

2003-2008

Rockefeller Brothers Fund
South Africa
Grantmaking Strategy
Evaluation

**Consultants:
Insideout: Monitoring &
Evaluation Specialists**

Insideout: M&E Specialists for the RBF

Executive Summary

This evaluation examines the Rockefeller Brothers Fund (RBF) grantmaking in South Africa between 2003 and 2008 that is focused on models of care, education, support, advocacy, and capacity building in the fields of basic education and vulnerable children. The evaluation: 1.) reviews and analyzes current grantmaking in terms of its changing context and the results of grantees' work; 2.) explores grantee partners' experiences with RBF in the light of other donors; and 3.) makes recommendations about the future focus and methodology for grantmaking in South Africa.

The data collection included three key components: 1) the compilation of an NGO matrix (a summary of 50 RBF grants made to 28 organizations working from 2004 to 2008 in the basic education and vulnerable children sectors); 2) 12 mini qualitative reviews of selected grantee partners; and 3) a report on the discussions held with RBF grantee partners at three provincial cluster meetings. The data from all three components were used for this evaluation report.

First, the evaluation explores the history of the RBF's grantmaking in relation to the evolving HIV and AIDS, vulnerable children and education context in South Africa, and finds evidence that RBF was indeed responsive and shifted its own strategies to appropriate focus areas to meet the changing needs in South Africa. An analysis of the grant distribution for this evaluation, illustrates the RBF's multi-dimensional strategy of identifying an innovative idea, supporting its growth into a best practice model, supporting policy change through advocacy, awareness-raising and research, and supporting the overall capacity of organizations to become vehicles of change.

Twelve other donors participated in this evaluation based on their support of RBF grantee partners or because of their relationship with RBF. They shared the values of focusing on supporting the broad population, fostering local partnerships and emphasis on the development of local solutions through the capacity building of organizations. Only five of the 12 donors shared RBF's strategy of supporting policy change through advocacy. Key differences between these donors included size of grants, degree of specification in terms of focus areas, and RBF seemed to be the only donor supporting the strengthening of grantee partners' communication strategies. The four common challenges faced by donors working in South Africa include 1) the size of the country, affecting the impact of an investment; 2) the difficulty of reaching the rural poor because civil society organizations are based in urban or peri-urban areas; 3) struggle to maintain funding levels with restricted funding resources available; and 4) the concern about the current levels of capacity of organizations in terms of skills and human resources. These were very similar to the challenges listed by grantee partners, which include: difficulties of securing adequate funding; limited capacity, such as monitoring and evaluation skills and few staff members; donors' unrealistic reporting expectations and pressure on grantee partners to scale up interventions; as well as the strained relationship with government. Both the participating donors and the RBF grantee partners perceive the Fund very positively in terms of its approach and values.

The second finding section focuses on the achievements of the RBF grantee partners in terms of the development of best practice and promising practice models, as well as their achievements in terms of advocacy and policy change. The evaluation finds that the RBF contributed towards the

development of four out of eight possible best practice models for improving access to quality basic education, along with five out of 17 possible best practice models for supporting the development of vulnerable children and addressing the societal impact of HIV/AIDS. All of these models are nationally or internationally recognized and provide a range of solutions. The other grantee partners' interventions were grouped under "*Promising Practice Models*", "*Models in the Making*" and "*Programs*". The Fund's five-year experience of supporting the development of best practice models highlighted 1) the importance of providing sufficient monitoring and evaluation support; and 2) in order to ensure that government adopts a best practice model, it is critical that the model is aligned with government policy and that grantee partners work in close partnership with government when developing the model, with government taking the lead and the non-government organization (NGO) being flexible and playing a supportive role.

In terms of grantee partners' advocacy efforts, many examples exist of how grantee partners (supported by RBF and other funders) have contributed towards highlighting a range of issues and bringing about changes to policies in the education, HIV and AIDS and children/society themes. Some of these policy changes have also resulted in changes in service delivery, including, for example, the introduction and expansion of the child support grant and ARV treatment.

The third findings section explores the RBF grantmaking strategy's effectiveness. The RBF made use of a number of strategies. The evaluation finds that its ability to use large as well as small grants produced an impact. The RBF was selective and strategic in its decisions about whom to give larger grants, and it seemed to have been clear in judging when a smaller amount would be enough to be effective. The evaluation also finds that the length of the support relationship was not a critical factor in leveraging greater impact. Instead it seems that the quality of the relationship between RBF and grantee partner was more important. By means of these quality relationships, the RBF has been able to identify funding gaps and opportunities for supporting grantee partners in a strategic way, including supporting organizations to start out and develop their innovative ideas; strengthening their own strategy and model; allowing organizations to be in a better position to advocate; and strengthening the organizations.

The Fund has also focused on fostering partnerships both internationally and locally in South Africa. One of the RBF's main strategies in terms of fostering partnerships has been its focus on supporting seven networks and alliances, which collectively represent a very large proportion of the South African children's sector. The Fund contributed towards strengthening the capacity of all seven networks/alliances, thereby supporting groups of organizations that are collaborating for greater change. All 44 grantee partners were connected or working collaboratively, and the evaluation finds many examples of the resulting ripple effects that go beyond the initial grant or individual organizations' achievements, making this a worthwhile grantmaking strategy.

The evaluation also explores the effectiveness of the Fund's strategy of institutional strengthening, which included 1) the funding of running costs and staff salaries; 2) organizational development support; and 3) communications strategy support. Grantee partners valued the funding of salaries and running costs for strengthening grantee partner institutions, since it increased capacity and resulted in improved quality service delivery and a wider reach into the target groups. In 2007 the RBF funded organizational development (OD) support for grantee partners which started to

strengthen the skills of directors and cultivated an appreciation for organizational development, as well as started to strengthen grantee partners' communication strategy. However, while much has been achieved, the evaluation finds that it is not yet sufficient. The OD support is lengthy, requiring a lot more input and time and it was unrealistic to expect that within a period of two years all grantee partners would have strengthened their leadership skills sufficiently to grow sustainable organizations.

The evaluation makes the following six recommendations regarding the Fund's grantmaking strategy:

- The RBF's focus on **strengthening organizations** should be continued, with a focus on leadership and internal monitoring and evaluation capacity building, and should be offered at the beginning of the five-year grantmaking cycle to give the process enough time to bear fruit.
- In-depth **knowledge of the country context**, along with **good relationships** with grantee partners, is critical to the success of the strategies of identifying strategic opportunities, fostering partnerships and strengthening organizations.
- The evaluation found that supporting networks and alliances within a sector and **fostering partnerships** between grantee partners has resulted in ripple effects, enhancing the impact of RBF grants, and should be continued.
- When promoting the **development of best practice models**, the Fund should support partners in their ability to gather sound evidence for the success of the model. In order for government to adopt the model and take on the responsibility of service delivery, partners require support so as to share the value of the model with peers and government by way of sound communication and advocacy strategies.
- The Fund should in future develop a clear **exit strategy** and communicate it to all partners so that changes in strategy are not misunderstood or seen as unexpected.
- Based on the feedback both from the participating donors and the grantee partners, it is suggested that the **RBF's grantmaking approach** should be **documented and shared** with other donors as a best practice model in grantmaking.

Overall, the evaluation concludes that, while the RBF strategy between 2003 and 2008 has been responsive to the context and needs of South Africa, the devastating effects of HIV and AIDS in South Africa are still a reality. The decision to end the Human Advancement program seems too soon, as South African NGOs require longer term support to strengthen their organizations, advocate for change and to develop best practice models.

Table of Contents

1. Introduction	1
1.1 Purpose.....	1
1.2 Methodology.....	1
1.2.1 <i>NGO matrix</i>	1
1.2.2 <i>Mini reviews</i>	2
1.2.3 <i>Cluster meetings</i>	2
1.3 Limitations.....	2
2. Findings	2
2.1 Grantmaking in South Africa	2
2.1.1 <i>The RBF's philosophy and strategy</i>	2
2.1.2 <i>The RBF's grantmaking history within the South African context</i>	3
2.1.3 <i>2003–2008 RBF grantmaking strategy</i>	5
2.1.4 <i>Grant distribution 2003–2008</i>	10
2.2 Other grantmaking strategies.....	13
2.2.1 <i>The RBF compared to other donors</i>	13
2.2.2 <i>Common challenges faced by donors</i>	14
2.2.3 <i>Common challenges faced by NGOs</i>	14
2.2.4 <i>Other's perceptions of the RBF</i>	15
2.3 Impact of the RBF's grantmaking strategy.....	16
2.3.1 <i>Best Practice Models: Achievements by RBF grantees</i>	16
2.3.1.1 <i>What is a best practice model?</i>	16
2.3.1.2 <i>Promising Practice Models</i>	17
2.3.2 <i>Achievements: Best practice models</i>	19
2.3.3 <i>Advocacy and policy change: Achievements by RBF grantees</i>	20
2.3.5 <i>Assessment of RBF's grantmaking strategy</i>	24
3. Recommendations for future grantmaking strategies	35
3.1 Strengthening of organizations.....	35
3.2 Knowledge of country context.....	35
3.3 Fostering partnerships	35
3.4 Development of models	35

3.5 Exit strategy	35
3.6 Documenting RBF's strategies	36
4. Overall conclusion	36
5. References.....	39
6. Appendices:.....	40
Appendix A: Summary of the achievements of best practice models.....	41
Appendix B: Achievements: Promising practice models.....	54
Appendix C: Summary of advocacy and policy change achievements.....	57
Appendix D: Summary of international and South African partnerships.....	61
Appendix E: Interview participants.....	63



Full Report Prepared by: Insideout: Monitoring & Evaluation Specialists
 225 Lower Main Road
 Observatory, 7925
 Cape Town, South Africa
 +(27) 21 448-4577



List of Graphs

1. Graph 1: Proportion of Department of Social Development-registered NGOs working in the education and the vulnerable children sectors
2. Graph 2: Change in the type of registered NGOs from 2003 to 2005
3. Graph 3: Total number of grants given to organizations working with an education focus compared to those working with an HIV and AIDS and vulnerable children focus 2003–2008
4. Graph 4: Number of grantee partners who received RBF funds from 2003 to 2008
5. Graph 5: Proportion of RBF funds supporting the development of best practice models, awareness-raising, advocacy and networking within the HIV/AIDS focus areas
6. Graph 6: Proportion of RBF funds supporting the development of best practice models, awareness-raising, advocacy and networking within the education focus area
7. Graph 7: Number of children who received CSG grants in South Africa between 2005 and 2007
8. Graph 8: Number of accredited sites for distributing ARVs in 2005 and 2007
9. Graph 9: Estimated ART coverage in 2004 and 2007 (numbers of people)
10. Graph 10: Estimated ART coverage in 2004 and 2007 (percentages)
11. Graph 11: Number of pregnant women living with HIV who received AVT for preventing mother-to-child transmission 2004–2007
12. Graph 12: Distribution of the advocacy grants
13. Graph 13: Percentage of organizations that have received 7–1 grant
14. Graph 14: Allocation of funds per focus area 2003–2008
15. Graph 15: HIV prevalence rate among pregnant women 1990–2007

1. Introduction

Since 1965 the Rockefeller Brothers Fund (RBF) has made 366 grants, totalling \$22,824,073, to South African organizations. Between 2003 and 2008 the Fund approved 190 grants for the total of \$11,859,673.

The RBF currently has 56 South African grantees: 19 working in the field of children impacted by HIV/AIDS and poverty, 14 focused on basic education, 14 on capacity building, and nine on the long-term societal impacts of HIV/AIDS.

1.1 Purpose

This evaluation examines grantmaking in South Africa that is focused on models of care, education, support, advocacy, and capacity building in the fields of basic education and vulnerable children. The evaluation: 1) reviews and analyzes current grantmaking; 2) documents donors operating in South Africa; and 3) makes recommendations about the future focus and methodology for grantmaking in South Africa.

This evaluation has explored the following issues:

- the context in which grantees work and how it has changed in the past five years;
- the organizations' experiences with RBF in the light of those with other donors; and
- the results of grantees' work and the lessons they learned, including best practices¹.

1.2 Methodology

A qualitative research methodology was used to collect the data for this evaluation. In overview, data were collected and analyzed from an estimated 280 documents (including RBF documentation, RBF grantee-partner reports, evaluations, and publications within the HIV/AIDS and policy context), 80 in-depth interviews, and comments by—and discussions with—22 RBF grantee delegates representing 20 organizations.

The data collection for the evaluation of the South African Rockefeller Brothers Fund grantmaking strategy included data for three key components, namely the compilation of an NGO matrix, 12 mini reviews, and reports from the three cluster meetings. These data sources provided the foundation for the evaluation.

1.2.1 NGO Matrix

The NGO matrix presents a summary of 50 RBF grants made to 28 organizations working from 2004 to 2008 in the basic education and vulnerable children sectors. Each matrix focuses on goals and objectives, the development of best practice models, advocacy and policy influence, and institutional development. It also explores the various challenges and lessons learnt in these areas.

¹ RBF, 2008b

1.2.2 Mini Reviews

The other RBF 34 grants made in this time are reflected in the 12 mini reviews. Questions for the in-depth interviews focused on the organizations' greatest achievements, challenges and lessons learnt. In addition, questions explored the results of institutional strengthening efforts and of the RBF's funding in particular.

1.2.3 Cluster Meetings

As part of the evaluation process, Insideout facilitated three cluster group meetings in the Western Cape, Gauteng and KwaZulu-Natal (KZN), respectively.

1.3 Limitations

A limitation of this evaluation is its reliance on self-reporting by organizations (either through team interviews or progress reports). While the program beneficiaries could not be included in the mini reviews, the perspectives of a donor, a peer organization and a government representative were used as a means to verify the organizations' claims. In addition, where possible, the evaluation team included findings from external evaluations. Since the monitoring and evaluation data of grantee partners was generally weak, this limited the evaluation team's ability to arrive at concrete conclusions.

2. Findings

The findings are presented in three key sections. The first section is grantmaking, where the history of the RBF's grantmaking is explored in relation to the evolving HIV and AIDS, vulnerable children and education context in South Africa. In addition, it briefly assesses the strategies of other donors and compares them with those of the RBF.

Section two presents the impact of the RBF grantee partners within the RBF goals of developing best practice models and supporting advocacy efforts and policy change.

The third and final section presents an assessment of the RBF grantmaking strategy in terms of which strategy stands out the most and how effective the various components have been.

2.1 Grantmaking in South Africa

2.1.1 The RBF's Philosophy and Strategy

Up until the end of December 2008, the Rockefeller Brothers Fund was organized around four principal areas of interest: democratic practice; sustainable development; peace and security; and human advancement. The Human Advancement program, the focus of this evaluation, was named after Charles E. Culpeper to honour the legacy and achievements of his foundation, and established in 1940 for the "betterment of humanity". The Human Advancement program has been committed to positive, systemic social change and the fulfillment of individual potential.

The RBF decided to launch a review of its programs over the next two years, and following the review the Fund decided to conclude the Human Advancement program, effective December 31, 2008.

The Fund pursues these interests in key regions identified as “pivotal places” with particular relevance in terms of its interests and its potential for impact. These regions, where the Fund has focused on a range of education and health issues which have related to human advancement on a nationwide or region-wide scale,² have included New York City, South Africa, Western Balkans, and Southern China³. The Fund addresses its core interests in these pivotal places in ways that are responsive to local needs and priorities⁴.

Pivotal Place: South Africa

Especially important to the RBF in the identification of pivotal places is their significance for surrounding regions, ecosystems or the globe. Many donors recognize South Africa’s role as a critical development support partner in the region. However, South Africa struggles to harmonize this regional role effectively because interventions are often loosely coordinated and not budgeted for, thus putting pressure on participating government departments⁵. Nevertheless, as the dominant force in the African economy, South Africa influences both its neighbours and the world, providing natural and human resources for development across Africa. South Africa’s success is therefore a crucial ingredient to that of the African continent⁶.

Arguably the most critical issue that the country currently faces is the effects of the HIV and AIDS pandemic. It is the key theme according to which the RBF’s grantmaking in South Africa is organized, and provides a unifying issue through which to ensure that grants complement and reinforce one another in ways which magnify their impact⁷.

Under this broad umbrella, three primary goals structure the Fund’s work in South Africa:

- improving basic education;
- assisting orphans and vulnerable children; and
- addressing the societal impacts of HIV/AIDS.

2.1.2 The RBF’s Grantmaking History Within the South African Context

Throughout the Fund’s history in South Africa, it has adopted responsive and appropriate focus areas. This section explores the various shifts in its grantmaking focus in the entire time it has worked in South Africa, links these shifts to changes in policy and context, focusing on education, HIV and AIDS, and sets the necessary historical context for the Fund’s 2003–2008 grantmaking strategy.

² RBF (2008) Pivotal Place: South Africa; Program Phase-Out Fact Sheet

³ RBF, 2008a

⁴ RBF, undated

⁵ Smith, Waddell, Masindi, 2008. First Phase of the Evaluation of the Implementation of the Paris Declaration Country Level Evaluations, South Africa.

⁶ RBF, undated

⁷ Muirhead, 2005

1960s to 2003

The Fund's involvement in South Africa dates to the mid-1960s when it focused on promoting human rights and supporting the anti-apartheid movement.

After the release of Nelson Mandela from prison in 1990, the Fund shifted its focus to improving basic education for adults and children. This was appropriate at the time, as Byrnes (1996) notes in her country assessment:

No other social institution reflected the government's racial philosophy of apartheid more clearly than the education system. Because the schools were required both to teach and to practice apartheid, they were especially vulnerable to the weaknesses of the system. ... [During the 1980s many youths were] committed to destroying the school system because of its identification with apartheid. Student strikes, vandalism, and violence seriously undermined the schools' ability to function. By the early 1990s, shortages of teachers, classrooms, and equipment had taken a further toll on education ... with the nationwide literacy rate at less than 60 percent throughout the 1980s, and an estimated 500,000 unskilled and uneducated young people faced unemployment by the end of the decade⁸.

With this shift in grantmaking, the RBF aimed to enable those most disadvantaged by the apartheid regime to participate in building a new society.

Reorganizing education was one of the most daunting tasks the government faced when apartheid laws, including the education laws, were lifted in the 1990s. The aim was to establish a non-racial school system, one possessing enough flexibility to allow communities to preserve their religious and cultural values, and home languages, yet lacking the bureaucratic duplication that had resulted from apartheid education. By 1995 all government-run primary and secondary schools were officially integrated.

The first recorded case of AIDS in South Africa was diagnosed in 1982. By 1985 it was apparent that sectors of the community other than gay men were also affected. At this stage, HIV and AIDS did not yet influence the RBF's grantmaking strategy. As the abolition of apartheid got underway towards the end of the decade, increasing attention was paid to the AIDS crisis⁹. In 1990 the first national antenatal survey to test for HIV found that 0.8% of pregnant women were HIV-positive.

At the time of the first democratic elections in 1994, the change in government encouraged many NGO leaders to join the government service, leaving a skills gap in the non-profit sector. The Fund responded by adding a capacity-building component.

Concurrently, the HIV and AIDS epidemic continued to grow, with the HIV prevalence rate among pregnant women increasing to 17%. A national review of South Africa's AIDS response to the epidemic found that there was a lack of political leadership. By 1999, the HIV prevalence rate

⁸ <http://countrystudies.us/south-africa/56.htm>: Rita M. Byrnes, ed. *South Africa: A Country Study*. Washington: GPO for the Library of Congress, 1996, pp 1.

⁹ <http://www.avert.org/aidssouthafrica.htm>: Graham Pembrey, 2008

among pregnant women was 22.4%¹⁰. In 2000 the new South African president, Thabo Mbeki, made a speech at the International AIDS conference that avoided reference to HIV and focused instead on the problem of poverty, which fuelled suspicions that he saw poverty, rather than HIV, as the main cause of AIDS. According to Pembrey (2008), President Mbeki consulted a number of “dissident” scientists who rejected the link between HIV and AIDS, and by 2001 the HIV prevalence rate among pregnant women was 24.8%¹¹.

In response, the RBF decided to incorporate the need for partners to work towards improving basic education within the context of HIV and AIDS into its own grantmaking focus in 2000. In 2002 the South African Department of Education also recognized the need to address HIV and AIDS in schools when it developed the *Tirisano*¹² implementation plan. Part of the *Tirisano* action plan is to position schools as centers of community life, make co-operative government work, and deal urgently and purposefully with the HIV and AIDS emergency in and through the education and training system. The *Education White Paper 6* provides the framework for establishing an inclusive education and training system that enables education structures, systems and learning methodologies to meet the needs of all learners. It marks an important conceptual shift in understanding barriers to learning. Previously they were understood in terms of a deficit or medical model, which “presupposes vulnerability and disability as inherent in the individual”. *Education White Paper 6* also emphasizes the critical role of intersectoral collaboration in achieving the aims and objectives of inclusive education. It emphasizes, among other things, the establishment of district support teams, consisting of a wide spectrum of professionals, and the mobilization of public support¹³.

At the same time, in 2002, within the HIV and AIDS context, the South African High Court ordered the government to make the drug Nevirapine available to pregnant women in order to help prevent mother-to-child transmission of HIV. Even though international drug companies offered free or cheap antiretroviral drugs, the Department of Health remained hesitant about providing treatment for people living with HIV¹⁴. An interest in developing a broader response to the pandemic began to emerge, and in 2002 the Fund added to its grantmaking approach a concern for the rapidly growing numbers of orphans and vulnerable children in South Africa.

2.1.3 2003–2008 RBF Grantmaking Strategy

Since 2003 the RBF’s goals and guidelines with regard to grantmaking in South Africa have been further refined and developed in response to the South African context.

NGO and donor context

In 2003 the total number of registered non-governmental organizations (NGOs) was 1776, of which 22,5% were working to address children made vulnerable through HIV and AIDS and 77.5%

¹⁰ <http://www.avert.org/aidssouthafrica.htm>: Graham Pembrey, 2008

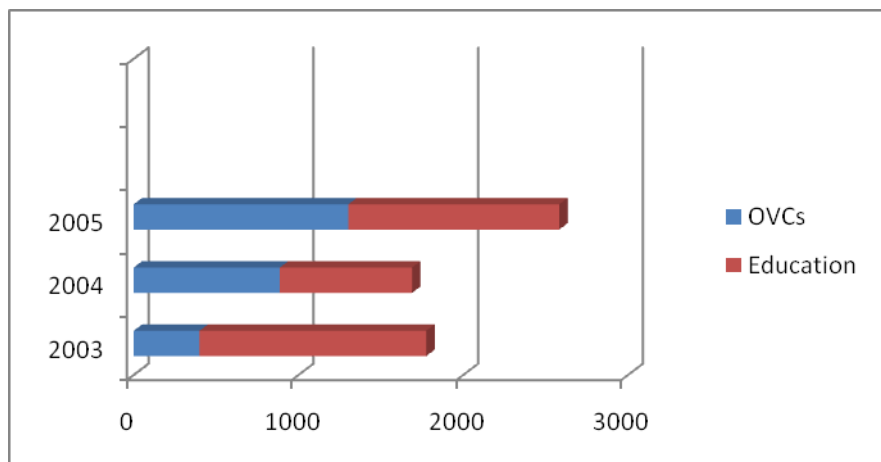
¹¹ <http://www.avert.org/aidssouthafrica.htm>: Graham Pembrey, 2008

¹² *Tirisano* is a Setswana word meaning “working together”.

¹³ <http://countrystudies.us/south-africa/56.htm>: Rita M. Byrnes, ed. *South Africa: A Country Study*. Washington: GPO for the Library of Congress, 1996

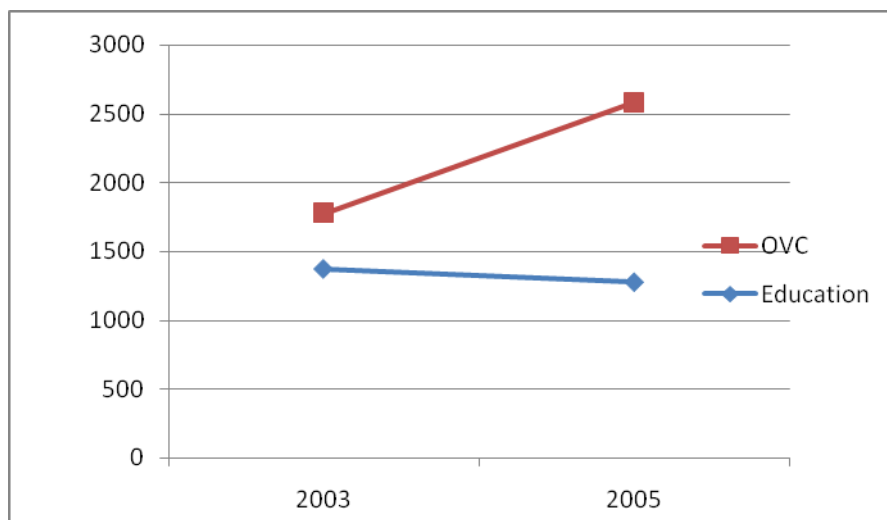
¹⁴ <http://www.avert.org/aidssouthafrica.htm>: Graham Pembrey, 2008

focused on education¹⁵. Between 2003 and 2005, the number of NGOs registered with the Department of Social Development increased by 807 organizations.



Graph 1: Proportion of Department of Social Development-registered NGOs working in the education and vulnerable children (OVC) sectors

However, it is noteworthy that while the number of registered NGOs working with OVC increased by 903 organizations, the number of registered NGOs within the education sector decreased by 96. It is within this context that the RBF started its grantmaking cycle in 2003, one which gave greater emphasis to children made vulnerable by HIV and AIDS.



Graph 2: Change in the type of registered NGOs from 2003 to 2005

The evaluation could not find reliable data sources for the number of donors working in the field of improving basic education and supporting children made vulnerable by HIV and AIDS.

¹⁵ Department of Social Development Registered NGOs: Statistics related to NGOs dealing with Children - no stats available for 2007 or 2008

South African Context: Basic Education

Owing to the limited resources available to the Department of Education for redressing the imbalances of the past, parents are required to pay school fees, a situation which further disadvantages those already in need. While it is illegal for a child to be excluded from education for non-payment of fees, schools do in fact routinely expel children on these grounds. The RBF therefore devoted significant effort to improving access to quality basic education for children in South Africa by funding research, advocacy and litigation to this end¹⁶.

The HIV/AIDS pandemic has further contributed to the crisis in South African education. Schools struggle to meet the needs of increasingly vulnerable children and teachers become ill and die. For this reason, and in keeping with the RBF's aim to maximise the impact of its work by focusing on projects that reinforce efforts in its other areas of interest, the Fund's basic education grantmaking specifically addressed the impact of HIV/AIDS on children, teachers and schools.

According to the 2008 UNAIDS report, this remains a critical issue:

Ensuring educational opportunities for children is critical to mitigation of HIV related vulnerability. In 56 countries from which recent household survey data are available, orphans who had lost both parents were on average 12% less likely to attend school than non-orphans. In countries with HIV prevalence greater than 5%, orphans were only 4% less likely to be in school than non-orphans, suggesting that heavily-affected countries are closing some of the educational disparities seen earlier in the epidemic.

Since 2003, the Fund has therefore phased out support for basic education models that do not include this focus. In addition, support for adult basic education and training, previously provided by the Fund, has been discontinued, thus narrowing the focus to support only those models of childhood and early learning that integrate a concern for HIV/AIDS. With the development of the pandemic and the consequent rise in numbers of children having difficulty accessing basic education, the RBF in 2003 adopted a more proactive approach to improving such access, adding advocacy and supporting research to its efforts in this regard¹⁷.

In response to the ever-growing numbers of orphans and vulnerable children, the simultaneous erosion of their networks of care, and the increasing toll of HIV/AIDS on teachers, the RBF took a decision in 2005 to narrow its focus further by concentrating on equipping schools to become nodes of support for orphans and vulnerable children. It also began training teachers, both to enable them to better meet the needs of children in their schools and to address teacher—supply issues by getting more teachers into the classrooms more quickly¹⁸.

Complementing this focus on the impact of the HIV/AIDS pandemic on basic education, the RBF aimed to support efforts to evaluate basic education models and thus contribute to the development

¹⁶ Muirhead, 2005

¹⁷ Muirhead, 2005

¹⁸ Muirhead, 2005

of best practices. It aimed to support further the development of capacity in relevant institutions, thus strengthening grantees to create change¹⁹.

The RBF's 2008 goals and strategies with regard to improving access to quality basic education could therefore be summarized in the way seen below.

The Fund seeks to improve the quality and accessibility of basic education for children in the areas of early childhood development and primary learning through the following strategies:

- supporting the introduction and evaluation of promising basic education models that integrate a concern for HIV/AIDS;
- advancing the development of primary school teachers by supporting new models of teacher training in order to respond to the need for more teachers and to assist teachers to support orphans and vulnerable children;
- strengthening the institutional capacity of non-governmental organizations, university programs, and government agencies in the field of basic education;
- supporting research and advocacy efforts to improve the quality and accessibility of basic education for children²⁰.

South African Context: HIV and AIDS and Orphans and Vulnerable Children

By 2005 it was clear that the number of people receiving antiretroviral drugs was well behind initial government targets. The HIV prevalence rate among pregnant women in 2005 rose to 30.2%²¹. In 2006 Jacob Zuma, the former South African deputy president and current president of the ANC, went on trial for allegedly raping an HIV-positive woman. He was eventually found not guilty, but attracted controversy when he stated that he had showered after sex in the belief that this would reduce his chances of becoming infected with HIV. Criticism of the government's response to AIDS heightened, with UN special envoy Stephen Lewis attacking the government as "obtuse and negligent" at the International AIDS Conference in Toronto. At the end of the year, the government announced a draft framework to tackle AIDS and pledged to improve antiretroviral drug access. Civil society groups claimed that this marked a turning point in the government's response²².

According to UNAIDS (2008), there were around 280,000 children aged below 15 living with HIV in South Africa in 2007. Children living with HIV are highly vulnerable to illness and death unless they are given paediatric antiretroviral treatment, which is still in short supply in South Africa. UNAIDS estimated that, at the end of 2005, children accounted for 8% of those receiving antiretroviral drugs in South Africa²³.

Many more children are suffering from the loss of their parents and family members through AIDS. UNAIDS estimated that there were 1.4 million South African children orphaned by AIDS in 2007,

¹⁹ Muirhead, 2005

²⁰ RBF, 2008a; RBF, undated

²¹ <http://www.avert.org/aidssouthafrica.htm>: Graham Pembrey, 2008

²² <http://www.avert.org/aidssouthafrica.htm>: Graham Pembrey, 2008

²³ UNAIDS (2008) South Africa: Epidemiological Fact Sheet

compared to 780,000 in 2003. Once orphaned, these children are more likely to face poverty, poor health and a lack of access to education²⁴.

As noted above, the escalating HIV/AIDS pandemic in South Africa is not only producing an increasing number of orphans and vulnerable children, but is simultaneously eroding the capacity of communities to provide the care they require.

A number of different models of care exist in South Africa. These include: absorption into households of grandparents and extended family members; kinship care; informal fostering; community-based care such as supervised sibling homes; cluster-foster care homes; orphan villages; and formal institutional care. It remains unclear, however, which forms of care government and development agencies should support and expand. In 2002 the RBF therefore began to develop a cluster of grants for piloting models of care for orphans and vulnerable children, and in 2003 it abandoned its previous focus on child abuse, which was thereafter to be considered within the context of orphans and vulnerable children²⁵.

Until this time, most RBF projects in South Africa assisting orphans and vulnerable children were focused on meeting their basic survival needs for food, shelter, clothing and school fees. Mindful of its intention to support efforts that reinforce ones in its other areas of interest, the RBF thus began to encourage a more ambitious, developmental approach for NGOs in the field, seeking out projects that help orphans and vulnerable children to reach their full potential as individuals and as constructive members of society²⁶.

Before models of care could be expanded, however, it was important that their effectiveness be rigorously evaluated. The RBF consequently began to direct its efforts toward evaluating models of care, education, and support which could inform best practice and policy development. Since 2003, the RBF has, in addition, funded a cluster of social science research projects in South Africa aimed at informing policy development related to orphans and vulnerable children. In response to gains made by grantees to improve the lives of orphans and vulnerable children, the Fund added a focus on advocacy to its guidelines in March 2005²⁷.

The RBF found that many of the organizations working to address these issues operated in a state of permanent crisis and lacked the time or skills to be able to influence public policy debate. Amongst its priority interests in this area, the RBF therefore included development of organizational capacity as a means of helping such NGOs to function as efficiently as possible²⁸.

Since 2007, the RBF developed an increasing interest in strengthening the evidence base for its work. Lack of hard evidence about what actually works represents an obstacle to policy development. The RBF, therefore, extended its focus to encompass work that documents and assesses different models of care, education, and support for orphans and vulnerable children²⁹.

²⁴ <http://www.avert.org/aidssouthafrica.htm>: Graham Pembrey, 2008

²⁵ Muirhead, 2005

²⁶ Muirhead, 2005

²⁷ RBF, 2004a; Muirhead, 2005

²⁸ Muirhead, 2005

²⁹ RBF, 2007

The above goals and strategies for assisting orphans and vulnerable children can be summarized for 2008 in the way seen below.

The RBF supports efforts to assist orphans and vulnerable children in achieving their full potential as individuals and as members of society by:

- encouraging the development and evaluation of innovative models of care, education, and support for orphans and vulnerable children;
- strengthening the institutional capacity of non-governmental organizations, university programs, and government agencies working with orphans and vulnerable children;
- supporting targeted social science research that will improve the understanding and effectiveness of work related to orphans and vulnerable children; and
- supporting advocacy efforts related to improving the lives of orphans and vulnerable children³⁰.

In June 2008 the RBF Board decided to phase out the Human Advancement program to promote increased synergy between the place-based work of the Fund and the thematic work focused on issues such as global warming. As part of the conclusion of the Human Advancement program, the Fund is phasing out its current grantmaking in South Africa, which was largely housed under this program. In 2009 the Fund will begin to explore options to re-focus its grantmaking efforts in Africa around its core themes of democratic practice, sustainable development, and peace and security³¹.

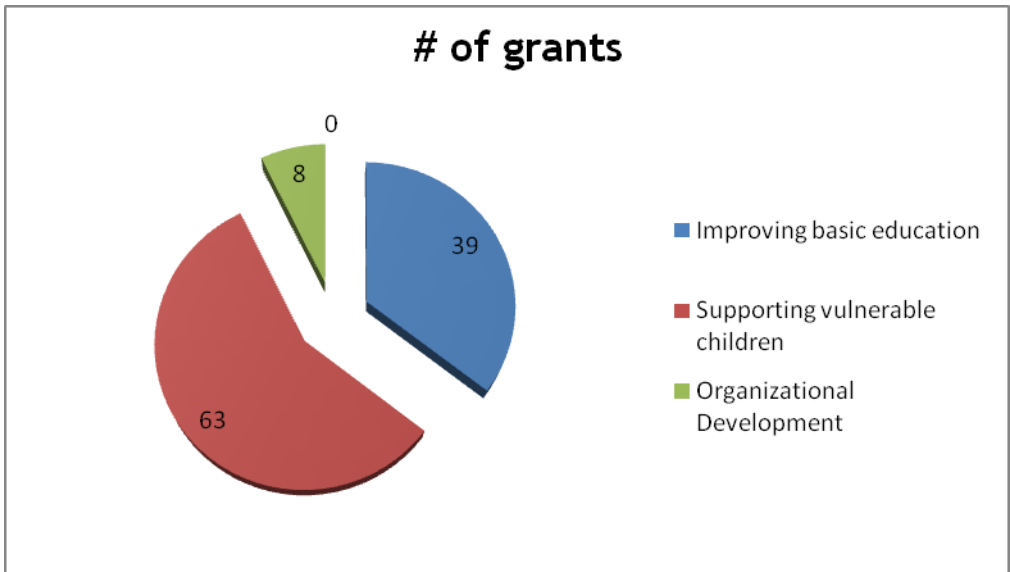
2.1.4 Grant Distribution 2003–2008

In the past five years, the RBF has approved a total of 190 grants to the sum of \$11,859,673. This evaluation will focus only on the 110 grants that support 44 grantee partners (of whom 39 are based in South Africa, four in the United States, and one in Canada) working within the focus areas of improving basic education, supporting vulnerable children, and developing organizational capacity.

In terms of the dollars spent to support these RBF grantees, almost the same amount has been allocated to improving basic education as there has to the HIV and AIDS focus area, with \$2,426,745 and \$2,426,909 having being spent on them, respectively.

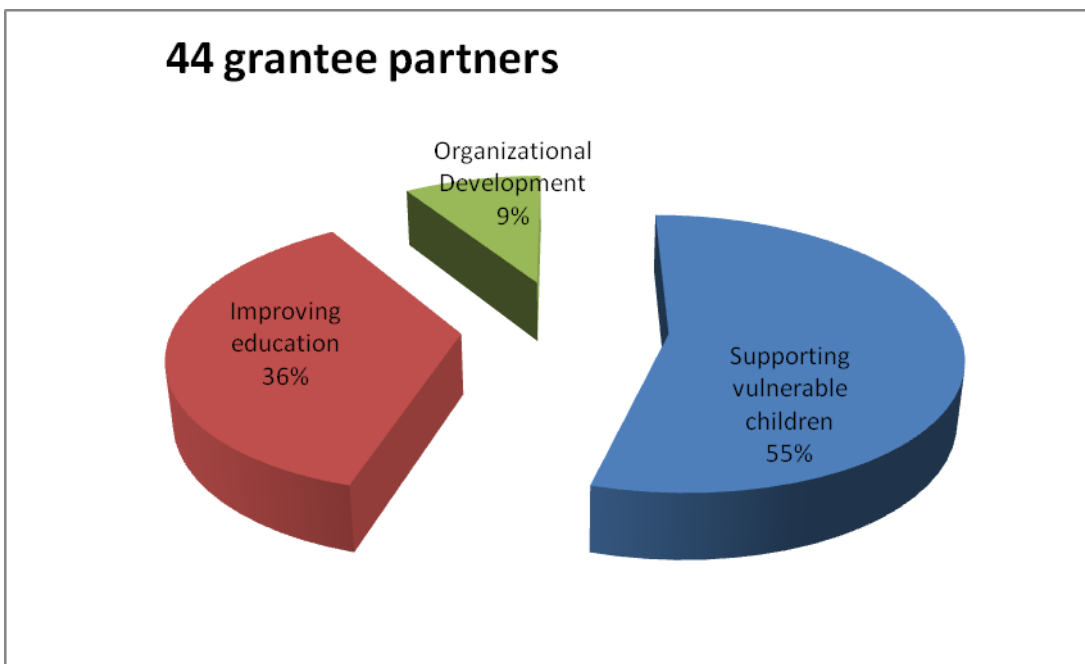
³⁰ RBF, 2008a; RBF, undated

³¹ RBF (2008) Pivotal Place: South Africa; Program Phase-Out Fact Sheet



Graph 3: Total number of grants given to organizations working with an education focus compared to those working with an HIV and AIDS and vulnerable children focus 2003 - 2008

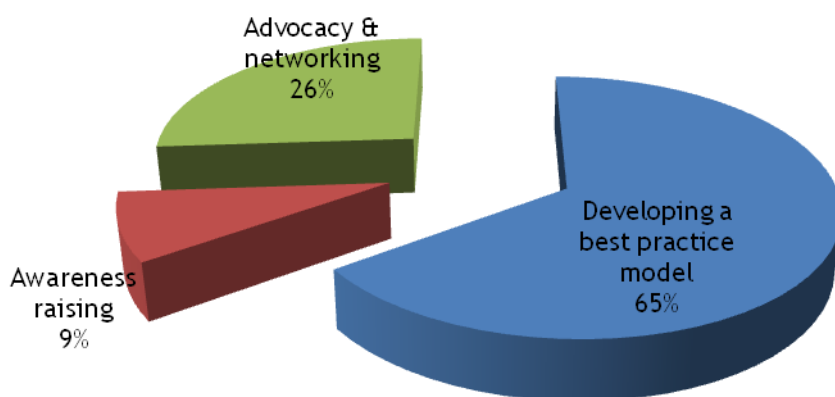
In terms of the three RBF grantmaking focus areas included in this evaluation, the majority of grantee partners received RBF support for their work towards supporting children made vulnerable through HIV and AIDS (55%). Thirty-six percent of the grantee partners focused on improving education within the context of HIV and AIDS, and the last four organizations focused on strengthening the grantee partners' capacity.



Graph 4: Number of grantee partners who received RBF funds from 2003-2008

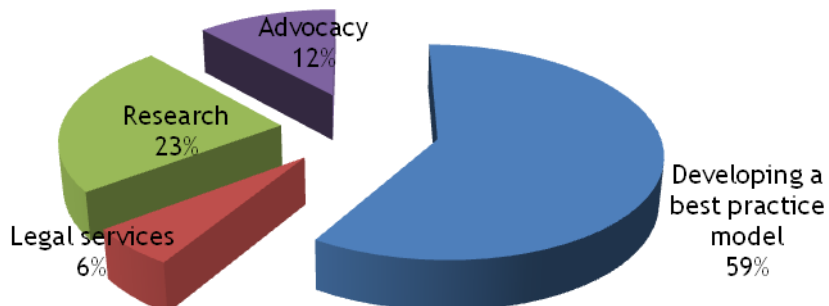
Taking all three focus areas in account, the largest share of RBF support went to developing best practice models (65% and 59%, respectively) and the balance was allocated to advocacy, networking, awareness-raising and research across all three sectors. This is illustrated in the two graphs below.

Supporting vulnerable children



Graph 5: Proportion of RBF funds supporting the development of best practice models, awareness-raising, advocacy and networking within the HIV/AIDS focus areas

Improving education



Graph 6: Proportion of RBF funds supporting the development of best practice models, awareness-raising, advocacy and networking within the education focus area

The graphs reflect RBF’s multi-dimensional strategy of identifying an innovative idea, supporting its growth into a best practice model, supporting policy change through advocacy, awareness-raising and research, and supporting the overall capacity of organizations to become vehicles of change.

2.2 Other Grantmaking Strategies

2.2.1 The RBF Compared to Other Donors

The evaluation team interviewed 12 donors, including representatives of the Bernhard van Leer Foundation, the Firelight Foundation, Elma Philanthropies, the Royal Netherlands Embassy, Oxfam Australia, the American Jewish World Service, the South African Department of Social Development, and smaller grantmakers such as Tshikululu and the Starfish Greathearts Foundation.

They were selected for participation in this evaluation either owing to their support of RBF grantees, or because of their working relationship with the RBF. Therefore, all of them focus on education and HIV/AIDS, and do so under varying themes, which include children affected by HIV/AIDS, poverty, rural, women, health, ECD, and homes for orphans.

These donors share the following values with the RBF:

- they offer opportunities to the broad population, focusing on a wide reach rather than on focused support;
- they foster local partnerships;
- they share an emphasis on supporting the development of local solutions through building the capacity of organizations, an emphasis which includes attention to areas such as M&E, partner meetings, salaries, running costs, multiple year grants, and OD/technical assistance.

Five of the interviewed donors pointed out that they share the RBF's strategy of supporting advocacy for policy change (these included the Bernhard van Leer Foundation, Oxfam Australia, the American Jewish World Service, the Royal Netherlands Embassy, and Save the Children UK). In particular, the RBF and the Bernhard van Leer Foundation were alike in encouraging networking and learning processes, processes which see grantee partners documenting and sharing outside of their organizations so as to influence policy, and, in addition, building capacity so that they are sustainable beyond the donor's support.

Only a few of the donors provide funding, as the RBF does, for the scaling-up of projects (for example, the Royal Netherlands Embassy and the Department of Social Development).

Three key differences between these 12 donors and the RBF stand out. The first is the size of the grants. Some of the donors, such as the Firelight Foundation and the American Jewish World Service, support organizations with much smaller grants than the Fund does. It was believed that this was due to the different levels on which these donors focus. For example, the Firelight Foundation and the American Jewish World Service focus on grassroots organizations, whereas the RBF directs funds to larger, more established organizations and at a national level. Secondly, some donors also felt that they were either more or less explicit than RBF in terms of its focus areas. For example, the Bernhard van Leer Foundation has a more specific focus on young children which is narrower than the RBF's. Similarly, the Firelight Foundation believes it is less explicit than RBF. Thirdly, it seems that the RBF is the only donor that has provided specific support towards strengthening organizations' communication strategy.

2.2.2 Common Challenges Faced by Donors

During the interviews, the following challenges facing donors were identified.

The first is the geographical size of South Africa. In order to make the most of an investment, some donors believed that it is necessary to focus resources on one or two provinces rather than spread grants across a country that is as expansive as this.

Secondly, donors believed that they still struggle to reach those most in need of support because most NGOs/CBOs are based in urban and semi-urban areas, a situation which makes it difficult to access rural areas.

Thirdly, owing to the current uncertain economic climate, numerous donors have withdrawn from South Africa and fewer corporates are donating money. In turn, this has increased the demand for funding on remaining donors such as Tsikululu, who are struggling to maintain funding levels.

Finally, all of the donors were concerned about the current level of capacity within NGOs/community based organizations (CBOs) in terms of both skills and human resources. Donors were concerned that the lack of fundraising, reporting, financial management, and psychosocial and leadership skills within NGOs and CBOs is jeopardizing their sustainability and the quality of their work. Generally, the non-profit sector is battling to retain the skills of its staff as a result of non-competitive salaries and factors such as staff overload and burnout.

2.2.3 Common Challenges Faced by NGOs

NGO representatives highlighted five common challenges facing their organizations.

- *Funding*
NGOs seemed to struggle to find funding for research, capacity building, litigation and advocacy, as well as for specific types of programs such as those focusing on youth skills development. In addition, securing funding for salaries was an issue. This is a particularly critical issue when NGOs seek to retain skilled staff members.
- *Strained relationship with government*
In terms of working with government, NGOs said the gap between politicians and policy makers was a challenge because it appears to have resulted in regulations that do not match policies, a misalignment which affects the implementation of policies. Other factors, such as limited interaction between NGOs and decision-makers in government, and poor interdepartmental coordination and communication, place additional strain on NGO-governmental relations.
- *Capacity*
Staff retention, the management of volunteers, and changes in leadership were some of the capacity issues with which NGOs struggled. NGOs reported that staff members are leaving the non-profit sphere because of uncompetitive salaries, organizational frustrations, and burnout. Conversely, NGOs are struggling to replace outgoing staff thanks a scarcity of skills in the marketplace.

- *Monitoring and evaluation (M&E)*
Many NGOs tend not have good monitoring systems in place and tend not to document their work adequately. They requested more capacity building in M&E to assist them with measuring their results. However, the recent interest from donors in M&E appears to have shifted the focus from the developmental and transformational to the technocratic. Some donors demands for M&E are unrealistic —especially when they do not provide support to the organizations to achieve the requirements—and highlight the need to capacitate donors in M&E as well.
- *Implementation of programs*
When it comes to implementing programs, NGOs highlighted three key challenges. The first is the need to balance quality and quantity of implementation, especially given the mounting pressure donors place on NGOs to scale up their efforts. Secondly, NGOs, much like the interviewed donors, face challenges in accessing their target groups in view of the long distances that need to be travelled to travel and the contextual differences between provinces that require tailored interventions. Thirdly, NGOs said it was necessary to devote more time to building stakeholder buy-in, a matter for which there was usually insufficient time or funding.

2.2.4 Other’s Perceptions of the RBF

Donors

Of the donors who had heard of or worked with the RBF, their shared perception was that the Fund is highly regarded for its clearly articulated strategy, its professionalism, its focus on developing communities of practice, and for its understanding of the context and day-to-day exigencies of NGOs. Donors described the RBF as a thoughtful and helpful co-donor, saying in particular:

They bring thoughtful projects to our attention that could have large scale leverage in raising the issues and the visibility of barriers to education which could lead to policy change; [and]

Nancy is very helpful—she gives her time, advice, literature, and [is] able to give names of grantees.

It is interesting that donors and grantee partners used the same words to describe the Fund.

Grantee partners

The RBF is well-respected by grantee partners as “a supportive and open-minded” donor. NGOs expressed their appreciation for the RBF. Key components of the relationship that grantee partners valued included responsive support, the RBF’s expectation of excellence, and its support of institutional development.

Responsive support: The RBF offered responsive support to NGOs because they shifted their services for arising needs.

Expecting excellence: The RBF was described as “the kind of donor who pushes one to raise one’s game”, thereby assisting organizations in reaching their full potential. For example, NGOs were

required to add more to their reports, which resulted in further research being conducted. The Fund has respect for the work NGOs do and for their decision-making. This has encouraged organizations to excel in their work, and, for example, submit reports on time without fail.

Supporting institutional development: The RBF provided grantee partners with resources to develop and sustain organizations but thereafter did not interfere with them. Organizations appreciated the support given to them by RBF as a development partner, the added credibility they gained through their association with the Fund, and the realistic requirements which RBF expected of them.

The RBF as a development partner: Organizations perceive the RBF as a development *partner* thanks to its approach, which was described as “respectful, open, friendly, and accessible”. In particular, their South African representative, Nancy Muirhead, was characterized as practical and knowledgeable of the children’s sector as well as the South African and global context. Her organizational interactions were regarded as exemplifying a best practice. She was “reachable”, visited organizations, listened, and readily shared her extensive understanding and insight with grantee partners. NGOs found working with the RBF to be “painless, within reason”.

Added credibility: Funding by RBF adds credibility to an organization, which in turn attracts more donors and contributes towards financial sustainability.

Realistic requirements: RBF’s reporting requirements are straightforward and allow the NGO to conduct efficient reporting.

Overall, the participating donors and the RBF grantee partners perceive the Fund very positively in terms of its approach and values.

2.3 Impact of the RBF’s Grantmaking Strategy

This section presents the contribution of RBF’s grantmaking to the achievements of its grantee partners in two parts. The first includes the achievements of the RBF grantee partners in terms of the development of best practice and promising practice models. The second part presents their achievements in terms of advocacy and policy change.

2.3.1 Best Practice Models: Achievements by RBF Grantees

The majority of RBF grants were allocated to organizations in order to develop best practice models for improving quality basic education (58% of grants within the education focus area—eight potential models), supporting vulnerable children, and addressing the impact of HIV and AIDS on the society (65% of grants within these focus areas—16 potential models).

2.3.1.1 What is a Best Practice Model?

There are varying professional opinions about what constitutes a “best” or “promising” model for either addressing the societal impact of HIV and AIDS or supporting the development of children made vulnerable by the pandemic. For the purposes of this evaluation, we have elected to include information about programs and models of best practice that meet one or more of the following criteria:

- there have been sufficient studies and evaluations to indicate that the practice is promising and is most likely beneficial for children and families;
- the practice or approach has become a nationally accepted best practice and has been widely used as a standard and guideline for program implementation and service delivery for a substantial period of time; and
- examples are available of the successful and beneficial implementation of the practice or approach.

The evaluation team made one key assumption when using the second criterion, namely that if a model was accepted nationally by either government or peers, its acceptance was based on evidence of its success. The team also placed more value on this criterion than others for the reason that when civil society organizations develop models of best practice, their ultimate aim should be to have them adopted by government and rolled out as a government service.

The RBF contributed towards the development of four out of eight possible best practice models for improving access to quality basic education, along with five out of 17 possible best practice models for supporting the development of vulnerable children and addressing the societal impact of HIV/AIDS. They include the following:

Improving basic education:

- Media in Education Trust Africa (MiETA)'s Schools as Centers of Care and Support
- Training Resources in Early Education (TREE)'s integrated family-based ECD model
- Ikamva Labantu's integrated early childhood development (ECD) model

Supporting OVC and addressing the societal impact of HIV/AIDS:

- God's Golden Acre's cluster foster care program
- Nurturing Orphans of AIDS for Humanity (NOAH)'s model of care and support for orphans
- Heartbeat's integrated care model for vulnerable children
- Bigshoes's access to improved health care for vulnerable children models (outreach model and children's homes model)
- Rob Smertheham Service for Bereaved Children's (RobS) model of psychosocial support

2.3.1.2 Promising Practice Models

The evaluation team also included a category called "*Promising Practice Models*" which are models that:

- either have only some data showing positive outcomes over a period of time;³² or
- are in the process of further refining the model based on evaluation data and experience, and have therefore not yet finalized the model.

The following grantee partners can be grouped as examples of promising practice models:

Improving basic education:

- Catholic Institute for Education (CIE)'s Caring Schools model

³² <http://www.imhr.org/knowledge-definitions.html>

- University of KwaZulu-Natal's Rapid Teacher training model

Supporting OVC and addressing the societal impact of HIV/AIDS:

- Wilderness Foundation's Umzi Wethu Training Academy for Displaced Youth

For a summary of the achievements of the promising practice models, please refer to Appendix B; for more detail on the individual organizations, see the *NGO Matrix* and *Mini Review* documents.

2.3.1.3 Models in the Making

This third category includes: 1.) RBF grantee partners whose work was itself under evaluation at the time of this report and for whom evaluation results were consequently not yet available; and 2.) new grantee partners who have not yet received support for developing a model and who could thus not be listed under any of the categories above. They include:

Improving basic education:

- Tomorrow Trust's post-secondary education support
- CINDI's Barriers to Education project

Supporting OVC and addressing the societal impact of HIV/AIDS:

- Convene Venture Philanthropists
- Columbia University's Developing Families project
- Infinite Family and Nkosi's Haven: Mentoring model
- SACBC AIDS office (evaluation of best practices)

For more detail, please refer to the *NGO Matrix* and *Mini Review* documents.

2.3.1.4 Programs

This final category includes grantee partners who have not progressed towards developing a best or promising practice model but who have nevertheless made contributions to improving basic education or addressing the effects of the HIV and AIDS pandemic (for more detail, refer to the *NGO Matrix* and *Mini Review* documents).

Among the reasons why the evaluation team did not include them as examples of best or promising practice models were that: either 1) the practice was not developed into a model and kept its service delivery focus; or 2) no monitoring or evaluation data were used or were available to verify the success of the practice; or 3.) the organization received only one grant from the RBF. The following grantee partners can be listed under this category:

Improving basic education:

- RAPCAN's student training

Supporting OVC and addressing the societal impact of HIV/AIDS:

- Family Literacy Project's training of community health care workers
- Global Community Initiative's Diepsloot Bike Project
- Institute of Natural Resources's uses of a traditional plant
- Spence-Chapin Services's adoption service in South Africa

- Topsey Shelter’s holistic care for orphans and vulnerable children
- World Vision – Leaders of Tomorrow: leadership and entrepreneurial skills for orphans and vulnerable children
- Zizanani Independent Women and Youth Project’s psychosocial support model

2.3.2 Achievements: Best practice models

In response to certain of the challenges mentioned earlier, some RBF grantee partners developed or started to develop best practice models. In total, the evaluation has found that RBF support has resulted in nine internationally and nationally recognized best practice models.

The models reflect a range of possible solutions, such as:

Basic education:

- Providing material support to vulnerable children to improve their access to schooling (Catholic Institute for Education: Access to Education model)
- Establishing schools as inclusive centers of care and support (Media in Education Trust Africa’s Schools as Centers of Care and Support, conducted together with UNA-USA)
- Reaching vulnerable young children at household level through the adults who care for them (Training Resources in Early Education’s integrated family-based ECD model)
- Transforming preschools into child and family centers which provide the care and support they need (Ikamva Labantu’s integrated ECD model)

Supporting vulnerable children:

- Creating sustainable means for children to care for themselves and rebuild their communities (God’s Golden Acre’s cluster foster care model)
- Empowering communities to support and care for the children in their community (Nurturing Orphans of AIDS for Humanity’s model of care and support for orphans)
- Establishing community child care fora that support vulnerable children in the community (Heartbeat’s integrated care model for vulnerable children)
- Improving the medical care of orphaned and vulnerable children (OVC) with special emphasis on those affected by HIV/AIDS (Bigshoes’s access to improved health care for vulnerable children models, an outreach model and children’s homes model)
- Using play therapy to support bereaved children and strengthen the relationship between children and caregivers (Rob Smertherham Service for Bereaved Children’s model of psychosocial support).

The models and programs are summarized in Appendix A, and for greater detail on the individual organization’s achievements, see the *NGO Matrix* and the *Mini Review* documents.

The Fund’s five-year experience of supporting the development of best practice models highlighted the importance of providing sufficient monitoring and evaluation support. In the early years, the RBF focused more on identifying innovative ideas that could be supported and developed into models. Once the models were sufficiently developed, it responded appropriately by supporting the grantee partners with grants for monitoring and evaluation. Some of the benefits of this support are not yet known, because evaluation findings have not yet been finalized or skills adequately applied.

The key, however, to developing a best practice model, besides having evidence to support its value and being recognized by peers, is that it is adopted by government, which is responsible for quality service delivery.

RBF grantee partners have demonstrated the value of two key requirements when advocating for the adoption of a model by government: 1) the need to work in close partnership with government when developing the model, with government taking the lead and the NGO being flexible and playing a supportive role; and 2) the need to ensure that the model is aligned with government policy.

2.3.3 Advocacy and policy change: Achievements by RBF grantees

While most grantees have an advocacy component, RBF supported 12 grantee partners specifically for their direct efforts to advocate for policy change within the education and HIV and AIDS policy context. These include:

1) *Networks and alliances:*

The Alliance for Children's Entitlement to Social Security (ACCESS); the Children's Rights Center (CRC); the Western Cape National AIDS Council's Children's HIV/AIDS Network (CHAiN); the Caring Schools Network (CASNET); the Teresa Group

2) *Media organizations:*

ABC Ulwazi and Vuleka Productions

3) *Legal service and research organizations:*

UNICEF; University of KwaZulu-Natal HEARD; the University of Witwatersrand's Education Rights Project (ERP); the University of Witwatersrand's Center for Applied Legal Services (CALS); and the Legal Resource Center (LRC)

These achievements are presented according to the basic education and HIV and AIDS and vulnerable children themes.

Education policy context: Key issues and achievements

RBF grantee partners have contributed towards highlighting a range of issues and bringing about changes to policies in the education theme. These include the recognition of, and increased focus on, strengthening the family (Children's Amended Act 2007) and an improved policy relating to no-fee school guidelines (Education Law Amendment Bill). Issues of school safety were also addressed by some grantee partners with their government partners (Amended Education Act 2006: New school safety measures), which included introducing positive discipline in the Code of Conduct for teachers.

In addition, RBF grantee partners have worked towards ensuring improved infrastructure in many schools and contributed to monitoring the implementation of Department of Education policies, particularly in rural and farm areas. Moreover, grantee partners have furnished recommendations on how to address barriers to implementing the national school nutrition program.

HIV and AIDS and children/society: Key issues and achievements

In 2002 the social security policy framework did not provide an adequate support net for vulnerable children and their families. The welfare system was not coping with the devastating effects of HIV and AIDS, which contributed to a high infant mortality rate and increased the number of children who were living with sick parents or orphaned and in need of support.

In response, many RBF grantee partners engaged in advocacy work that contributed towards greater child participation in the National Program of Action for Children (NSP) and the Children’s Amendment Act. Children’s issues have also been placed on various agendas. They are included nationally on the agendas of the South African National AIDS Council and Child Rights Advisory Council, as well as on that of the international HIV and AIDS conference.

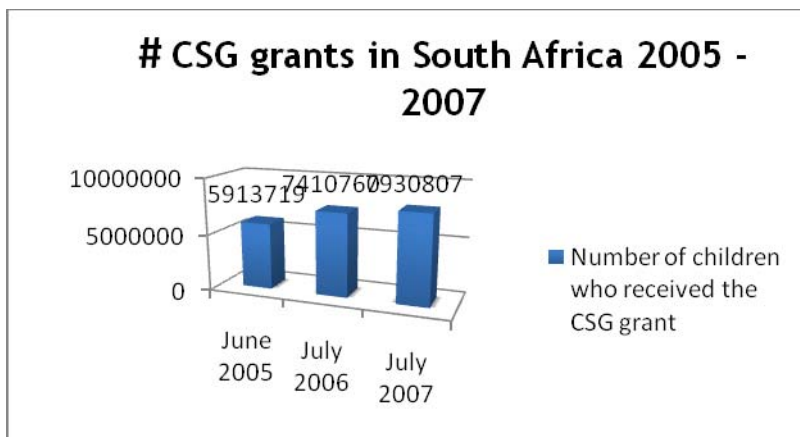
The NSP now also embraces the provision of a comprehensive care package for children made vulnerable by HIV/AIDS, introducing the Child Support Grant (CSG); Foster Care Grant (FCG); Care Dependency Grant (CDG). Greater clarity on the requirements for the Disability Grant in relation to CD4 counts has been achieved. In terms of guidelines, the Prevention of Mother to Child Transmission Treatment (PMTCT) policy has been revised to be more in line with the World Health Organization (WHO) guidelines and Paediatric HIV Management guidelines have been drafted.

For more detail on the various achievements within the two advocacy and policy change themes, please refer to Appendix C for a summary, and refer to the *NGO Matrix* and *Mini Review* documents for the individual organizations’ results.

Changes in service delivery

The combined advocacy efforts of the RBF grantee partners have contributed towards the following four key improvements in service delivery.

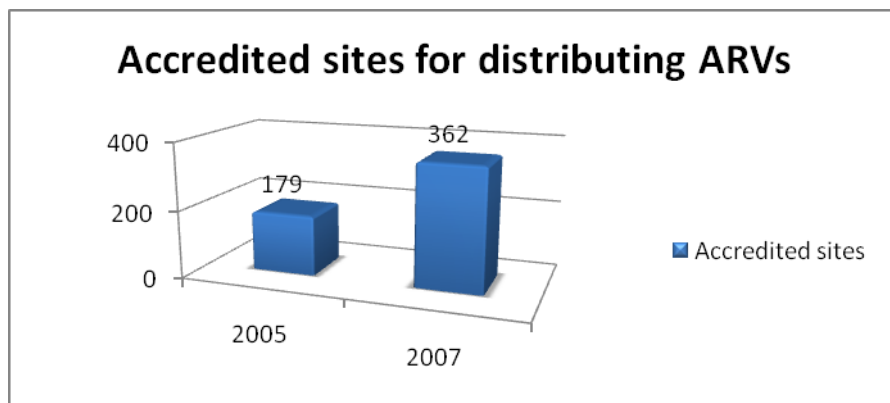
Firstly, the policy changes have allowed more children and other vulnerable groups to access social support grants (see graph below).



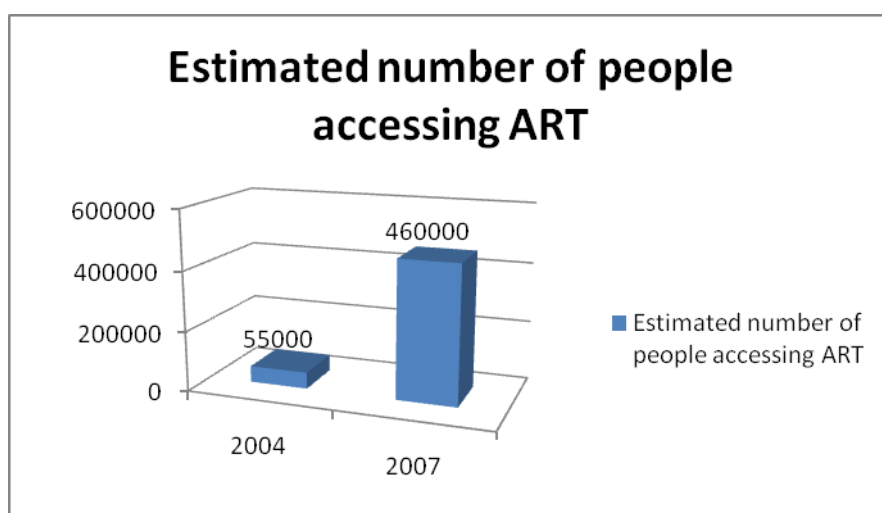
Graph 7: Number of children who received CSG grants in South Africa between 2005 and 2007³³

³³ Department of Social Development (2005; 2006; 2007) SOCPEN database 2005 - 2007. Pretoria: Department of Social Development

Secondly, there has been an increase in the number of accredited sites for distributing Antiretrovirals (ARVs), from 179 in 2005 to 362 in 2007³⁴. As a result, the estimated number of people accessing ART (including the private sector)³⁵ has increased over the years, from 55,000 in 2004 to 460,000 in 2007. In addition, the UNAIDS (2008) report estimates that South Africa's ART coverage has increased to an estimated 57,8% (2007). Furthermore, combined site accreditation processes for adults and children have been approved, as has HIV testing in children's homes (thereby allowing children in homes to access ARV treatment).



Graph 8: Number of accredited sites for distributing ARVs in 2005 and 2007³⁶



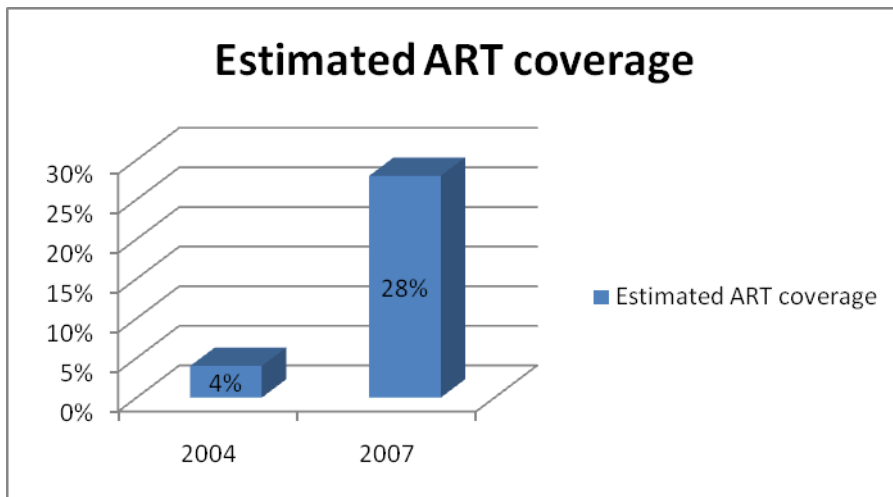
Graph 9: Estimated ART coverage 2004 and 2007³⁷

³⁴ UNAIDS Epidemiological Fact Sheet on HIV and AIDS, South Africa, Sept 2008

³⁵ UNAIDS Epidemiological Fact Sheet on HIV and AIDS, South Africa, Sept 2008

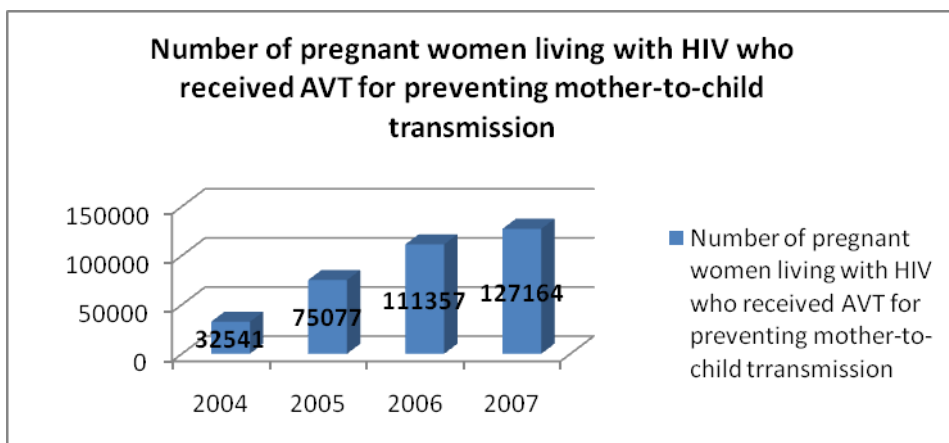
³⁶ UNAIDS Epidemiological Fact Sheet on HIV and AIDS, South Africa, Sept 2008

³⁷ UNAIDS Epidemiological Fact Sheet on HIV and AIDS, South Africa, Sept 2008



Graph 10: Estimated ART coverage in 2004 and 2007³⁸

Thirdly, the number of pregnant women living with HIV who received anti-viral treatment (AVT) for preventing mother-to-child transmission (PMTCT) has increased from 32,541 in 2004 to 127,164 in 2007.



Graph 11: Number of pregnant women living with HIV who received AVT for preventing mother-to-child transmission 2004 - 2007³⁹

Fourthly, as a result of the advocacy work of grantee partners (RAPCAN and LRC), child witnesses are treated more humanely in court. A child will no longer be exposed to the perpetrator and will be in a separate room. In addition, child victims are supported throughout the court proceedings by the “friends of the court” who prepare them and their families.

Remaining Challenges

While much impressive progress has been made, key challenges still face the country. Some of these include the shortage of social services’ practitioners, without whom the implementation of the Children’s Bill is not possible. Research also reveals that the child protection system is not used

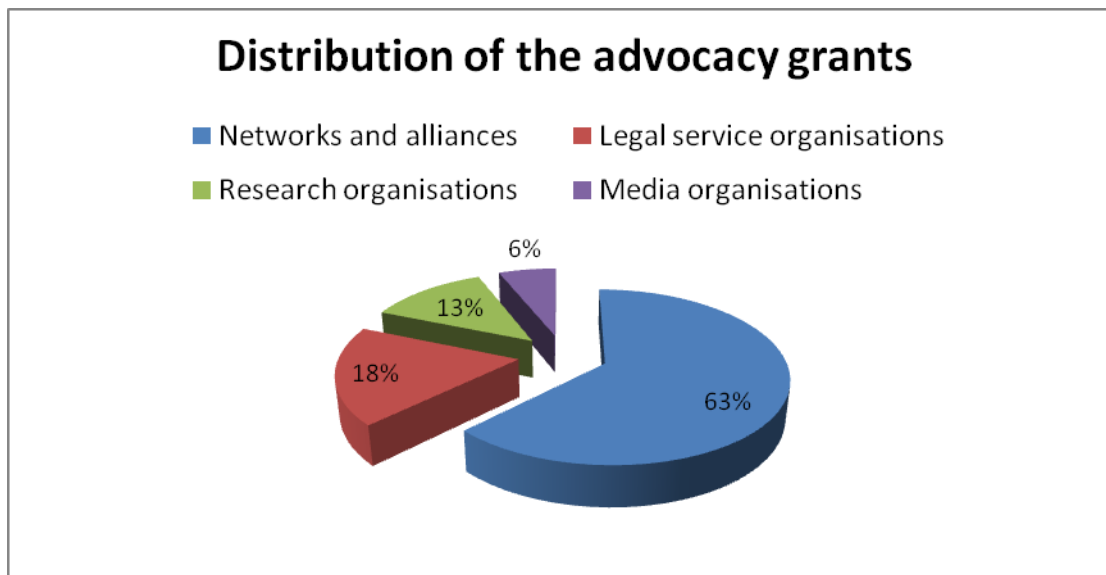
³⁸ UNAIDS Epidemiological Fact Sheet on HIV and AIDS, South Africa, Sept 2008

³⁹ UNAIDS Epidemiological Fact Sheet on HIV and AIDS, South Africa, Sept 2008

appropriately, with relatives who care for children increasingly attempting to “foster” children in their care so as to access the larger-value foster grant. Even though the policy shift set out in the White Paper for Social Welfare advocated for an approach that placed greater emphasis on prevention and early intervention services, these programs are marginalized. Other challenges include inadequate funding for NGOs and community-based initiatives, as well as continued poor interdepartmental collaboration.

Conclusion: Achievements in advocacy and policy change

By supporting advocacy efforts, the RBF—together with other donors and role players—has contributed towards major changes in South Africa’s policy context. This evaluation finds that the RBF’s multi-dimensional strategy was effective. Its main focus on supporting key networks and alliances within the South African children’s sector has been crucial to leveraging its impact. Not only is it supporting the unification of CSO voices, it is also in a position to reach more organizations through networks and alliances with its institutional-strengthening focus. The strategy has been further boosted by the Fund’s focus on strengthening partnerships, alliances and networks by providing support for sound research, effective communication strategies using various forms of media, and stronger institutions. This approach is reflected in the RBF’s allocation of grants (see graph below).



Graph 12: Distribution of the advocacy grants

2.3.5 Assessment of RBF’s Grantmaking Strategy

In terms of assessing the RBF grantmaking strategy in South Africa between 2003 and 2008, it is also necessary to explore how it contributed towards a greater impact on children’s lives. The evaluation asked two key questions: 1) which strategy resulted in the greatest impact; and 2) how well has RBF used the various strategies?

Which grantmaking strategy resulted in the greatest impact?

Size of the grant

The RBF made use of a number of strategies, including approving large grants worth many dollars. However, the Fund's approach has not been uniform, and its ability to use large as well as small grants produced an impact.

The largest grant in the HIV and AIDS focus area was awarded to the Alliance for Children's Entitlement to Social Security (ACCESS), this to the amount of \$482,000. As described in the previous section, ACCESS has been a key role player in contributing towards change in South African social security policy, change which has impacted nationally on the lives of vulnerable children. Within the focus area of improving access to quality education, Training Resources in Early Education (TREE) received the most from the RBF, namely a total of \$420,000. The money was used to develop and test the integrated family-based ECD model, which is recognized as a best practice.

The smallest grants were awarded as once-off grants to the Global Camps (within the HIV and AIDS focus area) for \$4,328, and to the University of Witwatersrand's Center for Applied Legal Services (WITS CALS) project (within the education focus area) for \$59,000.

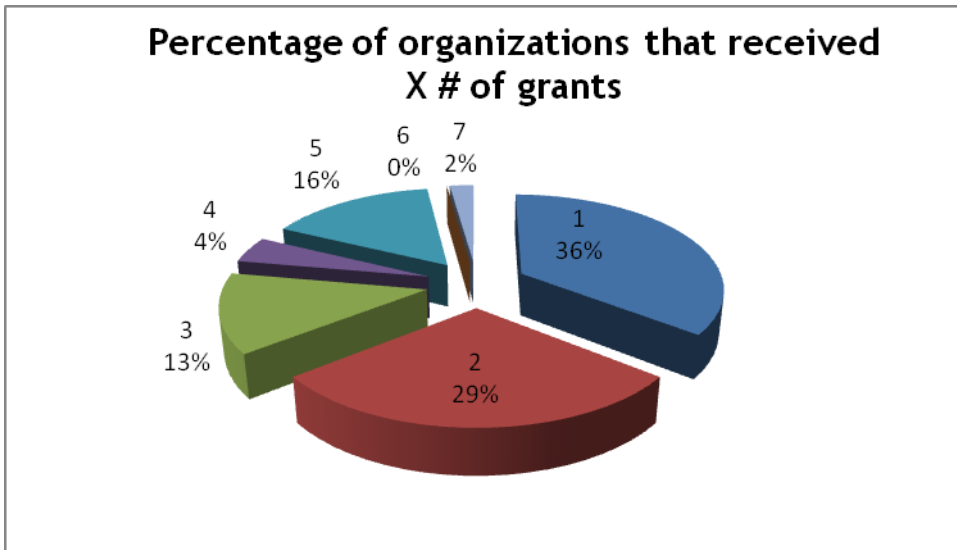
The grant supporting Global Camps, a U.S.-based organization, was employed to train up South African NGOs to run youth development camps using an experiential method of teaching children about social issues which enabled them to grow as individuals. One of these organizations was God's Golden Acre, an RBF grantee which has integrated the camps into its youth development program and which, after running camps in the last four years, has reached 240 youths to date. The grant to WITS CALS was used to conduct research on rights violations in relation to no-fee schools. These findings were in turn used by other RBF grantee partners in their advocacy efforts. Even though the grants were relatively small, they were strategic in that the direct results of the individual grants served as building blocks towards a larger goal.

While it might be assumed that more money automatically means greater returns, the grantmaking strategy in South Africa does not support this assumption. Even the smallest grants have had large impacts. The RBF was selective and strategic in its decisions about whom to give larger grants, and it seemed to have been clear in judging when a smaller amount would be enough to be effective.

Length of support

By assessing the value of the longest relationships as well as those applying in the case of most of other grants (including once-off grants), the evaluation also explored whether the length of the support relationship plays a role in leveraging greater impact.

In the past five years, the majority of the RBF's grants have been once-off (35%). Only one organization has been supported for the full five years with a maximum of seven grants, namely the Catholic Institute for Education (CIE), which received a total of \$324,000. This long relationship resulted in the development of both a best and a promising practice model. With the support of the RBF and other donors, the CIE has rolled out the models in six of the nine provinces to varying degrees, and in 2008 it assisted 4,127 beneficiaries in accessing quality education.



Graph 13: Percentage of organizations that received 7 - 1 grants

It seems that most of the once-off grants were used to test an innovative idea and/or a potential new grantee partner. The RBF has been recognized by the participating grantee partners for giving them “the space to make mistakes and work towards the best methods of dealing with issues—there were no guarantees and RBF was willing to take a risk”.

The RBF gave liberty to organizations to decide what to do with the funds. Based on a sense of mutual respect, the approach recognises each organization as an expert in its field while at the same time supporting it in acquiring further expertise.

Examples of such support include: 1) the grant of \$94,000 to support the Institute of Natural Resources for developing food garden initiatives which place special emphasis on the role of easily accessible, indigenous plants with high nutritional and medicinal value; and 2) the \$22,000 grant to the Spence-Chapin Services for a study trip giving leaders in public sector and civil society the opportunity to explore adoption practices.

Although neither of these two grants seemed to have resulted in benefits beyond the local and immediate, the ideas to which they gave support are innovative. According to the evaluation teams’ assessment, eight such grants were awarded, three of which have contributed towards positive results that have grown beyond the original grant. These grants include, firstly, the support for the Convene Venture Philanthropists (\$100,000), a network of government officials, non-governmental organizations and university programs working towards developing joint, multi-sectoral and innovative solutions for challenges relating to the societal impact of HIV and AIDS. While it is still too early to comment on the success of this network, it seems promising. Secondly, the grant of \$100,000 to ABC Ulwazi to develop a community radio program delivered by child presenters on topics aimed at educating child headed households has been broadcast by 40 community radio stations; it is currently still being broadcast by some of the radio stations, despite its no longer being funded. Thirdly, the grant of \$200,000 to the University of KwaZulu-Natal’s Rapid Teacher Training project has resulted in the adoption of the model by the provincial Department of Education.

The RBF's grants have been perceived by its grantee partners as filling a critical funding gap in the children's sector with regards to HIV/AIDS and early childhood development inasmuch as they support innovative ideas which other donors and government tended not to fund. The approach is believed to be suitable to the South African development context. It is helpful in maintaining the momentum of organizations and allows for creative solutions in an adaptable context.

Although supporting innovative ideas can be "risky", almost a quarter of the innovative ideas supported by the RBF by way of once-off grants in the past five years in South Africa have added value beyond their initial expected results. This quarter does not include the grants to nine grantee partners who proved to have developed innovative ideas and required additional support from the RBF to develop models of best practice.

The evaluation team identified some other once-off grants that seemed to be supported not necessarily for their potential to be innovative, but rather for their ability to contribute strategically to a broader goal, for example, by contributing towards the UNICEF evaluation of the South African National Nutrition program, and the University of Witwatersrand's Center for Applied Legal Services (CALS) and Education Rights Project (ERP) projects' research, the findings of which could be used by RBF grantee partners in their efforts to advocate for a improved access to quality education and better life for vulnerable children (such as Legal Resources Center – LRC; ACCESS; CRC; and Caring Schools Network – CASNET).

In the five-year period, fewer new grantees were selected. For example, in 2005 and 2006 only five new grantees were supported, respectively. This seems to suggest that the RBF moved from an approach based on the identification of innovative ideas to one based on nurturing these ideas into developing as best practice models. In 2007 there was a dramatic increase in the number of new grantee partners. Half of these had a research or an evaluation focus, which possibly reflected the next phase of testing the model.

The evaluation team therefore concludes that the length of the relationship with the RBF is not the only critical factor in terms of leveraging the greatest impact. What does seem to add value is the quality of the relationship. Nancy Muirhead has developed personal relationships with all grantee partners, irrespective of the length of the support from the RBF. By means of these quality relationships, the RBF has been able to identify funding gaps and opportunities for supporting grantee partners in a strategic way.

How successful have the RBF's other grantmaking strategies been?

The RBF was described by its grantee partners as "a creative funder" and its approach as "multi-dimensional". Grantee partners believed that through its multi-sectoral approach to grantmaking, the Fund attempted to build sustainable systems or platforms from which NGOs could bring about change.

The following section will explore the effectiveness of the RBF's strategies. It will examine: 1) the Fund's ability to identify strategic opportunities; 2) its choices in terms of supporting alliances and networks and fostering partnerships; and 3) its efforts to strengthen organizations.

Identifying strategic opportunities

Many examples exist of how the RBF: identified strategic opportunities and supported organizations to start out and develop their innovative ideas; strengthened their own strategy and model; allowed organizations to be in a better position to advocate; and strengthened the organizations. Some examples are presented below.

The RBF: Strengthening strategies and organizations

Along with other donors, the RBF funded key components of both the Media in Education Trust Africa's (MiETA) Schools as Centers of Care and Support model and the RobS's psychosocial support model, and provided critical support to strengthen the organizations. Both of these models have been categorized as best practice models.

As the MiETA team emphasized, the RBF has provided relatively small amounts of funding for the development and testing of the internationally recognized and regionally adopted School as Centers for Care and Support (SCCS) model, as compared to its other main donors, the Royal Netherlands Embassy and the Swiss Agency for Development and Cooperation. However, they believe that the funds have been strategically important because the grants were used to strengthen the organization. It was the RBF which highlighted the need to bolster the financial and administrative systems. The RBF also provided the funding to strengthen the organization's skills and capacity in psychosocial support, and contributed towards the development of the multisectoral pilot, which has informed the SCCS model. According to RBF records, the Fund believed that the MiETA's SCCS model was a promising model and that continued support was necessary to take it to the next stage — scaling-up with government resources — to reach significantly more children and leverage the Fund's investment. "It is an example of what the Fund strives for when it invests in models of care, education, and support for children impacted by HIV/AIDS".

RBF grants for RobS focused on the key components of its best practice model, namely the scaling-up through community organizations of capacity development by means of play skills therapy, and they supported the institution's reach by expanding its skills play training unit. The RBF also provided funds for the "invaluable debriefing sessions" offered by a play therapist, who prevented program staff from burning out or leaving the organization as a result of emotional overload.

In the first place, these two examples highlight the RBF's ability to identify innovative ideas and support them as they grow into best practices. In the second place, they demonstrate how the quality of the relationship between the RBF and its grantee partners allowed the Fund to identify specific institutional needs and support them in unique ways.

The RBF: One of the first donors

The Fund was one of the first donors of the Wilderness Foundation South Africa (WFSA), Bigshoes, the Caring Schools Network (CASNET), the Western Cape National AIDS Council's Children's HIV/AIDS Network (CHAIN) networks, and the Legal Resources Center (LRC). The LRC first started offering free legal services 30 years ago; the RBF has acted as a founding funder and had re-established their funding support in 2003. In the case of CASNET, RBF funding has enabled the network to exist and function in its current form. In particular, the organization reported that they derived particular benefit from the RBF's contributions to their networking attempts and that the RBF had played an important part in recruiting members for the network. As the organization said,

The thing is that how CASNET grows is by word of mouth and they [the RBF] have basically been a very big mouth. So thanks to RBF we have really good representation from all the provinces.

All of these organizations have contributed towards supporting children made vulnerable by HIV and AIDS, and worked towards improving basic education. For more detail, please refer to Appendices A and B.

The RBF: Key components of its advocacy strategy

The RBF and other donors' commitment to supporting the Children's Right Center's (CRC) role as the secretariat of the Children's Sector Network has allowed the CRC to deliver on the mandate from the network to play this role and has enabled the Network to grow significantly. Specifically, the Children's Sector changed from a largely informal group of interested organizations into a more structured body. This, in turn, resulted in many shifts within the childrens' sector around HIV, and at a critical time the CRC was able to step into this space to represent civil society organizations and make their voices heard.

Based on the available evidence, it can be concluded that the RBF has made some key strategic choices in its allocation of funds and that it has enjoyed favourable results.

Fostering partnerships

Grantee partners and donor partners have all commented on the valuable role that the RBF has played in bringing together people and organizations. The Fund has focused on fostering partnerships both internationally and locally in South Africa.

Local partnerships

One of the RBF's main strategies in terms of fostering partnerships has been its focus on supporting seven networks and alliances, which collectively represent a very large proportion of the children's sector. The Fund contributed towards strengthening the capacity of all seven networks/alliances, thereby supporting groups of organizations that are collaborating for greater change.

Furthermore, the RBF has encouraged grantee partners to network with like-minded organizations, as a result "widening their horizons" by introducing them to groups with similar interests. The RBF has linked organizations directly, arranged meetings over dinner with several organizations, and funded more formal organizational development processes. The RBF was praised for "opening doors and encouraging partnerships" by facilitating critical introductions to key organizations, introducing organizations to useful contacts, and encouraging partnerships that otherwise might not have come to light.

As a result of their networking with like-minded organizations, participating grantee partners realized that "organizations cannot be everywhere all the time, they must instead utilize their strength". For example, some NGOs represent others in conferences and assist in disseminating information, whereas others focus on supporting each others' work. The Gauteng organizations in particular

highlighted the benefits of coming together as a group, addressing blockages in the work environment, and discussing how to deal with them. As one participant explained,

It was also good to hear perspectives from the other NGOs and it provided a good forum for discussion. Organizations left with more resolutions than would have been possible [by] working on our own.

By creating networks within the RBF grantee group, the Fund has maximized its impact: all 44 grantee partners were connected or working collaboratively, and the results of some of these partnerships are listed below.

- The Global Community Initiatives reported benefiting from other organization's support and networking as a result of the RBF's references.
- Save the Children felt that the RBF played an important role in recruiting members for their Caring Schools Network, saying:

The thing is that how CASNET grows is by word of mouth and they (RBF) have basically been a very big mouth. So thanks to RBF we have really good representation from all the provinces.

- The RBF supported the evaluations of UNICEF, WITS CALS and WITS ERP, the findings of which were used by RBF grantee partners in their advocacy work, including that of the Alliance for Children's Entitlement to Social Security (ACCESS), the Children's Right Center (CRC), and the Legal Resource Center (LRC).

International partnerships

The evaluation team asked the question of the potential value of RBF-fostered partnerships between South African grantee partners and those in the United States or Canada. The RBF has worked with four grantee partners outside South Africa, including the Teresa Group, the United Nations Association of the United States of America (UNA-USA), Columbia University, Global Camps, and Spence-Chapin Services.

The NGO Matrix and the Mini Review documents provide more detail about the results of the individual organizations and their partnerships. A summary is presented in Appendix D.

Every partnership, except for the study trip organized by Spence Chapin Services for South African government officials and NGO leaders, seems to have been a strategically valuable investment. While the evaluation cannot comment on how extensive the RBF's efforts have been to find appropriate international partners, it is clear that fostering international partnerships has been beneficial.

The following illustrates the linkages between all of the 44 RBF grantee partners, and it is based on an analysis of the *NGO Matrix* and *Mini Review* documents.

Overview of the RBF grantee partners' linkages to one another:



Illustration: Linkages between all of the RBF grantee partners for South Africa

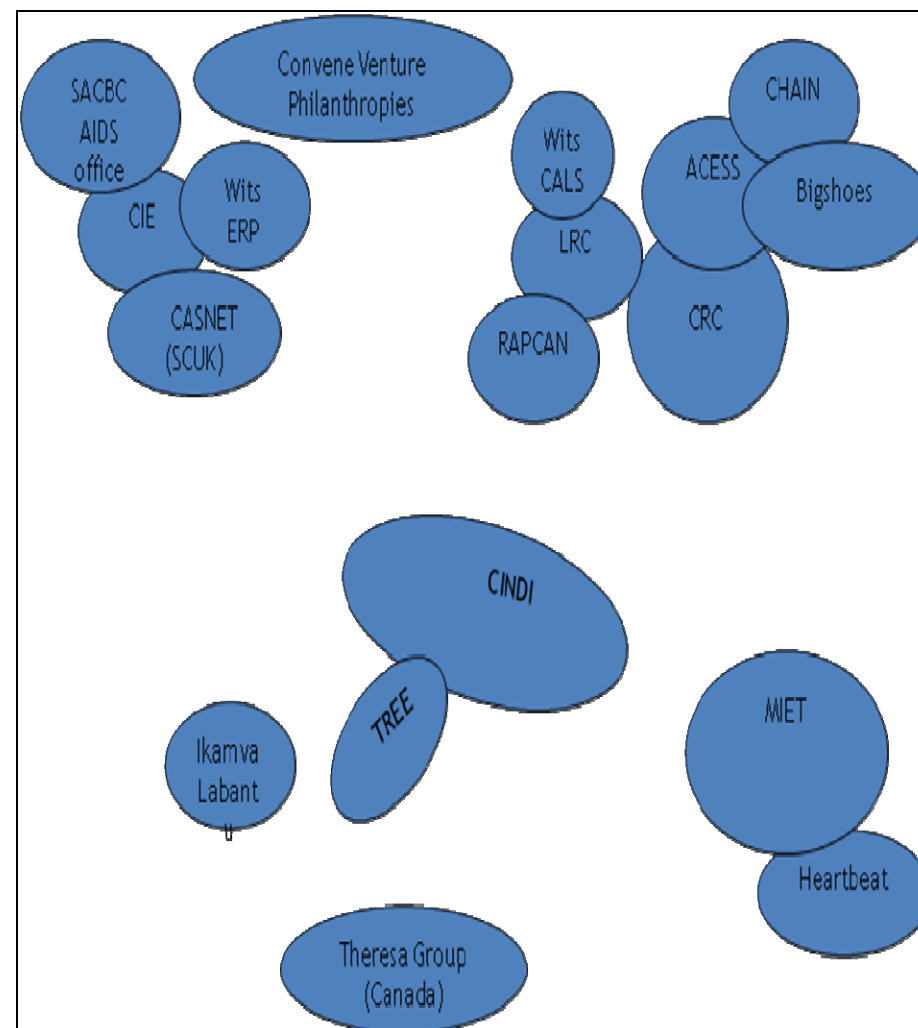
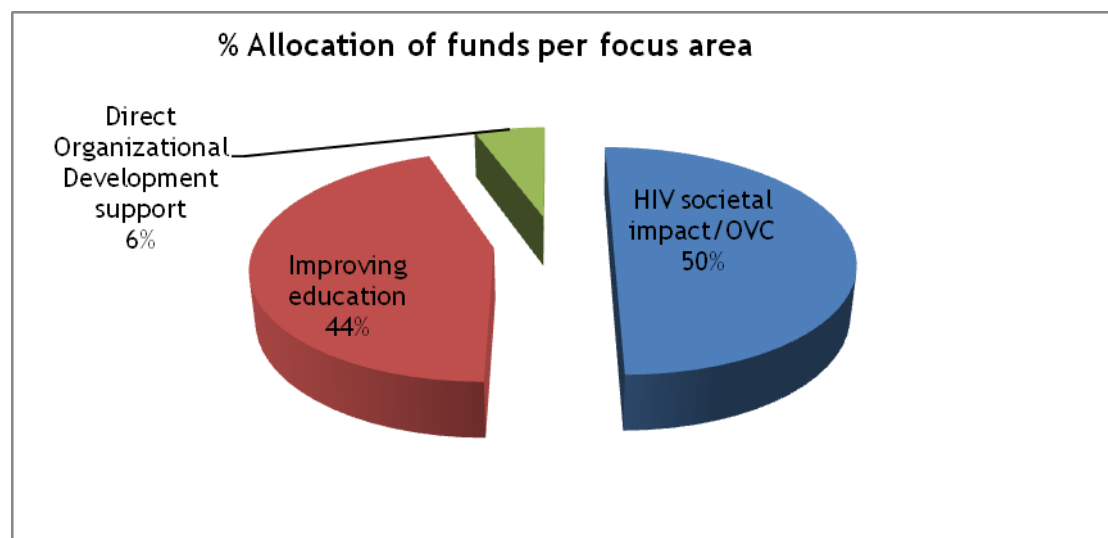


Illustration: RBF grantee partners involved in direct advocacy work

Overall, it is evident that the Fund’s efforts to foster partnerships has generally resulted in ripple effects that go beyond the initial grant or individual organizations’ achievements and that they are therefore a worthwhile grantmaking strategy.

Strengthening the capacity of grantee partners

While it is difficult to judge the total amount of grants the Fund has allocated to strengthening organizations (this is so because many grants included some form of support for this purpose), the RBF has directly spent \$393,200 – 6% of the overall budget from 200–2008—on organizational development and strengthening its communication support.



Graph 14: Allocation of funds per focus area 2003 - 2008

This section focuses on three important aspects of the institutional strengthening funded by the RBF: 1) the funding of running costs and staff salaries; 2) organizational development support; and 3) communication strategy support. The section also raises suggestions for further strengthening communication and organizational development support.

1) *Salaries and running costs*

Funding of salaries and running costs was considered to be critical for strengthening grantee partner institutions. The increased capacity resulted in improved quality service delivery and a wider reach into the target groups.

For example, the Fund strengthened the CRC’s capacity to be responsive and to expand its activities in critical areas both programmatic and organizational. Others reported similar benefits. Bigshoes believed that RBF helped them to “stand on [their] own feet” and open a new branch. With RBF’s support, WC-NACOSA hired a full-time co-coordinator and a part-time administrator for The Western Cape National AIDS Council’s Children’s HIV/AIDS Network (CHAiN). As a result, the network was able to reach and capacitate more community-based organizations.

2) Organizational Development

The RBF started focusing directly on organizational development support only in 2007. The evaluation asked the questions listed below.

- What has the organizational development achieved and was it sufficient?
- Is it realistic to expect strengthened grantee partners in two years and support to strengthen communication strategies in one year?

In 2007, the RBF funded organizational development (OD) support for grantee partners to strengthen the skills of directors. This process supported various forms of institutional strengthening, such as clarifying roles within organizations, building leaders' skills (in report writing, in dealing appropriately with organizations' growth, in monitoring and evaluation, in presentation skills, and in planning), and providing valuable opportunities for reflection.

Examples of the various benefits can be found in the *NGO Matrix* and *Mini Review* documents. Some are listed below.

- The input from the OD consultants helped The Western Cape National AIDS Council's Children's HIV/AIDS Network (CHAiN) to think more reflectively rather than being action-oriented. This institutional strengthening allowed the Western Cape National AIDS Council's Children's HIV/AIDS Network (CHAiN) staff to be learners and they were in turn able to pass on the information that they had learnt to Community Based Organizations (CBOs).
- For Bigshoes the OD input from the RBF strengthened them in terms of funding strategy, vision, mission and planning, and gave them the opportunity to think about sustainability and planning. Not only was the organization's scope and reach strengthened, but so was its sustainability. As a Bigshoes' respondent said, *"It helped to get things organized in terms of funding strategies, vision, mission and planning, and the opportunity to think about sustainability and planning, [as well as] ... the Executive director position. ... It helped us stand on our own feet and to open the Durban branch."*
- The RBF's support is believed to have nurtured Ikamva through its developing strategy, by providing valuable organizational development support. As its director said, RBF support *"was very effective in that it pushed the organization and its directors out of their comfort zones to be more reachable and open to criticism."*

Only the Catholic Institute for Education (CIE) reported gaining monitoring and evaluation skills.

Below are some suggestions to OD consultants on how further to strengthen the OD support component.

- Ensure that the OD process matches the approach, style, and needs of the grantee partner (e.g., adjust the degree of structure, and balance concrete outcomes with the need for flow).
- Clarify roles, e.g. in terms of taking minutes and writing reports.

- Offer a refresher course.
- Allow more people per organization to attend to ensure in-house support for one another.
- Broaden the material's target audience from "directors only" to include management and thereby make it easier to share ideas.
- As a result of the required time commitment, support for the process dwindled. Consider NGO time constraints: perhaps a weekend workshop could be given rather than monthly sessions.

3) *Communications strategy support*

The last way in which the RBF supported institutional strengthening of grantee partners was by funding communications strategy support. The workshops conducted by Africa Ignite were based in KZN and excluded some of the Western Cape and Gauteng NGOs (no funding was provided for travel to the workshops). Some did not attend due to time constraints. However, those who did attend found the workshops to be useful since they introduced attendees to a corporate-branding strategist, who helped organizations market their work effectively. For the majority of organizations, being exposed to a business perspective was "very useful and affirming". For example, the Catholic Institute for Education (CIE) intends to use the communication consultancy again to improve its profile and fine-tune its marketing strategy.

Suggestions further to strengthen the communication support:

- provide individual organization support to ensure that what had been learnt was correctly implemented;
- allow enough time between workshops for reflection and implementation; and
- ensure that facilitators are sensitive to, or aware of, the different value systems and languages used within the NGO sector.

Almost all of the participating grantee partners who interacted with the various provincial OD consultants were very happy with the latter and the OD process.

Suggestions for the RBF:

- allow those NGOs who wish to select their own consultant to do so; and
- encourage grantee partners to send the same staff members to OD workshops so as to ensure consistency and continuity.

Based on the evidence presented (this is discussed in greater detail in the Cluster Meeting report), it is clear that the organizational development support strengthened grantee partners and cultivated an appreciation for organizational development. However, while much has been achieved, the evaluation finds that it is not yet sufficient. The February 2009 NGO Pulse newsletter, published by the South African NGO Network, highlighted that the lack of resources and capacity is:

... simply the outward manifestation or symptomatic of a deeper crisis – a crisis of leadership. [...] The leadership crisis is a result of a leadership discontinuity that took place within the sector over a period of 30 years... which has been exacerbated by a disruption of learning processes with serious implications for transfer of knowledge, skills, experience.

This has resulted in some leaders being unable to contain and look after their staff within the NGO context, a situation partly due to lack of incentives but also to poor interpersonal, let alone leadership, skills.

As all of the OD consultants stated, the OD process is a lengthy one and it will require a lot more input and time. It was therefore not realistic to expect that within a period of two years all grantee partners would have strengthened their leadership skills sufficiently to grow sustainable organizations.

3. Recommendations for Future Grantmaking Strategies

The following six recommendations can be made regarding the Fund's grantmaking strategy:

3.1 Strengthening of Organizations

A key challenge identified both by grantee partners and other donors is that NGOs lack capacity. The RBF's focus on strengthening organizations should therefore be continued, with a focus on leadership and internal monitoring and evaluation capacity building, and with use being made of technically sound practitioners. This kind of support should be offered at the beginning of the five-year grantmaking cycle to give the process enough time to bear fruit.

3.2 Knowledge of Country Context

In-depth knowledge of the country context, along with good relationships with grantee partners, is critical to the success of the strategies of identifying strategic opportunities, fostering partnerships and strengthening organizations. All grantee partners spoke very highly of Nancy Muirhead, the RBF's representative, and of their relationship with her and the Fund.

3.3 Fostering Partnerships

The evaluation found that supporting networks and alliances within a sector and forging partnerships between grantee partners has resulted in ripple effects, enhancing the impact of RBF grants.

3.4 Development of Models

When promoting the development of best practice models, the Fund should support partners in their ability to gather sound evidence for the success of the model. In order for government to adopt the model and take on the responsibility of service delivery, partners require support so as to share the value of the model with peers and government by way of sound communication and advocacy strategies.

3.5 Exit Strategy

Grantee partners and donors alike were surprised by the decision to end the Human Advancement program in South Africa. Grantee partners strongly believe that the RBF's imminent withdrawal from South Africa is a shock and very ill-timed, with one grantee partner commenting that the exit strategy is too short. Based on their experience of working with the RBF, they perceived the

decision to withdraw as contrary to the RBF's approach, since a five-year relationship is too short to achieve sustainable change. The Fund should, in future, develop a clear exit strategy and communicate it to all partners so that changes in strategy are not misunderstood or seen as unexpected.

3.6 Documenting RBF's Strategies

Based on the feedback both from the participating donors and the grantee partners, it is suggested that the RBF's grantmaking approach should be documented and shared with other donors as a best practice model in grantmaking.

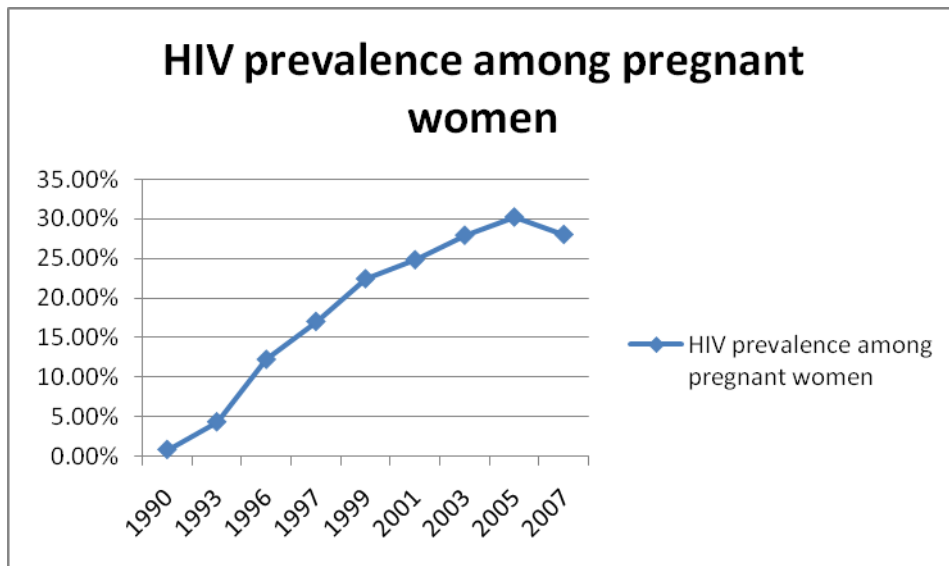
4. Overall conclusion

Great strides have been made over the past five years. Through RBF support, nine best practice models have been developed, recognized and adopted by South African government and, in one case, even by regional governments. Major changes have occurred in social welfare and health policies, with an increase in the number of vulnerable children and families accessing support grants and ARVs. Key issues have been highlighted in education policies, and some successes have been achieved. By providing funds for organizational development support, the Fund started building skills and cultivating a culture of reflection that values organizational development.

Globally, the UNAIDS report (2008) found that:

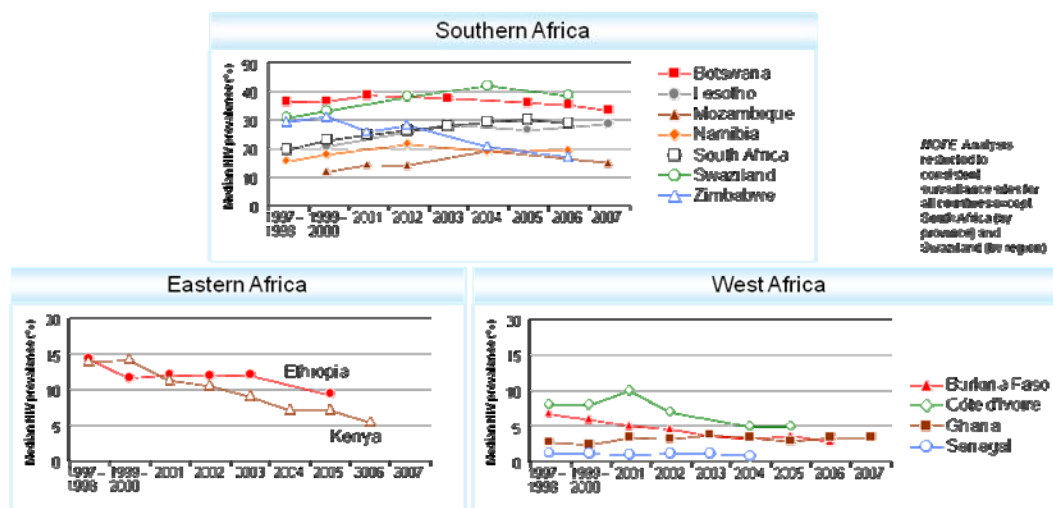
...the six fold increase in financing for HIV programs in low- and middle-income countries 2001–2007 is beginning to bear fruit, as gains in lowering the number of AIDS deaths and preventing new infections are apparent in many countries. Progress remains uneven, however, and the epidemic's future is still uncertain, underscoring the need for intensified action to move towards universal access to HIV prevention, treatment, care and support.

The prevalence rate of HIV among pregnant women attending antenatal clinics in 2007 dropped slightly to 28% (see graph below).



Graph 15: HIV prevalence rate among pregnant women 1990–2007⁴⁰

HIV prevalence (%) among pregnant women attending antenatal clinics in sub-Saharan Africa, 1997–2007



Graph 16: HIV prevalence among pregnant women attending antenatal clinics in sub-Saharan Africa, 1997–2007 41

The UNAIDS 2008 report confirmed that HIV data from antenatal clinics in South Africa showed that the country's epidemic might be stabilizing, but added that there was no evidence yet of major changes in HIV-related behaviour. According to Thom (2008), "South Africa still has biggest HIV epidemic"⁴².

⁴⁰ Adapted from <http://www.avert.org/aidssouthafrica.htm>, History of HIV and AIDS by Graham Pembrey, 2008

⁴¹ UNAIDS 2008

⁴² Anso Thom. July 29, 2008. Health-e

It is very clear, though, that more needs to be done. The devastating effects of HIV/AIDS are still a reality. The estimated number of orphans, for example, has increased more than threefold in the last 6 years (from 400,000 in 2001 to 1,400,000 in 2007)⁴³.

One of the main messages from the XVII International ADIS conference in Mexico, 2008, comes from the Closing Session Remarks of Dr Julio Montaner (President, International AIDS Society 2008-2010):

We find ourselves at a critical juncture in the summer of 2008. Over the previous three decades, we have collectively accumulated a tremendous amount of knowledge regarding what needs to be done to effectively combat HIV at the individual and societal levels. Yet, implementation flounders. ... We must work most diligently to overcome the ever-growing implementation gap⁴⁴.

Even in terms of the strides that have been made to support vulnerable children through the various support grants, more work needs to be done. A key challenge identified by Kamau, the UNICEF Country representative, is integrated planning, budgeting, implementation, monitoring and reporting across departments and levels of government for a common goal: care, protection and preparation of children for the best future⁴⁵.

The current context, therefore suggests that while the RBF strategy between 2003 and 2008 has been responsive to the context and needs of South Africa, the decision to end the Human Advancement program seems too soon, as South African NGOs require longer term support to strengthen their organizations, advocate for change and to develop best practice models.

⁴³ UNAIDS 2008

⁴⁴ XVII International AIDS Conference (AIDS 2008) Closing Session Remarks Dr. Julio Montaner President, International AIDS Society 2008-2010

⁴⁵ Kamau, M. Country representative UNICEF (2007) Reflections on children in South Africa, In Child Gauge 2007/2008, Children's Institute

5. References

1. Children's Institute Annual Report, 2007/2008.
2. Children's Right Project, Article 40: Community Law Center, UWC
3. CRC narrative report, July 2007.
4. <http://www.hsrc.ac.za/Document-1679.phtml>
5. Institute for Mental Health Research, Definitions of Best Practice. Retrieved from <http://www.imhr.org/knowledge-definitions.html>.
6. Kamau, M. Country representative UNICEF (2007/8) Reflections on children in South Africa, In Child Gauge 2007/2008, Children's Institute
7. Laugharm, 2008. Proactive vs. Responsive Philanthropy, In Alliance, Vol. 13 No. 3
8. Muirhead, 2005. South Africa Program Review Paper
9. Pembrey, 2008. The history of AIDS in South Africa, Avert. Retrieved from <http://www.avert.org/aidssouthafrica.htm>
10. RBF, 2003. Report on HEARD Workshop on AIDS and Development and Introduction to Rhodes University Docket.
11. RBF, 2004a. Comments on South Africa Guidelines Revisions
12. RBF, 2004b. Remarks on June 2004 Dockets.
13. RBF, 2007. 2007 June Trip Report.
14. RBF, 2008. Pivotal place: South Africa
15. RBF, 2008. Pivotal Place: South Africa; Program Phase-Out Fact Sheet
16. RBF, 2008a. RBF Programs. Retrieved from <http://www.rbf.org/programs> 17 September 2008.
17. RBF, 2008b. June, 19 2008 Board Remarks on the South Africa Evaluations.
18. RBF, undated. Pivotal Place: South Africa Program Guidelines
19. Rita M. Byrnes, 1996. Ed. *South Africa: A Country Study*. Washington: GPO for the Library of Congress.
20. Smith, Waddell, Masindi, 2008. First Phase of the Evaluation of the Implementation of the Paris Declaration Country Level Evaluations, South Africa.
21. South African Child Gauge, 2005: Children's Institute, UCT
22. South African Child Gauge, 2007/2008: Children's Institute, UCT
23. The Economist, Economist Intelligence Unit, South Africa Outlook 2009 – 2010. Retrieved from http://www.ciaonet.org/atlas/ZA/Politics/Outlook/20090126_23808.html
24. Treatment Action Campaign, April 2004. Electronic Newsletter
25. UNAIDS Epidemiological Fact Sheet on HIV and AIDS, South Africa, Sept 2008.
26. UNAIDS Epidemiological Fact Sheet on HIV and AIDS, South Africa, Sept 2008.
27. www.access.org.za
28. www.cie.org.za
29. www.crc.org.za
30. www.ikamva.org
31. www.lrc.org.za
32. www.miet.co.za
33. www.tree-eed.co.za
34. XVII International AIDS Conference (AIDS 2008) Closing Session Remarks, Dr. Julio Montaner, President, International AIDS Society 2008-2010.

35. XVII International AIDS Conference (AIDS 2008) Closing Session Remarks, Closing Session Speech, Dr Pedro Cahn (Past IAS President) AIDS 2008 Conference Co-Chair.

6. Appendices:

- A: Summary of the Achievements of Best Practice Models
- B: Summary of Promising Practice Models
- C: Summary of Advocacy and Policy Change Achievements
- D: Summary of International and South African Partnerships
- E: Interview Participants

Appendix A: Summary of the achievements of best practice models

Best Practice Models

Improving basic education:

- Catholic Institute for Education (CIE): Access to Education model
- Media in Education Trust Africa (MiETA)'s Schools as Centers of Care and Support (together with UNA USA)
- Training Resources in Early Education (TREE)'s integrated family-based ECD model
- Ikamva Labantu's integrated early childhood development (ECD) model

Supporting OVC and addressing the societal impact of HIV/AIDS:

- Cluster foster care model (God's Golden Acre)
- Nurturing Orphans of AIDS for Humanity (NOAH)'s model of care and support for orphans
- Heartbeat's integrated care model for vulnerable children
- Bigshoes's access to improved health care for vulnerable children models (outreach model and children's homes model)
- Rob Smertherham Service for Bereaved Children's (RobS) model of psychosocial support

Improving access to quality basic education

These best practices are presented alphabetically below.

● **Access to Education model (Catholic Institute for Education, CIE)**

The objective of the *Access to Education* project was to provide resources to poor schools to assist orphans and vulnerable learners identified and selected by the school with the everyday costs of education, including a daily meal, uniforms, transport, stationery, outings and fees. This will enable orphans and vulnerable children to continue their education and remain healthy so as to live a life of dignity and become self-supporting and productive citizens.

Achievements at school level

- With RBF funding, the Institute assisted more than 60 female learners from 2003 to 2006 (from Grade 10-12 in five secondary schools) who were marginalized because of their circumstances.
- An increase in school attendance was reported as a result of the material support.
- The support resulted in positive behaviour changes in the girls, with the EAP girl learners actively participating in class and sports activities because they no longer felt discriminated against but rather felt a sense of belonging.
- The support enabled the girl learners to complete high school without any disruptions and resulted in an improved school performance for the EAP learners. For example, in 2007 the overall pass rate across all grades was between 84% and 90%, with a matric pass rate of 76% for the early assessment program (EAP) learners — which is well above the 65.2% national pass rate⁴⁶.

⁴⁶ http://www.cie.org.za/live/content.php?Category_ID=34

Achievements at national level

- Nationally, in 2007, CIE assisted 2,388 and, in 2008, 4,127 learners through the Access to Education model.
- The model is being rolled out to four provinces.
- **Schools as Centers of Care and Support (Media in Education Trust Africa, MiETA)**

The key principles of this model are:

- schools may be developed as hubs of service delivery for children;
- community participation is essential in order for this to happen;
- multi-sectoral collaboration is necessary to address the diverse and complex challenges faced by orphans and vulnerable children;
- government ownership is necessary for interventions to be sustainable.

In the model, schools are clustered around education centers, full service schools (FSS), or nodal schools to promote sharing of resources and strengthen mutual support. Each school develops a vision of itself as a “center of care and support”. It establishes a widely representative “school support team”, which leads the care and support program in the school and community around it. This includes identifying community members who can provide voluntary care and support to children and other people in need, strengthening their link with the school, and conducting multi-sectoral networking.

Achievements at school level

The August 2008 field test assessment of the model proved that the school clustering approach, with an education center and/or Full Service School (FSS) as a core component of this model, is a good strategy in bringing resources and services closer to school communities. It is also recognized as an appropriate model for inclusive education since it aims to address systemic, societal, pedagogical and intrinsic barriers to education. Its achievements at school level include:

- diminished barriers to learning for *all* children;
- the strengthening of schools to function as hubs of integrated service delivery for children, through capacity development of teachers, School Management Teams, School Governing Bodies and community structures;
- increased access to health and social welfare services for orphans and vulnerable children and their families;
- increased community participation in school-based care and support; and,
- increased and improved access to government support services through integration and co-ordination between national, provincial and local departments.

Achievements at provincial and national level

- MiETA has, through a partnership approach, successfully advocated the implementation of the SCCS model by government. The KZN DoE has adopted the SCCS model as its strategy for achieving the overarching goals of inclusive education as stated in White Paper 6⁴⁷. At a recent conference, the National Department of Education provided welcomed guidance to provincial departments by presenting the model - renamed *Schools as Inclusive Centers of Learning, Care and Support* (SICLCS) – as the preferred national model/strategy.
- MiETA is believed to have brought issues of vulnerability to the attention of the Department of Education and to have linked the department to service provision organizations – both within provincial and national government and within civil society – thereby making its response more holistic.
- The findings of the 2008 field testing assessment showed that there was an increased awareness and understanding of Inclusive Education as a policy of the Department of Education. Its application and the potential resultant benefits to the learners was found to be due to the advocacy of the field testing, as well as improved multi-sectoral collaboration and realization of integrated service delivery of the different government departments.

Achievements at international level

- MiETA, together with its partners in government and the community, developed the SCCS model for which it was awarded the *2008 Global Best Award* awarded by the International Partnership Network in collaboration with the Conference Board of Canada. This award recognizes the importance of partnerships between MiETA governments, funders and school communities to improve the lives of children. MiETA won in one of the four categories, *Promoting Health and well-being of Children in Education*. Adjudicators were looking for a project in which partnerships not only exemplified the link between health and learning but also focused on the well-being of the whole child, specifically on the project's impact on the child's ability to learn, and, in addition, affirmed their sense of identity and self-confidence⁴⁸. This award recognizes the model as a best practice model.
- The SCCS program is also a southern African partnership model of integrated education, health and socio-economic development, with a focus on mitigating the impact of HIV and AIDS and creating an enabling environment for all children to receive quality education. Initiated in South Africa in 2003, the program has been implemented in Swaziland and Zambia, and, under the co-ordination of the SADC Secretariat, is expanding into all 14 of the SADC Member States⁴⁹. This is believed by the MiETA team to be a real milestone towards the model being owned and implemented provincially, nationally and even regionally.

- **Integrated family-based ECD model (Training Resources in Early Education, TREE)**

TREE has incorporated its *HIV/AIDS and Parenting program* into almost all of its programming because it is believed to be a critical strategy to reach vulnerable young children at household level through the adults who care for them⁵⁰. Over the years, TREE has trained over 320 Parent Program

⁴⁷ <http://www.miet.co.za/content.aspx?ContentId=13>

⁴⁸ http://www.miet.co.za/news_details.aspx?NewsId=11

⁴⁹ http://www.miet.co.za/news_details.aspx?NewsId=11

⁵⁰ <http://www.tree-eed.co.za/>

Facilitators, who run at least ten Parenting Program workshops in the community for an average of 20 parents/caregivers each year.

The parenting program is also included in the following model, developed by TREE: the *Integrated family-based ECD model*, which uses ECD centers for outreach work. TREE developed and piloted, with UNICEF and the Inkandla Municipality, the community-based ECD sites to become resources in AIDS-affected communities. The model includes the following elements:

- locating family support and child stimulation in the home;
- involving local leadership and community structures and building capacity;
- accessing of basic social services, documents, grants, health care;
- providing psychosocial support;
- training caregivers through the parenting program;
- ensuring access to play;
- establishing a buddy program.

Achievements at household level

The pilot in 2003 demonstrated the following results at household level in two wards:

- 21 volunteers working at household level;
- over 500 IDs Documents and over 1000 Birth Certificates have been sourced;
- distribution of clothes to 36 household and seeds for food gardens;
- Income Generating Activities (IGAs) set up;
- Parenting program: The response from parents/caregivers has been very positive, and they have commented on how the program has given them a far better understanding of their young children's rights and needs, and how to provide for them, including the right to play, and the ability to provide psychosocial support to children.

Achievements at municipal level

- Children were included in the municipality's Integrated Development Plans (IDP) with an allocated budget.
- The municipality built four ECD buildings, and has a plan to build more.
- A designated person was appointed to work within the municipality to co-ordinate children's programs.
- A referral system was strengthened with the local hospitals and clinics.
- A multi-sectoral group met on a bi-monthly basis to engage on delivery of services⁵¹.

Achievements at national level

- This model has informed government's *Conceptual Framework for Early Childhood Development Centers as Resources of Care and Support for Poor and Vulnerable Young Children and their Families, including Orphans and Vulnerable Children - July 2006*.

⁵¹ <http://www.hsrb.ac.za/Document-1679.phtml>

- TREE’s integrated family-based ECD model has been included in UNICEF/Department of Social Development/Department of Education publication *Early Childhood Development – Rapid assessment and Analysis of Innovative community and Home Based Childminding and ECD Programs in Support of Poor and Vulnerable Babies and Young Children in South Africa – 2007*.

- **Integrated early childhood development (ECD) model (Ikamva Labantu)**

The objective of this model is to transform preschools into child and family centers, ensuring that care of the child is dealt with in the context of family and beyond preschool, and giving economically deprived children a head start by training educators and parents and by providing practical, emotional and nutritional support to thousands of children at hundreds of day care centers. Ikamva aims to achieve this by assisting formal and informal preschool facilities with:

- comprehensive childhood development training;
- primary health care and psychosocial support;
- access and improvement to land and buildings (family enrichment centers which provide support services);
- food security, center administration and peer support, as well as the accessing and maintaining of government subsidies;
- development through play by equipping principals and caregivers to prepare children to enter formal education.

Achievements at community level

- The data available from Ikamva’s reports do not provide details as to what extent the organization has achieved its longer-term objective of giving vulnerable children a “head start”. However, in terms of training educators and caregivers, Ikamva believes that it has made a significant contribution to the ECD sector through “training teachers and principals in order to help change their mindset about challenges that children face and how to treat them in classrooms”. Ikamva’s Ithemba Labantwana network has trained teachers and carers on personal development in order to enable them to become confident and capable implementers of child care and of management at preschools.
- To date, Ikamva provides support to 350 daycare centers which serve 22,000 children in 19 townships around Cape Town. In addition, under the program “development through play”, which equips children for school readiness, Ikamva supports 54 daycare centers which serve 6,300 children in the 19 townships around Cape Town⁵². Ikamva provides monthly food parcels to 115 affiliated preschools who do not receive government subsidies. The meals provided at the preschools are very often the only nutritious meal these children receive for the day (due to extremely high levels of unemployment in their communities, of illnesses, and of food shortages they experience at home).

Achievements at national level

⁵² www.ikamva.org

- Ikamva's work in the ECD sector has led to a valuable partnership with the Department of Education (DoE) as the Department is now implementing Ikamva's best practice model.

Supporting children made vulnerable by HIV and AIDS

- **Cluster foster care model (God's Golden Acre)**

God's Golden Acre community foster care model aims to develop communities to create sustainable means for children to care for themselves and to rebuild their communities. This is achieved through community cluster foster homes and rural outreach work. These are supported by a range of programs (Volunteer; Houses of Hope; Early Education Center; Agricultural; Economic empowerment).

Community Cluster Foster Home model

God's Golden Acre Khayelihle Care Center cares for children in community cluster foster homes (it is the first of such cluster foster homes in South Africa). The center is run by a team of foster parents and caregivers, with support from international volunteers. GGA places two foster mothers with six children each in a common house, to provide support to one another. The aim at God's Golden Acre Khayelihle is always to assist children to stay with their families or within their communities through the outreach projects. For some children this is not possible and it is at Khayelihle that they find a loving and nurturing environment.

Rural outreach model

Based in Inchanga, this is an outreach project supporting older sibling- and granny-headed families who have become so impoverished that they find it increasingly difficult to provide for their children. The objectives of this component include meeting the immediate needs of these families, providing rehabilitation and empowerment programs, and strengthening families' capacity to cope by implementing stimulating, innovative and practical solutions through training.

Youth development community program

This program involves over 80 children from different schools who join a camp on GGA premises for two weeks. Children participate in various activities on offer, from career guidance and sports with which the children are not familiar, to drama, through which children are taught the arts of public speaking, writing and poetry. In collaboration with Global Camps Africa, GGA has trained 18 camp facilitators and organized volunteers to teach campers the following skills: welding, car panel repair, mechanics, electronics, woodworking, sewing, art, and computer literacy. GGA is currently testing the concept of youth workers at schools.

Achievements at community level

- Rural outreach cares for, at present 5,000 children in extended families in the rural areas.
- Community cluster foster care provides a home and education for 75 abandoned and orphaned children while maintaining strong links with their communities and relatives.
- GGA Youth Camps: four camps have been held with about 240 youth participated since inception. Their activities include subjects such as: Life Skills (which explore and discuss the issues of HIV/AIDS, substance abuse, planning their futures, as well as issues of violence and abuse to others); Creating plays, songs and dances in the theatre program (which helps them to identify talented youngsters who may have a future on the stage); Swimming and First Aid lessons; Vocational Skills Program (skills to generate an income, like Hair Braiding, Beadwork, Cooking, Building, or Sewing, or for a future career, subjects such as Computers, Electricity or Art). Twenty-two computers are installed.
- Improved school performance: all of its school children passed and progressed to the next grade levels by the end of the 2007 school year.
- Support for “double orphans” through outreach work
- Support to many scattered families, mostly headed by a granny or teenage girl, through distribution of basic food supplies.
- Improved level of health, education and community spirits: More than 4,000 are supported in their extended families, are back in school and receive food and medical help; GGA’s sporting program has more than 100 junior soccer teams, and the children also have regular coaching sessions when finances permit.

Achievements at national and international level

- The Cluster Foster Care model (the concept originating in 1993) was officially adopted by the Department of Social Development as the best practice model of foster care for orphans and vulnerable children.
- The Celebrities’ Guild of Great Britain awarded Heather Reynolds the *Unsung Heroes Award* at the twenty-third Gala Evening held at the Royal Garden Hotel in Kensington, London on Sunday, 13 November 2005. It is recognized by a number of prominent figures: Nelson Mandela, King Zweekithini Goodwill KaBhekuzulu, and Oprah Winfrey.

- **Ark community model (Nurturing Orphans of AIDS for Humanity, NOAH)**

The NOAH model is a community-based and driven model that aims to use minimal resources to work with communities to empower them to support and care for the children in their community. NOAH assists in mobilizing the entire community to this challenge, which resulted in the formation of a committee of community leaders to focus on the children. The committee members are trained in the needs of children, and in turn recruit a volunteer group. This group is trained to find and register the orphan children in their community and assist these orphan children to obtain birth certificates and apply for child support grants. Volunteers then continually check up on the circumstances of the children and refer them to the appropriate agency as needed. This functioning web of community support is referred to as an “Ark”.

Achievements at community level

- Arks ensure that vulnerable children access the following services and material assistance: accessing social security grants; participating and benefiting from food gardens and feeding schemes; joining resource centers that provide day care and after care; in some cases, accessing accommodation, food, clothing, school fees, stationery and uniforms.

For example, one RBF grant was used to build the center (with a computer center, kitchen and dining hall/activities room) for a school in Eshowe, which has since gone on to provide computer lessons, aftercare and daycare to more than 200 children per day.

Children also have access to the support of NOAH's partner organizations, including the Clamber Club, Rob Smetherham Bereavement Services for Children, TREE, Ntataise, Heifer, Child Welfare and Striata, among others.

- As a result of their success, some of the original Arks have become more independent from NOAH because they have secured the funding of other donors, most notably the South African government (Department of Social Development), a development which also ensures their sustainability.

Achievements at provincial level

- Noah currently cares for over 33,000 orphaned and vulnerable children within 107 Arks in Gauteng and KwaZulu-Natal provinces through a network of over 634 Ark committee members, 807 volunteers and 671 full-time staff members (June 2008 figures). These statistics reflect the replicable and sustainable nature of the NOAH model.

Achievements at national level

- On 5 November, 2008, NOAH's director, Lynette Finlay, received the Inyathelo Women in Philanthropy Award, which recognizes her contribution to the well-being of orphans and vulnerable children in South Africa.
- Recognizing its value, one of NOAH's partners, Thandanani Children's Foundation, has adopted the Ark community support model.

Achievements at international level

- NOAH was shortlisted for the Conrad Hilton Prize for its contribution towards providing services to those in need.

- **Training and integrated care model (Heartbeat)**

Heartbeat piloted its first community child care forum (CCCF) in Khutsong in 2001. These community child care forums (CCCFs) consist of key stakeholders in the community, i.e. representative of schools, clinics, home-based care programs, local government, traditional healers, women's and youth organizations. They are trained in management, financial management, leadership, lobbying and advocacy, personal assertiveness, accessing grants, and children's rights.

The CCCF consists of volunteer community members who assist the child care teams to support the OVC in the community.

This model is currently replicated in all other projects where Heartbeat operates, with the aim to:

- ensure effective involvement of individuals and stakeholders to care and support OVC;
- strengthen the capacity of the community to identify, articulate and help address the needs of OVC;
- conduct community profiles;
- ensure that the community understands the needs and rights of children;
- mobilize community resources for the benefit of OVC;
- network and develop support circles with other service providers;
- ensure the safety and protection of children, with special reference to children living in child-headed households;
- advocate for services rendered to OVC.

Heartbeat encourages the community child care forum collectively to lobby and advocate for children on a national scale and share best practices.

Achievements at community level

- Heartbeat has successfully partnered 12 projects in four provinces (Gauteng, Mpumalanga, North West, Limpopo, Free State and Eastern Cape), collectively meeting the needs of 27,000 children who either live in child-headed households, grandparent-headed households, or with a parent who is terminally ill and as a result unable to take care of the child(ren) (2008 impact assessment finding). Heartbeat assists these children in accessing water, electricity, housing, schooling and government grants where applicable. All services are delivered through local community forums. Employed child care workers support and monitor child-headed families three times a week to provide guidance and emotional support. Through Heartbeat's mobilization, each community establishes a Child Care Forum, After School Centers and other support functions.

Achievements at provincial level

- Heartbeat has trained and mentored a large number of organizations throughout South Africa under its capacity building program. These organizations have reportedly strengthened their current initiatives or have started OVC programs in their communities.

Achievements at national level

- Heartbeat's training and integrated care model has been acknowledged by the South African Ministry of Social Development and Save the Children UK (a RBF grantee) as a best practice model.
- Various aspects of its approach, such as community child care committees, have been adopted by government and other NGOs, such as NOAH (another RBF grantee).

Achievements at international level

- In 2006 the Schwab Foundation awarded Dr Sunette Pienaar, the founder of Heartbeat, for her exemplary contribution to mobilizing communities to care and protect orphans and vulnerable children. Dr. Pienaar was admitted into the global network of leading social entrepreneurs of the Schwab Foundation⁵³.

• **Outreach health services model and children's homes model (Bigshoes)**

The project was started under the name CHOMP (Children's Homes Outreach Medical Program (CHOMP)) through funding from the RBF and was later renamed Bigshoes. The goal of Bigshoes is to improve the medical care of orphaned and vulnerable children, with special emphasis on those affected by HIV/AIDS, through three specific objectives:

- to provide HIV testing, adoption medicals, antiretroviral (ARV) treatment and palliative care for OVC;
- to provide training to child-caring professionals on basic child health, pediatric palliative care and HIV management;
- to advocate and influence policy around health care for OVC.

Achievements at community level

- Training of "first-contact persons": Bigshoes trained a large number of policemen and social workers, district officials from the Department of Social Development's Abandoned Baby Forum, and community members who were concerned about abandoned children. A total of 113 persons were trained in the emergency management of the abandoned newborn by the Bigshoes training team in 2007. Bigshoes also provided police stations and welfare offices with abandoned baby packs that contain everything that might be needed in an emergency.
- Training of child care workers: Bigshoes' training included its "When to worry" series, which focused on teaching child care workers about common childhood illnesses and when to worry about them and seek urgent medical attention. A total of 283 persons have attended these basic child-health and HIV-focused workshops. The feedback from care workers ranged from "This was an eye-opener to us because we were doing wrong things to our children and community", to "To better my daily working with sick kids, know what to do if accidents occur."
- Increased access to and management of ARV treatment programs in children's homes: educating children's homes staff on early diagnosis and administration of ARV treatment; offering the orphaned and vulnerable children HIV testing, age assessments, medical reports for adoption, and ARV treatment. The impact of this initiative, according to the program staff, is that "there has been an increase in adoptions of abandoned children. Children are spending less time in institutions. Since clinics are constantly full, Bigshoes ensures that infected children are given HIV treatment and given the best chance from a medical point of view". The *Bigshoes Review, 2007* reports that from January to September 2007, Bigshoes

⁵³ http://www1.givengain.com/cgi-bin/giga.cgi?cmd=cause_dir_news_item&cause_id=1258&news_id=2120

clinics saw 366 new patients, did 521 follow-up consultations, and wrote 363 medical reports. As a result 56 babies, whom Bigshoes did medicals for, were adopted locally, 95 were adopted internationally, and 28 were placed with local foster families.

- Bigshoes Clinical Outreach Component continues to provide clinical services to four “high need” children’s homes. These services include supervision of ARV treatment for children admitted, immunizations, HIV testing and adoption medicals. Number of Children treated at the various Children’s Homes, January – April 2008 = 569.
- The Project provides pediatric palliative care services on weekly basis through partnerships with the Chris Hani Baragwanath Hospital in Soweto and the Coronation Hospital on the West Rand of Johannesburg. The Project’s hospital visits assist staff in seeing children with non-curable conditions and it provides advice on aspects of palliative care related to pain and other distressing symptoms, terminal care, ethical issues and psychosocial problems. In 2007, Bigshoes saw a total of 165 patients: 118 from Chris Hani Baragwanath Hospital and 47 from Coronation Hospital. Bigshoes also offers advice on placements of children into children’s homes through the network of homes established. Bigshoes’ social worker assists the hospital social workers with social problems, does home visits and provides emotional support to parents of ill hospitalized children, and does some bereavement work with families whose children die in hospital and hospices. According to the director, the Unit has expanded its services of care for children from HIV to other chronic conditions such as malignancies, liver and renal failure, and neuro-degenerative conditions, and has even had referrals from the private sector.

Achievements at provincial level

- Bigshoes’ pediatrics palliative care pioneering work in the hospitals has been recognized by the Department of Health, and the Project was asked to participate in the formation of the Gauteng Palliative Care Center of Excellence based at Baragwanath Hospital. The Gauteng Palliative Care Center will also serve the three academic hospitals in and around Gauteng.

Achievements at national level

- The Bigshoes model of training lay care workers has been recognized in its field, and as a result the National Association of Child Care Workers (NACCW) requested that Bigshoes adapt its community course for their Isibindi sites⁵⁴. In particular, NACCW requested Bigshoes to focus on ways of delaying orphanhood (by keeping parents healthy) and improving child- health at community level. The team has so far visited six sites in Mpumalanga, Eastern Cape, Venda and KwaZulu-Natal and trained 97 child care workers. A key reported result from these trainings is the improved working relationships between local health care services (hospitals and clinics) and the Isibindi sites. Some of the health care facilities have even sent nurses to join in the training week at the Isibindi site.

- **Rob Smertheham Service for Bereaved Children’s (RobS) model of psychosocial support**

⁵⁴ Isibindi (meaning circles of courage) is a community-based initiative of the NACCW where child care workers are deployed into the community to look after orphaned and vulnerable children often living in child- and grandparent-headed households.

RobS uses the play therapy approach to support bereaved children and is expanding its reach by training caregivers within other organizations that work with vulnerable children to use these skills to strengthen the psychosocial skills of caregivers/parents and thereby build a stronger relationship between children and caregivers. RobS's model includes establishing support groups for children and families, and offering psychosocial support training to organizations working with children and caregivers.

Achievements at community level

- Psychosocial benefits for children: The children reported that since they were able to talk about death to their caregivers, they experienced many benefits linked to improved self-esteem (they no longer feel ashamed to be without parents, feel more self-respect), improved school performance (they are finding it easier to do their school work), and generally seemed more aware of, and able to deal with, their emotions (they realize their situation is not unique and understand their suffering, know what to do when they feel sad, and know what happened to their parents). The children also spoke about how the support group helped them in their relationships with others. In particular, they learnt how to be compassionate and not to laugh at others.
- Benefits to parents/caregivers: RobS's support to families helped to increase the awareness of the needs of bereaved children, as well as the ability of caregivers to use resources at their disposal to strengthen their families. These include the healing power of conversations and attention, the power of play, and the usefulness of simple, cheap and local materials that can be used for play therapy. In the RobS external evaluation (2008) caregivers reported a newfound sense of emotional connection and communication with their children and a new mutual understanding that is strengthening the families as a result of the training. Those caregivers, who were on the brink of giving up, chose to continue supporting their children as a result of their improved relationship. Caregivers also shared dramatic changes in children's behaviour, including greater co-operativeness at home, with some teenagers shifting from spending nights away to living at home full-time. Many grandmothers reported that they have stopped using corporal punishment to discipline their children. This shift is believed to be significant and suggests an improved relationship between caregiver and child.
- Benefits to teachers: Teachers, for example, reported that, as a result of their new skills, their learners improved academically, were less withdrawn, were doing their homework again, participated in the classroom, and were less aggressive and more open.
- Benefits to NGOs/CBOs: The training enabled NGOs to identify gaps in their psychosocial support of children and assisted NGOs to identify ways in which they can meet children's needs more systematically. RSBSC is achieving its impact by creating awareness in order to shift the minds of community members such as caregivers, principals and teachers from seeing kids as problems but as allies, and towards developing self-confidence in helping grieving children, gaining an increased energy for what is possible in providing emotional support, and perceiving children as experiencing crises and in need of support like any other children, rather than perceiving them as "orphans" and essentially different from other children.
- Expanding its reach—train-the-trainer model: RobS works with 4-6 communities per year, in year 1 the work is intensive, in year 2 the community members do more independent work, and the relationship with the community comes to an end at the end of year 2. It provides

training in response to requests by other NGOs and works intensively with eight strategic partners per year to train as trainers.

Achievements at national and international level

- RobS is respected among peer organizations and has trained members of the NOAH (85 arks countrywide), HOPE Worldwide (Africa, Johannesburg, Durban and Umtata), Catholic Aids Action in Namibia, CINDI network, and REPSSI⁵⁵ network; in addition, it has received numerous requests from organizations for its training through these networks.

⁵⁵ REPSSI is a regional non-profit organization working to mitigate the psychosocial impact of HIV and AIDS, poverty and conflict among children and youth in 13 countries in East and Southern Africa.

Appendix B: Achievements: Promising Practice Models

The following models were classified as *Promising Practice* models because they either:

- have only some data showing positive outcomes over a period of time,⁵⁶ or
- are in the process of further refining the model based on evaluation data and experience, and have therefore not yet finalized the model.

Promising Practice Models

Improving basic education:

1. Catholic Institute for Education's Caring schools model
2. University of KwaZulu-Natal's Rapid Teacher training model

Supporting OVC and addressing the societal impact of HIV/AIDS:

3. Wilderness Foundation's Umzi Wethu Training Academy for Displaced Youth

Improving the access to quality education

- **Catholic Institute of Education (CIE)'s Caring School model**

The CIE does not refer to "Caring Schools" as a model, but rather as a set process (developed by the Children's Institute) whereby the community discusses issues and considers its available resources and strengths in order to identify solutions to improve the care and support of vulnerable children (appreciative enquiry). The aim of the "model" is therefore to help the schools develop community-specific solutions to utilize existing community assets as effectively as possible when addressing the needs of most vulnerable children.

Achievements at school and community level

- Pilot: Three schools in Free State (2006) with CI: Caring Schools Community framework – to ensure that children's basic needs are met and rights protected; it implemented the Caring Schools concepts in 15 schools in North West province.
- Some schools demonstrated an ability to identify needs and develop networks with government and other service providers in order to address these needs and solve challenges. Examples of this include:
 - St Benedict's schools in partnership with DoSD established a computer center which offers computer literacy programs. Through its partnership with local businesses and the Department of Correctional Services the school has conducted a community wide clean-up.

⁵⁶ <http://www.imhr.org/knowledge-definitions.html>

- Sibonakaliso School: The school partnered with a policeman as part of the “Adopt-A-Cop” initiative. The policeman is involved with discipline issues and acts as a positive role model.
 - Devondale Combined School established several partnerships which resulted in improved infrastructure (it improved hostels with support from the Mowbray College in Australia, and the Department of Education re-painted classrooms, and re-tiled and re-surfaced floors in classrooms); the training of people from the community as carers of vulnerable children (Department of Social Development); and the building of houses (Department of Public Works). CIE also played a more dominant role than in the other schools and partnered with the Siyabhabha Trust (ST) to develop a food garden, established a Skills Training Unit for grade 8 and 9s who drop out, assisted with the recognition of schools as no-fees schools by the DoE, provided access to water, opened an ECD center (for 76 children and five teachers), trained teachers on HIV/AIDS issues, and strengthened SGB.
- Two of the three schools seemed to have continued its drive to come up with community driven solutions. The St Benedict’s school established a whole school bereavement program, whereby the entire community is involved in the collection of money for funerals and visits the bereaved (child or family member). They also ensured that the school put up security fencing. The Sibonakaliso school introduced interventions to increase matric results for 2009 (no detail provided on that) and a prevention education program with learner HIV/AIDS support groups. At St. Joseph’s there was little change in children’s lives and no benefit from caring school process. Where CIE was more involved in addressing issues at the Devondale Combined School, CIE reported that the community learnt to advocate for themselves, communicate needs, and translate into reality.

- **University of KwaZulu-Natal’s’ Rapid Teacher training model**

The University of KwaZulu-Natal set out to pioneer an innovative, cost-effective teacher training development that would bring training closer to where new teachers in the lower grades are most desperately needed – in the classrooms in rural areas and townships where HIV/AIDS is decimating families and teachers.

Achievements at provincial level

- The project became a catalyst for debate within UKZN regarding appropriate models for teacher education within the context of rural needs as well as the role of the Education Faculty to reinforce and refocus its efforts to train teachers for the Foundation Phase (grades 1-3), and in particular, to support early education in their mother tongue.
- A joint program called the *Teaching Assistant Program* was set up by the UKZN and the KwaZulu-Natal Department of Education (KZNDE). This reflected a shift in UKZN’s original focus: instead of implementing a small-scale pilot which would include rural and urban areas for comparative purposes, the program has become a full-scale implementation program, deploying 600 teacher training assistants in the poorest of the province schools funded by KZNDE.

- Despite the delays, the course is now offered as a module which is part the current subject for existing teachers under “Foundations for Learning Campaign”.

Achievements at national level

- The project stimulated discussions within the National Department of Education about non-conventional routes to Initial Teacher Professional Development and about appropriate qualifications frameworks which tackle issues of equity and access, as well as quality.

Supporting children made vulnerable by HIV and AIDS

- **Wilderness Foundation’s Umzi Wethu Training Academy for Displaced Youth**

The goal of Umzi Wethu model is to use the mentally and spiritually therapeutic power of nature to fulfil the potential of displaced youth through fostering wellness, employability, and ultimately job placement in partnering game reserves and parks. Umzi Wethu attempts to achieve this goal by providing youth with vocational training, a supportive home environment, counselling and mentoring, and by providing their families with HIV/AIDS counselling, treatment access and nutritional support where required.

Achievements at community level

- Creating a secure and nurturing home environment for Umzi Wethu students: House mothers work at the residences daily and attend to students' basic needs. Health care is provided regularly at the Academy and correct nutrition, including supplements, is provided daily. Each student is supplied with sufficient clothing. Counselling is provided to assist students to deal with bereavement and other issues related to their “at-risk” backgrounds: there were improvements in students' health resulting from good nutrition. A number of health issues do continue to present problems, however, for example, overweight and poor dental health, possibly as a result of past malnutrition.
- Stimulating appreciation by youth of wilderness experiences and nature-based activities: students' enjoyment of the experiences and activities, and the results of the opportunities for personal growth that they offer.
- Fostering personal growth: Examples of ways in which students are reported to have grown personally through these experiences include overcoming fears, building relationships with others on the trails, and learning about themselves.
- Ensuring students' preparedness for jobs in ecotourism: increases in the skills and knowledge required for such jobs. In addition, the excellent job placement and reported performance of Umzi Wethu's students; vocational training and internships to students at Umzi Wethu Academy, as well as in game parks and reserves, was successfully delivered.
- Placing graduate youth in permanent paying jobs: the program has graduated 46 students, 44 (96%) of whom are currently employed in jobs at hotels and game reserves. Umzi Wethu graduates are thus both employed and reported to be performing well in their jobs, contributing to the program's continued success.

Appendix C: Summary of Advocacy and Policy Change Achievements

Basic education

Since 2003 nine RBF grantee partners⁵⁷ have been directly involved in raising awareness about education and early childhood development issues. One main approach used by grantee partners included conducting critical research which also fulfilled the role of monitoring government's service delivery. A second approach included interacting regularly with government on highlighted issues, as well as participating in seminars and fora to share their views. Finally, a few grantee partners engaged in court cases, organized a march, and used different forms of media (community radio and documentaries) to raise critical issues. In addition, the RBF grantee partners provided input into policy development.

As a result of their combined efforts, the following issues have been highlighted and in some cases resolved:

- Need for appropriate integrated family-based ECD approaches (highlighted by TREE; developed best practice model)
 - ✓ Government responded through the Children's Amended Act in 2007, whereby there was a shift in focus to strengthening the family.
- Safe Access to schools
 - ✓ The 2006 Amended Education Act included new school safety measures, which the Legal Resources Center (LRC) and the University of Witwatersrand's Center for Applied Legal Studies (Wits CALS) worked towards.
- School violence issues and alternatives to corporal punishment
 - ✓ A Code of Conduct against corporal punishment was developed by the national Department of Education together with the Catholic Institute for Education (CIE).
- Poor conditions in schools
 - ✓ The Department of Education responded to legal action taken by LRC by improving the infrastructure in certain schools.
- Need to prioritise rural and farm schools
 - ✓ The University of Witwatersrand's Center for Applied Legal Studies (CALS) and Education Rights Project (ERP) are involved in monitoring the implementation of the Department of Education's policies in rural and farm areas.
 - ✓ Wits CALS is working with national and provincial Department of Education officials to address rural education issues.
- Poor implementation of school uniform guidelines
 - ✓ The Alliance for Children's Entitlement to Social Security (ACCESS) is currently monitoring the implementation of these guidelines.
- Barriers to accessing National School Nutrition Program (NSPN)

⁵⁷ACCESS, CIE, LRC, Training Resources in Early Education (TREE), University of KwaZulu-Natal - Heard - Rapid Teacher Training Project, United Nations Children's Fund, National Schools Nutrition, Witwatersrand University - Center for Applied Legal Studies, Witwatersrand University - Education Rights Project; Columbia University - Developing Families Project.

- ✓ The UNICEF and Wits ERP research findings are providing recommendations on how to address these barriers.
- Crisis in teacher supply
 - ✓ A model for rapid teacher training developed by the University of KZN was adopted by the provincial Department of Education.
- Disregard for learners' rights
 - ✓ RBF grantee partners, including (LRC, Wits EPR, Wits CALS, CIE) provided input into the Education Law Amendment Bill, including No School Fees Exemption policy.
 - ✓ The LRC is preparing for its High Court case, questioning the use of the quintile ranking system.

HIV and AIDS and vulnerable children

The vast majority of the RBF grantee partners are involved in raising the awareness of the issues relating to children made vulnerable through HIV and AIDS⁵⁸. Key strategies for awareness-raising included presenting at conferences, study trips, organizing pre-conference symposia, developing and sharing an OVC database, broadcasting information on vulnerable children on community radio, developing documentaries on the lives of children, facilitating child participation in various advocacy fora⁵⁹, and conducting and disseminating critical research. In addition, grantee partners provided input into the policies and guidelines that will impact on the lives of millions of vulnerable children and families.

As a result of all of the RBF grantee partners' awareness-raising efforts, the issues listed below were highlighted.

- Key lessons and experiences and sharing best practice models: working within the network within the hospitals and hospice-based pediatric palliative care, early childhood development, community based 'Ark' support concept (Bigshoes, NOAH, TREE, Ikamva Labantu).
- Highlighting issues affecting children on the agenda prior to and during the International AIDS conference held in Toronto in August 2006, which elevated the profile of children, brought policy-makers and government together and raised the problems and challenges, involving advocacy and policy issues (Teresa Group).
- The OVC database has created a "knock-on effect" to understanding the need to find out about OVC (UKZN HEARD).
- Contributing to media pieces on issues regarding vulnerable children and HIV/AIDS in general (NOAH).
- Awareness of needs of children made vulnerable by HIV and AIDS by general public (Vuleka Productions; ABC Ulwazi).

⁵⁸ Including, amongst others ACCESS, Nurturing Orphans of AIDS for Humanity (NOAH), Teresa Group, University of KwaZulu-Natal - HEARD, Vulukela Productions.

⁵⁹ Examples of processes in which ACCESS members and children participated include the children's participation project, broader and more extensive hearings such as the Parliamentary hearings, the Children's Bill hearings, the Education Fees Policy reform process, the African Peer Review Process, and hearings on the amendments to the Regulations to the Social Assistance Act.

- Findings on which co-operative structures exist and the documenting of all models in terms of what works and what does not (SCUK and ACCESS).
- Debunking popular myths relating to the social grants (ACCESS).

Through their joint efforts they contributed to the following issues being raised and changes achieved:

- *Lack of child participation in the policy development process*
 - ✓ The National Program of Action for Children (NPA) ensures the right of children to participate in the Children's Bill. Through the "Child Participation in the Children's Bill Project" (*Dikwankwetla – Children in Action*) and similar projects offered by RBF grantee partners, children were equipped with the capacity to engage with the provisions in the proposed Children's Bill and articulate their opinions about it. Preliminary findings of the 2005 evaluation of the Children's Bill working group suggest that members of Parliament appreciated the opportunity to interact with children so that they could make informed decisions on the final version of the Bill. It is thus evident that children should participate in law-making processes that affect them. This not only yields positive results for the participating children, as their right to participate is realized, but also assists law- and policy-makers in informing their decisions⁶⁰.
- ✓ *Limited policy and guidelines in place to protect children affected and infected by HIV and AIDS*
 - ✓ RBF grantees and others ensured that the Draft HIV and AIDS and STI Strategic Plan for South Africa (2007 – 2011) (NSP) embraces the provision of a comprehensive care package for children made vulnerable by HIV/AIDS.
- *PMTCT policy not in line with WHO guidelines*
 - ✓ With the Children's Rights Center driving the process as the secretariat of the Children's Sector, the PMTCT policy were revised and some improvements were made.
- *Children's issues not on HIV/AIDS agendas*
 - ✓ Children's issues are now on the national South African National AIDS Council's (SANAC) agenda through the new secretariat, Children's Rights Center.
 - ✓ Two pre-HIV/AIDS conference symposia were organized by the RBF-supported Canadian organization, Teresa Group, which resulted in a global network of like-minded organizations and put children on the international HIV and AIDS agendas. The pre-conference HIV/AIDS conference symposium in Toronto (2006) contributed towards the *ad hoc* coming-together of Latin American and Central American organizations, resulting in a network of these organizations. CCABA believes this is important because Latin American organizations address things differently to those based in Africa.

⁶⁰ Children's Institute... Child Gauge 2007/2008

- ✓ A HIV/AIDS focus within the Child Rights Advisory Council has been ensured.
 - ✓ Clarity on the requirements for the Disability Grant in relation to CD4 counts has been established.
 - ✓ The Department of Health has committed to addressing issues of family health care.
- *No Paediatric HIV Management guidelines*
 - ✓ WHO has recently released new guidelines recommending that HIV+ babies should be placed on ART immediately upon diagnosis. This protocol is consistent with the call from paediatricians to test all babies as it will be in the child's best interest. The implementation of the Children's Act, which talks to children's right to treatment and testing, will further influence this discussion. To date the Paediatric HIV Management Guidelines have been drafted together with RBF grantee Bigshoes and the Department of Health technical team, but they have not yet been finalized⁶¹.
- ✓ *Limited social support available to vulnerable children:*
 - ✓ With the influence of the grantee partners' input, the Amendment of the Children's Bill (2007) provides primary legal framework for the realization of children's right to social services, parental or family or appropriate alternative care, and protection from abuse and neglect.
 - ✓ The Social Assistance Act of 2004 now includes an improved SROD framework encompassing a far wider group of vulnerable people
 - ✓ The introduction of the Child Support Grant (CSG), Foster Care Grant (FCG) and Care Dependency Grant (CDG) addresses some of the child welfare support issues. In 2005 the CSG was introduced, entitling all poor children under age of 14 years to a grant of R180/month. The FCG provided foster parents with a grant of R560/month for each fostered child. The CDG ensured that each child with special needs was entitled to R760/month.
 - ✓ By 2007 the FCG was increased to R620/child/month and the CDG was increased to R870/month. By 2008, the advocacy efforts of RBF grantee partners and others were rewarded by further increases in the CSG grant to R220/month. In addition, the CSG was extended to children aged 15 years from 2009.
 - ✓ Home Affairs documents are also no longer required for application of grants. The Department will use of a temporary modified Social Relief of Distress Grant.
 - ✓ New regulations also ensure that the means test will keep pace with inflation.
 - ✓ There is also an indication that the CSG will be extended to children up to 18 years (based on media briefings by the Social Development Minister and a resolution at the ANC's national meeting in Polokwane, December 2007).

⁶¹ CRC narrative report 07/08

Appendix D: Summary of International and South African Partnerships

U.S./Canadian RBF grantee	South African Grantee Partners	Focus area	Results	Assessment
Teresa Group (5 grants: \$108,500)	Various organizations participated in the pre-conference symposium	Advocacy on global children and HIV/AIDS issues	Children and HIV/AIDS issues have been added to the global agenda; Groups networking across the globe	Effectively filled a gap
United Nations Association of the United States of America (UNA-USA: HERO) (2 grants: \$230,000)	Ikamva Labantu MIET Valley Trust Partnered & brought funding, research, bringing service providers to fill gaps	Improving quality and accessibility of basic education for children; Developing best practice models	Raising awareness & funds in USA, which allowed them to fill the funding gaps of South African grantee partners, as well as linking partners with others	Effective partnerships
Columbia University: Developing Families Project (Ntataise) (2 grants: \$120,000)	Preschools in Free State, Cape Town, KwaZulu- Natal, Johannesburg; Been working in ECD in SA for 25 years	Developing model of integrated support for rural families impacted by HIV/AIDS with young children	Still in planning and early development stage but building on solid base of Ntataise network	Potentially effective partnership – still too early to judge
Global Camps (once-off grant with grants given to God's Golden Acre: \$4,328)	God's Golden Acre - trained in camp model	First camp focusing aimed at children living with HIV in SA – model of psychosocial support for children	Children reported to be more confident, knowledge on health issues, recreation; trained other SA organizations – ripple effect	Effective partnership
Spence-	Government	Study trip:	Unclear how	Not effective

U.S./Canadian RBF grantee	South African Grantee Partners	Focus area	Results	Assessment
Chapin services (once off grant: \$22,000)	officials and NGO leaders	International best practices in adoption, inter-country adoption, group and foster care for orphans	government officials have used the knowledge gained from the study trip	– no clear outcomes as a result of gained skills and knowledge.

Appendix E: Interview Participants

	INTERVIEWEE	POSITION	ORGANIZATION
1	Amy Stokes	Executive Director	Infinite Family
2	Andile Xonti	Program Manager	Department of Social Development
3	Andrew Muir	Director	Wilderness Foundation
4	Bridgette Brukman	Acting CEO	Ikamva Labantu
5	Busi Dhlamini	Project Manager	ABC-Ulwazi
6	Cati Vawdi	Director	Children's Rights Center
7	Cecily Salmon	Director	Solon Foundation
8	Cheryl Frank	Executive Director	Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN)
9	Chris Wilkin	Govt agency	Wilderness Foundation
10	Clare Verbeeck	Lecturer	University of Kwazulu-Natal – Rapid Teacher Training Project (UKZN – RTTP)
11	Dr C Kganakga	Chief Director	Department of Social Development
12	Dr Michelle Meiring	Founding Director	Bigshoes Foundation (part of Wits Health Consortium and previously known as CHOMP)
13	Dudu C. Fakudze	Director	Stakeholder Management & Donor Coordination
14	Faith Lamb Parker	Executive Director	The Teresa Group
15	Francina Mhundwa	Regional Program Officer	Save The Children Sweden
16	Gail Johnson	Founding Director	Nkosi's Haven
17	Gail Moffat	Social Involvement Manager	Truworths
18	Glenys van Halter	Director	Zizanani Independent Women and Youth Project

	INTERVIEWEE	POSITION	ORGANIZATION
19	Hearther Reynolds	Director and Founder	God's Golden Acre
20	Helen Lieberman	Director	Ikamva Labantu
21	Helle Christiansen Cawthra	Director	IBIS
22	Janet Mackay	Director	Starfish Greathearts Foundation
23	Jeanette Masala	Project Manager	Department of Health
24	John Mc Cosh	Director	Institute of Natural Resources
25	Joslyn Walker	Fundraiser (part of management team)	Nurturing Orphans of AIDS for Humanity
26	Julie Frederikse	Co-director	Vuleka Productions
27	Julie Stone	Director	UTHANDO Doll Project
28	Karen Vance-Wallace	Executive Director	The Teresa Group - The International Coalition on Children affected by AIDS (CCABA)
29	Kathy Legg	Executive Director	Spence-Chapin Services to Families and Children
30	Kerry Jane Coleman	Program Manager	Hope World Wide South Africa
31	Khumsila Naidoo	Program Manager	KZN Provincial Department of Education
32	Kim Feinberg	CEO/Founder	Tomorrow Trust
33	Lynette Mudekunye	Director of Programs	Save the Children
34	Lynn Van Der Elst	Director	Media in Education Trust Africa (MiETA)
35	Mabuyi Mnguni	Program officer	AIDS Council
36	Mahendra Chetty	Director	Legal Resources Trust

	INTERVIEWEE	POSITION	ORGANIZATION
37	Margot Davids	Chair of GPAC	Gauteng Programme of Action for Children (GPAC)
38	Marisca Erasmus	Director	Hope World Wide South Africa
39	Mark Crandall	Director	Hoops For Hope
40	Mark Potterton	Director of CIE	Catholic Institute for Education (CIE)
41	Martin Mulcahy	Special Advisor to the Minister of Education	Department of Education
42	Maryke Venter	General Manager	Heartbeat
43	Meera Doranna Levine	Program Co-ordinator	Children's Rights Center
44	Menaka Jayakody	Program Manager of CHAIN and Community Based Dare Coalition	Western Cape Networking HIV/AIDS Community of South Africa (WC – NACOSA)
45	Mike Penberthy	Director	Transformation Empowerment Advocacy Relief (TEAR)
46	Molly Kemp	Program Manager	Dept of Education
47	Monika Holst	Area Development Program and Grant Manager	World Vision – Leaders of Tomorrow Project
48	Monique van Welie	Senior Policy Officer	Embassy of the Kingdom of Netherlands
49	Mr Jordan Levy	Chief Operating officer	Ubuntu Education Fund
50	Ms Jackie Phanyane – Lingalo	Program Manager	Matjabeng HIV and AIDS
51	Ms Pumla Mabizela	Director	Oxfam Australia
52	Mzolisi Mbikwana	Former CEO, currently a board member	Global Community Initiatives
53	Nadi Albino –	Research consultant for Education Law Project	University of Witwatersrand's Center for Applied Legal Services (WITS CALS)

	INTERVIEWEE	POSITION	ORGANIZATION
54	Niven Postma	Project Owner	Convene Venture Philanthropy (LINC Fellowship)
55	Nyambura Rugoiyo	Program Officer, Strengthening Care Environment	Bernard van Leer Foundation
56	Pam Picken	Director	Columbia University
57	Patricia	Director	Alliance for Children's Entitlement to Social Security (ACCESS)
58	Peter Badcock-Walters	Former Director	University of Kwazulu-Natal –Health Economics and HIV/AIDS Research Division (UKZN – HEARD)
59	Peter Laugharn	Director	Firelight
60	Phil Lienthal	CEO and President	Global Camps Africa
61	Phillipa Tucker	Director	Training & Resources in Early Education (TREE)
62	Program Staff		Wilderness Foundation
63	Program staff		Legal Resources Center (LRC)
64	Program staff		Catholic Institute for Education (CIE)
65	Program Staff		Bigshoes Foundation
66	Program staff		Western Cape Networking HIV/AIDS Community of South Africa (WC – NACOSA)
67	Program staff		Media in Education Trust Africa (MiETA)
68	Program staff		Children in Distress Network (CINDI)
69	Program staff		Rob Smetherham Bereavement Service for Children (RobS)
70	Rachel Compaan	OVC Activities/Training Manager	Nurturing Orphans of AIDS for Humanity (NOAH)
71	Rachel Dlamini	Program Officer	Tshikululu
72	Rachel Rozentals-Thresher	CEO	Rob Smetherham Bereavement Service for Children (RobS)
73	Robyn Hemmens	Program Director	Rob Smetherham Bereavement Service for Children (RobS)

	INTERVIEWEE	POSITION	ORGANIZATION
74	Salim Vally	Director	University of Witwatersrand's Education Rights Project (WITS – ERP)
75	Snoeks Desmond	Former Director	Family Literacy Project
76	Sr Alison Munro	Director	Southern Africa Catholic Bishop's Conference (SACBC) – AIDS Office
77	Zach Hudson	Humanitarian Campaigns Program Director	United Nations Association of the United States of America (UNA-USA) – Club HERO