

A Case Study

Childline Mpumalanga

*A Community Development Program for
Orphans and Vulnerable Children and
Psychosocial Support Program for
All Children*

Mpumalanga Province, South Africa



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Cover photo by Sun Yu: Parents and guardians of orphans and vulnerable children in Daantjie, Mpumalanga Province, South Africa.

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ACRONYMS

ABET	Adult Basic Education Training
COP	Country Operational Plan
DoHA	Department of Home Affairs
DoSD	Department of Social Development
DoSS	Department of Social Services
ECD	Early Childhood Development
ESI	Enhancing Strategic Information
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
JSI	John Snow, Inc.
KZN	KwaZulu-Natal
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
MPAC	Mpumalanga Provincial AIDS Council
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SAPS	South African Police Service
SASSA	South African Social Security Agency
TSPH	Tulane School of Public Health
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The HIV/AIDS epidemic continues to exact a staggering global toll; in Sub-Saharan Africa 22 million people - two-thirds of the world's total - are HIV-positive. The prevalence of HIV infection among adults is over 15% in seven countries in the region, including South Africa, where 5.7 million people are living with HIV - 1.9 million of them newly infected in 2007 (UNAIDS, 2008). These high prevalence rates, especially among people in their reproductive years, coupled with limited access to health care in general and antiretroviral treatment in particular, have had a profound effect on children and families, causing increasing numbers of children to grow up without one or both parents. Nearly 4 million orphans and vulnerable children (OVC) are affected and/or infected by HIV and AIDS in South Africa (Proudlock, Dutschke, Jamieson, Monson, & Smith, 2008).

This case study documents the activities and services of one program, Childline Mpumalanga, working to address the needs of OVC, their families and communities. Since its inception in 2003, Childline Mpumalanga has sought to prevent child abuse and protect and promote the welfare of all children throughout Mpumalanga province. The program operates two major components, psychosocial support and OVC community development, in a collaborative approach to reach all children and families in Mpumalanga with essential services while also providing targeted programming for OVC. This report draws on lessons learned during Childline Mpumalanga's program implementation in an effort to offer guidance for future programming efforts in South Africa and around the world.

The program's psychosocial support activities include the operation of a toll-free Crisis Line for counseling and referrals, group and individual counseling provided by Social Workers, early childhood development (ECD) training for crèche teachers, and Life Skills and School Awareness initiatives. The OVC Community Development Program provides care and support to OVC and their families through home visits by trained Care Workers who offer direct support and linkages to an array of services for food and nutritional support, shelter, child protection, healthcare, HIV prevention, psychosocial care, educational support, and economic strengthening. In addition, OVC and their parents or guardians are able to participate in group and individual therapy designed to meet their unique needs.

Childline Mpumalanga's successes - improving access to psychosocial care for all children, extensive mobilization of community resources, and offering services for child abuse prevention and early intervention, are innovations that can be modeled by other programs. The program's challenges, such as a lack of resources

for program scale-up, suggest directions for future improvement. At the end of the report, the authors discuss Childline Mpumalanga's vision for program expansion and a response to the heightened need for local child protection programs during the 2010 World Cup.

Childline Mpumalanga's OVC activities receive financial support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Department of Social Development (DoSD) in South Africa, and Infant Trust UK, along with other organizations and community in-kind contributions. This case study was made possible by financial support from the United States Agency for International Development (USAID) in South Africa, as part of the Enhancing Strategic Information (ESI) project implemented by John Snow, Inc. (JSI) in collaboration with Tulane University's School of Public Health (TSPH). Information gathering activities for the report were conducted between April 20th, 2009 and May 7th, 2009 in Mpumalanga, and included document review, site visits, field observations, key informant interviews and focus group discussions.

INTRODUCTION

By 2010, an estimated 25 million children will be orphaned by HIV/AIDS (UNAIDS, UNICEF, & USAID, 2002). These orphans may be HIV-positive themselves, lack basic means for health and survival, face uncertain living situations with inadequate adult support, and suffer high rates of stigma, discrimination and social isolation (UNAIDS, UNICEF, & USAID, 2004). Other children, forced to assume a caregiving role for their ill parents or guardians and/or other family members such as younger siblings, are not necessarily less vulnerable for the presence of a parent in the home, and may even face additional risks (Giese & Meintjes, 2004).

Sub-Saharan Africa, home to 80% of the world's AIDS orphans, continues to be more heavily affected by the epidemic than any other region (Monasch & Boerma, 2004). In South Africa, nearly 1 in 5 adults is HIV positive (UNAIDS, 2008) and 3.8 million children are living with the loss of one or both parents to AIDS (Proudlock et al., 2008). Despite the urgent need for evidence to guide OVC programs, relatively little such documentation exists. This case study is one in a series funded by USAID as part of the five-year ESI project, initiated in July 2008 and implemented by JSI in collaboration with TSPH. The project, with activities in South Africa, Swaziland, and Lesotho, aims to provide useful, high quality health systems information throughout the region that contributes to sustainable policy planning and programmatic decision-making. By documenting lessons learned during the implementation of Childline Mpumalanga, the authors hope to establish a stronger evidence base for OVC programming in South Africa and elsewhere.

Childline Mpumalanga was established in 2003, becoming the first non-governmental organization (NGO) in Mpumalanga to focus on delivering essential social services to all children in the province. The organization's stated mission is "to prevent child abuse and protect and promote the welfare of all children throughout



Mpumalanga," a rural province where nearly half of the population is under 18 years of age (<http://www.childlinemp.org.za/>) and approximately 18% of children are OVC (Statistics South Africa, 2004). Childline initially provided services through a toll-free Crisis Line but soon expanded its programs to include therapy services by Social Workers, Life Skills and School Awareness activities, and ECD training for crèche teachers.

In October 2008, Childline Mpumalanga unveiled a new program at four sites with a specific focus on OVC. Communities selected for the program have high rates of poverty, crime, HIV/AIDS, substance abuse, illiteracy, unemployment, and single parenthood, as well as large immigrant populations from neighboring countries including Mozambique, Swaziland, and Zimbabwe. Childline Mpumalanga's OVC Program, supported by PEPFAR and the DoSD in South Africa, links OVC and their families in these communities with a range of essential resources. Services are mainly provided through home visits and referrals by trained Care Workers and include food and nutritional support, shelter, child protection, health care, HIV prevention education, educational support, psychosocial care, and economic strengthening. This case study describes the services and activities of Childline's general Psychosocial Program as well as its OVC-specific initiatives.

"People are really infected by HIV because you can see how quickly the children are losing their parents...this is really damaging this community..."

- Childline Mpumalanga Staff Member

METHODOLOGY

Case study information gathering activities occurred over a three-week period in April and May 2009 in Mpumalanga province. Activities included a review of program documents, key informant interviews, and focus group discussions with Childline Mpumalanga staff, Care Workers, and parents and guardians of OVC. Program activities at select sites were also observed. In addition to the Childline Mpumalanga office in Nelspruit, information gathering activities occurred at two oldest OVC project sites: Elandshoek and Daantjie.

Focal Sites

Childline Mpumalanga began operating OVC-specific programs in November 2008. The two sites with the longest-running programs, Elandshoek and Daantjie, were selected as focal sites for this case study. Both are located in the Ehlanzeni district municipality.

Site 1: Elandshoek

Elandshoek is a rural community located 38 kilometers from Nelspruit on the highway to Mozambique (N4) in Elands Valley. The program in Elandshoek was serving more than 100 children as of April 2009. This community first developed as an informal settlement, and remains an underserved area largely lacking in basic services. The area has limited transportation, poor roads, and no recreational areas. Its proximity to a major transit highway frequented by commercial truck drivers contributes to a high prevalence of sex work and increased exploitation risk for women and children living there. The Childline office is located behind Entabamhlope Combined School.

Site 2: Daantjie

A second program site currently serving more than 500 OVC was established in the peri-urban area of Daantjie, 15 kilometers from Nelspruit on a main highway leading to one of Kruger National Park's popular entrances, the Numbi gate. While there are numerous NGOs in this area providing a variety of services, only one health clinic is presently operating



The community of Daantjie, Mpumalanga.

there. The traditional chief system is well established in Daantjie. Therefore, Childline Mpumalanga office is strategically located near the local chief's office and a cluster of government department offices including the Department of Education.

The OVC Program at Case Study Focal Sites

As of April 2009, Childline Mpumalanga's OVC Program in Elandshoek included 8 Care Workers serving 108 children. The program in Daantje is significantly larger, with 36 Care Workers serving 540 OVC.

Activities

Documents reviewed for this case study come from multiple sources, including the Childline Mpumalanga website, organizational charts and other administrative materials, job descriptions, the program results framework, training documents, data collection tools, the 2008 - 2009 Bi-annual Progress Report to the Department of Health and Social Services, the 2008 Annual Report to USAID, and the program's 2008 and 2009 Country Operational Plans. All program statistics are current as of June 2009 unless otherwise stated.

Ten key informant interviews were conducted among Childline staff members. Interviewees included the Program Director, OVC Program Manager, Site Development Manager, OVC Social Worker, M&E Manager, two Site Coordinators, Senior Social Worker, Psychosocial Support Program Social Worker, and Crisis Line Coordinator. Interviews lasted approximately one hour in length, were conducted in English by a trained interviewer, and were recorded and transcribed for use in writing this case study report.

Two focus group discussions were held with a total of 12 Care Workers, and two were held with a total of 18 parents and guardians, all female. On average, focus group discussions lasted one hour. The two Care Worker focus groups were conducted in English using semi-structured interview guides. The remaining two focus groups among parents and guardians were conducted in SiSwati; this required two Care Workers to serve as translators for the facilitator. Focus group discussions were recorded and transcribed; those conducted in SiSwati were translated directly to English based on the verbal translation during the group.

Direct observation of program activities was conducted over a series of seven days with assistance from Childline site staff, and included visits to three program offices, five beneficiaries' homes, three beneficiaries' home food gardens, and one stakeholder forum. Observations were also made during several interviews held as part of the recruitment process for potential Care Workers.

PROGRAM DESCRIPTION

Overview and Framework

Childline Mpumalanga operates as part of a network of affiliated programs that began in 1986 with the establishment of Childline South Africa. The organization started a 24-hour toll-free Crisis Line focused on preventing child abuse and protecting children at risk of violence, connecting callers around the country with operators trained to provide counseling and referrals. The need for a more localized response led to program expansion in KwaZulu-Natal and Gauteng, where a high proportion of calls came from children and adults in Mpumalanga. A local NGO, LifeLine Nelspruit, also reported being overwhelmed with the number of children in need of support in the province. Childline South Africa and the Department of Social Services, Population and Development in Mpumalanga worked with LifeLine to establish a Childline Mpumalanga office in Nelspruit in October 2003.

Relationship with Childline South Africa

In 2005, two years after it began under the leadership of Childline South Africa, Childline Mpumalanga became an independent NGO. Since then, Childline South Africa has continued to provide limited financial support to the program in Mpumalanga, in addition to its work on national policy.

In 2008, a National Board for Childline South Africa was established to provide guidance and support for national efforts to prevent child abuse, and to help standardize the efforts of all provincial Childline offices. Childline offices are now operational in all nine provinces, and every month more than 55,000 callers to the Crisis Line are connected to counselors in the office nearest them.

In January 2009, Childline Mpumalanga began providing technical and financial assistance to Childline South Africa under a sub-partner agreement with funding from PEPFAR. Activities under the agreement emphasize identifying unmet needs, improving existing services, and expanding the program to meet Childline South Africa's service targets.

Childline Mpumalanga's objective is "to prevent child abuse and protect and promote the welfare of all children throughout Mpumalanga." The organization's mission statement and goals include:

To establish a culture of respect for all children's rights as described in national legislation to ensure a safe and stable future for our children through committing ourselves to:

- ❖ Provide a counseling service to all children calling the toll free number, and assuring the children in need of specific interventions get help.
 - ❖ Partner with child related services in Mpumalanga to advocate for the rights and needs of children, and provide training to relevant stakeholders.
 - ❖ Provide limited therapeutic counseling to children visiting the Childline office.
 - ❖ Keep record of statistics to help determine trends and needs of children and align the service accordingly.
-

“We need to do a lot of awareness raising to make the community sensitive to what we are doing. When we look at child protection we want to focus on prevention and early intervention. We don’t want to go into statutory care and reunification because then a child has been hurt already...we focus on the first two phases of child protection which is awareness raising and early prevention.”

- Childline Mpumalanga staff member

Psychosocial support services at Childline Mpumalanga have expanded significantly beyond the provision of telephone counseling. Childline Mpumalanga’s Psychosocial Support Program offers four major components: a Crisis Line, therapy, life skills and rights awareness, and ECD. These services are available to all children and adults in Mpumalanga.

In September 2008, they also introduced a Community Development Program at four sites focusing on the specific needs of OVC who have an HIV-infected parent or have lost one or both parents to AIDS. The OVC Community Development Program offers additional support for OVC and their families primarily through home visits by trained Care Workers who provide counseling, education, and assistance with accessing medical care, social grants and other services through a system of referrals. The OVC Program specifically aims to “to establish strong sustainable community infrastructure and services for OVC and their families within identified OVC sites in Mpumalanga.”

A conceptual framework summarizing major resources, activities and services, and expected outcomes for both the general Psychosocial Program and the OVC Program in Mpumalanga appears at the end of this section. The programs are driven by eight strategic objectives:

1. Provide a 24-hour toll-free counseling service to all children and adults concerned about children.
2. Provide an effective referral system in order to ensure that children and their support structures get help.
3. Provide a developmental life skills program to children.
4. Prevent child abuse and neglect through awareness raising and training about children's rights and responsibilities and child abuse.
5. Advocacy and networking with relevant role players such as the local government, funders, fellow NGOs, and the public at large to create sensitivity towards children's rights.
6. Develop and implement a program to support 4,800 OVC in four communities and train 140 Care Workers regarding care and support of OVC.
7. Provide early intervention and specific social work therapeutic services to children and their families.
8. Implement an ECD program aimed at early identification of child abuse and neglect.

For More Information

To find out more about Childline South Africa, including program offices, organizational structure, resources and partnerships, go to:

www.childlinesa.org.za

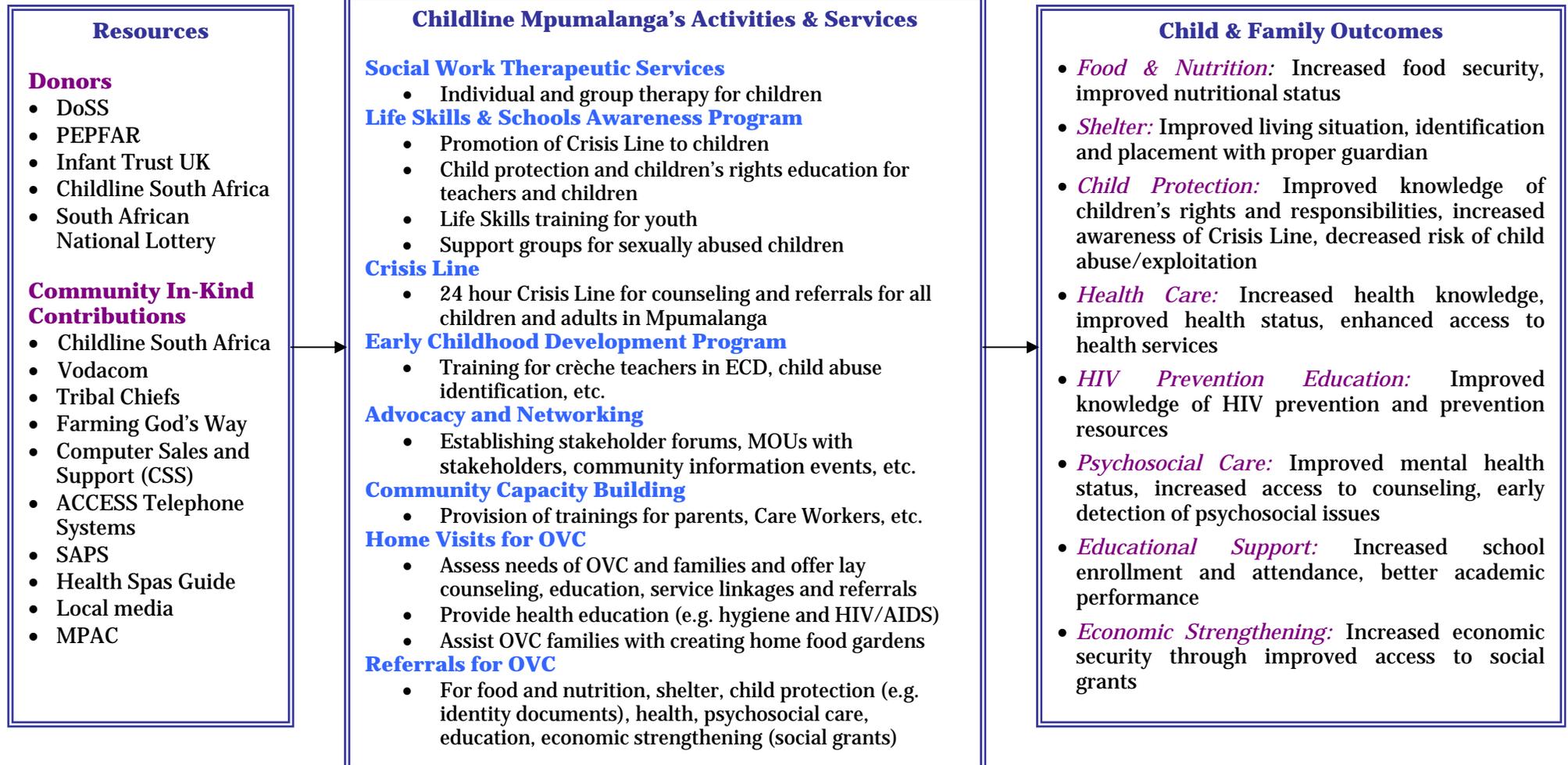
Additional information on Childline Mpumalanga's history, activities and services, achievements and contact information can be found at:

www.childlinemp.org.za

Conceptual Framework: Childline Mpumalanga

Psychosocial Support Program for All Children & Community Development Program for OVC

Since 2003, Childline Mpumalanga has offered psychosocial support services to any child, parent or guardian in need in Mpumalanga province. A community development program for OVC began in 2008. By June 2009, Childline Mpumalanga had served 32 children with group or individual therapy, trained 50 crèche teachers in ECD, reached 20,000 children through a Life Skills and School Awareness program, trained 74 volunteers and 97 Care Workers that have assisted 2,934 OVC, and responded to 32,000 calls to the Crisis Line.



Key Program Activities: Psychosocial Support Program

The Psychosocial Support Program's main components include the Crisis Line, Life Skills and School Awareness activities, counseling by trained Social Workers, and ECD capacity building. These key activities are described in detail below.

Counseling and Referrals through the Crisis Line

Childline Mpumalanga's Crisis Line is a toll-free number for children or adults to call and voice concerns about suspected child abuse or related issues. Callers are provided with free counseling services over the phone by trained staff and volunteers. The Crisis Line is located in Childline Mpumalanga's Nelspruit office and open every day. It is staffed in two shifts; typically, one operator covers the morning shift (07:00 – 13:00) and two operators cover the afternoon shift (13:00 – 19:00) due to a higher call volume in the afterschool hours. Calls after 19:00 are automatically transferred to 24-hour Crisis Lines such as Childline Gauteng. A list of transferred calls is faxed daily by the receiving office to the Childline Mpumalanga office.

Promoting the Crisis Line

Childline Mpumalanga's Crisis Line Coordinator hosts a 30-minute radio show every Friday on the local station SABC. The show, conducted in SiSwati, offers information on parenting and child protection topics in a discussion format. In addition to promoting the Crisis Line, the show helps to raise community awareness about issues and resources related to children.

Childline Mpumalanga has SiSwati and English-speaking operators, but none who speak Afrikaans. However, Childline Mpumalanga's Senior Social Worker is available if necessary to handle calls received by children or adults speaking Afrikaans. Most calls are conducted in SiSwati, but records are maintained in English. All calls are entered in a database, and call records are reviewed daily. According to Childline Mpumalanga's 2007-2008 Annual Report, most calls to the Crisis Line concerned the suspected physical, emotional, or sexual abuse of children. Poverty, legal issues, and family relationship problems also prompt many calls. When the service first began in 2003, operators in Mpumalanga handled between 2,000 and 3,000 calls per month. As of April 2009 approximately 6,500 calls per month were received. Between April 2007 and March 2008, there were 37,650 calls, a 34% increase over the previous year. Of these, 128 cases were referred to Social Workers for follow-up, and 51 callers were referred to the OVC Program.

“I know with a hungry tummy you cannot think. But with a healthy spirit, you can survive hunger...We need to empower people to help change their mentality to see things differently.”

- Childline Mpumalanga staff member

Therapeutic Services from Childline Mpumalanga’s Social Workers

Childline Mpumalanga’s Social Workers provide individual counseling and group therapy to children and their families in the Nelspruit office. Counseling is available in English, SiSwati and Afrikaans and sessions normally last between 40 minutes and an hour. The offices include a dedicated play therapy room; sessions often incorporate play and art therapy techniques. If a child is referred by the program for counseling by a professional outside of Childline’s offices, the worker will generally ensure a direct link to the new service by helping to arrange the appointment. Counseling and referral services are free, but additional fees or suggested donations may be requested for forensic or other assessments. Nonetheless, if the family cannot afford the cost, these fees are waived.

“We will never not help someone because they cannot afford it.”

- Childline Mpumalanga Social Worker

From April 2007 through March 2008, 92 families received in-person counseling from Childline Mpumalanga’s Social Workers. Therapy was initiated in response to sexual abuse in 42% of these cases, in response to physical abuse in 13% of cases, and in response to bereavement in 12% of cases. In addition to individual counseling sessions, the program offers group therapy to children who have suffered sexual abuse or who are dealing with divorce or separation. They also facilitate a parenting skills group. From October 2007 to February 2008, 55 parents and guardians attended the parenting skills group and 20 children participated in group therapy.

Community Capacity Building

Childline Mpumalanga's community capacity building activities include ECD training, Life Skills and School Awareness, and peer education.

Early Childhood Development Program

Childline Mpumalanga implements an ECD program at childcare centers, collaborating with DoSS Mpumalanga to identify and prioritize centers in rural areas with limited resources. The program uses a "training of trainers" model with technical assistance from Infant Trust UK, an organization working to prevent child abuse and support survivors of abuse. Two of Childline Mpumalanga's auxiliary Social Workers, trained by Infant Trust, in turn teach crèche teachers working with children ages 2 - 6 about early childhood development, effective techniques for communicating with children, and recognizing and responding to child abuse. By April 2009, 50 crèche teachers had taken part in the training.

Training Crèche Teachers in ECD

Training takes place with a group of 8 to 12 teachers working in the same region, in 6 sessions over 6 weeks. At the end of training, crèche teachers are awarded certificates. Training follows an 18-module curriculum including topics such as:

- Child abuse
- Children's rights and responsibilities
- Children's health
- HIV/AIDS
- Tuberculosis
- Child development
- Communicating with children
- Counseling and interviewing skills
- Using puppets and crafts
- Domestic violence
- Regulation of crèches
- Introduction to bookkeeping
- Crèche safety
- Discipline and punishment
- Bullying
- Involving parents and motivating children
- Self-care and dealing with stress
- Children and grief
- Stigma
- Poverty and neglect
- Social grants for children

Teaching Child-Focused Techniques

ECD training incorporates child-focused techniques like the use of sock puppets and teddy bears. Each teacher is given four different colored teddy bears with corresponding emotions: red for stressed or sad, green for happy, yellow for neutral, and blue representing the need for comfort. Children are taught to communicate how they are feeling by holding the bears.

“If an abused child can be identified before age six and referred to a professional, there is a better chance of breaking the vicious cycle of abuse. When the child is discovered at twelve years old, there has been so much damage. The purpose of the ECD training is early identification of abuse.”

- Childline Mpumalanga Social Worker

Life Skills and School Awareness Program

Since May 2007, Childline Mpumalanga’s Life Skills and School Awareness Program has focused on child abuse prevention and children’s welfare by educating children, teachers, and parents about child abuse, children’s rights, HIV prevention and other life skills. Common themes among Crisis Line calls, as well as age-appropriate curricula and the suggestions of school principals and teachers, are taken into account during the selection of training topics. Some schools are chosen to take part in the program based on the frequency of calls from that area to the Crisis Line. With the school principal’s approval, the School Awareness Program Coordinator leads fifteen trained volunteers in implementing the program, using tools such as pamphlets, balloons, stickers and Crisis Line posters with the Crisis Line phone number to distribute to participants.

Both teachers and students participate in the program, and classes typically range in size from 30 to 50 students. After each school visit, the principals and teachers complete an evaluation form. Students also offer post-program feedback and evaluation, designed to improve future school awareness programs. From April 2007 through March 2008, 23,165 children and 22 teachers from 83 schools participated in the program.

“If this child has been abused since he can remember, we need to educate him on the different types of abuse and emphasize that if this happening to you, it is not okay. You must ask for help.”

- Childline Mpumalanga Social Worker

Peer Education: Buddies Program

The Childline Buddies program is a peer education and leadership program that was discontinued in March 2009 due to a lack of financial support. According to Childline Mpumalanga's 2007 – 2008 Annual Report, 30 primary school children had been served by the Buddies program. The following year, 20 children participated.

The Buddies program aims to:

- ❖ Build participants' self awareness.
- ❖ Build participants' self esteem.
- ❖ Instill in participants a healthy sense of belonging, thereby reducing the allure of gangs or negative peer groups.
- ❖ Develop participants' communication skills in order to improve their management of conflict.
- ❖ Develop participants' leadership skills in order that they become confident, positive role models in their schools and communities.

The program consists of educational sessions covering topics such as: communication skills, listening skills, expressing feelings, self concept, creativity and problem solving, what it means to be a leader/role model, making good choices, and *Ubuntu* – "I am because we are, being a part of the solution." Upon completion of training, Buddies use their new knowledge and apply it in the schools they attend.

"With every right there is a responsibility and children must understand this. This balance is very important."

- Childline Mpumalanga Staff Member

Advocacy and Networking

Childline Mpumalanga's advocacy and networking efforts include representation at local events such as Child Protection Week, Youth Day, National Children's Day, Jamboree, Day of the African Child, Childline's Fourth Birthday, Lowveld Show, and 16 Days of Activism. These events serve as forums for the dissemination of information about child protection and Childline Mpumalanga's activities and services. In July 2008, Childline Mpumalanga and Ehlanzeni Municipality co-hosted a Jamboree to help provide eligible families with access to identification documents and social grant applications. As a result, 4,270 children were linked to the appropriate resources. Childline Mpumalanga also has a working agreement with the Office on the Rights of the Child from the Office of the Premier of Mpumalanga, to help strengthen service delivery to children in this province.

Key Program Activities: OVC Community Development Program

The key activities of the OVC Community Development Program work in tandem with Childline Mpumalanga's general psychosocial component. OVC access services through the Psychosocial Support Program and also have specialized programs such as group therapy and life skills tailored to their needs. OVC families also receive home visits from Care Workers and capacity-building opportunities for guardians. These activities are described below.

Linkages to the Psychosocial Support Program

OVC benefit from non-OVC program activities offered through the organization's psychosocial component, such as access to the Crisis Line; and are sometimes even identified through this mechanism as eligible for OVC support services. In 2008, 51 Crisis Line calls led to referrals to the OVC Program. The Crisis Line staff will refer the child to a Care Worker for a follow-up home visit if he/she resides in one of the program sites. Many OVC also benefit from exposure to the program's other community-level initiatives such as ECD, Life Skills and School Awareness, Buddies and community information events.

Specialized Group Therapy for OVC

In August and September 2008, 51 OVC participated in a four-day retreat for sexually abused girls. The group was led by four auxiliary Social Workers, two volunteer counselors, and three staff members specially trained in group therapy for sexual abuse and related problems.

"A client was sexually abused by her father for a long period of time. He passed away and she went through a period of becoming a child again and dealing with anger and pain. She started to write poems for him and eventually went to his grave to release many balloons to find peace. She said, 'It's fine. He can go like the balloons are going.' That is really achieving what we've wanted to reach and making a difference."

- Childline Mpumalanga Staff Member

Life Skills for OVC

From August 2008 to September 2008, 944 OVC between the ages of 6 and 19 from 11 schools participated in a Life Skills program focusing on loss and positive self-body image. In addition, in July 2009 the Psychosocial Support Program's Senior Social Worker trained 43 Childline Mpumalanga staff members (21 Care Workers, 7 Coordinators, M&E Manager, Site Development Manager, and 13 Psychosocial Program Staff Members) on Life Skills. Following training, the workers offered a two-day education program to 315 OVC in groups of 15 by age group: 8-11 year, 12-15 years, and 16-18 years. Training topics included self-esteem, decision-making, effective communication, how to say "no," and dealing with peer pressure.

"I have a vision. I'm teaching young boys life skills with soccer and among 25 of them, I want to see 5 or 10 of them in a good place. I want to see the fruits of that...and I'm always praying to God to give me the strength to help them change their lifestyle."

- Childline Mpumalanga Staff Member

Home Visits from Care Workers

Care Workers provide services to OVC and their families primarily through home visits. Care Workers typically have a caseload of up to 12 children at one time, visiting each beneficiary household 2-4 times per month, depending on the family's needs. Care Workers conduct up to three home visits per day, each lasting about two hours, to assess the needs of beneficiary households and provide appropriate services, including referrals, in response. Care Workers may provide services for as many as 35 OVC in a designated zone or cluster within walking distance of their homes, but they can only provide services to 12 OVC at one time. According to Childline Mpumalanga's 2009 COP, each Care Worker serves approximately 44 OVC per year.



A Care Worker with guardians she visits in Elandshoek.

Care Workers are expected to facilitate efficient delivery of the following services to OVC and their families:

- ❖ Psychosocial support for strengthening families' capacity to care for OVCs.
- ❖ Access to relevant resources including social grants.
- ❖ Training for OVC guardians in budget management, entrepreneurial skills and job creation initiatives.
- ❖ Meaningful and active inclusion of OVC in the Life Skills program.

Care Workers provide direct services or refer families elsewhere for services – such as to local health clinics for care or to organizations that can provide supplemental food. Follow up during subsequent home visits promotes referral uptake. Care Workers also make families aware of Childline Mpumalanga's internal resources, such as the Crisis Line, and educate them on food gardening, personal hygiene, HIV prevention, children's rights and responsibilities, and effective parenting. In addition, Care Workers may provide lay counseling to OVC, offer homework assistance, work with them to create memory boxes, and advise guardians on how to help children deal with grief and loss.

"I see my work as my calling. I must help protect children and spread knowledge in the community.

- OVC Care Worker

Capacity Building for Guardians

Childline Mpumalanga holds parenting skills workshops, offering parents and guardians the opportunity to review the relationships within their families and address discipline issues, communication problems, or other areas of concern. To date, 60 OVC guardians have taken part in parenting skills workshops. The OVC Social Worker also provides HIV prevention training for guardians. The training sessions take place at the program site during three days over one week. Fifty-nine guardians from three program sites have participated in HIV prevention training.

Advocacy and Networking

Care Workers are instrumental in establishing effective referral systems in the community through networking and building relationships with stakeholders. Childline Mpumalanga establishes a Memorandum of Understanding (MOU) with each stakeholder, and Care Workers inform OVC families of the resources that stakeholders can provide. For instance, the program hosted the first Stakeholder's forum where tribal leaders and representatives from the DoE and South African Police Service (SAPS) discussed OVC issues together.

Services Provided to OVC

This section focuses on services for orphans and vulnerable children. Many Childline Mpumalanga services for OVC are provided by Care Workers during home visits, while other services are provided in settings such as individual or group counseling sessions with program Social Workers.

Food and Nutritional Support

Care Workers offer food and nutritional support to beneficiaries through assistance with home food gardens and referrals for food or nutrition supplement programs. During home visits, Care Workers also assess the food and nutritional situation of children and their families and provide relevant information and education on topics such as food preparation and nutrition.

Care Workers refer beneficiaries to existing food garden projects in the community, food garden trainings, or accompany beneficiaries to a nearby feeding program. If appropriate, Care Workers provide direct support to guardians by working with them to create or maintain home food gardens, using donated seeds or tools.



A food garden at the home of a beneficiary in Daantjie.

Shelter

Care Workers assess beneficiaries' housing situations during home visits, checking to ensure that children have access to adequate shelter and clothing. Care Workers check for generally safe and healthy conditions, including sufficient space and adequate bedding. They link OVC households in need of beds, clothing or blankets to other programs and resources such as local churches or private organizations.

Child Protection

Home visits help Care Workers determine whether or not children and their guardians need identity documents such as birth certificates or parent's death certificates. Care Workers assist beneficiaries with obtaining necessary documents and provide referrals to relevant social services such as the Crisis Line. Childline Mpumalanga works in collaboration with the Department of Home Affairs (DoHA), DoSS, DoSD, the South African Social Security Agency (SASSA), local governments and tribal authorities to host "Access Jamborees" in the community, enabling beneficiaries to access identification documents

and applications for social grants, and to obtain information on social services.

Care Workers also help identify child abuse or domestic violence, and report suspected abuse to the Site Coordinator and/or the OVC Social Worker. In emergency situations, Care Workers make relevant referrals to SAPS, DoSD, and/or external Social Workers. By offering parenting skills workshops and other training opportunities for parents and guardians, Childline Mpumalanga also works to protect children by preventing abuse.

Care Workers provide care and support to youth-headed households who may lack parenting skills and/or support from extended family members. Care Workers identify extended family members to support these children, and provide information on additional community resources. If alternative placement is necessary, Care Workers contact the Site Coordinator and one of Childline Mpumalanga's Social Workers for further assistance. In addition, if a parent is chronically ill or deceased and there are issues with inheritance, the Care Worker will assist the child and family with succession planning.

Health Care

Health care is provided primarily through referrals to local health centers for immunizations and routine exams. Care Workers check the child's immunization card during home visits, and if the child needs immunizations or does not have an immunization card, the worker informs the guardian where she or he may obtain these services. In addition, Care Workers ask beneficiaries if they have had routine health exams and help facilitate access to care through referrals. In emergency situations, Care Workers will accompany children to the nearest health center. On occasion, Care Workers have arranged transport to clinics for children in need of care. They also assess the need for personal hygiene education based on observations of a household's toilet facilities, washing facilities, and the appearance of the children. Care Workers make special efforts to educate children caring for ill parents on hygiene practices for preventing HIV transmission.

HIV Prevention Education

Care Workers also educate children and their guardians on HIV and AIDS prevention during home visits. Guardians have participated in the parent training focusing on HIV. Care Workers also help identify children who are at high risk of HIV infection such as adolescent sex workers and substance abusers and provide specific guidance during home visits on sexuality, relationships, and contraceptive methods. They also refer vulnerable children to the Life Skills program and/or the Site Coordinator. If applicable, Care Workers also refer beneficiaries to the nearest voluntary counseling and testing sites.

Psychosocial Care

OVC beneficiaries may receive psychosocial care through participation in individual and group counseling with Social Workers at Childline Mpumalanga's offices, including specialized groups such as those for survivors of sexual abuse. In addition, OVC benefit from psychosocial support and capacity building through the Life Skills and Schools Awareness program, taking part in group sessions devoted to building self-esteem, strengthening decision-making skills, improving communication, and coping with peer pressure and negative influences. Guardians receive psychosocial support from their peers and program facilitators during parenting skills groups, HIV prevention training, and other counseling organized through the Childline Mpumalanga office. Guardians as well as OVC are also offered counseling over the phone during calls made to the Crisis Line.

Care Workers look for signs of trauma and if necessary, provide lay counseling during home visits for both children and their guardians on topics such as child abuse, domestic violence, drug and alcohol abuse, parenting, and other issues related to HIV and AIDS. Care Workers must document these counseling sessions. If the Care Worker and the beneficiary discuss the same topic more than three times, then the Care Worker is advised to inform the Site Coordinator and make a referral to one of Childline Mpumalanga's Social Workers. Occasionally, Care Workers accompany the child and/or guardian to meet with the Social Worker following a referral.

Care Workers also help children create memory boxes. Memory boxes help children process grief and loss by preserving memories of deceased parents with photographs, letters, and other sentimental items.

Educational Support

Care Workers help improve children's access to education and future job opportunities. Care Workers inform beneficiaries of resources that provide youth training opportunities and life skills and peer education leadership in schools. Care Workers also provide homework supervision during home visits and motivate youth to participate in training opportunities in small business development offered by external organizations. Additionally, Care Workers identify disabled children and link them to schools and other services for children with disabilities. In households with young children, the Care Worker may encourage the family to enroll the child in an ECD center or crèche.

Economic Strengthening

Care Workers inform beneficiaries of income generation activities organized by external service providers, assist children and their guardians in accessing social grants through relevant referrals, and teach budget management skills. If local vocational training, small business opportunities, and/or job opportunities are available, Care Workers link families to these opportunities.

Care Workers also provide support for social grants primarily through referrals to relevant service providers including Social Workers and SASSA. They follow up with families directly to monitor the progress of referrals and status of grant applications. If necessary, Care Workers will inform the Site Coordinator, who can help expedite the process. Once families receive social grants, Care Workers teach caregivers and heads of household skills to manage their budgets to ensure that the basic needs of children are met.

Beneficiaries

Psychosocial Support Program

The Psychosocial Support Program serves all children and adults, including OVC and their families, in Mpumalanga. From April 2007 to March 2008, the Life Skills and School Awareness program involved 22 teachers in 83 local schools, reaching 21,165 children. Additionally during the same period, 92 families received counseling from Childline Mpumalanga's Social Workers, and Crisis Line staff responded to 37,650 calls. Childline Mpumalanga's ECD Coordinators trained 50 crèche teachers in ECD.

OVC Community Development Program

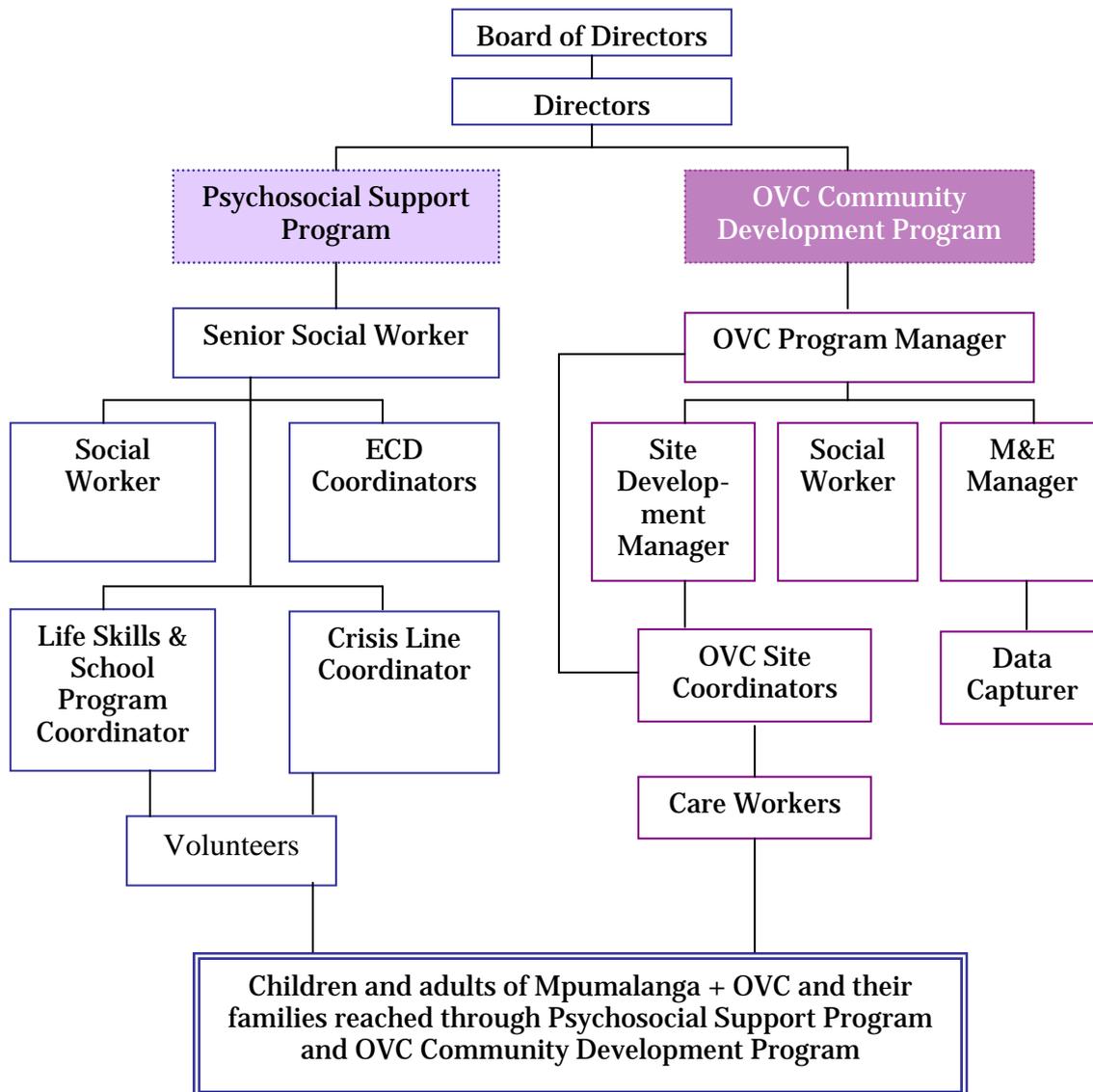
The OVC Program serves children between the ages 0 - 17 who have lost one of both parents to HIV or are HIV-positive, and their guardians, at four project sites in Mpumalanga: Elandshoek, Daantjie, Dundonald, and Nkhomazi. Most OVC beneficiaries are between 9 and 14 years of age. Children and families are identified through referrals from schools, churches, community members, and tribal chiefs. Care Workers may also identify OVC via home visits and referrals from the Crisis Line. Once a child has received three services, he/she is classified as "served." Care Workers are trained to place these beneficiaries "on hold" and move on to the next household. Once a Care Worker successfully serves 35 OVC, he or she returns to households on hold to continue providing care, if necessary. The average beneficiary spends six months enrolled in the program. At the time of this report, the OVC Program had trained 97 Care Workers, who went on to serve 2,934 children and 85 guardians. By August 2008, 3,787 OVC were registered in Childline Mpumalanga's program.



Home of beneficiary in Daantjie, Mpumalanga

STAFFING

The organizational diagram below illustrates Childline Mpumalanga’s staff structure. The Board of Directors tracks the progress of Childline Mpumalanga’s programs, provides guidance, and mandates management decisions. The roles and skill sets of each of the other team members is detailed in the following sections.



“We are one team. We are here to make a difference for the children in this province, Mpumalanga. That is what we want to do.”

- Childline Mpumalanga Staff Member

Psychosocial Support Program Staff

Senior Social Worker: The Senior Social Worker manages the four program components: therapy, Crisis Line, Life Skills, and ECD. She oversees psychosocial support team members, conducting monthly group supervision and in-service trainings. In addition, she trains the psychosocial support volunteers involved in the Crisis Line and the school awareness program.

In addition to her management duties, the Senior Social Worker offers therapeutic services such as counseling and therapeutic group work to abused children and their families and rehabilitation programs for sexual offenders. She is also responsible for program development, human resources, and financial monitoring and planning for psychosocial services.

Social Worker: The Psychosocial Support Program's Social Worker provides individual counseling and group therapy sessions (art therapy, play therapy, etc.) for children and families referred by the Crisis Line, the OVC Program's Care Workers, and other members of the community. The Social Worker also partners with another organization to provide rehabilitation programs for young sexual abuse offenders, and HIV and AIDS pre and post-test counseling services. Services are offered at local schools or at the Childline Mpumalanga office in Nelspruit.

Crisis Line Coordinator: The Crisis Line Coordinator is primarily responsible for managing the Crisis Line and oversees the Crisis Line volunteer staff. He reviews the records of each Crisis Line call and provides appropriate referrals. Difficult cases are discussed with the Senior Social Worker to determine a course of action. The Coordinator maintains records of referrals and conducts follow-up with service providers, typically over a two-week post-referral period. The Coordinator also attends relevant workshops and conferences with the Social Worker.

School Outreach Coordinator: The School Outreach Coordinator is a Social Worker who manages the life skills and school awareness program. She supervises, mentors, and trains volunteers on basic counseling and child protection issues. The Coordinator visits 4 - 7 schools per week to conduct the school awareness program. During these visits, the Coordinator teaches children about the different forms of child abuse, what to do if they are abused, and promotes the Crisis Line. The Coordinator also ensures children are referred as necessary to appropriate therapeutic services.

ECD Coordinators: Two auxiliary Social Workers trained by Infant Trust UK train crèche teachers to help identify young children vulnerable to abuse (ages of 2 - 5 years of age). These auxiliary Social Workers are trained in basic ECD concepts, child protection, referrals, and counseling skills including various techniques such as utilizing sock puppets and teddy bears

to effectively communicate with young children. If crèches are located at an OVC Program site, the Coordinators work in collaboration with the Care Workers there.

Volunteers: Volunteers must have completed high school (matric) and be at least 23 years of age. Volunteers are recruited through advertisements in the local newspaper. Typically, Childline Mpumalanga receives 80 - 100 applications over a two-week application acceptance period, held periodically as new volunteers are needed. From these 80-100 applicants, 10 volunteers are selected. Volunteers primarily assist with the Crisis Line and are paid a stipend of R100 for each 5-6 hour shift worked. Volunteers are also recruited to assist with the School Awareness program and Childline Mpumalanga covers their travel costs associated with their participation.

Crisis Line volunteers participate in a 10-day training program from Childline South Africa including practical observation training conducted by Crisis Line counselors. They are trained on telephone etiquette and telephone counseling and other relevant child welfare topics such as social grants and HIV and AIDS. Trainees shadow a volunteer or staff member for 10 shifts. Volunteers are also taught how to maintain call records and prepare reports. The Crisis Line Coordinator meets with each volunteer once a month for formal supervision.

OVC Community Development Program Staff

OVC Program Manager: The OVC Program Manager mentors, trains and supervises the OVC staff (Site Development Manager, M&E Manager, Social Worker, and Site Coordinators) through monthly one-on-one meetings and monthly OVC team management meetings. The Program Manager also identifies new OVC Program sites, facilitating their development in collaboration with the Site Development Manager and Site Coordinator. The Program Manager further fulfills administrative and reporting tasks (quarterly, semi-annual, annual reports, etc.).

Site Development Manager: The Site Development Manager identifies OVC Program sites and helps initiate program implementation there. He works in collaboration with the Program Manager and the Site Coordinator to collect data for new sites such as mapping and zoning activities with relevant stakeholders to help identify beneficiaries' households. In addition, the Site Development Manager helps oversee all four OVC Program sites to ensure that the programs are being implemented properly.

M&E Manager: The M&E Manager is primarily responsible for developing and implementing quality monitoring and evaluation processes and provides technical support to sub-partners to evaluate the impact of the program. The

M&E Manager also coordinates reporting systems and facilitates communication between donors and other stakeholders involved in the national HIV response. She also develops data collection tools compatible with PEPFAR's Data Warehouse Reporting Guidelines, monitors and tracks priority indicators, and issues reports on the progress of the program. To ensure accurate data collection, the M&E Manager trains Care Workers on the use of required forms and conducts periodic data quality checks. The M&E Manager also supervises the Data Capturer (see position description below).

OVC Data Capturer: The Data Capturer assists with creating a data collection plan, ensures data is collected on time, assists the M&E Manager with training OVC team staff on M&E tools, and maintains Childline Mpumalanga's OVC register.

Social Worker: The OVC Social Worker provides psychosocial support to beneficiaries and Care Workers as needed and trains guardians on topics including HIV prevention and parenting skills. The Social Worker provides counseling, succession planning, and assistance with creating memory boxes. The Social Worker also conducts needs assessments to identify potential training topics, develops training materials, and conducts formal training evaluations. The Social Worker also identifies schools in sites designated for the Life Skills program, assists with related training, conducts leadership workshops for youth and teacher symposiums, and helps Site Coordinators establish youth support groups.

Site Coordinator: The Site Coordinators manage the OVC Program at designated sites. There are a total of seven Site Coordinators at four OVC Program sites (three larger sites have two assigned Coordinators each). Each Site Coordinator is involved in community assessments, developing partnerships within the site, and supervising and mentoring approximately twenty Care Workers.

In addition to each OVC team member's specific job roles and responsibilities, all staff members are responsible for networking with relevant stakeholders, adhering to administrative and reporting procedures, and demonstrating professionalism, effective time management, and competent decision-making. Staff must demonstrate basic computer literacy including facility with Microsoft Excel, PowerPoint, and Childline's electronic operating systems.

Care Workers: Care Workers are an essential part of the OVC Community Development Program. The next few pages describe in detail their recruitment, training, reporting responsibilities and the support they receive from Childline.

“I enjoy being a Care Worker because now I know how to care for a child without parents.”

- Care Worker

Recruitment and Selection Criteria

Care Workers are recruited from the local community. Interested applicants first submit *curriculum vitae*. Care Workers must be literate in both English and SiSwati, and candidates participate in an Adult Basic Education Test (ABET) assessment in order to assess their level of English literacy. To serve as Care Workers they must achieve at least a score of level three, signifying basic ability to fill out required forms.

Candidates who meet these qualifications take part in interviews with the Site Coordinator and Site Development Manager. The interviews are generally conducted in English but interviewees are also able to speak in SiSwati. During the interview, applicants are informed that the Care Worker position is a part-time one. Therefore, Care Workers can only claim up to two hours of work per day or 10 hours per week, with the understanding that they will also volunteer some of their own time.



OVC Program Manager during recruitment at Daantjie.

Each Care Worker is issued an identification card and is expected to abide by a standard confidentiality agreement. Breaching client confidentiality subjects the Care Worker to immediate termination. At the time of this report, the program employed 117 Care Workers. Reserve workers are also identified during recruitment to prepare for Care Worker attrition. They receive the same training as Care Workers, but are not offered a working agreement. Reserves are contacted when a Care Worker position becomes available. As of June 2009, there were 60 trained Reserves in the OVC Program.

Training

There are two phases of training for Care Workers. The first phase takes place over five days and is intended to familiarize participants with Childline Mpumalanga and the Care Worker role. Training topics include responsibilities of Care Workers, OVC service categories, self-reflection, relationship building, home visits, M&E, and planning. Workers also receive training on counseling children, the specific needs of OVC, record keeping and accurate data capture. Additionally, Care Workers are trained on the social grant application process so they may effectively assist children and their families who qualify for the grants.

One month after the first phase of training, participants complete a second phase. Phase 2 is a one-day training focusing on OVC service domains and reporting requirements. Pictures in the training manual help participants better understand the program's domains, and trainers guide the workers in discussions of OVC services and exercises on trust, listening skills, and self-reflection. For example, Care Workers participate in a self-reflection exercise, writing down four facts that people know about them and four facts that people do not know about them. From these lists, the facilitator asks the participant to work to develop a more positive self-image through personal reflection and group interaction.

Role-play activities are also incorporated into the training. OVC team staff focus training around hypothetical situations and real life examples from the program, posing questions such as, "How do you think we can help this child?" and "Are there other organizations in your community than can help this child and/or the family?"

Both phases of training are conducted in English at program sites. Key staff members such as the Program Manager, Site Development Manager, M&E Manager, Social Worker and Site Coordinator develop and facilitate most of the training sessions. Each Care Worker completes a pre-training questionnaire and a follow-up evaluation form upon completion of training. Additionally, brief evaluations of training sessions are conducted after every day of training.



Care Workers at Daantjie.

Each Care Worker receives a training manual, which includes a Working Agreement between Childline Mpumalanga and the Care Worker, the Oath of Confidentiality, Scope of Service Provision, examples of program monitoring

forms and a “code sheet” outlining the terminology used on the forms, and example case studies for use in practice filling out the forms. Finally, calendars are included to help Care Workers plan their schedules. Each Care Worker signs the Oath of Confidentiality and Working Agreement, which must be renewed once a year.

Memory Box Training

In February 2009, three Care Workers and one Site Coordinator from two program sites took part in a four-day training in lay counseling and memory box development sponsored by the Sinomlando organization. Participating Care Workers were selected based on their literacy and numeracy levels from the ABET assessment. Following successful completion of the course, these individuals replicated their training with thirty-six Care Workers in Daantjie and five Care Workers in Elandshoek.

HIV Prevention Training

A select group of Care Workers and OVC guardians are also trained in HIV prevention. This specialized training takes place over three days in one week at the project site, led by Childline Mpumalanga’s Social Workers. To date, 59 workers have successfully completed the training.

Food Garden Training

A local organization called Farming God’s Way has provided food garden training to two Site Coordinators and 13 Care Workers at two program sites.

South African Social Security Agency (SASSA) Training

At the time of this report, approximately 50 Care Workers and guardians had participated in a SASSA training session on social grants, intended to increase their understanding of the application process and resources required to access social grants. The training teaches participants about the legislation, regulations, and inclusion criteria of various government grants, specifically focusing on HIV and AIDS-affected OVC.

Life Skills Training

During June 2009, 21 Care Workers, seven Coordinators, six volunteers, and six other staff members were trained as facilitators for the Life Skills program over a two-day training. The program focused on providing a life skills program for OVC during the school holidays in July, of which 315 OVC benefitted.

Adult Basic Education Training

Childline Mpumalanga additionally offers ABET training for Care Workers to enable them to further improve their English language skills. Forty-two Care Workers to date had participated in ABET training, advancing their knowledge of English beyond the basic level required.

Mentoring and Supervision

Each Care Worker attends weekly individual and group supervision sessions with his/her Site Coordinator. If a Care Worker is absent for three sessions without prior approval he or she may be terminated from the position. The OVC Social Worker also meets with Care Workers as needed. Childline Mpumalanga conducts bi-annual process evaluations for the OVC Program sites and relevant stakeholders, and facilitates team evaluation discussions designed to guide implementation and monitoring. Additionally, Care Workers participate in annual all-staff strategic planning meetings each September.

Compensation

In addition to on-the-job training and numerous external career and capacity-building opportunities, Care Workers receive a monthly allowance of R1,000.

Reporting Requirements

Each Care Worker maintains an Activity Based Monthly Report to help document his/her work activities. The Site Coordinator reviews the reports and maintains a supervision checklist designed to ensure high quality service delivery and data collection by Care Workers.

Care Workers first complete an OVC identification form, commonly referred to as "Form 1," for each beneficiary. This form is used to assess the child's orphanhood status and to identify other specific needs related to vulnerability. Form 1 documents information including the child's name, date of birth, school (if attending), guardian's information, home address, and if available, information on the parents. Crisis



Care Workers at Elandshoek.

Line staff who receive a call from or about a child who resides in one of the OVC Program sites will also complete a Form 1 for him/her.

Care Workers also complete a Daily Child Service Record, or "Form 2," documenting service provision to beneficiaries. Form 2 lists activities under each service domain and indicates the status of each delivered service: referred, obtained, home visit, phone calls, accompaniment and support to guardian.

Forms 1 and 2 are submitted once a month to the Site Coordinator. The Site Coordinator conducts a preliminary review of the forms for accuracy and completeness. Incomplete or improperly completed forms are returned to the Care Worker for correction. The Site Coordinator then submits the forms to the Data Capturer for entry into the database, which is then reviewed by the M&E Manager. The OVC Program has also developed a Data Submission Form to assist with tracking the movement of the forms through requisite channels. The Care Workers, Coordinators, and Data Capturer sign and date the Data Submission Form upon receipt of Forms 1 and 2.

RESOURCES

Donors

Childline Mpumalanga's programs are financially and technically supported by the DoSS, PEPFAR, Infant Trust UK, Childline South Africa, and the South African National Lottery. DoSS identifies priority sites for program implementation based on factors such as HIV prevalence and access to relevant service partners (e.g., crèches for ECD program). DoSS and the Department of Health also provide financial support for the salaries of two of Childline Mpumalanga's Social Workers. Since October 2008, Childline's OVC Program has been funded by PEPFAR through a sub-agreement with PACT South Africa. Infant Trust UK funds the ECD program and provides training opportunities. Some funding from international donors is funneled from Childline South Africa to the nine provincial offices. The Telkom Foundation sponsors the toll-free Crisis Line, and the South African National Lottery occasionally provides additional financial support.

Community In-Kind Contributions

Childline Mpumalanga is also supported by community in-kind contributions ranging from material support to trainings provided by individuals, government departments, and other organizations. PACT South Africa offers training and technical assistance to Childline Mpumalanga staff on monitoring and evaluation, HIV and AIDS, grants management, and other topics. PACT provides feedback to the OVC Program to further enhance implementation.

The Mpumalanga Provincial AIDS Council (MPAC) helps identify trends, limitations, and gaps in service provision and oversees resource allocation to HIV and AIDS initiatives. In addition, MPAC helps ensure that Childline Mpumalanga's programs are in alignment with the National Strategic Plan. MPAC also oversees the M&E of Mpumalanga's provincial strategies to combat HIV and AIDS and other sexually-transmitted infections.

ACCESS Telephone systems offers free telephone support for Childline Mpumalanga's Nelspruit office while another organization, Community Sales and Support, provides free computer maintenance and assistance. Through Childline South Africa, Childline Mpumalanga's Crisis Line is supported by Vodacom, MTN and Cell-C, enabling free mobile Crisis Line access for children and adults in rural areas who cannot access a landline. At two program sites tribal chiefs provide office space at a discounted rate. The DoA has also provided seeds to OVC families for home food gardens in Daantjie.

SAPS also has occasionally provided OVC Program beneficiaries with blankets, school uniforms, and shoes.

The local media provides support for publications and helps coordinate programs and events such as Youth Day, Childline Mpumalanga's Birthday, National Children's Day, World AIDS Day, and 16 Days of Activism. Finally, the "Health Spas Guide" promotes Childline Mpumalanga's services and contributes a portion of sales from Spa Gift vouchers to Childline Mpumalanga. For instance, for every Spa Gift voucher purchased, the Health Spas Guide will match the contribution (www.healthspas.co.za). These and similar contributions underscore the community's commitment to protecting children and preventing child abuse and exploitation.

LESSONS LEARNED

The implementation of Childline Mpumalanga’s Psychosocial Support and OVC Community Development Programming has been characterized by striking successes and instructive challenges. These lessons learned can be used to guide future efforts by Childline Mpumalanga as well as other organizations working to protect and serve children. This section documents lessons shared by Childline Mpumalanga staff members, Care Workers and OVC guardians during key informant interviews and focus group discussions conducted as part this case study.

“I see a lot of people suffering outside...If I eat a piece of bread tonight, I think about the fact that there are people outside who sleep hungry. If I sleep in a house with a warm blanket, there are people outside who do not have a blanket...I’ve learned a lot in this job...”

- Childline Mpumalanga Staff Member

Program Innovations and Successes

Childline Mpumalanga’s major successes have included the implementation of a program of psychosocial care open to all children rather than just OVC, the recruitment and retention of a highly qualified workforce, a network of services for child abuse prevention and early intervention, superior community resource mobilization, and a strategic system of case assignment that minimizes the burden of travel for Care Workers. These successes are detailed below.

In 2006, Childline Mpumalanga received a “Best Organization” nomination for The Day of the African Child.

Services for All Children, Not Just OVC

Childline Mpumalanga implements a set of services designed not just to address the needs of vulnerable children through individual attention but also to strengthen the communities in which they live. The program situates services for OVC within a general program of support for all families, who benefit from access to the Crisis Line, therapeutic counseling, Life Skills and

School Awareness programming and ECD training. The program's broad, integrated approach acknowledges that children in communities with limited resources are vulnerable for a variety of reasons. Under more narrowly targeted programs, considerable resources may be expended identifying and certifying children who qualify for assistance, additionally delaying the provision of care. Childline Mpumalanga, by contrast, is able to respond to the immediate psychosocial needs of all children seeking assistance. In addition, the Psychosocial Program acts as a conduit for OVC-specific services, as staff may identify OVC through the Crisis Line or other activities.

Highly Qualified Staff

Childline Mpumalanga employs highly qualified individuals as staff, requiring that Care Workers be at least 23 years of age, have successfully completed high school, and demonstrate basic or greater competency in English and SiSwati. Childline Mpumalanga additionally offers ABET training for Care Workers to enable them to further improve their English language skills. The organization's Social Workers are professionals with extensive experience in counseling and working with abused children. Some of Childline Mpumalanga's staff members are even equipped to train others as auxiliary Social Workers.

Child Abuse Prevention and Early Intervention

Childline Mpumalanga's programs go beyond offering resources for abused children and those concerned about them. They embody coordinated efforts to prevent abuse and to enable early intervention if abuse is suspected. The Crisis Line is a readily available resource for victims of child abuse or adults concerned about a child's safety. Through parenting skills workshops, therapy sessions, and advice during home visits, the program guides parents and caregivers toward more effective ways of interacting with their children, including suggesting alternative approaches to corporal punishment. Students and teachers who take part in the Life Skills and School Awareness activities receive training in children's rights, including the right to live free of abuse. Crèche teachers participating in ECD training learn how to recognize possible child abuse in children as young as two, and are trained on appropriate responses. This network of prevention and early intervention resources is force for change, strengthening the way communities perceive, protect, and nurture their children.

Community Resource Mobilization

Childline Mpumalanga receives support from an impressive number of local organizations offering financial assistance, training support, and/or contributions in-kind. They have effectively raised community awareness about their program and liaison with local stakeholders and businesses to enhance the services they are able to offer. These community partnerships not only help the program increase resources available for psychosocial support, but also expand service delivery into the realm of tangible assistance. The program has received and distributed seeds and tools, blankets, shoes and school uniforms, among other items. They have engaged in creative funding opportunities, such as receiving donations through the Health Spas Guide. Childline Mpumalanga's partnerships with local telecommunications firms are also notable, and continue to grow and develop as the organization looks to expand access to the Crisis Line in rural areas. The technical assistance and training offered by partners builds the capacity of program staff, enhancing service quality and providing volunteers with a valuable skill set for future employment. In addition, the program benefits from the donated time and expertise of volunteers, and relies on a contingent of Care Workers who also donate many hours of service.

Minimal Travel Burden for Care Workers

The OVC Program utilizes a "zone" system in which Care Workers identify, recruit, and conduct home visits to households residing within walking distance from their own homes. This system maximizes the time that Care Workers spend directly engaged with beneficiaries, by reducing the need to travel long distances every day.

Program Challenges

Childline Mpumalanga, and particularly the OVC Program, has successfully reached many children and families with essential services in the relatively short time since it began. In the course of establishing their programs, several key challenges were identified, including disengagement practices for beneficiary families, Care Worker burn-out, limited commodity distribution, service expansion to schools and rural areas, referral tracking, and community resistance.

Disengagement Policy

After a child and family receive three services, Care Workers are advised to place the family “on hold” and move on to serve the next one. Many Care Workers report feeling uncomfortable suspending service provision at this point, even temporarily, since the delivery of three services does not necessarily or even usually equate to a stable and self-sufficient household. Care Workers report sometimes continuing to visit households with whom they are engaged in unfinished processes, such as social grant applications, despite having delivered the minimum package of care.

“You can still feel like your heart is still with that family when you move on to other families. It’s difficult to leave them, but we are expected to do that. I am tired but I go back to that family during my own time.”

- Care Worker

The disengagement policy is influenced in part by the program’s ambitious targets. For instance, the OVC Program aimed to reach 4,800 children by the end of its first year. Emphasis on reaching this goal may present a challenge in providing longer term or more time-intensive services to children. Furthermore, other aspects of the program, such as the development of training materials, may be neglected in the drive to deliver services to as many beneficiaries as possible.

Earlier reporting guidance for PEPFAR-funded programs included as an indicator the number of OVC receiving “primary direct support,” or support in three or more core areas of care. The next generation of guidance, now in effect, does not attach particular significance to the provision of three services. Perhaps the program can reconsider the need to mandate suspending engagement with a family after three services have been provided, and

instead develop guidelines related to benchmarks tied to a family's level of readiness to function without program support.

Care Worker Burn-Out

“Care Workers are the pillars of this whole process. We need to empower them continuously and we need to acknowledge them. They go into the households to witness terrible poverty. We continuously need to support them and they also need debriefing.”

- Childline Mpumalanga staff member

Care Workers reported concern about burn-out due to their significant workloads. Care Workers may be providing services to as many as 35 children at one time, and conduct up to three home visits per day, each lasting about two hours. Their work often extends beyond this, as some Care Workers reported continuing to visit additional families with whom they had officially disengaged, but whose need for assistance had not been alleviated. However, they are only compensated for 10 hours a week of work. Moving forward it will be essential for program implementers and funders to stay aware of Care Workers' concerns, and to consider modifying targets to help alleviate these pressures and ensure that service quality is maintained.

Care Workers must also cope with a variety of other stressors such as guardians who may feel suspicious or resentful of the Care Workers' role, overexposure to poverty, illness and grief in the families they serve as well as personal challenges in their own lives. While the Care Workers are provided with some support from Site Coordinators, most often they do not have the opportunity to debrief despite highly stressful work conditions. In addition, team-building opportunities seem to be rare. Providing Care Workers with individual and group debriefing sessions, as well as team-building activities and other mechanisms for social support, may help improve their self-confidence and empower them to deliver services more effectively.

Limited Distribution of Material Goods

“People expect us to provide materials, but since we cannot do that, it’s hard for them to believe us when we introduce ourselves as Care Workers.”

- Childline Mpumalanga Care Worker

Focus groups of Care Workers revealed that beneficiaries want and expect material goods. Since Childline Mpumalanga is unable to consistently provide supplemental food or other kinds of material support, Care Workers do not feel like the community embraces them. Furthermore, guardians in both focus groups expressed that their biggest unmet needs are lack of material possessions such as food, clothing, blankets, and medication. From Childline Mpumalanga’s Implementation Plan 2010 Report, staff members also expressed similar concerns and emphasized the importance of establishing strong linkages with organizations that can provide material support. On occasion, tangible resources are available, such as seeds for home food gardens or taxi fare for children needing transport to medical appointments. However, for the most part, Care Workers provide psychosocial support and referrals, rather than distributing material goods or offering other kinds of services.

“I can’t say, I can give you something.”

- Childline Mpumalanga Care Worker

Limited Resources for Program Expansion

The program does not have the resources to hire additional Social Workers or to enable Social Workers to travel to sites remote from Nelspruit. Additional staff and funding are needed to expand Childline Mpumalanga’s services to families in these rural underserved areas. An increasing number of schools are also contacting the program about taking part in the Life Skills and School Awareness program, or seeking counseling sessions conducted at the schools by Social Workers. As with other services, Childline Mpumalanga does not have the staff or fiscal capacity to conduct school visits in areas further away from Nelspruit.

Referral Tracking and Follow-Up

Referrals to external service providers such as Social Workers, health clinics, and others are challenging to monitor. When Childline Mpumalanga's staff tries to communicate with these service providers, they are often unresponsive and give little or no feedback. Tracking the status of these referrals also remains a challenge. For instance, Care Workers encounter difficulties when following up with DoHA for birth certificates and SASSA for social grants. Care Workers and Site Coordinators report that it is an extremely slow process to obtain these documents, especially for immigrants.

From April 2007 to March 2008, Childline Mpumalanga's OVC Program referred 128 cases to local Social Workers. Despite efforts to follow up with the Social Workers once a week for two weeks, they received feedback in fewer than half of these cases. In addition, when calls are made to the Crisis Line from areas far from Nelspruit, Childline Mpumalanga faxes the information on each case to local Social Workers, but it can take up to seven months to receive feedback on the case. Perhaps a stepwise process, requiring only a brief initial case report with more detailed follow-up later, would be helpful to efforts to track of these cases.

Community Resistance

Misconceptions among school principals and teachers regarding Childline Mpumalanga's Life Skills and School Awareness curricula can pose challenges to implementation. For example, teachers are sometimes concerned that empowering children to know their rights may make them unresponsive to discipline. Childline Mpumalanga is currently working with DoE to help address this issue and sensitize teachers to the curriculum's content and objectives.

Care Workers additionally report experiencing difficulties gaining the trust of guardians of OVC, especially on sensitive topics like financial information. For instance, Care Workers provide tips to guardians on budgeting, with the goal of assisting them to better meet the household needs, but some guardians are resistant to this assistance. In addition, the Social Worker with the Psychosocial Support Program who provides therapeutic services to children in schools has noted that guardians often fail to attend therapy sessions when they are invited. Getting more information from parents on the reasons they may fail to engage fully with the program would be a useful first step towards resolving these issues.

"The more services we render, the more services are needed."

- Childline Mpumalanga Social Worker

Unmet Needs

While Childline Mpumalanga's program has evolved to offer an array of essential services to beneficiaries, unmet needs still remain. These include enhanced access to health services for children and families in rural locations, safe spaces for recreational activities for children, and income-generation opportunities for guardians. These needs are detailed below.

Access to Health Services for Beneficiaries

While Care Workers provide referrals for general health care to children and their families, various challenges to health care access remain. For many families, the cost of transportation and doctor's visits are major barriers. People living with HIV and AIDS may only be able to reach a health facility for ART a limited number of times until their financial means are exhausted. At one focal site, the nearest clinic is located in Nelspruit, nearly 40 kilometers away. In emergency situations, an ambulance may cost R180. In communities with low average income and high unemployment rates, these financial constraints may be nearly impossible to overcome.

"They do not have enough money to go to the doctor because there is no clinic here. Nelspruit is the closest clinic, which is R32 round trip and then R40 just to see a doctor. Then they tell you that you must come back tomorrow."

- Childline Mpumalanga Care Worker

Care Workers also expressed interest in basic health training for disease prevention, as a way to offer additional health services to beneficiaries. Providing basic training in health to Care Workers may help improve the quality of overall service provision, offers a valuable skill-building opportunity for Care Workers, and could improve the health status of children and their families by preventing illness.

"If one child gets sick, all of the children will get sick. We want to know more about prevention."

- Childline Mpumalanga Care Worker

Safe Physical Space for OVC Recreation

Care Workers in both focus group discussions expressed the need for a safe physical space for OVC and other children in the community such as a drop-in center (DIC) or afterschool center. DICs may also provide more opportunities for Care Workers to increase service delivery through hosting events and recreational activities, and offering a group space for homework supervision and tutoring. DICs can enhance child protection programming efforts and support beneficiaries' academic performance, mental health and general well-being through supervised programs and opportunities for positive interaction.

Income Generating Activities for Guardians

Unemployment, poverty, and food insecurity are significant issues in all four OVC sites. Discussions with OVC parents and guardians revealed intense interest in income generating activities that would be provided through Childline Mpumalanga. Care Workers currently provide economic strengthening opportunities primarily through referrals and linkages with other service providers. Income generating activities for guardians have significant potential to alleviate poverty, decrease food insecurity, and reduce the incidence of high-risk economic activity, especially in Elandshoek where commercial sex work is prevalent.

THE WAY FORWARD

Childline Mpumalanga envisions expanding service provision in Mpumalanga and improving services through networking, accredited training, and community sensitization activities. The organization also aims to establish 24-hour service for the toll-free Crisis Line in Mpumalanga. In addition, plans are underway to expand the Crisis Line from one to two phone lines, with the help of community in-kind contributions. Childline Mpumalanga is also working to establishing partnerships with cell phone companies to help establish access to the Crisis Line in areas where land lines do not exist and cell phone availability is limited.

Childline Mpumalanga offers a variety of training opportunities for Care Workers and beneficiaries, and the program is in the process of standardizing training curricula to apply for SETA accreditation. For instance, the OVC Program is working in collaboration with DoE to standardize the Life Skills and School Awareness program curricula. The organization also plans to conduct a one-day Teachers' Symposium designed to further engage teachers in the Life Skills curriculum as well as stimulate discussions on alternatives to corporal punishment in schools. The program also plans to offer accredited training in child abuse to other organizations. They will further expand the ECD initiative, aiming to reach 288 teachers from 144 crèches in Mpumalanga.

The program also plans to implement Child Care Forums to help raise awareness of child protection issues, enable community members to more effectively identify abused children and others in need of services, and to further expand Childline Mpumalanga's service provision within the province. Childline Mpumalanga also intends to establish support groups for children and guardians for aftercare and follow-up of OVC at all four sites. MOUs with schools will also be developed, to enable children to leave school during school hours in order to complete necessary steps in the social grant application process or to access psychosocial support services.

In addition, the OVC Program recognizes the need to secure additional material resources for beneficiaries' home food gardens. In response, Childline Mpumalanga is working in collaboration with the DoA to begin distributing seeds, fertilizer, and other materials to needy beneficiaries in the near future. Childline Mpumalanga aims to bring the Farming God's Way food garden training to other sites and extend this training to guardians. They are also exploring further opportunities to offer income generation training for OVC guardians and Care Workers. Moreover, the program plans to further strengthen networking and referral systems by hosting more stakeholder forums at program sites.

To further establish Childline Mpumalanga's presence and Care Workers' credibility at OVC sites, the program plans on distributing t-shirts and business cards to workers. While Childline Mpumalanga already has a "Self-Reflection" form for Care Workers to use in assessing their own job performance and to identify workers' needs, the OVC Social Worker plans to begin providing debriefing sessions specifically for Care Workers, especially in dealing with deaths among beneficiaries or their family members. In addition, the organization plans to provide occasional refresher trainings for Care Workers and certificates for good attendance to show appreciation.

Finally, the OVC Program is planning to develop a fifth site in Elands Valley, Watervol Boven, which is located on a main highway from Mozambique to Johannesburg. This site has been recommended by DoSD and the Child Protection Service. Furthermore, there will soon be two Site Coordinators in the Elands Valley district serving OVC and their families. Childline Mpumalanga is also planning events to prevent child trafficking and child abuse during the 2010 World Cup in South Africa, when OVC and their families may face heightened risk of exploitation.

"We are focusing on the 2010 World Cup. The highway from Joburg to Mozambique is one of the highest risk areas for trafficking. Elandshoek is located in that area, so we have our Care Workers and Site Coordinators in place."

- Childline Mpumalanga Staff Member

Childline Mpumalanga's programs to date have been successfully organized in response to the essential psychosocial needs of families in the province, where many reside in rural areas and social services and other resources are scarce. The program is working to coordinate services across program components, provide specialized care for OVC, and support as many children and families as possible. In the future, the program aims to expand coverage and service quality through enhanced networking efforts, increased opportunities for capacity building, and stronger referral systems. Childline Mpumalanga continues to strive to find innovative ways to support families in need, including Mpumalanga's orphans and vulnerable children.

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