Orphans and Vulnerable Children in South Africa
Problem, Perceptions, Players... and Possibilities for Change

An investigation into the creation of a multi-stakeholder leadership and innovation initiative to address the situation of orphans and vulnerable children in South Africa

April 13, 2007

“If it was just one wish for every young South African, especially orphans, it would be that they have just one person that tells them that they will make it. Because if that person tells you that all the time you start believing it, and it starts becoming part of who you are.”

— Sibulele Sibaca
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Executive Summary

South Africa is living a situation without precedent. Never before in history have so many children been without parents or caring for parents who are ill. The HIV/AIDS crisis, complemented by other social factors, is contributing to a reality where millions of children are in need of support and care. One of the most pressing questions our country faces is how to provide a response that can be both loving and sufficiently large in scale.

This project stems from a desire of certain Africa Leadership Initiative fellows to support the convening of a series of multi-stakeholder dialogue- and action-based interventions on different tough social issues facing South Africa. Given that South Africa’s future as a country is dependent on her children, it was decided in consultation with various stakeholders that an intervention focused on Orphans and Vulnerable Children (OVC) was a priority for the country.

Phase One of this project has been an assessment of the readiness of the major stakeholders in the Orphans and Vulnerable Children system to participate in a multi-stakeholder change process, as well as whether or not this process would be appropriate to the current situation. To this end we conducted forty “deep dialogue” interviews, desk research, several advocacy meetings, and a multi-stakeholder session. Our detailed findings are found in the body of this report.

Central to the report are four different “maps”. The first map outlines the dynamic, social, and generative complexities of the problem situation. The second charts the perceptions stakeholders have of the system, according to whether they are focused more on what we have now or on what we can create, and whether they focus on individuals and institutions or on the system as a whole. This leads to four different but overlapping categories of perceptions, which are described and substantiated by quotes.

The third map in the report is a map of the players – the stakeholders, their position in the system, their readiness for change, the challenges they face, and their burning questions. The final map outlines the possibilities for change - existing successful interventions, four different approaches to strategic intervention in the OVC system, and a set of key leverage points that must be considered if a multi-stakeholder process is to be successful.

We found an almost universally high level of readiness for change. We found a great readiness in the system from all sectors to try and do things differently and better. The need for collaboration, innovation, leadership, and scale were repeatedly mentioned.

Based on the results of our investigation, an initial proposal for a way forward has been designed and presented here. This proposal combines a series of events (“Innovation Labs” and networking events) with an OVC innovation fund and OVC leadership fellows programme. The Hollard Foundation has provided funding for an initial Innovation Lab to take place in the second half of 2007.

A risk assessment is included at the end of this report, covering advice received from stakeholders, key risks, and strategies for overcoming these towards a successful project. Most important to this is the need to work with existing processes, build on existing successes, and to ensure involvement of all key
stakeholder groups including children and communities.

Through this project we aim to build living examples of what it means to **create a loving response at scale** to the OVC crisis.

This report was put together by Mille Bojer, Ann Lamont, Cassie Janitsch, Busi Dlamini, and Zaid Hassan on behalf of the Africa Leadership Initiative. Phase One of this project was funded by a pooling of resources by the fellows of the ALI “Kilimanjaro Class” and the Hollard Foundation.

This report is only the beginning. Please send your comments on it to Ann Lamont on annlamont@telkomsa.net and Mille Bojer on mbojer@pioneersofchange.net.
Introduction

“There can be no keener revelation of a society’s soul than the way it treats its children.”
- Nelson Mandela

South Africa’s strength and resilience as a country is dependent on the well-being and health of her children. The HIV/AIDS crisis, complemented by other social factors, is contributing towards a complex situation where an overwhelming and unprecedented number of children require care and support.

One of the most pressing questions our country faces is how to provide a response that can be both loving and sufficiently large in scale. The challenge with this situation lies in ensuring that the most vulnerable children in our society receive love and care and have their various needs met, without being further damaged by overly institutionalized responses, often deployed to meet an issue at scale.

Motivated by this question, the Africa Leadership Initiative (ALI) recently commenced an investigation into the creation of a multi-stakeholder OVC initiative. The initiative proposes to convene multi-sectoral groups, comprising participants from national, provincial, local and community levels in order to generate innovations related to orphans and vulnerable children (OVC) and develop leadership among stakeholders working in this field.

The first step of this project was to investigate the appropriateness of such an intervention, as well as the readiness of the stakeholders who would need to participate. In addition, the activities of Phase One were to create a solid foundation for, and to inform the design of such a process should all sectors wish to move forward.

At the center of this phase of the project was a series of 40 “dialogue interviews” with stakeholders from government, business, NGO’s, CBO’s, FBO’s, media, and research institutions, as well as sessions with sixteen affected children. The focus of the interviews was to understand broadly the dynamics, patterns, players, perceptions, blockages, innovation areas, and leverage points in the system as well as to assess the stakeholders’ levels of commitment, interest, and readiness for a multi-stakeholder initiative. Each interview began with asking the interviewee about their own background and life story, in order for us to better come to see the situation from their perspective.

Our approach was designed to create a firm knowledge base. At the same time, the emphasis was not to conduct a research exercise in the traditional academic sense. The process deliberately focused on multi-sectoral complexity, systemic and leadership issues. We went beyond traditional “feasibility studies” in that the aim included generating commitment and engagement among stakeholders through the interviewing process and group dialogues. In this respect, Phase One was an intervention in itself, and has already had some impact on the system.

The discoveries resulting from this initial investigation are presented in this report in the form of four “maps” labeled “Problem”, “Perceptions”, “Players”, and “Possibilities”. These maps are followed by a proposed way forward.

Please note that throughout this report we use quotes from the stakeholder interviews to illustrate, enrich, and substantiate what we have written. In the interest
of confidentiality the quotes have not been attributed to individuals or sectors. We have however paid attention to ensuring that the quotes are representative of the various categories of interviewees. Also most of the quotes have been kept word for word, though some have been edited slightly purely for the sake of comprehension. We have also included a few photos in the report, taken by the children who participated in Phase One. ¹

¹ The children have consented to our use of quotes and photos for the project. Please see appendix to understand the ethics and strategy of our approach to engaging with the children.
Map #1: Problem Situation

There are multiple studies from organisations such as the Human Sciences Research Council (HSRC), the Medical Research Council (MRC), the UN Children’s Fund (UNICEF), Save the Children, and others, which detail the position of orphans and vulnerable children in South Africa today. Our intention with this report is not to duplicate this work. Rather, this first map of the “problem situation” aims to demonstrate the complex nature of the OVC situation as a foundation for designing a multi-stakeholder initiative.

The OVC situation can be illustrated by three types of complexity:

Dynamic Complexity

Cause and effect in relation to the OVC issue are far apart in time and space, and causal connections are not easily mapped out and controlled. Although the HIV/AIDS pandemic is the major contributor to the situation, it is not the only cause. The increasing number of children in need arises from a series of inter-related factors, resulting in a situation unprecedented in complexity.

The boundaries of the “OVC” issue are thus ill-defined. There is no common definition of “OVC”, and it is very difficult to single out orphans or children made vulnerable to HIV/AIDS in a situation where many children in a community may be vulnerable due to poverty. Providing special care or programmes for children orphaned or vulnerable due to HIV/AIDS often leads to them being stigmatised or rejected by

“I heard anecdotally that the kids were saying ‘we wish we were orphans, we’d be getting all this attention’. Not all orphans are vulnerable and not all vulnerable children are orphans.”

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2 We have included a brief bibliography on the situation in the annexure.
3 This typology of complexity is from Kahane after Senge and Scharmer
their peers or community members. In some cases a child who is orphaned but taken care of by an extended family may be better off than a child with an abusive parent or living in a household with no income. There is currently no national system for accurately tracking how many of these children are receiving care and support, how many of them are absorbed into extended families, and how many are not.

One of the most central “dynamically complex” issues concerns the child support and foster care grant schemes and school exemptions. Many government grants are not reaching the groups they are intended for. Children are required to present a birth certificate and their parent’s death certificate to receive the grants, but often this paperwork is not available. Schools in remote areas are also not always aware of the children’s rights. These programmes depend on the Departments of Home Affairs, Health, Education, and Social Development all working together.

Because the needs of vulnerable children are so immediate, many interventions at community level tend to be reactive and focused on the short-term as opposed to being holistic, systemic and sustainable in the long-term. The reality of providing care to vulnerable children often means that it is difficult for caregivers and community workers, regardless of their position within organisations, to grasp the emerging situation holistically and fully. They are thus not deploying the full range of tools, methods and processes available or using resources efficiently.

While direct support has to be continued in order to provide short-term and immediate support to and by community organisations, more systemic efforts that address issues of capacity, reach and sustainability in an integrated way also need to be launched. Dynamic complexity demands a strategy that is systemic in nature.

**Social Complexity**

Orphans and vulnerable children are a concern that cuts across sectors, and is essentially a societal responsibility. This means that no one group or institution can solve this problem on their own. Government, civil society, business, communities, individuals, media, academics, faith-based groups, and children themselves all have to be involved. These players have diverse perspectives on both the problems and the solutions, and do not always agree on how to approach this issue. This is what is meant by social complexity.

One of the implications of this social complexity is that solutions must make sense to diverse people who hold different perspectives or have different frames for viewing the situation. The interviews we conducted for this project therefore focused in part on understanding the interviewee’s perceptions and mindsets. The interviewers practiced “suspending their judgment” in order to redirect and be able to see from the interviewee’s perspective. This was facilitated by asking each interviewee about their life story at the beginning of the interviews. In addition, the need to understand the social complexity led us to ask several questions about who

"The grants are sometimes exploited by foster families and family members. Sometimes people foster children just for the money."

Africa Leadership Initiative 8 OVC: Perceptions, players, and possibilities
is who in this field, what role they are playing, what challenges they face, and what influence they have – emphasizing the importance of players as highly as the need to understand social patterns and the problem situation. The outcomes of these explorations are mapped out in the following two sections on “perceptions” and “players”.

Social complexity demands a strategy that is participative in nature.

Generative Complexity

“The great plague wiped out a third of Europe but it was so highly infectious that a whole village would disappear. If you look at war, obviously millions have been killed in some of the significant wars of our past, but it was the men who died so you always had the mother and child left behind. If you look at famine, in some of them, particularly in Africa, it’s the weakest and the most vulnerable who get taken out, so the children go first in a famine because the adults will be stronger and survive for longer. But with HIV/AIDS it’s the first time ever on a scale of those pandemics that the people left behind are the children.”

- Anthony Farr, Starfish Foundation

As mentioned earlier and illustrated by the above quote, the current situation is without precedent. The idea of “generative complexity” is that the situation is emerging, the future is unfamiliar and undetermined, and old solutions are no longer sufficient. The problem is unfolding in unpredictable ways and the consequences of interventions are uncertain. We do not have all the answers.

The Medical Research Council estimates that the number of orphaned and vulnerable children in South Africa will rise to over 5 million by 2015. Whilst there is progress in dealing with the current challenge, simply continuing current efforts to improve the outreach of existing services will not be enough to avert the crisis we know is coming. Due to the unprecedented nature of the situation these efforts are also not enough to ensure that a greater unforeseen crisis does not materialise.

What are the “old solutions”? The traditional informal system of the extended family integrating orphans and vulnerable children has shown a remarkable absorption capacity beyond expectations, but is not sufficiently resilient to tackle the numbers. Many grandparents are weak or too old to cope. The other “old solution”, the orphanage, is also widely recognised as unrealistic for dealing with the current situation. The sheer numbers make it impossible to build institutions, but more importantly, extensive research has shown that institutions are not a healthy place for a child to grow up, and that they conflict with African cultural values. While institutions are needed in limited circumstances, they are not a viable scale option.

Due to this generative complexity, we listened in our interviews for context, unintended consequences of initiatives, interesting innovations, new challenges, and “blind spots”. We found that much innovation has already happened in this field in recent years, and we need to continue to innovate, developing new interventions and systems to meet the needs of these children and the communities that support them.

Generative complexity demands a strategy that is creative in nature, and an emergent and learning-oriented approach.

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4 Farr in “From Dust to Diamonds”, a recent publication by the Gordon Institute of Business Science. This is the only quote in the report that is not directly from our own interviews, though we did interview the Starfish Foundation.
Map #2: Perceptions

In speaking to stakeholders, it became clear to us that there is not one uniform and objective view of the situation around orphans and vulnerable children in South Africa. As mentioned, the situation displays “social complexity” meaning that individual players do not have the same picture of the problem or of the solution. Rather, they experience the system in different ways, depending on their own experience and position.

One way to illustrate these different perceptions is to look at two dimensions:

- Are the stakeholders focused at the level of individuals and institutions or seeing the system as a whole?
- Are they focused on current reality of what we have now, or are they thinking about potential and future possibility?

When mapped into a diagram as below, the two dimensions result in four different ways of thinking.\(^5\) We have chosen to call these “Delivery”, “African market”, “Jazz band”, and “Ubuntu”, and we elaborate on these terms in the following. The diagram is intended to be one map of the thinking in the system around what is going on with respect to the OVC. The perspectives are not mutually exclusive and stakeholders may express several of them at different times.

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\(^5\) This diagram and the similar one in the “Possibilities” chapter draw on an underlying four-quadrant model developed by Otto Scharmer at MIT and its use in a previous analysis report (“Health Care in Franklin County”) by Adam Kahane, Ursula Verstegen, Zaid Hassan, LeAnne Grillo, and Grady McGonagill from Generon Consulting on the state of health care in Columbus, Ohio, USA.
I. “Delivery”

The stakeholder voices from this perspective focus their attention on the current reality and on the OVC system as a whole in South Africa.

These voices point out that there is strong OVC-specific policy, and high-level political will in certain departments. While some delivery is happening and strides have been made however, implementation is still insufficient, and failing many many children.

Key reasons offered for insufficient delivery include lack of leadership and capacity, referral systems not working, lack of integration and coordination, lack of innovative and “out-of-the-box” thinking, lack of documentation, and cultural issues across sectors, institutions, and communities. In addition, grants and funding flows often do not reach communities and the processes for accessing global and national institutional donor funds is too complex.

Because the issue is cross-cutting and spans multiple government departments and sectors, it poses a significant coordination challenge. Stakeholders often are overwhelmed by the numbers of children in need of care, and feel they have little control over this situation as individuals.

The emotions expressed from this perspective include frustration, “compassion fatigue”, and sometimes despair.

II. “African Market”

From this perspective, the focus is more on individuals and organisations than on the system as a whole, while still centred on what already exists as opposed to what could be. We use the image of an African market here because the story is about the success of individual organisations doing what they believe works, in interaction, negotiation,

“The policy is there, it just doesn’t happen. It’s brilliant in Pretoria.”

“The minister is not unaware of the problems but it’s a massive pipeline you’re trying to push policy through”.

“There is a grandmother living in rural KwaZulu Natal. She has 16 of her grandchildren living with her. She doesn’t have the right paperwork to get the relevant grants. The children are starving and this has been going on for three years.”

“The funding requires extensive reporting back and accounting - our CBO had to hire a consultant to help, which cost a lot of money.”

“This is the most intimidating document, to apply for the actual funding. But we know why, because we get asked all those questions in cabinet and from the media. So we’re not prepared to have a simplified process… There are a lot of delays in release of funding. If there’s one document that’s not there my hands are tied.”

“We all think like this – this is the system and this is how we are going to do it. Instead of saying these are our problems, what are our resources, what system can we devise that will utilise our resources to address these problems? We have a system in place. This mindset that says we are South Africa – we are better than the rest of the world, we will have the best system possible, rather than recognising that we actually have the same problems as the rest of the world, and we are not being creative in finding solutions to those. We can’t think differently because this is the system.”

“The NGO’s are doing good work but we compete for funding. If we have a funding lead we keep it secret.”

“People are still working towards their own agenda. I don’t see why. For me it’s about reaching more children. If we can do that with more partners that would be wonderful. As a sector, it’s extremely competitive out there.”
competition and collaboration with other players.

Although people may be dissatisfied with the system overall, they feel there are many individual projects and initiatives which are successful. They believe the solutions are there and that getting it right requires fine-tuning these existing initiatives. Rather than despairing, the focus here is often on small successes, helping the children one-by-one and there is a feeling of reward for every individual life of a child helped.

There is a lot of optimism at this level. However, people here also point to duplication and competition in the field. As a result, the market approach can lead to outcomes that may be good for individual actors but are sub-optimal for the system and miss many children. There is sometimes competition or tension between different models, particularly between models that emphasize reaching a larger number of children with basic services (“Checkers”) vs. deeper, holistic support (“Woolworths”). Because the focus is on making something work within limited capacity, and succeeding by making one’s own part work better, this approach can also mean unintended consequences and long-term complexities of decisions are not thought through.

“At least 6 different manuals had been developed by 6 different NGOs. That’s a waste of resources. This is one of the areas we need to look at as Civil Society. It’s stupid.”

“Either you have to work with the territorialism, stake out your area, and do it damn well, and we’ll do ours. Or is there a way for all of us to work together on all of the things. To be open about that.”

“What has made sense to us has been to try and keep it as lean as possible. To give a minimum amount of help. Quite a few of the other NGO’s go incredibly deep into the child’s life and take responsibility until they go to tertiary education, they have trained staff, great data management systems to track them on an individual basis, etc. I take my hat off to that, but I don’t know how you scale that up.”

“Many people ask us, isn’t it depressing, isn’t it hard, isn’t it bringing you down? But I always try to think of the 5 kids we fed today, I don’t think about the 5000 we can’t feed. Otherwise I wouldn’t be able to handle it”.

“The care of OVC is becoming an industry. Setting up houses and employing foster parents to take 6 children under their care. It becomes a financial enterprise – children should not be a business.”

“We realize our model is a bit elitist. The care we give is true, the cost per child is high, the scale is far too low. But Shoprite care is devastating to the children.”

“I have had three different leaders in two and a half years, all with their own objectives, visions, and pet projects.”

“A lot of pressure has been put on South Africa by PEPFAR, and what they’re saying is SA’s cost per child is ridiculous. They say SA has a Woolworth’s solution for a Checkers problem. You can address the need of the children, but instead of a 5-star solution, you need to reach the millions.”

III. “Jazz Band”

In contrast to the previous perspectives, this one focuses more on the potential
and what we can create than on what we have now. We use the image of a “Jazz Band” because this is about improvisation, experimentation and creating new approaches. It is also about collaboration, listening, and playing together in small groups and relationships that are not necessarily system-wide. The Jazz Band goes beyond reacting to seeing and experiencing with possibilities, and to being curious about, appreciative of, and responsive to, what others are doing. However, as with “African Market”, the emphasis is at the individual and institutional level.

Voices from this perspective appreciate the variety of models as something positive that fosters innovation rather than being concerned about duplication of activity. They challenge thinking and ask questions about the non-obvious.

IV. “Ubuntu”

The final perspective is focused both on the potential and on the system as a whole. We call it “Ubuntu” because from this perspective, children are a societal responsibility, and there is a great appreciation here for communities’ ability to care for their children. When experiencing the system from this perspective people are looking to the common good and new possibilities and less focused on their own needs. They believe system-wide, cross-sectoral and cross-organisational collaboration is necessary and possible. They invoke the tradition of Ubuntu, and celebrate it where it is still intact.

From this perspective, the boundaries of the OVC or HIV/AIDS issues are very fluid because at a community level the integration and interdependence of issues is clear.

This stance came out in the interviews in the overall view that there are many

work with older orphans to help them make a difference in their community… We thought, the experience of orphanhood actually develops resilience, resourcefulness, taking responsibility early, which equips them for leadership. If we could identify some of these young people and invest in their talent, they could develop long-term solutions and be agents of change and transformation.”

“Actually Tony Blair I don’t want your money. I don’t feel like a basket case. I may be an AIDS orphan, but that’s not what I want people to remember about me. I’m telling you I can do stuff on my own. Young Africans are full of life, much stronger than many kids from other nations. I want you to show me how I can make my own money – can you do that?”

“If the individual catches a vision, their network is massive, the ripple effect is huge, you’re in an organization, affiliated to other organizations… If you catch the vision you can inspire all those people.”

“How do you make it a South African problem as opposed to an NGO problem or a government problem in a way that it remains top of mind for a very long time?”

“The community is working, we are lucky we have that gift in our culture. Africans take care of their own and watch each other’s backs. This is something we must celebrate.”

“The way in which communities on the ground have responded to children in need has been quite phenomenal”.

“We need to leave the politics behind.”

“One of the main lessons is that if we were driving the provision for children affected by HIV/AIDS in a more integrated way, we would have more impact.”

“KZN has stabilized the impact of the pandemic because they have the extended family.”

“During apartheid, we had street committees,

Ubuntu is an African concept and worldview that can be translated as “I am because we are”. It signifies a deep interdependent relationship between the individual and the collective, and a communal responsibility for challenges faced.
questions we don’t have the answer to, and we would need collective intelligence of all stakeholder groups as well as innovative approaches to find the answers.

everyone had a role to play whether literate or not. People had so much commitment, both black and white.”

“We talk about community based care more and more, it’s a shift that’s occurring. When one conducts community care you cannot only focus on those made vulnerable by HIV/AIDS alone. Community responses require that we focus on all of it.”

“If my little Africa isn’t fine, then the rest of it won’t be fine.”

As pointed out earlier these four perspectives are not pure and mutually exclusive, but we believe this framework provides a useful “map” of perspectives and of the options stakeholders have of how to look at the system. The perspective one comes from largely determines how one acts in the system and what options one sees for change. “What you see determines what you do.” This will be picked up again in the section on “Possibilities for Change”.
Map #3: Players

No one group or actor can solve the OVC problem on their own. A wide variety of players need to be involved and collaborating. The different stakeholder groups face different broad systemic issues and internal challenges. Following the previous section’s map of the prevailing perceptions, this section provides a map of the players by sector groupings - who they are, their position and role in the system, what they are contributing, and the challenges they face.

Children’s Voices

The people with the greatest stake in OVC interventions are the children themselves. Unfortunately, children’s voices are often not taken directly into account when developing solutions. Critically, children want to be heard and recognised as individuals and contributors to society in their own right, and not just as “orphans” or “vulnerable children”.

It was clear when we spoke to 16 children infected or affected by HIV/AIDS who ranged from 7 years to 16 years that the issue was about honouring the children’s rights. Though commitments have been made in various Children’s Rights documents like the African Charter on the Rights and Welfare of the Child, these are often not being met.

The needs of the children affected by HIV/AIDS we spoke to are not particularly different from any other child.
They all wanted a safe environment free of physical, emotional or sexual abuse. Most were now placed in homes or with more responsible families and they cherished the care and love in the new environment as they knew it is not a given for most children. Almost all the children felt school was a place of safety partly because they had teachers who cared and supported them but also because they felt education was their only way out of their present circumstances.

Nutrition was another basic need that was clearly not being met: Almost 90% of the children mentioned that having three meals a day was a privilege they don’t take for granted. The children’s wish lists further included having friends, a family, a complete school uniform, access to computer labs and various other reasonable requests.

“The children said they are angry with the adults because they don’t disclose to the children. My children asked me when I’m testing. ‘What’s your status? What’s your story?’”

The psychological impact of being infected or affected by HIV/AIDS is not sufficiently dealt with. Only a handful of the children had had any therapy or avenues where they could talk about what they had experienced and what they felt or ways to cope with their day-to-day reality. For this reason most of the children are not able to articulate their feelings. This is further exacerbated by children missing school due to being exposed to some form of trauma - the death of a parent, neglect, or being "home sick" after being raped. As a result, many of the children are unable to read or write or perform at the same level as their peers.

These children don’t ask for any preferential treatment but what is rightfully due to every child in South Africa. In the words of young person who has overcome the challenges of being an AIDS orphan and is now a motivational speaker:

“It wasn’t money that I needed. That wasn’t the gist of the problem. The problem was that people had labeled me and it wasn’t my fault. I had nothing to do with it. I just didn’t get it. Why was I being punished for my parents’ problems? I figured I was being labeled for something I wasn’t responsible for. These kids don’t want their entire lives to revolve around that. Having lost your parents at a young age is stressful enough. They don’t want to be reminded constantly of the fact that they are orphans. I wanted someone to concentrate on me...”

Institutional Players

The stakeholders most directly connected to the children are their families and caregivers. Beyond this immediate circle are a group of institutional players who affect the lives of orphaned and vulnerable children in a variety of ways, and are crucial to addressing the children’s crisis in South Africa:

“I don’t like it when people tease those who eat out of rubbish bins, because if you tease them they have nothing to eat”

7 Here group activities like drawing helped
**Government**

**Role:** Current policy and programming interventions directed at supporting children affected by HIV/AIDS are guided by the principles set out in the “2004 Framework for the Protection, Care and Support for Orphans and Vulnerable Children Living in a World with HIV and AIDS”. The National Action Committee for Children Affected by HIV and AIDS (NACCA), which includes members from the various departments involved, has been mandated to coordinate the implementation of the framework. NACCA recently hosted a large conference on OVC.

While the Department of Social Development facilitates overall service delivery for the fulfilment of rights of OVC, the issue is cross-cutting and involves a large number of departments, principally: the Presidency Office of the Rights of the Child, The Department of Education, the Department of Health, the Department of Justice, and the Department of Home Affairs.

Government has a crucial role to play in opening up linkages between sectors, institutionalising successful approaches and taking them to scale, and coordinating a national response.

**Challenges:** While the OVC-focused policy frameworks in South Africa are highly progressive, and political will and budget are largely in place, government faces significant challenges in implementation, integration, and leadership. Because the issue is cross-cutting, it is unclear where the responsibility for the “whole child” sits. Inter-department competition is not uncommon and there are difficulties with inter-department and intra-department communication and coordination.

There is also a huge reliance on NGOs and CBO’s for service delivery, and success often depends on whether there is local leadership.

Data management and documentation pose serious blocks to government systems working. Government officials are under a lot of pressure from complex accountability structures, internal administrative tasks, and other demands on their time. Finally, government players often feel misunderstood by other sectors.

**Community-based Organisations (CBO’s):**

**Role:** Thousands of community-based organisations are responding to the crisis. Their key role is in providing home-based care, strengthening family and community coping systems, identifying children in need of care, providing psychosocial support, spiritual guidance and material

“We in government want to be seen as driving everything.”

“We say government should be doing this, government should be doing that, but this situation is really complex.”

“The DoSD, Local Government and DoH for instance do not work together on the delivery of service to these children; the system of delivery is not integrated.”

“We are so piled up with our own admin.”

“You must appreciate this issue is cross-cutting... I rarely have time to go to other departments. The two-day workshop is a life-saver. Then I see them.”

“The NACCA working groups are having more of an impact than ever before, but it’s a lot less than we’d hoped for.”

“Let business, government and international funders see things from a child’s perspective and from a community worker’s point
The majority of CBOs are run by local women from the community. While CBOs often have limited capacity they are highly respected by other sectors for the work they do on the ground, often on a pure volunteer basis.

**Challenges:** CBO’s are generally under-resourced, run by volunteers, and in need of small amounts of steady funding, as well as organisational capacity-building. They are also welfare-driven, often trying to do everything, and tend to be more short-term in their outlook as they aim to meet immediate needs. There is a high turn-over of CBO’s as they struggle to sustain themselves financially.

**Non-governmental Organisations (NGO’s):**

**Role:** The NGOs mobilise and disburse resources, advocate, develop and implement models for care, and facilitate coordination of service delivery. They are significant players in driving the agenda around orphans and vulnerable children. Some are focused on home-based care, while others run community centres, community childcare forums and/or even children's homes. They often liaise and partner actively with CBO’s and community structures helping to channel resources and build capacity. Major national-level NGOs include NOAH, Heartbeat, and Starfish, while key international NGO’s active in South Africa include Save the Children, WorldVision, and SOS Children’s Villages.

**Challenges:** Challenges faced by the NGO sector include competition for funding, duplication of activity, short-term planning, as well as limited capacity and skills. In addition, the NGO’s often are not using resources efficiently as they focus on helping individual children rather than on systemic solutions, and their main formal accountability is to their donors. Sometimes they need to juggle conflicts between the donor requirements and what they see as their beneficiaries’ real needs.

Because their primary resource is the passion of their leaders, volunteers and staff, their management systems are often weak, and they can be highly dependent on their founders. The situation of NGOs is however very diverse and it is difficult to generalize.

**Faith-based organisations (FBO’s):**

**Role:** Faith-based organizations are formed by people who share a common religious belief. They often have a high degree of trust and legitimacy among their communities. Faith-based communities can play a vital role in communicating important messages to communities as well as providing material and spiritual support to people in need.

**Typically CBO’s will be made up of 10 women, very grassroots, we need to skill them up to manage their own accounts and run operations.”**

**You can’t go to scale on passion alone.”**

**“Biggest questions – Noah, Save the Children and SOS – they are all doing slight variations, but what’s the most effective way of reaching the millions?”**

**“They just weren’t aware of how much needed to be done. I’m not a procedures and systems type person, but even I could see, holy smoke we’ve got to do something here. Even the most basic data and other management wasn’t there.”**

**“Business points fingers at NGOs – you can’t get your act together, you don’t talk to each other, you’re territorial, actually that’s not true, the general rule is that the NGOs are talking to each other a lot”.**

**“Church activities have focused on helping folks out there, but without looking inward first, at the stigma, and the discrimination and their own attitudes and of view.”**
One of the key strengths of FBO’s is their reach – there is a church, mosque, and/or temple in practically every community.

**Challenges:** FBO’s often work purely within their own constituencies and have minimal interaction, collaboration or information exchange with CBO’s and NGO’s which tend to be more secular in their approach. In addition, because of their focus on values and good behaviour, stigma towards victims of HIV/AIDS can be rife in these communities.

**Business:**

**Role:** Businesses are active through their foundations, Corporate Social Investment programmes, employee giving and volunteering schemes. They help to provide key resources, such as financial support and mentoring, as well as providing support structures for their own employees and families, and getting involved in the communities surrounding their business.

Business logic further has a useful role to play in contributing more efficient ways of working to the system as a whole, and identifying opportunities for income-generating activities.

Business activity varies significantly depending on the specific individuals who are in a position within the business to drive social engagement. One industry that seems to be particularly engaged with the OVC issue is insurance and financial services, perhaps because of their long-term perspective.

**Challenges:** While some businesses are driven by a long-term perspective, OVC activity is often seen as only peripherally connected to their core business, with explicit links not being made between the business world and the OVC situation.

Sometimes the priorities of business are driven more by legal compliance and PR opportunities than by a motivation to see impact on the ground. Efforts to address the OVC issue may also not take into account current research or thinking about the best approaches to the issue.

There is also little communication across businesses which would serve to align approaches, and there is significant distrust between business and government.
International donors:

**Role:** A number of bilateral and multilateral donors are active in South Africa. A positive trend is that the resources devoted to this issue are increasing. OVC is “in fashion” among donors.

The international donors often have a close relationship with government, and are dependent on government partnerships. They may provide funding or technical support through government.

**Challenges:** A key challenge for big donors is how to channel funding to the local level. As the grant amounts offered are usually large, there are time lags between proposal submission and disbursement of funds. Application procedures and reporting requirements are often too complex and too much of an administrative burden for small organisations to meet. In addition grants are often only given for a year which makes long-term planning difficult. When cooperation and communication among global donors is limited, they can inadvertently foster competition rather than cooperation among their grantees.

Some international donors are in turn funded by individuals or other institutions to which they are accountable, which means they may have restrictions in terms of where they can allocate funds. Sometimes these donors are not as well-informed as local organizations on where the true needs lie, and so projects may be criticized for being “donor-driven”.

“OVCs are the interest of the decade for donors, and are in the public eye internationally. People are interested, they have a heart for OVC.”

“When people sponsor a child, we educate them that it’s going to community projects and not to the individual child. But obviously if you have a picture of that child on your fridge, you want to know how they are doing.”

“Donors and other international organisations have been very helpful. Sometimes they say negative things about government though when information was given to them well meaning. As a result programme managers have been reluctant to share information with international partners.”

“A lot of funding is not need-based, it’s donor-perception-based.”

Universities and Research Institutions:

**Role:** The academic community researches and publicises issues related to OVC, and does advocacy work. More research is required on the impact that the dramatic increase of OVC will have on South Africa’s social fabric, but more importantly the research that is already there needs to be more widely shared. Information often doesn’t reach people at the frontline.

**Challenges:** There is a general lack of academic research on how complex social innovations go to scale at the national level beyond normal centralised policy approaches. Also, universities and research institutions may be heavily biased towards prescribing approaches that are more formalised and based on specialised knowledge (such as medical or psychosocial training). Such approaches may be ill-suited to

“Solutions are not systemic enough.”

“NGOs and academics – information doesn’t reach across the boundary.”
the context of communities and be over-critical of the effective, informal approaches that communities have no choice but to develop and employ.

**Media:**

**Role:** The media has a crucial role to play in raising awareness around the issue. In particular, media helps to reach out at a societal level to bring the issue to the attention of members of the broader public who are not directly affected but who do have power to help.

**Challenges:** The OVC issue is rarely profiled, and the children have little if any voice. This results in an increasing stratification of the worlds of those coping with the OVC issue and those oblivious to the situation. In addition, insensitive media strategies can cause damage by over-sensationalising individual OVC stories.

“The media only covers horrible stories so the media also needs to play a more constructive role”.

“The media had such an important role to play during apartheid. On this new struggle, the media should be getting information out, more than they are now.”

See Annexures for a non exhaustive list of the specific institutions within each of these categories and a list of all interviewees.

**Readiness for collaboration**

We found that most interviewees expressed a need for much greater coordination and collaboration. The interviews assessed the readiness for collaboration among stakeholders by seeing if the interviewees were ready to:

- move beyond their own personal positions to look at the common good, and
- move beyond what currently is happening towards more innovative approaches.

There were many statements from our interviews that reflected a general readiness for a multi-stakeholder collaboration initiative. A set of illustrative quotes from each sector exemplify this:

**Government:** “One of the main lessons learned is that if we were driving the provision of children affected by HIV/AIDS in a more integrated way we would have had more impact.”

**NGO:** “How do you make it a South African problem as opposed to an NGO problem or a government problem.”

**International Donor:** “There needs to be a uniformity at a national level with all sectors for example, government, donors, faith based organisations etc, having a common vision.”

“Government wants to stay in power, to win the next election, NGOs want to stay alive, companies want to make money, so to bring those three partners around a table is challenging, you need a strong facilitator who can connect people and focus on the similarities and the strengths rather than the differences”.

**Business:** “Business and government need to move beyond a territorial approach and work together without any predetermined agendas. We need to have an open book.”
Burning Questions

A key determining factor of stakeholders’ readiness for something new is whether there are questions they cannot answer on their own. We asked stakeholders what questions “keep them up at night”. What are the things they don’t have the answer to? These questions reflect the need to stand back, reflect innovate and ensure we are thinking of long term systemic solutions. We grouped the questions under the following themes.

The Future

“How have we looked strategically at what is best for the country in the long-term?”
“How do we know what we have achieved?”
“Will this problem ever be solved? For how long will it go on?”
“What's going to happen to this generation of children?”
“Where will it stop? The virus is not stopping at children. How are these children thinking of the disease? How is it affecting the child as a human being?”

Scale and Capacity

“How do we deal with all the children we should be dealing with?”
“How do we decide what is enough when nothing will ever be enough?”
“The last year we’ve really looked at what keeps us up at night. While we can say we support 22,000 children, there are 1 million orphans in S.A today and it’s just a drop in the ocean. Between all the NGO’s that are working out there, I don’t think we’re getting to more than 1-200,000 children today”
“The issue of capacity required to deliver services to vulnerable children is a major obstacle, its small scale and is donor funded still. We don’t have the answer to this.”

Quality of Care

“Does what we do speak to the needs of the children?”
“What are the essential services a child needs and what are the nice-to-haves?”
“How do we deal with child abuse?”
“Are we doing it right?”
“We all say children shouldn’t be taking care of their dying parents and children shouldn’t be heading households but they are, so how do we support them?”

Resources

“Can South Africa sustain the system of grants, with an ever increasing number of people in need of social support?”
“How do we get the maximum impact with the money we have?”
“What are the cost implications? Is there something we should be aiming for?”
“How do we get communities to mobilize resources and take responsibility?”
“How do we get resources into rural Limpopo when donors want their names up in visible places”
“How do we begin to work together to expand the pie instead of competing for scarce resources?”

While we found excitement about a multi-stakeholder initiative, there was also hesitation as to whether we would be able to produce something different from existing initiatives. The advice we received from stakeholders to ensure the success of a multi-stakeholder process are detailed in the section on “Way Forward”.
Map #4: Possibilities for Change

Building on Existing Successes

Any intervention in the OVC field must recognize the good work that is already happening and build on what is currently working. There are many existing and successful interventions, and much research work has been done on models of care. One of the central questions asked during the interviewing process, and at the OVC stakeholder meeting on October 30, 2006 was what is already working, that could potentially be taken to scale.

It is important here at an overall level to acknowledge all the informal work that is happening and helping in communities. The capacity of communities and extended families to absorb vulnerable children has been beyond all expectation.

At the more formal level, stakeholders pointed to the following initiatives that could be considered “seeds of the future”:

**Isibindi model of home-based care**: The Isibindi child care programme run by the National Association of Child Care Workers emphasizes caring for children and child-headed households *in their homes*. They help with grant applications, food, medical treatment, psychosocial support, and provide a holistic service depending on the specific children’s needs. Several NGO’s such as Heartbeat provide a similar care worker service. Providing a stable caregiver, keeping families together, and caring for children in their homes - as opposed to taking them out of their homes and into institutions or foster care - is recognized by many as the least damaging model of care for the majority of children.

**CBO/NGO networks like the CINDI network**: The CINDI concept is to bring CBO’s, NGOs, government departments and individuals working for OVC into a geographically focused consortium, where they can jointly do CBO training, fundraising, reporting, advocacy, and coordinate referral systems, etc. This strategy helps to overcome capacity issues faced by many CBO’s, and to ease the flow of knowledge and resources in the sector.

**Intermediary NGOs to help channel funding to CBOs**: A number of NGO’s like the Starfish Foundation and Heartbeat help to channel funding to CBO’s by taking over some of the burden of proposal-writing and reporting, as well as supporting CBO’s with capacity-building.

**Peer education programmes**: Children’s ability to support each other has been underestimated, and there is a need to increase the number of peer-to-peer support programmes. Hope Worldwide and Hope...
HIV are two examples of NGO’s working in this area.

Schools as centers of service and data-collection: The schools and school teachers are often the first to recognize that a child is in difficulty, and they are present in all areas of the country. Some schools partner with NGO’s, have social workers available, have school feeding schemes for OVC, and collect data on the status of the children, but most schools do not currently have the capacity to serve as such centers. Because practically every community has access to a school, finding a solution for schools to become more functional as centres of service and care seems to have high potential.

Community childcare forums: Different NGO’s and institutions have tried a variety of forms of community childcare forums, some more successfully than others. The idea is to develop community ownership of the children’s issue, by bringing together in a regular forum those members of the community who can help service the children’s needs. This helps to develop community self-reliance, mobilizing internal resources, and lessening dependence on outside organizations. This is essential because it is hard to imagine a “loving response at scale” without strengthening the ability of communities to absorb and care for their vulnerable children.

Income-generating activities: Income-generating activities for child-headed households and for caregivers can help to reduce dependency and alleviate poverty.

There are of course many other models of care and service provision besides those listed here, but these are the primary ones highlighted by stakeholders during our process as strong models to be supported. In addition, there is wide agreement that a holistic, community-based approach is what is needed, and that existing structures should be strengthened. It is also clear that any intervention would need to acknowledge and collaborate with existing national efforts at coordination such as NACCA and SANAC.

Four Approaches to Strategic Intervention

At a broader level, four different possible approaches to intervention can be mapped in a similar diagram corresponding to the earlier one related to perceptions of the system (“delivery”/ “African market”/ “jazz band”/ “ubuntu”). How you perceive the system will influence how you choose to act in and on it.

As with the earlier diagram, it’s important to emphasise that these strategies are not mutually exclusive, but usually complementary. We suggest that these four strategies can be labeled as follows:

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8 Once again, this diagram and the previous one draw on an underlying four-quadrant model developed by Otto Scharmer at MIT and a previous project of Generon Consulting on the state of health care in Columbus, Ohio, USA.
I. Work Harder

We have labeled the first approach to improving care for children “work harder”. Here the system is taken for granted, and the strategy employed is to do more of the same, and to do it better. Invest more resources, make things more efficient. We also include here the strategy often taken of training and informing people on how to navigate and work with the existing system, and of creating intermediary organizations that can do the work on behalf of CBO’s that don’t have the capacity to succeed within the current system. Where local leadership is present, local success stories happen.

Efforts to change the system from this perspective look to tighten up the existing system. As such, it’s not a transformative approach and doesn’t deal with underlying dynamics preventing optimal delivery in the first place.

A lot of “work harder” is happening across the OVC system. This approach is currently making a significant difference and increasing the number of children reached through expanding delivery.

“Six million children currently receive child support grants. The target is to reach 7 million children this year, and we think we will exceed the target.”

“To improve the treatment rate of children with HIV, the clinic staff actually walk around the wards trying to “identify” cases and actually personally take them to the clinic to ensure the commencement of treatment.”

“You absolutely have to have a national database – otherwise no one has a comprehensive national understanding of the situation… PEPFAR has started a database, where they have all their projects mapped on a GIS system. It’s just basic overlaying of databases.”

“There are just too many government departments and other sectors involved. We need a military plan. We are just not getting things done efficiently.”

“To be successful in working with government departments, it is necessary to have hard facts and data to support your case. Also we have created a relationship with a person in home affairs who supports our application.”
II. Optimize and Interact

The second approach to improving the situation still takes the existing system for granted. Stakeholders try to optimize it through improving the impact of individuals and institutions and through interacting and negotiating with other players. They learn from each other about “best practices” in order to make their own parts work better. They generally negotiate interests from their own point of view rather than as a collective trying to serve the system as a whole.

Sometimes the changes can be carried out by individual actors who figure out a better way to do what they do. But this strategy sometimes has unintended consequences. It can lead to innovations welcomed by some but seen as destructive by others. A common example is donor organizations favoring AIDS orphans over other children and creating conflict among children and in the community.

A change initiative within this strategy could involve creating a space where stakeholders could communicate, negotiate partnerships, and learn from each other. To some extent, NACCA and SANAC achieve a space for such networking, but they are more focused on coordination of policy implementation and so are limited as a space where stakeholders can bring their own agenda as well. Some donor organizations also host networking meetings among their grantees but their ability to host a neutral space is limited. Stakeholders expressed a need for more and freer spaces to meet and interact.

III. Innovate and Redesign

In contrast to the above two strategies, the third is focused more on innovation and creating something new. However, it remains focused on parts of the system rather than the system as a whole. Some of the innovations that have already happened from this approach include a shift to focus on

“Business can’t operate on its own effectively but has tried to create coalitions such as SABCOFA and Business Trust”

“We used the schools to access street children and orphans and vulnerable children and use community based organizations to support these children in a collaborative partnership. I have had lots of fights with [our primary NGO partner] because they think they can do everything. When we have the right model we will take the blueprint to government to roll out at scale.”

“If you achieved just one thing and that was better collaboration the intervention would be successful.”

“There are other NGOs working where we’re working. Often though, project areas are chosen in collaboration with other NGOs, so we’re covering one locality and Save the Children for example is in another. But where we are in the same area, for example they might have money for OVC, then we can cover prevention, because our private funding is often more flexible. So we dialogue with them so our activities are complementary.”

“I want to get a better understanding of who’s doing what, and how we fit; and relationships with other stakeholders so we can work together cohesively.”

“Some people are just looking for more concrete outcomes today. They say how can you think about leadership when the kids have nowhere to sleep and nothing to eat? The urgency of the current crisis overwhelms most peoples thinking. We think that is critically important, but if all the resources go there, you don’t actually change anything long term.”
peer support groups, community ownership and childcare forums, creative approaches to income-generation, holistic care, linking projects with sustainable livelihoods, and children’s empowerment.

The complexity here is that while these innovations are often making a significant impact on one area of the system and serving children well, this isn’t expanded to the rest of the system as a whole. Stakeholders particularly in the NGO and sometimes business sectors often feel they know how to solve the problem innovatively at small scale, but feel at a loss when it comes to the enormous numbers. However, sometimes these innovations do add up to form a new trend or fundamental shift: Initiatives here are generally shifting fundamentally from a welfare approach to a developmental approach.

A change initiative for the system within this strategy would involve promoting innovation and generation of new models and ideas within specific areas of the sector. Stakeholders pointed to new areas where innovation was needed including: unblocking funding flows, building community capacity, the role of schools, access to documentation and media strategies (see section on ‘way forward’).

IV. Whole system regeneration

The final improvement strategy takes the approach of attempting to regenerate the whole system. Here is the view that you need to go beyond piecemeal reform to more fundamental transformation.

Such a strategy would focus on the Orphans and Vulnerable Children system as a whole and seek to move towards a new system. It would entail a multi-stakeholder approach, bringing players from all parts of the system together, in a deep effort to re-perceive and transform the system.

While stakeholders were crying out for a

“We go to the community thinking we have the answer - wait until they lead you through the process and you realise they have the answer.”

“Where are these children going to be 20 years from now? We have linked with business to create sustainable living projects.”

“We are putting our energy into the end of the road. Let's look at preserving parenthood. Rollout ARV's to parents. Prioritize food to parents, keep them healthy and coping.”

“The corporates duplicate and don’t partner. To change this, we would need to change the paradigm and mindset.”

“Government needs to make a rapid paradigm shift in reconfiguring relationships and encouraging others to focus on OVCs.”

“Hollard tried to get all businesses together but it didn’t work.”

“NACCA is not really a forum for innovation. Also the right people are not in the room.”

“We have to find a way to resolve some of the questions we don’t have answers to. We all need to work together to make the existing system better.”

“Look at the fight against TB… it was a state of emergency. The health status for every individual in every household was checked and followed through. This was done and won by systems, there was military precision.”
more “big picture” and systemic approach to the issue, overall they thought a lot is already working, and that the time and resources required to invest in a “whole system regeneration” was not necessarily justified at this stage.

“We need a common vision that everyone has bought into. We all need to have an allocated bit of that plan that matches our skills.”

**Four Areas of Leverage**

An area of leverage in a system is a strategic intervention area that has potential for greater impact due to its connection to multiple parts of the system. During our interviews, our synthesis sessions, and primarily our stakeholder dialogue session, we identified together with stakeholders a set of four such underlying areas of leverage in the OVC field.

These four leverage points mirror four strategies for improvement, and serve as key enablers of each of these strategies. However, they also overlap and reinforce each other, and each of them is needed for all four quadrants.

1. **Leadership**

The need for leadership development at all levels and across sectors was a common theme in nearly all the interviews. To succeed with improving the system (“work harder”), leadership is the key area of leverage, but leadership is also important for innovation, optimization, collaboration, and systems regeneration.

Further, it was interesting to note how

“I keep wanting the leaders in government to know they can do it. I want them to know they can do it, and be inspired by that ability. It’s stressful and difficult but it’s not impossible.”

“Teachers are doing a sterling job – they are the unsung heroes.”

“I think there’s a desperate need for leadership at all levels.”
much work in the OVC field is driven by passion and long-term commitment. A major insight from the interviews was that nearly all the interviewees had a life-long or min 5 year commitment to working with children. This means that investing resources in their leadership is a long-term investment in children.

II. Collaboration

Many stakeholders pointed to the lack of coordination and the competition between sectors, departments and organizations as a key obstacle, and so collaboration was a second area of leverage.

This includes creating common purpose and collaborative action across and within sectors as well as improved coordination and information management.

III. Innovation

While there is significant creativity in the sector, there is a need for innovative solutions in key focal areas where stakeholders don’t have all the answers. If South Africa is going to manage to provide both quality and quantity of care, stakeholders will have to be thinking much more innovatively.

Meanwhile, we mentioned earlier that a limitation to the “Innovate and Redesign” approach is that innovations are often limited to one part of the system. Innovation needs to be combined with collaboration and systems thinking to have a wider impact.

IV. Systems Thinking

As mentioned earlier, the situation around orphans and vulnerable children in South Africa is incredibly complex. Unclear causal relationships, positive

“Don’t be afraid to speak. Especially for children – they are relatively voiceless. Children are not heard in the way they should be. We have to sometimes be brave enough to say the things nobody wants to hear.”

“In government, if you find a person who cares and makes things happen, anything is possible.”

“In South Africa, the government tends to think they can do it. Real engagement with civil society and NGOs has been lukewarm.”

“When you look at multi-stakeholder partnerships, the question of multi-stakeholder is not really an issue, but the partnerships and the extent to which the partners will get recognition is an issue. The real engagement only happens between state and private sector. Community initiatives don’t get the recognition.”

“The Business Trust initiative is inspiring. Since that was possible there is a light of hope – business and government can join hands to address it.”

“I’d really like to look for inspiration outside OVC, treatment, care and support. How do you look to other ways of solving problems?”

“We shouldn’t take the huge projections as a given. We should say this is what we are dealing with now, and this is what we might be dealing with in the future.”

“Global donors have specific programme areas they fund and in very few cases would those programmes address children’s issues holistically. There isn’t a big picture around helping children
and negative forces bearing on the issue, diverse perceptions, and unintended consequences of well-intentioned initiatives are all characteristics of this system. Because it is a crisis, it is often difficult for stakeholders to lift their heads from their work to look at the big picture, but many believe that having a more systemic approach could make their work more effective.

The OVC multi-stakeholder initiative needs to act on all four of these leverage points. As such it would also live up to the criteria of a systemic, participative, and creative approach as defined in our previous section on the “problem situation”. The Way Forward has been designed with this in mind.
Way Forward

1. Assumptions

Based on our many conversations with stakeholders during Phase One, we have come to the following observations which serve as underlying assumptions for our multi-stakeholder initiative:

- Many interventions are working - there is a lot of movement and energy in the OVC field in South Africa and solutions do exist. The overall system is not dysfunctional.

- There are specific areas of work related to OVC that are burning questions keeping stakeholders up at night, and which require collective innovation and systems thinking.

- Policy is strong. There is not currently a need for a new system-wide process or structure focused on national decision-making or policy.

- The boundaries of the “OVC system” are ill-defined and unclear. A big part of the problem relates to implementation problems that are cross-cutting beyond the OVC issue: capacity, leadership, collaboration.

- Collaboration, networking, and learning across sectors and organizations is weak, and there are many misunderstandings or negative perceptions across sectors. The comparative advantages of different sectors are not being harnessed.

- Most people working actively in this field have a life-long or minimum 5 year commitment to this work. It therefore makes sense to invest in the individuals’ capacity and relationships among individuals.

- There is a high level of readiness for change. No one thinks the OVC system can remain where it is and still meet the needs of ever increasing numbers of children.

2. Aims

Based on the above assumptions, our aims with an initiative moving forward are:

- To develop leadership and capacity among OVC stakeholders,

- To enable stakeholders to re-perceive the system, taking a “big picture” approach and navigating the complexities,
o To enable stakeholders to innovate collaboratively on specific challenges related to OVC,

o To build transformative relationships among stakeholders, enabling ongoing collaboration and networking,

o To incubate - financially and operationally - specific innovation initiatives that can be institutionalised in the system through cross-sector partnerships.

The specific outcomes for this process would be defined in collaboration with stakeholders, but the overall impact expected from launching this process must include both increasing:

- **Quantity** of support to OVC in the sense of more children being reached (Scale), and

- **Quality** of support in the sense of the holistic and human experience of the affected children (Love);

thus coming closer to creating a **loving response at scale**.

3. Areas for Innovation

The following topic areas were identified by stakeholders as key areas in need of innovation. This is not a definitive list and will be further refined in planning Phase Two of the project.

I. Unblocking funding flows

As mentioned several times throughout this report, funding often does not reach its intended destinations. While overall funding is increasing there are problems in getting it channeled to the community level where small amounts of funding are needed on a very stable and long-term basis. How to transform the form of big amounts of funding into such small, steady flows is a major challenge, which requires stakeholders to think creatively and innovatively.

“It’s not so much the quantity as the reliability of funding. If you know this is what we’ve got for the next 3, 4, 5 years. Particularly with children. You’ve got to think about children in 18-20 year cycles. We’ve got to start thinking like that, and we need leadership that thinks about it in terms of 20 years, and funding that says we will work on a programme for 20 years.”

“There’s still red tape in accessing funds. It seems there’s favoritism with funders supporting a few select organizations and there have to be intermediaries.”

II. Building Community Capacity

The future around this issue depends largely on the ability of communities to absorb their vulnerable children. Developing capacity and leadership was highlighted as a major need. The most important aspect of this was building community and CBO sustainability and capacity to both manage operations,

“The issue of capacity required to deliver services to vulnerable children is a major obstacle, its small scale and is donor funded still”.

“Human resource capacity is a deeper problem. There need to be innovative ways of addressing the capacity issues.”

“Children need a friend. Someone who can help them become adults”.

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mobilize resources, and to care directly for the increasing numbers of children. One key approach that was highlighted was to strengthen business support for skills development.

Any activity to build community capacity must be founded on respect for the community, and build on the existing leadership and initiatives that are already there.

III. Media Strategy and Awareness

Given that the children’s crisis should really be a societal responsibility, it is crucial to find better ways of mobilising awareness and creating opportunities for involvement, and a broad sense of ownership of the problem.

Media are increasingly covering the OVC crisis, but NGOs and CBOs pointed out that the approach taken by media can have negative unintended consequences. Also, there is “compassion fatigue” among the public, and lack of sustained involvement.

IV. Information flow in the sector

Access to documentation is a serious bottleneck when it comes to children accessing grants and school fee exemptions.

This links to a broader challenge around information flows and knowledge management, including how to intelligently use database systems, research, and existing knowledge.

“Volunteers who are often in the poorest communities now have to be this social sponge that absorbs all these problems.”

“It is not about showing the poor children on TV and asking for money. People will give but then they will flip away from the problem.”

“From where I sit now, in my organization, I know what the state of affairs is around orphans and vulnerable children. Had I been somewhere else my life would carry on and I would not know about this problem we have to deal with. I would probably read a snippet in the paper and think good charity work, good people.”

“These kids have become white noise. The first time you hear the million OVC, your head stands on end, you think you can’t be serious; I’ve got to help them. When you’ve heard it the 20th time and it’s somewhere in the paper in between 40% unemployment and the highest murder rate in the world it’s just more white noise of living in this country.”

“Now I’ve asked school principals to take copies of birth certificates, so if something happens at least the child knows the principal has it. My biggest problem is access to documentation.”

“There isn’t a one-stop shop where people can go and get the papers they need. It’s the frustrations of people in rural areas, informal settlements, where they can’t afford the busfare to get to home affairs, and then when they get there, they find abuse and corruption.”

“There are lots of delays in the release of funds. If there is one document that isn’t there, my hands are tied.”

“All sectors complain about the lack of a database and this has been scuppered by politics.”
V. Schools as nodes of care and support

Across the NGO, Business, and Government sectors, there is increasing clarity about the value of using schools as nodes of care, support, and referral, as well as as community centers and for capturing documentation. Meanwhile, school management and teachers are overloaded, and it is often difficult to get this approach functioning optimally. A variety of models are being tested for this approach.

“There are isolated incidences where they are operating well, but on the whole they are struggling because it takes time and money to establish these systems. Teachers have their hands full and a lot of people don’t want to face the issues.”

“There’s huge potential to work through a system that is already there, instead of trying to recreate something that won’t be sustainable. When there is a flood or war, a school is the first thing to be recreated because people want their children in school, and children want to be in school. We underestimate how important children are to each other.”

“Certain messages are not being taken down properly. Schools should be a circle of care for orphans.”

VI. Scaling Up

The most burning question across the system seems to be “how do we reach the millions?” Innovative thinking needs to be applied to devise ways to scale up successful initiatives without sacrificing quality.

“The risk is that they are so focused on quantitative results that a lot of the community mobilization that’s needed for ownership gets rushed or skipped.”

“The Isibindi model is working but how do we take it to scale?”

4. Methodology

The methodology we intend to apply for this initiative combines several elements:

4.a. The Innovation Lab

We propose starting over the course of 2007-2008 to host a series of “Innovation Labs” convening cross-sector groups of stakeholders to innovate in the above-mentioned areas. The idea is to unlock innovation in specific parts of the system that are stuck, and which have a large impact on the broad reality. As these keys are turned, new patterns may arise across the solutions generated which can lead to new system-wide approaches.

Each “Innovation Lab” will run over the course of 3-5 days, convening a diverse stakeholder group who together have the capacity to see the system as a whole and to effect significant change. Over the course of this lab, the group will work together to:

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9 This methodology draws on the theory of the “U-Process”, developed by Jaworski and Scharmer, and on its application as the “Change Lab”, developed by Generon Consulting specifically for problems that are dynamically, socially and generatively complex.
- understand the complex dynamics of the current reality around the theme, connecting both intellectually and at a heart-level with this reality. This will be done through interviewing each other, participating in experiential “learning journeys” and engaging in systems mapping.

- take a step back from the system and focus on uncovering individual and shared purpose and knowing about the theme.

- design innovations in the form of “prototype” initiatives they themselves can be involved in implementing.

Critical to this approach is that the members come to see and understand themselves as a part of the problem and thus also part of the solution. The team also learns to look beyond their past experiences and to identify emerging solutions and opportunities, rather than passing recommendations on to others.

Each Innovation Lab will be held in a venue that is aesthetic and conducive to dialogue and reflection. Prior to each Innovation Lab, participants will be interviewed about their ideas and perspectives, and input documents will be prepared to create a shared foundation for the work.

The Innovation Lab will be different from “talkshops” and the current conferences in that it will involve immersion in an issue and facilitated activities that enable innovation. Further, the work will be part of an ongoing programme and initiatives emerging from the labs will receive financial and operational support so participants are not left saying “so what”.

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Africa Leadership Initiative 35 OVC: Perceptions, players, and possibilities
4.b. Innovation Fund

During the Innovation Labs, participants will identify high-leverage opportunities and quickly create models of solutions. The ideas which have traction with the group will be taken forward. A secretariat will help to coordinate this follow-up work and a fund will be set up to provide financial support for prototyping and institutionalising the ideas. Teams of participants will test their models on the ground with target stakeholders and partner communities over a period of several months. This approach enables team members to build, test, improve, and re-test interventions in the real world.

Innovations that, on the basis of this prototyping, hold the greatest promise for effecting systemic changes will receive seed funding for further implementation and institutionalisation. The Innovation Fund will include independent screening of proposals to ensure accountability, quality assurance, and adequate grant-making oversight.

4.c. Leadership Network / OVC ‘Fellowship’

In addition to the Innovation Labs, participants in the OVC multi-stakeholder programme will be invited to regular facilitated networking events. They will
become members of an OVC “Leadership Network” or “Fellowship”.

The leadership development approach through the innovation labs and networking events will combine training with experiential problem-solving work. Capacities will include leading in complex systems, creative thinking and innovation, dialogue and listening, cross-sector communication and partnership, implementation skills, prototyping, stakeholder engagement, and accessing deeper personal purpose and commitment.

High-trust relationships among participants from across sectors and organisations will develop, enabling participants to overcome issues of inter-sectoral/-departmental/-organisational competition and duplication of effort, and enabling improved communication, learning, and partnership. The sustainability of these relationships beyond the process will further enable participants to continue to create and implement innovations to OVC and related vital societal problems.

4.d. Community-level Work

In addition, preparations are underway for planning, resourcing and running potential longer “Change Labs” at community and municipal levels, as well as for a more extensive national-scale “Change Lab” process in partnership with communities.

This combination of elements has been designed to combine work on the leverage points described earlier and focus on the areas of innovation identified. It is thus a direct outcome of the Phase One results.

5. Partnerships

In order to create a successful multi-sectoral dialogue intervention the Africa Leadership Initiative will have to enter into certain partnerships. These partners were identified through the interviewing and research process. The Africa Leadership Initiative is in a process of discussion with these partners.

Convening Partners: The most critical convener in South Africa today is the South African Government. Therefore ALI needs to partner with government in convening the multi-sectoral process, specifically with The Presidency and The Department of Social Development. The reason for The Presidency is that this issue spans multiple departments and therefore needs a central authority to convene.

Content Partners: HSRC have been identified as valuable content partners, given their significant research work and planned scenario work in the area of Orphans.
and Vulnerable Children. HSRC will provide content support to the multi-sectoral dialogue process, specifically helping with input and output documents for the Innovation Labs and documenting project learning.

**Process Partners:** Reos Partners\(^{10}\) have partnered with the Africa Leadership Initiative on Phase One of the project and would design and facilitate the multi-sectoral process on Phase Two of the project. Reos Partners have committed to building further capacity in South Africa to do this work.

**Governance and Innovation Fund Partners:** Synergos Institute would be governance and convening partners, as well as supporting the Innovation Fund. Synergos have considerable experience in the developmental and governance issues of a multi stakeholder dialogue process as well as with the field of grant-making. They will partner on the design of, resource mobilization for, and accountability practices of the Innovation Fund.

**Champions Group:** A group of champions with significant credibility, in each sector will be identified to help support and advocate the process.

**Steering Group:** A group of experienced senior advisors from all sectors will need to be convened to give input on the project.

### 6. Resources

There has been some indication of stakeholders who would be willing to contribute financially to a multi-sectoral change and leadership capacity development process. These are primarily from the business and global donor sectors. The Hollard Foundation has committed to funding the first Innovation Lab.

### 7. Risk Assessment

In assessing the risk of convening a multi-sectoral change initiative, stakeholders were asked in the interviews what advice they would have for ALI in convening such a process. Implementing this advice will significantly reduce the risks.

<table>
<thead>
<tr>
<th>Advice</th>
<th>Risk</th>
<th>Mitigation</th>
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<tbody>
<tr>
<td>Don’t duplicate. Work with and differentiate from some of the processes that are already underway such as SANAC and NACCA.</td>
<td>Duplication of what is already happening. Lack of legitimacy. Existing structures boycotting or trying to control the process, thus complicating the power dynamics.</td>
<td>Work with NACCA and SANAC leadership.</td>
</tr>
<tr>
<td>Ensure the participation and support of high-level leaders in the system. Involve the</td>
<td>Government doesn’t arrive on the day. Participants are too junior to effect change.</td>
<td>Critical to work closely with government and if possible to co-convene with</td>
</tr>
</tbody>
</table>

\(^{10}\) See description of Reos Partners in Annexure. Note that Reos Partners is a spin-off company of the former Generon Consulting, and that the team partnered with ALI on Phase One as part of Generon. The team of people assigned to the project remains the same.
<table>
<thead>
<tr>
<th>People who can make decisions.</th>
<th>Government. Invest in convening and advocacy meetings to ensure senior participation from all sectors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equalize power dynamics and make sure community and children’s voices are heard.</td>
<td>Process compromises powerless organizations and fails to access collective intelligence from those most directly affected.</td>
</tr>
<tr>
<td>Acknowledge time constraints of participants, particularly government and therefore ensure that stakeholder time is well used.</td>
<td>Skillful facilitation and ensure participation of community and children.</td>
</tr>
<tr>
<td>Don’t create another “talkshop” or conference; it needs to be result-focused and brought alive.</td>
<td>Process compromised by time limitations. Participants dropping out or not participating fully.</td>
</tr>
<tr>
<td>Emphasise the leadership development aspect of the process.</td>
<td>Shorter more frequent interventions. Advocacy to legitimize the process and justify time involvement.</td>
</tr>
<tr>
<td>Involve resource holders and influential decision-makers (“scalers”) as well as innovators.</td>
<td>Participants feel they have heard it all before, don’t learn or act in a new way. Implementation lacking.</td>
</tr>
<tr>
<td>Involve high-level champions to support the process who are not afraid to talk.</td>
<td>Focus on action, experiential learning, and uncommon conversation.</td>
</tr>
<tr>
<td>Look beyond immediate cause and effect of OVC treatment, care, and support to more complex connections. Bring in scenario planning and demographic modeling. Create space for thinking outside funding restrictions.</td>
<td>Leadership issues are not improved. Participants do not change at a personal level, and so the wider system cannot change.</td>
</tr>
<tr>
<td>New ideas are generated but cannot be institutionalized because of lack of high level commitment.</td>
<td>Make leadership development transparent.</td>
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<tr>
<td>Champions don’t go through full change process and end up hijacking the process.</td>
<td>Ensure mix of invitees. Ensure commitment from government, media, and donors.</td>
</tr>
<tr>
<td>Inviting group of champions to participate.</td>
<td>Include content partners. Design process to involve systemic thinking beyond the obvious.</td>
</tr>
<tr>
<td>Keep focus on OVC.</td>
<td>Not addressing definition issues.</td>
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<td>-------------------</td>
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<tr>
<td>Work on complementarities and comparative advantage.</td>
<td>Unable to get participants to move from turf.</td>
</tr>
<tr>
<td>Create African solutions to African problems.</td>
<td>Process is seen as coming from the outside.</td>
</tr>
</tbody>
</table>
Conclusion

“We need to generate a generation of children that are exciting and that are also excited about life.”

The Africa Leadership Initiative Orphans and Vulnerable Children Programme is focused on a process that is multi-sectoral and action-based. The purpose of the project is to achieve concrete impact on the quality and quantity of care received by orphans and vulnerable children.

The project mirrors the needs as expressed by the key stakeholders in the system for:

- **Leadership**
- **Collaboration**
- **Innovation**
- **A Systemic Approach**

It is hoped that we will through the project make visible a loving response at scale, for, in the words of Nelson Mandela, “there can be no keener revelation of a society’s soul than the way it treats its children”.

This is only the beginning. We invite you to get in touch and get involved. Send us your comments on this report and our proposed approach. Please join us in making it happen.

For more information on this project, please contact Ann Lamont (ALI) on annlamont@telkomsa.net and/or Mille Bojer (Reos Partners) on mbojer@pioneersofchange.net
Annexures

Annexure 1: Initiating Partners

About the Africa Leadership Initiative

The Africa Leadership Initiative (ALI) seeks to develop motivated, effective, and responsible leaders across Africa who are capable of guiding their countries as they struggle to align the demands of globalization with local visions of “a good society.” In addition to its current fellowship programme, ALI intends to become the convener of a series of dialogue- and action-based interventions on different tough social issues facing South Africa and eventually Africa as a whole. These interventions would help to develop collective leadership among people working within a specific field, as well as generating innovative, practical, and systemic approaches to dealing with societal challenges. ALI has to this end established a partnership with the international consultancy Generon Consulting, whose partners and associates have decades of experience with multi-stakeholder work on complex social issues. The first initiative of this nature is focused on Orphans and Vulnerable Children (OVC).

About Reos Partners

Reos Partners is a South-African based company, linked to a global network. Reos associates globally have spent much of the past twenty years working with civil society groups, corporate clients, governments, networks, and cross-sector coalitions, to generate leadership and innovative solutions to complex social problems.

Reos Partners grew out of the former global firm Generon Consulting. Reos partner Adam Kahane has served to inspire and inform the company’s current systemic, emergent, and participatory multi-stakeholder approach. Adam’s work in South Africa began with the Mont Fleur Scenarios process in 1991-92, which brought together key leaders who represented a microcosm of the new democracy being born at that time. Reos partners Mille Bojer, Marianne Knuth, and Coleeen Magner have also worked in South Africa for seven years in the field of dialogue facilitation with diverse groups across sectors.

About The Synergos Institute

The Synergos Institute is an independent, non-profit organization founded in 1987 by Peggy Dulany to develop effective, sustainable and locally-rooted solutions to poverty. Synergos works in partnership with institutions in Southern Africa, Southeast Asia and Latin America. Synergos and its partners mobilize resources and bridge social and economic divides to reduce poverty and increase equity around the world.

The primary goal of Synergos is to build social capital and ‘connectivity’ that fosters effective cooperation between local communities, civil society organizations, government, and the private sector – in order that stakeholders may realize their social and economic development goals.
Annexure 2: Phase One Methodology

In exploring the appropriateness of a multi-stakeholder project, the team undertook a variety of activities:

**Dialogue interviews:** Over 40 dialogue interviews were conducted with stakeholders from different sectors. The dialogue interview is a conversation of up to 3 hours, through which we seek to come to “see through the eyes” of the interviewee. The interview covers the personal, organisational, and societal perspectives, and is built up around a set of questions developed for understanding complex, systemic issues. While these questions provide a basic framework, the conversation is allowed to unfold naturally to go deeper into the issues the interviewee has energy for. Key to understanding the dialogue interview is that it is not purely a data-gathering exercise. It starts to build relationships, create new perspectives, and generate energy.

**Children’s voices:** Given that the lack of children’s voice on this issue nationally is a key challenge, we wanted to ensure that we included children’s voices early in the process. We were, however, aware of the ethical issues involved in interviewing children, and that going to interview them in a standard way can add to their trauma. An interactive, artistic, and pedagogic process was therefore designed that enabled children to tell their stories, take photos with disposable cameras, and share through drawing the things that lift them up or bring them down. This process was designed in collaboration with experienced community/child development facilitators, and was conducted in two communities in the children’s own language. Part of this intention was to ensure the process was useful to the children as a standalone
experience. (Note: the photos interspersed in this report are those taken by the participating children and the children consented to their use.)

**Desk research:** The desk research consisted of a literature review, development of a bibliography, and an analysis of the key policy documents related to Orphans and Vulnerable Children.

**Synthesis:** Initial synthesis meetings were held within the team after having transcribed and read all the interviews, as well as the desk research. These meetings focused on bringing together a bigger picture of what stakeholders had named as the problems, lessons learned, causal connections, possible solutions, and external forces in this field.

**Stakeholder meeting:** On October 30, a 3-hour stakeholder meeting was held with 25 stakeholders. The invitation went out to all the individuals who had been interviewed, some of whom attended personally while others sent representatives. The session was designed to present back some initial findings as well as to broaden the conversation and engage the stakeholders in the process of synthesizing the outcomes of Phase One. A number of interactive ‘workmats’ and cards were developed drawing on the data from the team synthesis, which the stakeholders then worked with during this session.

**Fundraising and advocacy:** A number of advocacy meetings were held in addition to the deeper dialogue interviews, and a fundraising process was initiated. Hollard Foundation committed to funding a part of the process moving forward, and several other institutions have expressed an initial interest in partnering and providing financial support.

**Capacity building:** An important by-product of the process is the training and capacity development of a growing corps of practitioners, capable of applying the dialogue, facilitation, partnership-building, and other skills entailed in the methodology to a wider range of social and development challenges. This capacity development is not only about nurturing ‘new capacities’ but also about rediscovering or tapping into age-old African traditions of dialogue and problem-solving, as well as the extraordinary capacities that were forged in the South African transition to democracy. Through Phase One, we held one-day dialogue interview training, a 3-day Change Lab training, and an evening movie screening and discussion session with local practitioners.
Annexure 3: Stakeholder Interviewees

In-depth interviews of up to 3 hours or advocacy sessions were conducted with individual stakeholders from the following organisations:

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<tr>
<th><strong>Government</strong></th>
<th><strong>Business and Media</strong></th>
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<tr>
<td>-Deputy Presidency</td>
<td>-Coca Cola</td>
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<tr>
<td>-Dept of Social Development</td>
<td>-Hollard</td>
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<tr>
<td>-Dept of Education</td>
<td>-Investee</td>
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<tr>
<td>-NACCA</td>
<td>-Virgin</td>
</tr>
<tr>
<td>-Ethekwini Municipality</td>
<td>-Unilever</td>
</tr>
<tr>
<td>-Social Cluster</td>
<td>-Old Mutual</td>
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<td>-Bharagwanath Hospital</td>
<td>-SABCOHA</td>
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<tr>
<th><strong>South African Civil Society</strong></th>
<th><strong>International Institutions and NGOs</strong></th>
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<tbody>
<tr>
<td>-Nelson Mandela Children’s Fund</td>
<td>-UNICEF</td>
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<tr>
<td>-NOAH</td>
<td>-Save the Children</td>
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<tr>
<td>-Starfish</td>
<td>-Oxfam</td>
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<tr>
<td>-Heartbeat</td>
<td>-John Hopkins University</td>
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<tr>
<td>-Ikageng Iteleleng</td>
<td>-USAID</td>
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<tr>
<td>-Sizanani</td>
<td>-World Vision</td>
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<tr>
<td>-Soul City</td>
<td>-Hope Worldwide</td>
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<td>-CINDI</td>
<td>-Hope HIV</td>
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<td>-Childline</td>
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<td>-Children First</td>
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<td>-Friends4Life</td>
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<td>-Wings of Love</td>
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<td>-Agape Skills Development</td>
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<td>-Albert Luthuli Home-based Care</td>
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<tr>
<td>-Ekusizenani Children’s Home</td>
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<tr>
<td>-Sizanani (KwaZulu Natal CBO)</td>
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<tr>
<td>-Sizanani (Soweto)</td>
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| **Plus 16 children in Gauteng and KwaZulu Natal**   |                                                             |

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<thead>
<tr>
<th><strong>Academic</strong></th>
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<tr>
<td>-HSRC</td>
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<tr>
<td>-Children’s Institute</td>
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<td>-Wits Pediatric</td>
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</table>
Annexure 4: Desk Research Bibliography

“Africa’s Orphaned Generations”. 2006. UNICEF.

“Bottlenecks and Dripfeeds: Channelling resources to communities responding to orphans and vulnerable children in southern Africa.” 2005. Save the Children.


Additional References

