



OVC Report

Orphaned and vulnerable children Unit within the context of NMCF.

Background:

The overall goal for the strategic period 2005-2010 directs the Fund to improving the conditions of children and youth from impoverished backgrounds. To achieve this strategic goal, the work of the Fund finds practical implementation via/through its four programme areas, each having a specific programme goal.

The OVC unit is not a programme, as such, but was created to enhance and provide OVC technical assistance and skills to NMCF programmes with OVC focus.

Operational context:

The OVC unit operates within the context of the NMCF Sakh' iKusasa Strategy, philosophical thinking, values and funding practices. The unit is not a stand-alone. It draws from and is fed into by requirements and demands of other NMCF programmes. Beneficiaries are from existing NMCF partners in NMCF designated geographical areas. While the ultimate beneficiaries are orphans and vulnerable children, children affected and made vulnerable by HIV and AIDS and other causes. The support invariably requires sustained benefits that also include community-based organisations/structures, communities, households, children, primary and community based caregivers i.e. the volunteers.

Whilst Goelama and well being programme pursue to support a comprehensive package of services to OVC and their families and communities, the OVC unit focuses on specifics essential to OVC. The unit has to ensure that programmes supported and service provision are aware of, in line with and respond to specific policies, guiding OVC interventions, indicated in the different international agreements e.g. UNGASS declarations on the Rights of the child, the UNCRC, the world Declaration and Plan of Action from the Summit for children, the African Charter and other regional OVC policies/guidelines and agreements which SA is a signatory of. In addition to these there is the S.A Constitution which provides for rights of children, Chapter 2 (Section 28), also the SA OVC policy framework and Action plan, used in SA as an attempt to respond to the international responses expected in 2015.

The OVC unit takes into account/consideration achievement of the following KRAs: Strengthened Household Capacity, Strengthened Community Support Systems and enhanced and Strengthened Local Government Response to OVC support and care.

Key focus area:

1. **Programming:** Integration and Mainstreaming, community mobilisation for OVC care and support. Child rights programming
2. **Capacity building,** training in skills relevant to OVC intervention, e. g. PSS, child participation
3. **Information dissemination** (seminars/briefings) for partners and within NMCF.
4. **Advocacy:** Partnerships, Collaboration and integration

OVC Activities: The Unit works in collaboration with the other NMCF programmes

- Identify OVC work and capacity needs within NMCF supported programmes and provide the necessary training e.g. PSS, child rights programming, child participation and community mobilisation, CCF establishment and training.
- Facilitate partners' programming to speak and responds to the Sakh' iKusasa (SI) - NMCF strategy



and other policies guiding the children's sector.

- Creating partners' and internal NMCF staff awareness of requirements and policies guiding the children sector e.g. SA Constitution (Chapter 28); African Charter; UNCRC, MDGs.
- Facilitate partner knowledge in programming that deliberately includes OVC and ensure that the approaches used are holistic and the services provided is of quality and acceptable standard and are also in line with SI principles, national and international policies and frameworks.
- Facilitated discussions advised and guided NMCF and its partners on emerging OVC trends, existing policies critical for the implementing appropriate intervention/programmes for OVC care and support of.
- Gathered and provided information on OVC and disseminated this to partners and within NMCF for ensuring that OVC interventions care and support is relevant and appropriate for the targeted group.
- Influence of policy and practice (through partnerships with strategic OVC organisations/institutions e.g. NACCA and CCABA and other NGOs, Institutions & government departments e.g. Forster Care Feb 2007).
- Facilitated partner participation and inputs in strategic OVC structures/forums, conferences, seminars and special parliament briefings on children for advocacy (the last not achieved).
- Facilitated and organised OVC skills training to build partners and community capacity for OVC care and support.
- Facilitation and co-ordination of partner meetings, exchange visits and sessions for sharing of OVC information, lessons and achievements for identifying Advocacy issues for NMCF.
- Provided partner support through the provision of psychosocial support (PSS), (training of "Master Trainers" from partner organisation and other staff members.
- Facilitated partner's establishment and training of CCFs.
- Facilitate the involvement of partners in Caring Schools Network, which specifically focuses at schools as nodes of care. (Partners in different provinces are members of CASNET.
- Established and participated in local, regional and international partnerships in the OVC sector. Liaised with these for advocating for improved service delivery e.g. national, regional and international partnerships i.e. CCABA for OVC Collaboration and advocacy at global, continental and regional levels.
- Facilitated participation of NMCF partners at different levels of government departments, for enhancement of their interventions/OVC services i.e. NACCA and its various co-ordinating provincial, district and local structures determined in the OVC policy framework and 2006-2009 action plans.
- Represented NMCF in the OVC sector, participation and contribution, informed on NMCF work, in national, regional and international, e.g. National Steering Committee of NACCA which facilitates the implementation of the OVC policy framework/guidelines and OVC National Action Plan 2006- 2009.
- Participated and made known the NMCF strategy in inputs made at different OVC forums/networks and government departments. Through NFAC strengthened partnership with DOH.
- Worked with mostly (Goelama and Wellbeing) programme staff to enhance OVC interventions in the programmes and for improving programme impact and development of strategies for increasing



effectiveness of advocacy at national and local levels,

- Identified topical OVC issues and organised for NMCF internally a presentation on community mobilisation and PSS. Organised focus discussion groups with partners and other OVC stakeholders.

Anticipated results/outcomes:

- A more holistic programming aimed the total development of a child.
- NMCF funded partners are knowledgeable of policies and agreements that guide children, youth (OVC) interventions and service provision
- Funded partners are capacitated and have the necessary and essential skills required to support and care for OVC.
- Coping mechanisms strengthened and OVC and their families coping.
- NMCF support to OVC programmes is relevant and appropriate for the targeted group and aligned to policies of the children and youth sector.
- Feed in to NMCF information on OVC specific issues critical for advocacy

Data collection for NMCF determination of type of support and budgets:

- Collecting of data to determine numbers of children, households and CHH households supported by NMCF. This is on going but has challenges as the data provided by partners is for currently funded partners and cannot be traced beyond the current funding. The data currently collected by the Unit includes Goelama partners who are no longer funded by NMCF.

- **Child Headed Households (CHH) special needs:** Information of CHH is still not available from partners, especially in relation to numbers of child headed families within the NMCF programmes, age of head of families and special needs. Once this is completed, plans can then be developed on type of programme to be developed to assist CHH.

- **Other types of heads of households** i.e. granny headed and girl-child headed (this to be pursued to determine support to be given.

- **Home Based Care (HBC)** partners involved in HBC are required to submit their home based training needs, indication of numbers of households with sick parents and children including children infected. This information is gathered to determine types of assistance the NMCF should be providing. (This also has challenges as the data provided is never same). However, the outcome of this exercise indicates that the HBC given is mostly for adults and NMCF support does not focus on HBC caring for the sick.

- **HBC training:** Most of the partners are able to access the HBC training from the DOH. Where partners are not aware of the DOH training they are guided and assisted to acquire training.

Caring schools and CASNET i.e. caring schools network involvement:

Schools as nodes of care and able to identify and assist OVC within schools. Since care goes beyond caring for the sick partners indicated that there is need for specific schools support by teachers and members of the community. Whilst the Home based carers do home visits, identification and legal documents, grants, food, safety protection, access to health care others could specifically look into assistance at schools with education related matters.