Human Sciences Research Council

UNICEF OVC programme component evaluation

Patricia Martin, Vuyiswa Mathambo and Linda Richter
March 2011
1. EXECUTIVE SUMMARY

2. METHODOLOGY UTILIZED AND CONSTRAINTS FACED

3. SYNTHESIS: CHALLENGES IN IMPROVING THE CARE, SUPPORT AND PROTECTION OF CHILDREN AFFECTED BY HIV/AIDS IN SOUTH AFRICA

4. SUMMARY OF UNICEF SOUTH AFRICA’S OVC PROGRAMME

5. EVALUATION OF PROGRAMME 2007-2010

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Relevance</td>
<td>22</td>
</tr>
<tr>
<td>5.1.1 Pertinent to the analysis of the impact of poverty and HIV/AIDS on children in South Africa?</td>
<td>22</td>
</tr>
<tr>
<td>5.1.2 Aligned with UNICEF priorities as set out in the country programme document and Medium Term Strategic Plan?</td>
<td>23</td>
</tr>
<tr>
<td>5.1.3 Aligned with government priorities as set out in the South African National AIDS Commission’s Strategic Plan, the National Plan of Action for OVC and government policies generally?</td>
<td>28</td>
</tr>
<tr>
<td>5.1.4 Alignment with the Children’s Act and the current relevance of the term “OVC”</td>
<td>32</td>
</tr>
<tr>
<td>5.1.4 Responsive to internationally recognised frameworks and best practices?</td>
<td>37</td>
</tr>
<tr>
<td>5.2 Efficiency</td>
<td>38</td>
</tr>
<tr>
<td>5.2.1 UNICEF’s global brand, visibility and normative role?</td>
<td>38</td>
</tr>
<tr>
<td>5.2.3 Strategic partnerships with government and civil society?</td>
<td>39</td>
</tr>
<tr>
<td>5.2.3 Evidence building and knowledge management</td>
<td>42</td>
</tr>
<tr>
<td>5.3 Effectiveness</td>
<td>43</td>
</tr>
<tr>
<td>5.3.1 To what extent did project activities achieve key results and annual targets as set out in the Country Programme Action Plan and Annual Work Plans?</td>
<td>43</td>
</tr>
<tr>
<td>5.3.2 What were the main constraints faced by the project team?</td>
<td>56</td>
</tr>
<tr>
<td>5.3.3 Does UNICEF’s relationship with the national Department of Social Development, NACCA and its other partners enable it to deliver on its mandate?</td>
<td>60</td>
</tr>
<tr>
<td>5.4 Impact</td>
<td>65</td>
</tr>
<tr>
<td>5.4.1 Improved capacity of government to plan and monitor the National Plan of Action for OVC?</td>
<td>65</td>
</tr>
<tr>
<td>5.4.2 Improved information management systems to identify and track support to OVC?</td>
<td>66</td>
</tr>
<tr>
<td>5.4.3 Improved knowledge sharing and lessons learned towards improved care and support for OVC in ongoing programmes?</td>
<td>67</td>
</tr>
<tr>
<td>5.4.4 Expanded and strengthened community-based support for OVC – through Isibindi and CCFs in particular?</td>
<td>68</td>
</tr>
<tr>
<td>5.4.5 Assisted government to implement provisions for the care of children in the new Children’s Act?</td>
<td>68</td>
</tr>
<tr>
<td>5.5 Sustainability</td>
<td>68</td>
</tr>
</tbody>
</table>
5.5.1 Appropriated by government and incorporated into government planning, implementation and monitoring processes? 68
5.5.2 Mainstreamed into ongoing programmes for OVC? 69

6. ORIENTATIONS FOR FUTURE PROGRAMMING 70

6.1 UNICEF positioning/comparative advantage and role to best address these challenges: results from SWOT and key informant interviews. 70
6.2 Proposed strategic priorities for the next four years 73
6.3 Partnerships and expertise required to address these priorities 76

7. CONCLUDING OBSERVATIONS 78

8. BIBLIOGRAPHY 79

9. KEY INFORMANTS CONSULTED 81

10. SUMMARY NOTES FROM THE SWOT ANALYSIS WITH UNICEF TEAM 82

10.1 Strengths 82
10.2 Weaknesses: General 82
10.3 Weaknesses: Poor translation of knowledge into advocacy 82
10.4 Threats 83
10.5 Opportunities 84

11. SUMMARY NOTES FROM INTERVIEWS 85

11.1 UNICEF Representative 85
11.2 Interviewee 1 90
11.3 Interviewee 2 92
11.4 Interviewee 3 95
11.5 Interviewee 4 98
11.6 Interviewee 5 99
11.7 Interviewee 6 102
11.8 Interviewee 7 105
11.9 Interviewee 8 108
11.10 Interviewee 9 110
11.11 Interviewee 10 112

12. TERMS OF REFERENCE ATTACHED 114
1. Executive summary

The HSRC has been commissioned to evaluate UNICEF’s OVC programme component of the country programme. The objectives of this evaluation are:

- To evaluate the contribution of project activities to the key results identified in the country programme action plan using the standard evaluation criteria of effectiveness, efficiency, relevance, impact and sustainability
- To recommend strategic priorities for the next 4 years – specifically, how UNICEF should position itself in order to better influence the care and support of vulnerable children in South Africa.

Challenges in improving the care, support and protection of children affected by HIV/AIDS in South Africa

Children are affected by HIV and AIDS in a number of possible ways. Poverty significantly aggravates the vulnerability of affected children; poverty is both a cause and a consequence of heightened vulnerability for children affected by HIV and AIDS.

HIV increases children’s economic vulnerability. Infection leaves affected families poorer when adults fall ill or divert their income into caregiving or health care costs. The livelihood of children is placed at risk when their parents die, especially their fathers as many face uncertain inheritance prospects. It further impacts on their well being as income poverty prevents the realisation of children’s basic needs and rights such as health, protection, welfare and education.

There is agreement that the complexity of the impact of HIV and AIDS on the most vulnerable children requires the provision of a complex range of services and support to ensure their care, protection and wellbeing. The South African government has responded positively and developed a number of integrated policies and plans of action which seek to provide children affected by HIV and AIDS with a range of material and psycho-social support. In reality however, there have been a number of deep seated challenges to realisation of these commitments, including poor coordination, poor access to services in vulnerable communities and households; insufficient data about vulnerable communities; inadequate planning and budgeting; insufficient social workers; and various policy gaps resulting in a number of inadequacies in the services available for vulnerable children.
Summary of UNICEF South Africa’s OVC Programme

UNICEF South Africa’s programme component entitled “Social protection for orphans and vulnerable children” (OVC) has two pillars: (1) to provide technical assistance to strengthen government and civil society capacities to implement and monitor quality services for OVC, and (2) to develop capacities to establish community-based support structures that support OVC to access essential services. Two key results were anticipated from this programme component: (1) an increase in coverage of community- and home-based care, support and protection to over 70 per cent of OVC, and (2) the Department of Social Development would be better enabled to coordinate and monitor OVC services.

Evaluation of programme 2007-2010

Relevance

UNICEF’s activities and key results as set out in the Country Programme Action Plan (CPAP) and Annual Work Plan are shaped by and responsive to two central priority development pressures that impact negatively on children in South Africa, namely poverty and HIV/AIDS. The shape and focus of the CPAP’s responses has been moulded by UNICEF South Africa’s country programme document and its Medium Term Strategic Plan (“MTSP”) which are both located within a broader international response to the negative impact of poverty and HIV and AIDS on rights in South Africa and the region more broadly.

The “Social Protection for OVCs” component (“the OVC Programme) of the CPAP under review seeks to overcome vulnerability caused by poverty and orphanhood by supporting the South African government and other role players in civil society and academia in strengthening the delivery of social protection services to orphans and other vulnerable children within the framework of the National Action Plan for Orphans and Children Made Vulnerable by HIV and AIDS (“the NAP”).

The overarching outcome is an increase in the percentage of OVCs that receive home-based care, support and protection. The OVC Programme has taken its direction from the MTSP and sought to design interventions that have a greater strategic focus for sustained results. In consequence, the
OVC Programme overtly works with government within the boundaries of national OVC policies, laws and programmes; emphasises upstream engagement and building of national and provincial partnerships so as to improve national coordination; uses the UNICEF brand; supports replicable community-based models of support; fills data gaps to improve planning, budgeting and implementation of services; and seeks to systemise best practices through training and the development of national guidelines for services.

Efficiency

UNICEF has successfully used its global brand, visibility and normative role to leverage funds, prestige, awareness of and national conformity with practices and principles promotive of the best interests of the child in South Africa.

UNICEF’s financial and technical resources were optimally used in the development of partnerships and collaborations to ensure there is no duplication and redundancy within the OVC sector, and this has resulted in a greater complimentarity amongst actors.

In a similar vein, it has used its resources to effectively identify and fill knowledge gaps. Specifically with a view to providing evidence to move implementation forward through appropriate and informed planning.

Effectiveness

The Country Programme Action Plan (CPAP) sought to realise two key results:

a) Coverage of community-and home-based care, support and protection increased to 70% of OVCs;

b) Department of Social Development is able to better coordinate and monitor OVC services.

(UNICEF, 2007: pages 6-7)

Measuring the extent to which result a) has been realised is difficult because of a number of factors. The first is the lack of a baseline in relation to OVC. There is a lack of clarity about who qualifies as an OVC; how many OVC were and are receiving care and support; and where they are located. Furthermore, the scattered bird-shot approach to setting up and supporting community-based models of care has resulted in a dispersed collection of community-based sites of varying complexity and
size across various municipalities, districts and provinces. This makes it very difficult to assess the extent to which these sites have grown on a national scale. The evidence that is available tends to show a lack of scale-up necessary to realise the 70% target.

Whilst the intended scaling up of models has not found effective traction for effective national scale-up, the development of training modules and guidelines for future use in the design and implementation of projects by government and civil society has proven effective in improving the coverage and quality of home and community-based care and support.

With regards to objective b), the information is indicative of an improvement in the ability of the Department of Social Development to better coordinate, but not necessarily to monitor OVC services. UNICEF’s support to NACCA resulted in it operating more effectively and this in turn improved the effectiveness of NACCA as a coordination forum. The monitoring ability of NACCA would have been substantially improved if the support for improved information and data collection and management at local, provincial, national and at NACCA level had yielded more positive results. Apart from the national maternal orphan count project, these systems have stalled through lack of maintenance and ownership by the relevant government structures.

**Main constraints faced by the project team**

There were a number of constraints impeding the effectiveness of the programme interventions. One of these was historically inappropriate pilot sites. Programme staff agreed that the municipal sites they inherited were not in fact chosen on the bases of their being most strategically placed to found long-term scaled up initiatives. The insufficiently strategic foundation was compounded by a lack of national leadership to drive scaling up.

The lack of national leadership is mirrored in the correlating lack of traction between UNICEF and Government’s respective “cogs”; there has not been a sufficiently strong symbiosis between their respective interests.
Whilst the relationship between UNICEF and the Department of Social Development (‘DSD’) is long standing and strong, inherent limitations within this relationship have inhibited realisation of UNICEF’s mandate. Limited leadership buy-in within the Department of Social Development, outside of the HIV/AIDS’ Directorate and NACCA, and the limited ability of NACCA and the DSD’s HIV/AIDS’ directorate (the main locii of UNICEF activity) to compel action provincially, locally and cross-departmentally has frustrated the implementation of a number of OVC related activities supported by UNICEF.

*Impact*

UNICEF has, through its longstanding relationship with the DSD and NACCA provided critical support in the development of the OVC Policy Framework and the NAP, as well as in the strengthening of NACCA.

UNICEF has sought to strengthen information management systems at a local, provincial and a national level, specifically to facilitate the identification of OVC and tracking support provided to them. This initiative was particularly successful in relation to the maternal orphan count project.

The documentation and sharing of information by UNICEF through the NACCA structure has created opportunities for self-reflection against international standards and practices, resulting in opportunities for improving national local projects.

At a project level there has been an increase in the number of community-based sites of support for OVC in various provinces, districts and municipalities in South Africa. Not only are there more sites due to support from UNICEF of the Isibindi model and CCFs; the sites have also been strengthened through training and capacity building supported by UNICEF.

In addition, UNICEF has supported the DSD to implement the Children’s Act by documenting and costing various service delivery and care models; which documentation and costing has provided a platform for implementation of various provisions of the Act which are of particular relevance to care and support for OVC.
**Sustainability**

Various informants and UNICEF staff members shared concerns about the low levels of appropriation by government and incorporation into government planning, implementation and monitoring processes of the community-based support and information management projects supported by UNICEF.

This mainstreaming of key UNICEF endorsed approaches and solutions into two of South Africa’s core national policy and programmatic responses to OVC, namely the OVC Policy Framework and NAP has resulted in the mainstreaming of international standards and practices into programmes and processes developed in terms of these two documents.

**Orientations for future programming**

This evaluation has adopted a utilization-focused approach. It is concerned, not just with documenting what was achieved and what progress was made towards outcomes, but also to identify the challenges, the detours, and how the programme has evolved. Therefore the question of UNICEF’s positioning, comparative advantage and role was examined with Programme stakeholders with a view to developing recommendations as to how best to move forward to address these challenges. In moving forward, the following recommendations were made for UNICEF to maximise its positioning, comparative advantage and role.

1. Review the relevance of the OVC orientation of the Programme. There appears to be a need to review the relevance of the current programme focus on OVC as opposed to adopting a more holistic approach drawing in all vulnerable children, subject to promoting sensitivity within this broader context of the needs of OVC.
2. Rationalize geographical targeting of support to respond effectively to the needs of vulnerable provinces and communities.
3. Align the Programme more closely with the Millennium Development Goals.
4. UNICEF’s OVC Programme must clarify and publicize its role in relation to the realisation of the rights of vulnerable children, especially in relation to the role to be played by other stakeholders.
5. Focus on addressing systemic blockages affecting service delivery generally, before honing in on specific services.
6. UNICEF should pursue a more upstream focussed advocacy strategy to ensure systematized and sustainable solutions at a community level.

7. UNICEF should practice more of what it seeks to advance; namely more internal coordination and collaboration across UNICEF’s country programme components.

8. UNICEF should adopt a more holistic approach to building relationships with government departments and structures outside of the Department of Social Development.

9. The UNICEF agenda should be clarified and the scope delineated through clear definitions of key concepts such as “child protection” and “vulnerable child” and should then be disseminated widely.

Proposed strategic priorities for the next four years

1. Support all vulnerable children. Support the strengthening of all vulnerable children’s social protection policies and programmes as a whole so as to ensure that they are OVC sensitive, rather than OVC targeted.

2. Ensure the ongoing realisation of material and psycho-social support. Whilst the poverty alleviation development goals are critically important, it is equally important that the psychosocial needs of vulnerable children are not neglected.

3. Continue to support and advocate for effective prevention and early intervention strategies.

4. Engage with the full spectrum of coordinating structures set up to coordinate services for vulnerable children.

5. Utilise the Children’s Act to ensure government accountability to support and scale up community and family-based models of care and support.

6. Redefine “orphanhood “to make it more Afro centric and define vulnerability in line with international and regional developments.

7. Plan and budget for preparatory advocacy, especially those aiming to realise scale-up of programmes.

8. Develop appropriate monitoring and evaluation frameworks which focus on advocacy outcomes, the development of appropriate indicators and quantifiable base-line figures.
Partnerships and expertise required to address these priorities

1. Foster a nation-wide reach. A national country-wide response to reaching the most marginalised vulnerable children requires nation-wide reach in terms of government stakeholders.

2. In moving a national coordinated response to vulnerable children forward, it is essential that government responses are monitored and held accountable to a credible, legitimate and overarching coordinating structure. The Ministry for Women, Children and People with Disabilities has been created for precisely this purpose and it ought to be supported to realise this central role.

3. UNICEF is urged to build stronger partnerships with international and national donors to ensure synergy of effort towards a common vulnerable child agenda.

4. Partnerships ought to be developed so as to synergistically tackle long-standing service delivery fault lines.

5. Strengthen internal partnerships within UNICEF so that the programmes do not operate in silos so as to realise UNICEF Country Programme’s vision of a coordinated national response to vulnerable children.

6. Increase the UNICEF OVC Programme team size and capacity. This does not necessarily mean huge increases in staff size, but a more strategic use of cross-programmatic staff.
2. Methodology utilized and constraints faced

With the current country programme coming to an end, the Human Sciences Research Council (HSRC) has been commissioned to evaluate United Nations Children’s Fund’s (UNICEF) orphans and vulnerable children (OVC) programme component. The purpose of this evaluation is to review the current country programme in order to draw lessons learnt from the current cycle, and plan for the future country programme. The objectives of this evaluation are as follows:

- To evaluate the contribution of project activities to the key results as identified in the country programme action plan using the standard evaluation criteria of effectiveness, efficiency, relevance, impact and sustainability.
- To recommend strategic priorities for the next 4 years – specifically, how UNICEF should position itself in order to better influence the care and support of vulnerable children in South Africa.

This evaluation has adopted a utilization-focused evaluation approach (Patton, 1997). Acknowledging that no evaluation is value-free or completely impartial, a utilization-focused evaluation is shaped by the values of the intended users – UNICEF – who have responsibility to apply evaluation findings and implement recommendations (Patton, 1997). The evaluation is meant to be an assistive process – looking at the OVC programme with UNICEF (what UNICEF wanted to achieve, what was achieved/what progress was made towards outcomes, what were the challenging points, what went wrong, what were the detours, and how the programme has evolved). A project initiation meeting was held between UNICEF and the project team on 26th August 2010. This meeting aimed to establish what kind of evaluation UNICEF was expecting. On 9th September, a follow-up meeting was held with the OVC programme coordinator to explore themes which emerged at the project initiation meeting and to finalise the list of key informants.

This evaluation is guided by the following criteria: efficiency (is UNICEF doing the right thing?), effectiveness (are they doing it right?), relevance (are they in line with national and international policies?), impact (are their services reaching intended beneficiaries and having positive effects?) and sustainability (can the OVC programme be taken to scale and continued with in-country human and financial capacity?).
The evaluation was comprised of the following components: a desktop and policy review, an analysis with UNICEF staff of the OVC programme’s strengths, weaknesses, opportunities and threats (SWOT), and interviews with key informants. The desktop and policy review sought to contextualise the OVC Country Programme within the broader international, regional and national approaches to providing care and support to OVC as well as to identify from various programme documents and reports, the key outcomes, progress and results achieved through the various components of the programme. Key informants were engaged in a series of open-ended questions which sought to explore their experiences and views of the efficiency, effectiveness, relevance and impact of UNICEF’s OVC Programme and their recommendations for UNICEF’s strategic priorities for the next four years. Key informants included a number of UNICEF partners, ranging from government representatives within the Department of Social Development (DSD), the National Action Coordinating Committee for Children Affected by HIV and AIDS (NACCA), international NGOs, international development partners and local civil society organisations.

3. Synthesis: Challenges in improving the care, support and protection of children affected by HIV/AIDS in South Africa

Children are affected by HIV and AIDS in a number of possible ways. They may themselves be HIV positive, they may be orphaned, they may have ill parents, they may live in households that have taken in orphans, and they may suffer discrimination because of their HIV status or the status of family members. When any of these factors occur in circumstances of poverty, the vulnerabilities of the affected children are significantly aggravated.

South Africa has very high levels of child and adult poverty which, together with the demographic fault lines characterising poverty patterns in South Africa, creates a number of systemic challenges to improving the care, support and protection of children affected by HIV and AIDS in South Africa.

Looking back a few years to the commencement period of the OVC programme under review, the 2006 General Household Survey estimated that 68% of children in South Africa (12.3 million) lived in households with an income of less than R 1,200 per month. South Africa’s apartheid history has resulted in poverty following clear race lines; 76% of African children lived in households with a combined income of less than R 1,200 per month in 2006, compared with 2, 8% of white children.
Whilst the national average levels of child poverty have decreased over the five year period between 2002 and 2006 from 75% to 68%; there has been no similar observable change in the poverty levels among African children; in 2002 75% lived in poverty, compared to 76% in 2006 (Meintjes, Johannes, & Berry, 2008). In a similar vein, poverty levels are higher in those provinces which were part of the former homelands under Apartheid.

There is international, regional and national consensus that HIV and AIDS increase children’s economic vulnerability; which is already dramatically compromised in South Africa. Furthermore, poverty in turn decreases the ability of parents, families and communities to mitigate the negative impact of HIV and AIDS on children as they lack the resources to meet the essential needs of their children.

It is against this backdrop of poverty as both a cause and a consequence of heightened vulnerability for children affected by HIV and AIDS that one must view the panoply of challenges faced by children affected by HIV and AIDS.

HIV increases children’s economic vulnerability. Infection leaves affected families poorer when adults fall ill or divert their income into caregiving or health care costs. Poverty is aggravated through “economically driven disruptions to education” which also exposes children to increased risk of exploitation (UNICEF, 2004, p. 13).

The livelihood of children is placed at risk when their parents die, especially their fathers as many face uncertain inheritance prospects. Customary succession laws and practices and poor enforcement of property rights create fertile grounds for property grabbing and disinheritance of children and women (UNICEF, 2004, p. 13).

HIV further impacts on children’s well-being negatively as income poverty prevents the realisation of their basic needs and rights such as: -

**Health:** Children experience lower nutritional status because of decreased consumption at the household level; they receive less attention when they are sick, they are less likely to be immunized,
they are more vulnerable to disease including HIV/AIDS, they have less access to health services, and they suffer higher exposure to opportunistic infections, and experience higher rates of child mortality.

**Protection, welfare and emotional health:** Through loss of family and identity, loss of the supervision of a deceased parent and potentially less supervision from alternate caregivers, loss of affection and encouragement due to the illness or death of (often the maternal) parent, increased labour demands, harsh treatment and discrimination, stigma and social isolation, forced early marriage, sexual abuse and exploitation, abandonment, grief, depression and reduced well-being, anti-social and difficult behaviour such as homelessness, vagrancy, crime, increased street living, increased malnutrition and starvation and forced migration.

**Education:** There is a higher risk of withdrawal of the child from school to take care of an ill family member or to save costs, there is a higher truancy rate; lower educational performance, premature termination of education, fewer vocational opportunities and a dilution of the passing down of traditional knowledge (Department of Social Development, 2005).

As previously mentioned, the likelihood and severity of these consequences are determined by high child poverty levels in South Africa. There are however certain communities and households where poverty is even more pronounced and solutions to address them less effective, resulting in double negative consequences. Two key cases in point are children living in rural areas and those living in women-headed households.

Child poverty is far higher in rural areas than in urban areas. Two thirds of children living in poverty live in rural areas (HSRC, 2008). For example, the Limpopo province levels are the highest at 82%, followed by the Eastern Cape at 77%, KwaZulu Natal is at 70% and Mpumalanga at 74%. These figures are very high compared to the predominantly urban provinces of Gauteng (49%) and the Western Cape with the lowest levels at 41% (Meintjes, Johannes, & Berry, 2008, p. 69).

Not only are rural children affected by HIV and AIDS more vulnerable because of aggravated levels of poverty and a resultant inability on the part of their caregivers to meet their basic need; they are
doubly disadvantaged because the government programmes designed to provide supplementary support do not reach them consistently, uniformly and equitably. In short, “service provision and resources in rural areas lag far behind urban areas” (Hall, 2009). Rural provinces with the greatest proportion of poor children have the lowest proportion of births registered in the year of birth (Giese & Smith, 2007). Access to the Child Support Grant (CSG), the primary poverty alleviation grant for children in South Africa is lower than average in provinces with higher levels of child poverty, especially in the rural areas of these provinces. For example, in KwaZulu Natal, 70% of children living in poverty are eligible for the CSG. However, as a provincial average, only 64% of eligible children receive the grant. As one moves into the more rural areas the eligibility rate increases to as much as 90%, but the take-up rate drops as low as 40% and less (Noble, et al., 2005). Access to education is at greater risk for rural children. Children living in rural areas on farms are less likely to attend school than their urban counter-parts. Attendance in commercial farming areas is 14% lower than in urban areas (CASE, 2007). The higher levels of child poverty impact on their ability to cover access costs, like uniforms, transport, stationery, books and school fees (where applicable). Children in rural areas living with a disability face greater shortages of educational facilities than in urban areas (Philpott, 2004); there is a more severe shortage of infrastructure and learning resources such as libraries in rural schools (The Presidency, 2009); children in rural areas are less likely to have their enabling documents such as birth certificates required for school enrolment (Giese & Smith, 2007). Child labour is also a common feature in the lives of almost all rural children who spend a certain amount of time each day, both before and after school, on domestic and agricultural chores such as herding cattle or fetching firewood or water. Access to running water is more problematic in rural than in urban areas and this has far reaching impact on children. A study conducted by the Towards the Elimination of the worst forms of Child Labour (TECL) project sought to assess the impact of fetching water on children’s education. The study found inter alia, that children in the rural areas studied, spent on average, 12 and a half hours a week collecting water. This time was as high as 40 hours a week for some children. The impact on the children’s’ education was negative: Children complained of being late at school, being unable to concentrate in class, having poor morale and needing to leave school as early as possible to collect water. The impact on educational outcomes appear to be significant as 85% of children who were involved in fetching water, compared to 15% who were not, were not in the appropriate age group for their grade (Department of Labour, 2007).
Households headed by women, especially those in rural areas, are substantially poorer than those headed by men. Woolard concluded that, in 1999 households headed by women had a 48% chance of being poor, compared to those headed by a male, which had a 28% chance of being poor (Woolard, 2002). A more recent study illustrates that there has been no change; there is still significant inequality in poverty levels between women- and men-headed households. The degree of difference is illustrated by the fact that in 2006 nearly 52% of female-headed households had a household expenditure of less than R1, 000 per month in comparison to 35% of male-headed households (Reddy, 2009). Black women remain particularly vulnerable to the gender/poverty intersect; they constitute only 14% of the formally employed, compared to 43% for white men, 34% for white women and 21% for black men. Black women also have the lowest level of earnings (Department of Trade and Industry of South Africa, Gender and Women’s Empowerment Unit, 2006). The unemployment rate amongst rural women is 53% as compared to 37% amongst rural men and in addition, the unemployment rate amongst rural African women amounts to 56% as compared to 21% amongst rural men and only 5% amongst rural white women (Kehler, 2001). The higher levels of poverty in households headed by women is perversely complemented by the correlating higher levels of HIV among women in South Africa; a combination that impacts negatively in multiple ways on children living in women-headed households. Women between the ages of 15 and 49 are one of the groups in South Africa most vulnerable to HIV infection; women account for over half of adults aged 15 and over estimated to be living with HIV and AIDS in South Africa (UNAIDS, 2008). Young women are especially vulnerable; those between the ages of 15 and 24 (12.7%) are significantly more likely than men of the same age (4.0%) to be infected. Approximately one third of women between the ages of 25 and 29 are HIV-positive and a total of 3,200,000 women older than 15 are living with HIV. (UNAIDS, 2008)

Internationally and regionally, there is a common recognition within the following treatise, conventions and business plans that HIV and AIDS impact on children in multiple ways; and that the impact is felt most significantly by children living in poverty.

The complexity of the impact of HIV and AIDS on the most vulnerable children requires the provision of an equally complex range of services and support to ensure their care, protection and
wellbeing. Various international and regional child rights’ instruments, such as the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration; the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (2003), the Strategic Framework and Programme of Action (2008-2015): Comprehensive Care and Support for Orphans and other Vulnerable Children and Youth (OVYC) in SADC, and the UN Millennium Development Goals recognise the need for comprehensive coordinated responses. They all require subscribing states, including South Africa, to enact laws and develop programmes that provide comprehensive care and support to vulnerable children through the delivery of integrated packages of rights, services and support.

The South African government has responded positively to its international and regional commitments and developed a number of integrated policies and plans of action which recognise and seek to promote the realisation of a comprehensive package of rights and essential services necessary to ensure the care and support for children affected by HIV and AIDS. These include:

- HIV & AIDS and STI National Strategic Plan, 2007-2011 (“the NSP”)
- Policy Framework on Orphans and Other Children Made Vulnerable by HIV and AIDS in South Africa, 2005 (“the OVC Policy Framework”)
- The Children’s Act No 38 of 2005 as amended by Act No 41 of 2007 and the Child Justice Act No 75 of 2008 (“the Children’s Act”)

These policies and programmes in principle, seek to provide children (and their families) affected by HIV and AIDS with a range of material and psycho-social support. In reality however, there have been a number of deep seated challenges which inhibit the realisation of the principled commitments. These challenges which have been documented in a variety of audits and overviews\(^1\) include:

For example, Budlender D and Proudlock P (2010) Analysis of the 2009/2010 budgets of the nine provincial departments of Social Development: Are the budgets adequate to implement the Children’s Act? Cape Town: Children’s Institute,
1. Poor coordination across the different departments and sectors responsible for the elements of the comprehensive social protection package;

2. Poor access to poverty alleviation and other services in vulnerable communities and households, especially those in rural and other marginalised communities such as those in former homeland provinces, women-headed households, households housing people with disabilities;

3. Poor coordination between national, provincial and local level government to ensure delivery of services provided for in terms of national policies at local level;

4. Insufficient data about the nature and size of vulnerable communities and their specific needs;

5. Inadequate planning and budgeting to meet the unquantified demand in vulnerable communities;

6. Insufficient social workers to meet demand and provide the range of growing services available in terms of the Children’s Act;

7. Various policy gaps resulting in a number of key services not being available at all for certain vulnerable children such as social assistance for children older than 15, children in child-headed households, children without enabling documents; and inadequate protection of the assets of children of deceased parents.

4. **Summary of UNICEF South Africa’s OVC Programme**

Internationally, continentally and nationally, there is consensus that there is a need for a dual approach to providing care and support for children affected by HIV and AIDS; one that responds at a material level, as well as at a psycho-social level and one that targets not only children, but also provides support and services to strengthen the primary loci of care and support, namely the family and the broader community.

---

UNICEF - as an agency of the United Nations mandated to advocate for the protection of children’s rights - mobilises political will and material resources to help countries ensure a “first call for children”, and that children’s rights are standards of legislation, policy and action concerning children. In seeking to fulfil its mandate and support national capacity to improve children’s access to quality services in South Africa, UNICEF’s South Africa established a programme component entitled “Social protection for orphans and vulnerable children” for the period 2007-2010. This programme, in line with the National Action Plan for OVC, has two pillars: (1) to provide technical assistance to strengthen government and civil society capacities to implement and monitor quality services for OVC, and (2) to develop capacities to establish Child Care Forums (CCFs) that support OVC to access essential services. Two key results were anticipated from this programme component: (1) coverage of community- and home-based care, support and protection would increase to over 70% of OVC, and (2) the Department of Social Development would be better enabled to coordinate and monitor OVC services.

The programme has the following key priorities which are responsive to the protection of OVC:

- Providing technical and administrative support to NACCA for the implementation of the National Action Plan for OVC
- Improving information management systems to identify and track support to OVC. Initiatives included conducting a national audit of CCFs, establishing a web-based catalogue of resources and training materials for OVC, assisting district municipalities in KwaZulu Natal develop management information systems on OVC, and using vital registers to identify maternal orphans.
- Supporting skills development and sharing of lessons towards improved protection, care and support for OVC. This support has involved developing approaches to improve psycho-social support, producing training material on succession planning, and rolling out a training of trainers programme for CCFs.
- Expanding and strengthening community-based services for OVC, with a focus on developing replicable models for municipality-based systems in two municipalities in the Eastern Cape and one in KwaZulu Natal.
- Assisting the government in identifying practical models of alternative care and prevention and early intervention in line with the provisions of the new Children’s Act.
• Strengthening national capacities to ensure the care and protection of unaccompanied migrant children, while providing emergency assistance.

5. Evaluation of programme 2007-2010

As stated previously, with the current country programme coming to an end, the HSRC has been commissioned to evaluate UNICEF’s OVC programme component. The purpose of this evaluation is to review the current country programme in order to draw lessons learned from the current cycle, and plan for the future country programme. The objectives of this evaluation are as follows:

• To evaluate the contribution of project activities to the key results as identified in the country programme action plan using the standard evaluation criteria of effectiveness, efficiency, relevance, impact and sustainability.

• To recommend strategic priorities for the next 4 years – specifically, how UNICEF should position itself in order to better influence the care and support of vulnerable children in South Africa.

5.1 Relevance

Have UNICEF’s activities and key results as agreed by government and set out in the Country Programme Action Plan and Annual Work Plan been achieved?

5.1.1 Pertinent to the analysis of the impact of poverty and HIV/AIDS on children in South Africa?

UNICEF’s activities and key results as set out in the Country Programme Action Plan (CPAP) and Annual Work Plan are very pertinent to the analysis of the impact of poverty and HIV/AIDS on children in South Africa in so far as it is grounded within and supportive of the policies and programmes that the Government of South Africa has put in place to address the priority development needs of the country; namely the alleviation of poverty through delivery of poverty alleviation services to the most vulnerable and marginalised people, with a focus on the impact of HIV and AIDS on development and delivery.

The activities and key results are an expression of the UN South Africa team’s interpretation of responses necessary to address these development priorities identified by the Government and

The South African Government’s top developmental priorities as set out in Vision 2014 are geared towards eradicating poverty and bridging the stark divide between the first and second economies. Given that the second economy is characterised by issues related to poverty, service delivery problems, land reform, housing shortages and poor infrastructure (roads, clinics, and schools, access to safe drinking water, sanitation and electricity) it is not surprising that Government’s key pro-poor development priority is identified as the delivery of basic services, particularly to marginalised and vulnerable groups (Government of the Republic of South Africa and the United Nations, 2007, p. 20). This is the space that UNICEF’s OVC programme seeks to support through a range of interventions and initiatives aimed at improving the quality of and access to services for children and families made vulnerable by HIV and AIDS.

5.1.2 Aligned with UNICEF priorities as set out in the country programme document and Medium Term Strategic Plan?

There is close alignment between the OVC Programme and the country programme document and the Medium Term Strategic Plan.

In keeping with the objective of closely aligning government priorities and the UN’s country programme, UNICEF’s Revised Country Programme Document envisages that “greater alignment of the UNICEF programme with the Government’s priorities for children’s rights will contribute to the closure of the gap between the cash-rich and poor environment and address declining childhood indicators” (UNICEF, 2007, p. 2). Within this context, UNICEF’s focus falls on the nationally prioritised nexus between effective services delivery for the most marginalised of people in South Africa and evolving sustainable livelihoods. It has chosen to support the fight against poverty by supporting the improvement of delivery of the various services to be provided in terms of Government’s various poverty relief programmes. Service delivery is seen as a key intervention necessary to realise the national goals of poverty alleviation, child protection and the development of South Africa. Therefore, UNICEF
commits to support Government in realising better coordinated and integrated services through a process of identifying and unclogging bottlenecks to service delivery (UNICEF, 2007, p. 3).

In the context of OVC, UNICEF’s Country Programme Document identifies three key service delivery blockages which minimise the effectiveness of the national safety net system in place for OVC. These are (1) the limitations of the social grant system which does not reach children without birth certificates, children aged 15-18 years old and child-headed households; (2) effective community-or-school-based care for vulnerable children do exist, but they reach only a very limited number of OVC and therefore need scaling up; and (3) insufficient systems to identify, register and track OVC prevent the effective collection of standardized and coordinated district, provincial and national data and on consequent effective planning of service delivery programmes for OVC (UNICEF, 2007, p. 4).

The Country Programme 2007 – 2010 therefore identifies the following goals, key results and strategies which speak directly to addressing the gaps in the OVC safety net identified in the previous paragraph.

UNICEF’s overarching goal is to support Government and NGOs to reach the underserved through:

1. Better targeting of programmes
2. Scaling up proven initiatives
3. Supporting increased access for OVC to basic social services.

The country programme’s central strategy is to support Government to fulfil its obligations to OVC through:

1. Advocacy for the first call for children in national, provincial and municipal allocation and utilization of human and financial resources, engaging in strategic partnerships with civil society and research institutions for communication and social mobilization to target decision-makers;
2. Strategic use of UNICEF resources to leverage substantial national resources to support scaling-up of service delivery and related monitoring systems. Scaling up of activities will be on a nationwide basis;
3. Identification of multiplier interventions that will result in large-scale access to social services;
4. Identification of blockages in implementing child-related policies and legislation and capacity gaps of duty bearers that hamper service delivery, with a specific focus on geographical areas of greater need as jointly identified by Government and UNICEF (UNICEF, 2007, p. 7).

Through these identified interventions, the country programme aims to realise the following pertinent results:

1. Enhanced governance competencies to design and implement children’s legislation, policies and programmes;
2. Improved service delivery for children through better resource allocation, expenditure and monitoring;
3. Coverage of community-and home-based care, support and protection increased to 70% of OVC;
4. Department of Social Development is able to better coordinate and monitor OVC services (UNICEF, 2007, p. 6-7).

The Country Programme identifies four programme components through which the necessary strategic support to Government initiatives will be provided; one of which is the “Protection for OVC” component. This component is made up of two further components, namely “Social protection for OVC” and “Protection from violence”. The former, “Social protection for OVC” forms the subject matter of this evaluation.

The rationale for the “Social Protection for OVC” component is the fact that many children do not receive the care and support necessary to overcome vulnerability caused by poverty and high HIV prevalence. In consequence this component seeks to strengthen the delivery of social
protection services to orphans and other vulnerable children within the framework of the National Action Plan for OVC, by:

1. The provision of technical assistance to Government and civil society to implement and monitor quality services to OVC, including the development and dissemination and training on policy guidelines for OVC. Emphasis will be on supporting the development of national and local level databases to track services and vulnerable children so as to facilitate improved targeting of OVC and improved service delivery.

2. Developing capacities to establish community based CCFs that identify OVC in communities and support children and families to access essential services. Capacities that will be developed include data collection and data utilization by CCFs. In addition, support will be given to streamline provincial and national level coordination of data generated from CCFs. CCFs will be linked to Child Friendly Schools (CSF’s) to ensure synchronization between the two services (UNICEF, 2007, p. 9).

Keeping within the boundaries of the operational framework provided by the National Action Plan for OVC, the Country Programme document identifies the key Government partner as NACCA and its various provincial, district and local level counterparts; as well as community-based organizations and NGOs to expand and sustain community-level interventions; youth organizations, tribal authorities; consortia of civil society organisations and universities (UNICEF, 2007, p. 10).

The key indicator in the context of OVC is an increase in the percentage of OVC that receive home-based care, support and protection. This is reflected in the OVC Programme which seeks to realise 70% of OVC receiving care and support.

UNICEF’s Medium Term Strategic Plan (“the MTSP”) calls for all interventions to be designed with greater strategic focus for sustained results (UNICEF, 2006). More specifically, it requires UNICEF programmes to:

1. Attain strengthened alliances within and beyond the United Nations to promote sustained and scaled up investments for children and families as a central strategy;
2. Support national capacities to fulfil children’s rights, with an emphasis on strengthening policy frameworks, service delivery and protection systems and institutions;
3. Leverage additional resources and results for children through systemic efforts, advocacy and partnerships and by generating evidence to inform decision-making.

Focus area 3: HIV and AIDS and children of the MTSP emphasises improving access to care and services for children orphaned and made vulnerable by HIV and AIDS through enhanced strategic focus (UNICEF, 2006, p. 12). The MTSP provides the following strategic direction:

1. There must be a focus on results for children within well defined areas of cooperation as guided by national priorities;
2. There must be a shift towards a greater emphasis on “upstream” support to national policy, capacity and partnerships for scaled-up programme delivery. This may entail a reduction in support to smaller-scale project activities.
3. However, UNICEF must continue to cooperate with partners in pioneering and piloting innovations designed to assist in the development of national sectoral policies, technical advances and experience in reaching marginalised children and poor families. Support for small scale project implementation with a strong element of capacity building, including among local non-government organisations will continue to be significant in some situations.
4. UNICEF will also focus on its other comparative advantages that enable it to make a distinct contribution to national capacity building for the Millennium Development Goals (MDGs). These include supporting knowledge generation and analysis on the situation of women and children; facilitating the scale up of successful strategies to reach the most marginalised; promoting inter-sectoral approaches that address the situation of children in a coherent and protective manner; and facilitating national and local alliances to achieve results for children.

UNICEF’s OVC Programme follows these guidelines closely in its emphasis:

1. On working with government and working within the boundaries of national OVC policies, laws and programmes;
2. On upstream engagement and building of national and provincial partnerships so as to improve national coordination to provide access to a social protection package within the framework of the National Action Plan for OVC;

3. Using its brand and other strengths to facilitate collective and synergised initiatives within national service delivery frameworks for OVC;

4. On identifying and supporting community-based models of service delivery such as the Isibindi and village child protection model on the grounds of their replicability, and with a view to their being adopted and scaled up nationally and provincially;

5. Filling data gaps through appropriate research and databases to facilitate improved national, provincial and local planning, budgeting and implementation so as to effectively reach vulnerable communities and households;

6. Systematising lessons and experiences through national training and guidelines to capacitate role players across the sector and synergise collective energies to ensure scaled up delivery of essential support and services to OVC.

5.1.3 Aligned with government priorities as set out in the South African National AIDS Commission’s Strategic Plan, the National Plan of Action for OVC and government policies generally?


There is very close alignment between UNICEF’s OVC programme and the South African NAP for OVC. This is largely attributable to the fact that the OVC Programme has its origins in UNICEF Eastern and Southern Africa’s Children and AIDS Regional Initiative (“the CARI initiative”) (UNICEF Eastern and Southern Africa, 2005). The CARI initiative was the catalyst for UNICEF South Africa’s OVC Programme. UNICEF South Africa’s role was to carry forward the directives and objectives of CARI in South Africa, which included:

1. To mitigate and assist countries in their efforts to cope with the HIV/AIDS crises and build long-term strategies to mobilise national support for OVC;

2. To develop country-specific National Action Plans for orphans and children made vulnerable by HIV and AIDS;

3. To strengthen institutional capacity;

4. To strengthen country-led coordination processes;
5. Help develop an evidence base for effective programming.

In addition, once the National Plan was in place, UNICEF South Africa’s role was to support the realisation of the priorities of the Plan. This latter role was deliberately achieved by aligning UNICEF’s work plan with the Plan and by assisting in establishing a national coordinating mechanism known as NACCA.

This synergistic legacy has resulted in an ongoing close alignment between the objectives and activities of the NAP and UNICEF’s OVC programme outputs and activities. More specifically, the OVC Policy Framework and the two National Action Plans (2006-2009 and 2009-2012) are premised on the protection of the following children’s rights guaranteed by the United Nations Convention on the Rights of the Child and the South African Constitution (restated on page 17 of the 2009-2012 National Action Plan):

1. The right to a name and nationality
2. Survival, development and protection from abuse
3. Adequate water and shelter
4. Education
5. Bodily integrity
6. Privacy and dignity
7. Freedom of expression and the right to be heard
8. Freedom from discrimination
9. To inherit and own property
10. To equal protection before the law
11. Parental love, care and nurturing

The UNICEF OVC Programme Component has supported the following strategies and objectives of the 2 Plans so as to protect and promote the rights of children as listed:

1. Strengthen and support the capacity of families to protect and care for OVC, through;
   1.1 Enhanced early identification of families, orphans and other vulnerable children
   1.2 Increased delivery of PSS to OVC and their families
1.3 Enhanced support for family succession planning and security of inheritance for children
1.4 Enhanced early identification of child headed households and interventions to address their needs
1.5 Increased access to treatment, care and support for caregivers who live with AIDS, for their sense of well being and to live their lives with dignity.

2. Mobilise and strengthen community-based responses for the care, support and protection of OVC through;
   2.1 Increased capacity of communities to provide support, protection and care to OVC
   2.2 Enhanced participation of local authorities in the care and support of OVC
   2.3 Developing co-ordination mechanisms for OVC programmes at district level
   2.4 Supporting good community based OVC models
   2.5 Establishing a data base of services at local level
   2.6 Reduce the number of children living outside of family care
   2.7 Increased external support for OVC

3. Ensure that legislation, policy, strategies and programmes are in place to protect the most vulnerable children through;
   3.1 Enhanced comprehensive legal protection of OVC through policy and legislation
   3.2 Increased response to the critical issues facing OVC
   3.3 Strengthening mechanisms that support delivery of strategies and programmes at all levels
   3.4 Developing a coordinated national data base that supports the implementation of policies
   3.5 Ensure comprehensive curricula and training programmes that address the needs of OVC and their families

4. Ensure access of OVC to essential services through;
   4.1 Increased access to essential services for OVC
   4.2 Increased number of children with birth certificates
5. Raise awareness and advocate for the creation of a supportive environment for OVC through;
   5.1 Enhanced awareness of the right to OVC at every level of society

6. Strengthen the mechanisms to drive and support the implementation of the NAP through;
   6.1 Enhanced organisational excellence and strengthened inter-sectoral collaboration

Alignment with the HIV and AIDS and STI National Strategic Plan, 2007 - 2011 (NSP)
There is close theoretical alignment between UNICEF’s OVC Programme and South Africa’s NSP. However this alignment does not extend to an implementation level. Like the NAP and UNICEF’s OVC Programme, the NSP expressly seeks to “strengthen the implementation of OVC policy and programmes”, and likewise, it seeks to do so by strengthening the material and psycho-social services available for OVC in marginalised communities affected by HIV and AIDS, such as access to social grants and enabling documents. Moreover, the NSP also seeks to promote and strengthen community-based models of service delivery so as to ensure that services reach the most marginalised communities. However, whilst UNICEF’s OVC Programme deliberately sought to work within and promote the realisation of the objectives of the NAP through supporting and participating in NACCA and aligning its work plans with the NAP activities and outcomes; there has been no such deliberate synchronization with the NSP or South African National AIDS Council (SANAC), the coordinating body responsible for oversight and coordination of the NSP.

UNICEF’s OVC Programme focused on building a relationship with NACCA and building NACCA’s coordinating capacity has tended to be exclusive, rather than engaging other key coordinating structures like SANAC and supporting it in monitoring the implementation of the NSP’s OVC support services. Furthermore, there is no evidence of a shared plan between NACCA and SANAC, nor any evidence of the OVC Programme seeking to bridge this divide between the National Action Plans and the NSP, resulting in the following conclusion in the 2010 mid-term review of the NSP: “While there appears to be a great deal of activity on impact
mitigation across government departments and CSOs, these have not been guided by an overarching plan. Coordination and reporting are fragmented. It is therefore very difficult to provide an overall picture of progress on impact mitigation activities. Similarly...for Human Rights and Access to Justice...planning and coordination in this area...need more attention and strengthening” (SANAC, 2010).

5.1.4 Alignment with the Children’s Act and the current relevance of the term “OVC”

UNICEF’s OVC programme expressly aligns itself with realisation of key provisions in the Children’s Act. This is most notable in relation to the provisions of the Act relating to community-based service delivery mechanisms like CCFs, models of alternate care such as cluster foster care and the provision of prevention and early intervention services.

At first glance the degree of synergy with the Children’s Act appears to be a bit of an anomaly given that this Act is not an OVC-specific law; in fact the Act does not refer to OVC at all. The Children’s Act introduces and targets another more all-encompassing group of children; that is “children in need of care and protection”, the definition of which includes, but is not limited to children who may be infected and/or affected by HIV and AIDS.

This nuanced development which we see taking place in the Children’s Act; that is a shift away from a focus on ‘OVC’ to a broader recognition of and response to all vulnerable children. This is a reflection of shifts that have taken place internationally and regionally in relation to the issue of vulnerability and consequent targeting of interventions.

UNICEF’s programme targets OVC which, according to the contextual material such as the Country Programme document and the MTSP, means children that are orphaned and otherwise made vulnerable by HIV and AIDS. UNICEF’s OVC programme does however appear to have outgrown this limited conceptualisation of vulnerability as it seeks to maintain current relevance with the national legislative landscape through its alignment with the Children’s Act. This indicates a need to review the accuracy, relevance and currency of the current programme name and prioritisation of OVC.
The term “OVC” is located in an earlier historical context which is no longer as relevant and pertinent as it was previously. Dawes Merwe and Brandt (2007) speak at some length about the fluidity of the term OVC which has evolved over time in response to the shifting humanitarian and governmental developmental responses to the HIV and AIDS pandemic. The dramatically increasing number of deaths caused by HIV and AIDS in sub-Saharan Africa and more specifically, South Africa in the late 90’s saw an international humanitarian response to “AIDS orphans” to meet the corresponding rise in orphaning. AIDS orphans were regarded as highly vulnerable and were identified for targeted interventions. Over time it was recognised that many children who are not orphans are also rendered vulnerable by HIV and AIDS: those living with ill carers, those excluded from school due to stigma and due to inability to pay fees because of loss of income in the family due to illness. As pointed out by Dawes et al (2007) this recognition of an expanded scope of vulnerability saw the term “orphans and vulnerable children” enter the “lexicon of the humanitarian aid community and government response as it became evident that the “orphan” focus was too narrow.

More recently however there has been a further shift in recognition of the fact that even the now-expanded term “OVC” is too narrow a conceptualisation to effectively guide policies and programmes to effectively address children’s vulnerability. The preponderance of opinion has over time come to agree that, whilst in the past the “vulnerable” in OVC may have referred to those made vulnerable by HIV and AIDS, the modern-day reality calls for a different conceptualisation of “vulnerability” and different responses. Driven by the close nexus between poverty, vulnerability and HIV and AIDS, targeting should not be determined by the presence of absence of HIV and AIDS – assessed at one point in time - but rather by the presence or absence of poverty and other factors that make children vulnerable when HIV enters a household. “It is better to reach children and families affected by HIV and AIDS by using extreme poverty as the primary inclusion criterion.” “Government-led support and services must reach all children who need them in poor communities affected by HIV and AIDS....It is vital to come to the assistance of all children who experience grave forms of vulnerability and deprivation.” Within this broader policy terrain, all vulnerable children, including but not limited to children affected by HIV and AIDS can be reached, making this

This latter broad approach to targeting of vulnerable children is adopted by the Children’s Act in terms of which priority is given to especially vulnerable children, which are identified as children living in poor families and communities that lack the means to provide proper food, shelter and other basic necessities, children with chronic illnesses and children with disabilities.

Alignment of the OVC Programme with the Act moves the OVC Programme into the newly defined arena of “vulnerability”; it is no longer limiting its engagement with the previously narrowly defined OVC policies and programmes. This is a positive development and should be recognised and embraced. There should be a conscious redefining of the name of the programme to bring it into sync with current South African and sub-Saharan approaches to child vulnerability and, in so doing, contribute to a common national approach to targeting of vulnerable children.

**South African and Sub-Saharan approaches to vulnerability and orphaning**

In South Africa there is no common definition of vulnerability. One of the few definitions is found in the Department of Social Development’s 2005 Policy Framework on Orphans and other Children Made Vulnerable by HIV and AIDS in South Africa (OVC policy framework). It defines a vulnerable child as “A child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfilment of his or her rights.”

The OVC policy framework identifies the following children as vulnerable as a result of HIV and AIDS:

- Vulnerable to HIV infection, including those who are HIV exposed, e.g. peri-natal exposure, sexual abuse, sexually active or engaged in transactional sex
- In households where there are sick persons and where children due to ignorance do not practice universal precautions
- Infected with HIV
• Whose parent or primary caregiver is terminally ill and this affects children in a variety of ways before and after the death of the parents
• With no surviving parent or alternate caregiver to care for him or her
• Who are abandoned
• In households that care for orphans and / or abandoned children and which often experience increased poverty as a result
• Who experience high levels of mobility between households
• Who experience multiple bereavements and the trauma of death
• In households where they face significant physical, mental, social and emotional harm or neglect
• In need of legal protection and alternative family care


The HIV and AIDS and STI National Strategic Plan 2007-2011 (“the NSP”) targets OVC expressly but does not provide a definition. The NSP does not provide clarity. It expressly aims to provide treatment, care and support to 80% of all HIV-positive people and their families, but at the same time, seeks, as a key prevention strategy, to address poverty more holistically in families and communities not infected with HIV in recognition of the high risk of people living in poverty to HIV infection (NSP, 2007, p. 10; 30).

The draft South African National Policy Framework for Home and Community Based Care and Support Programme, 2009 was developed in response to cabinet’s mandate to the National Departments of Health and Social Development to take joint responsibility for the implementation of Home and Community Based Care (HCBC) and Support Programme to mitigate the socio-economic impact of HIV and AIDS and other chronic conditions. It appears to be premised on a wider notion of vulnerability. It states that the focus of Social Development
interventions in HCBC is on the social impact of HIV and AIDS which alludes to the burden of diseases that are chronic in nature and therefore hamper the normal functioning and development of individuals, families and communities to deal with the consequences of HIV and AIDS and other chronic conditions, tackling poverty as well as creating a conducive environment for the provision of care and support for orphans and vulnerable children and youth.

Southern African Development Community’s (SADC) Strategic Framework and Programme of Action 2008-2015: Comprehensive Care and Support for OVCY in SADC reflects a regional shift in thinking about OVC. It recognises that many children in the region are made vulnerable by multiple risk factors, including poverty compounded by HIV and AIDS, conflict and emergencies and creates a common and comprehensive framework to guide the development of appropriate policies and programmes by Member States. As explained by Manasa Dzirikure² (the dedicated focal point appointment for children), SADC aims, through the Strategic Framework to move national states away from targeting children directly affected by HIV and AIDS to addressing all the needs of all vulnerable children.

The Strategic Framework defines vulnerable children and youth as “those who are deprived or at high risk of being deprived of their basic survival and developmental rights and needs as a result of their physical condition or social, cultural, economic, political circumstances and environment around them.”

As such, vulnerability is defined by reference to children’s rights: By the risk of or actual deprivation of all children’s rights by whatever cause.

*The UNICEF OVC programme component*

The UNICEF programme component does not expressly spell out where it is placed on the continuum of vulnerability in terms of its preferred operating definition/targeted beneficiaries. Its reference to OVC is reminiscent of an earlier more limited approach to targeting, but its

² SADC Technical Advisor, OVC & Youth: Directorate of Social and Human Development and Special Projects
interventions and alignment with the Children’s Act and other non-OVC policies places it within, and makes it more relevant to a more modern vulnerability paradigm which seeks to harness and coordinate the full range of national energies towards addressing the needs of all vulnerable children.

5.1.4 Responsive to internationally recognised frameworks and best practices?

The UNICEF OVC Programme is highly responsive to internationally recognised frameworks and best practices. In fact the origins of the programme are to be found in two foundational UN initiatives responding to the HIV/AIDS pandemic sweeping the continent. The first was the UNGASS Declaration of 2001 which specifically called for states to develop and implement national plans of action to deal with the pandemic. The second innovation upon which the OVC programme is premised is the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS which was finalised at the Global Orphans and Vulnerable Children Partner’s Forum in Geneva in 2003.

The South African UNICEF OVC Programme started as part of the broader regional CARI initiative with the specific objective of developing South Africa’s National Action Plan which formed the subsequent guiding framework for the content and priorities of the OVC Programme interventions.

The NPA (and the complementary UNICEF OVC Programme) was developed to give effect to the Framework’s recommended responses, including:

1. Strengthening the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psycho-social and other support;
2. Mobilise and support community-based responses;
3. Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others;
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities;
5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV and AIDS. (UNICEF, BvL, CARE and others, 2003, p. 14)

5.2 Efficiency

Were UNICEF’s financial and technical resources strategically deployed to achieve greatest impact, in terms of leveraging?

5.2.1 UNICEF’s global brand, visibility and normative role?

UNICEF is seen to have used its global brand, visibility and normative role to leverage funds, prestige, awareness of and national conformity with practices and principles promotive of the best interests of the child.

However, UNICEF’s global brand, visibility and normative role have proven to be a double edged sword. On the one hand, as observed by a UNICEF representative, UNICEF’s brand has attracted funds to the OVC sector. But the same brand, when associated with the normative “watchdog” role that UNICEF plays, has created a level of guarded reservation towards UNICEF within DSD and has, at times, resulted in tension in the partnership between UNICEF and DSD.

The status that goes with the global brand is seen to have resulted in UNICEF’s participation in NACCA, raising the profile of the structure and to have encouraged higher level stakeholder participation in OVC initiatives led by NACCA. For example, as observed by a government representative on NACCA, “UNICEF’s membership of the NACCA secretariat helped ensure a good showing from the government when it hosted an OVC conference in 2006.”

In a similar vein, UNICEF’s unique status, vis-à-vis Government and civil society, allowed it to play a key facilitative and relationship building role on NACCA. The role that UNICEF was able to play on NACCA was described by one of the development partners on NACCA as a mediating role between Government and civil society in the interests of getting a job done well and properly. As such, UNICEF’s presence and role on NACCA was strategic in that it resulted in building and strengthening of partnerships between Government and civil society. This is a
role it was able to play because of its brand as an independent and objective international player acting only in the best interests of the child, rather than being motivated by national or self-interest. When tensions were raised between civil society organisations and Government, UNICEF was able to step in and facilitate progress by stressing that NACCA “works through a complete partnership [which means] equal input.”

The partner who made the preceding observations, credited UNICEF with playing on its brand and international positioning to advance a national children’s agenda that is compliant with and promotive of international child rights, standards, practices and ethics. They credited UNICEF with good documentation and information sharing skills which, because of their international linkages and credibility, promoted national critical reflection by both Government and civil society on their national practices through an internationally comparative lens. This resulted in subsequent work being undertaken in alignment with international thinking, standards and practices as founded on UNICEF’s in-depth knowledge and expertise. For the respondent in question, this has had a direct positive impact on the work of a well-known national child rights developmental organisation. She explained this as follows: “.... the sharing of these reports has enabled us to look at our own programmes so that we work in line with what is happening broadly because UNICEF is not just a national organisation, but an international organisation, so it is quite open-minded and has extensive knowledge on issues of children in the country...our knowledge and our work... [is] being influenced by that.”

5.2.3 Strategic partnerships with government and civil society?

Various respondents from Government, other development partners and civil society observed that UNICEF has played an important unifying and coordinating role in and through NACCA. One of the respondents from civil society echoed what others said in commenting that UNICEF’s financial and technical resources were put to optimal use in that it sought out “partnerships and collaborations to build on or to ensure that there is no duplication and redundancy.” The effective coordinating role of UNICEF is seen to have resulted in a greater complimentarity amongst actors in the OVC sectors such as NGOs funded by other big development partners like PEPFAR, Save the Children, and the Nelson Mandela Children’s Fund. A UNICEF representative observed that, but for the role of UNICEF in this regard, “we could potentially have found ourselves in the position of stepping on each others’ toes, but
operating at a level with government and with groups of these partners, working at a general
capacity building, guidelines and things like that, ....has been a really useful contribution.” The
strategic value of the partnerships, however, goes further than just avoiding stepping on each
others’ toes; it extends to having built really strong teams whose combined energies and
resources have contributed to more effective and more wide-reaching care and support services
for OVC at a community level.

Another respondent from the international development community observed that, largely due
to the role played by UNICEF on NACCA, NACCA is the only effective space for donor
coordination around OVC priorities and initiatives. “It is an opportunity to discuss activities in
terms of their alignment, success, evaluation plans and potential replication across provinces.”

Whilst there has been significantly more collaboration amongst like-minded non-government
players as a result of UNICEF’s focus on building partnerships and improved coordination in
the sector, a representative from an international development partner felt that there was room
to improve collaboration and partnerships between UNICEF and other international
development partners and donors like PEPFAR to speed up delivery of services to OVC.
Partnerships to date have evolved at the level of NACCA which the respondent indicated dealt
with issues at a macro-policy level, rather than at an implementation level. Responses to OVC
at an implementation level have been slow because of Departmental delays. The respondent
endorsed the manner in which UNICEF works with government, but felt that “meaningfully
escalated inter-donor-partner relationships would help to strengthen civil society and expedite
implementation through facilitating stronger coherence between what’s being funded and what
government’s policy is.” This recommendation was echoed by an informant from civil society
who suggested that UNICEF ought to engage more robustly, “not just as a programme
implementer but also as a donor with other donors and with civil society organisations that also
taxor to the role of an implementer and funder” so as to avoid any duplication and to optimise
resources.

With regards to the relationship between UNICEF and government, the same respondent noted
that UNICEF has perhaps not used its resources to optimise collaboration between different

40
government departments sufficiently. The emphasis on a holistic social protection package for vulnerable children requires cross-departmental coordination between labour, health, housing, education and other departments; and this is a role that UNICEF is well placed to fulfil, but has not taken on as yet. At least three of the key informants observed that we do not have a strong record of effective cross-departmental collaboration in South Africa, and the respondents were of the view that UNICEF resources could be put to more effective use in facilitating this development in South Africa. One of the respondents indicated that while there is an obvious necessity for strong engagement with the DSD, governmental engagement has to be broadened and strengthened. She pointed out that DSD cannot be entirely effective without the Departments of health, water and housing, for instance and “that engagement is nowhere near as strong for everybody as it should be.”

One of the respondents went on to say that internally, UNICEF itself showed room for improvement in regard to cross-sectoral collaboration and partnerships. UNICEF’s organisation of its programmes compartmentalised its OVC programme from other critically relevant programmes such as health and education. The respondent felt that UNICEF would not be able to facilitate effective cross-departmental cooperation until there was more effective inter-sectoral collaboration within UNICEF. The accuracy of this observation was confirmed during a discussion that took place as part of the SWOT analysis held with UNICEF staff when it was noted by a OVC programme staff member that there is a lack of a common agenda for vulnerable children pursued collectively by all the programmes within UNICEF. This lack of common cause means that UNICEF resources are not being utilised to their full potential. An example given during the SWOT analysis was that the OVC Programme Officer approached the UNICEF health programme to postpone the printing of the new “Road to Health” Card used at health facilities to monitor the well-being of infants and small children so that provision could be made on the card for two questions; (1) about the infant’s birth registration status and (2) whether the mother was alive or deceased. Both these are issues of critical importance to the health and overall well being of children. The UNICEF Health Programme officers declined to postpone the printing order because they did not see the value in the inclusion of the questions, which they thought would be “too much for the health workers to think about”.

41
The previous comments about the lack of a common UNICEF OVC agenda is cause for concern given that, as pointed out during the SWOT analysis, the whole UNICEF Country Programme for the past four years has prioritised working towards the needs of orphans and vulnerable children - all sections, not just the OVC Programme component focus. However, partly because the Country Programme then dedicates a specific Programme component, the one under review, to this specific group causes the other Programmes and components not to completely buy in to the overarching theme. In consequence, the overarching OVC theme has never really come out and there has been an abdication of responsibility across all Programmes to realise the common objective of care and support for OVC. As pointed out by one of the staff members, “actually if we talk about OVC it is Heidi’s responsibility and not everybody’s – we don’t have that responsibility.”

Whilst UNICEF may need to work on cross-departmental partnerships, it has utilised its intra-departmental partnerships to forge a bridge between the previously (falsely) divided Child Protection and HIV directorates within the Department of Social Development. Up until now, these two Directorates have operated largely in isolation of each other, to the detriment of holistic social protection for vulnerable children in South Africa. However in the emerging consolidated space created by the Children’s Act, especially in the arena of prevention and early intervention services for vulnerable children, there is increasing integration of the roles and mandates of the two Directorates. Most of the services provided through the community-based initiatives which have traditionally operated within the OVC rubric are in fact the prevention and early intervention services contemplated by the Act which is commonly seen as falling within the Child Protection Directorate. UNICEF’s linkage of prevention and early intervention with traditional HIV/OVC sites of service delivery has provided new ground for the future integration of the two directorates and their operating frameworks.

5.2.3 Evidence building and knowledge management

UNICEF is seen to have employed its resources most effectively to identify and fill knowledge gaps and to provide evidence to move implementation forward through appropriate and informed planning. Two examples that were referred to by a number of respondents include a study that was conducted on child-headed households and the audit of child care forums. In both of these instances, there was a paucity of information about issues that were critical to
providing effective responses to OVC. UNICEF is credited with accurately identifying information lacunae and filling these gaps with well-researched and useful information that served to build an evidence-based case for responsive action.

A number of government and non-government key informants, when asked what they considered to be highlights of the OVC Programme, mentioned UNICEF’s information and knowledge management and sharing role in the OVC sector as a key strategy for strengthening understanding and responses to OVC in South Africa. For example, the Maternal Orphan Count database developed under the guidance of UNICEF was mentioned by at least three of the key informants as a long-overdue innovation that for the first time will allow an accurate recording of the number of maternal orphans in South Africa, a data gap that has long frustrated proper planning and monitoring of OVC programmes.

5.3 Effectiveness

5.3.1 To what extent did project activities achieve key results and annual targets as set out in the Country Programme Action Plan and Annual Work Plans?

The Country Programme Action Plan (CPAP) seeks to address a number of programmatic gaps and service delivery blockages inhibiting realisation of the South African Government’s top priority; the delivery of basic services, particularly to marginalised and vulnerable children. The CPAP and Annual Work Plan identify a number of targeted outputs aimed at realising key results to support the service delivery commitments of Government to OVC:

The table below summarises progress that has been made towards realisation of the targeted outputs and highlights outcomes which have not been achieved in full, or which have not been achieved at all. The purpose of this schematic analysis is to provide and information base upon which to base the subsequent discussion leading to conclusions about the effectiveness of the Programme in realising the two key results:

c) Coverage of community-and home-based care, support and protection increased to 70% of OVC;
d) Department of Social Development is able to better coordinate and monitor OVC services. (UNICEF, 2007: pages 6-7)

<table>
<thead>
<tr>
<th>Targeted outputs 2007-2010</th>
<th>Outcomes achieved</th>
<th>Outcomes not achieved in full, or at all</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengthening family and community-based responses to OVC through collaboration with civil society</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported community-based models of support, care and protection for OVC – with a view to the models being adopted and scaled up by national, provincial or local authorities</td>
<td>Locally broadened and strengthened family and community-based responses to identify and support OVC and to increase the service uptake for children affected by HIV and AIDS</td>
<td></td>
</tr>
<tr>
<td>Provided financial support, training and other support for community-based child protection workers in E Cape and KwaZulu Natal</td>
<td>A cadre of trained and supported community-based child protection workers has been developed resulting in strengthened community-level identification of and responses to children affected by HIV and AIDS in E Cape and KZN</td>
<td></td>
</tr>
<tr>
<td>Contracted a service provider to build the capacity of UCARC to more effectively monitor and report on the project</td>
<td>Strengthened the capacity of UCARC to monitor the community-based response to children affected by HIV and AIDS</td>
<td></td>
</tr>
<tr>
<td>Advocated for the DSD in the Eastern Cape province to take over responsibility for supporting the UCARC project</td>
<td></td>
<td>DSD did not complete the take-over and assume responsibility for supporting the project, leaving a state of uncertainty about the future role of DSD and the</td>
</tr>
<tr>
<td>3 CCFs established in the Nkandla area</td>
<td>Strengthened sustainable organisational fora and knowledge amongst local communities in the Nkandla municipality to coordinate, manage and prioritise the needs of OVC at community level</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>A CCF course and guidelines designed and implemented to enable community workers to set up CCFs and to strengthen child care forums in terms of content and organisational management knowledge and training on a train-the-trainer basis provided to 270 people to take the knowledge back to communities</td>
<td>A cadre of trained and capacitated people (270) equipped to return to their communities and train further communities and facilitate establishing further CCFs. In consequence CCFs are growing organically within communities wanting to care for OVC. (UNICEF, 2010:page 21)</td>
<td></td>
</tr>
<tr>
<td>3 Municipalities targeted through 15 awareness campaigns and 10 workshops targeting the community on subjects relevant to integrated service delivery and children’s rights</td>
<td>Community leaders and volunteers and workers have been made aware of the needs and rights of children affected by HIV and AIDS to make them aware of children’s issues in their programme development, including the development of municipal Integrated Development Plans</td>
<td></td>
</tr>
<tr>
<td>A network of community structures established in each of the municipal wards to identify and support families affected by HIV and AIDS. UNICEF supported a dedicated post within the Nkandla Municipality to coordinate</td>
<td>Strengthened sustainable organisational fora, processes and personnel within a localised KZN municipality to manage and prioritise the needs of OVC and to drive the project as a sustainable</td>
<td></td>
</tr>
</tbody>
</table>
and drive the collective Municipal Forum responsible for identifying and addressing concerns of OVC.

local government initiative.

The project is still ongoing in Nkandla through the efforts of a project coordinator who remains in touch with ward networks that were established and how continues to seek funding to sustain the project.

| Integrated Early Childhood Development model piloted in Nkandla premised on ECD sites as nodes of care and support for OVC, with a view to scaling the model up. | Develop integrated early childhood development centres/programmes as nodes of care and support for OVC through the recruitment of community-based family facilitators who would work with ECD practitioners; they in turn would filter into the community and support families. The ECD site would be a hub for identifying vulnerable children and ensuring that children have caregivers, are being fed, are accessing social security and being immunised. Initially this was collaboration between DSD and the DOE. It was ultimately taken into the ECD fold and guidelines were developed with a view to up-streaming the original project. | At the end of the day, ECD sites in Nkandla did not ultimately evolve into holistic and integrated nodes of care and support; whilst guidelines were developed with a view to up-streaming the original project through mainstreaming of the model at local, provincial or national levels, there is no evidence of up-stream traction of the model. TREE held meetings with DSD and the Centre for Rural Health and plans were made for DSD to visit the municipality, but these never materialised or yielded any positive up-stream adoption or advocacy of the model. At the end of the day the narrow ECD side of the project succeeded, but not the broader integrated OVC side of the project. The impact was described by a UNICEF representative as |
Isibindi model of community-based care and support for OVC using child and youth care workers is supported as a replicable model for scaling up

<table>
<thead>
<tr>
<th>Improved range, availability and quality of substantive care and support services required by the NAP for OVC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designed a course on succession planning and trained 540 succession planning resource persons in 27 districts covering the nine provinces (UNICEF, 2010)</td>
</tr>
</tbody>
</table>

A government representative, a representative from an international NGO and indeed a UNICEF representative indicated that the succession planning project was a great success; that it filled a gap in terms of delivery of the NAP programmes. The widespread recognition of this programme as a highlight of UNICEF’s OVC programme is indicative of UNICEF’s strategic thinking and effective use of its resources to fill programmatic gaps to fully realise the support package envisaged by the NAP.

The result has been an increased capacity of resource persons in all nine provinces at community level to provide support and advice to

being limited to increasing ECD awareness and skills in the Nkandla area. The municipality is described by a UNCEF representative as noticeably conscious of ECD.

Whilst the Isibindi model is being scaled up provincially, it is not being adopted and scaled up nationally.
<table>
<thead>
<tr>
<th>Action</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designed literacy material on succession planning for distribution around the country</td>
<td>Raise awareness of succession rights of OVC</td>
</tr>
<tr>
<td>Undertook research into good practices of the provision of PSS to OVC and provided training on PSS to community-based service providers; a framework on PSS in programmes for OVC was drafted to inform future interventions</td>
<td>Community-based service providers are equipped to provide PSS as part of a package of care and support; an element which is recognised by a number of the interview respondents as neglected but critically important to the well being of vulnerable children.</td>
</tr>
<tr>
<td>Assist Home Affairs to address birth registration bottle necks</td>
<td>Improved awareness and access to birth registration services and more efficient services provided by Home Affairs</td>
</tr>
<tr>
<td>Supported 2 hospitals in Nkandla to set up birth registration facility</td>
<td>Improved capacity to provide services to OVC in Nkandla. Supported 2 hospitals in Nkandla to set up birth registration facility</td>
</tr>
<tr>
<td>Support national capacities to care for and protect unaccompanied migrant children</td>
<td>Unaccompanied migrant children benefit from national care and protection systems.</td>
</tr>
</tbody>
</table>

**Department of Social Development is able to better coordinate and monitor OVC services at national, provincial and local levels**

**Strengthen the coordination capacity of NACCA**

A consultant provided organisational support and guidance to NACCA in its early days which resulted in structures being set up, terms of
In other words, to strengthen the coordination systems at NACCA, which she did, setting up a website etc.

The organisational structures and support put in place are still in use. They have strengthened NACCA in fundamental but simple ways; where these structures and systems, such as regular minutes, membership databases, terms of reference, a website etc are not in place, the coordination capacity of similar structures is significantly weaker. (Giese & Saunders, 2008)

| Contracted a consultant to develop, in cooperation with the KZN office of the Premier a district information management system to identify, support and facilitate the provision of services to OVC – which was piloted in the Umkhanyakude district | The system was designed and tested in the Umkhanyakude district in KZN and discussions took place for preparing a platform for scaling the system up. However, a series of events prevented implementation within the district municipalities and provincial scale up never happened. In addition, territorial issues in the KZN provincial government consigned the database to limbo. The KZN provincial government |
or more specifically the Office of the Premier which initiated the project with UNICEF did not maintain support for the project, and at a district level, the project collapsed; there was scant evidence of municipal managers having taken ownership of it.

Whilst “the project received the greatest support and acclamation from the outset and was regularly reported in various fora, where its development attracted consensus from every quarter….by the end of the project, there was still no structure within the ORC to manage and direct this process. At the district level, it was clear that considerable capacity exists .....to manage and drive the process. But here too, lines of reporting to the ORC are neither direct nor clear. At a district municipality management level,,, there is also ambivalence around reporting and responsibility.” (EduAction & EduSector AIDS Response Team , 2009: page 7)

<p>| <strong>Collect baseline information on children’s vulnerability and reach of children’s services</strong> | Baseline information on children’s vulnerability and reach of children’s services is established |
| Maternal orphan count information management and data retrieval system | The data collection system has been developed and applied, yielding a |
| | The baseline information was intended to be used by DSD and |</p>
<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed data base of maternal orphans, that can be readily updated.</td>
<td></td>
<td>its partners to guide service delivery at national level and in at least two provinces (KZN and E Cape).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The information has not been made freely available within the Department of Social Development or other departments; it is seen as an OVC directorate product, its use to be determined by NACCA.</td>
</tr>
<tr>
<td>A web-based catalogue of information, training and other resource material related to care and support for OVC collated and made available on-line through NACCA’s website, whereafter DSD staff trained to keep it updated.</td>
<td>The data base was created and made available on-line.</td>
<td>The data base has not been updated and is not known by new incoming DSD staff members or the current NACCA membership. When the UNICEF representative spoke about the database at a NACCA meeting in 2010, she was asked, “to what database are you referring to?” and “what web are you talking about?”</td>
</tr>
<tr>
<td>Conduct a Child Care Forum Audit</td>
<td>Provided an information base for the DSD to make decisions about training of CCFs and in the development of CCF guidelines</td>
<td>There is no record of the audit having yielded a data base of Child Care Forums available to the public at large.</td>
</tr>
<tr>
<td>Developed a municipal data management system for the Nkandla municipality to record and co-ordinate the delivery of services to children in the area and the appointment of a data capturer</td>
<td>Strengthened local monitoring and evaluation system</td>
<td></td>
</tr>
</tbody>
</table>
### Supported implementation of the Children’s Act

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed a child-friendly version of the Children’s Act upon request by the DSD</td>
<td>DSD has an arsenal of materials to provide as support resources to service providers when the Act is promulgated in 2010</td>
</tr>
<tr>
<td>Identify practical models of alternative care, early intervention and prevention so that they may be included in national implementation strategies</td>
<td>Practical models of alternative care, early intervention and prevention are identified and included in national implementation strategies – to inform scale up and inclusion of prevention, early intervention and foster care in Departmental budgets</td>
</tr>
<tr>
<td>Appraisal and costing of cluster foster care models and support their role out</td>
<td>Foster care study and costing delivered to DSD for future planning and costing of alternate care models in terms of the Children’s Act</td>
</tr>
<tr>
<td>Research into existing prevention and early intervention programmes in terms of the new Children’s Act</td>
<td>Research undertaken to assist DSD in developing service delivery models and costing models for use by Provincial DSDs in complying with obligations in terms of the Children’s Act to provide and fund prevention and early intervention services</td>
</tr>
<tr>
<td>Conduct a baseline assessment of all registered children’s homes, shelters and places of safety in South Africa</td>
<td>Baseline assessment completed and delivered to DSD for use in future planning</td>
</tr>
</tbody>
</table>
a) Coverage of community- and home-based care, support and protection increased to 70% of OVC

**Difficulty with targets, monitoring and evaluation**

Realisation of this objective is difficult to measure because of a number of data and related anomalies. A key difficulty relates to assessing the progress made towards increasing, to 70%, the number of OVC receiving care and support. It is simply not possible for the programme to have assessed progress against this target given the lack of clarity about who qualifies as an OVC, how many OVC were and are receiving care and support, and where they are located. This difficulty is further compounded by the change, during the period of the programme under review, of the international, regional and even national conceptualisation of orphans and vulnerable children. As noted in the JLICA report, there has been no consistent definition of “orphan” and there is no consistency at to the scope of “vulnerability” within the context of OVC. The target is an ever-moving one, making it very hard to assess progress towards achieving any goals in relation to it.

Moreover, as observed by a representative from UNICEF, it is intrinsically difficult to measure progress towards community-based and -development service delivery approach to the provision of identification, care and support of OVC. While the respondent noted that it has been possible to observe shifts and developments that have been brought about by this approach, these remain hard to measure. She asked, “How do you measure ‘ownership’ or ‘awareness’?”

**Birdshot approach to mainstreaming community-based models of care and support**

The scattered bird-shot approach to setting up and supporting community-based models of care has resulted in a dispersed collection of community-based sites of varying complexity and size across various municipalities, districts and provinces. This makes it very difficult to assess the extent to which these sites have grown, on a national scale.

The Country Programme and Annual Plans make it very clear that all of the community-based models that have been supported were with a view to their being scaled up
 provincially and ultimately nationally. There is a consistent failure in relation to this objective; very few, if any of the community-based models have been scaled up nationally or provincially, although the Isibindi model has seen some scaling up success at provincial level.

*Lack of national scale-up of the community-based models*

The OVC Programme overtly sought to support replicable models of community-based support. Unfortunately, there is little evidence of having successfully realised the intended scale-up; a necessary precursor to realising the targeted 70% increase in coverage of community-based care and support. In the Eastern Cape, UNICEF aimed for the provincial Department of Social Development to take over the support and scaling-up of the village child protection model implemented by UCARC. This support did not materialise and there is uncertainty about the long-term viability of the model in this province.

Similarly, support for TREE’s community-based ECD centres as nodes of care and support in the Nkandla area in KwaZulu Natal did not find sufficient support and scale-up within Nkandla, other districts or more broadly at a provincial level. The ECD sites did not evolve into holistic and integrated nodes of care and support; whilst guidelines were developed with a view to up-streaming the original project through mainstreaming of the model at local, provincial or national levels, there is no evidence of up-stream traction of the model. TREE held meetings with DSD and the Centre for Rural Health and plans were made for DSD to visit the municipality with a view to scaling the model up in the province, but this never materialised, nor did it result in any positive up-stream adoption or advocacy of the model. At the end of the day the narrow ECD side of the project succeeded, but not the broader integrated OVC side of the project. The impact was described by a UNICEF representative as being limited to increasing ECD awareness and skills in the Nkandla area. The municipality is described by a UNCEF representative as noticeably conscious of ECD.

There has been a greater degree of success in increasing the number of sites and scale of the Isibindi model in a number of provinces. The Isibindi model has been implemented
in 8 provinces covering 55 sites. (UNICEF, 2010) However, whilst it is being scaled up provincially, it is not being adopted and scaled up nationally and a representative from UNICEF advised that the level of traction varies from province to province.

*Training and guidelines are effective strategies*

Whilst the intended scaling up of models has not found effective traction, the development of training modules and guidelines for future use in the design and implementation of projects by government and civil society has proven more effective in improving the coverage of home and community-based care and support. A case in point is the CCF guidelines which, through strategic training of community-based agents, have seen the organic growth within communities of standardised CCFs. Unfortunately no statistics were available to indicate how many CCFs have been established as a result of the training provided to 270 community-based workers.

Moreover, the training provided on succession planning and psychosocial support has ensured effective widespread knowledge and information on two matters of essential importance to the material and emotional well-being of OVC which had, prior to UNICEF’s interventions in this regard remained neglected.

*b) Department of Social Development is able to better coordinate and monitor OVC services*

*Improved coordination through NACCA*

At an organisational level, UNICEF’s support to NACCA resulted in it operating more effectively and this in turn improved the effectiveness of NACCA as an effective coordination forum. The organisational structures and support put in place with the assistance of a consultant paid for by UNICEF to support and guide NACCA in its early days are still in use. They have strengthened NACCA in fundamental but simple ways; where these structures and systems, such as regular minutes, membership databases, terms of reference, a web site etc are not in place, the coordination capacity of similar structures is significantly weaker. (Giese & Saunders, 2008)
Improved monitoring impeded by failure to maintain information management systems

UNICEF has expended significant energy on developing systems for improved information and data collection and management at local, provincial, national and at NACCA level. However, apart from the national maternal orphan count project, these systems have all, but for one, stalled through lack of maintenance and ownership by the relevant government structures. This includes the data collection processes to identify the numbers and location of OVC and the services available to them at a local and district level in KwaZulu Natal; as well as the larger provincial OVC tracking system sought to be developed in partnership with the KwaZulu Natal Office of the Premier; and the collation of training materials for OVC on the NACCA website.

The web-based catalogue of information, training and other resource material related to care and support for OVC which UNICEF collated and made available on-line through NACCA’s website, has not been updated and is not known by new incoming DSD staff members or the current NACCA membership. When the UNICEF representative spoke about the database at a NACCA meeting in 2010, she was asked, “to what database are you referring to?” and “what web are you talking about?”

UNICEF conducted an audit of Child Care Fora in South Africa which provided very useful information about the location and quality of services provided by these fora in South Africa. However, the intention was also to develop the research into an updateable data base of CCFs; there is no record of the audit having yielded a data base of CCFs available to the public at large.

5.3.2 What were the main constraints faced by the project team?

Historically inappropriate municipal pilot sites

The participants in the SWOT analysis explored the question of why the pilots at municipal level in KwaZulu Natal failed to develop into effective long-term projects. There was consensus that municipal sites might not be the most strategic choice to found long-term scaled up initiatives. In fact, it was revealed that the choice of the particular municipal sites was linked to a specific constellation of factors that prevailed in previous years in South Africa. Apparently there was weak
national leadership within Social Development and tension between UNICEF and Social Development. Therefore the UNICEF Programme leadership decided to bypass these limitations by focussing on local government. Whilst this reason for working locally is no longer relevant, the current programme inherited the existing municipal sites in KwaZulu Natal. The choice of these sites was not at any time strategically determined; they were never regarded as sites with the potential for long-term scaling up. Rather, the choice was made for politically expedient reasons. Therefore there was no prior preparation of the ground, provincially, for scaling up of the models. The fact that the ECD model ended up as a promising model was fortuitous, but the ground had not been properly prepared for large scale scaling up in the area.

*Lack of national leadership to drive scaling up*

The JLICA report identifies a number of factors that are essential to effective scaling up of a project. These include:

1. Drive from the top by way of strong national leadership;
2. Inclusive and sustained partnerships between national government, donors, academic research institutes, civil society and community groups.

In the case of the community-based models supported by UNICEF, there was and continues to be a consistent lack of national leadership and ownership of community-based models of care and support, even in the case of the more successful Isibindi model. This lack of leadership may be something that cannot be overcome because of the manner in which national and provincial responsibilities are divided up in South Africa by the Children’s Act. As pointed out by one of the key informants, when national was approached for support, the point was raised that it is not a national DSD competency to fund and implement models such as these, and that the Children’s Act places this responsibility squarely within the mandate of provincial government.

*Lack of traction*

A UNICEF representative indicated that the success of projects, especially those dependent on provincial and national level support for ultimate scaling up was limited in most of the cases by UNICEF and Government’s respective “cogs” not working together. She explained further that there had not been a sufficiently “strong symbiosis between their interests and our interests”. As such there
was little, if any, provincial (and even district and national level) traction in relation to the pilot projects, such as the OVC database developed together with the KZN Office of the Premier and the community-based child protection models of care and support in the Eastern Cape, both of which were designed for provincial scaling up and support. Neither were absorbed into and supported by the various provincial departments. The mismatch of cogs was attributed to a number of factors by the UNICEF representative, including a lack of prior understanding by the Government partner representatives of the complexity of the projects and the effort, and human and financial resources that are required to scale up at a provincial, or even at a district level. Government bureaucracy results in slow progress. Whilst there is huge pressure to move the UNICEF projects to scale up quickly because of donor imposed timelines and pressure to see results that are reaching substantial numbers of children, such numbers can only be realised through effective scale up by Government. This is a key contributor to the mismatches that have seen a number of OVC programme projects. The UNICEF representative explained the donor pressure as follows, “UNICEF puts out contracts for such a period of time and so much money and you have got to have a report back, the donors want to know exactly what’s been spent and what the results are, and they always want to know how many numbers of children you have reached.”

Limitations in the relationship between UNICEF and the Department of Social Development

In view of the strategic choice made by UNICEF to work with Government and to respect Government ownership and sovereignty of relevant project and processes, UNICEF’s success depends on the strength and credibility of its Government partner organisation/s. To date that relationship has been limited (largely due to the CARI foundations of the programme) to a relationship between the UNICEF OVC programme and the Department of Social Development’s HIV and AIDS Directorate and, more specifically, NACCA. The relationship with NACCA and the HIV directorate has been long and productive on the policy front; the OVC Policy Framework, the NAP and the NACCA structure itself have been strengthened and are reflective of international, regional and national rights frameworks, best practices and experiences. However, there are a number of concerns about the level of success around implementation of the policies and principles, especially in so far as they envisage and call for a multi-sectoral response which is capable of addressing the multiple risks and vulnerabilities facing children affected by HIV and AIDS in South
Africa; from income poverty to health, to education, to psychosocial support, to early childhood development and many others.

A number of the interview respondents from civil society that are represented on NACCA felt that UNICEF realised a great degree of success in shaping the OVC Policy Framework and NAP, but that there was less evidence of success in securing implementation at the various levels, such as provincial and local, and across different departments other than Social Development. In the words of one of the respondents, “On the one side is the DSD secretariat; at the other is civil society; and in the middle are these government departments equipped with resources but reluctant to deploy them.” Reasons offered for this include limited leadership buy-in outside of the HIV/AIDS Directorate and NACCA on the specifics of care and support for OVC as framed in the NAP and related documents.

A study commissioned by Alliance for Children’s Entitlement to Social Security (ACESS) on co-operative governance structures in 2008 found that a key factor inhibiting the successful realisation of the cross-sectoral programmatic mandates of these structures, including NACCA, was a lack of power on the part of the lead department to hold other levels of government and other departments accountable to the common agenda and their respective responsibilities. The report noted that “Lead Departments need to have the authority to hold all representatives ....accountable for attendance and delivery of agreed actions.” The report further noted that with the exception of structures in the Presidency of the Premier’s Offices, all other structures including NACCA appeared to lack this authority and faced the inherent challenge of a “reluctance of one government department to be ‘dictated to’ by another (Giese & Saunders, 2008, p. 21; 23) The inability of NACCA to hold government accountable was confirmed by a UNICEF representative who said that whilst NACCA was presented as a coordinating body, in reality its role was far more limited; whilst it is “presented by the DSD as a consultative partnership, it is actually simply a platform for DSD to provide information on its activities and holds little opportunity for big decisions to be influenced. Moreover the DSD is not accountable to NACCA.”

The limited ability of NACCA and the DSD’s HIV/AIDS’ Directorate (the main loci of UNICEF activity) to compel action provincially, locally and cross-departmentally, and their apparently slow pace of multi-level advocacy inhibit realisation of UNICEF’s mandate. These factors, together with
the strong stance taken by national DSD against UNICEF engaging directly at other government levels or with other departments in relation to implementation of the NAP (discussed in more detail under the next heading dealing with relationships), leaves UNICEF’s capacity for successfully contributing to the implementation of the NAP and other OVC programmes somewhat hobbled.

_Insufficient resources (human and other)_

The OVC Programme covers a tremendously wide field, yet it is staffed by only one full time programmatic staff member, with time from one manager and one administrator. This results in the programme staff member, as observed by a key informant from civil society, being overworked and over-stretched, to the detriment of the programme.

_Inconsistency and ambiguity about UNICEF’s role_

Speaking of UNICEF as an organisation, one of the key informants representing UNICEF said that was frustrating “that there isn’t a consistent image or picture of what role UNICEF can play”.

**5.3.3 Does UNICEF’s relationship with the national Department of Social Development, NACCA and its other partners enable it to deliver on its mandate?**

The relationship with DSD is long-standing and strong. A UNICEF representative described the relationship as being perceived as reliable by DSD. It manifests through UNICEF’s support for DSD in its various fora, and through the provision of information and funding of relevant projects and programmes.

The relationship largely plays out in UNICEF’s representation on the NACCA secretariat, the forum responsible for the National Action Plan. More recently UNICEF has started participating in the Child Protection Forum falling within the ambit of the Child Protection directorate. Whilst the relationship has allowed for the realisation of UNICEF’s mandate, namely the promotion of care and support for OVC through the development of appropriate government and civil society policies and programmes, the relationship with DSD has at times placed constraints on UNICEF’s ability to pursue its mandate. This is largely because of a disjuncture between the pace and expectations as
between UNICEF and DSD. It is better when working with other non-Government partners, but here too there is space for better alignment and coordination of shared efforts.

The relationship between UNICEF, Social Development and NACCA
A representative from DSD who sits on NACCA explained that the relationship between DSD, or more specifically, NACCA, and UNICEF has been long-standing and productive. It has yielded a strong OVC Policy Framework and a NAP for OVC. The DSD said that it views UNICEF as a key development partner and the factors that resulted in UNICEF’s centrality was its commitment to the programmes over the years; the manner in which it has worked in partnership with the DSD and been forthcoming with ideas; and the fact that it does not act unilaterally, but always works within the government policy framework. It does however appear that at times UNICEF finds it difficult to work squarely within the government framework. This difficulty has created some tension in the working relationship due to the limits placed on the ability of UNICEF to fulfil its mandate when operating within the constraints implicit in the government framework.

“UNICEF has a good, open and frank relationship with the DSD.” However, the international donor representative who made this observation sits on NACCA and is mindful of the boundaries of international relations between support and project sovereignty, described UNICEF as a “little bit pushy” in its dealings with the DSD. It was perceived as attempting to move things through the DSD system without the necessary consensus first having been achieved. This observation is indicative of a relationship that is at times seen as out of step with the principle of government ownership and leadership of projects as expressed in UNICEF’s Strategic Plan, which stipulates that UNICEF follows a country-based approach centred on capacity-building which is first and foremost “owned, led and coordinated by national authorities. (UNICEF, 2006) It must be noted however that the informant did observe a positive shift in the dynamics of the relationship during the last year (2010) during which time the DSD has played a stronger leadership role which has moved the relationship to a more equal footing.

The concern raised in the previous paragraph was linked specifically to the research projects that UNICEF supported. The same informant felt that “UNICEF was driving the research as opposed to the department having a stake in that research”. This apparent tension was picked up by a number of
other informants who attributed the tension to a degree of unresponsiveness and unaccountability on the part of DSD when presented with sound research commissioned in terms of a joint agreement for the purposes of taking forward care and support for OVC. A UNICEF representative elaborated on the source of this apparent “pushiness”. She said that the relationship with DSD was at times frustrating because of the slowness of pace, insufficient accountability for lack of responsiveness to sound evidence-led information. The lack of responsiveness and slow pace within the Department was seen by another civil society partner as the main source of tension between UNICEF and Social Development. The informant observed that a mismatch in planning and timing of joint projects between UNICEF and the Department of Social Development, and the fracture between national DSD’s commitments and the translation and uptake of that commitment at provincial and local level was as a key source of frustration for UNICEF. “The main difficulty in the UNICEF OVC programme as a whole lies in breaking through government systems and contending with the slowness of provincial departments.” In consequence, “UNICEF and its partners will be ready to proceed with roll out, but departments will not be ready yet or still in the process of being informed as to the new development.” The resulting tensions means that the relationship between the two is perceived as “not always amicable”, however it has at all times remained “professional and mutually respectful”. UNICEF’s diplomatically correct approach to honour agreements with government and be respectful of government ownership of the projects has seen substantial delays in completion of projects; government is allowed to control the timing of the roll out. Whilst this delays the projects, it has ensured the integrity of the relationship between UNICEF and DSD.

This concern was confirmed by a government representative from NACCA who advised that some of the DSD staff had found it difficult to work with UNICEF in the face of the strident approach taken, which at times appeared to amount to a transgression of the boundaries of DSD ownership of the project in question. One of the particular areas of tension raised by the government representative was an apparent trend in the past where UNICEF would approach provincial DSD to work on a project without first getting approval from national DSD. This was problematic, as explained by the respondent, as DSD national sought to ensure alignment between national and provincial energies, and UNICEF’s bypassing national DSD created a risk of non-alignment. It must however be noted that this practice is now apparently a thing of the past; UNICEF currently seeks endorsement from national DSD before doing anything.
Whilst the relationship with DSD through the NACCA structure was seen as robust and healthy by a number of the informants, it was felt that the relationship was too focussed around NACCA; that it did not effectively extend beyond the NACCA relationship to other spaces in DSD and elsewhere where programming and implementation was taking place to address the rights and needs of vulnerable children. With the result, in the words of one informant, in the context of child protection, she felt that “more time appears to be spent on posters and policies than on ensuring that children are protected through effective implementation of the law.” The primary reason for this, as seen by the informant, was the lack of sufficient human and other resources within DSD at a national, and especially a provincial level, to turn policies emerging from the agreed DSD /UNICEF agenda into actions. At the heart of the matter, it appears that whilst there is apparent agreement on an agenda between UNICEF and DSD as represented at NACCA, that agreement and relationship and resultant accountability does not extend to the rest of DSD, nationally and provincially so that appropriate commitments are not made in terms of planning, budgeting and resourcing of agreed agenda. This is a cause of great frustration for the UNICEF representative and is a cause of limited realisation of the UNICEF agenda; an agenda that will only succeed if the DSD upholds its implementation responsibilities. The UNICEF representative indicated that a source of frustration of UNICEF’s mandate is DSD’s slow pace, its poor accountability and the tendency to make personnel responsible for areas of activity in which they are given neither the necessary information nor skills.

At the same time, the UNICEF OVC programme does not have a working relationship with other key coordinating and implementing structures with relevant mandates; resulting in a limit on the ability of UNICEF to realise its mandate. For example, SANAC, the South African National Aids Council is a multi-sectoral national body with a key mandate in respect of OVC which has perhaps more power, reach and credibility to hold others accountable in respect of shared plans around OVC, and UNICEF’s OVC programme does not participate or enjoy representation on this structure, or more specifically the dedicated children’s sector body represented on this structure.

In addition to the relationship being too focussed on NACCA, it was also felt that UNICEF’s organisational involvement with NACCA was limited. Whilst UNICEF’s involvement in NACCA is seen as positive and consistent, one informant felt that having only one UNICEF person and
programme represented on NACCA limited the strength of UNICEF’s impact and programmatic reach and partnerships. Whilst NACCA and the National Plan of Action is OVC-centred, the multi-sectoral nature of the initiative means that it includes educational, maternal and infant health and social security elements; elements which fall within the ambit of the remaining three UNICEF programmes. The substance of these programmes and the staff of are not represented on NACCA. As a result, there is a disjuncture between NACCA programmes and policies and the planning and projects designed and developed within the non-OVC programme areas that impact on vulnerable children. This prompted one informant to observe that, for example, despite the undertaking by UNICEF that community-based OVC service delivery fora in the form of CCFs will be linked to Child Friendly Schools (CSF’s) to ensure synchronization between the two services (UNICEF, 2007: page 9), “UNICEF lacks a notable degree of visibility in school involvement and ought to work to improve this.” In a similar vein, it was noted that there is space for UNICEF’s OVC programme to strengthen its involvement with the Department of Health and engage in health debates as they pertain to children’s issues.

**Relationship with other donor and civil society partners**

There was consensus amongst the key informants that the relationship with NACCA allows for alignment across donor initiatives with UNICEF and DSD’s agenda; that outside of NACCA there is no other forum where donors can coordinate their efforts in relation to OVC.

It was further observed that UNICEF collaborates well with other international organisations like World Vision which share similar mandates and systems. The relationship was described as “good, steady and consistent” at a national and even regional level where a shared focus on the best interests of the child through projects has yielded positive results in terms of realisation of their respective and shared mandates.

In addition, UNICEF has worked well with other civil society partners involved in child protection and has used its reputation, systems and networks to strengthen these organisations. In addition, UNICEF’s presence in the LINC fellowship is positive for the sector, although the informant that raised this point did not elaborate further on this comment.
A challenge for one international partner is the fact that when collaborating with UNICEF there is a tendency for all recognition to go to UNICEF at the expense of other partners; an example given is that the communication strategy for a shared project was exclusively directed by UNICEF and partners who wished to speak to the media were advised not to do so – resulting in the impression that the hard work is shared well, but “all the glory goes to UNICEF”.

A factor inhibiting shared realisation of the UNICEF agenda by its partners, including civil society and donor partners, is a lack of clarity as to what their agenda is. This is brought about by the use of broad terms such as “child protection” and “ECD” without a clear indication of what is in fact meant by these terms. This is likely to convey a wide range of possible meanings and resultant ambiguity in understanding of the mandate.

### 5.4 Impact

In view of UNICEF’s overall strategic objective of supporting national capacity to increase the proportion of children orphaned or made vulnerable by HIV and AIDS receiving quality family, community and government support, to what extent have the results contributed to:

#### 5.4.1 Improved capacity of government to plan and monitor the National Plan of Action for OVC?

A government representative from NACCA noted that UNICEF had, in its longstanding relationship with the DSD and NACCA, specifically provided critical support in the development of the OVC Policy Framework and the NAP, as well as in the strengthening of NACCA. She noted that its role in the planning, development and costing of the Policy Framework and the NAP was invaluable to NACCA. The impact that UNICEF had on the improved capacity of NACCA and the value of the OVC Policy Framework and the NAP was confirmed by a number of interview respondents who sit on NACCA. The opinion of one respondent from a national child rights organisation regarding the NAP and the role played by UNICEF was that “we wouldn’t have had that happening without UNICEF....UNICEF supported Government to do it.....and government wouldn’t have done it on its own....[bringing] in people on the ground implementing”. The informant went on to say that “the NACCA process wouldn’t have been there if UNICEF wasn’t there, it’s the one that has kept
the country’s OVC sector together.” The same informant felt that UNICEF had played a key role in unifying the OVC sector through the NACCA structure in the manner it has engaged with all stakeholders represented on this structure. She opined that prior to the NACCA structure and the consolidation of the sector, the OVC sector was characterised by confusion; “government is going one way, we’re going that way, civils is going there, donors are also going this way, and there is a need for coordination of services sticking together and saying how can we then, given what we each have, share and go forward with this.” She continued to say that UNICEF’s unifying, coordinating, educational, and stewardship-counsellor role through and on NACCA was central to the unity we have in the OVC sector today.

Moreover, both Government and civil society representatives recognised the significant role of UNICEF in facilitating the implementation of various elements of the NAP, like the training of the provinces in succession planning – a project which was singled out by the representative as a highlight of the relationship.

5.4.2 Improved information management systems to identify and track support to OVC?
“In general, the OVC field has been under-researched and short on answers to quite difficult questions about such things as need, prioritisation, and service support. The confounding factor has been the paucity if data at every level, but more concerning perhaps has been the lack of appetite to go in search of these data... there is evidence of much energy and resource being expended [on OVC]. The problem is that this drive has been effectively hobbled, in most cases, by the inability to quantify or locate the problem, and to link it to equivalent or local resources and support” (EduAction & EduSector AIDS Response Team, 2009, p. 6).

UNICEF sought to strengthen various information management systems at a local, provincial and a national level, specifically to facilitate the identification of OVC and tracking support provided to them. This initiative was regarded as particularly successful in relation to the maternal orphan count project, described by a DSD representative as “a department flagship project that is run in conjunction with the Department of Home Affairs and that has institutionalised a surveillance system which enables the DSD to identify new orphans each month and analyse data as to who they are and where they are located.” UNICEF is credited as
the originator of this project. The same DSD representative indicated that “If they had not started that programme with us, we would not have been able to come to where we are.”

Whilst a number of other data collection and information management systems were set up at local and district levels, none of these have been maintained or sustained by the various authorities, as discussed in some detail under the heading of effectiveness earlier in this report.

5.4.3 Improved knowledge sharing and lessons learned towards improved care and support for OVC in ongoing programmes?

A number of interview respondents from both Government and civil society indicated that UNICEF was very good at documenting and sharing information through the NACCA structure. Moreover, one respondent stressed that the shared learning created opportunities for self-reflection against the international standards and practices that UNICEF used to document and review its own projects and practices; resulting in opportunities for improving national local projects.

In addition to bringing learning into the shared NACCA forum to enrich care and support for OVC, UNICEF was praised by a number of participants for facilitating regional learning through a visit to other African countries for NACCA civil society representatives (Government representatives were also invited, but did not attend) “to learn from outside, how other people who are even less resourced than ourselves are doing it and doing it successfully.” Although, at least two key informants expressed the opinion that UNICEF is well placed to maximise regional learning and sharing and that it has not fully realised this potential.

A UNICEF representative indicated that for both the DSD and NACCA, UNICEF was seen as a valuable source of information about international data and monitoring processes, more so than in relation to local information.
5.4.4 Expanded and strengthened community-based support for OVC – through Isibindi and CCFs in particular?

At a project level there has been a quantifiable increase in the number of community-based sites of support for OVC in various provinces, districts and municipalities in South Africa; notably 55 Isibindi sites in 8 provinces. Unfortunately there is insufficient data to quantify the exact number of CCFs that have been established as a result of the training and guidelines that have been provided. Not only are there more sites due to support from UNICEF in the way of both Isibindi and CCFs, but the sites have been strengthened through training and capacity building supported by UNICEF. 540 resource persons in 27 districts covering the nine provinces have received training on succession planning, 270 community-based people have received training on setting up and running CCFs and an unspecified number of community-based structures have received training on the provision of psychosocial support.

5.4.5 Assisted government to implement provisions for the care of children in the new Children’s Act?

In the words of one of the interview respondents from civil society who has been deeply involved with the costing and implementation realities of the Act, “They, [UNICEF’s projects] are completely in alignment with the Children’s Act and trying to get [it] better implemented.” This is especially true of the elements of the Children’s Act pertaining to alternative care, foster care and prevention and early intervention strategies. UNICEF has filled key knowledge gaps inhibiting the implementation of the Act by documenting and costing various models; which documentation and costing has been handed over to the DSD for consideration in preparation for the implementation of the Act.

5.5 Sustainability

To what extent have results achieved been:

5.5.1 Appropriated by government and incorporated into government planning, implementation and monitoring processes?

Various informants and UNICEF staff members expressed concern about the low levels of appropriation by government and incorporation into government planning, implementation and
monitoring processes of the projects supported by UNICEF. These concerns were expressed especially in relation to the resultant lack of scale up of community-based models of care and support and the failure to assume ownership of and responsibility for the institutionalisation and updating of information management systems supported by UNICEF discussed in some detail under the heading of effectiveness earlier in this report.

5.5.2 Mainstreamed into ongoing programmes for OVC?

A civil society informant observed that the current NAP for OVC and the programmes implemented in terms thereof are strongly rooted in, and therefore reflective of UNICEF documents such as the Framework. Furthermore, they are also mindful and protective of the rights of children as articulated in international conventions such as the United Nations Convention on the Rights of the Child.

This mainstreaming of key UNICEF endorsed approaches and solutions into one of South Africa’s core national policy and programmatic responses to OVC is as a result of deliberate advocacy on the part of UNICEF, starting as early as 2002/2003 when the policy framework was in development, and which continues today in the specific programmes and strategies supported by UNICEF. A civil society representative on NACCA observed that “UNICEF was intent on promoting this thinking, thinking which saw the buy-in from the government and NGOs” UNICEF advocacy during the development of the OVC policy framework and National Plan of Action and subsequent support by UNICEF of relevant programmes being implemented in terms of the NAP for OVC has seen an entrenchment and perpetuation of core results and objectives such as capacity building and the coordination of children’s work at local level. This list can be extended to community-based responses to OVC, the provision of a critical package of social protection services to OVC, including birth registration, social assistance, and succession planning to protect assets, as well as the provision of psycho-social support; all of these key results are essential components valued and promoted by the NAP and furthered by programmes implemented by government, civil society and UNICEF within the framework of the NAP.

The inclusion of key result areas, such as community-based support for OVC into the NAP for OVC has resulted in their mainstreaming through the requirement that civil society projects
seeking financial support from the DSD must be aligned to the OVC policy framework, and ultimately to the key result areas promoted by the various UNICEF documents upon which the OVC Policy Framework is premised.

6. Orientations for future programming

6.1 UNICEF positioning/comparative advantage and role to best address these challenges: results from SWOT and key informant interviews.

Review the relevance of the OVC orientation

There appears to be a need to review the accuracy, relevance and currency of the current programme name and prioritization of OVC or, more specifically, the targeting of the programme. Given that the prevailing wisdom dictates a comprehensive approach to supporting all vulnerable children, rather than targeting either orphans or even only those made vulnerable by HIV and AIDS as determined at an arbitrary point in time, there is a need to review the OVC title of the programme. Likewise, coordination and solutions need to be nationally inclusive and cover a full range of providers, not only Social Development. Strategically, there is a clear need to upstream advocacy on the coordination front to embrace other coordination structures, two notable structures being SANAC and the Child Care and Protection Forum.

Rationalization of geographical targeting

The Programme needs to revisit the rationale for geographical targeting. It needs to ask where it should strategically focus its work in terms of geography and in terms of the levels of government. There has been a strong focus on working in KwaZulu Natal at a local level and to a lesser extent, the Eastern Cape. Yet the province with the highest poverty levels, Limpopo, remains outside the equation, not just in terms of service delivery, but also in terms of engaging with government.

Closer strategic alignment with the Millennium Development Goals (MDGs)

In planning its strategic direction, one of the international civil society partners recommended that the UNICEF OVC programme assess where the balance of energies in the country are currently directed, and then put its strategic weight behind the current energies. In light of the
imminent MDG deadline and resultant national focus, he recommended that UNICEF should in fact align its objectives and results more closely with the MDGs, support Government as well as exert all due influence on Government and civil society to work towards realisation of the health and child protection elements of the social protection package for vulnerable children. At the moment, many of the bigger international organisations as well as Government are focussing on these issues; it would be a strategic use of UNICEF’s resources, branding and normative impetus if it were to join these already strong forces to make a number of real shifts towards attaining the MDGs of specific relevance to children. UNICEF’s contribution, even if small in terms of resources, could well tip South Africa closer to realisation of these priority MDGs.

Clarity and consistency of UNICEF’s role
In moving forward, UNICEF’s OVC programme must clearly identify the role it will play and make that clear to all stakeholders. A number of stakeholders opined that UNICEF must consolidate its role as a technical partner and provide support and assistance at national, provincial and local levels. It should maintain its neutrality by not seeking to influence decision-making, but rather guide decision-making and leave the overt advocacy to civil society, and decision-making to civil society and government.

Address systemic blockages
With regard to how best UNICEF’s technical expertise and support should be applied, there was a strong recommendation made by one of UNICEF’s representatives that UNICEF should seek to identify and seek to address some of the systemic blockages around delivery of services by DSD before it applies any further technical support to discrete implementation projects which run the risk of running into the same delivery blockages. For example, before putting its weight behind implementation of the Children’s Act provisions relating to alternative care, cluster foster care, prevention and early intervention programmes, it should first address the problems such as poor oversight, inconsistent and/or delayed payments to implementing partners, and lack of registration of facilities. There is a need to analyse and address the “root cause” of these problems before UNICEF can realistically expect to have any impact on foster
care, alternative care or prevention and early intervention, and expanded effective community-based care and support for OVC.

**Stronger internal unity and coordination**
There were strong recommendations for the OVC Programme to practice more of what it preaches. It should look to realising greater coordination of its diverse programmes and programme components within a common framework of care and support for all vulnerable children, not just those made vulnerable by HIV and AIDS.

**Community-based support or upstream advocacy**
The lack of traction and scaling up of community-based models supported by UNICEF has placed the need for more upstream advocacy squarely on the table so as to realise greater sustainability of UNICEF supported programmes in the longer term. There is a need for agreement within UNICEF as to what qualifies as upstream advocacy.

**More inclusive relationships**
The relationship between UNICEF and DSD, NACCA and others should be more inclusive. The UNICEF agenda should be clarified and the scope delineated through clear definitions of key concepts such as “child protection” and “vulnerable child” and should then be disseminated at all levels of government; national, provincial and local and should be shared amongst all relevant partners and forums. This should not be limited to DSD and NACCA meetings.

The relationship between UNICEF’s OVC programme should not be exclusively with NACCA within the DSD and not exclusively with the DSD. This is not to recommend that the limited resources of the OVC programme become more fractured, but that the OVC programme become more of an overarching programme at UNICEF and that it be the framework governing care and support for vulnerable children within which all other UNICEF programmes are oriented.
This requires more coordination within UNICEF across the four programmes: and improved strategic resourcing of the OVC programme.

6.2 Proposed strategic priorities for the next four years

Support all vulnerable children
UNICEF should support the strengthening of all vulnerable children’s social protection policies and programmes (especially those targeting the MDGs, including children living in poverty, child and maternal health and child protection) as a whole so as to ensure that they are AIDS/OVC sensitive, rather than advocating for and supporting AIDS or OVC-targeted policies and programmes. This requires integrated engagement across the board, rather than through parallel processes within UNICEF and government to ensure that the additional needs of children especially affected by HIV and AIDS are highlighted and mainstreamed into national policies and priorities. This inevitably calls for a consolidated national coordinated approach to addressing vulnerability, rather than a departmental compartmental approach.

Ensure the ongoing realisation of material and psycho-social support
Whilst the poverty alleviation development goals captured in the MDGs are critically important and worthy of priority pursuit in the next stage of the stage of the OVC programme, it is equally important that the psychosocial developmental needs of vulnerable children not be neglected. A representative from DSD indicated that the role that UNCEF has played in assisting with filling the psychosocial gap has been critical and that it should continue in the next phase of the project to continue to support psychosocial interventions. She stressed that in moving forward, “That’s the area I think we should be collectively working on to make sure that we can assess [children’s levels of needs] and address those needs, otherwise come 10 or 20 years we’ll have a disaster of children who don’t know how it feels like to be cared for emotionally, especially through their developmental stages.” The interviewee continued with a direct request for support in moving forward saying that “We are currently working [towards] developing those types of social support initiatives but we will need partners who will take this forward to make them implemented.”
Continued support and pressure for effective prevention and early intervention strategies

The focus on psychosocial support is strategically timeous. It resonates with the emerging emphasis on prevention and early intervention strategies for vulnerable children. For many years now the DSD’s strategic plans and budgets have, by the DSD’s own admission, neglected preventions and early intervention strategies for vulnerable children. UNICEF’s support for research into prevention and early intervention models has laid a sound foundation for moving forward the strengthened Children’s Act provisions requiring the implementation of prevention and early intervention. However, given the inadequacy of the provincial budgets to implement the Children’s Act as a whole, it is very likely that prevention and early intervention is at risk of ongoing neglect. UNICEF is well placed to maintain pressure and build on the research undertaken to ensure the collective prioritisation and mainstreaming of prevention and early intervention strategies within Government and amongst civil society and development partners.

Engage with the full spectrum of coordinating structures

UNICEF’s OVC Programme should support and work across the full spectrum of coordinating structures set up to coordinate services for vulnerable children including SANAC, the Child Care and Protection forum and others. The Programme should move away from the confinement of its CARI heritage which placed an inordinate emphasis on NACCA and the National Action Plan at the expense of broader national platforms.

Utilise the Children’s Act as a means of ensuring accountability

UNICEF should continue to support and collect evidence on the impact of strengthening families through community based support networks and service providers and seek national and provincial support, mandates and budgets to support these through Children’s Act obligatory clauses. Locating this advocacy within the Children’s Act is strategic because the Act, as no other Act or policy before, requires provincial departments and local government to provide prevention and early interventions services through legislatively preferred community-based models of care and support.
Redefine “orphanhood” and define vulnerability

UNICEF should lead advocacy to redefine “orphans” so as to make the term more Afrocentric and resonant of the reality of support structures in communities in South Africa. This would also be in line with global approaches. Likewise, UNICEF should follow the regional lead and advocate for a standardised definition (and targeting) of vulnerable children, and advocate for comprehensive coordinated efforts to care for and support all vulnerable children through national, provincial and local efforts.

Plan and budget for preparatory advocacy

There is a need to build in preparatory advocacy time into all projects, especially those aiming to scale up initiatives. Advocacy outputs and outcomes ought to be included in the programme logframe and appropriate indicators developed to measure progress (as difficult as it might be to identify and monitor progress). That advocacy should include broader child rights systemic thinking, but also space for the development of a clear understanding and ultimately, a commitment to the inputs and coordination necessary from government and UNICEF to realise the ultimate agreed scale-up of the project. This preparatory advocacy needs to take place at the highest possible provincial or national decision-making level so that commitments can be appropriately included in departmental strategic plans, budgets and monitoring and evaluation frameworks. The projects must, in this preparatory stage, engage systemically with the relevant department, as opposed to certain individuals. The agreed roles, responsibilities and commitments should ideally be captured in the governing MOU between UNICEF and the relevant department. The recommendations made by the consultants who developed the KZN district and provincial level OVC database are particularly pertinent and are of relevance to all scaling-up initiatives: “Irrespective of how innovative or promising an initiative, it has to be grounded in a responsible structure with the personnel, skills and capacity to take it forward as a routine, systemic function of management and administration.” (EduAction & EduSector AIDS Response Team, 2009, p. 7)

With regards to the amount of preparatory advocacy envisaged and the upstream nature of such advocacy, it is strongly recommended that UNICEF’s the Policy and Advocacy Programme
and the OVC Programme join forces and work collaboratively from design to implementation of agreed projects for vulnerable children.

*Develop appropriate monitoring and evaluation frameworks which focus on advocacy outcomes, the development of appropriate indicators and quantifiable base-line figures*

In moving forward into the next phase of the Programme, it is important to develop a monitoring and evaluation framework that recognises the emerging strategic programmatic focus on upstream advocacy, and which is able to monitor progress towards realisation of the relevant objectives. This requires a shift towards recognising the value of the preparatory advocacy as an end in itself with its own set of outcomes and indicators, budgets and targets, rather than as a means to an end.

Moreover, in moving forward, it is critical that the process put in place monitoring mechanisms to assess the reach and impact of community-based interventions such as CCF support, training and capacity building. Should the Programme retain its emphasis on increasing percentages of available services for targeted children, it is important that the baselines against which progress will be measured are quantifiable and indeed measured before commencing the next stage; for the purposes of effective planning and effective monitoring and evaluation.

### 6.3 Partnerships and expertise required to address these priorities

*Nation-wide reach*

A national country-wide response to reaching the most marginalised vulnerable children requires nation-wide reach in terms government stakeholders. UNICEF’s OVC programme must build partnerships internally and across different government departments and coordinating structures such as SANAC. The choice of government departments with which to form partnerships ought to be guided by principles of equity and related objectives. This would for example possibly include departments that have previously not featured on UNICEF’s advocacy landscape, such as the Departments of Rural Development, Co-Operative Governance and Traditional Affairs as well as the more obvious departments of Education, Water and Health.
**Overarching coordination**

In moving a national coordinated response to vulnerable children forward, it is essential that government responses are monitored and held accountable to a credible, legitimate and overarching coordinating structure. The Ministry for Women, Children and People with Disabilities has been created for precisely this purpose and it ought to be supported to realise this central role.

**International and national donors**

UNICEF is urged to build stronger partnerships with international and national donors to ensure synergy of effort towards a common vulnerable child agenda for policy, implementation and monitoring and evaluation.

**Focus on other equity-based fault lines**

Partnerships ought to be strategically entered so as to synergistically tackle the service delivery fault lines characterising South Africa at present. Thus there is a need for closer cooperation between the children’s and gender sectors, the Commissions for Cultural Rights and Traditional Leadership.

**Strengthen internal partnerships**

Partnerships within UNICEF to be strengthened so that the programmes as described in the Country plan do not operate in silos, but rather make the UNICEF Country Plan’s vision of coordinated national responses a reality.

**Increase the UNICEF team size**

The programme team must be increased in size. The present team (of one), as was noted by more than one interview respondent, is overstretched, overworked and tasked with too wide an ambit of high level duties. This does not necessarily mean huge increases in staff size, but a more strategic use of cross-programmatic staff; closer alignment of the UNICEGF programmes, which ultimately all are focussing on the vulnerable child. The OVC programme should coordinate more closely and realise some core shared objectives through parallel synchronised programmes and sharing of resources.
7. Concluding observations

In conclusion, the OVC Programme component, with its origins in international responses and obligations, supported the laying of a solid conceptual and policy foundation for the protection and promotion of the rights of children affected by HIV and AIDS at a time when they were not squarely on the government’s agenda. The strategy to achieve this goal can best be described as OVC-focused, resulting as it did in a range of OVC-specific policies, laws, programmes and structures. Whilst this served an important purpose at a given time in the developmental history of South Africa, it has also served, over time, to foster a somewhat artificial distinction between vulnerable children and OVC and this has ultimately resulted in the development of parallel children’s policies, processes and structures which has duplicated costs and divided loyalties. Our current policy landscape is marked, on the one hand, by the OVC stream and structures and, on the other, by a stream concerned with vulnerable children in need of care and protection. This is resulting in unnecessary expenses, irreconcilable programmes, and duplication of efforts at the expense of vulnerable children in South Africa. The next phase of the OVC Programme should, as it has in the past, take heed of the current state of development, best practices and international and regional learnings - and work to bring these two streams together to advance the effective protection of all vulnerable children in South Africa.
8. Bibliography


9. **Key informants consulted**

Andre Viviers    UNICEF
Anita Sampson    United States Agency for International Development
Anthony Ambrose  World Vision
Connie Kgankaga  Chief Director of DSD HIV/AIDS programme
Debbie Budlender CASE
Fikile Ngcobo    Nelson Mandela Children's Fund
Heidi Loening    UNICEF
Lynette Mudekunye Regional Psychosocial Support Initiative
Maria Kurian    Joint Economic AIDS and Poverty Programme
Stephen Knight  UNICEF
Steve Reid       Centre for Rural Health (but now with UCT)
Tshidi Maaga    DSD Director for OVC Unit
Zeni Thumbadoo  National Association for Child Care Workers
10. SUMMARY NOTES FROM THE SWOT ANALYSIS WITH UNICEF TEAM

10.1 Strengths

SWOT discussants were asked to enumerate the strengths of the UNICEF OVC programme. Key areas of strength that emerged were:

- the relationship with government;
- efforts that were made to systematise the community-based approach and assist in establishing and maintaining coordinating structures, for instance, the work done with CCFs and NACCA, which has given greater integration to OVC responses;
- landmark research and analysis;
- UNICEF’s positioning of itself in complementarity with other actors;
- the work done in terms of developing guidelines and general capacity;
- the development of regional connections through participation in the Carry programme;
- the availability of a reasonable budget to fund UNICEF projects;
- the establishment of a balance between upstream and downstream OVC work; and
- the stature of the UNICEF brand, which stands to benefit OVC programmes.

10.2 Weaknesses: General

Discussants were asked to enumerate the weaknesses of the UNICEF OVC programme. Key areas of weaknesses that emerged were:

- the UNICEF brand is not always well regarded by members of the government and, in particular, the HIV directorate, which results in a lack of openness by these parties;
- despite its global recognition, in South Africa the UNICEF brand has a low profile in terms of its OVC work; and
- work on advocacy building does not easily translate into impact indicators, a situation that has negative implications for relations with donors.

10.3 Weaknesses: Poor translation of knowledge into advocacy

Discussants proceeded to discuss one area of weakness in detail, that is, a poor translation of knowledge into advocacy. Key points that emerged in this respect were:

- the shortage of impact indicators is not necessarily a weakness: such indicators are usually associated with the implementation of a number of projects at ground level, whereas UNICEF’s focus is directed towards discrete and strategically located projects that are developed into models for later scaling-up;
- the Isibindi project was cited as a good example of this orientation, but it was pointed out, that although the national government had requested it and the intention was that it be used in costing process and so on, the government had not done so, with the result that the knowledge which had been acquired had not been translated into the state’s system; nevertheless, in this respect it was acknowledged that such translation affects multiple policy fronts and that, in the case of Isibindi, the translation was taking place at provincial level;
• as a further instance of the tension between downstream and upstream work, it was pointed that a disjunction often appears between the generality of the overarching Country Programme and the specificity required of individual programmes;
• efforts to translate knowledge into advocacy are also hampered by weak intersectoral collaboration;
• in respect of UNICEF’s work in Nkandla, the discussants debated among themselves whether its original informing purpose was indeed to scale it up through replication: the relevant projects had been inherited, inherited at a time when the prevailing UNICEF approach was not to focus on national government and upstream work, and the location was chosen not for strategic seasons but because, as home town of the-then deputy president Jacob Zuma, it had become a focal point for numerous organisations seeking favour, influence and leverage with a political leader on the ascendant; nevertheless, positive results had emerged from the project and attention brought to the lessons learnt there and the good practices that had been put in place;
• the conclusion was that some municipal/community work had questionable strategic value.

10.4 Threats
The discussants turned their attention to threats facing the UNICEF programme. Key threats that emerged were:

• the reality that scaling-up projects is rendered difficult by the complexity and weakness of the system that needs to respond to this scaling-up;
• this threat is all the stronger because of a weakness internal to UNICEF, namely that in the case of certain municipality-based work, the question of systemic scaling-up had not been planned methodically enough;
• a further weakness in this regard was inconsistent leadership within UNICEF;
• in addition, while OVC is an organisational goal, no substantive strategy exists to address it;
• moreover, UNICEF does not have a clearly defined topline goal that would give it a central position at an upstream level;
• upstream work in OVC becomes threatening because it involves problematic encounters with UNICEF’s government counterpart;
• a further threat associated with OVC upstream work is that government is not open to teamwork;
• while UNICEF is a committed participant on the NACCA steering committee, its position (it was implied) is weakened by the inconsistent participation of other organisations of comparable stature;
• in the face of such threats, it was considered a weakness that UNICEF had not explored the opportunity to play a role in the children’s sector representation at SADC;
• a discussant identified NACCA’s “toothlessness” as a threat;
• another threat is the “false division” in government between Child Protection or the Children’s Directorate and HIV: the government system for responding to OVC is weak; and
- civil society organisations generally perceive UNICEF as having a great deal of influence on government: high expectations of this kind represent a threat if the organisation’s performance is unable to meet them.

10.5 Opportunities

Discussants considered the various opportunities that are open to the OVC programme. Several key opportunities were raised:

- diversifying UNICEF’s government partnership;
- linking early prevention interventions with HIV via engagement with SANAC and the UNJT (bearing in mind that SANAC is “very political” and that UNICEF should not put its impartiality at jeopardy);
- more specifically, engaging with SANAC through the UNJT is an opportunity to influence the community caregiver policy;
- self-recognition by UNICEF of its lack of strategic synergy holds the opportunity for improvement in this respect;
- The Children’s Act provides an instrument for holding government accountable at a legislative level;
- the UNICEF brand can be strengthened locally and globally through confirmation of its commitment to the rights of OVC;
- the apparent fact that the UNICEF brand is stronger with structures outside of government represents a further opportunity worthy of strategic exploration;
- UNICEF’s modest resources represent an opportunity inasmuch as they could compel the organisation to find a strong and distinctive niche position for itself, a position around which support and buy-in could be mobilised (it was suggested that one such niche in the OVC field could be information management at various levels);
- difficult or resistant personalities in government officialdom are not necessarily an intractable problem and can be won over through the application of creativity as well as by the study of techniques that other UN organisations have successfully used;
- engagements with government could produce better results through closer attention to strategic timing and greater flexibility in responding to government partners when they belatedly indicate their readiness to proceed with initiatives that had been raised with them earlier on;
- brand-building, and, in particular, relationship-building with government partners, could be enhanced by seizing opportunities to broadcast good news and positive messages about mutual collaborative achievements, with the rhetorical emphasis placed in favour of the government’s efforts: government officials from one level of the hierarchy to the other are motivated by the need to prove their performance credentials to their superiors, and a public-relations focus on promoting positive outcomes would stand to work well under such conditions (“The cabinet wants reports and the Minister needs to look good, bottom line”); and
- public-relations initiatives of this could would be well-supplemented by closer tactical attention to personalised engagements with politicians and civil-service officials; OVC issues have an emotive appeal, and key individuals should be identified for approach, e.g. the minister responsible for South Africa’s adherence to SADC OVC agreements.
11. SUMMARY NOTES FROM INTERVIEWS

11.1 UNICEF Representative

In 2003/4 UNICEF focused on three municipalities, including Inkandla, to familiarise roleplayers such as counsellors and managers with the human-rights approach to programming and to make them aware of children’s issues in their engagement with the Integrated Developed Plan (IDP).

In Inkandla a participatory situational analysis was conducted at the outset. Members of the community and various wards collected data and formed community structures in each ward to address or support families affected by AIDS. The result is that the municipality is noticeably conscious of ECD.

Mzothini was a coordinator in these activities and to this day maintains contact with the ward networks that he established.

TREE had an agreement to support him in this role, and he played a key part in a long-running TREE project in the area. TREE sought to develop family facilitators who would work with ECD practitioners; they in turn would filter into the community and support families. An ECD site was a hub for identifying vulnerable children and ensuring that children have caregivers, are being fed, are accessing social security and being immunised.

The intention was that the project be a model which could be adopted in other regions and taken up by DSE and DOE. Initially the education and OVC sector collaborated on the project. It was taken over by ECD, which conducted a big study on ECD sites as nodes of support and care. On the basis of that study, guidelines were developed with a view to up-streaming the original project.

The interviewee said they were not entirely satisfied with the project, and mentioned capacity and management issues as reasons for this. For instance, family facilitators received a monthly stipend but there were limited arrangements to hold them accountable for what they did in exchange for it. It was difficult to get systems in place and there was a lack of M&E expertise.

In response to this situation, members of DSD, the municipality, TREE and others, made a cross-visit to a well-organised and resourced project Save the Children ran in conjunction with Ekopo municipality. The SC network of community workers was impressive, as was its tight monitoring system.

The TREE entourage learned a great deal by observing the SC-Ekopo home visits and reporting and monitoring systems. However, it was a challenge to apply these lessons owing to a lack of computer skills and differences in literacy levels. Reports on home visits would go undated, and data entry fields would either be blank or contain vague and undetailed information. Given the time and cost involved in sending senior staff to the region, TREE was not able to supervise the project as closely as it would have liked to.

Working within its limitations and playing to its strengths, the project provided training on, for example, making toys and stimulating children in households. Generally the ECD awareness and skills in that area were strengthened.

Social Development contracted Centre of Rural Health with a view to getting the system for Child Care Forums into the municipality and ensuring that those CCFs were an integrated function and that
health issues were on their radar. The interviewee expressed frustration with this process. While it was possible to observe shifts and developments that had been brought about by the community development approach, these remain hard to measure. The interviewee asked: How do you measure ‘ownership’ or ‘awareness’?

The project ended in 2010. In terms of taking it upstream, TREE held meetings with DSD and CRH. The department was concerned that the Children’s Act requires municipalities to provide services to children and wanted to know how this had been done in Inkandla. It was arranged that the DSD would visit the municipality, but the process was not completed. The Social Policy Unit is increasingly interested in Child Friendly Cities, Child Friendly Municipalities and ways in which municipalities can be influenced.

When asked if the Inkandla project was a success, the interviewee expressed disappointment, saying that a notable failure came about when the person responsible for community services and a leadership figure in the project was suspended for corruption. He had also then delegated his responsibilities to someone the interviewee considered inappropriate. However, Mzothi, the community worker mentioned earlier, reported positive progress and it was encouraging to learn that the cause was still being championed. Mzothi is arranging the project’s registration and is seeking lottery funding for it. He continues to work with the CDWs in each ward; the municipality is paying a data collector to operate a database system established by CRH.

It was put to the interviewee that she previously called the MNEPs within the OVC programme a success. She replied that it was an area to which she had devoted much effort. The Premier’s Office of KZN (?) contacted her for assistance in locating orphans, in assessing if government help was reaching them, and in preparing a database. An official in the Premier’s Office (?) had arranged meetings through KPAC (the KZN Provincial Children’s Action Committee), at which numerous persons and organisations came forward to describe the records they kept, all of them claiming to have databases, including the DSD. However, the databases were found to be incomplete and inconsistent with one another, with the result that the Office lacked a suitable platform for making judgments about the population in terms of how many were in need, how many were receiving assistance, and how the situation could be monitored.

UNICEF said that it could provide help if it were allowed to work with the district and local municipalities as well as municipal managers. Its intervention was based on an original study done by HEARD on all the organisations providing HIV services in the province. Positive meetings were held among the various roleplayers (including EduAction), and it was determined that the project would be tested in Mkanyekude. (UNICEF would have preferred it to be Inkandla since it was already working there.) Research work proceeded well and resulted in a satisfactory database that attracted interest from numerous entities who wanted to see it, e.g. people at national level involved in the Link programme, the DSD in Gauteng, Social Development National, etc. UNICEF, the Premier’s Office, Mkanyekude municipality and EduAction made plans for an event at which the database would be shown to the interested parties and discussions held on how it could be scaled up, but in the end a concatenation of events prevented it from happening. Similarly, internal territorial issues in the KZN provincial government consigned the database to limbo. It needed to be updated regularly, and it was unclear who would claim responsibility and/or possess the capacity for doing so and managing the processes it entailed. UNICEF suggested that it would support a post in the MNE unit for a year for this purpose, with the intention of having the Premier’s Office take it over afterwards, but it required a letter of request as an assurance that the provincial government would
continue to support the post after the given period of time. The letter was never sent, and although the
interviewee said it would have been easy enough for her to have written the letter herself and ask
that it be endorsed by the relevant department, the reality was that the project had collapsed at district
level and there was scant evidence of municipal managers having taken ownership of it.

The UNICEF interviewee was asked to characterise her relationship with various state entities.
Speaking initially mainly in connection with the KZN provincial government, she said it involved
her playing an advocacy role in respect of children’s rights and serving as a catalyst by raising
people’s awareness of what could be done and lending impetus to a given situation by way e.g. of
funding. In addition, the relationship sees her bringing knowledge to a situation and playing a
mentoring role. She believed that if circumstances had been better and there had been “a strong
symbiosis between their interests and our interests”, the relationship would have been more
successful. However, it lacked impetus or traction, and despite the fact that UNICEF and state parties
were often in principled agreement about the correctness, value and need for the intervention at
question, the interviewee felt that “the cogs don’t work together”. She said that the problem was
compounded by UNICEF’s expectations that its agents should work faster and produce results more
quickly than practical situations tend to allow. UNICEF’s “cogs” thus work faster than those of the
state, disallowing what the interviewee believes she ought in fact to have done in the case of e.g. the
KZN provincial government, namely, “go[ing] back very slowly, repeatedly, almost like an irritating
salesman”.

The interviewee was asked what makes her own “cogs” faster than those of, for example, the
principal KZN official with which she dealt. In her reply, she inverted the question and explained
why she believed the official’s “cogs” were slower than hers. The official, in the first place, had to
contend with a far larger scope of activity than the interviewee, expansive “parameters” that were
combined with the official’s limited experience and wherewithal in terms of the team on which she
had to rely. On the other hand, what makes the interviewee’s “cogs” operate so quickly are the
reporting procedures linked to funding cycles: “UNICEF puts out contracts for such a period of time
and so much money and you gotta have a report back, the donors wan
to know exactly what’s been
spent and what the results are, and they always want to know how many numbers of children have
you reached.”

The UNICEF interviewee was asked to characterise her relationship with DSD National in particular.
She said it was in many ways a reliable partner that had invited UNICEF to all of its forums; she
surmised that UNICEF was in its turn itself perceived as a reliable partner that would support the
DSD in the forums, act as a source of information, and provide funding. However, she added that
there were “personality aspects” to the relationship that made it difficult to gauge how widespread
this perception of UNICEF is within the DSD. She also qualified her earlier remark about UNICEF
being regarded favourably as a source of information by saying that what seemed to be important
here is the connection it provides to international data and monitoring processes (her implication was
that UNICEF’s local knowledge was of less importance to the DSD). The interviewee said that she
believed there are times when UNICEF is viewed by the DSD as a threat and challenge, and
maintained that this was due the DSD’s awareness that the organisation is “a monitoring eye” and the
fact that the UNICEF representative has a history of asking challenging questions of the department.
She gave an example and also spoke critically of NACCA: presented by the DSD as a consultative
partnership, it is an actuality a platform for the DSD to provide information on its activities and holds
little opportunity for big decisions to be influenced. Moreover, the DSD is not accountable to NACCA.

The UNICEF interviewee said her key frustrations with the DSD were its slow pace, its poor accountability, and the tendency to make personnel responsible for areas of activity in which they given neither the necessary information nor skills. Speaking of UNICEF as an organisation, she said it was frustrating “that there isn’t a consistent image or picture of what can be, what role UNICEF can play”; speaking personally, she expressed some disappointment about her dealings with the DSD. She characterised it as less than fully functional and felt that her efforts sometimes had limited effect.

The UNICEF interviewee was asked to identify the highlights of the OVC programme.

- Number 1 was the Isibindi project. “The reason why Isibindi has been a highlight for me is that it was identified … as a model that could be useful. Now the process that we used at the time … it’s evolved and it’s a very good example of downstream and upstream at the same time.” Further highlights were the succession planning and the training. “I think the training programmes have been a highlight in the content of them and in the partnerships provided, the development of the content – that was very inclusive and then the design of it etc. The challenges have been in the, I think that the CCF training has been of particular use to NGOs, because they are running CCFs as the manual describes them. With DSD it’s been very confusing because the home-based care organizations and CCFs are not synonymous. … And then again it was downstream work, at the downstream level I think that they were fairly positive. It’s in taking it upstream or taking it into something that implementable more broadly where things have been more difficult. So the other area that we helped in was the psychosocial support, looking at the ways in which it could be done.”

- The story-telling project.

- “The other big, big success for me was that training, that web-based thing of the training material, again it was a very consultative process, NACCA people were all pulled together to have a look at the material, to look at the way in which it was catalogued, to make suggestions on what key search words should be used, how it will be useful to them etc. … I think it would be a really useful tool.”

- “The other highlight was the maternal orphan count, with David Hall (?) before he passed away, the fact that it could be done and the fact that it was done and the fact that MNE actually took it on in Social Development was really fantastic. What still needs to happen is for that to become a surveillance system or for it to inform a surveillance system. So that on a regular basis provinces can actually receive this and know what to do with it.”
The Link Fellowship – “That has definitely been a highlight and I think that those of us who were involved with the formation of Link, can actually take some credit for it. I got quite a lot of uphill here – you know, ‘what’s the value of it’ and ‘can you afford to put that amount of time into it’ – but the things that have come out of there are really good and I think the strongest, the most positive aspect to it had been the strengthening of the relationships.” She explained in detail why she considered Link to be a highlight and also suggested NACCA could learn from it.

The UNICEF interviewee described her daily work environment, which seemed notably under-resourced in relation to the duties she is expected to carry out. She also described the impact these arrangements have had on UNICEF and its public standing.

The UNICEF interviewee described the general funding environment within which she works.
11.2 Interviewee 1
The interviewee, an OVC coordinator, interacts with UNICEF largely on a donor-to-donor basis, interaction which involves liaison with it on NACCA and the research working group hosted by the DSD. Her organisation does not interact with UNICEF at a programmatic level. As such, the interviewee said she had little knowledge of what UNICEF is doing apart from the succession training its programmes provided and the review of CCFs.

UNICEF has a good, open and frank relationship with the DSD, but was described as a "little bit pushy" in its dealings with the DSD. It was perceived as attempting to move things through the DSD system without the necessary consensus first having being achieved around strategic ideas and issues in order to facilitate their being adopted by the entire sector. This was particularly so in the case of certain pieces of UNICEF research presented at the NACCA research working group. It was felt that UNICEF was driving the research as opposed to the department having a stake in that research. However, during the last year the DSD played a stronger leadership role, which moved the relationship between it and UNICEF towards a more equal footing.

The interviewee was ambivalent about the extent to which the relationship between DSD and UNICEF is facilitating the fulfilment of their respective mandates. South Africa does not have a great track record regarding child protection policies. More time appears to be spent on "posters and policies" than on ensuring that children are protected and that the law takes it course when abuses have taken place. While this situation is clearly motivating UNICEF and the DSD to improve child protection, much remains to be done by both parties. The interviewee speculated that UNICEF probably felt the DSD could provide stronger leadership and more capacity support to the provinces. The latter is especially important in terms of developing provincial leadership, because in a system with many HR gaps, individuals are needed in order to champion the relevant issues, and at present such individuals are in short supply and their time stretched. The result is that policy interventions and public approvals targeted for a year are not going to be accomplished, with the broader consequence that it becomes problematic to turn policies into actions. Key examples of this relate to limited success in the planning and evaluation of ground-level implementation of strategic plans. That was not perceived as UNICEF's fault; rather, it was seen as promoting an agenda in a context where the DSD does not have sufficient champions in the appropriate places for that agenda to gain traction.

The interviewee was asked what would facilitate the adoption of the UNICEF agenda by the DSD, NACCA and other UNICEF partners. She replied that the starting point is clarity on the nature of that agenda and then dissemination of it at national, provincial and donor levels. In practice it has become problematic to have all the relevant players sitting at one table: for instance, her organisation will meet its partners, only for UNICEF to be unable to attend; at a UNICEF meeting with its partners, the DSD will then be unable to attend. A similar situation applies in the case of the department. The interviewee said what is needed is the ability to share information across the various partner-sharing meetings. The department's provincial child-protection meetings between provinces, districts and the national department could be made more broadly participatory to include UNICEF and other donors with agendas to drive.

No donor coordinating mechanism really exists for OVC. Such a mechanism exists for HIV/AIDS, but it does not give full focus to children's issues. The bi-annual NACCA meeting is the best opportunity for a broad range of donor coordination and consultation. There, technical presentations
made by the likes of UNICEF typically emerge from programmes these organisations have supported. The interviewee believed that NACCA is effective in ensuring that what UNICEF does is aligned with what other donors are doing. It is an opportunity to discuss activities in terms of their alignment, success, evaluation plans and potential replication across provinces.

The interviewee said that ECD and child protection are key UNICEF issues and should remain so. But she said in moving forward it would be useful to unpack exactly what is meant by the terms, because strong policy support is lost by the umbrella of (for example) "child protection", which is liable to convey a wide range of meanings to different people. (The interviewee went into detail as to the possible meanings of both "child protection" and "ECD".) UNICEF needs to clarify what it means by such terms so that its areas of focus are explicitly stated and explained.

In addition, as opposed to telling people that a problem exists, UNICEF needs to ask itself "what" and "how" - what information needs to be presented to the public to overcome the problem, and how is this to be done. A guiding question, for example, should be, "What information are parents missing that ends up in this kind of behaviour?"

UNICEF should also focus on community development and conversations so that it find ways to empower communities for taking responsibility for raising and caring for their children and setting appropriate standards for them.

A focus on "the healthy child" should be another strategic objective.
11.3 Interviewee 2

UNICEF and the interviewee’s organisation have a global international arrangement between themselves. While that arrangement has not always translated well at specific country-levels, in South Africa the organisation and UNICEF have a "good, steady and consistent" relationship. The two organisations work closely together in the NACCA process, as they do and have done in numerous other initiatives, one of which took place at SADC-level and saw both organisations contributing to the PPS and OVC policy frameworks. (The interviewee lists and describes the initiatives in detail.)

The positive relationship between UNICEF and the interviewee’s organisation is attributed to the fact that they both have global experience and sound technical systems in place; this allows for sharing of programmes and effective collaboration at national level that focuses on the best interests of the child.

The interviewee had a sound knowledge of projects that UNICEF has implemented under its OVC programme. He mentioned, inter alia, the CCF manual, the NAP policy framework, and succession planning. UNICEF has also shared its global model with its partners.

The interviewee said that UNICEF is guided in its decision to implement projects by an awareness of the weakness of community structures and of coordinating structures between civil society and government. So, while South Africa is good at drawing up policy for children, these weaknesses lead to problems in the effective implementation of the policies. The two organisations have seen the gap that exists and both recognise that systems need to be put in place in order for there to be a coordinated approach.

The interviewee said that because the partnership with UNICEF involves sharing information and collaborating at local level, the public recognition given to these projects should be shared as well. The tendency is for all the glory to go to UNICEF only. For instance, in some cases communication strategy was directed by UNICEF alone. Partners who wished to speak to the media were advised not to do so and told only UNICEF could do that.

The main difficulty in the UNICEF OVC programme as a whole lies in breaking through government systems and contending with the slowness of provincial departments. UNICEF and its partners will be ready to proceed with roll-out, but departments will not be ready yet or still in the process of being informed as to the new development.

While the relationship between UNICEF and the DSD is not always amicable, it is perceived as professional and mutually respectful. The interviewee saw UNICEF as exercising good public-relations skills in the patience and integrity it demonstrates in its dealings with the department, particularly at times when, compared to the DSD, it is at an advanced stage of readiness but chooses to resist going ahead on its own and instead honours its agreements with the department and its overall commitment to working with government.

While UNICEF demonstrates good public-relations skills in the forbearance it shows in the face of DSD slowness, skills that have enabled it to deliver on its mandate, the result has been that some of the projects have been extended beyond their mandated lifecycles by six months to a year.
The interviewee said that UNICEF appears to enjoy a positive relationship with many organisations other than his own. It helped Child Welfare South Africa "tremendously" in getting its systems operational during a challenging time. UNICEF has also worked well with Childline South Africa on child-protection matters. In addition, it is perceived as playing a positive role in the Link leadership innovation networking collaboration.

The interviewee said he would like to see more UNICEF involvement in NACCA. While UNICEF's involvement in NACCA is regarded as having been long, positive and consistent, it has only a single representative, and this should be increased. The interviewee wished for greater UNICEF involvement in spite of reporting that certain other NACCA members wanted none at all, challenging UNICEF's representation at NACCA on the grounds that it (UNICEF) is an international development agency. Although the same argument would then appear to apply to the informant’s organisation, its position was in fact not challenged but indeed endorsed: the fact that it has local and community programmes seems to have given it legitimacy in eyes of those who were challenging its counterpart, UNICEF.

UNICEF is interested in playing an active and critical role in SANAC. The interviewee recommended two ways of achieving this on the basis of his own organisation's experience. The first step is to become a member of the SANAC children's sector network, in particular its working-group structures. The second step is for a proposal to be made within SANAC that further members, UNICEF in particular, be included in its processes. The interviewee said that UNICEF had participated in several SANAC events and that is was likely it would be welcomed at SANAC.

The interviewee said that, in order to deliver on its mandate, UNICEF should establish and nurture partnerships among faith-based organisations, which would benefit from its technical support.

In addition, in spite of whatever policy-level influence it might have been wielding, UNICEF lacks a notable degree of visibility in school involvement and ought to work to improve this.

UNICEF should strengthen its involvement with the Department of Health and health debates as they pertain to children's issues. In particular, UNICEF would be able to bring international perspectives and comparative standards to issues around children and health.

UNICEF should similarly become involved with the Department of Women, Children, Youth and Disability. It is both a new department and the one dedicated to children's issues. UNICEF would be able to monitor the new structure and provide technical support, as well as assess and advise it on matters such as compliance with the UNCRC. It was suggested that UNICEF and other partners collaboratively establish a relationship with the new department in order to assist it both in moving forward and in moving into closer inter-sectoral alignment with other departments.

The interviewee strongly believed that UNICEF-funded projects have been in alignment with the priorities set in the South African NAP for OVC. Given that the policy framework derives from UNICEF documents, it would be counter-intuitive if they did not.

The interviewee said that UNICEF projects are effective, well-executed and responsive to the needs of children affected by poverty and AIDS. In particular, he commended it for the manner in which it shared information and experience with partner organisations, citing as a case in point a PSS international tour to which it had invited a group of NGOs. However, he regretted that government
representatives had not joined the tour despite having being invited, and suggested that UNICEF could perhaps have tried harder to secure their participation.

The interviewee said that the South African NAP for OVC derived from UNICEF documents. In 2002/2003, the OVC policy framework that was being developed was aligned with international conventions as to what such a framework should encompass, for instance, capacity-building and the coordination of children's work at local level. UNICEF was intent in promoting this thinking, thinking which saw buy-in from the government and NGOs.

The interviewee was asked if UNICEF-funded projects have strengthened community-based support for OVC. In his reply he drew a distinction between alignment and implementation. The former is not in question, whereas the latter is. It is now a DSD and government funding requirement that applicant's programmes be aligned to the OVC policy framework (which the interviewee described as being derived from UNICEF documentation); the result is that "alignment has been put at community level". However, implementation is either slow or lacking. In practical situations at local level there is lack of capacity and limited leadership buy-in on specific issues.

In planning its strategic objectives, UNICEF should strongly align all its programmes to attainment of the imminent MDGs and exert all due influence and pressure on government and civil society in respect of health and child-protection issues.

Since the One Goal campaign is already on the move to improve education with the MDGs in mind, UNICEF ought to focus on community health and strengthening, and do so by collaborating with WHO (on health issues), Save the Children's new-born campaign (maternal child-health), and the World Vision Child Health Now campaign (focused on child mortality).

In overall terms with regard to the MDGs, UNICEF should improve on what it has been doing but work strongly with partners who want to make a change in improving realisation of all the MDGs. In this respect it should pay strategic attention to the concerns that government ministers had been raising about achievement of the MDGs: if government is expressing a need, UNICEF should be asking how it could help to improve matters. It should also be explaining chains of dependencies to government: if X is to be addressed, then addressing Y and Z is preconditional for that.

UNICEF has no choice but to position itself as a main and strategic player. In particular, it needs to position itself not as a partner influencing decision-making but as a technical partner providing support and assistance at national, provincial and local levels. It should be neutral, which will earn and retain respect from the government; while it should attempt to guide people, it should not attempt to influence them but rather leave decision-making to civil society and the government.

UNICEF needs to bring more partners on board.

It should bring more personnel onto its team and secure more funding; the current team is overstretched, overworked and tasked with a wide ambit of sophisticated duties.
11.4 Interviewee 3

A government representative said the DSD relationship with UNICEF was longstanding, that the organisation had played a critical role in the support it provided, and that it was regarded as a key departmental partner. UNICEF was acknowledged for its assistance in facilitating implementation and its role via NACCA in respect of the NAP and policy framework for OVC. The interviewee said the DSD had worked with UNICEF in the development of the policy, especially the NAP, its costing and its other aspects such as the training of the provinces in succession planning. The latter was singled out as a highlight of the relationship; an additional highlight was that UNICEF's membership of the NACCA secretariat helped ensure a good showing from the government when it hosted an OVC conference in 2006. UNICEF's abilities as an organiser were "super" and the conference proceeded efficiently and smoothly.

The representative said that UNICEF works with a directorate in the DSD relating to the government ECD programme. A measure of UNICEF's perceived relevance there is given in the fact that the representative urged the HSRC researcher to interview personnel in that directorate about its relationship with UNICEF "because it will be very important for you".

According to the representative, the factors that have made UNICEF one of its key partners include: its commitment to the programmes over the years; the manner in which it has worked in partnership with the DSD and been forthcoming with its ideas; its commitment to working within government policy framework; and the fact that when it has plans of its own, it nevertheless asks government to endorse its implementation of those projects.

The representative was diplomatically ambiguous when asked about difficulties in the department's relationship with UNICEF, prefacing them by saying that it was open question whether they were rooted in reality or in perception only; she added that she herself had not had personal experience of them and by implication was thus unable to judge on the matter. What she mentioned was that certain DSD staff found certain UNICEF staff "overbearing" and felt that they were "coming too much in their [DSD staff] space". When people received assistance, they sometimes felt that their responsibilities were being "taken over" by those giving the assistance, whether or not that was in fact the case. When asked about any other difficulties in the relationship, she said she had none to report from her experience. As a leader in the programme, she said she is often sensitively aware that her staff might be encountering problems in their dealings with UNICEF, but added that to date none of these had reached the point of becoming enough of an issue to warrant being brought officially to her attention.

In a reply to another question she appeared to return obliquely yet trenchantly to this theme when she used the phrase "direct conflict". In the past the DSD would belatedly discover that UNICEF had elected to "work on their own with provinces without endorsement [from] national [level], and that used to bring some direct conflict". But this practice by UNICEF is now apparently a thing of the past and the organisation asks for endorsement from the national office in respect of "anything that they do". Then, elsewhere, she remarked, "[I]t was a problem, national would stop any organisation working directly with provinces, there needs to be some alignment."

The government representative was asked how UNICEF should position itself in future in relation to the DSD and the HIV/AIDS programme in particular. She said it should not do anything differently, in spite of the small stresses and strains she had apparently hearkened to in reply to an earlier question: as for those, she said, people should not function on the basis of perceptions but rather be
"upfront" in addressing issues about which they were not comfortable; moreover, whatever the individuals' displeasures might be, individuals need to subordinate themselves to the professional work of the team.

She reiterated that UNICEF should continue operating as it has in terms of designing programmes that are based on the policy framework of the NAP. But, she added, when UNICEF identifies areas for intervention, these "must still be endorsed by the department", and advised against unilateral action ("they mustn't go and do things"). In the past the DSD would belatedly discover that UNICEF had elected to "work on their own with provinces without endorsement [from] national [level], and that used to bring some direct conflict". This practice by UNICEF is now apparently a thing of the past and the organisation asks for endorsement from the national office in respect of "anything that they do".

The representative observed that UNICEF is "doing well on the succession planning, so obviously we want them to continue on that".

Similarly, she implied that UNICEF should continue providing assistance to the department as it has done hitherto. "If we identify any new projects that need support, UNICEF is always willing to assist us in that regard." The approach seems to ensure that UNICEF retains its status as a "key stakeholder" in the DSD. "I'm sure we'll soon be having a conference, so obviously they are going to be key stakeholders in the upcoming conference."

The representative was strongly affirmative that UNICEF activities have been responsive to the needs of children affected by poverty ("very much so"). A significant case in point is the maternal orphan count, a departmental flagship project that is run in conjunction with the Department of Home Affairs and that has institutionalised a surveillance system which enables the DSD to identify new orphans each month and analyse data as to who they are and where they are located. UNICEF is credited with a foundational role. "If they had not started that programme with us, we would not have been able to come to where we are."

Regarding UNICEF's future strategic priorities, the representative said orphan vulnerability is a challenging area. "Any programme that could be implemented around that area for us is very important, especially with regards to psychosocial support and developmental issues." While the department did not wish to see similar programmes "competing in the same area", it made sense, given the scale of the problem, for resources to be combined between organisations in relation to psychosocial support.

The government as a whole is attempting to address basic needs, but beyond that is the neglected area of children's emotional needs. "That's the area I think we should be collectively working on to make sure that we can assess [children's level of needs] and address those needs, otherwise come 10 or 20 years we'll have a disaster of children who don't know how it feels like to be cared for emotionally, especially through their developmental stages."

Psychosocial support for vulnerably orphans should take the form of projects individualised around children's various developmental stages "because you cannot have a one-size-fits-all [approach]". The representative said, "We are currently working developing those types of social support initiatives but we will need partners who will take this forward to make them implemented."
Regarding UNICEF's future strategic priorities, the representative flagged "the surveillance system" [presumably a reference to the maternal orphan count she had referred to earlier in the interview] as requiring further research.

Regarding UNICEF's future strategic priorities, the representative said the department had recently conducted a study into young carers which identified "huge problems", notably mental health problems on the part of children orphaned by AIDS. The department has no programmes for addressing post-traumatic stress disorders. She said that while she is aware of the view that children orphaned by AIDS should not be treated differently from other orphans, "the fact of the matter is their experiences are different from those of other children who are orphaned by other causes". Given the DSD's study on young carers, "we might also need more support in that regard so that we could nationalise it [a possible programme]".
11.5 Interviewee 4

The interviewee represents an NGO.

Regarding UNICEF’s potential strategic priorities, she said it should adopt a stronger negotiating stance towards the DSD and make the funding it gives the department contingent on various agreements being in place. The reason for this is that allegedly the DSD has been happy to accept UNICEF resources but then, thanks to capacity deficits and bureaucratic inertia, has not publicly released the relevant research reports. The result, it was argued, is that UNICEF does not receive a reciprocal return on its considerable investment and that information potentially beneficial to other organisations does not emerge into the light of day but instead goes to waste; a further consequence thereof is to endanger future research. Examples of reports that were not released included: a large audit of child and youth care centres conducted for the DSD; a report on foster care; and numerous reports on ECD. The interviewee suggested that because the DSD needs UNICEF funding, UNICEF enjoys a tactical advantage which it ought to press. A firmer stance on funding would have the additional benefit of compelling the DSD to consider its needs and deployment of funds more judiciously than it had been doing.

In particular, the interviewee said, "[T]hey need to stop funding the department … unless they get an agreement from government beforehand that they, government, will release the report and in a timely way. … [I]n all sorts of different areas, UNICEF puts in a whole lot of money, research is done which often high-quality, and it never sees the light of day because government is sitting on it and DSD is not very strong, to put it mildly … [I]t means that those documents aren't used at all because DSD has not got the capacity to use [them] instead of getting it out and [allowing] others to [to be] to use [them]. … It's not fair on all the organisations that provided information which were told that they would get copies. What it means is that we as an organisation that did that, look at it as being dishonest because they [the department] promised they [the organisation] would get a report and they [the organisation] haven't got it, and that jeopardises future research. … So I really think UNICEF has poured a hell of a lot of money into government and it needs to say, now we've poured this money in, we actually can call some of the shots. … Their strategic direction [is that] they should not be doing anything where it doesn't have a guarantee from government that within X months of a report being produced it will be made publicly available …. [D]on't stop the funding but just take a stronger stand. Because DSD knows it needs that money, although it might make them also think more seriously about what do we need and what will we use, because otherwise there's just a sense of we'll just take anything that we can get."

The interviewee characterised the relationship between UNICEF and the DSD as one comprising great industriousness on the part of UNICEF and a vein of opportunistic non-reciprocity by the DSD. She said, "I think they [UNICEF] have put a hell of a lot of work into it, but … there's a sense I have that the department is taking them for a ride. The department is not playing its part [inasmuch] as its gets its money, it doesn't release the report, and I'm not sure it used the information."

The interviewee strongly agreed that UNICEF projects have been in alignment with government policies, saying, "[T]hey are completely in alignment with the Children's Act and trying to get [it] better implemented …"
11.6 Interviewee 5

The interviewee spoke positively of the long, ten-year-relationship between her organisation and UNICEF. In summary, there appeared to be three broad reasons for this positive appraisal.

- UNICEF had funded the organisation's OVC work.
- During their mutual involvement in the NACCA process, the interviewee had apparently been impressed by the way UNICEF playing a mediating role between government and civil society in the interests of getting a job done well and properly. When "the other NGOs [want] to upstage government … UNICEF will say, No, it doesn't work that way, it works through a complete partnership, if you say 'partnership', that means equal input …" In addition to maintaining this conciliatory, even-handed position, UNICEF had, so the interviewee implied, given practical effect to it by strengthening both parties through its provision of funding to the government and through giving funding for the training of implementing organisations on the ground.
- UNICEF was said to be "very good" at documenting information through its reporting mechanisms; it is also attitudinally amenable to, and practically effective at, sharing this information. This was appreciated all the more inasmuch as it has meant that, through the critical self-examination engendered by the information provided, work is then performed in alignment with international thinking, standards and practices and founded on UNICEF's acknowledged in-depth expertise. The interviewee said the upshot of these factors was that her organisation's work has been positively influenced by UNICEF. In particular, he said: "A good point is that the sharing of these reports has enabled us to look at our own programmes so that we work in line with what is happening broadly because UNICEF is not just a national organisation but an international organisation, so it is quite open-minded and has extensive knowledge on issues of children in the country. We pulled out our knowledge and our work, and it's being influenced by that."

The interviewee identified two highlights in her organisation's relationship with UNICEF. The first was the CCF training it provided. The second was the observation tour it arranged of other African countries. "UNICEF offered that opportunity for us to go and learn from outside, how other people who are even less resourced than ourselves are doing it and doing it successfully."

The interviewee was asked about the extent of her knowledge of the UNICEF OVC programme. She framed her reply by describing the impact and influence of the programme on her organisation and the NAP. Regarding the latter, she said, "I'm sure we wouldn't have had that happening without UNICEF … UNICEF supported government to do it … and government wouldn't have done it on its own - [bringing] in people who are on the ground implementing." But the consequential impact of these efforts go further than the question of "what government supports and what it has on its table": "there are more people and there is an opportunity for capacity-building, it will be extended beyond support of government programmes."

An example of this wider-extending impact was the CCF audit, initiated by UNICEF, which "brought out a lot of things which were not known for many years". The interviewee added that "what government did was pretend not to know what was happening and even up to now within government sectors there is confusion as to what this has to be". The interviewee's implication was that UNICEF's interventions had not only foundationally shaped, complemented and consolidated
governmental activities; they had, over and above that, introduced a dynamic shake-up into affairs. The interviewee went on to say that "the NACCA process wouldn't have been there if UNICEF wasn't there, it's one that has kept the country's OVC sector [together?]". In practical terms there have been workshops and skills training for the steering committee as well as "workshops of sharing and learning where UNICEF [and] implementing organisations, people in this sector, have been brought to come and share".

The interviewee was asked what she understood UNICEF's underlying thinking to be in the projects it supports.

She responded by painting a picture of an initial baseline of confusion and wayward direction, one with which UNICEF has sought to engage by playing a unifying, coordinating, educational, solidaristic and stewardship-counsellor role.

There is, she said, "confusion in the country … government is going one way, we're going that way, civils are going there, donors are also going this way, and there is a need for coordination of services, sticking together and saying how can we then, given what we each have, share and go forward with this … UNICEF has been able to put its head on the block for OVC issues in the country."

Asked to elaborate on the latter statement, the interviewee said that within the NACCA process and on the part of government "there's the intention to just want to say all is well on the Western and Eastern front." Government would be found saying, "No, this is not what we should do, this is not what we should report, and this report shouldn't go out to the minister like this.' … UNICEF has been able to say, 'But how can we do that? Because if we put a rosy picture to the minister, he will not know where our challenges are.'"

The interviewee said that the primary difficulty with the OVC programme over time has been the inability to fulfil its mandate. Plans and proposals enjoy collective endorsement within the NACCA but are not followed through in their implementation. Government departments are said not to be fully committed; instead, they adopt an ad hoc approach characterised (so it was implied) by empty and expedient promises ("they would bring somebody and they would make promises"). The interviewee qualified this remark by seeming to draw a distinction between the DSD and other departments and applying the weight of this allegation to the latter: "I mean, it, DSD, is the secretariat, but all government departments are the ones that have the resources for the South African children for the OVC", with civil society on the other hand "really just supporting and getting into partnerships with government".

In the remainder of her account of the non-fulfilment of the mandate, the interviewee appeared to direct the blame for it on "all the government departments" she had referred to earlier. On the one side is the DSD secretariat; at the other is civil society; and in the middle are these "government departments" equipped with resources but reluctant to deploy them. She underlined the strictures within which civil society organisations had to operate, in particular restrictions on criticism of the state. Her personal observation was that "there seems to an understanding at the top that the implementing offices of government are not to [be] criticised." Then, appearing to adopt the perspective of government speaking to civil society in order to highlight the latter's attitudes, she said, "You can't bring what you say, [XYZ] or another, and expect us to bend[,] if you have to get our capacity, to get our support, you need to be a recipient of the grant from the government …"

Changing her discourse perspective back to her own, the interviewee said, "We … don't receive
money from government, but we know we have to be working under the policies of the country and we would like to work closely with government in line with policy and [but?] challenge policy that is not good."

The interviewee characterised the relationship between UNICEF and the national DSD by saying she imagines it would be stressful for the UNICEF representative. From her own organisation's experience, she said that plans would be developed only for the department "suddenly … [to] somersault us with something". The tendency for this happen is apparently a fairly recent one; in the interviewee's five years of observation, things have not always been so. "[I]t's been very stressful in the last two or three years."
11.7 Interviewee 6

The interviewee is a senior representative of an organisation that works with UNICEF regionally and within the country. She has not dealt personally with UNICEF in South Africa, but did so in her capacities at a previous organisation; during this period she worked with UNICEF at NACCA and particularly in relation to the OVC programme.

In relation to the UNICEF OVC programme, the interviewee said UNICEF has been "very supportive" of NACCA's work. It has been supportive of the process of developing a NAP for OVC, working with NACCA around training, supporting research, and supporting review of the NAP.

The interviewee was asked what she understood to be thinking that informed UNICEF’s OVC programme. She said it is UNICEF's place to work with government in order to enhance its work; moreover, it brings in a regional perspective. Throughout the region UNICEF has been encouraging work around issues related to national plans of action for OVC; of further importance is that it has encouraged "cross-fertilisation of ideas between countries".

The interviewee was asked to identify what she considered flagship UNICEF-NACCA projects. The first project she mentioned was the development of training for the CCFs, which sought to improve the quality of care given to children within their communities. A second project involved the compilation of a database of all training material, a project with an emphasis on psychosocial elements. The informant’s organisation had also worked with UNICEF in arranging an exchange visit in which a team went to Malawi and Uganda to observe how these countries were integrating psychosocial support into their work. In terms of children moving across borders, the interviewee said that since it is a regional issue, it is important that UN organisations work on it since a broader response is a critical requirement.

The interviewee was asked to characterise the relationship between UNICEF and the DSD. She said it was different to the relationship UNICEF had with the governments of other countries on the continent, inasmuch as the South African government is better resourced than many others. Consequently, "it is much a more a relationship of providing support and advice, whereas in other countries [UNICEF plays] a stronger leadership role". The interviewee said the relationship was "ideal" - "I actually feel the relationship in South Africa is the way it should be. ... I think it's the way in which a UN agency should operate, operating in providing advice and support, operating in linking governments to ideas from other countries …"

Referring to UNICEF's relationships to other partners, particularly those within NACCA, the interviewee said, "My experiences have always been very positive, very collegial; it was a relationship of sharing, of being willing to take in and to give both." She said that UNICEF possesses, and is willing to make available, expertise of a kind that few other organisations have, a situation she called "valuable".

In what could conceivably have been a reference to an earlier part of the interview in which the interviewee referred to "the Moving Children" and "children from outside" ("it's been children coming into South Africa and moving within South Africa so into Johannesburg"; lines 38-40), she adduced an example of this valuable expertise by saying: "If I think about Mosena and Johannesburg, for instance, that's a situation that nobody really knew how to deal with and it really was helpful to have UNICEF to be able to bridge the gap between that very local Mosena issue and the national, getting through to national. I think that's a role they were really able to play …"
The interviewee said UNICEF provides global perspectives and global expertise. It is also flexible inasmuch as it is able to direct the right expertise to a problem by virtue of having a large database of consultants on which it can draw.

Asked if UNICEF's projects within or external to NACCA were responsive to the needs of OVC, the interviewee gave a qualified reply. She said these NACCA projects worked at a macro level, whereas the real issues that have arisen concern delays in the implementation thereof. This was no fault of UNICEF ("I'm not sure that UNICEF could have done it differently"); instead, government bureaucracy was blamed - though the interviewee added that implementation may have moved more quickly "if there had been a way of getting NGOs to take on some of those things faster". In view of these problems, she recommended that UNICEF form closer ties with other major funders such as PEPFAR: "if some of those UNICEF things had been taken up by PEPFAR partners, PEPFAR had money and it's getting out faster, that might have helped."

The interviewee said her main recommendation was that UNICEF work more closely with other major funders such as PEPFAR. While she comprehends and indeed even "passionately" endorses the importance of working with government, meaningfully escalated inter-donor-partner relationships would help on the other hand to strengthen civil society and expedite implementation. She said one way forward in this respect would be for NACCA to work differently "so that it's not so much only about what government is doing", but conceded "that's not in the UNICEF proposal". Her fine-tuned proposal, then, was that UNICEF "should have a stronger collaboration with whoever it is that's funding what's happening for OVC in the country and that they then work to ensure that what the other people are funding and what government is doing, they try to bring them together so that there's a stronger coherence between what's being funded and what government's policy is …"

In describing the relationship between UNICEF and government, the interviewee drew a distinction between what government finds useful to have funded and what is taken up in implementation. "I think what UNICEF has done has been to fund things that government finds useful but not necessarily that they take up … that they use …". (On lines 156-178 of the transcript she provides a detailed but somewhat cryptic discussion of this idea.)

Asked how UNICEF should position itself in South Africa's OVC response, the interviewee said it has a very important technical role to play and should develop its role in bringing together donors, the NGO sector and government.

UNICEF also has "a real role to play" in promoting improved collaboration between departments in respect of children's well-being: given governmental division of labour, children's needs for health, housing, education, etc. are necessarily divided up between different departments, but UNICEF can serve the aim of holistically bringing these separate strands together by promoting effective coordination and monitoring.

With that said, however, the interviewee said that internally UNICEF itself showed room for improvement in these respects. Its OVC programme lies within its protection section, whereas UNICEF has a range of other sections such as health and education. The result is that the OVC programme "sometimes gets compartmentalised there [in the protection section] … I think the programme could actually benefit from some more inter-sectoral collaboration within UNICEF … I think sometimes within UNICEF they compartmentalise themselves a bit too much."
UNICEF brings value through its global perspectives and, in particular, through its SADC-level involvements in e.g. the SADC minimum package of services for OVC. It should continue bringing in ideas from other countries and making partners in South Africa aware of them.

The interviewee said the points above were also her recommendations as to the strategic objectives UNICEF should adopt.
11.8 Interviewee 7

The interviewee engages with UNICEF though her organisation's membership of NACCA. The interviewee's organisation provides technical assistance to UNICEF on certain of the studies it has commissioned through NACCA.

The interviewee was asked what she understood UNICEF's rationale to be in funding the various studies undertaken by her own organisation. She said literature reviews and gaps analyses have shown areas in which insufficient information exists and that closing such gaps is a big priority in terms of funding programmes and policy.

The interviewee was asked if she believed UNICEF's financial and technical resources were used to greatest impact in the studies and projects with which she is familiar. She said she could not give an unequivocal "yes" in reply, but said it has always appeared to seek "partnerships and collaborations to build on or to ensure that there is no duplication and redundancy. So in that sense, yes, they do optimise their resources like that."

The interviewee was asked to characterise UNICEF's relationship with its other partners in NACCA and with the national DSD. She was strongly positive in her reply. The relationships are "very longstanding and close": UNICEF is integrated into many technical committees, is available as a resource, and is involved at programme level albeit only in specific provinces. "The relationship with the department and the civil society is very strong, and people do often look to UNICEF to utilise their knowledge and their resources to further the objectives of the OVC policies in the country."

From what she has personally been able to observe, the interviewee said that the relationship seems to enable UNICEF to fulfill its mandate to protect the rights of children. She described the relationship as mutually beneficial and mutually aware. "UNICEF understands that they cannot work in commissioning research or beginning programmes without DSD buy-in and support. And I think it works both ways. UNICEF has a very strong presence in the specific provinces they are mandated to, and [DSD] realises that … to optimise their own objectives they need to engage very closely with UNICEF as well."

The interviewee was asked what partnerships UNICEF ought to be establishing in furtherance of their strategic objectives and mandate. She stressed the importance of relationships with civil society organisations at national, provincial and local level. "Civil society is pivotal to implementing policy and programmes … without civil society I think government wouldn't be able to function. I know it's a sweeping statement, but a lot of the research has come out showing that." The upshot of this, she said, is that UNICEF "would need to really engage with as well and strongly with civil society as they do with government."

In addition, she said, UNICEF "not just as a programme implementer but also as a donor needs to engage with other donors and with other civil society organisations that also tailor to the role of an implementer and a funder". This was particularly important into order to avoid duplication and to optimise resources.

While there was an obvious necessity for strong engagement with DSD to continue, governmental engagement had to be broadened and strengthened in respect of interdepartmental collaboration. The DSD cannot be entirely effective without the departments of health, water and housing, for instance, she said – "and I think that engagement is nowhere near as strong for everybody as it should be."
The interviewee summarised her own recommendations. UNICEF had to strengthen its engagements at interdepartmental level, within civil society, and at the civil society-government interface. This would allow resources to be optimised and create favourable conditions for work to be done at both policy and ground level.

The interviewee was asked if UNICEF projects had been responsive to the needs of OVC. She answered that it had - "yes, it has had a lot of impact at the policy and the programme level." But she said that - speaking in overall terms not limited to UNICEF but certainly including it - more had to be done to ensure that "research and programme evaluation and M&E is [fed] more into the cycle". Information, research and programme effectiveness had to be optimised by being made more systematic and based on a systems rather than a process approach. It was in her view not ideal for different organisations and departments to be commissioning the same research, or for mandates to be in conflict with one another, or for different entities with the same mandate to commission the same research purely for the sake of meeting their mandate when they were aware of similar research being undertaken. Through partnership and collaborations, mandates should be reviewed and things made systematic. This would have to happen at "the highest level, not just at national level" but at the apex-level of organisations such as UNICEF "that are almost globally mandated" and which can survey country needs and gaps and optimise the deployment of resources to avoid duplication.

The interviewee was asked if UNICEF activities had served to enhance governmental capacity to improve and monitor e.g. the NAP for OVC. "Yes, absolutely." UNICEF is active at those levels in terms of technical input and the provision of resources. "From an observer's point of view they are extremely active and effective." She offered the same response when asked more specifically about the strengthening community-based support for OVC.

The interviewee was asked if the results emerging from UNICEF studies or projects have been incorporated into government planning, implementation and monitoring. The question, she replied, was "a difficult one". In her view, UNICEF had taken efforts to ensure its work was not only incorporated but used to inform further planning, but the systems and processes were "not strong or rigorous enough to ensure optimisation" and required that the "research/policy/programme nexus" had to be strengthened. UNICEF has taken matters as far as it could with government ("you can push so far"), "but I think further than that it needs to be taken up by government themselves". The overall process, involving not only UNICEF but civil society as well, needed to be considered and strengthened so that inputs from the latter could be taken up by the government in a way more systematic than the current "haphazard fashion". This position, she implied, was in line with discussions at many different levels that have stressed the importance of incorporating work being done by different organisations "into the knowledge of the government" as has happened - albeit within the constraints of politics, resources, time, etc. and hence to a less-than-optimal degree - in the case of SANAC and NACCA.

Regarding UNICEF's strategic priorities for the future, the interviewee said it ought to continue what it is doing (multi-level engagement with government, linking with civil society), but that it ought also to capitalise on its potent "brand-power" (it has "the brand of being the centre of work for children" and "when you have that kind of brand-power you really … attract buy-in a lot easier than maybe even government departments") and position itself by adopting a stronger leadership role and/or taking a stronger lead in various ways. "The thing is to build on that strength … to strengthen these processes of evidence-based policy and practice, of collaboration interdepartmentally, of collaboration between government and civil society … so position themselves in that way as a sort of
leader or a maker of forums and situations where that kind of collaboration can happen." In terms of planning, UNICEF could take a leadership role in terms of not only explaining various things "but [also] taking action in those areas" e.g. the definition of OVC, changes in the child grant system, the Information Bill, the new Children's Act. Returning to this theme later again, she explained this to mean that UNICEF should play a stronger advocacy role and become "a conduit for effective advocacy and information sharing".

Inter-donor collaboration is also "pivotal": "if there was more collaboration and consolidation of those resources … resources from donors [could] go a lot further than they are going now". This would involve "discussing donor mandates and finding sort of almost a central mandate that doesn't conflict or doesn't cause duplication but rather feeds into the common goal and the common objective".

The interviewee said UNICEF's strategic priorities should be in the areas of education and health, both of which areas should be placed within a development framework that in effect says, "When we look at children we are looking at health, we are looking at education but the overall outcome is to develop that development so that children when they grow up have economic and service access."

There should also be a "focus on succession planning and exit plans from government grants and from a system that does support them in terms of no-fee schools and CCFs" so that "once they are older they do still have access to that kind of care and support".
11.9 Interviewee 8

Over several years UNICEF funded various projects run by the interviewee's organisation. These concerned health information systems and health-system issues related to the care of OVC. The most recent project was an inter-sectoral intervention based for three years at Nkandla municipality and "was intended to improve the creative system of care under the auspices of the Nkandla municipality involving all the relevant roleplayers”.

The interviewee said UNICEF was able to fund his organisation only for one project at a time owing to an internal administrative policy.

The interviewee was asked about the highlights of the relationship between UNICEF and his organisation. He said UNICEF was "very supportive" of work in rural areas, provided both funding and technical assistance, and complemented the latter with satisfactory follow-up and on-site visits that were practical and useful. This was appreciated as it enhanced the relationship between the two entities and led to mutual understanding between them: "We understood how they worked and they understood how we worked."

The interviewee was asked about the low points of the relationship between UNICEF and his organisation. He said that delays had arisen in the completion of the (Nkandla?) project that were due to factors beyond his organisation's control. The delays led to financial misunderstandings which had to be resolved.

The interviewee was asked what he thought UNICEF's rationale to be in funding projects such as those run by his organisation. He said that because UNICEF is concerned with the most vulnerable of vulnerable children, and because such children are mostly found in the rural areas, his organisation was "an obvious priority". Although it had proven difficult to do so, the organisation had also wanted to create a model that could be replicated and rolled out on a wider scale elsewhere in the later phases of the project. By implication, this had also appeared to have been a factor in UNICEF's funding choice.

The interviewee was asked for his impression of UNICEF's relationship with the government - the relationship with government generally and with the Nkandla municipality in particular. He said it appeared to be good. "They have quite a hands-on approach so that was appreciated by local government … I think they made an effort to maintain that relationship as positively as possible as not to undermine government officials."

The interviewee was asked if he knew of instances where the results of work had been taken up as part of government programmes. He replied that having this happen is the continual intention of his organisation's projects and that the sustainability of the projects depends on who is left behind in the relevant positions; however, he left it an open question whether or not, or to what degree, this had taken place in practice. For instance, the Nkandla project had ended the year before, and he was personally unaware of whether it had been continued or not (the interviewee had left the organisation). Regarding the health information projects he alluded to earlier in the interview, these had been superseded by newer systems in the government department. "But largely local government seems to … create its own systems. So I don't know to what extent those interventions have been sustained."
The interviewee was asked how UNICEF ought to position itself. He said it had to make strategic decisions about its level of governmental involvement – be this at national, provincial or local level – and that the chosen levels would depend on the nature of the organisation's focus. If the focus is on OVC, "then it's probably still appropriate to work those provincial and local levels [as happened in the case of the interviewee's organisation, which was most local- and district-level] because some things cannot be worked out only at provincial level".

The interviewee was asked what he thought UNICEF's strategic priorities should be. He argued for:

- increased facilitation and promotion of inter-sectoral collaboration "bringing together various government departments and NGOs working on the same issues";
- civil society’s need for assistance in developing information systems;
- increased attention to health-system issues: "I always felt a bit of a gap between, for example, hospitals and their clinics, between the hospitals and the communities that they serve. There is a lot of work to do in that interface; the use of community health workers or home-based carers, for example, is an important area of work." Further to this, support for the elderly caregivers of OVC should be conceptualised and provided with practical support;
- for OVC, the mobilisation of resources not only from government sources but also from civil society and non-governmental sources: for instance, churches could play a large role and have to date not been successfully drawn into the process.
11.10 Interviewee 9

The interviewee is a representative of a national government department. Her responsibility is to develop legislation, policy, programmes and guidelines relating to the implementation of The Children’s Act in respect of OVC. Asked about her involvement with UNICEF, the interviewee said she last worked with it two years ago and admitted that she had not dealt with it directly at all in relation to OVC.

The representative was asked what type of relationship with UNICEF would work for her. She said that her focus is on the implementation of The Children’s Act, "so I think we can work together - they will then strengthen us at government wherever we are having challenges". Asked to elaborate on the means by which UNICEF could strengthen the government, she replied that "no structure alone … can render service to children". South Africa is a country, UNICEF a global body: hence, the latter's expertise as well as knowledge of the experience of other countries would "assist us in improving our service delivery". Her answer seemed to entail a process of, or at any rate an occasion for, face-to-face consultation: "If we sit and present to them our plans, how and where can they strengthen based on their expertise and experience" [sic].

The researcher then turned the question around and asked how government might be prepared to assist UNICEF (rather than the other way around) in fulfilling its mandate to protect children’s rights. The interviewee said that the government would share its action plans with UNICEF so that the latter could incorporate them in its own planning. "[T]he situation will be tough ["the on-the-ground-realities of South Africa"] so UNICEF needs to know what are the plans of government so that they can then align their plans with the plans and the mandate of government so that we are harmoniously rendering to children."

The representative was asked what her priorities are in relation to The Children's Act. She said that the Act is large and has many sections; the DSD in turn has a similarly large national directorate that focuses on each of the relevant areas. Her area is OVC, and the two foci are (a) CHHs and (b) children living on streets.

In respect of (a), a strategy and guidelines have been developed to standardise this service; the resultant document has been taken the implementers (provinces), with the national department providing all necessary support for implementation, beginning with the provision of training.

In respect of (b), services were acknowledged as having been "haphazard" and a similar process has been afoot as in (a): a strategy and guidelines have been developed with a view to standardising and normalising services "so that every child in South Africa receives more or less the same service". Documents have been developed and at the time of the interview service providers were being trained in their implementation.

In respect of both (a) and (b), the director said, "[T]hese documents … are aligning their actions in relation to [The Children’s] Act, and our role is to see that provinces adhere to what the Act is saying."

The representative was asked about coordinating structures. She said that, to reiterate an earlier point, no structure exists which can render services to children on its own. For that reason, the government does this in partnership with other entities: the national DSD, NGOs, FBOs, CBOs and donor funders. A quarterly forum is in place to facilitate this partnership, the Child Care and Protection
Forum (CCPF). This is "the first forum, an overall forum". Beneath it are other forums: the ECD forum, the National Child Protection Forum, the NGO-led National Alliance for Street Children (NASC), and NACCA (driven by the HIV/AIDS directorate). [This list emerged in an interview and may not necessarily be comprehensive, i.e. there may be other forums that were not mentioned.]

"According to the Act all these substructures, including NACCA, are expected to report to the overall structure, which is the CCPF."

The DSD OVC director said she is active in NASC and the CCPF. She said that UNICEF is represented on all of these structures, with the possible exception of NASC.

Asked about UNICEF's role on the CCPF, she said she knows that in general UNICEF offers technical assistance and has been involved in the development of other policies and guidelines, having "offered huge assistance in the part of guiding tools" - but "that [guiding tools?] is not my direct mandate, I won't have information about that but I know they have been assisting the Child Protection directorate."

The DSD OVC director was asked what UNICEF should be doing differently or better on the CCPF. She said that UNICEF has been involved in HIV/AIDS and related issues but that OVC is a broader topic than that. "If they can broaden their scope -- because OVC is not only about HIV/AIDS, there are other issues that are courting OVC -- if they can be broad, they will only be broad if they can engage with other directorates in the department to check what they are doing and the element of OVC in each and every directorate, then together they can plan how they can partner."
11.11 Interviewee 10

The interviewee represents a national NGO.

The interviewee was asked to describe her organisation's relationship with UNICEF. "I would describe our relationship as a partnership and I would say that with UNICEF we have the opportunity to dialogue around issues, to consider research focus on aspects of OVC work that would be, and broader work, that would be relevant. We have participated together at conferences and have invited them to our conferences as well so there’s like an exchange. We’ve showcased some of the models linked to UNICEF’s hosting and visitors, the Isibindi project has actually hosted many people for them and we have conceptualized and developed models together. We’ve looked at even training models together and one of our NACCW workers have went on a study tour with UNICEF so I think it’s a very integrated exchange partnership."

She added: "I think it’s a two-way technical support with an element of funding in that as well, and our relationship is beyond a funding relationship because quite often we consult on issues where funding is sourced from other places, not necessarily even by UNICEF, we might source the funding ourselves; but the conceptualising, the thinking, the dialogue, the debate I think that is helpful and the networking because quite often UNICEF will bring together a range of thinkers on issues and we’re lucky to be part of that."

The interviewee said the relationship with UNICEF was longstanding but had intensified in the past four years due to The Children's Act and the advocacy surrounding it. This had brought her organisation's focus on child- and youth-care work onto the agenda and as a result the organisation felt both more visible to and recognised by UNICEF: "We felt more seen by UNICEF", she said, because their staff share the same interests and experience.

The interviewee was asked to describe her organisation's Isibindi model in greater detail, which she did unstintingly. She also proposed this "as a model for Africa" (and hence as a recommendation).

The interviewee was asked to name the highlights of the relationship with UNICEF. She said she valued the support it gave to research for her organisation's programme, support which involved "highlighting the model and showcasing the connection with international and national children's policy". A further highlight was "the opportunity to conceptualise responses to complicated areas in service delivery". UNICEF has assisted them with funding of the kind that would allow UNICEF to "bring in specific training components". UNICEF has also assisted them with youth conferences, thereby ensuring that children's voices are heard at national conferences.

Probed about the low points of her organisation's relationship with UNICEF, the interviewee said none came to mind, except that "in terms of strategic planning there might be places where … we could emphasise our differences".

The interviewee was asked how much she knows about UNICEF's OVC programme. She gave an equivocal reply, saying that she understands it well in practice but far less so at the level of documented strategic objectives. She confessed this might be because she had, as it were, received the memo but not read it attentively enough. To allay the impression that her own personal uncertainty was true of the rest of her organisation, she said that the director had indeed attended a UNICEF strategic session and was therefore presumably more knowledgeable about the subject than she herself.
The interviewee emphatically believed that UNICEF is using its financial and technical resources optimally. She went to say that her organisation receives PEPFAR funding which, coming in dollars, is "significant funding"; UNICEF's funding, by implication, was less substantial than that but carried important value given that it was used strategically and for strategic purposes: "showcasing funding, research funding, consultative-meeting funding, partnership development".

The interviewee was asked what she made of UNICEF's relationship with the DSD. "A very positive relationship and very supportive of the department, and very open to integrating the NGO sector into their relationship … [T]hey assisted the department to open the door to others because they created the context for that and they networked in people that they knew so they would know us and invite us". UNICEF "created access"; the interviewee said that without her organisation's connection to UNICEF, they would probably not have enjoyed the same access.

The interviewee believed that UNICEF's relationship with the DSD helps it fulfil its mandate, but said that she felt pity for UNICEF given that the department "works … at snail's pace". This meant that often those in the NGO sector wished that UNICEF would work more closely with them in order to achieve its goals and achieve them faster. She called this "a critical tension" but said that she imagined UNICEF was well aware of it yet steadfastly sticking to its guns in terms of its commitment to working with government. Although this produced frustration, she said it was "obviously the right way to do it" and "very wise", seeing as that, from what she has observed, "the government feels secure in their relationship with UNICEF".

The interviewee was asked if UNICEF-funded projects have been responsive to the needs of children affected by poverty and HIV/AIDS. They had. "For sure, that's 100% correct, yes." Were they responsive to the needs of girl children in particular? "Generally, yes."

The interviewee was asked to offer advice on UNICEF's strategic priorities going forward. She replied at length.

- UNICEF must continue to play a pivotal role in the implementation of the Children's Act. The present moment is a "critical period" given to legal interpretation of the Act. UNICEF should "support the fact that wherever there's a gap we use it in the best interests of the children, that we don't allow interpretations to actually undermine the intention of the Act."
- Implementing the Act requires model development, and here innovative thinking is paramount. "The Act definitely allows for [thinking out of the box]" and "without innovation we are going to do business as usual." In this respect, UNICEF "can showcase in different chapters of the Act, particularly in the intervention and prevention, strategies to prevent families and children from coming deeper into the system …".
- In turn, models need to be mainstreamed, transitioned into service delivery and rolled out on scale. The emphasis should be on scale and impact. Best practices are obviously important but should not be fetishised at the expense of the delivery of results. "Models are not supposed to be best practice, they are supposed to be service delivery." The danger is lack of impact. "We do a lovely little model here and 'Aren't we proud of what we do', but what's the impact?"
- UNICEF ought to put its weight behind expanding the range of available deliverers and strengthening the development of other social service professions. The Act requires a workforce for its implementation, and currently that workforce is imagined as a workforce of regulated social workers; nevertheless, on the fringes there is a wide, willing and able
workforce made up of ECD practitioners, child- and youth-care workers, and CDWs. They are saying "We're here, the Act allows for us now" but "everybody's floundering around how to make it happen". (By contrast, healthcare "has no problems about diversity" and allows for doctors and nurses along with psychologists, occupational therapists, etc.)

- In the furtherance of (d) above in particular and the other points in general, the interviewee urged UNICEF to pursue and promote a creative training methodology with a strong emphasis on digitally-enabled distance learning (she mentioned "their KZN project" for illustration). The interviewee thought it bizarre that for training purposes rural workers for the DSD are taken from their home areas for four years after which they are returned. Distance education could, by implication, resolve that problem, and in addition be considerably enhanced by way of video and Skype technology, for instance, technology which by being brought into remote rural areas would likely serve the additional and important end of nation-building and developing a skilled workforce. Such measures would in turn require stepped-up intersectoriality going forward. "It feels like there's a whole world out there that could be put together in greater innovation."

- All the points above should be closely aligned with the pursuit of the imminent MDGs.

- In addition, efforts in relation to (e) above should be given a greater African-continental emphasis (the gist of the idea apparently being that regional foci benefit the big-picture work of UNICEF in Africa and that that big-picture thinking in turn reciprocally enhance what is done at regional and country level). "UNICEF in Africa has the responsibility to make sure that we are more connected together, sharing, exchanging, networking, and I think they are doing it, but on children's issues ..." [the remainder of the sentence was hard to construe but the unmistakeable implication was that there is room for improvement]. She said, for instance, that the Isibindi model "is a model for Africa" and she would be very happy to see it taken up in other African countries.

- (f) Child participation needs far greater emphasis and strengthening: "We should be strengthening the capacity of children to thinking critically and to respond in ways that allow them to give their opinions."

- At the close of the interview she qualified what she said above by remarking: "I'm bringing here some of my thinking how we have to develop, and it doesn't necessarily mean the agenda should be the UNICEF agenda. I mean some of this might be relevant for them to take forwards but it's [her comments?] actually much broader in focus."

12. TERMS OF REFERENCE ATTACHED

***************