approved by SADC ministers responsible for vulnerable children and youth at their joint meeting in Windhoek, Namibia in June 2011.

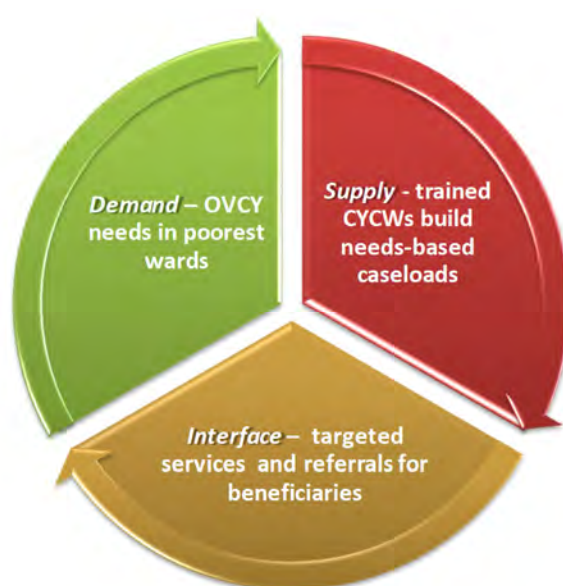
Table 8: Isibindi Core Package of Services

Practical Assistance	Therapeutic Assistance
<i>Practical assistance includes:</i> • Helping with the preparation of meals • Cleaning the house with the children and caregivers • Accompanying family members to the clinic and overseeing the taking of medication • Assisting the family with application for birth certificates • Helping the family to budget and manage household resources • Engaging in play activities with younger children	<i>Therapeutic assistance includes:</i> • Teaching life skills – relationship building, problem solving, conflict resolution, dealing with stress • Assessing and referral of children and families – health, trauma, education, need for material assistance relating to severe food insecurity and crises • Transferral of knowledge and skills - HIV/AIDS awareness, testing and management, safety, nutrition, and educational assistance • Life-space counselling – in the moment assistance with difficult situations of conflict, crisis, stress and grief

Source: NACCW

The Isibindi model is structured around services for each child and their family/caregivers within the context of multi-disciplinary teams that provide services to children, adolescents and youth within communities. This is essentially a supply-side network of required demand-driven services that the individual child or young adult requires in order to address their unique challenges.

Figure 12: Demand Driven Services to OVCY



Source: Mott MacDonald

Professionals such as child and youth care workers, social workers, educators, probation officers, doctors/clinic staff, NACCW mentors as well as family members and the young person her/himself can at any given time be a part of this team¹⁸. While the Isibindi model sets out this core package of services at the provincial level Departments of Social Development interpret these according to their own needs, contexts and challenges. It was very evident from the MTR field work component that while there are service needs similarities across all sites visited there are also very clear context-specific demands. This clearly challenges the capacities of implementing partners and the CYCWs in terms of ensuring that their responses are evidence-informed and relevant to the context-specific needs of OVCYs in living in specific

¹⁸ <http://www.naccw.org.za/isibindi>

communities. This is also challenging in that the life-spaces that children live in are also shaped and informed by the specific nature of the community and its socio-economic dynamics. This can be illustrated by evidence from the MTR site visits detailed in Figure 13:

Figure 13: Comparative Cross-Site Variables

Mustadafin site in Tafelsig, Western Cape	Thandukaphila in Harry Gwala District, KwaZulu-Natal	Child Welfare site in Thaba Nchu, Free State
☐ Urban high density	☐ Rural, low density	☐ Peri-Unban, medium density
☐ Predominantly coloured	☐ Predominantly Zulu	☐ Mixed SA / Lesotho citizens
☐ Poor, high unemployment	☐ Poor, high unemployment	☐ Poor, high unemployment
☐ Relatively stable population	☐ High out-migration	☐ High in-migration
☐ High levels of gangsterism	☐ Child abduction (Ukutwala)	☐ Severe child neglect
☐ Strong service provider	☐ Weak service provider	☐ Disengaged service provider
☐ Safety concerns for CYCWs	☐ No CYCW safety concerns	☐ Moderate CYCW safety concerns

Source: Field Work Data Sets

The identification of beneficiary OVCY and the unique package services delivered to them are tracked via enrolment forms and monthly activity logs. Each CYCW is provided with an activity log that details the questions that should be covered relating to the current status of the child as well as questions relating to services delivered. Table 7 indicates the five activity fields from the enrolment form and monthly activity log which are used in the analysis.

Table 9: Outcome Indicators and Descriptions for Services Delivered

Activity Field	Enrolment Form	Monthly Activity Log
Education 1: Attendance	School grade – with a recorded grade converting into a Desirable indicator for school attendance	Child attended school this month – with Yes converting into a Desirable indicator for school attendance
Education 2: Progression	School grade: Progression not relevant at registration	Education progression – converted into Desirable indicator if the child's current grade is higher this year than the previous year.
Health	Child on ARVs – converted into Desirable if (a) child HIV-positive but does not need ARVs or (b) child on ARVs (Desirable).	Child on ARVs – converted into Desirable if (a) child HIV-positive but does not need ARVs or (c) child on ARVs
Nutrition	Child eats regularly – with YES converted into Desirable indicator	Child eats regularly – with YES converted into Desirable indicator.
Social assistance	Whether child is beneficiary of child support grant (CSG), foster child grant (FCG), care dependency grant (CDG) – with YES on any of the grants converted into Desirable indicator.	Whether child during the month received child support grant (CSG), foster child grant (FCG), care dependency grant (CDG) – with YES on any of the grants converted into Desirable indicator.
Abuse	Whether there is rape, other sexual abuse, other abuse identified.	Whether a child protection incident (rape, other sexual abuse, other abuse

Activity Field

Enrolment Form

Responses to be converted into Undesirable indicator if there has been any one of these forms of abuse.

Monthly Activity Log

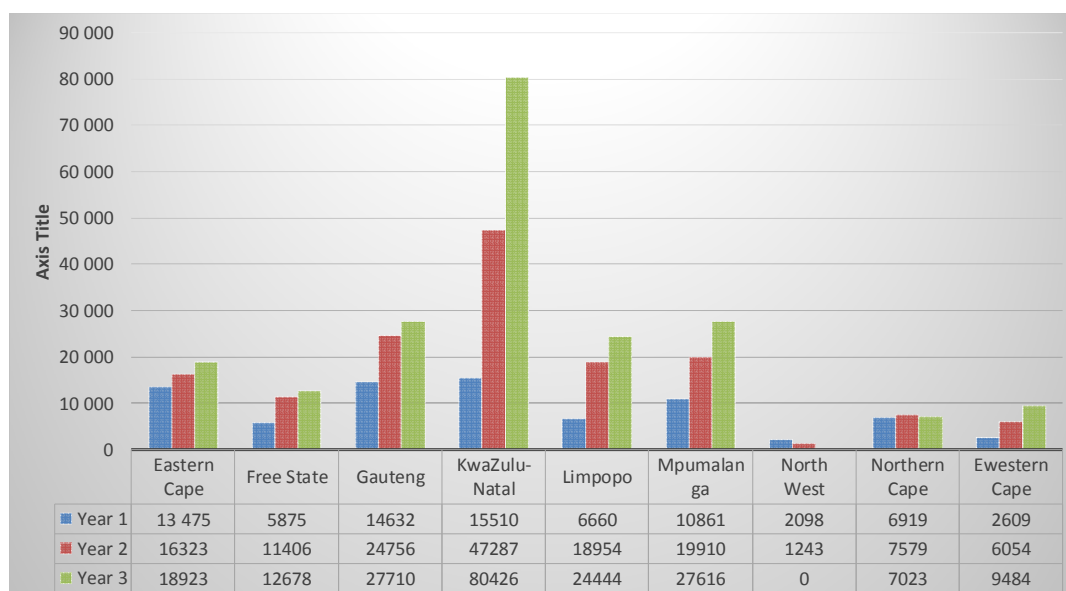
has been reported – converted into Undesirable indicator if any abuse reported in this period.

Source: NACCW

The child well-being component is conceived as a matrix that reflects five aspects of well-being, namely education, nutrition, income, health and abuse. The rows of the matrix reflect five types of intervention, namely psycho-social, education, economic, health and referral.

The data provided in Figures 13 and 14 indicate the numbers of OVCY serviced at national and provincial level through home visits as part of the workload of the CYCW and who have been enrolled into the Isibindi program, as well as community children who attend the Safe Parks linked to service sites and who benefit from the activities and supervision provided by CYCWs at the Safe Parks. Children or youth who attend any one of the special programs linked to the Isibindi model, such as the Adolescent Development Program (ADP), Young Women's Empowerment Program (YWEP), Young Men's Empowerment Program (YMEP), tuition support and the residential Child Protection Program (CP), are also included.

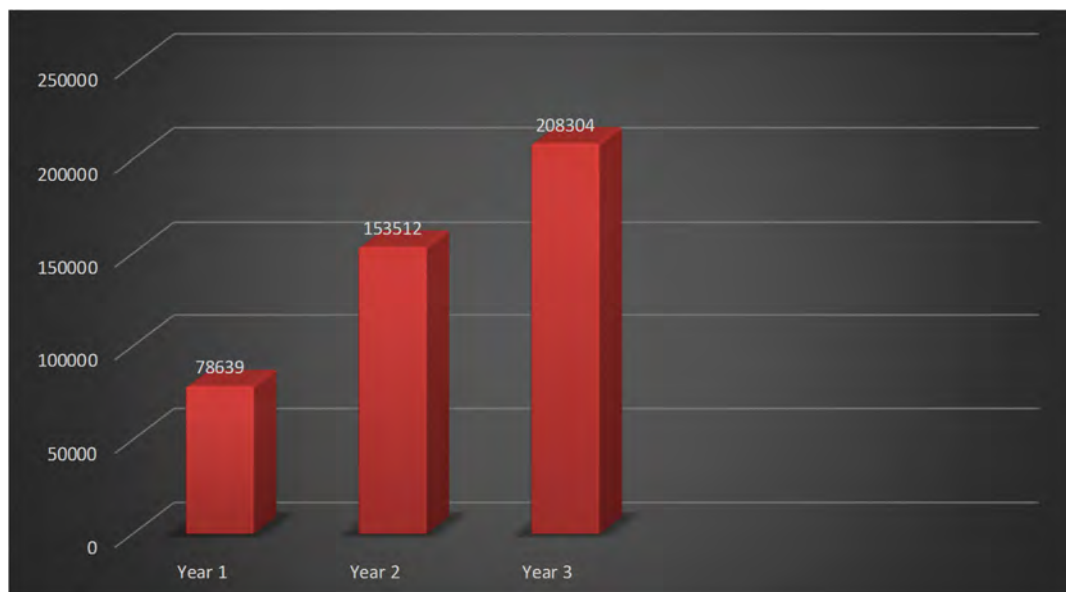
Figure 14: Beneficiaries Reached Disaggregated by Province and Year



Source: NACCW

Both Figures 14 and 15 point to the steady increase in the number of beneficiaries reached by Isibindi across the three years, although as described elsewhere in the report, current progress is well below the target set.

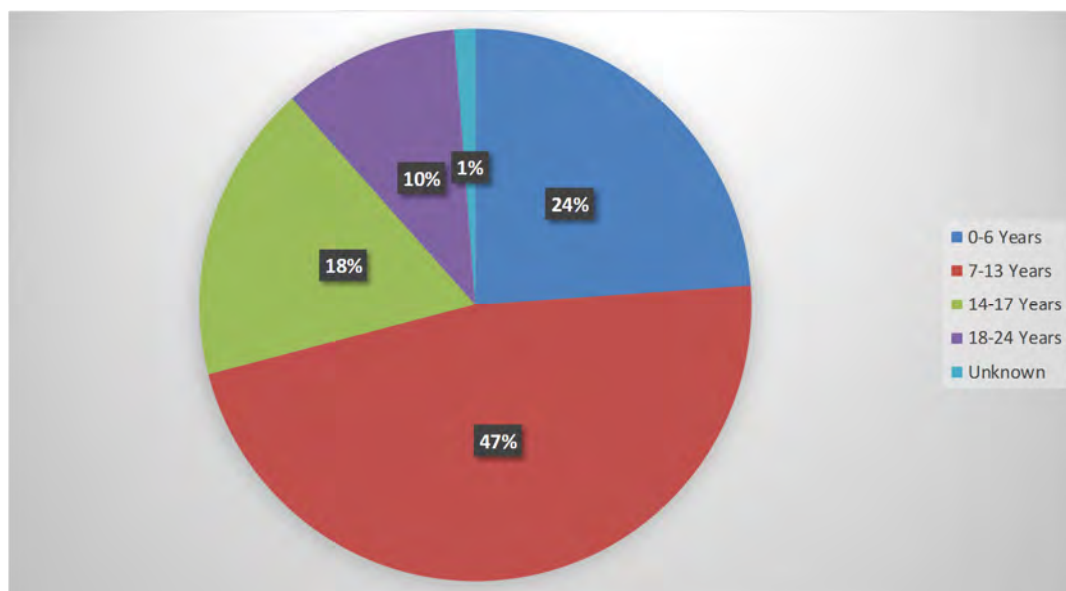
Figure 15: Number of Beneficiaries Reached through Isibindi 2013-2015



Source: NACCW

Figure 16 presents an age disaggregated profile of children serviced in 2015 through the CYCW workloads as well as community children reached through Safe Parks and other program areas. Children aged 7-13 comprise almost half of all children (47%), followed by those aged 0-6 years (24%). The group indicated as 'unknown', comprising 1%, refers to children where the date of birth is unknown.

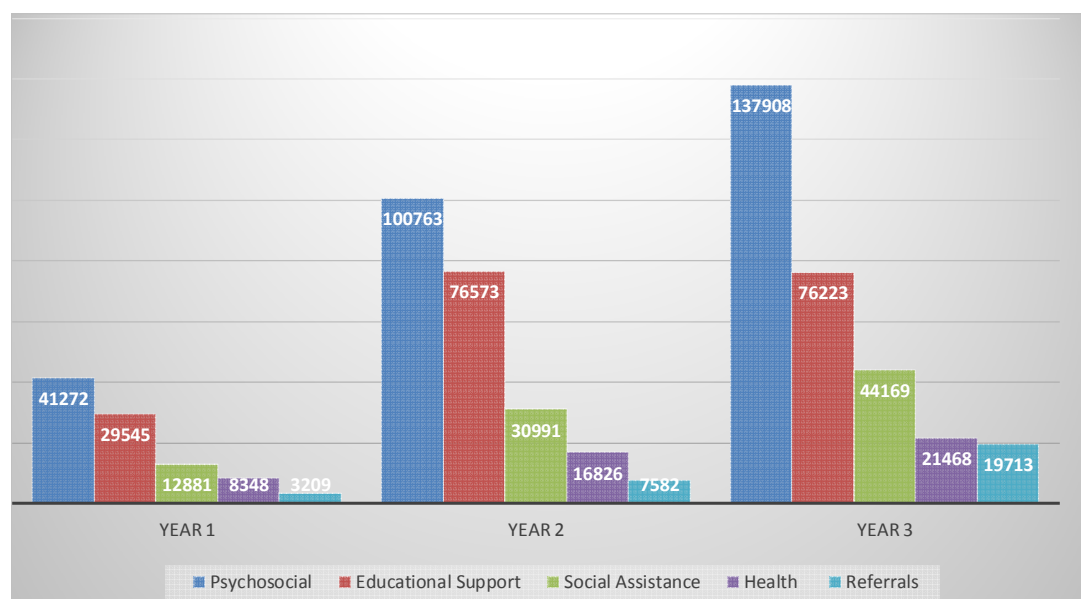
Figure 16: Isibindi Beneficiaries Disaggregated by Age



Source: NACCW Year Three Monitoring and Evaluation Report 2016

Figure 17 indicates the number of children that received one or more of the core services from April 2013 – June 2016. In cases where a child did not receive a particular intervention this does not mean that they were underserved in any way. The provision of services to OVCY is tailored to the unique circumstances of each individual, and these needs change over time.

Figure 17: Child Beneficiaries by Province and Type of Intervention 2013-2015



Source: NACCW Year Three Monitoring and Evaluation Reports 2014-2016

Figure 17 demonstrates a steady expansion of all five core service areas over the three-year period 2013 to 2016. The provision of psychosocial support services through home visits and life space work constitute the most provided service, followed by educational support and social assistance. What the data shows is the increasing frequency of Isibindi services as the number of sites have increased year on year, but doesn't yet speak to the quality of the services provided. This may well be something to consider for inclusion in an end term impact evaluation.

SAFE PARKS

The Isibindi projects include the development of a Safe Park, which identifies families in distress by creating a contact point for children, who are the most visible members. It allows care workers to establish safe relationships with the children through play and structured activities which gives children the opportunity have a "free space" for a few hours each day where they can feel supported and valued. As the Child and Youth Care practitioners become more skillful over time, the expectation is that the Safe Parks become a "professionalized" focal point for children and youth in the community¹⁹. Ideally the Isibindi Safe Park model provides a range of structured services and activities for OVCY in a community.

Table 10 presents the data on the number of formal and informal Safe Parks currently operating as provided by the DSD:

Table 10: Number of Formal and Informal Safe Parks

PROVINCE	FORMAL SAFE PARKS	INFORMAL SAFE PARKS	TOTAL SAFE PARKS
Eastern Cape	12	82	94
Free State	5	14	19
Gauteng	0	24	24
KwaZulu-Natal	55	123	178

¹⁹ CYC-Online, Issue 107 December 2007, <http://www.cyc-net.org/cyc-online/cycol-0712-phelan.html>

Limpopo	20	23	43
Mpumalanga	6	29	35
North West	11	23	34
Northern Cape	4	22	26
Western Cape	1	12	13
TOTAL	114	352	466

Source: National Department of Social Development

Data in the most recent NACCW M&E report presents slightly different data as shown in Table 11. Table 11 also records the total number of individual children reached, the total number of visits and the average number of visits per child per year.

Table 11: Number of Safe Parks and Children Visits Per Province

Province	Formal safe Parks	Informal Safe Parks	Total safe Parks	Total Children	Number of Visits	Average Visits per Year
Eastern Cape	13	70	83	8 989	248 554	28
Free State	6	18	24	3 107	54 673	18
Gauteng	9	26	35	9 494	850 708	90
KwaZulu-Natal	69	187	256	22 201	476 837	21
Limpopo	26	23	49	17 481	976 035	56
Mpumalanga	7	98	105	14 171	319 977	23
North West	11	23	34	-	-	-
Northern Cape	5	21	26	3 357	106 253	32
Western Cape	2	10	12	6 590	250 586	38
Total	148	476	624	85 390	3 283 623	38

Source: NACCW Isibindi Roll-Out: National Annual Data Report – July 2016

ISIBINDI IMPACT - BUILDING RESILIENCE

Isibindi is a complex intervention comprising discrete but interlinked components, with different stakeholders taking the lead on specific elements of the intervention. For optimal program efficiency and effectiveness each component should be working as part of a dynamic system. While optimal system functioning is necessary it is not sufficient to make claims for the Isibindi as a successful OVCY intervention. The test of successful impact lies in an assessment of how the program moves beneficiaries from a state of risk and vulnerability to a state of relative safety and security. From an institutional and statutory perspective this can be assessed statistically, but Isibindi's capacity to build the resilience of OVCY to cope with and overcome their life circumstances and multiple vulnerabilities is the real test of program impact.

Vulnerability is viewed as "a high probability of a negative outcome" (World Bank OVC Toolkit), or an expected welfare loss above a socially accepted norm, which results from risky or uncertain events, and the lack of appropriate means to deal with them. Vulnerability leaves one at risk of exposure to stressful situations. The degree and type of vulnerability however, varies in each context and over time. A vulnerable child is defined as being under the age of 18 years and currently at high risk of lacking adequate care and protection. Accordingly, all children are vulnerable by nature compared to adults, but some are more critically vulnerable than others. "Child vulnerability is a downward spiral where each shock leads to a new level of vulnerability, and each new level opens up for a host of new risks. In other

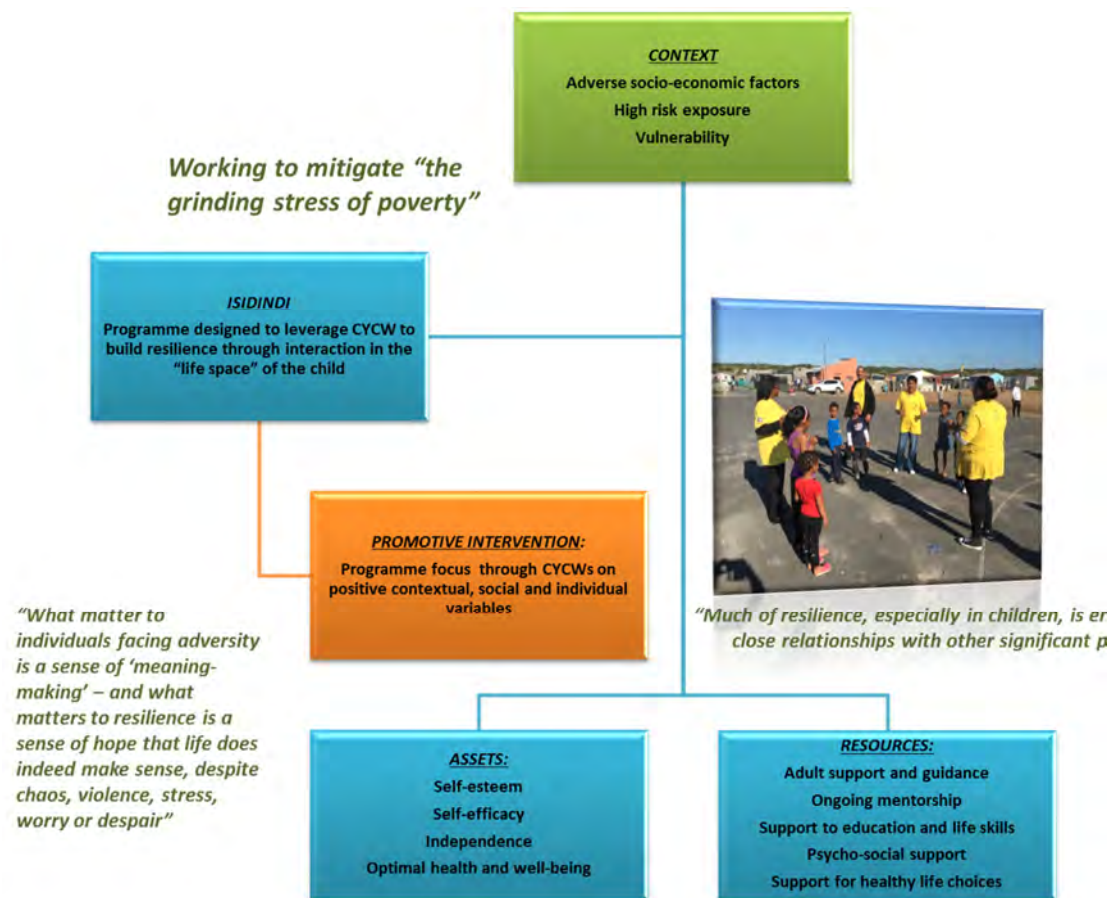
words, the probability of a child experiencing a negative outcome rises with each shock.” (World Bank OVC Toolkit)

Characteristics of children defined as vulnerable include those:

- Orphaned by the death of one or both parents;
- Abandoned by parents;
- Living in extreme poverty;
- Living with a disability;
- Affected by armed conflicts;
- Abused by parents or their carers;
- Malnourished due to extreme poverty;
- HIV-positive; and
- Those marginalized, stigmatized, or even discriminated against.

All vulnerable children have one common denominator: they have no reliable social safety networks on hand to depend upon in order to adequately manage the risk to which they daily exposed. What Isibindi has set out to achieve is to deliver a collective community and program response to strengthen the commitment of caregivers and households to the well-being of children that are supported by constructive national policies and the mobilization of resources. Within this mix of responses, it is accepted that activities to protect, support, and promote the psychosocial well-being of children and families are the most urgently required. Figure 17 below illustrates the concept of resilience within the Isibindi intervention and reflects the “life space” work undertaken by CYCWs to achieve this.

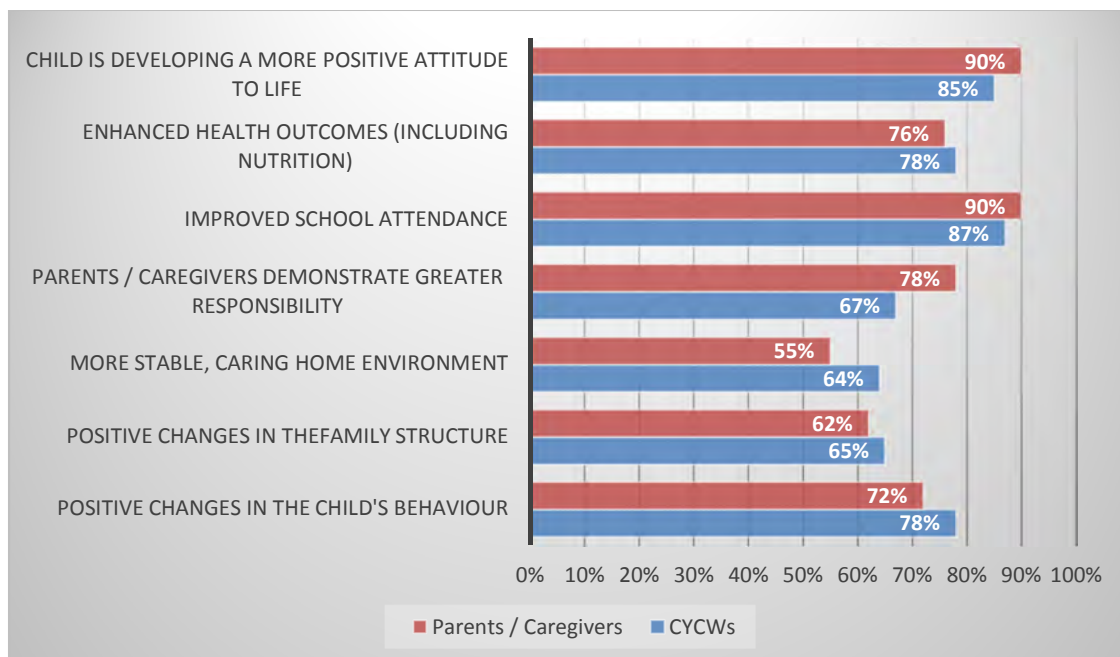
Figure 18: Building Resilience through Isibindi



Source: Mott MacDonald

The qualitative evidence gathered from the MTR suggests that the services provided through Isibindi do make a very real difference in the lives of those OVCY who receive them, and may well have a multiplier effect within the household and across the community more generally. In the focus group discussions, the CYCWs and the parents / caregivers were asked to respond to questions designed to get a sense of whether positive changes were taking place over time in the child’s life space, and Figure ** shows the frequency of responses to the questions posed:

Figure 19: Qualitative Impact of Isibindi Services as the Household Level



Source: Field Work Data Sets

What will, however, be required at the end of the five-year program cycle will be a comprehensive end-line impact evaluation that studies the relevance and efficacy of the services provided and demonstrates where the most significant changes in conditions have occurred.

FINDINGS, CONCLUSIONS & RECOMMENDATIONS

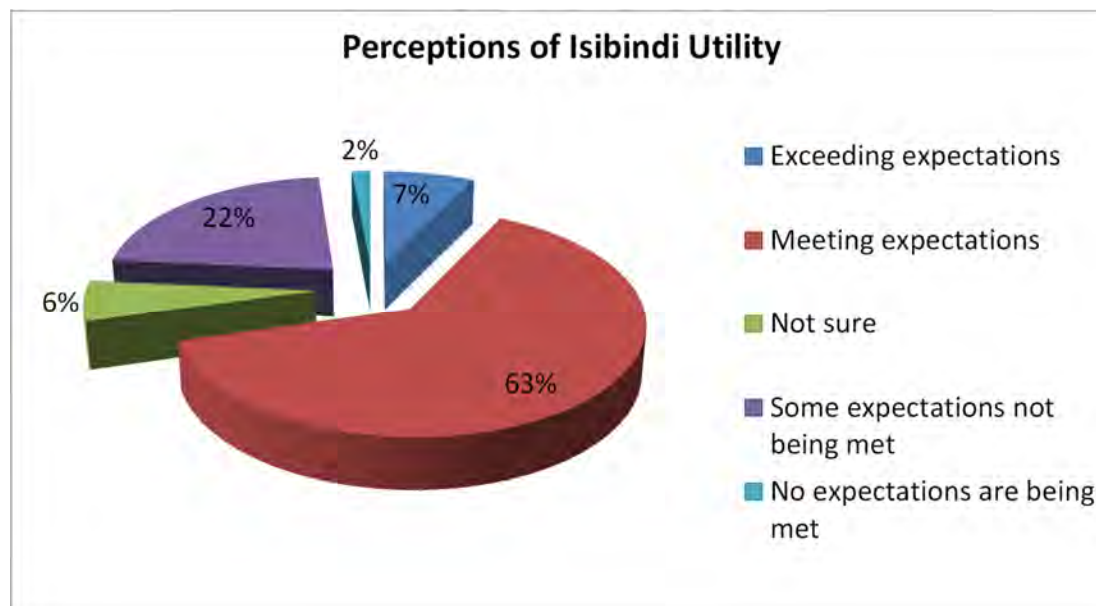
FINDINGS

OVERVIEW

As a process evaluation this Mid-Term Review sets out to produce a narrative that attempts to explain the mechanisms of what is happening in the Isibindi intervention. However, there are many processes going on at the same time – within individuals, stakeholders and participating organizations – which overlap and interact with each other, and are not always linear. Isibindi is a complex programmatic intervention within a social policy space that has several interacting components. Making sense of the complex sets of processes requires a use of mixed methods so that different data can be collected that helps in understanding the various aspects of Isibindi as a programmatic intervention and the extent to which it is meeting the assumptions of its Theory of Change, the targets set in the program log frame, and the expectations of key stakeholders for a significant improvement in the lives of orphans, vulnerable children and youth.

Respondents across the spectrum of Isibindi stakeholders were asked whether they felt that the program was achieving its stated objectives. Figure 20 below consolidates responses from 136 key informants and indicates that 70% of respondents felt that Isibindi was either meeting or exceeding expectations.

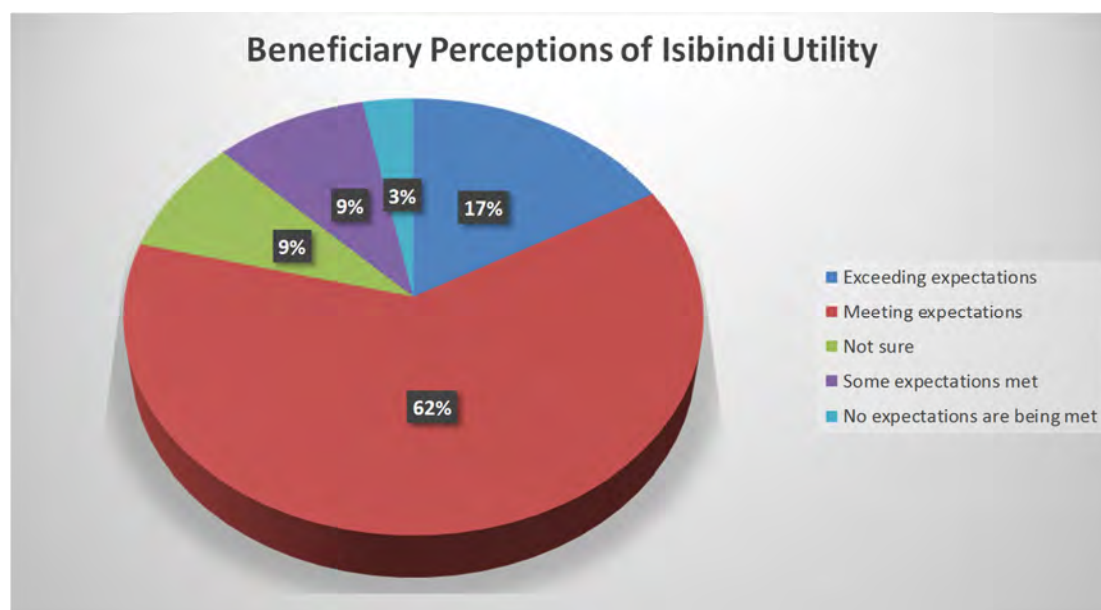
Figure 20: Utility of Isibindi as an OVCY Intervention: Stakeholders



Source: Consolidated field data

Beneficiaries groups, including adolescents, youth and parents / caregivers, who are receiving Isibindi services in 20 sites across the country were asked whether they felt that the program was achieving its stated objectives. Figure 21 below consolidates responses from 257 individuals and indicates that 79% of respondents felt that Isibindi was either meeting or exceeding expectations.

Figure 21: Utility of Isibindi as an OVCY Intervention: Beneficiaries



Source: Field Work Data Sets

STRATEGIC OVCY ALIGNMENTS

The Desk Top Review that accompanies the Mid-Term Review outlined in some detail the constitutional, legislative and policy environment within which the Isibindi program has been conceptualized and implemented. In brief it is clear that in the period since 1994 South Africa has made significant progress in advancing children's rights both as a government mandate and as a development priority. South Africa is a signatory to numerous international treaties and agreements including the Universal Declaration on Human Rights, the International Covenant on Civil and Political Rights, the United Nations Convention on the Rights of the Child and the Millennium Declaration. The South African Government is also signatory to several regional treaties and agreements including the African Charter on the Rights and Welfare of the Child, the African Youth Charter and the NEPAD agreement. The domestication of these treaties and their implementation through institutional arrangements, programs and services reflects the country's commitment to give effect to these core children's rights principles.

The South African constitution is unique in that it provides additional rights to children, through section 28 of the Bill of Rights. Chapter 9 of the Children's Act (Sections 150 to 160) provides a systematic legal framework to deal with situations where a child is in need of care and protection. These international, regional and national commitments shape and inform the policies, strategies and programs that both government and civil society follow in addressing the very critical development challenge of vulnerable children living in circumstances of poverty, vulnerability and marginalization. The Mid-Term Review set out to understand the degree to which key stakeholders feel that Isibindi aligns with national OVCY policy and strategy frameworks as a targeted community intervention for children who have been orphaned or rendered vulnerable through educational assistance, home-based care, legal protection and psychosocial support.

There is clear agreement that South Africa has put in place a comprehensive legislative and policy framework for child protection, addressing the challenges of orphans and vulnerable children, and supporting youth through targeted programs. Progress in areas such as universalizing Early Childhood Development (EDC) and youth empowerment indicate that the policy and programmatic context for OVCY is a fluid and evolving one that attempts to respond to shifting needs and challenges in the sector. The Isibindi model developed by NACCW and scaled-up by the DSD was recognized by most respondents as

a dynamic and adaptable intervention that addresses many of the challenges and concerns that government has regarding vulnerable children and youth in South Africa's most deprived communities.

From interviews with key informants it was evident that while there is confidence that the policy and regulatory environment for OVCY is sufficiently robust, the challenge comes in the area of implementation. Respondents noted a range of enabling and inhibiting factors that come into play in implementing a policy-informed program such as Isibindi:

Table 12: Policy and Strategy Considerations that Impact on Isibindi

Enabling Factors	Inhibiting Factors
• The Constitution and the Children's Act provide a very clear roadmap for programs that seek to address OVCY challenges • National data on children, youth, household circumstances, employment and other socio-economic variables provide a very strong evidence-base for implementing a program such as Isibindi • The DSD has developed a Child and Youth Headed Households Register that enables department officials to provide intervention services and allocate adult supervision in a targeted way • Strategic partnerships between DSD, NACCW and implementing NPOs promote effective targeting of services • The inter-sectoral nature of Isibindi draws other government agencies (Health, Education, Home Affairs) into a network of collaborative referrals and interventions • The alignment of CYCW training with national standards (SAQA and HWSETA) and certification • The Isibindi model is built on the practice of "life space" work, which represents an ideal modality for reaching vulnerable children • The Isibindi model has a detailed and comprehensive Procedures Manual that covers all components of the model and its implementation • The creation of a cadre of trained, accredited and professionalised CYCWs provides the nucleus of quality OVCY service provision • The training and accreditation of CYCWs is in line with national employment creation commitments, specifically as outlined in the National Development Plan, and ministerial performance agreements – it represents a parallel process of work force skills development as a core component of addressing unemployment	• Adequate resourcing for the Isibindi program remains a significant challenge that will require a more strategic and sustainable approach to resource mobilisation • There is a challenge in developing an evidence-based Isibindi business case that will be approved by National Treasury • Budgets for Isibindi remain a problem and the flow of funding from National Treasury to Provincial Treasury to Districts is cumbersome and time-consuming • Delays in the signing of annual SLAs with key partners has a knock-on effect with regard to the payment of CYCW stipends, and impacts negatively on service delivery • Different operational modalities and financial procedures between national and provincial departments create inconsistencies that impact on Isibindi delivery (selection, contracting, payments, oversight) • Weak capacity of NPOs Isibindi implementing partners), especially in rural areas • For the scale of the challenge the DSD remains under-capacitated, with existing staff are stretched to the limit to deal with existing case loads • Austerity measures within government have meant that key DSD posts are frozen and resources cut • Cross-cutting policy challenges that lie within the mandate of other government departments (health, nutrition, education, migration, employment) impact on the ability of Isibindi to achieve optimal outcomes

Source: Field Work Data Sets

An impressive aspect of the Isibindi program is the fact that those who are involved at the strategic level view the intervention model as a dynamic and evolving construct that can be continually adapted, modified and re-engineered in response both to feedback, evaluation and changing socio-economic conditions. It was stressed in several interviews that the Isibindi approach is not a static model, and that while it is based on a set of core assumptions and principles it is essentially adaptive and responds to experiential learning. An emerging understanding is that while Isibindi is an effective social welfare intervention that operates as a safety net for South Africa's most vulnerable children, the issues that impact on children, their households and their communities are cross-cutting and complex and require a multi-sectoral, multi-stakeholder response. As initially conceptualized the Isibindi model was understood as a simple and targeted response, but the complex inter-play of socio-economic factors impinging on OVCY in poor communities has seen the model evolve and grow into a more complex intervention with

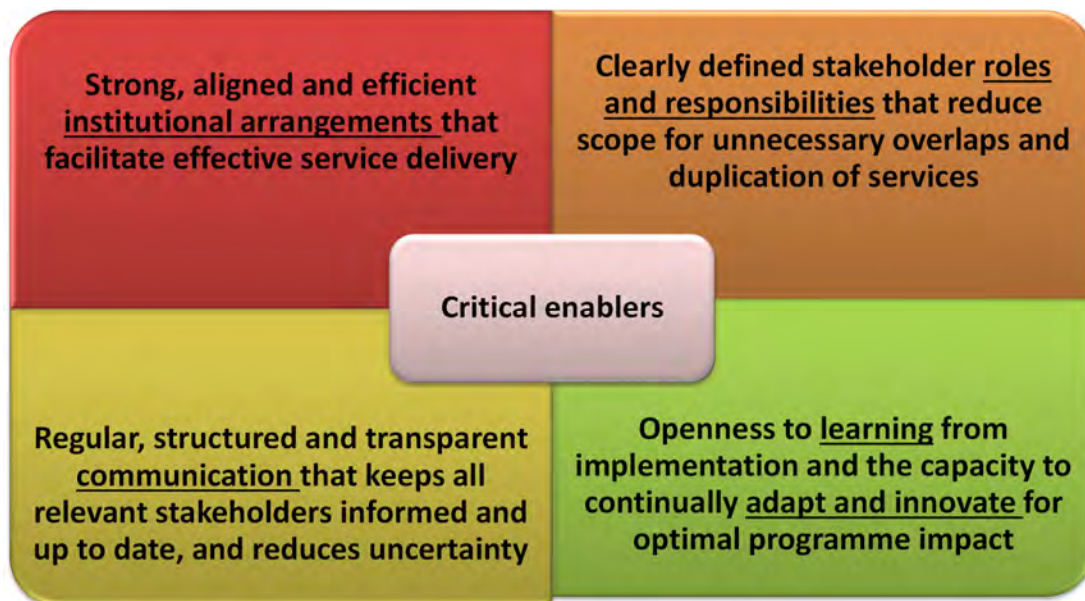
the addition of special programs to address issues such as substance abuse and youth empowerment. Both DSD and the NACCW referenced the need to protect integrity and core elements of the model, while also enabling it to absorb other critical OVCY components.

It is evident that the Isibindi model offers a practical, functional and relevant intervention tailored to the needs of OVCY. In addition, it is a model that is easily replicated across different sites, can be modified to suit specific contexts, and given the optimal institutional support can be a cost-effective mechanism for delivering critical OVCY services. Discussions with key informants highlighted the following “scale-up” and resourcing considerations:

- The Isibindi model is a well-structured and streamlined service delivery model that is likely to appeal to national and international funders;
- The Isibindi model can be easily absorbed by competent implementing partners working in the children and youth sectors;
- The model is replicable and scaleable, meaning that with adequate and sustainable resourcing and the optimal institutional framework it has the potential to reach a greater number of beneficiaries;
- The Isibindi model is an analytically rigorous and evidence-informed intervention that was developed by specialists with practical experience and theoretical knowledge of child and youth care work in South Africa;
- As a program Isibindi has been recognised at the international level and is currently being replicated (with relevant adaptations) in a number of other countries;
- There have been several independent assessments, case studies and evaluations of components of the Isibindi approach that point to its relevance and effectiveness as an OVCY intervention²⁰;
- The Isibindi model has now been implemented for more than a decade in South Africa, and the learning (both positive and negative) has been utilised to refine and further develop the model in line with shifting and evolving circumstances on the ground;
- From a government perspective there is a clear recognition that the services provided through Isibindi encompass a recognisable set of basic child-centred services that are outlined in a very detailed way in program guidelines;
- There is recognition that the emergence of child and youth care work as a recognised and accredited profession is a significant value-add to the existing cadre of front-line community service providers;
- From a government perspective there is a recognition that Isibindi is being delivered by well-trained CYCWs, that there is an effective mentorship process in place, and that their work is underpinned by an efficient and detailed monitoring and reporting system; and
- The crux of a program’s impact is the extent to which policy, strategy and implementation come together in a seamless delivery continuum. Both the DSD and the NACCW recognise that while the model itself is straightforward, the challenge lies in ensuring that as a multi-stakeholder intervention the various components are harmonised in order to achieve optimal results. From the discussions with key informants it was possible to identify four over-arching enablers that respondents felt were critical to the ongoing success of Isibindi (Figure 22):

²⁰ The findings from these various assessments are documented in the Desk Top Review that accompanies the Mid-Term Review.

Figure 22: Critical Enablers for Enhanced Isibindi Impact



Source: Mott MacDonald

In pointing out the way forward informants highlighted the need for all Isibindi stakeholders to use the strengths of the program as building blocks to sustain and strengthen current government child protection and OVCY strategies. These strengths were identified as follows:

- The Isibindi package of services is subject to ongoing quality assurance aimed at maintaining program quality and relevance;
- The services reach into the homes of OVCY, which is where so many of their primary problems exist;
- Implementing partners know that they and their workers will receive mentoring and other support services and be guided through the various challenges that they encounter; Beneficiaries know that they will be assisted by people from within their community who are familiar with local contexts, who have received accredited training and who continue to receive ongoing technical and psychosocial support from DSD and NACCW;
- The Isibindi approach is strongly rooted in community acceptance and support;
- Safe Parks are a critical technical component of the Isibindi model and have detailed guidelines and criteria – although some respondents felt that NACCW should be given a bigger role in how these are being rolled out;
- Through the Isibindi program CYCWs have a package of core services that are clearly delineated;
- The important role that Isibindi network meetings play in bringing together different stakeholders to discuss key issues, and the work that REOS has done in facilitating participatory decision-making processes;
- Ongoing technical support and oversight of the OVCYs is carried out by Mentors, who are qualified CYCWs and accredited trainers who are orientated in mentorship through a guidance document and coaching course;

Informants also highlighted the need for all Isibindi stakeholders to address some of the gaps and challenges within as these are issues that create some level of uncertainty and can impact on the quality of services provided to OVCY. These gaps and challenges were identified as follows:

- There is some concern that social workers do not see the CYCWs as equal partners in addressing child protection and OVCY issues, although there was a recognition that NACCW does play a role in orientating them to Isibindi, managing issues and encouraging the different role players to work as multi-disciplinary teams. This should also include building partnerships between social workers and mentors to embed Isibindi model in the provinces;
- Another systemic issue that was raised was the attrition of CYCWs and the need to keep reliable data on CYCWs who remain in the program or who leave;
- Theory of change not necessarily linked to government priority – how do Isibindi objectives linked to what government wants to achieve – how does it translate into government’s key objectives;
- There is a concern that while political leadership is imperative to the success of any national flagship program the actual details of implementation should be worked out in a way that ensure efficient and effective delivery of services;
- The DSD would like to see OVCY targeted through in Isibindi in a more evidence-informed way by identifying the poorest wards using StatsSA data and then overlaying SOCPEN data to obtain a more granular understanding of vulnerability and the kinds of services needed²¹;
- It could be a strategic option to find a mechanism to reach children through the school system as a key point of intervention;
- Some concerns were raised that the currently many of the implementing partners fall outside of the regulatory framework as they are not registered as drop-in centre – more effort is required to ensure that all the Isibindi implementing partners are part of the statutory framework and aligned with the national OVCT mandate;
- DSD noted that the Children’s Act Chapter 14 makes provision for community based care and protection program through drop-in centres that are regulated space providing dedicated programs – if Isibindi follows this convergence more rigorously it gives the DSD a more rigorous “business case” when approaching Treasury for increased funding;
- The issue of implementing partners remains a concern as although concern is that although the principle stakeholders (DSD and NACCW) had a clear and mutually agreed conception of what would be required in terms of the implementing capacity of service providers the reality on the ground is that necessary preparation, support, and resources that go into the delivery of Isibindi services is not always in place;
- There is a need to look much more realistically at the current deployment of CYCWs and assess whether it would be more advantageous to deploy smaller numbers of highly skilled and committed CYCWs to individual Isibindi sites; and
- It may not be realistic to expect future funding for Isibindi to come entirely out of DSD resources. Resource mobilisation outreach to the private sector, to multi-lateral, bi-lateral and regional development partners, and to civil society to take on components of the intervention.

²¹ South Africa’s social welfare grants are processed using a legacy information management system called SOCPEN, which started in the 1980s.

STRENGTHS

“We are ahead in South Africa in comparison with other countries, as through Isibindi we not only deal with our own children but also treat those from countries such as Botswana, Lesotho and Zimbabwe as our own”

National Department of Social Development Official

In general, it is evident that most respondents feel that Isibindi, as a national OVCY response, is well aligned with national, regional and continental children's rights commitments. Most respondents agreed that Isibindi was an important programmatic vehicle for implementing key elements of the Children's Act, and that it cut across all the relevant OVCY issues. It was emphasized that addressing OVCY challenges requires an inter-sectoral approach and that the policy developed by DSD HIV/AIDS directorate promotes this in a comprehensive way. Respondents felt that government departments were working together to ensure that the needs of OVCY were met in an integrated way, although most recognized that there was room for improvement in this regard. In broad terms respondents felt that Isibindi works well as a prevention and early intervention approach that supplements the work of social workers in accordance with sections 143-147 of the Children's Act (as amended). The development and professionalization of a cadre of CYCWs addresses the recognized concern that social workers struggle to cope with ever-increasing workloads and that – other professions were brought in under the Children's Act to address social issues

CHALLENGES

“DSD District Coordinators and social workers are very stretched as they have multiple portfolios, and don't always have time to support NPOs”

Isibindi District Coordinator – Department of Social Development

- Implementing partners are keen to extend services to other areas but DSD is concerned that this will dilute program impact;
- A general concern was expressed by DSD in some provinces that the CYCWs overstepping their boundaries and moving into matters that should in fact be dealt with by a social worker;
- In some provinces the CYCWs are not meeting the expectations of DSD regarding the way they manage the referrals to social workers and their interactions with local DSD offices;
- DSD feel that having responsibilities for Isibindi residing in different directorates (Children's Directorate or HIV/AIDS Directorate) in different provinces is not an optimal arrangement as it dilutes the focus of the intervention;
- There are difficulties working with Child Headed Households given the complex nature of these households and the availability of accurate data;
- Weak institutional capacity of implementing partners, which often have weak boards and struggle to put together business plans and manage finances;
- DSD raised some concerns about the partnering arrangement with NACCW and felt that there was sometimes a lack of mutual understanding with NACCW;
- DSD at provincial level feel that the available budgets for Isibindi are not sufficient to resource the sites in an optimal way;

- Several provinces felt that the NACCW consultancy training was not working that well, as they felt that the CYCWs trained by consultants are less committed than those trained directly by NACCW;
Delayed payment of stipends to CYCWs is a serious problem, and there was a strong feeling that these bureaucratic delays are unnecessary and unfair;
- DSD provincial offices were concerned about having NACCW as a major service provider as they were not spending funds – the NACCW noted in response that the under-spend was caused by the delays in signing SLAs, which in turn delayed the roll out of CYCW training;
- The HWSETA have their own stringent standards for verifying training venues, and NACCW are struggling to meet those standards in terms of training facilities, particularly in rural areas;
- The costing of the training by NACCW is not consistent across provinces, and this delayed the signing of their SLA until this was clarified - NACCW responded that they had reasons related to the cost of mentors but this is not part of DSD funding;
- Provincial social workers are concerned that CYCWs may not understand the circumstances under which a child should be removed from the home – they may report that a child needs to be removed but this might not necessarily be the case;
- DSD at the provincial level feels that the recruitment process for the selection of CYCWs should be more stringent;
- Some provinces felt that some of trained CYCWs are struggling to adapt to residential care, and that this be a gap in training;
- The DSD are satisfied with the CYCWS training, but feel that the practicum may be too narrowly focused;
- Challenges – drop out of learners during and after training – what is attrition rate? Catch up plan is not materialising from NACCW
- Through the work of Isibindi CYCWs there has been an increase in OVC caseloads for DSD, but DSD has limited resources to handle this;
- A big challenge is that the DSD District Coordinators responsible for Isibindi are very stretched and don't always have the required time to support NPOs
- DSD may have contributed to the delay in accreditation for- DSD identified a training centre with NACCW – after the site is identified SETA should verify the site –then NACCW are able to start with the training – when the time came to issue certificates SETA has a problem
- DSD feel that the Isibindi M&E process is a challenge as DSD leads project and there are issues about who collects data – DSD would prefer to lead on the program data collection as it is a government project;
- The national DSD is still busy considering the Sustainability Plan so there is still a level of uncertainty about the future of Isibindi beyond the five-year scale up;
- There are concerns at provincial DSD level that the Isibindi site environments should be improved through improved resourcing;
- There was consensus that the Safe Park concept is effective in achieving key program outcomes but the challenge is that at many sites the facilities available are not ideal;
- At some sites there appears to be little effort on the part of the implementing partner to improve or upgrade the Safe Parks;
- The current format of the M&E system is not really telling the DSD in a conclusive and verifiable way whether Isibindi is achieving its goal of building the resilience of OVCY;
- In some provinces social workers expressed a concern that Isibindi could create a dependency syndrome in families that expect the DSD to take the child to the clinic, apply for grant for them, and supervise their school work; and

- Most respondents noted that while the Isibindi scale-up was expanding the range of services available for OVCY in the country, the unmet needs remain massive and would require further scale-up of the program.

WAY FORWARD

“Resourcing for Isibindi projects and the CYCW stipend issues are key considerations that need to be addressed before project scale up or extensions take place”

National Department of Social Development

Key informant discussions with national and provincial DSD officials, as well as with senior management at NACCW, reflected several critical issues for the Isibindi program going forward in the final two years of scale-up:

Table 13: Identified Strategic, Collaboration and Implementation Considerations

Strategic Direction	Collaboration	Implementation
• There should be a focus on understanding how OVCY policies are most effectively translated into services that meet national priorities • Stakeholders should have a clear realistic understanding of how scale up can be funded, how to work with finite budgets and identify new and innovative sources of external funding • Isibindi is targeted to reach 1.2 million vulnerable children by 2018 but this still leaves serious limitations and gaps in service delivery to this population • A Child Protection Systems review has recently been undertaken which should provide insights which will be valuable for re-conceptualizing, strengthening, and expanding services to OVCs • Going forward more effort should be put into merging the strategies of DSD and NACCW into a single, integrated approach • Implementing partners should have other sources of payment (not to rely on the payment from the department) • Task allocations and roles should be clearly defined to ensure all know about roles and responsibilities – need to be clear – ongoing information sharing with departments • CYCWs need to meet certain service delivery standards • Resourcing and stipend issues are key considerations that need to be	• Work with NACCW to select implementing partner through calls for proposals • Through a joint short-listing process then have a panel that selects a service provider and once that service provider is appointed the signing of the SLA should be prioritised • NACCW should be enabled to provide expanded technical support to projects / implementing partners • The working relationship between CYCWs and district social workers should be strengthened so that they work together in a structured and efficient way • DSD does have a regularised meeting with the implementing partner for operational issues but it would be important to have these on a more regular basis • As part of the program forums should be facilitated at province level where implementing partners could share lessons learnt with one another • Linkages with other service providers should be leveraged more effectively, for example around issues such as substance abuse programs so that Isibindi is part of an integrated community response • It is important that at inception Isibindi Projects are introduced to community members	• Once an Isibindi project is initiated at a site it should be properly introduced through community workshops so that all local role players understand what the program seeks to achieve • Individual projects need to be provided with basic resources – office space and equipment, communication tools, transport • Resources and stipend issues must be addressed and solutions found before further program scale up or extensions take place • There should be a way of streamlining case referrals from CYCWs to social workers that make social worker caseloads manageable • SLAs should be drafted and signed much more quickly so that implementation is not delayed • The CYCWs should be given fixed contracts to avoid lengthy delays in their payments • Implementing partners should work according to a schedule of referrals to DSD and follow the necessary protocols and not let the CYCWs approach DSD in a random manner

Strategic Direction**Collaboration****Implementation**

addressed before project scale up takes place

Source: Field Work Data Sets

Discussions with senior management at DSD and at NACCW have highlighted several important emerging strategic directions that have the potential to reshape the way that the Isibindi model is currently implemented.

From the DSD perspective there is an understanding that it would be a strategic to engage key stakeholders in a systematic and evidence-informed dialogue on community based children's services for OVCY²². The envisaged process would involve a critical assessment of current service provision, including through Drop-In Centers and Isibindi sites, that specifically examines the following variables:

Table 14: Emerging DSD Conceptualization of OVC Programming

Core Questions	Strategic and Programmatic Responses
How best can the target OVC population be defined based on available data?	- The Isibindi program targeted 1.2m children. - We know that just over 12 million children receive the child support grant monthly. These grants are means tested. Children are eligible when they live in households with an income less than R3 500 (single) and both parents less than R7500) per month. - This data is available with DSD including the numbers and physical addresses of the CSG beneficiaries (SOCPEN) - Stats SA have data on the municipalities and poor wards. That data exists on the classification of the wards per household income levels. - On the basis of the above it seems realisable to establish in which specific wards the CSG beneficiaries live and to use this information to plan services and monitor coverage of services to OVCs. - The General Household Survey (GHS) and the Community Survey may have indicators on the status of Vulnerable Status of their Children & Households Stats Sa can provide this.
In the context of government priorities (informed by the National Development Plan) what are the key child welfare objectives and how can these be articulated in a programmable Theory of Change?	- What must change, and how will we know it is changing? - What must be measured - key indicators of well-being and resilience? - How does this work link with and contribute to governments overall vision 2030 – to eradicate poverty, inequality, and unemployment? - There exist a range of literature on children's well – being and developmental theories that could guide how we think and plan services for children. In the case of OVC, resilience thinking and theory are particularly relevant.
Are current interventions (including Isibindi) achieving their objectives and are the services being provided the most optimal for meeting existing OVC needs?	- Aligned with the DSD service delivery model and continuum care the focus for OVC is on prevention and early intervention. In implementing this approach DSD needs to refine its basket of services for children in need of care and protection - Clarifying its minimum package of services for children in line with the theory of change (resilience indicators) which includes services needed by children to promote their well-being and resilience - This package should include specific services that address HIV and Aids concerns including HIV counselling, testing and support services. - Expected outcomes would include a detailed evidence base, reach of services, stakeholder collaboration, resource utilisation and workforce requirements

²² Based on a DSD Draft Concept Note on Scaling Up and Strengthening Services to Orphaned and Vulnerable Children.

Core Questions

- What is current data saying about the effectiveness of current interventions and how can available data be used to enhance the design and reach of OVC services?
- How can resourcing be reconceptualised to allow for scale-up and quality improvement of current services?

Strategic and Programmatic Responses

- little information exists on the programs presented, the institutional arrangements or infrastructure.
- An analysis of this data base together with geographic maps of the wards should provide a deeper understanding of which wards are covered in terms of the location of drop in centres and where the gaps are. This will enable better identification of the hotspots and improved targeting and planning for interventions.
- If the drop in centres are to be capacitated to serve as the centre of community based prevention and early intervention programs it will be imperative to conduct a situational analysis
- Establish a working committee on the expansion of CBCS:
- Developing a compelling business case for a comprehensive investment for children that is likely to gain the buy-in from National Treasury and other key role players such as UNICEF
- Standardizing the cost package for services so that it is easily quantifiable and can facilitate forward planning and budgeting.
- Facilitate internal discussions EPWP and HIV/AIDS
- Facilitate strategic discussions with provincial DSDs to elicit specific perspectives and inputs.
- Facilitate discussions with the private sector on strategic partnerships and resourcing.
- Assess current disbursement modalities, together with management and monitoring policies

Source: National Department of Social Development

In the light of experience from the national scale-up NACCW continue to look at ways in which Isibindi can be improved and adapted to meet both context and demand. The Isibindi program is a community-based intervention that provides prevention and early intervention care for children in poor communities where health, education and social welfare services may be limited or unavailable. As a community intervention targeted at OVCY it is reliant on inter-sectoral linkages and efficiencies to ensure that families, children and youth are able to access relevant services in an equitable manner. While CYCWs themselves provide many of the home-based and community services, they also depend on supportive access to other services through referrals. This includes assistance with applying for identity documents, birth certificates and social grants, referrals to health services, and referrals to social workers when there are problems that the CYCWs are not equipped, trained or legally sanctioned to deal with. In this way CYCWs help to bridge the knowledge and information gaps within communities about what is available, and contribute to linking government and civil society services in a more effective way.

In addition to working with individual young people and their families in their homes, most Isibindi sites have either a formal or informal Safe Park. The CYCWs use the Safe Park as a safe space for identifying vulnerable children who need individualized home-based services. Currently, more than three-quarters of the Isibindi sites have at least one Safe Park, and some have more than one. In total, there are more than 450 Safe Parks. The fact that many sites only have informal safe parks, which lack security, equipment, and resources, severely limits the range of activities and interventions that can be conducted in the Safe Park.

NACCW are currently in the process of expanding the conceptualization of the Isibindi Safe Parks to become sites for convergence of different services²³ The thinking is that Safe Parks could provide an opportunity for many more services to come to beneficiaries rather than them having to go to the services – which in many rural areas may be some distance away. In this way, Safe Parks can provide a route through which many different government agencies can get services to some of the most vulnerable

²³ NACCW, 2016, An Isibindi Safe Park Convergence Model.

groups. NACCW believe that a more systematic inter-sectoral form of collaboration could take place at the Safe Park and have made suggestions as to how this may be achieved²⁴:

Table 15: An Isibindi Convergence Model

Collaborating Partners	Potential Site Activities
Department of Social Development	• Monitoring by CYCWs of children placed in foster care, particularly those placed with relatives (thus helping to reduce the work burden of social workers) • Non-centre based early childhood development • Parenting programs • Selected diversion programs • Aftercare programs in respect of substance abuse
National and Provincial Departments of Basic Education	• Expanding the homework supervision that CYCWs already provide • Delivering special programs, for example on substance abuse and reproductive health • Giving extra tuition, including remedial tuition and exam preparation for matriculants • Providing career information and guidance through simple publications, career expos and other activities • Assessment of children with learning difficulties
Department of Health	• Providing supplementary nutrition • Immunisation blitzes • HIV and AIDS counselling and testing • Health education • Assessment of and assistance to children with disabilities
South African Social Security Agency and the Department of Home Affairs	• A venue for visits of the Integrated Community Registration Outreach Program mobile unit • Disseminating information about social grants, birth registration and identity documents.
Department of Sport and Recreation	• Sports coaching and training • Competitions • Facilitation of sports by providing equipment
Department of Arts and Culture	• Competitions • Rehearsals and staging of performances • Teaching of dance, music and art
Civil Society Organisations	• Share space and resources with other CSOs offering child and youth programs • Organise joint activities / programs at the Safe Park

Source: NACCW

Depending on the locality and range of collaborating partners these services could happen on a regular basis per an agreed schedule of activities. Having more services at a Safe Park would make the Safe Park a focal point for community OVCY activities and a form of “one-stop shop” for vulnerable young people.

If the Isibindi Safe Parks are to play this “convergence” role, then an agreed and functioning system would need to be put in place to ensure that services and interventions take place in a coordinated and organized way. Efficient planning and organization would mean that services could be delivered in a streamlined and more effective way. The role of the Safe Park coordinator could potentially be expanded to a full-time position given that a workable “convergence” approach would require significant planning and organization. The Safe Park coordinator could be overseen, guided and supported by a multi-disciplinary and multi-sectoral group that could be supplemented by a broad group with representatives from all the participating agencies. These responsibilities would be informed by standard guidelines which

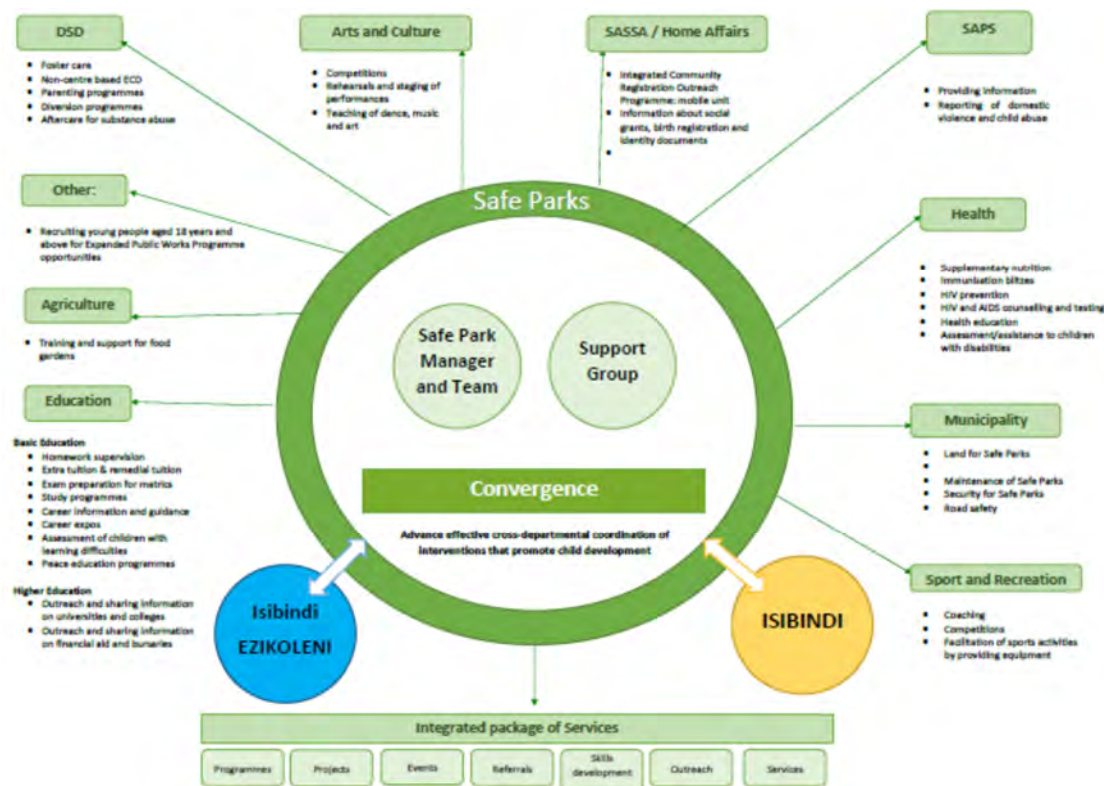
²⁴ These are suggestions and do not represent a comprehensive list of possible usage.

would be used in all the Isibindi Safe Parks in which the convergence model is implemented. In the NACCW thinking several key principles would need to inform the move to convergence:

- Ensuring that the Isibindi Safe Park retains as its core role the provision of prevention and early intervention services to vulnerable young people.
- Ensuring that all services that are offered continue to prioritise the most vulnerable users of the Safe Park, and in particular the children and youth who are already on the Isibindi schedules.
- The convergence model must operate alongside the core elements of the Isibindi model and, in particular, the home visits. This is important because the home visits are an essential part of the continuum within prevention and early intervention and within the child protection continuum more generally.
- The convergence model must not make the Safe Park less attractive for vulnerable young people. The Safe Park must continue to be a space which operates in line with a child and youth care approach that emphasises the importance of young people's life spaces, rhythms, routines and rituals.
- The Safe Park coordinator and other CYCWs at the site must not be asked to expand the tasks they do beyond their knowledge and skills. They must also not be asked to take on additional duties that reduce the time and energy that they have available for their core tasks in relation to the vulnerable young people.

NACCW realizes that it would be difficult, if not impossible, to implement the convergence model at an informal Isibindi Safe Park and so would prioritize the conversion of Informal Safe Parks into formal Safe Parks based on the minimum requirements for a Safe Park that can be used for this upgrading. These guidelines would then probably need to have additional specifications for implementation of the Isibindi Safe Park convergence model. For example, the size of the building and its layout would affect how many and what type of services could be delivered at the Safe Park. If the building is too small and/or has only one room, introducing any extra services is likely to prevent children and youth using the Safe Park for its core purpose of providing a safe space for them to be. These ideas around the conceptualization of a "Safe Park convergence model" reflect the fact that the Isibindi model itself is an evolving and flexible response that adapts to current needs and local contexts. Figure 21 below provides a graphic representation of the model and its various components:

Figure 23: Safe Park Convergence Model



Source: NACCW

IMPLEMENTING PARTNERS

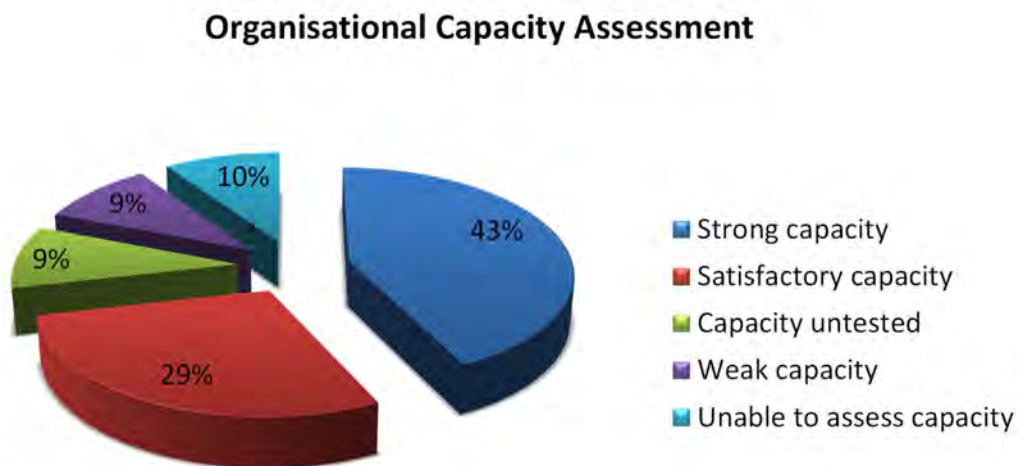
The roll-out plan envisaged provincial DSD choosing organizations as implementing partners with assistance and advice from NACCW. The plan suggested criteria for choice of implementing partners, particularly for the first years of the roll-out. For the most part, DSD have been the lead player in selecting implementing partners. In many cases non-profit organizations (NPOs) already registered with and contracted by the DSD became CYCW trainees. In some cases, the new Isibindi funding replaced, rather than complemented, any funding that these NPOs previously received from DSD.

The use of NPOs with existing services such as drop-in centers as Isibindi implementing partners looked to be the most strategic and practical way of rolling out the program. There were some initial challenges during the pilot that preceded the rollout in April 2013. In particular, staff of NPOs expected to work a standard work week (09h00-17h00 five days a week) rather than the more flexible working hours expected of CYCWs. These flexible working hours are necessary so that CYCWs are available when it best suits the needs of the children and families.

A total of 21 Isibindi sites were observed during the field work. At each site field workers undertook a KII with the head of the organization or a senior staff member, the designated Isibindi project manager (where such a position existed), completed the organizational capacity assessment diagnostic tool and

conducted an environment scan. The data from these various sources was consolidated and formed the basis of the ranking as presented in Figure 24²⁵:

Figure 24: Observed Capacity of Isibindi Implementing Partners

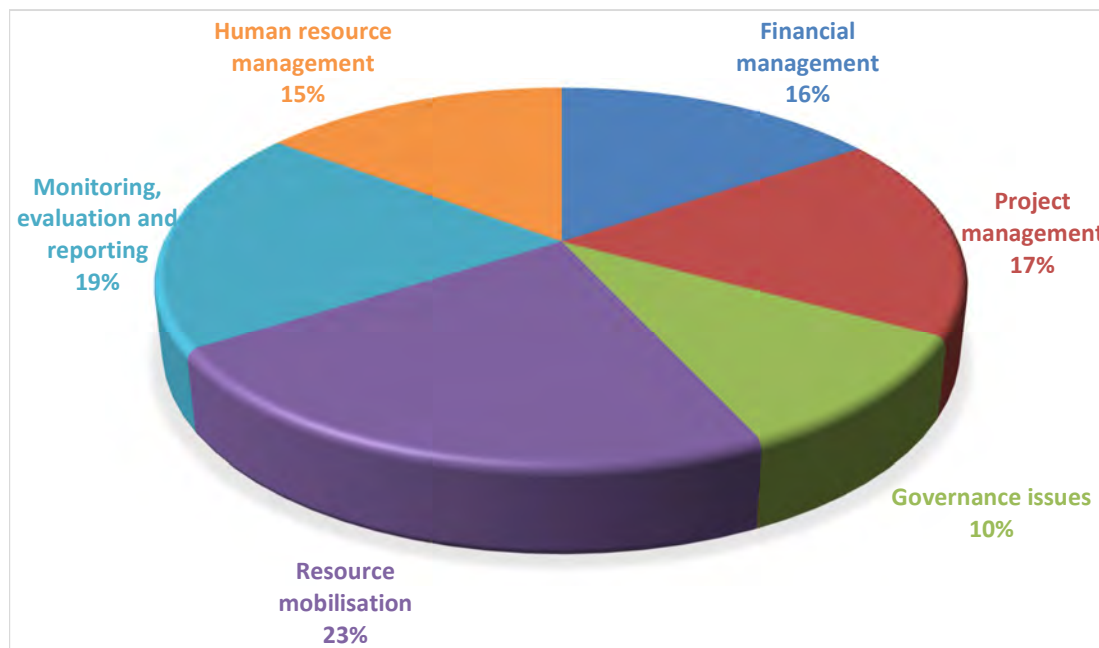


Source: Field Work Data Sets

The implementing partners were asked to identify areas where they felt that they had capacity challenges. Figure 25 below shows the type of capacity identified and the frequency of responses:

²⁵ The ranking of “capacity untested” is based on the fact that the implementing partner visited has very recently taken over the contract for managing the Isibindi program. The ranking “unable to assess capacity” is based on the fact that there seemed to be no direct hands-on management of the program by the implementing partner

Figure 25: Implementing Partner Capacity Strengthening Needs



Source: Field Work Data Sets

STRENGTHS

“At our Drop in Centre there is a very good synergy between the centre caregivers and the CYCWs – they work together quite effectively to deal with the many problems that children in our community face”

Drop in Centre Project Manager

- For many implementing partners the alignment of the Isibindi program with their own existing community based services is strong and creates a good enabling environment for efficient delivery of services;
- Most implementing partners feel that they have a very strong relationship with NACCW through the CYCW training and the mentorship program, with some noting that technical support can extend beyond just Isibindi to strengthen other areas of the organisation’s work;
- CYCWs are instrumental in making sure that the Safe Parks function as intended, and often organise special events;
- At Home Based Care Centres and a Drop in Centres there is a good synergy between the centres caregivers and the CYCWs;
- Capacity across the implementing partners is variable, but many are strong, established NPOs with sound governance structures and program systems in place;
- Implementing partners feel that they understand the core objectives of the Isibindi intervention and can work effectively to meet the required standards of the project and ensure the delivery of the Isibindi package of OVCY services;

- Most implementing partners were confident that their M&E systems, data collection and reporting processes were adequate for the task of capturing data from the CYCW data collection instruments and that the data forwarded to DSD and NACCW in their monthly reports was accurate;
- Implementing partners expressed confidence in their capacity to make effective referrals, and in particular those that require statutory follow-up;
- Some implementing partners ensure that they provide the CYCWs with the necessary support (including transport) to facilitate applications for identity documents at the department of Home Affairs;
- Many of the implementing partners support the CYCWs in establishing various programs to assist skills development for youth, matric program and homework assistance for school learners, reading programs and nutrition programs;
- Some implementing partners feel that their own core programs for children, adolescents and youth are strengthened by the work of the CYCWs;
- Some implementing partners feel that their institutional capacity enables the CYCWs to leverage off this platform to facilitate a range of outreach programs such as food gardens, empowerment for young men and women empowerment, disability programs, HIV awareness and prevention programs, and weekend study programs for matriculants;
- The CYCWs play a valuable role in supporting the implementing partner to address a range of child protection processes in the community;
- The fact that some CYCWs are trained in HIV testing and counselling enables the implementing partner to extend their prevention and treatment footprint in the community; and
- Most implementing partners felt very positive about the level of support for Isibindi interventions that they receive from other implementing agencies such as the DBE, the DoH and SAPS.

CHALLENGES

“We feel that we should have been included in the selection process – we have not properly understood the Isibindi project and what we are supposed to do so they need to give us more information and include us more”

Director of Implementing NPO

Management and Administration

- Some of the older implementing partners feel that the program ran more effectively when NACCW was funding and supporting sites, but now their only contact with NACCW is through the mentor or the mentor supervisor;
- Many of the implementing partners feel that the management of Isibindi brings too much administration and reporting;
- Delays in training schedules for the CYCWs has caused disruptions for some implementing partners, and made it more difficult for them to plan effectively;
- Some implementing partners raised the concern that they did not have a proper orientation on how to manage and supervise the work of the CYCWs – “I was just told I have to sign reports which come in a big pile and they have to submitted instantly”;

- Some implementing partners would have wanted to be more substantively included in the selection process and feel that they have not properly understood the Isibindi project – they would have liked more information and to have been included from the outset;
- The lengthy contracting period and delays in signing Service Level Agreements have a detrimental effect on the ability of implementing partners to plan ahead and to manage their resources efficiently;
- Implementing partners are not receiving funding on time from the DSD to pay the CYCWs - the SLAs are released on a quarterly basis and the systems don't align so the NPOs land up without resources to pay the stipends – this in turn creates suspicion among the CYCWs that the implementing partner is not being transparent regarding the funding;
- A few of the bigger NPOs have supplemented the shortfall by using their own resources to pay stipends until the DSD disburses Isibindi funds, but most implementing partners are not able to do this.

Capacity

- Some of the smaller NPOs have limited operational capacity and want to be able to strengthen their project management and M&E skills – indicating that training in this area would be very helpful;
- Some of the implementing partners struggle for regular and predictable funding and feel that they would benefit from technical assistance to develop funding proposals and do resource mobilisation.

Relations with Provincial / District DSD

- A number of the implementing partners expressed their frustration with slow DSD processes and the fact that they are not kept in the loop with regard to decisions being made at the provincial offices;
- Implementing partners feel that social workers don't really understand the Isibindi model and the role of the CYCWs, and that they take a long time to follow up on cases referred to them through the CYCWs;
- The perception of implementing partners is that social workers are concerned that the CYCWs are generating too much work and that this in turn is putting a strain on their relationship with CYCWs – often sending crisis cases back to the CYCW for them to sort out;
- Many of the implementing partners raised concern over the lack of communication from the provincial DSD in regard to Isibindi – “the DSD cut our budget for food very suddenly – without warning. This is very difficult. The community does not understand why there is no food anymore”.
- “We used to have an ECD here – but DSD stopped funding us and we could not continue. We had a big group of children coming to this centre – it is a huge shame that this has stopped”;
- Some implementing partners are frustrated that the DSD does not provide them with budget breakdowns, and that when they request clarity they do not receive feedback – “there is no feedback from DSD on this and the communication is very poor – we get no support from provincial or district coordinators”;
- Some implementing partners noted that the DSD has never been to do a site visit;
- There is a concern among implementation partners that they must respond when NACCW needs something done and then DSD needs something at the same time - this puts the organisation under pressure and they feel that there is poor coordination and communication between NACCW and DSD; and
- The DSD is not providing sufficient clarity on what the position of CYCWs will be once they qualify, what their roles will be and how they will be paid so that everyone involved has a clear understanding of the way forward.

Safety and Security

- The security of the CYCWs is a concern in some areas, especially when they are working in the evenings;
- Some implementing partners are worried that the CYCWs are sometimes threatened by community members– if they are seen to expose sexual abuse or violence within a household; and

- Many sites are in quite remote areas where transport facilities are limited, which creates challenges for the CYCWs in terms of accessing homes that are some distances away. The CYCWs have to walk to the houses they service and they would benefit from improved transport facilities.

Safe Parks

- Some implementing partners struggle to identify suitable sites for Safe Parks – some utilise disused or neglected land;
- Some implementing partners have applied for land for Safe Park but their requests were rejected by municipalities on the basis that the land was for government use, but to date this land is still not being utilised;
- Implementing partners felt that in some cases Safe Parks were not being managed properly because the coordinator has not been paid;
- Many of the rural-based implementing partners pointed to the urgent need for transport to ensure that they could make optimal use of the Safe Park;
- Many implementing partners only have informal Safe Parks – these are unsecured spaces and distances present a challenge for regular attendance so that they feel that they cannot service all the children who need assistance and support;
- Many implementing partners lack sufficient or suitable equipment and resources for the Safe Park and struggle to access funds to purchase them – although DSD has provided some money but it is not enough they pointed out that it is difficult to raise funds for the Safe Park; and
- Many implementing partners are concerned that the Isibindi site does not have suitable facilities for accommodating children and youth – many do not have ablution facilities or spaces to go when it is raining or very cold.

Community Engagement

- In some of the rural areas implementing partners noted that they would have liked the networking forum with community/traditional leadership to be more active and to meet more regularly to encourage local community support;
- Several implementing partners noted that it is difficult to get board members from the community as they don't have the required skills and are themselves living in deep poverty;
- Many implementing partners noted that their board members worked on a voluntary basis and are very committed people, but would like to be able to provide them with stipends as many are community people who are themselves poor;
- Implementing partners feel that community acceptance is still limited as in many areas Isibindi is still a relatively new intervention and community members still need to become more familiar with the approach and the services offered;
- Implementing partners are concerned that communities often don't know that Isibindi is different from other community-based projects, and in communities where HIV prevalence and stigmatisation is high Isibindi is misunderstood to be an HIV/AIDS Project;

Challenges facing CYCWs

- Implementing partners raised the concern that parents / guardians often ask CYCWs for help with financial assistance or employment, but there is not much they can do in terms of finding employment for them or assisting them financially;
- Several implementing partners noted that the CYCWs end up on occasions taking care of children in their own homes when children cannot get desperately needed placements;

- All the implementing partners raised concerns around substance abuse in their communities, and felt that this was a very difficult issue for the CYCWs as they don't necessarily have the knowledge or skills to deal with the issue in an effective way;
- Almost all implementing partners are concerned that the impact of Isibindi is currently being hindered because of non-payment of stipends – they see that the CYCWs get discouraged and rather sit at home and do nothing because they are not being paid;
- They did point out that children do still receive assistance from those that persevere even though they have no money, but feel strongly that this is unfair and unsustainable; and
- Implementing partners noted that there are many vulnerable and abandoned children in their communities, as well as cases of child abuse and domestic violence in this – they feel that these are very stressful and often traumatic cases for CYCWs to deal with but that they don't receive adequate opportunities for debriefing and individual counselling.

WAY FORWARD

“We feel under-capacitated for the Isibindi project - project and centre managers need more training on leadership skills, management skills, finance and Information Technology”

Isibindi Project Manager at Implementing NPO

In-depth KIIs with the implementing partners visited during the field work highlighted the spectrum of capacity that exists for implementing the Isibindi program. The older and more established NPOs in both the urban and rural sites visited are generally well-capacitated, understand the Isibindi model and know how to leverage support from other sector stakeholders to ensure solid service delivery. Many of the newer NPOs, and especially the smaller CBOs in rural areas, clearly have limited capacity and need more hands-on technical and project support to ensure that Isibindi is delivered effectively. During the interviews the implementing partners were asked what would be the factors that would assist them in optimizing their management of Isibindi.

Table 16: Implementing Partners - Pointers for the Way Forward

Enhancing Management	Strengthening Capacity	Optimising Implementation
• More regular follow-up and assessments by DSD and NACCW so that implementing partners know how well they are performing and can receive feedback to identify areas where they need to improve, where they can be supported • Technical guidance from DSD and NACCW on how best to plan and implement effectively • Reporting systems that are more aligned to what the implementing partner does and to make it easier for the CYCWs • Include representatives from the implementing partners as part of the selection process • Improved system for signing the MoAs / SLAs	• Project & centre managers need training on leadership skills, managerial skills, financial management and Information technology • CYCWs need training in M&E • DSD officials should be trained in relation to Isibindi. Everyone should be clear about the roles and responsibilities • Establish parent empowering programs or assist with income generation • It would be a better, safer community if Committees were formed (catering, security, etc.) & bring community members together	• We would bring other stakeholders on board to support the program by visiting them face to face and encouraging them to support us. • Better equipped to be able to assist children to get birth certificates and ID documents (transport, transport costs) • We need a safe house with house parents – the children cannot get placements when they need it quickly enough • We need a proper skills development centre to assist with the skills we already teach • Extending this project would enable Youth to find employment or use their skills to start businesses

Enhancing Management	Strengthening Capacity	Optimising Implementation
• Technical support from DSD on how best to develop business plans that meet their requirements • Engage other local implementing stakeholders in collaborative planning – and possibly include some on the board of the organisation • Improve level of communication between the implementing partner, DSD and NACCW	• Some traditional leaders are not involved or supportive we need to work on getting them involved to get more support from the community • We need a proper skills development centre to assist with the skills we already teach • The implementing partner should schedule regular joint planning meetings with social workers and CYCWs to better understand each other and how they will work together.	• This is a very disadvantaged area and more programs are necessary – specifically skills development and assistance to youth to access higher education and jobs. • Children in outlying areas should not be left out.

Source: Field Work Data Sets

CHILD AND YOUTH CARE WORKERS

As a result of the collaborative initiative of the NACCW and the Department of Social Development through the Isibindi program significant progress has been made in establishing child and youth care work as a profession registered through the South African Council for Social Service Professions (SACSSP). In 2000 the NACCW made an application to the SACSSP on behalf of the child and youth care sector, for recognition of child and youth care work as a social service profession, which in turn led to the establishment of the Professional Board for Child and Youth Care Work. In 2014 the government developed regulations for the Child and Youth Care sector, ensuring continuing professional development, and fostering compliance with healthcare standards.

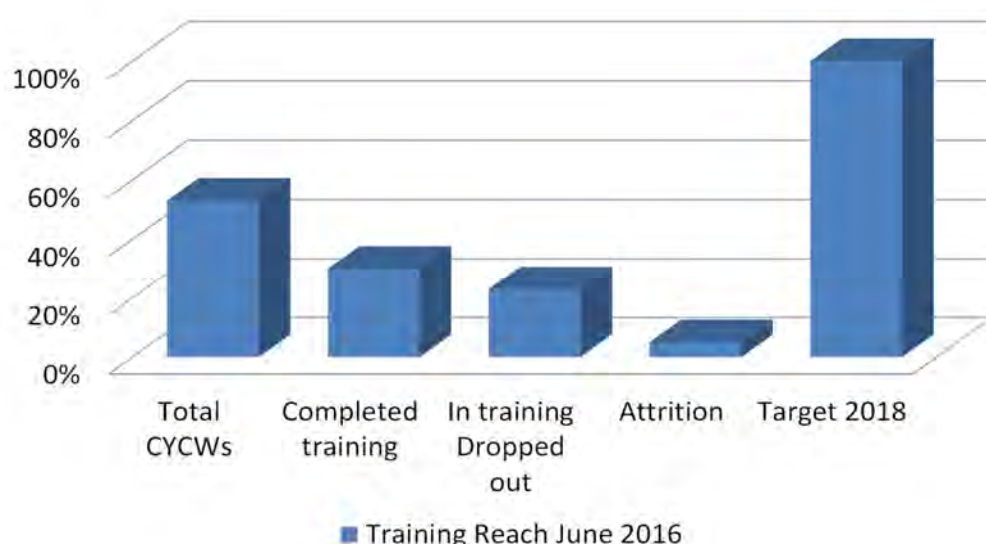
Child and youth care work is a newer profession with the auxiliary qualification at the same Level 4 as the social auxiliary worker, but along a parallel career/qualification path. The FETC in Child and Youth Care is recognized under the National Qualifications Framework (NQF) as a Level 4 qualification and is now the minimum qualification required to practice as an auxiliary CYCW. The FETC in Child and Youth Care work is an entry qualification for people who want to enter the field of Child and Youth Care. The qualification is based on theory, practical experience, work place and community-based learning, and equips people for their role as an auxiliary child and youth care worker. This Qualification is the qualification for most Isibindi CYCWs in current CYCW posts in Child and Youth Care Centers (CYCC), Drop Inn Centers (DIC) and Community based CYC programs.

The scale up of the Isibindi program signaled a rapid increase in the training of new CYCWs to meet the targets set by the DSD. For Isibindi the requirement has been that CYCWs are sourced from within the communities that they will serve. To achieve this objective local selection committee comprising community members, the NACCW, the DSD and the selected implementing partner have been responsible for recruiting identifying, interviewing and selecting learners. The NACCW has drafted standard selection criteria but local selection committees can also use their own criteria. The NACCW provides locally-based training courses which are run in an appropriate community venue that is approved by the Health and Welfare Sector Education Training Authority (HWSETA). To assist communities in ensuring that training venues meet the stringent health and safety requirements set by the HWSETA, the NACCW has developed a standard kit for trainers. The FETC is 30% classroom based and 70% practice based. The learners are supervised in the workplace by a senior CYCW, and by a mentor in the Isibindi program. The Community based auxiliary CYCWs start to practice after three months of training and continuously combine classroom based learning with on-the-job training. The one implication of this being a separate profession is that workers need to be supervised by someone else within the profession rather than someone from another profession, such as psychology or social work.

One of the core targets of the Isibindi scale-up plan is to train and deploy 10,000 trained CYCWs over five years. The challenge is to train enough CYCWs to meet the target, especially as the training has been spread across the country. As part of the roll-out, NACCW is contracted by provincial DSDs to provide

accredited training in a child and youth care work qualification, namely the FETC. Figure 26 below reflects the total number of CYCWs that have completed their training and those that are still in training.

Figure 26: Training of CYCWs up to June 2016



Source: NACCW Isibindi roll-out – Year 3 Monitoring and Evaluation Report

Through engagement with CYCWs in the field the MTR wanted to understand what the needs of OVCY were at the community and household level, and the extent to which the Isibindi program was able to address these in a coherent way. In broad terms the CYCWs acknowledged that the challenge of the HIV and AIDS pandemic continues to disrupt family, community and social structures, and that this is an ongoing challenge that results in an ever increasing number of orphans and other vulnerable children. They expressed the view that children orphaned because of AIDS and those living with HIV positive caregivers experience a greater degree of psychological distress than children who have parents, or children who are orphaned due to other causes or children living with caregivers who have other chronic illnesses. The CYCWs believe, however, that other socio-economic factors such as poverty, unemployment, migration, undernutrition and lack of child and youth-friendly services exacerbate the psychological stress and cumulative risk effects and constrain the optimal growth and well-being of OVCY. The CYCWs also pointed to the diverse circumstances of OVCY, and indicated that there were special groups that required tailored psychosocial support including children living with HIV, children living with caregivers who are ill or disabled, children with special needs, children living in child and youth-headed households, children from other countries, and children affected by other forms of adversity such as physical and sexual violence, substance abuse and neglect.

Across all the CYCW focus group discussions there was a strong sense that the core package of service delivered through Isibindi is comprehensive in that it includes food security, health-care and education, consistent caregiving, as well as emotionally supportive relationships. The CYCWs also noted that they felt that these services were more effective because they were delivered as far as possible within strong trusting relationships and, where possible, material support. The CYCWs felt that the services that they provide were aligned with the core principles underpinning psychosocial care and that they enhanced the psychosocial well-being of children because they worked within a child rights perspective that required them to protect children from harm and work in the best interests of the child. The CYCWs felt that the training that they received through the NACCW had capacitated them to deliver services that focused

on child participation; family-based care, social and community integration, inter-sectoral collaboration, prevention, gender sensitivity and age / developmental appropriateness.

Based on the experience of working directly with OVCY the CYCWs were also able to highlight the issues that constrained their ability to deliver services in a consistent and sustainable way.

- Orphans and other vulnerable children and youth are at heightened risk of abuse, exploitation, displacement, extreme poverty, lack of adequate parental care and other emotionally disturbing events. Some of these situations are so severe that they require additional support and response over and above what the CYCW can provide;
- Some children and youth struggle to cope within their existing care networks and thus do not progress in terms of their development and are often unable to function as well as their peers. These children and youth require specialized care that cannot be provided by the CYCWs, and they do not always feel confident that they are able to make the correct referrals;
- Children and youth living with disabilities present a set of challenges to the CYCWs because in poorer communities this group experiences daunting access challenges, and find it particularly difficult to claim their right to be heard and to take leadership on matters relating to their development and that of their families;
- CYCWs feel that the current package of services does not adequately address the kinds of challenges that unemployed out-of-school youth experience, and do not take into consideration the need for services to respond to gender differences and needs;
- CYCWs do not always feel confident about their ability to apply the ideals of meaningful and well-informed participation of children and youth in decision-making about the kinds of services received.

STRENGTHS

“Becoming an accredited CYCW has given me a purpose in life and I look forward to future possibilities with having an accredited certificate”

Child and Youth Care Worker in the Northern Cape

- The CYCW training has been very insightful because it has changed the perspective that many of them had about OVCYs;
- The training has strengthened the ability of CYCWs to identify OVCYs and the problems that are affecting them in their homes;
- CYCWs feel that the training is very thorough, gives them a significant amount of knowledge and prepares them to work as professionals;
- Through their practicums the CYCWs feel that they have developed the ability to relate, to be more understanding and patient and not get irritated with any difficult or disruptive behaviour of OVCYs;
- Many of the CYCWs felt that child care work offered them a career path and that they wouldn't want to change from the direction that they are taking;
- Through the training and the practice CYCWs find that they are able to identify their own strengths and weaknesses and learn from these so that follow a continual growth and development path;
- CYCWs feel that they can look forward to future possibilities because they have an accredited and recognised certificate;

- The CYCWs feel that the support that they receive from the support is excellent- meeting one on one with CYCW's every monthly;
- NACCW network meetings are constructive and provide important guidance and support to the CYCWs;
- The NACCW mentors provide very useful in service training;
- When the mentors are on site they accompany the CYCWs on home visits to guide and support them;
- CYCWs respond positively to the oversight and support that the implementing partners and the mentors provide in checking individual development plans, family assessment plans and also monthly narrative forms;
- CYCWs feel that in general they are accepted in the community and that their work is valued;
- CYCWs believe that Safe Parks are one of the most important components of their work as it provides the opportunity to work and bond with the children as an Isibindi "group";
- CYCWs expressed confidence that if DSD could provide more resources for the Safe Parks, in particular for infrastructure and equipment, the community would be willing to maintain them and ensure that they are secure;
- CYCWs noted that assisting people to get documentation, including identity documents, birth certificates and study/bursary is making a great difference in communities;
- CYCWs feel that the support that they provide to OVCs with homework, project assignments and study programs makes a significant difference in the school attendance and school performance;
- CYCWs feel that one of the most important contributions that Isibindi makes for OVCs is to give them a sense that they can pursue their dreams and enjoy a better quality of life, both in their childhood and as they move into adulthood.

CHALLENGES

“Sometimes we feel that our hard work is not acknowledged and our position as CYCWs is not recognised as being a profession or those other stakeholders think that we are not capable of being professionals”

Child and Youth Care Worker in KwaZulu-Natal

- CYCWs feel that they need more training on ECD;
- Many of the CYCWs are not happy that they finished their training in 2015 but have still not received their accreditation / certificates;
- In two of the sites visited CYCWs pointed out that training had been abruptly stopped after only a few weeks without adequate explanation;
- Although training sites are verified by the HWSETA some CYCWs reported that during their training there was very limited infrastructure (e.g. no desks/tables and they sat and worked on uncomfortable benches) but were still expected to use their laptops and so assignments;
- Certificates are needed so that CYCWs can look for other employment opportunities when they are no longer part of the Isibindi program;
- Although the CYCWs find the training very good and believe that it is the start of a viable career path they do not see a future with Isibindi if they do not receive fair and regular remuneration;

- CYCWs expressed concern that they receive different stipend amounts in different provinces and feel that this is not an equitable approach;
- Many CYCWs feel that their commitment and hard work is not sufficiently acknowledged and that their role CYCWs is not necessarily recognised by other stakeholders as a profession or that they can work in a professional way;
- The CYCWs are concerned that they have never been asked to sign any contract;
- Most CYCWs pointed out that it is difficult going into homes to help families when they don't have resources to provide basics such as transport money – many said that they use their own money to assist in certain circumstances;
- Most CYCWs feel that their current work load is too heavy and that they don't have sufficient time to give to all their cases;
- Some CYCWs have had the experience that the implementing partner management team does not support them and do not respect them as professionals;
- Many of the CYCWs feel that there is a lack of effective communication between the main stakeholders (NACCW, DSD and the implementing partner) and that they often don't receive important information about their work and their status;
- CYCWs based at weak or poorly functioning sites feel that the situation would improve if the implementing partner was replaced with a more effective one that had the capacity to manage Isibindi in a more committed way;
- Many CYCWs expressed the feeling that they did not receive adequate support from DSD, and in particular social workers and district Isibindi Coordinators;
- CYCWs noted that social workers who are supportive are always changing through redeployment and that this causes disruptions as there does not seem to be an effective hand-over process which hinders progress of the CYCW's OVCY work;
- At several sites CYCWs expressed concern that the Safe Parks were not safe - that the fences are broken, there is no maintenance, no security, and nobody to protect the children and CYCWs;
- At almost all the sites visited CYCWs had not received their stipends for many months and had had no response from the DSD or NACCW on when they would be remunerated;
- CYCWs expressed frustration that they are expected to attend meetings and ensure that OVCYs attend their clinic check-ups etc. and use their own money without having received their pay for months;
- CYCWs worry that DSD social workers are slow to attend to their cases and that their referrals do not necessarily receive priority attention;
- Many CYCWs feel that dual reporting requirements for NACCW and DSD make their reporting work very time-consuming and onerous;
- At several sites CYCWs pointed out that the Safe Parks are open municipal parks for the whole community whereas they would prefer a site dedicated to the Isibindi children specifically;
- CYCWs believe that there is a gap in programs targeted at adolescents and youth;
- CYCWs feel that more activities should be introduced to teach adolescents and youth about sex, contraception the prevention of teenage pregnancy how to deal with puberty and bodily changes;
- CYCWs find that working and communicating with youth, and providing them with support, services and activities that are relevant to their needs, is one of the more difficult areas of their work;
- CYCWs are concerned that cases of sexual abuse are sometimes hidden by families and even the community, and that in some instances CYCWs themselves hide these cases for fear of retribution if they exposed the perpetrators;

- In some instances, CYCWs find that foster care parents refuse to show how they use and budget with the Foster Care Grants, which leaves them unsure as to whether the children are benefiting or not;
- CYCWs struggle with the fact that many children do not attend school regularly and that parents often do not take the education of their children seriously.

WAY FORWARD

“We would like to organise more events and invite community members to listen to the relevant government departments to share their roles in the communities and encourage community participation in the Isibindi process”

Child and Youth Care Worker in the Free State

- Expand in-service training for CYCWs to include courses on First Aid and Child Psychology;
- CYCWs would like to have structured on-going training to further enhance the knowledge and skills that they have already gained;
- CYCWs feel that they would like stronger advocacy for their work as child care professionals;
- CYCWs would like to organise more awareness campaigns to inform people about the importance of Isibindi as an OVCY intervention;
- Compiling and sharing testimonials from children and youth who have been assisted through Isibindi with a wider audience;
- More structured awareness raising and advocacy for Isibindi would be a good recruitment tool for attracting more CYCWs, and could also be used for fund raising;
- CYCWs would like to be able to organise events and invite community members to listen to relevant government departments and then use this as a way of encouraging a more active community participation process;
- Although CYCWs appreciate and value the monthly support that they receive from the NACCW mentor they would prefer having a supervisor based at the centre on a permanent basis;
- CYCWs feel that their day to day operations would be much easier to undertake if the service provider (or DSD) was able to provide them with their own working space and access to IT equipment;
- The concern was raised that the CYCWs attached to satellite sites in outlying areas have even less access to basic facilities to do their work and would benefit from some basic infrastructure;
- In ideal circumstances CYCWs feel that the DSD should improve the quality of communication with them and deal with them in a more professional way;
- CYCWs feel that there should be regular joint forums between the DSD, the implementing partners, the NACCW and the CYCWs to deal with issues related to the delivery of Isibindi services and to find joint solutions to any challenges that arise;
- CYCWs should have access to better transport arrangements or be provided with an allowance to continue doing what is expected of them;
- DSD – and in particular the social workers and District Coordinators responsible for Isibindi - must be more responsive and visibly active at the Isibindi sites in terms of supervising progress, providing guidance and helping to deal with problems that need their attention;

- CYCWs emphasised the importance of having a close working relationship with the social workers in their areas and would like to see a formalised mechanism that allows them to work together in a respectful, cooperative, and transparent way;
- CYCWs want to see certain case referrals fast tracked, especially those that involve suspected rape of a child, situations where a child doesn't have a place to stay, or when the children live with relatives who misuse the foster care grants);
- At the local level CYCWs would like to see a greater level of collaboration with organisations such as Love Life and Child Line to strengthen and support the work that they are doing with OVCYs;
- In an ideal situation CYCWs would like to see each Isibindi site having a fully equipped Safe Park with an outside shelter, office space, a space to run study and homework programs and a meeting space where CYCWs can run meetings, events, and special programs;
- CYCWs feel that the core Isibindi services for OVCY should be supplemented by programs that motivate them to stay away from drugs and other illegal activities, provide career guidance, and other support programs that ensure access to bursaries, essential life skills and personal development;
- At almost every site CYCWs spoke about the challenge of food insecurity and poor nutrition in their communities, and want to see their sites have the necessary infrastructure to be able to provide at least one meal a day for the children who come to the site;
- CYCWs generally feel that continuum of care from their work through to the responsibilities of social workers should be strengthened as a priority – suggestions included the allocation of one full-time social worker to a specific Isibindi centre or cluster of Isibindi centres, or to develop a team of social workers who only focus work only on cases (referred to them through Isibindi);
- Some CYCWs flagged the idea of the Isibindi site (or Safe Park) becoming a one-stop-centre where all relevant stakeholders and their services could be accessed, e.g. police, social workers, home affairs personnel, SASSA and health; and
- Food deficits are a big challenge in most communities and CYCWs believe that a greater and more structured focus on household and community food gardens would be a sustainable way of addressing this problem – but would require special training and start-up equipment and supplies

NACCW MENTORSHIP

STRENGTHS

“We have a good relationship with the CYCWs at this site and we appreciate the fact that they respond so quickly to cases. What I find the most satisfying is supporting the CYCWs when they visit households when there is a crisis and they provide such professional support and solutions to children in the family”

NACCW Mentor in Limpopo

- Mentors feel that their own experience working as CYCWs has equipped them to provide very hands-on and solutions-oriented support and guidance;
- Most mentors expressed satisfaction that the program is working well and that it provides an important support structure for the CYCWs;
- Mentorship and support has enabled some CYCWs to excel, and some have been selected to go to Cuba for further study;
- In-service training of CYCWs is very focused on strengthening the skills and knowledge that the CYCWs acquire through their formal training;
- Mentors believe that the theory is very valuable as it is grounded and can easily be tracked during practical work – there is a strong integration of theory and practical work;
- The CYCW training creates a career path for young unemployed people who come from more deprived communities;
- The CYCW training capacitates them to work effectively in communities and target OVCY challenges in the life space of the children and young people;
- Mentors feel that one of the strengths of the CYCW training is that it gives them the ability to link different stakeholders and advocate for children's rights in a cross-cutting way;
- The mentors feel that in general the CYCWs respond well to the training and that it capacitates them to apply a child-centred approach to their work;
- The mentors see their work with CYCWs as comprising the technical aspects of child and youth care work, but also the psychosocial and collegial support that they provide to them;
- Mentors feel that a strong aspect of their work is strengthening and promoting Isibindi program, advocacy in communities and working with CYCWs to build strategic relationships with stakeholders and agencies working in similar or related areas;
- Mentors see the technical support that they provide to the implementing partners to strengthen the delivery of Isibindi services – and feel that it works most effectively when they have a direct counterpart such as an Isibindi project manager who works for the implementing partner;
- Mentors believe that supporting the CYCWs to sensitise the community and mobilise stakeholders working in the community is a way of enhancing the impact of the Isibindi program;
- Mentors feel that their support for the less experienced CYCWs is essential, especially in crisis situations where they are able to transfer much needed skills crisis management skills;
- Mentors see their work with CYCWs in the context of the Safe Park as especially important, because it is in this environment where the CYCWs practice their structured play and activity work with children; and
- Mentors feel that they provide important support and quality control to the CYCWs in areas such as monitoring nutrition within the family, ensuring school attendance, making referrals (for example to Home Affairs and SASSA). educational and psychosocial support, and the identification of abused children

CHALLENGES

“Some of the older CYCWs tend to think that they do not need mentoring, and it can be quite challenging to find a balance between our work as mentors and their independence as care providers”

Senior Mentor in the Western Cape

- Mentors raised the concern that some of the more recent CYCW recruits do not necessarily have a passion for children or for child care work, and that they use the opportunity as a route for getting money;
- At some sites the mentors felt that they had to continually reinforce learning and practice on an ongoing basis and that CYCWs do not take the initiative, but wait instead to be told what to do;
- Mentors are concerned that some of the older CYCWs tend to think that they do not need mentoring because of their life experience;
- Mentors have to consistently strike a balance between dependence and independence and judge when CYCWs are sufficiently skilled to deal competently with certain types of issues;
- Mentors recognise that in many cases there is a problematic relationship between the CYCWs and DSD social workers, and feel that the level of the CYCWs presents a barrier that makes it difficult for them to share and discuss issues as professional equals;
- Mentors feel that they have had to do a lot of work with the CYCWs to get them to understand how best to work with foreign children with no identity documents;
- Mentors are very concerned about the non-payment of stipends as they feel that it is resulting in an increasingly high level of demotivation and frustration which impacts on the quality of the CYCW's work;
- Mentors feel very uncomfortable about the non-payment issue as many of the CYCWs feel that mentors have the power to facilitate this process when in fact they have no say in the matter at all – this can result in a lack of trust between CYCWs and mentors, which then impacts on the quality of mentorship;
- Mentors raised concerns that the lack of resources at many of the sites compromises the ability of the CYCWs to provide their services in an optimal way;
- Mentors have a concern that the role of the CYCWs and the scope of services that they provide are not necessarily well-understood by communities, and that more work needs to be done to sensitise community members about Isibindi;
- Mentors stressed the need for ongoing awareness-raising about Isibindi because many of the communities in which the CYCWs provide their services are fluid, dynamic and often transient, with people moving in and out all the time;
- Many of the Isibindi sites only have informal Safe Parks, and some have no Safe Parks at all, and mentors feel that this compromises the ability of the CYCWs to function at an optimal level;
- Given the lack of resources and facilities at many of the Isibindi sites mentors recognise that there is a challenge in attracting adolescents and youth to the program;
- Mentors are concerned that many of the CYCWs have a very heavy work load to get through daily, and worry that they may at some point experience “burn-out”;
- Mentors at some sites raised the concern that there was a poor relationship between the CYCWs and the implementing partners, and that this had a detrimental effect on the delivery of services to OVCY;
- Mentors suspect that some CYCWs may not be reporting certain cases due to concerns for their own safety

- Mentors feel that the broader support network for the CYCWs is weak – they point to the fact that District Coordinators provide minimal support to sites and that social workers also visit sites on an irregular; and
- In some areas mentors expressed concern that some CYCWs were setting a poor example by engaging in inappropriate behaviour (drinking in front of children, sexism and inappropriate language were mentioned as examples).

WAY FORWARD

“Somehow Isibindi needs to work more closely with schools, especially to strengthen educational support, identify children with HIV who need special support and to support the provision of sex education”

NACCW Mentor in the Eastern Cape

- CYCWs should be provided with counselling and other kinds of psychosocial support since their work is very challenging and sometimes traumatic – something like the previous Care for Caregivers program;
- In an ideal situation each site would be “adopted” by a social worker and have a resident or visiting psychologist who would provide counselling and guidance for the CYCWs;
- In order to make Isibindi a holistic OVCY intervention the sites must ensure that Safe Parks are set up as multi-functional spaces that can cater for the diverse spectrum of needs and interests across the different age groups;
- Individual sites should map other initiatives in the community that target younger children, adolescents and youth and then make efforts to engage with them and identify where there may be synergies and opportunities for joint activities;
- Locally developed mechanisms for bringing key stakeholders together on a regular basis will encourage better communication, allow for joint planning, and promote better working relationships;
- At some sites require additional efforts to strengthen the relationship between DSD, the implementing partners and NACCW;
- The Isibindi program could benefit from a stronger partnership with local schools in terms of sharing human resources, infrastructure, and equipment;
- More efforts should be made to identify HIV+ children in poor and troubled homes and initiate the correct protocols for counselling, testing and treatment;
- Identify ways of mobilising additional resources to provide better facilities for children at the sites;
- In close consultation with the social worker and local health outreach teams include more structured therapeutic initiatives into the work done by the CYCWs;
- Identify cost-effective ways of providing regular and reliable transport to assist CYCWs in undertaken some of their work, including getting children to necessary services that may be some distance from their homes;
- Where feasible and within available budgets identify ways to improve the range of activities at the site and the safe parks, including facilities for skills development for youth and adolescents. This could include interaction with the National Development Agency (NDA) and the National Youth Development Agency (NYDA) to promote youth entrepreneurship programs;
- Identify and implement context-specific ways of interacting with DSD officials (social workers, Isibindi coordinators) in a structured and regularised way;

- Many of the cases that the CYCWs deal with are sensitive, so there is a need for sites to have a “safe space” where confidentiality can be ensured and counselling provided; and
- CYCWs must at least have a matric so that they can cope with training, further in-service training and the level of administration required for the work.

COMMUNITY REPRESENTATIVES

In the communities where Isibindi sites are located there appear to be varying levels of engagement by community leaders. Although community leaders are generally included in the inception phase of any given Isibindi site, this involvement is not necessarily sustained beyond the establishment of the site and the deployment of the CYCWs. What is evident, however, is that they may play a substantial role in the allocation of land for Safe Parks and may be instrumental in leveraging additional resources and opportunities for the site.

SUCCESSES

“This Isibindi is something that is keeping our children and youth off the streets – it provides a safe place where they can play and spend time together with responsible adults”

Traditional Councillor in the Northern Cape

- Home visits are very important as this allows problems to be dealt with and managed where they are occurring;
- CYCWs conduct very useful awareness campaigns in the community on issues such as substance abuse, crime prevention and child abuse;
- Food parcels are provided to the neediest households in the community;
- The CYCWs provide an important service in supporting access to birth certificates, identity documents and social grants;
- CYCWs provide significant support for OVCYs, child headed households and the sick;
- The CYCWs do excellent work in providing homework assistance, educational support, study guidance and ensuring that vulnerable children attend school regularly;
- Through Isibindi targeted support is provided to assist families in distress;
- CYCWs provide sex education and talk about issues that parents and caregivers often don’t want to discuss, such as puberty, contraception, HIV/AIDS and STIs;
- Safe Parks provide an important space for children and young people to gather and have supervised activities – this is very important in communities where such spaces are very limited;
- Isibindi has assisted families to understand how to deal with children, keep children and youth off the streets, and engage them in structured and supervised activities; and
- Respondents felt that day care services for young children and care of the elderly were important services provided by CYCWs.

CHALLENGES

“We are so worried that many of our children fail to attend school every day and we pray that Isibindi can help to keep them there”

Religious Leader in the North West

In discussion with community representatives such as traditional leaders, ward councillors and religious leaders there was a strong sense that the services provided through Isibindi are highly valued. It was also evident, however, that they did not necessarily have a very clear understanding of what the Isibindi program was about, and what exactly it could provide in terms of services. The challenges that were raised were not related to the work being done by the CYCWs, but rather the fact that community needs outstrip the available capacity. Issues that were raised included the following:

- Youth unemployment is a serious concern as there are too many young adults in the community with no regular or sustainable form of employment and that as a result they are more vulnerable to involvement in substance abuse and criminal activities;
- As a result of poverty and neglect too many children attend school irregularly, perform poorly at school, or drop out of school altogether;
- Substance abuse (drugs and alcohol) is a very serious problem in communities and this impacts on household in a range of different ways, including violence and abuse;
- Concerns were raised that some of the Isibindi sites and Safe Parks are poorly maintained, lack equipment and resources and are not sufficiently secure;
- Lack of birth certificates; and
- Parents were concerned about the sexual activity of their children, which raises fears about the risk of HIV/AIDS, STIs and teenage pregnancy.

WAY FORWARD

“Offer these CYCWs permanent jobs and give them salaries and more support because they do so much for our community”

Ward Councillor in the Free State

- Create more sustainable job opportunities for CYCWs and ensure that they receive proper salaries;
- Ensure that CYCWs have access to appropriate transport arrangements so that they can do their work more effectively;
- Social workers should visit the Isibindi sites on a more regular basis and should provide more support to the CYCWs;
- The DSD should provide more funds for the Isibindi sites so that they are able to carry out their work and provide services in a more effective way;
- It would be very useful if some CYCWs could be placed in schools as this is where their support and interventions would assist many of the children who are struggling both at home and at school;
- It is important that children do not become dependent on the CYCWs, but rather they are encouraged and supported to become more responsible and independent;

- It is important to ensure that there is better integration of services and cooperation to support Isibindi interventions;
- Communities need dedicated recreation centres to keep the children off the streets;
- Community members know that there are problems with the payment of stipends to the CYCWs – this creates a bad impression and should be rectified as soon as possible;
- The Isibindi services should be extended to more children as the current reach is not sufficient to address the needs in communities;
- The Isibindi program must undertake ongoing community sensitisation so that the community is always informed about what is happening and how they can provide additional support when needed; and
- Quarterly community workshops should be held with CYCWs, mentors and social workers to review and monitor their work

OTHER SECTOR ROLE PLAYERS

SUCSESSES

“CYCWs are an important resource in the community as they liaise with other stakeholders and collect valuable information - they are the eyes and ears in our community”

School Deputy Principal in KwaZulu-Natal

- The Program gives assistance with networking, collaboration, and joint outreach activities for children;
- Encouraging children to attend the Safe Parks makes it easier to identify vulnerable children;
- The CYCWs are role models in the community;
- Isibindi provides employment creation in communities through the CYCW training and deployment;
- Safe Parks create a safe and secure environment for children in the afternoons;
- The home visits by CYCWs assist in identifying specific OVCY needs and referrals to the relevant service provider (SASSA, Home Affairs, Clinics, Schools);
- Isibindi builds good relationships with community development forums and local clinics;
- The provision of psychosocial support by CYCWs supports the work done by community health outreach services;
- In some communities the CYCWs have facilitated workshops with other service providers to expand services for OVCY;
- The CYCWs work through schools (principals, educators and Learning Support Agents) to collaborate on study programs and homework support;
- CYCWs assist with setting up joint stakeholder meetings, do the coordination, facilitation, and cooking at events;
- The CYCWs supplement the work of other service providers by providing care service, psychosocial support, educational support, and food parcels
- The CYCWs work with the Department of Home Affairs and have assisted children in getting legal documentation and social grants; and
- CYCWs work with the Department of Agriculture to promote household and community food gardens.

CHALLENGES

“The relationship between CYCWs and Community Care Givers (CCGs) is not always that good – the CCGs fear that they are there to take my job but we are working with the service provider to improve this situation”

Professional Nurse (Family Health Team) in KwaZulu-Natal

- A number of Safe Parks have no shelter for children, which is problematic when the weather is bad (when it's either too hot, too cold or it is raining);
- Isibindi sites have limited space and few facilities for structured activities;
- The availability of transport to assist the CYCWs to do their work is very limited;
- There are very few facilities available for youth at the Isibindi sites so it is difficult to get them interested or involved;
- Drugs and alcohol abuse are significant problems in many communities and there are concerns that CYCWs are not adequately trained or equipped to deal with these problems, nor do they necessarily have the knowledge to make the correct referrals;
- Unemployment is a massive problem in most communities and is one of the major contributing factors to child neglect and abuse;
- The influx of people into already poor communities (migrants, job seekers) puts pressure on existing social services;
- There are major concerns around child trafficking, child neglect, sexual abuse and under-nutrition;
- A major health challenge is that parents migrate out of communities and take their children's Road to Health Card with them – it is then very difficult to follow up on health issues in the household;
- Most households in the community are impoverished and children therefore suffer the consequences in terms of food insecurity and poor nutrition; and
- Neglect of children often results in erratic school attendance or in school drop-out.

WAY FORWARD

“What we value about Isibindi CYCWs is that they identify cases of sexual abuse in homes and bring this to our attention so that we can act in the interests of the children”

- Strengthen relations with local police services to make it easier to refer cases of sexual abuse of children;
- CYCWs and other service providers must collaborate so that they can deal with OVCY issues in a coordinated way;
- Promote the “War Room” concept that is part of the KwaZulu-Natal Sukuma Sakhe initiative – these bring all community stakeholders together on a regular basis to deal with local issues and challenges;
- Recreation centres and sports facilities are needed for children and youth as there are not enough in poor communities; and
- It is very important to provide shelters in Safe Parks.

SAFE PARKS

A core component of each Isibindi project site is the establishment and management of a Safe Park. These designated spaces create a contact point for children who are vulnerable and who come from families that are in distress. The Safe Park is a dedicated Isibindi communal space that enables the CYCWs to establish safe relationships with the children through play and to give the children the opportunity to have a "free space" to be themselves. As Child and Youth Care practitioners become more skillful over time, the Safe Park has the potential to be an OVCY focal point for the community. The Isibindi Safe Park model provides a range of services in a community – a place for children to be – to play under the supervision of CYCWs, receive educational support, and engage in a variety of structured activities. The Isibindi model is adapted by grassroots implementers to suit local conditions and cultural contexts – within the framework of the overarching commitment to the realization of children's rights, and the building of a children's workforce to give effect to such rights. Through the Isibindi scale-up the Department of Social Development (DSD) and the National Association of Child Care Workers (NACCW) in partnership with UNICEF have established more than 460 Safe Parks in rural, peri-urban and urban parts of the country.

Through the MTR site visit the research teams were able to view the Safe Parks first hand and undertake assessments of their utility, accessibility and quality. It was clear at many sites that the formal Safe Park model provides a secure space for children to go to after school and over the weekends where they can do their homework, play sport and engage in learning activities under the supervision of CYCWs. In most instances at the better functioning sites the structures in the Safe Park are former shipping containers which are appropriately fitted out and painted. Depending on the number of shelters on a site these then serve as offices and meeting spaces for CYCWs, a space for a kitchen, a space to run an ECD center and a space for structured study and homework activities. A few of the Safe Parks visited supported a focus on social skills development of adolescents and youth by providing support where there are gaps in their education, providing skills development geared to job creation and empowering them to be self-reliant and resilient.

A number of the sites visited had what are referred to as "informal" Safe Parks. These are generally open spaces near the main Isibindi site that are not secured and have fewer facilities and equipment than the formal Safe Parks. Several of the sites visited had informal Safe Parks that were not suitable for the proposed activities – either because they were too far away from where the children live, or they had no facilities at all to serve as a focus for structured activities. These kinds of Safe Parks were generally poorly maintained as they were completely open to the local community. It was clear from site discussions that there were very few resources available to equip these informal Safe Parks.

In terms of the Isibindi model the Safe Parks are comprised of land specifically set aside by an implementing partner, a school or a local authority (municipality or traditional leader) for the recreational or educational pursuits of children in areas where children live and play. A formal Safe Park is fenced and has structured play equipment which is managed by the Isibindi site. An informal park is set up in a public space by CYCWs and 'fenced' using emergency tape, plastic or string to demarcate the park boundary. This 'fence' provides the psychological security where children can feel that they are playing in a safe space. The research team observed that activities in both formal and informal safe parks were overseen by CYCWs. At some sites there was a CYCW who served as the Safe Park Coordinator responsible for maintaining a schedule of rotating CYCW supervision at the park, with each CYCW working as many as 40 hours a week. At least 4 CYCWs supervise the Safe Park on each three to four-hour shift. The Coordinator is also tasked with completing an attendance register, composing a daily Safe Park narrative report with the CYCW team, submitting monthly Safe Park reports to NACCW, maintaining an inventory of equipment, and fulfilling any additional monitoring and reporting requirements. The field work teams used an environment scan tool to assess the status, accessibility and utility of the safe Parks linked to a particular site. The teams found a very divergent range of Safe Parks, from those that were close to optimal to those that were simply unsuitable for the purpose. The team looked to evaluate and quantify various environmental features and amenities including physical quality and

condition (aesthetics and maintenance), proximity, incivilities, and safety of the formal and informal Safe Parks. The social environment within which the Safe Park is situated should ideally provide opportunity for children and youth to share, negotiate, cooperate, resolve conflicts and learn self-advocacy skills, and “play and activity” value of the environment are as important as the physical quality to encourage Safe Park use and through the usability of environmental features or play areas as a setting for play, generating diverse (range and quality) play opportunities and experiences, which may include disability friendly and culturally relevant features, that suit various children's needs, motivations and abilities. The sample collection of photographs in Table 19 present a visual record of different Safe Parks visits.

Table 17: Variety of Safe Parks Observed



Informal Safe Park in St Helena Bay, Western Cape



Formal Safe Park in Middelpos, Western Cape



Informal Safe Park in Suurding, Northern Cape



Informal Safe Park in Pabalello, Northern Cape



Formal Safe Park in Eshowe, Kwa-Zulu-Natal

Source: Field Work Site Visits



Formal Safe Park in Bushbuckridge, Mpumalanga

BENEFICIARIES OF ISIBINDI SERVICES

ADOLESCENTS

As outlined in the Inception Report, and agreed with the DSD, the field work team ran a FGD with adolescent girls and boys aged 13 to 18 at each of the 21 sites visited. The FGDs were facilitated using a participatory methodology that encouraged free expression and open discussion.

BENEFITS OF THE PROGRAM

“This Isibindi program is helping me to respect myself and believe in a positive future”

Adolescent in the Eastern Cape

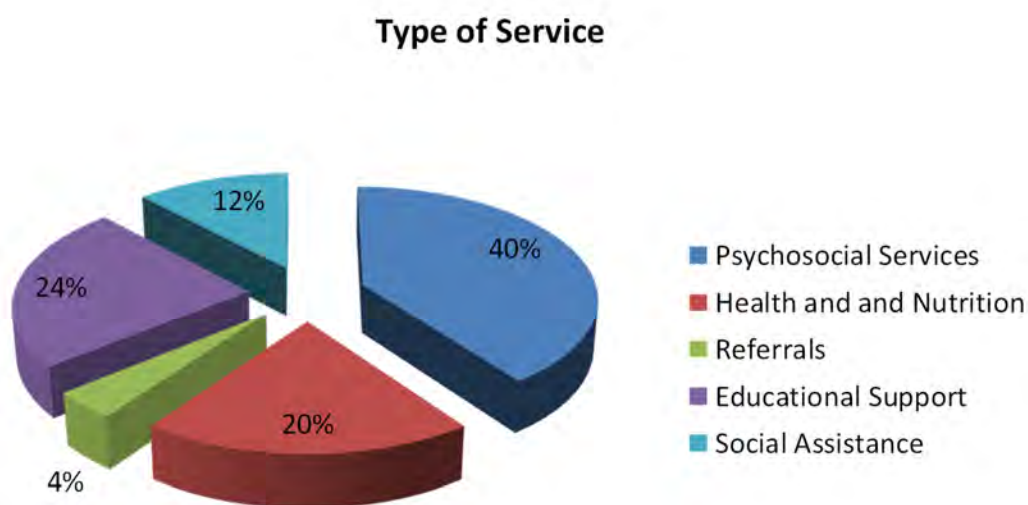
The first component of the FGDs was to elicit from the adolescents how they felt about the work of the CYCWs through the Isibindi program, and how the services provided were making a difference in their lives. The key issues that emerged are as follows:

- The level of educational support provided is encouraging regular school attendance, improved study habits and better results as school. The support provided to grade 10 and grade 12 learners is particularly valued as these are the two formal exit points from the school system;
- Some of the Isibindi initiatives support adolescents to set goals for their lives and develop better decision-making skills around issues such as school subjects, career choices, relationship choices and personal responsibility;
- Support provided in the home is encouraging adolescents to pay more attention to their physical appearance, their personal hygiene, and the way that they dress;
- Support provided in the home and within prevailing family structures is helping adolescents to learn coping skills, the ability to manage conflict and the capacity to solve difficult family matters;
- Support provided in the home and within the family structure has assisted adolescents in understanding the dynamics of alcoholism and substance abuse, as well as coping mechanisms to deal with these issues more effectively;
- The inter-personal work with CYCWs has helped adolescents to have a better understanding of sex and sexual identity, sexual abuse and sexual and reproductive health issues such as contraception;

- The inter-personal work with the CYCWs has helped adolescents to feel more confident, to have enhanced self-esteem, to develop important life skills and to recognise a purpose in their lives;
- The inter-personal work with the CYCWs has helped adolescents to get a better understanding of issues around stigma and discrimination, gender roles and norms, bullying and physical violence and to develop life skills to handle many of these issues;
- On a practical level the program has supported and assisted adolescents in obtaining their identity documents, managing their finances and obtaining information on tertiary study opportunities;
- The CYCWs have supported adolescents to go for HIV counselling and testing and provided guidance and support for HIV+ adolescents regarding their medication, nutrition and healthy life styles;
- Through the program adolescents have learnt more about eating habits, food choices and how to start and maintain household food gardens;
- Adolescents expressed gratitude that in many cases CYCWs had provided them with money for school trips, transport money for travel to obtain ID documents, money to buy food for the house and money for adolescent mothers to buy basics for their babies; and
- In some instances, adolescents noted that the Safe Parks provided a central meeting point for them where they could get involved in structured sports, life skills and educational activities.

Figure 27 below shows the types of services referenced by the FGDs:

Figure 27: Primary Categories of Services Received by Adolescents



Source: Field Work Data Sets

Future Expectations

“We live in a remote areas and don’t have easy access to computers and the internet – I would really like this Isibindi centre to help us with IT equipment”

Adolescent in the Northern Cape

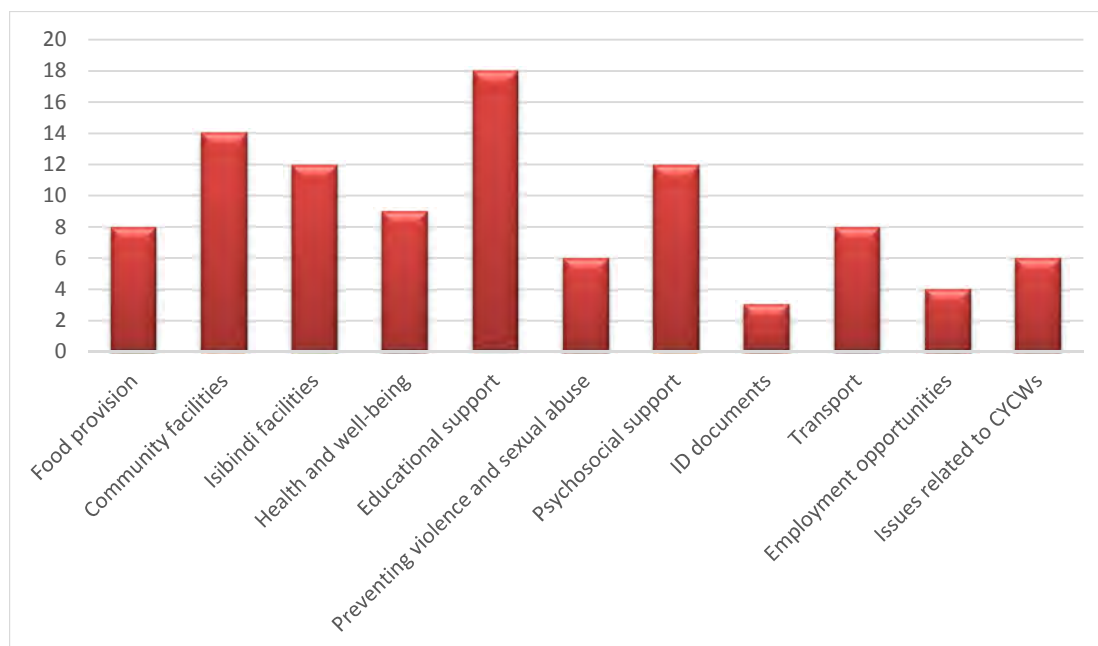
The second component of the FGDs was to elicit from the adolescent what they would like to see provided through the Isibindi program, and how such additional services could improve the intervention. The key issues that emerged are clustered as follows:

- **Nutrition:** In almost all the FGDs the issue of food and nutrition came up, with adolescents highlighting the poverty in their communities and the lack of money to ensure that there was always food in the house. Adolescents wanted to see a wider distribution of food parcels, the provision of meals through the Isibindi site and more encouragement for growing household food gardens;
- **Facilities for Young People:** All the FGDs spoke about the lack of facilities and structured activities in their communities, especially sports facilities, recreation facilities, skills development facilities and places where they could access computers and Wi-Fi;
- **Isibindi Facilities (Sites and Safe Parks):** Not all the Isibindi sites visited had adequate space or resources to provide structured programs for adolescents. Suggestions were made that the Isibindi sites shouldn’t only focus on the younger children, but also have activities that would attract adolescents. If there is no money, then the adolescents suggested that they work with the implementing partner and the CYCWs to have structured fund-raising projects. Some concerns were also raised about the need to improve the security at the sites and Safe Parks, as well as the need to have proper ablution facilities;
- **Community Facilities:** In some FGDs adolescents noted that their communities lacked important facilities such as orphanages, shelters, rehabilitation centres and old age homes. This meant that the burden of care was falling on households that were already struggling to cope, or that affected individuals were forced to leave the community and go to other areas for care and support;
- **Education:** Almost all the FGDs placed a heavy emphasis on the value of the educational support provided by the CYCWs, but wanted to see this strengthened and for there to be better linkages between the Isibindi program and the schools themselves. Adolescents also called for the Isibindi program to assist them more in understanding different career paths, going on educational tours, applying to tertiary institutions, and accessing bursaries and scholarships. Suggestions were also made that CYCWs should develop more structured programs for learners who were struggling at school;
- **Health and Well-Being:** FGDs raised a range of issues and challenges linked to health and well-being in poor communities. They generally felt that the CYCWs provided much needed support in this area, but this could only go so far because material support was also required. Adolescents specifically mentioned the need to have both knowledge and material support around issues of personal grooming and hygiene, and stressed the need for clothes, uniforms, shoes, toiletries and sanitary pads. More support was also required to make sure that HIV+ children follow their treatment regime, and that CYCWs facilitated more sex education, pregnancy awareness campaigns, substance abuse awareness programs, and encouragement to undertake HCT;
- **Psychosocial Support:** Most FGDs raised the fact that home circumstances were often very stressful and that their own coping mechanisms were limited. While they understood that CYCWs had heavy caseloads they expressed the need for more substantive and prolonged psychosocial support to deal with issues of neglect, personal trauma as a result of violence or sexual abuse, death and illness in the family, poor self-esteem, feelings of loneliness and being unloved, bullying, and stigma and discrimination;

- **Transport:** Several of the FGDs raised the issue of transport, and stressed the fact that the lack of available project transport has a negative impact on the participation of adolescents. In some cases, they were reluctant to walk long distances to come to the site or to the Safe Park. Lack of available and reliable transport also made it difficult to arrange outings, field visits or trips to facilities that were some distance from the community. It was suggested that there should be a dedicated vehicle for the Isibindi program that could provide the necessary transport when required;
- **Career and Employment:** The FGDs pointed to the need for more structured activities to supplement the school-based educational support that was being provided. They would like the CYCWs to organise career-linked activities such as monthly career exhibitions, interaction with entrepreneurs and business people and community visits by representatives from tertiary institutions; and
- **Issues Related to CYCWs:** Given that the CYCWs are the direct interface with the beneficiaries the FGDs raised a number of issues related to the quality and relevance of the services provided. There was an awareness that the CYCWs face problems with the payment of their stipends and that this was unfair as they work long and irregular hours. At the same time concerns were raised that some CYCWs are not very supportive with adolescents and do not respect confidentiality on sensitive issues. Suggestions were made that social workers should be more involved and maintain stricter control over the activities of the CYCWs. Another suggestion made was that more people from the community could volunteer to assist and support some of the work that the CYCWs are doing.

Figure 28 below presents the responses from adolescents when asked what services they would most want to receive from the CYCWs:

Figure 28: Services and Facilities most Required by Adolescents



Source: Field Work Data Sets

YOUTH

In most of the communities where Isibindi operates youth face a particular set of challenges and hardships. Many young adults either failed to complete their schooling or have left school with limited skills sets. Job opportunities in their communities are limited and many are forced to migrate to other centers to look for work. Recreational facilities for young people are also extremely limited. Some have already become parents themselves and struggle to provide the necessary care and support to their children, often leaving them with other family members to care for. In focus group discussions with young people they raised the following issues, concerns and hopes:

BENEFITS OF THE PROGRAM

“Our Isibindi centre has a skills development program for youth, and I am learning to be a hairdresser which means I will be able to earn my own money”

Youth in the Eastern Cape

- Most young adults in the community are unemployed, so the food parcels and soup kitchens that are provided through Isibindi are very important;
- Many young people have dropped out of school before they completed their matric, and through Isibindi they are encouraged to go back to school or obtain their matric through distance study;
- It was noted that in some areas Isibindi assists youth who have challenges with substance abuse, specifically with referrals to rehabilitation centres;
- Some young people noted that violence in the home and incidences of sexual abuse were a challenge that needed to be addressed;
- Many young people have been assisted to get identity documents;
- At some sites youth have received guidance and support in how to manage household issues, such as shopping for supplies, budgeting, child care and participatory family decision-making;
- In many households, young adults are the heads of households but do not have the knowledge and skills to manage a home and the family members that they are responsible for. Through the support of CYCWs young people have learnt to run their homes, manage children and take care of the elderly and disabled family members;
- At some sites youth empowerment and skills development programs are being run and these provide young people with significant opportunities to acquire skills that can potentially generate income or create a career path; and
- Through their interaction with youth empowerment programs at Isibindi sites many young people are learning planning, budgeting and project management skills.

FUTURE EXPECTATIONS

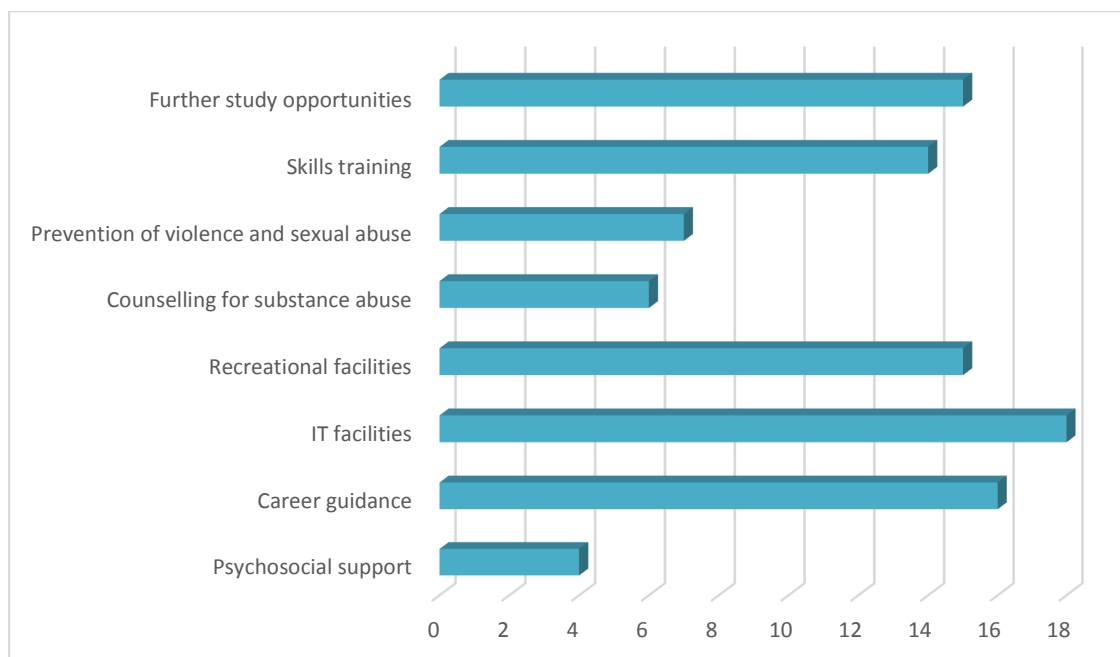
“We don’t have any recreation facilities for young people in our community so we get easily bored – it would be great if Isibindi could organise a meeting space for youth at the Safe Park”

Youth in Limpopo Province

- There is very little infrastructure in poor communities for young people, so they would like to see more youth-friendly facilities that cater for study, skills development, sport and recreation, and cultural activities;
- Most communities where Isibindi sites are situated have few if any sports facilities;
- Youth would like Safe Parks to be upgraded so that they can offer facilities that are youth-friendly, such as meeting spaces, skills development areas, a library and IT equipment;
- Youth would like to see Isibindi involved in the development / construction of a multi-purpose hall where youth programs could be run;
- Youth would like CYCWs to assist them with accessing bursaries for tertiary study and directing them to specialists who can provide career counselling;
- Young people are concerned about the lack of dedicated programs for out of school youth that can assist them to study, complete their matric and develop life skills;
- Many young people in poorer communities feel despondent about their situation, and would like to see programs that can organise motivational talks for youth in the areas of self-development, careers and entrepreneurship;
- Young people would like assistance to set up community radio stations that can promote information that is relevant to youth and also to leverage funding through advertising;
- Help youth develop resource mobilisation skills and the capacity to identify potential local investors who may be interested in support small or micro business opportunities; and
- Young people are concerned about the HIV, STIs and unplanned pregnancy and would like to see more youth-friendly interventions that address HIV/AIDS and other sexual and reproductive health issues.

Figure 29 below presents the responses from youth when asked what services they would most want to receive from the CYCWs or through Isibindi more generally:

Figure 29: Services and Facilities Most Required by Youth



Source: Field Work Data Sets

PARENTS AND CAREGIVERS

Despite being some of the most vulnerable children in the country most OVCY serviced through Isibindi have at least one parent or a caregiver to provide support. Some of the adolescents interviewed were, however, in institutional care or placed with a foster parent. The MTR wanted to get a sense from the parents and caregivers the extent to which the services provided to their households was of benefit to the family, and to the child in particular.

BENEFITS OF THE PROGRAM

“The CYCWs took me and my three children to the South African Social Security Agency (SASA) to apply for grants and this has made a big difference in our lives”

Parent in Gauteng

- CYCWs provide academic support for OVCY in the community;
- Isibindi brings recreational activities and Safe Park visits;
- CYCWs provide services to address children’s essential needs;
- Through Isibindi households learn a lot about nutrition, how to budget, personal hygiene and managing health issues;
- CYCWs provide OVCY supervision and help manage households through teaching personal responsibility and discipline;
- CYCWs provide household support to assist with the wellbeing of disabled children and youth;
- The household support means that that OVCYs and parents have a better quality of life; and
- Parents wanted to acknowledge the impact that Isibindi is making in the community, and in particular the support that is provided by the CYCWs.

FUTURE EXPECTATIONS

“I would like to see more male CYCWs so that they can help boys and men with disabilities, and also be role models for our young men”

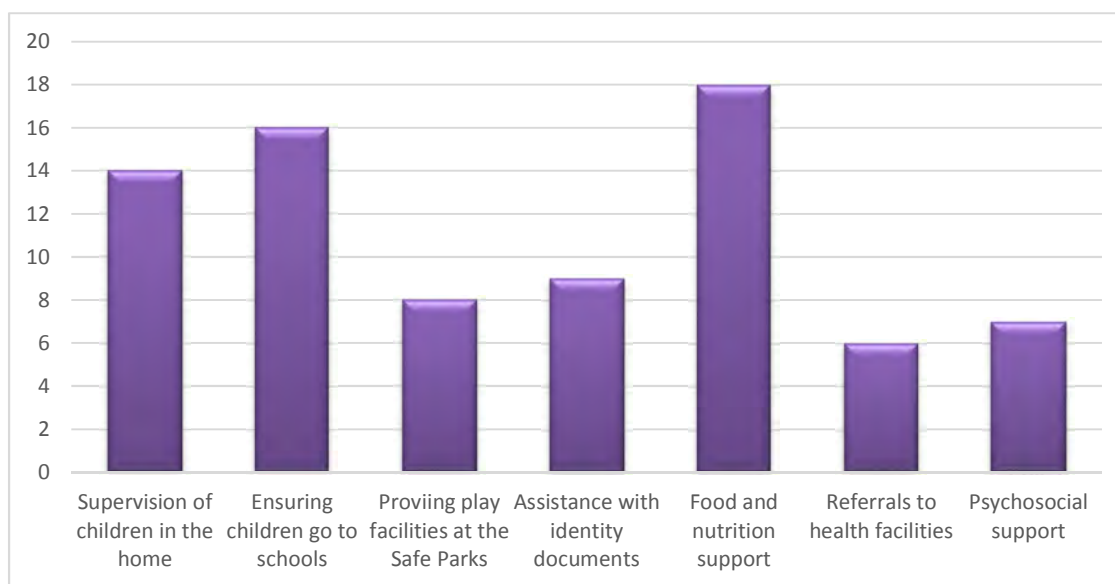
Parent in the Eastern Cape

- Isibindi should recruit more male CYCWs to help males with disabilities and male pensioners;
- Provide more assistance with accessing government support, grants and funding;
- Wherever possible expand the academic support to OVCY, provide more sport and recreational programs and skills development;
- Provide more support to youth through referrals to essential life skills and career development programs;
- CYCWs do very stressful work and should be provided with support, counselling, and motivation;
- There is a need to strengthen community collaboration to support the work of the CYCWs so that they aren’t working in isolation from other community workers;
- There is a need for improved infrastructure and facility improvements to support Isibindi interventions, in particular where the Safe Parks are not fenced or secure;

- More focus on food and nutrition support, as well as other essential resources and services that can assist the poorest households;
- Provide additional supervision for OVCs in households where parents work very long hours, or who work away from home during the week; and
- Isibindi must continue and expand in communities because there are so many problems and challenges to overcome.

Figure 30 below presents the responses from parents and caregivers when asked what services they would most want to receive from the CYCWs or through Isibindi more generally:

Figure 30: Services and Facilities Most Required by Parents and Caregivers



Source: Field Work Data Sets

CONCLUSIONS AND RECOMMENDATIONS

Summary Assessment

Criteria	Assessment Areas	Excellent	Good	Average	Poor
Relevance	Alignment of program activities with the Isibindi Theory of Change				
	Extent to which Isibindi represents a strategic response to OVCY in South Africa				
	Degree to which Isibindi is characterised by strategic learning, reassessment and re-engineering				
Efficiency	Performance of Implementing Partners in delivering Isibindi program				
	Overall management by the key program stakeholders - NDSD/PDSD/NACCW				
Effectiveness	Quality of package of services provided by the CYCWs to children and youth				
	Quality of service delivery through performance of CYCWs				
	Quality of program oversight through performance of mentors / mentor supervisors				
	Extent to which Isibindi has leveraged an integrated multi-sectoral response				
M&E	Capacity to collect, collate and analyse program data against established targets, outcomes and outputs				
Impact	Evidence of change at household and community level				
Sustainability	Possibilities for program replication / scale-up				

Strategy and Policy

The intended impact of the Isibindi project is to achieve:

Integrated quality care and protection of Orphan and Vulnerable Children and Youth through a skilled children's workforce

The overall goal of the Isibindi project is to:

“Create safe and caring communities for vulnerable children and youth at risk through a developmental child and youth care work response”.

The National Department of Social Development (DSD) recognizes the Isibindi model as a means of giving effect to the social welfare principles enshrined in the Children's Act to focus on prevention of child neglect and abuse through early intervention, family preservation, community development, and a child's rights framework.

The Isibindi model, as conceptualized and developed by NACCW, seeks to train and support a professional cohort of community-based workers to extend social welfare services to impoverished communities through focused work in the “life space” of beneficiaries. This is very much in alignment with national child prevention and OVCY policy and strategy principles and is seen by the DSD as an effective means to achieving this end. Respondents interviewed during the Mid-Term Review (MTR) generally agreed with this view and acknowledged that the project has ensured that social services are extended to children and youth who would otherwise be at risk of exclusion. In particular, the project has been able to identify the most vulnerable children and youth in some of South Africa's poorest wards and target services where they are most needed. In this way the Isibindi program is making a significant contribution to key national development outcomes through a community-based intervention that aims to prevent and mitigate socio-economic factors that impact negatively on the lives of children and young people.

It is very evident from this research that the two major challenges facing the DSD and its implementation partners to address the challenges of OVCY are:

- Budget allocations, effective policy intervention, and successful implementation by national and provincial departments; and
- The development of mechanisms for channeling resources to implementing organizations, careworkers and to impoverished families.

Both of these challenges need to be addressed and improved upon, together with all the activities they involve. At the macro-level NDSD assistance is critical in terms of social security provisions, as well as establishing effective working linkages with health, education, and other services that make up the social wage, together with efforts to scale-up Isibindi as a targeted community-based intervention. At the micro-level, greater local philanthropy, mobilization, and organizational capacity should be accessed, especially amongst prominent members of communities, such as community leadership, business owners, professionals, and entrepreneurs, to support the efforts of implementing partners and CYCWs.

The outcome of the research, however, has also made it clear that for the model to effectively achieve these goals, the enabling programmatic environment must be strengthened. Efficient and effective implementation of the Isibindi model is clearly hampered by a range of internal (institutional) and external (socio-economic) challenges, which should be addressed and where possible overcome.

From a strategic perspective it would be advantageous to reassess the linkages between the anticipated program impact, overall goal of the Isibindi program, the current program Theory of Change and the log frame developed to achieve programmatic impact through the current package of services. This would then create a space for NDSD and NACCW to engage in critical dialogue and recalibration of the program if deemed necessary. DSD and its stakeholders should assess the following components of its strategic framework:

- The purpose of the Theory of Change is to work backwards from a set of child well-being outcomes and outputs that are desired – in the case of Isibindi this is about ameliorating vulnerability and strengthening the resilience of OVCY under conditions of social and economic deprivation. An assessment of the pre-conditions and steps to attain the pre-conditions would facilitate the

identification of gaps in current implementation – specifically regarding funding commitments and performance of service providers.

- The purpose of the logical framework is to ensure that activities undertaken are relevant to the needs on the ground, ensure that the program targets are met and that each of the identified outcomes and outputs contribute to the achievement of the overall goal. The indicators and targets help to determine to what extent the outcomes and outputs are being reached. The MTR finds that the overall goal of the Isibindi program is effectively aligned with the results chain articulated in the log frame. In the current version of the log frame, however, there is no baseline or targets for the five components of the outcome. This will make it more difficult to assess whether Isibindi is contributing to the DSD aim of providing relevant, timely and good quality preventative services to vulnerable children and youth. The target for output 5 in the log frame is clearly not realistic and further discussion will be required to set a more realistic target for 2018.
- The activities identified in the log frame appear as lists under each Output, and as they currently stand they read either as activities or indicators. It is recommended that these are reworked so that they are clustered under intervention areas, described in more detail and clearly delineated as activities with associated indicators. These activities should be adequately and sustainably resourced in line with a clear implementation and sustainability plan informed by the log frame.

There are also several key stakeholders that are involved either directly or indirectly in child protection, preventative services and OVCY work. Referrals between sectors must be more effectively streamlined and need, as far as possible, to work in the interests of the child and the benefit of the household in which the child lives. There are also a range of government-led and civil society driven programs and projects which also deliver a similar or complementary package of services. There is an argument for ensuring that all stakeholders are on board and understand the range of Isibindi intervention offerings, that synergies and strategic entry points for inter-sectoral engagement are highlighted, and that modalities for effective collaboration are explored.

Recommendation 1: Strategy Development and Resource Planning

It is understood that the DSD and NACCW each developed an independent logical framework to inform the Isibindi strategy and that these were combined at a later stage (June 2016). It is very important that the strategic plan follows a structured process and that the identified activities can achieve what the project has been planned to achieve. The purpose of a MTR is to assess whether the project is on track to achieve its objectives or whether opportunities are being missed. If it is found that the project is falling short of its objectives, then contingency and/or mitigation measures should be put in place and a process of joint program re-engineering becomes necessary. Given that the DSD now has two substantive mid-term reports (from KPMG and Mott MacDonald) it is strongly recommended that DSD, in collaboration with its key sector stakeholders including NACCW, UNICEF and other national government departments, convene a multi-stakeholder forum to review the conceptual underpinnings, strategic direction, and implementation modalities of the Isibindi intervention to ensure that the overall goal is met in a relevant, sustainable, and effective manner.

A revised Isibindi strategy should address the following factors:

- The strategic plan must articulate clear objectives, measurable indicators and realistic and achievable targets and these must be agreed to by all relevant stakeholders. As far as possible this should be aligned with the National Development Plan and the DSD Strategic Plan 2015-2020 (in particular, Program 4: Create an enabling environment for the delivery of equitable developmental welfare services through the formulation of policies, norms and standards, best practices and support to implementing agencies).
- An implementation plan and aligned resource plan must ensure that the objectives can be met based on the principles of specificity, measurability, and attainability within realistic timeframes.
- Together with this MTR the recently completed KPMG sustainability report should serve as a guide in this respect.

Recommendation 2: Enhance the Professional Status of CYCWs

Through the Isibindi intervention significant effort and resources have been channelled into professionalising child and youth care work, providing it with an academic and qualifications framework, and creating a professionalised cadre of CYCWs capable of servicing the enormous needs of OVCY in South Africa. This is clearly in line with the objectives of the welfare sector in developing and capacitating a core cadre of social service professionals (including social workers, social auxiliary workers, child and youth care workers, community development practitioners and youth workers) to service the socio-economic needs of communities in a comprehensive and integrated way. Given that the primary ethos of these occupational groupings is community care and support with a focus on the complex dynamics of society and human functioning there is a need for holistic approaches and integrated practice. During the MTR process it was frequently noted that CYCWs see themselves as professionals and approach their work in accordance with that understanding. A challenge exists, however, with counterparts in the different child protection sectors who do not always acknowledge them as peers or professional counterparts. It is recommended that:

- The DSD and its key stakeholders should, through their work with the different cadres, continually reinforce the commonality of purpose and overlaps in their roles and functioning. Members of each cadre should be encouraged to transcend narrow disciplinary and professional divides and be fully acquainted with the roles, responsibilities, strengths and limitations of their role and functions, as well as areas that offer scope for professional working synergies, efficiencies, and cost-savings.
- DSD as national and provincial level can utilise available forums to bring participating stakeholders together to discuss and better understand the Isibindi model as well as the roles and responsibilities of the CYCWs. In this regard the South African Council for Social Service Professions (SACSSP) should be a reference for the delineations of the disciplines and roles and responsibilities that are accorded to the various professional cadres.
- Participating stakeholders – including DSD provincial and district Isibindi coordinators, social workers and NACCW mentors – need to dialogue more regularly around their own roles and responsibilities in supporting the intervention and complimenting the services offered to the beneficiaries through Isibindi;
- A multi-stakeholder discussion and planning session should be held at national and provincial levels, in which all stakeholders can contribute so that a common understanding of the role that CYCWs play within the OVCY sector and the critical auxiliary strength that they bring. This could potentially culminate in a specific framework to guide their work.

Institutional Arrangements

The institutional arrangements for implementation of the Isibindi project are relatively complex given the tripartite nature of the DSD, NACCW and service provider relationship, as well as implementation through nine provincial DSD offices. Efficiency of Isibindi implementation is highly resource dependent and therefore reliant on departmental capacities at the provincial and district levels. Implementation is also dependent on the commitment, competence and available financial and human resources of the selected implementing partner. The lines of accountability are not always clear and onerous reporting and administrative processes impede effective delivery of services. The current funding and contracting mechanism leaves implementing partners without signed Service Level Agreements (SLAs) as well as CYCWs without stipends for lengthy periods. The following recommendations attempt to address some of the institutional blockages as reported by many respondents.

Recommendation 3: Working Conditions and Job Satisfaction

The quality and effectiveness of the Isibindi program is currently being compromised by the inconsistencies and uncertainties in ensuring that contracts with implementing partners are signed on time, and that CYCW stipends and related expenses are paid. As with any profession the working

environment and terms and conditions of employment are critical factors in ensuring motivation, morale and job satisfaction. The MTR found that at many of the sites visited the challenge is that the morale of both the implementing partners and the CYCWs is being impacted by bureaucratic delays and inconsistencies. It is recommended that:

- The DSD prioritise this issue as a matter of urgency and find ways to promote efficient financial management, contracting and disbursement processes to ensure that the OVCY work force can concentrate their energies and focus on achieving enhanced service delivery in communities and also securing the retention of CYCWs.
- The DSD should consider tasking Isibindi District Coordinators to support identified implementing partners to prepare their applications, business plans and other supporting documentation in line with DSD requirements to avoid unnecessary delays in the processing and finalisation of contracts.

Recommendation 4: Selection of Implementing Partners

Many of the implementing partners felt or acted as though the project was an add-on to their core business and as a result were not necessarily prioritizing Isibindi. In several instances, it was clear that the implementing partner did not clearly understand the nature and scope of what Isibindi is intended to achieve. In most instances, the CYCWs had no office space within the organization and had to manage using whatever space they could find. In general, CYCWs worked more effectively in an organization that was well established in the community and offered a combination of community outreach interventions, feeding schemes and home based care. The CYCWs were clearly more contented and effective where the implementing partner was in a sound enough financial position to supplement their income in the absence of stipends coming through from the DSD. It is highly recommended that:

- Existing criteria set out for the selection of implementing partners should be more rigorously applied by DSD.
- Following selection, the implementing partner should be thoroughly oriented to the Isibindi model and encouraged to fully embrace and understand the Isibindi approach as part of their service package “brand”.
- The implementing partner must be financially sound and capable of managing finances responsibly.
- The implementing partner should also have a verifiable track record of working effectively in OVCY or home based care in the community, so that they already understand the concept of community workers and the processes involved in monitoring the work.
- A capacity assessment should be conducted with all existing implementing partners and where they do not meet the criteria, a rescue plan or reallocation plan should be developed.
- It is also vitally important that DSD and NACCW conduct an inception or orientation workshop with the management team of each implementing partner so that they fully commit to the terms and conditions of the SLA.
- A monitoring or performance management system is developed and established, based on a developmental approach, to constantly monitor and support selected implementing partners to ensure that the Isibindi program is effectively advanced.

Recommendation 5: Capacity Strengthening for Implementing Partners

The MTR site visits demonstrated very clearly that the selected Isibindi implementing partners cover a spectrum of organizational and program management capacity. Where the selected implementing partners are established organizations with professional staff and a credible track records of implementation in the sector the Isibindi model clearly works effectively. Where selected implementing partners are small or emerging organizations with limited experience and weak capacity, they generally struggle to manage the Isibindi program. If the DSD wants to achieve its objective of strengthening community based organizations through Isibindi then it must take into account key capacity development considerations. It is recommended that:

- When the DSD appoints an emerging NPO to deliver Isibindi it develops in discussion with the new partner a time-bound capacity development action plan based on a capacity needs assessment. The DSD and the

implementing partner will then agree on a timeframe for the action plan and agree how the capacity development will be delivered.

- In addressing capacity strengthening needs the NDSD and PDSDs should focus on the areas identified by the implementing partners themselves, including financial management, project management, human resource management, governance, resource mobilisation and M&E and reporting.
- The DSD District Coordinator and/or the social worker responsible for that area then take responsibility for ensuring that the capacity development action plan is carried out as part of their key performance indicators (KPIs).
- NACCW mentors / mentor supervisors can potentially be part of this capacity development process.
- At the end of the agreed process the DSD should receive a report on the capacity development process for that organisation, which can then serve to inform decisions around contract extensions / renewals.

Recommendation 6: Financial and Governance Arrangements

The system of three points of reporting, via the implementing partner, the NACCW and the DSD, is not ideal. It tends to be cumbersome and time consuming, and is proving to be difficult to manage for the various partners. It is not always clear at the site level who takes overall responsibility for the intervention and the CYCWs have unclear reporting and accountability mechanisms. A system of one clear reporting, accountability and payment mechanism should be found – this could be through having two or more systems of tools that are consolidated under one umbrella data management system. However, it remains critical that data is imported to the broader system via streamlined and aligned processes.

If the NDSD is to ultimately manage this project as a DSD program, then a system must be developed to ensure that the program is monitored and managed by the DSD. If an implementing partner comes on board to house the program, then they should work in collaboration with the DSD, much the same as schools work in collaboration with the Department of Basic Education – they retain some autonomy but work under rules, regulations and norms and standards as stipulated by the Department. The DSD pays the implementing partner for the CYCWs but monitors progress in collaboration with the partner. The CYCWs report to the implementing partner who accounts to the DSD – an in-house social worker could be the conduit for the reporting mechanism. That the NACCW provide invaluable support in the monitoring, training and supervision of the work done by the CYCWs was universally acknowledged. Based on these findings it is recommended that:

- The system must eventually allow for all the programmatic elements to be managed through the DSD – thereby providing one clear management, reporting and accountability process for the CYCWs. A collaborative process may be further envisioned, however, before this ideal of full national ownership is reached. This process requires a structured process before DSD can transmission into the management of the project, hence an operational and capacity plan should be considered.
- Given the capacity challenges and unevenness within and across provincial DSDs the NACCW should continue to play a central training, monitoring, mentoring and other support services as it is currently contracted to do.
- The selection, contracting and funding processes must be managed in a more systematic, transparent, and structured manner, and it is imperative that the implementing partners receive their allocations in full and on time.

Recommendation 7: Streamline Current M&E Systems for Optimal Data Generation

This MTR relied heavily on data provided by NACCW through its M&E unit, and on data provided by NDSD through the Isibindi M&E Coordinator. The MTR found that the NACCW have put in place a sophisticated and very comprehensive system for data collection, data management and data analysis that covers all the components of the Isibindi intervention. NACCW have developed an integrated set of data collection tools that are used by the CYCWs and the mentors to collect and collate the data into monthly activity reports, and that there is a strong quality assurance mechanism in place to ensure that

the data collected is cleaned and verified. The MTR found that the NACCW Annual M&E Reports for years one to three provided extensive and granular information on the program and the data collection process was aligned with the Isibindi log frame indicators. It was evident that for the first three years of implementation the NDSD has been heavily reliant on the M&E systems and comprehensive set of data collection tools developed and implemented by NACCW.

The NDSD is aware that as the government agency responsible for OVCY and broader child protection and wellbeing there is a need for them to take full ownership of national, provincial and district level M&E systems related to children in South Africa. Over the past two years the NDSD has been working with partners including PEPFAR and UNICEF to implement a Community Based Information Management System (CBIMS) which is designed to be a work-based information system that enables CBOs that are implementing DSD services to streamline their reporting requirements. The aim is to bring the Isibindi program into the CBIMS across all nine provinces.

The challenge at present is that as CBIMS is piloted and replicated for the Isibindi program, it is working in parallel with the NACCW data collection system. This requires careful data exchange between the parallel systems and eventually a full systems alignment and synchronization to avoid duplication, data inconsistencies and data gaps will be required. Proposal 6 in the recently released Review of the White Paper for Welfare Services stresses the importance of good quality and reliable data within a simple, effective, and standardized data collection system, and notes that the absence of comprehensive and reliable information hampers effective planning and budgeting, and also undermines other responsibilities of DSD. A problem has been experienced in the North West where, in order to pilot CBIMS, Isibindi data collection has been stopped. This has translated into significant data gaps in the North West and NACCW have no updated data on Isibindi in the Province for 2014 and 2015. Based on these findings it is recommended that:

- There is a need to transition to a single data system for national child data with minimal disruption to the collection of regular and verified Isibindi data;
- The MTR has found the NACCW M&E system for Isibindi to be sophisticated yet relatively easy to implement, and that it produces a diverse range of critical program data. The NDSD should, therefore, consider maintaining the status quo regarding NACCW data collection while the CBIMS is being rolled out to all the provinces to avoid data losses and compromising what is an effective data management system;
- In discussion between NACCW, NDSD and DSD North West and interim solution should be identified to address the challenge of Isibindi data gaps in the North West.

Recommendation 8: Visioning an Alternative Institutional Arrangement

The evidence from key informants and from in-depth focus group discussions points to a consensus that the current institutional arrangement is sub-optimal and may over time erode the gains that the Isibindi program scale-up has made over the past three years. The multiple layers of bureaucracy involved in managing Isibindi at national and provincial level are complex and onerous, and the personnel assigned to Isibindi are too thinly spread and often have multiple and competing portfolios. These deficits are resulting in system blockages that are having a negative impact on efficient implementation. It is recommended that at this Isibindi scale-up mid-point the key partners (in particular DSD national and provincial as well as NACCW) come together in a forum – possibly in a retreat format – to undertake a strategic re-visioning exercise. The partners should use the MTR Report and the KPMG Sustainability Report as a basis for dialogue, scenario-setting and re-visioning to look at possible options that could include the following:

- Retain the program status quo based on the existing outcomes and outputs, and attempt to prioritise and address management and implementation challenges over the final two years;
- Appoint a non-governmental or private sector agent to manage implementation;
- Contract a private sector entity to act as paymaster for implementing partners and CYCWs; and
- Set up a semi-autonomous Isibindi agency within DSD to manage implementation.

Resource Requirements

Some of the key blockages to effective implementation were related to inadequate resources. The impression gained from the site visits and the key informant interviews is that the program is under-funded in terms of what it seeks to deliver. A needs analysis and resource plan aligned to the strategic plan should identify the requirements and articulate a plan for ensuring that they are in place. The most frequently mentioned resource shortfalls were in the following areas:

- Lack of office space and suitable equipment for CYCWs to plan, hold meetings, discuss cases, undergo training or to comply with the necessary administrative requirements of the program;
- No transport to get to outlying areas, bring children from these areas to safe park activities, or to take children and caregivers to necessary referred services. This is a particularly severe challenge in the more rural sites;
- Very low CYCW stipends (as per the ministerial determination) and infrequent payment of these stipends;
- No contracts or any other benefits for CYCWs and no progression from stipends to salaries after qualification;
- No food for children where the project is housed in a centre that is not linked to a feeding program or does not have its own kitchen / cooking facilities;
- Beyond basic requirements it is evident that children and young people would benefit from having access to the internet, computers, libraries, sports facilities, musical equipment, equipment to teach entrepreneurship, and arts/crafts materials to fully develop as positive contributing members of society; and
- As a model the Safe Parks are ideally positioned to provide these types of facilities and activities, but in most cases only have the means to provide very basic activities.

Recommendation 9: Implementation and Resource Plan

The seven key resource issues mentioned above, were universally acknowledged as necessary for the project to achieve what it plans to achieve and for South Africa to give effect to some of its constitutional and legislative obligations in relation to children's rights. If the project is to be sustained and to positively impact on the lives of its beneficiaries, then a clear, well-resourced plan must be put in place. In addition, it was clear from the majority of respondents that the CYCWs have been a huge support to people in the community and that without them, communities would be significantly worse off. To this end it is recommended that:

- The findings and recommendations of this MTR and the KPMG Sustainability Report are consolidated into a new Implementation and Resource Plan that will serve as a solid foundation for continuation of the current program with options for further scale-up where available and projected resources allow;
- As this is a multi-sectoral, multi-stakeholder intervention the NDSD may want to consider tabling a proposal to its partner departments (Health, Education, Home Affairs, Presidency) to undertake a comprehensive gap analysis to identify the systemic blockages to effective implementation and to identify strategic joint actions that can be taken to address these blockages;
- The DSD should consider ways to sensitise, inform and capacitate partners at site level (implementing partners, CYCWs, NACCW mentors) to develop their own resource mobilisation strategies that could assist them in leveraging additional financial or in-kind support from local communities and businesses, and potentially from other donors.

Recommendation 10: Continual Capacity Improvement and Support for CYCWs

The MTR had a strong focus on the work undertaken by the CYCWs and on the circumstances within which they work. Clearly for many of these CYCWs the issue of payment and certification took center stage. What came out clearly from the interviews and focus group discussions was the need that CYCWs had for ongoing professional development over and above the support provided through the mentorship program. Many indicated their need for specialized training in areas that would strengthen their capacity to manage specific community challenges. It is recommended that:

- The DSD and NACCW work with implementing partners to ensure that CYCWs can be upskilled through additional resource allocations to help expand Isibindi special program training and implementation. The kinds of training recommended are drawn from the CYCWs themselves and would be in the following areas:
 - ECD interventions;
 - HIV/AIDS, prevention, contraception and broader SRHR issues;
 - Youth empowerment and career planning;
 - Child protection and statutory processes and procedures;
 - Substance abuse, prevention and mitigation, and rehabilitation; and
 - Promotion of sports, arts and culture.
- It may be best to standardize an in-service training and support program in these areas in order to build on the initial training that the CYCWs are receiving. Accredited programs should be considered for the purpose of continuous professional development (CPD) within the sector. The longer term benefits would be an increased capacity to address priority issues for children and young people and for beneficiaries transitioning to young adulthood. There is also a high demand for child protection interventions. It was evident that those CYCWs who were still in the NACCW training program would benefit from additional knowledge and training support for handling and addressing some of these challenging issues. It is further recommended that:
 - An expanded specialised training program should be developed as an augmentation to the existing training and should be geared to providing CYCWs with the necessary skills to deliver an integrated package of services that are informed, professional and responsive to the needs of children, young people and their families;
 - Such supplementary training programs should only be considered if the required resources are available for a particular site to then move ahead and implement the special program. Training in skills that are not used soon afterwards generally results in the skills being forgotten; and
 - Additional support in the form of specialised counselling services for CYCWs was frequently mentioned. The work of the CYCW can be traumatic and very difficult as they are in direct personal contact with families and children in distress. It is important that they receive adequate, professional debriefing and counselling services, which will also model the responses that they are expected to render to their clients.

Core Package of Services

Through engagement with CYCWs in the field the MTR wanted to understand what the needs of OVCY were at the community and household level, and the extent to which the Isibindi program was able to address these in a coherent way. In broad terms the CYCWs acknowledged that the challenge of the HIV and AIDS pandemic continues to disrupt family, community and social structures, and that this is an ongoing challenge that results in an ever increasing number of orphans and other vulnerable children. They expressed the view that children orphaned because of AIDS and those living with HIV positive caregivers experience more psychological distress than children who have parents, or children who are orphaned due to other causes or children living with caregivers who have other chronic illnesses. The CYCWs believe, however, that other socio-economic factors such as poverty, unemployment, migration, undernutrition and lack of child and youth-friendly services exacerbate the psychological stress and cumulative risk effects and constrain the optimal growth and well-being of OVCY.

Recommendation 11: Review the Current “Package of Services” Provided to OVCY

OVCY represent a complex, diverse and age-differentiated group that often have unique circumstances and needs. This requires that services include psychosocial and practical support tailored for children living with HIV, children living with caregivers who are ill or disabled, children with special needs, children living in child and youth-headed households, children from other countries, and children affected by other

forms of adversity such as physical and sexual violence, substance abuse and neglect. It is recommended that:

- Initiate a national survey with CYCWs – and potentially NACCW mentors – that asks them to identify what they see from their experience as service gaps and what actions they believe could address these gaps. This experiential information can then be used by the DSD, NACCW and the implementing partners to review and revise the current package;
- There is a need for harmonizing different structures and programs that exist for orphans and other vulnerable children and youth to ensure a continuum of services that goes beyond the age of 18 and thus provides adequate support for vulnerable youth; and
- To avoid services being delivered in isolation the Isibindi program must be refined with a critical awareness of all the potential links to other social services. All service providers involved in OVCY and related issues should understand what services and referral networks are available across other sectors and utilise existing provincial forums to promote regular engagement across the service areas to promote and maintain the linking relationships.

Safe Parks

The Safe Parks are a cornerstone of the Isibindi program and should provide a safe place for children and young people to play, interact and learn. The potential for Safe Parks to be a key resource in poor areas was clearly demonstrated in those sites where the Safe Parks are providing such a secure and positive environment. Where the Safe Parks are well set up and reasonably well-resourced, the communities have become dependent on them and children and young people frequently use them in a variety of ways. Ideally, Safe Parks should be:

- Accessible to all children;
- Well maintained and well resourced;
- Provide the basics for vulnerable children such as food, clothing and possibly shelter; and
- Be the conduit for children and young people to develop to their full potential.

Of the centers visited for this review, only 25% of them had a formal Safe Park which could be considered as meeting the basic criteria. It should be noted that where the formal Safe Park was well established and well managed they offered an impressive range of services and resources for OVCY. Many of the centers visited had informal Safe Parks, which comprised an open space in the community with no structures and few facilities. However, where the Safe Parks were well established and met the basic criteria, the implementing partner and CYCWs still identified unmet needs for additional facilities. In many ways this reflects the findings of the ministerial Review of the White paper which notes that “play parks” were rated lowest overall in terms of availability, and were also rated lowest by providers and practitioners and that beneficiaries rated the Isibindi program as less available than play parks although in reality play parks often form part of Isibindi projects²⁶. Based on the evidence gathered for the MTR it is obvious that, where it functions adequately, the Safe Park model adds significant value to the Isibindi intervention. With enhanced guidance and support from DSD, the implementing partners and key community decision makers can ensure that the less functional Safe Parks are rapidly upgraded.

Recommendation 12: Establish Fully Functioning and Holistic Safe Parks Across the Isibindi Program

The MTR has found that where the Safe Parks are “formal”, well-equipped and effectively utilized they serve as a unifying core of the Isibindi program. Where the Safe Parks were properly secured and

²⁶ Ministerial Review of the White paper, pg. 154.

provided a “basket of activities”, they were greatly appreciated by the community, which otherwise would not have anything at all. It is recommended that:

- A clear, costed national “Safe Parks” plan is developed to enable the effective resourcing of Safe Parks and to establish formal Safe Parks at as many sites as possible.
- DSD should develop a short, concise “business case” for Safe Parks that can be shared with community leaders and decision makers and can serve as a motivation for identifying a suitable site for the Safe Park, ensuring security and providing basic infrastructure.
- Outlying Safe Parks can function as satellite Safe Parks with a reduced basket of services and facilities, but should also be a place from where children and young people could be transported to attend activities and events at a central Safe Park and a place where children in outlying areas can also learn and play securely.

Recommendation 13: Build and Sustain Multi-Stakeholder Forums

The issue of resourcing for Safe Parks was not always clear to the field work teams as different sites appeared to have different understandings of how funds – if any – were being allocated for Safe Parks. There were also very clear provincial differences. It was also clear that the energy, dynamism, and commitment of the implementing partner played a crucial role in the quality of the Safe Parks and the kinds of resources that they had. Safe Parks should be properly resourced and fully functional in order to provide a holistic, multi-purpose community environment for the beneficiaries. It is recommended that:

- Over and above any funding that comes through the DSD, the planning and resourcing of Safe Parks be done in local multi-stakeholder forums, where resources can be pooled and/or leveraged to adequately provide for the beneficiaries. This process will have to be driven and it is recommended that the DSD at provincial / district level either drives this process or supports an organisation to do so;
- Given the size of the project efforts could be made to generate public-private partnerships, as well as joint initiatives with municipalities who play a significant role in the provision and development of local infrastructure;
- A combination of ECD, home based care, drop in centre, resource centre and community park or playground could be considered as the ideal models, although special focus on vulnerable children must be maintained; and
- Other possibilities to consider include a “convergence model” where the centre can also host other essential services on a rotational mobile basis: for example, a mobile clinic and mobile SASSA and Home Affairs office. This would alleviate the transport issue and bring necessary services to where they are most needed.

Further Research Agenda

A range of issues related to the performance and impact of Isibindi could be addressed if wider knowledge and understanding of core considerations and ‘best practices’ were available for policy-makers, implementers and trainers. Targeted research would assist in providing better understanding of the major elements of national OVCY innovation environments, including an examination of the roles and responsibilities of the different actors at national, provincial, district and site levels.

Recommendation 14: Undertake Targeted Research to Better Inform the National OVCY Terrain

Many MTR respondents identified that further research is required to assess the effectiveness and generalizability of the Isibindi program for the OVCY sector and for the further development of capacity in social welfare and child protection systems at both government and institutional levels. It is therefore recommended that:

- Approaches taken by governments for the coordination of OVCY policies and funding across multiple sectors and departments with responsibility for different aspects of the national landscape for the delivery of services to OVCY, should include and reinforce approaches for engagements with civil society and private sector actors;
- Research identifies factors, from a review of national, regional and international practices, that are required to establish an enabling context for OVCY workforce and skills development at national and institutional levels. Further comparative knowledge about these issues would benefit the consideration and development of enabling national policies that could potentially enhance and strengthen the extent, quality, and contribution of CYCWs to improved child and youth wellbeing;
- Action research into the roles, responsibilities, and activities of the various social service auxiliary cadres is undertaken so that the NDSD can use this information to ensure effective synergies and eliminate unnecessary duplications; and
- A research-based assessment of the current package of basic services provided by the CYCWs through the Isibindi program is undertaken to better understand whether they represent the optimal mix of interventions in the context of the needs at the community and household level and how these services or programs synergize or complement the existing services provided by the DSD.

ANNEXES

Annex I: Sources of Information

Adeleye, O. and Ngozi Ofili, A. Strengthening Intersectoral Collaboration for Primary Health Care in Developing Countries: Can the Health Sector Play Broader Roles? Journal of Environmental and Public Health Volume 2010 (2010)

Alsopp, M. and Mahery, P. 2010. The Social Service Professions Policy: Recommendations from the Child and Youth Care Sector. Child and Youth Care Work Volume 28 No.6. November / December 2010.

Atmore, E. van Niekerk, L. and Ashley-Cooper, M. 2012. Challenges facing the early childhood development sector in South Africa. South African Journal of Childhood Education | 2012 2(1): 120-139.

Branson, Nicola, Hofmeyr, Clare & Lam, David. 2014. Progress through school and the determinants of school dropout in South Africa. Development Southern Africa, 31(1): 106-126.

Centre for Justice and Crime Prevention. 2015. Research Bulletin: The Optimus Study on Child Abuse, Violence and Neglect in South Africa. University of Cape Town. Cape Town.

Cluver, L., Orkin, M. et al. Transactional Sex amongst AIDS-orphaned and AIDS-Affected Adolescents Predicted by Abuse and Extreme Poverty Article in JAIDS Journal of Acquired Immune Deficiency Syndromes, August 2011.

Dawes, A., Van der Merwe, A. & Brandt, R. (2007). 'A monitoring dilemma: orphans and children made vulnerable by HIV/AIDS'. In Dawes, A., Bray, R. & Van der Merwe, A. (eds) Monitoring child well-being: a South African rights-based approach. Cape Town: HSRC Press, pp. 359-372.

De Lannoy, Ariane, Swartz, Sharlene, Lake, Lori and Smith, Charmaine. South African Child Gauge 2015. Children's Institute. 2015.

Department of Social Development. 2015. Annual Report for the year ended 31 March 2015. National Department of Social Development. Pretoria.

Department of Basic Education. 2011. Department of Basic Education Report on Dropout and Learner Retention Strategy to Portfolio Committee on Education June 2011.

Department of Basic Education. 2016. Education Statistics in South Africa 2014. Department of Basic Education. Pretoria.

DG Murray Trust. 2014. Hands-on Learning from our Development Partners. Learning Brief January 2014 <http://www.dgmt.co.za/what-we-learned/>.

Dieltiens, V. and Meny-Gilbert, S. 2009. "School drop-out: Poverty and patterns of exclusion" in South African Child Gauge 200/2009. Children's Institute. Cape Town.

Du Toit, D. 2011. Food Security. Directorate Economic Services Production Economics Unit. Department of Agriculture, Forestry and Fisheries. Pretoria.

Garfat, Thom. Four parts magic: The anatomy of a Child and Youth Care intervention. CYC-Online. Online Journal of the International Child and Youth Care Network (CYC-Net) Issue 50 March 2003.

Germann, S. 2005. An exploratory study of quality of life and coping strategies of orphans living in child-headed households in high HIV/AIDS prevalent city of Bulawayo, Zimbabwe. Unpublished doctoral thesis. University of South Africa. Pretoria.

Gharabaghi, Kiaras and Stuart, Carol. Life-Space Intervention: Implications for Caregiving. Scottish Journal of Residential Child Care December 2013 – Vol.12, No.3.

Government of South Africa. 1998. Population Policy for South Africa. Department of Welfare. Pretoria.

Government of South Africa. 2005. The Children's Act. Department of Social Development. Pretoria.

Government of South Africa. 2005. Policy Framework for Orphans and Other Children Made Vulnerable by HIV and AIDS South Africa. Department of Social Development. Pretoria.

Government of South Africa. 2012. Integrated School Health Policy. Department of Health / Department of Basic education. Pretoria. https://www.health-e.org.za/wp-content/uploads/2013/10/Integrated_School_Health_Policy.pdf

Government of South Africa. 2013. National Plan of Action for Children in South Africa 2012-2017. Department for Women, Children and People with Disabilities. Pretoria.

Government of South Africa. 2014. Social Service Professions Act, 1978 (Act No. 1.10 of 1978) Regulations for Child and Youth Care Workers, Auxiliary Child and Youth Care Workers, and Student Child and Youth Care Workers. Government Gazette. Pretoria.

Government of South Africa. 2015. Strategic Plan 2015-2020: Building a Caring Society – Together. Department of Social Development. Pretoria.

Graham, L. 2015. Youth unemployment in South Africa: Understanding the challenge and working on solutions in Child Gauge 2015. The Children's Institute. University of Cape Town. Cape Town.

Gustafsson, M. 2011. The When and How of Leaving School: The Policy Implications of New Evidence on Secondary Schooling in South Africa. Stellenbosch Economic Working Papers No. 09/11.

Hall, K. 2010. Migrant mothers and mobile children New possibilities for exploring child poverty dynamics in South Africa, Children's Institute, University of Cape Town.

Hartell, C. G., and Chabilall, J. A. 2005. HIV/AIDS in South Africa: A study of the socioeducational development of adolescents orphaned by AIDS in child-headed households. International Journal of Adolescence and Youth, 12(3), 213-229.

Health Service Executive. 2011. Child Protection and Welfare Practice Handbook. HSE. Dublin.
Institute of Development Studies. 2012. Responding to the needs of Vulnerable Children in Eastern and Southern Africa. IDS in Focus Policy Briefing. Issue 29 November 2012.

Jamieson, L. 2013. Children's Act Guide for Child and Youth Care Workers: Second edition. Children's Institute, University of Cape Town. Cape Town.

Kelly, M. 2004. Some key characteristics of Child and Youth Care Workers. Online Journal of the International Child and Youth Care Network (CYC-Net). Issue 69 October 2004. <http://www.cyc-net.org/cyc-online/cycol-1004-maxinekelly.html>

Kvalsvig, J. et al (2008) Analysis of Provider Costs of Care for Orphans and other Vulnerable Children, Nelson Mandela School of Medicine, University of KwaZulu-Natal. Durban.

Kvalsvig, J. and Taylor, M. 2015. Isibindi Program Effects on Service Delivery and Community Capacity to Care for Orphans and Vulnerable Children in South Africa: A Formative Evaluation. Child Development Research Unit.

Limpopo Provincial Government. 2015. ISIBINDI Service Package 2015/16-2017/18. Department of Social Development. Polokwane.

Mahery, P., Jamieson, L. and Scott, K. 2011. Children's Act Guide for Child and Youth Care Workers. Children's Institute, University of Cape Town, and National Association of Child and Youth Care Workers. Cape Town.

Meintjes, H. Hall, K., Marera, D. and Boule, A. 2010. Child-headed households in South Africa: A statistical brief. Children's Institute. University of Cape Town. Cape Town.

Meintjes, H. 2010. Demography - Children living with biological parents. Children's Institute. University of Cape Town. Cape Town.

NACCW. Isibindi Model of Care for Vulnerable Children and Youth. National Association of Child Care Workers. Cape Town.

Nziyane, L. and Alpaslan, A. 2012. The Realities of Orphaned Children Living in Child-Headed Households. Social Work/Maatskaplike Werk 2012:48(3).

Phelan, J. 1990. Child care supervision: The neglected skill of evaluation. In Anglin, J.P., Denholm, C.J., Ferguson, R.V. & Pence, A.R. (eds). Perspectives in professional child and youth care. New York: Haworth Press.

Phelan, J. 2009. The wounded healer as helper and helped: A child and youth care model [online]. <http://www.cycnet.org/cyc-online/cyconline-july2009-phelan.html>

Phillips, L. 2015. An Outcome Evaluation of Psychosocial Services Provided to Orphans and Vulnerable Children in the Western Cape. Western Cape Government: Social Development. Directorate Research, Population and Knowledge Management. Cape Town.

Pillay, S. and Twala, N. 2008. A Case Study: Isibindi King Williams Town. Khulisa Management Services. Johannesburg.

The Presidency. 2009. Situation Analysis of Children in South Africa. The Presidency / UNICEF. Pretoria. Proudlock, P. (Ed). 2014. South Africa's Progress in Realising Children's Rights: A Law Review.

Children's Institute, University of Cape Town and Save the Children, Cape Town.

Richter, L. and Rama, S. 2006. Building Resilience: A rights-based approach to children and HIV/AIDS in Africa. Save the Children Sweden. Stockholm.

Ryan, J., Rich, E. and Roman, N. 2015. Perceived childhood exposure to domestic violence: The risk for adult revictimisation. African Safety Promotion Journal, Vol. 13, No. 2, 2015.

Save the Children. 2010. Strengthening National Child Protection Systems in Emergencies through Community-Based Mechanisms. Save the Children UK. London.

Scott, K. 2009. A Community-Based Model of Supervision for Child and Youth Care Workers Employed in the Isibindi Model of Care in South Africa. Thesis submitted in accordance with the requirements for the degree of Master of Technology in the subject Child and Youth Care. University of South Africa.

Skinner, D, Tsheko N, Mtero-Munyati S, Segwabe M, Chibatamoto P, Mfecane S, Chandiwana B, Nkomo N, Tlou S, Chitiyo G. Towards a definition of orphaned and vulnerable children. *AIDS Behaviour* 2006 November, 10(6) 619-26.

South African Human Rights Commission. 2011. *South Africa's Children – A Review of Equity and Child Rights*. SAHRC and UNICEF South Africa. Johannesburg.

South African Human Rights Commission and UNICEF. 2014. *Poverty traps and social exclusion among children in South Africa*. Pretoria: SAHRC

Statistics South Africa. 2013. *Social profile of vulnerable groups 2002–2012*. Statistics South Africa. Pretoria.

Statistics South Africa. 2014. *Poverty Trends in South Africa: An examination of absolute poverty between 2006 and 2011*. StatsSA. Pretoria.

Statistics South Africa. 2016. *Labour Force Survey Quarter 1 2016*. StatsSA. Pretoria.

Theron, A. 2016. *Literature Review of the Child Protection System in South Africa*. Ashley Theron Consulting. Pretoria.

Thurman, T., Kidman, R., Taylor, R. and Chiroro, P. 20. *Isibindi: A Longitudinal Evaluation of Selected Sites in KwaZulu-Natal*. Tulane University. New Orleans, Louisiana.

Thurman, T., Yu, S. and Taylor, T. 2009. *Case Study: Care for Caregivers - A psychosocial support model for Child and Youth Care Workers serving Orphans and Vulnerable Children in South Africa*. Tulane University. New Orleans, Louisiana.

UNICEF. 2012. *Inequities in early childhood development: what the data say: evidence from the multiple cluster surveys*. United Nations Children's Fund. New York.

UNICEF. 2014. *Measuring the Determinants of Childhood Vulnerability*. United Nations Children's Fund. New York.

Visser, M., Zungu, N. and Ndala-Magoro, N. 2012. *The Impact of the Isibindi Program on Vulnerable Youth: Evaluation report*. University of Pretoria: Business Enterprises. Pretoria.

Visser, M., Zungu, N. and Ndala-Magoro, N. 2015. *Isibindi, creating circles of care for orphans and vulnerable children in South Africa: post-program outcomes*. *AIDS Care*, 2015.
<http://dx.doi.org/10.1080/09540121.2015.1018861>

Walthen, C. and MacMillan, H. 2013. *Children's exposure to intimate partner violence: Impacts and interventions in Paediatrics and Child Health*. Vol 18(8) 2013 October 419-422.

Wight, Vanessa et al. "Understanding the Link between Poverty and Food Insecurity among Children: Does the Definition of Poverty Matter?" *Journal of children & poverty* 20.1 (2014): 1 - 20. PMC. Web. 30 Aug. 2016.

Western Cape Street Children's Forum. 2015. *Training Challenges for Child and Youth Care Workers in the Western Cape*. WCSCF. Cape Town.

Wulczyn, Fred., Daro, Deborah, Fluke, John et al. 2010. *Adapting a Systems Approach to Child Protection: Key Concepts and Considerations*. Working Paper, UNICEF. New York.

Yakubovich, A, Sherr, L, Cluver, L, et al. 2016. Community-based organizations for vulnerable children in South Africa: Reach, psychosocial correlates, and potential mechanisms in Children and Youth Services Review 62 (2016) 58-64.

Annex 2: Case Study

CMR Drakensburg, Cala

Figure 31: Geographical location of CMR Drakensburg



Introduction

Of the 21 projects visited during the Mid-Term Review, one has been selected for a more detailed description, in the form of a case study. This allows for a closer assessment of an implementing partner managing an Isibindi site. The CMR²⁷ Drakensburg project in Ndondo Square, Cala, was selected as one of the best practice examples of Isibindi implementation.

Methodology

Information gathering for this report occurred over a two-day period in August 2016 at the Isibindi project site in Cala, in the Eastern Cape. Activities included key informant interviews with program staff, focus group discussions with CYCWs, adolescents and parents, as well as direct observation of program activities and of the site itself.

Key informant interviews were conducted in English by a trained interviewer using a semi-structured interview guide. Interviewees included Mrs Susanna Muller (Project Manager), Nonkululeko Mahlombe (Board Member), Mrs Thozana Lwana (DSD Provincial Coordinator), Ndumi Mbana (Social Work Manager), Sipokazi Makaleni (Acting Social Work Manager), Zipho Mdebele (Social Worker – Cala office), Nozuko Ndingani (Social Worker), Mrs EZ Mgweba (Community Policing Forum); Mr Mose (Councillor), Mr Kasana (business representative), Nolitha Vena (Mentor Supervisor) and Linda Tofile (Mentor). Interviews with the KIIs lasted between an hour and an hour-and-a-half.

²⁷ Chistelik-Maatskaplike Raad (CMR)²⁷

Focus Group Discussions were held with adolescent beneficiaries, CYCWs and caregivers. The focus group discussions were designed to elicit information in a participatory and safe environment and it is assumed that participants felt free to give honest feedback. These sessions lasted between one and a half and two and a half hours.

All CYCWs at the site were invited to participate in a focus group discussion. The groups were moderated in English by a trained facilitator using a focus group guide developed for the study. A note taker took notes. The discussion included approximately 15 participants. 80% of the participants were female. Adolescents participating in the focus group discussion were those receiving Isibindi support, and the group of parents / caregivers were those whose children currently receive support from the CYCWs. Interviews and focus group discussions were recorded and transcribed for use in the preparation of the report.

Direct observation of Isibindi activities took place over two days from one to three hours each day with the assistance of program staff at each of the focal sites. All activities conducted as part of this case study included the use of standard forms and procedures for informed consent, and the researcher's use of photographs contained within the report was authorized in writing by those whose likenesses appear.

Description of Implementing Partner

Location

The Isibindi project is housed by the not-for-profit organization, Christelik-Maatskaplike Raad (CMR)²⁸ in Cala. It services a relatively remote community living high in the foothills of the Western Drakensberg. To reach Cala from Elliot one has to take the Cala Mountain pass, which winds its way down a deep cleft in the mountain. This area can experience severe winters with bitterly cold temperatures and frequent snowfall. The CMR center is located in ward five (Ndondo Square). There was a very strong sense, from all interviews conducted, that it is very difficult for the project to reach the more far-flung areas, and that the children benefitting from the Safe Park are those within the immediate vicinity.

The area is severely impoverished and there are limited facilities and services available for OVCYs. Food is of primary importance as well as clothing and school uniforms. Young people need access to the internet, employment, and tertiary education. All vulnerable groups need access to sports facilities, the arts and libraries.

Type of Organization

CMR is a national organization engaging in child welfare and social services to under privileged communities. It derives much of its income from Faith Based Organizations (the Eastern Synod and the Dutch Reformed Church is an active partner of the CMR/CSC). Most CMR offices are situated at a church. From there the social workers move out to the communities where the service is rendered at a grass-roots level.

CMR has an active partnership with the Department of Social Development, which has contracted out certain statutory services to the CMR. Funding from DSD covers part of the CMR expenses. The LOTTO (National Distribution Lotteries Fund) also helps to cover shortfalls.

The Cala Isibindi project, run by CMR, is seen as a very important project for the community and clearly provides a significant level of support in this very poor and remote area. By all accounts, the community has become very dependent on the program.

²⁸ "This Non-Profit Organization renders a comprehensive social service to all communities in order to empower them socially, emotionally and economically" (<http://www.cmroos.co.za/about>).

Environment

The CMR Drakensberg Isibindi project is neatly and securely fenced with a productive food garden in an adjacent, fenced area. Several brightly painted and neatly refurbished containers serve as offices, work space for the CYCWs, kitchen and activity rooms for the beneficiaries. The safe park is well equipped with playground equipment and securely located within the fenced grounds. The safe park provides a very effective and secure environment for the local children to play safely. Many children came, on both days that we were there, to use the playground equipment and to play soccer. The environment, in general, is very clean and well-organized and gives the impression of a very dedicated and well-run establishment.

Staff

We received a very warm welcome on our arrival. The CYCWs and other staff were extremely hospitable and enthusiastic about sharing information about the project and about the area. There is a staff complement of 24 CYCWs, eight of these being male, as well as the project manager who works for CMR. The CYCWs take on a range of different tasks to keep the center running effectively. The CYCWs felt that they received a good level of support from the service provider. They are grateful for the employment opportunity, but felt that they should get more feedback from DSD and that the project must be given more funding.

Facilities

The facilities at the CMR site are well-maintained, but clearly not sufficient for the level of current utilization. The containers, though brightly painted and neatly fitted out, are too small to house the number

Figure 32: Toilet Facilities at the CMR Site



of CYCWs that work from this center. Although there is a computer and printer, this too is insufficient for the number of administrative tasks that the CYCWs are required to complete for both NACCW and for the DSD. One of the containers doubles as a storeroom and a skills development facility, where some entrepreneurship skills such as hairdressing and craft work are taught to youth coming to the center.

The toilet is a separate structure that does not adequately cater for the number of children attending the site. The safe park playground equipment is generally well maintained and is also well utilized by the local children. The entire site is fenced, and as such provides a secure environment for the staff and the beneficiaries.

CYCW Service Provision

The CYCW positions at the CMR site are full-time, and the CYCW works at least eight hours a day, five days a week. Given the nature of the work, however, they are often required to work longer hours in addition to weekends and holidays. The CYCWs provide the full range of services stipulated in the basic package of services, but given the levels of poverty and deprivation in the community they sometimes have to provide additional support.

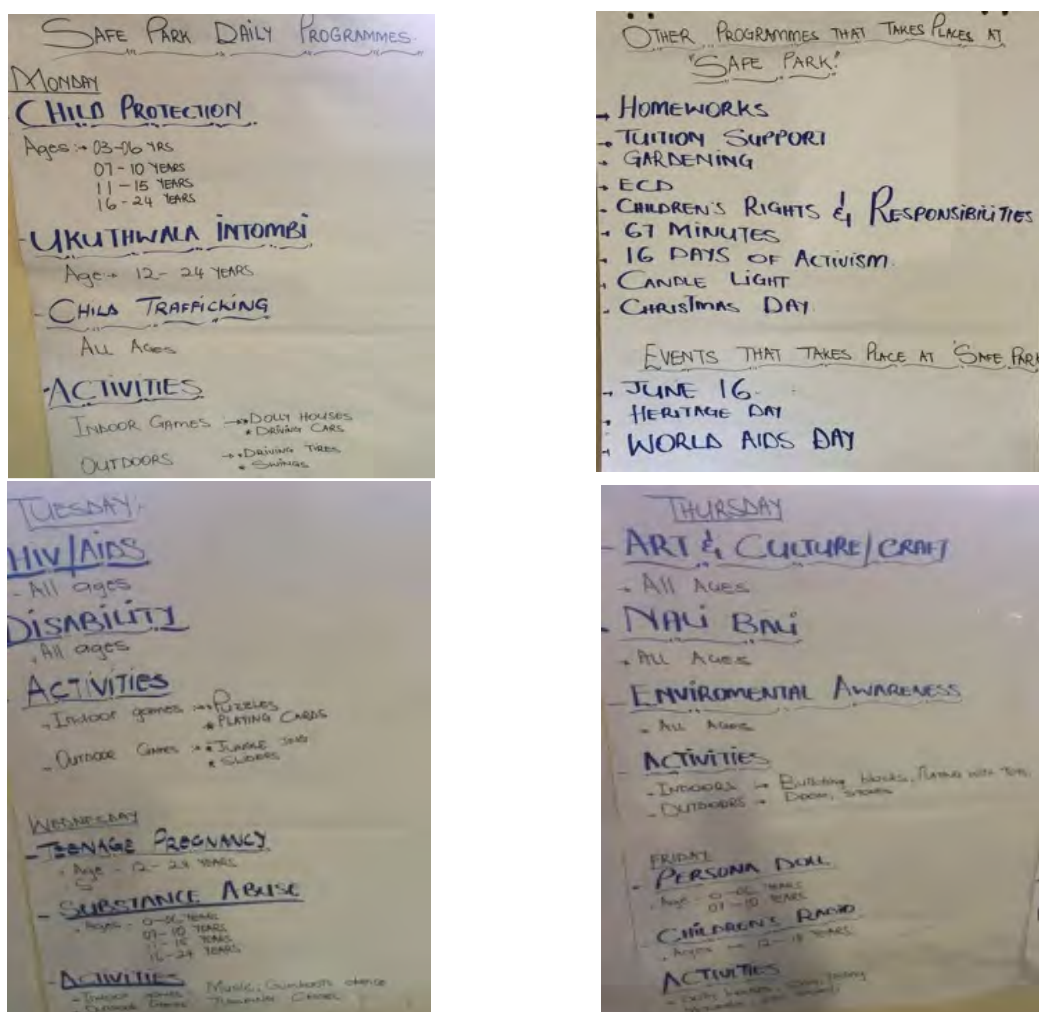
Status of Training

All 24 of the CYCWs employed through the Cala project have completed their training and have received their certificates from the HWSETA. However, not all the positions have been filled and it is uncertain that the DSD will appoint additional CYCWs.

Package of Isibindi Services

The CYCWs are very active in the community and regularly conduct door-to-door services, to identify and support children in need or vulnerable or at risk children. In the children's life space they assist with homework and household chores. Children are regularly referred to the relevant departments when there is a need for specialized services. The center provides a safe environment for the children to gather and play and assists in a range of support services, such as homework and matric support. The center also provides support to school drop outs as well as to young people who are struggling to access tertiary education or employment opportunities. The center runs a skills development program for youth. Other programs include information and awareness sessions, gardening, indoor and outdoor games, reading, arts and culture. With the support of the implementing partner the CYCWs prepare detailed weekly schedules of activities as illustrated in Figure 33.

Figure 33: Weekly Planning Schedules for the Isibindi Program



Special Programs

The project provides a very extensive range of services and it collaborates with other local service providers. Special programs include victim empowerment, which deals with child abuse and explores issues such as child trafficking, ukuthwala and child protection. According to the various respondents,

child abuse is rife in this area and they expressed concerns that it is very difficult to reduce the prevalence of abuse without a more concerted effort across different sectors. Unemployment is also very high and is another area where interviewees feel the centre can make little difference. Teenage pregnancy also remains high and there are no skills centres for these adolescents. Isibindi tries to fill this gap, but, with the limited resources that they have it is difficult to mitigate the impact of these socio-economic challenges. These are all large and urgent problems and a large amount of support is needed from other sectors.

Successes

This is seen as a very important project in the community and several informants believed that crime had decreased in the area because of the presence of the CYCWs. It was felt that their constant presence meant that there were observers in the field and that this led to gang members moving out of the area. The CYCWs are valued in the community and viewed as passionate, committed and hard workers. They work long hours, since they are often in the children's homes early in the morning and then again in the evening. The CYCWs feel that they understand the needs of the children living in the communities within which they work. The team at the center works well together and they offer each other support.

Some of the inputs received from community members are recorded below.

"The CYCWs go on foot to visit houses. They visited my house when my wife died and they helped me with my youngest child. At our school some learners were suspended for using dagga. The CYCWs kept them busy and helped them with their studies – they went to the school to get the work for them and brought this to the centre. All five of these learners passed matric." (Mr Hans, community member)

"They do remarkable work in the community. They are not like the social workers who you have to visit in their offices. The CYCWs come to you in your place. They are also members of the community themselves so they have empathy. They bring learners to the centre to study. Isibindi came at a critical time. Some of the CYCWs have actually taken abandoned children into their own homes and have adopted them." (Mrs EZ Mgweba, community member).

"The CYCWs visit vulnerable children and homes and child headed families; they help to avoid child trafficking." (Mr Mose, Councillor)

"There were a lot of very vulnerable children in this community. Isibindi has assisted families to understand how to deal with children. Immediately after school, children gather here and do sport and socialise, but they are only working in ward 5 – we need this program in all the wards. They help the gogos and community in general. Gangsters now avoid this area." (Mr Hans, community member)

"The CYCWs change bad behaviour. They change lives by doing activities jointly with the community." (Mr Kasana, local businessman)

Challenges

Transport

The areas which need to be serviced are vast and there is only one safe park in Cala. Children who are located a considerable distance away cannot reach the safe park as the distance is too far and it can be

dangerous to walk. This means that these children are excluded from the benefits of the project. The CYCWs also do not have transport and have to walk to wherever they need to work. If they use public transport they are not compensated, and the implementing partner does not have a budget to provide transport allowances for them. The lack of transport creates significant challenges in this remote rural area. If a CYCW needs to accompany a child to another service provider, such as SASSA or Home Affairs for instance, they have to catch a taxi to the service provider's office, together with the child, and there is no compensation for this. If children are to benefit from the Isibindi services and programs offered at the safe park, they have to be able to get there. This means that it is only of benefit to children in the immediate vicinity – some of the children who live some distance away are very young and cannot reach the park easily.

Infrastructure

Funding and resource scarcity remains a serious constraint for the implementing partner. This center is very enthusiastic about all of the programs and makes a concerted effort to try to empower young people by teaching them skills such as hairdressing they could use these skills as a potential income generator. This is a program that can be extended if the project had sufficient financial support. The container they are using at present, doubles as a storeroom. They could teach other skills such as carpentry, building, art, music and information technology (IT) if they had the space and the support.

Figure 34: Container used as indoor play area



The infrastructure, though neat and reasonably well equipped, is inadequate for the requirements of this project. The weather in this mountainous area can be harsh with very cold winters. They need better indoor spaces for children and their activities under extreme weather conditions. The CYCWs need more office space and they need more office equipment. As it is, they assist young people to apply for bursaries and jobs – but one computer and one printer is insufficient to provide this service effectively.

Food and Nutrition

This is a very poor area, and hunger, especially among the younger children is a serious problem. The CYCWs are able to access food parcels for some of the families that are most in need some of the time, but the CYCWs indicated that this is not a regular service. This project does not have a soup kitchen and children often come to the center hungry. From the observation of the children attending the site it is noticeable that many of them appear poorly nourished and potentially experiencing stunted growth. It would benefit the community if food could be provided in sufficient amounts at the center.

Funding

There are insufficient funds to run the various programs effectively to make sure that there is an impact. The CMR runs programs with the funds that they have but, to ensure that young people, for example, are able to market their skills they require additional funds and support to teach the skill properly. The children need food and clothing, the adolescents need to engage in positive life skills projects (music, art, nature, technology, career development, etc.) and young people need to be able to access tertiary education and employment opportunities as well as to have an interest in their environment and the people, flora and fauna that live in it. To nurture these young people, sufficient funds and skills are required.

Administration of the Isibindi Program

The reporting mechanisms are onerous both for the implementing partner and the CYCWs. There are two reporting systems – one to the NACCW and one to the DSD. In addition, the system of accountability is unclear. The CYCWs felt that they didn't have clarity on who they were accountable to – was it the implementing partner, NACCW or the DSD? It was evident that the Isibindi project manager needs to provide a greater level of oversight, following up to ensure that the DSD pays the CYCW stipends and monitors the targets and that the NACCW mentorship supports the quality of care. In addition, the CYCWs spend a large amount of time in the field, often at the expense of their personal time. They then have a very time consuming system of reporting. It would be helpful if a simplified system could be found – preferably one electronic system which is easy to use and easy to track and which could serve all monitoring and tracking purposes.

Working Conditions

The CYCWs spend much of their time in the field and have a very heavy workload. The work is stressful and there are many instances in which they make personal sacrifices. They are committed to their work and provide a valuable service to the community. All CYCWs at this center have completed their training and have certificates. However, the CYCWs all work for a very low stipend, which is not paid regularly. The Eastern Cape DSD have recently informed the service provider that they will only get paid for 10 months of the year for 2016 and, in all likelihood, for subsequent years as well. CMR itself is not able to absorb this cost. In addition, the work overload means that they have to sacrifice personal family time and there is no compensation for the loss of this time. The CYCWs feel that promises have not been kept in that they were expecting to go onto a salary once accredited – but find themselves still on a stipend and there are no benefits in terms of paid leave, sick leave, medical aid or pension plans.

Self-Development

The Isibindi project, has, in general, allowed for substantial personal development. CYCWs feel that they are professionals and that they are able to deliver an effective service to children in need. The training has been a source of personal growth and has given CYCWs the confidence to work within a child protection environment.

Mentoring and Supervision

The mentors provide an invaluable service in that they are the primary source of support for the CYCWs. They give the CYCWs consistent and regularized on-the-job training, which brings theory and practice together while simultaneously supporting vulnerable families. The mentorship support anchors the CYCWs in their day-to-day work and to the project as a whole. The system also allows for a career path for CYCWs who progress to mentorship. This also means that the mentors fully understand the work of the CYCWs and the communities within which they work. They also have a good understanding of the challenges and stresses experienced by the CYCWs.

Inter-Sectoral Collaboration

Department of Social Development

Most key informants expressed disappointment in the support that they get from the DSD, specifically in relation to remuneration. The CYCWs felt that, although social workers do support them in their work, the processes and responses are sometimes very slow and that follow-up is lacking.

Other Service Providers in the Area

The local network forum appears to work well, although respondents indicated that better collaboration between service providers might assist in rendering a more effective service. It was clear, however, that the OVCYs living in outlying areas are at a disadvantage as they have access to fewer services.

Linkages and Referrals

The CYCWs feel that they need to have a higher professional status in order to ensure that referrals follow a more effective process. They often have to stand in queues or wait like ordinary community members. The process could be made more efficient and effective if the various sector departments properly understood their roles and if they afforded the CYCWs the same privileges as other child protection professionals. Having said that, referrals to the Department of Health (DOH) are generally considered to be on a professional footing.

Support Structures

The key support structure is the mentoring and supervision support received from the NACCW. Other than that, the CYCWs are largely left to their own devices. There appears to be a need for debriefing and counselling services for the CYCWs and for better working conditions generally. This would include transport arrangements, office equipment and more efficient reporting and monitoring mechanisms.

Safe Park

CMR, as the implementing partner, has its office located in Elliot. The safe park, located in Cala, is dedicated to the Isibindi project. The problem with this is that, in comparison to the centers in other areas which are also drop in centers, ECD centers or HBC centers, no other services are offered from this location. This means that there is no feeding program, or a holistic approach to OVCYC care (such as home based care for parents and caregivers).

The safe park is very securely fenced, is well-maintained and offers a range of good quality playground equipment and activities. A well-maintained food garden can be found adjacent to the park, though it is unclear how the produce is used. Children and young people clearly come to the park in numbers to play and to participate in the activities. The biggest drawback related to the location is that the park can only cater for children in the immediate vicinity. The distances between villages prevent children and young people from outlying areas from participating in the activities.

Figure 35: CMR Drakensberg Safe Park



Conclusion

While the project is well received, some important suggestions were made to ensure that the project is sustained and that it continues to provide adequate and effective support to OVCYs. All stakeholders should cooperate and collaborate to achieve a common goal. The project needs adequate financial support and the infrastructure and equipment necessary to operate efficiently and effectively. Better infrastructure would include a safe house for the most vulnerable children who are in the process of being placed in alternative care or whose cases are still being managed by social development.

Relationships with the community could be strengthened to ensure that people understand the functions of the CYCWs and the objectives of the project. The project must be extended to the more remote areas so that all OVCYs can participate and benefit. Strategies and relevant facilities must be put in place to ensure that disabled children are included in the program of activities. Satellite safe parks should be established in the outlying areas so that those children can enjoy safe park benefits.

The major challenge at this site is that the irregular provision of basic needs remains insufficient in adequately supporting vulnerable children to become positive, contributing members of society who are able to develop to their full potential. Children need the security provided to them in terms of the constitution and the Children's Act. They have a right to quality education, adequate nutrition and a safe place to live and play. The Isibindi project goes some way towards trying to fill the gap, but resource constraints mean that it falls short of providing a holistic support service. Improved collaboration between all stakeholders in the area is required, as well as careful planning around, and distribution of, resources.



Figure 36: Indoor Meeting Area for CYCWs



Figure 37: Skills Development for Youth

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