



NACCW

NATIONAL ASSOCIATION OF CHILD CARE WORKERS

National Roll-out of Isibindi Year Five and Close-out Report May 2018



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA



**SOUTH AFRICANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS**

Table of contents

Executive summary	5
The plan and methodology	5
Pre-condition 1: Skills development	6
Pre-condition 2: Support and quality control	6
Pre-condition 3: Funding	7
Pre-condition 4: Service providers	7
Lessons	8
Introduction	9
The plan and methodology	11
Objectives	11
Indicators	13
Roles and responsibilities	14
Management and coordination	15
Pre-condition 1: Skills development	19
Training	19
Development of the profession	21
Pre-condition 2: Support and quality control	22
Mentorship	22
Monitoring and evaluation (M&E)	25
Documentation	27
Development of guidelines	27
Research and evaluations	28
Pre-condition 3: Funding	33
Modelling the roll-out	33
Funding	34
Service level agreements	38
Pre-condition 4: Service providers	42
Pilot project and initiation	42
Service delivery	44
Additional programmes	47
Youth Development Programme	47
Adolescent Development Programme	48
Care for Caregivers	48
Short-term Residential Child Protection Treatment Programme	48

<i>Disability Programme</i>	49
<i>Family Strengthening Programme</i>	49
<i>Let's Talk</i>	49
<i>Early Childhood Development Programme</i>	50
<i>Sinovuyo Teen Parenting Programme</i>	50
<i>Siyakhula</i>	50
<i>Vhutshilo</i>	50
<i>Young Men Empowerment Programme</i>	51
<i>Young Women Empowerment Programme</i>	51
<i>Lessons learned</i>	51
<i>Specific recommendations for scale-up</i>	53
<i>Success Stories</i>	54

Acronyms

ADP	Adolescent Development Programme
C4C	Care for Caregivers
CBIMS	Community-Based Intervention Management System
CYCW	Child and youth care worker
DQA	Developmental quality assurance
ECD	Early childhood development
FASD	Foetal Alcohol Spectrum Disorder
FETC	Further Education and Training Certificate
HR	Human resources
HWSETA	Health and Welfare Sector Education and Training Authority
IP	Implementing partners
M&E	Monitoring and evaluation
MOU	Memorandum of understanding
MTEF	Medium-term expenditure framework
MTR	Mid-term review
NACCW	National Association of Child Care Workers
NDSD	National Department of Social Development
NPO	Non-profit organisation
OD	Organisational development
OVCY	Orphans and vulnerable children and youth
PDSD	Provincial Department of Social Development
PEPFAR	President's Emergency Fund for AIDS Relief
SACSSP	South African Council of Social Service Professionals
SLA	Service level agreement
YDP	Youth Development Programme
YMEP	Young Men Empowerment Programme
YWEP	Young Women Empowerment Programme

Executive summary

The National Association of Child Care Workers (NACCW) developed the Isibindi “Circles of Care” model in 2001 as a response to the large number of orphans and vulnerable children and youth (OVCY) in South Africa. At the core of the model is the development of a skilled cadre of child and youth care workers (CYCWs) to provide a range of services to OVCY in their communities.

During 2011, NACCW and the National Department of Social Development (NDS) collaborated in the development of an ambitious five-year plan to expand the Isibindi model from the 67 sites employing approximately 800 CYCWs then in place to 400 Isibindi sites employing 10 000 CYCWs. This was to be achieved through a partnership between the NDS, the nine provincial Departments of Social Development (PDSs), NACCW, local non-profit organisations (NPOs), and donors.

The roll-out was attractive to NDS because by 2011 Isibindi had already been established as a brand that delivered much-needed quality services at the same time as contributing to addressing unemployment and the scarcity of social service professionals. NDS and the provincial Departments of Social Development (PDS) also recognised that Isibindi could significantly bolster the available offerings in the area of prevention and early intervention, an area that is emphasised by the Children’s Act.

The roll-out proper commenced in April 2013 and ended on 31 March 2018. This report serves as both the annual report for the fifth year of the roll-out and the close-out report for the roll-out as a whole. The report is framed by the key elements of the theory of change for the roll-out, giving the report an outcomes-based logic. Accordingly, the main body of the report is structured around the four preconditions identified as necessary for achieving the two over-arching objectives of the roll-out, namely employment creation and delivery of quality services for vulnerable children. The preconditions relate to skills development, support and quality control, funding, and service providers.

The plan and methodology

The Isibindi roll-out aimed to address three serious socio-economic problems by providing **high quality training to unemployed people** (with a focus on youth, women and rural people) (thus addressing the skills deficit), who are **employed within their communities** as CYCWs (thus addressing the unemployment problem) to provide **skilled care and services for vulnerable children** in the community (thus addressing the threats to child well-being).

Over the course of the five years of the roll-out:

- 335 NGO partners implemented Isibindi in a total of 367 sites;
- 6 577 previously unemployed people received accredited training in child and youth care;
- Services were provided to 332 000 OVCY by end March 2017 if the count is based on unique children, and 1 145 387 OVCY using the counting approach of NDS.

The main constraint preventing achievement of the targets was the insufficient funding allocated by PDSs for the roll-out.

The multi-partner approach made the roll-out more complicated. However, the benefits of the approach far outweighed the disadvantages. Coordination was facilitated by network meetings and other forums where partners could come together to share experiences, learn from each other, and come up with solutions to common challenges.

Pre-condition 1: Skills development

The focus on skills development and employment of young people in rural areas and poorer urban areas had multiple benefits both in respect of and beyond Isibindi's objectives. In addition, the way in which the training was delivered resulted in minimal delays in beneficiaries starting to receive services and maximised possibilities for experiential learning. The CYCW training provided during the roll-out contributed to the growth and recognition of a new professional cadre of social service workers.

The training of CYCWs occurred in all nine provinces. By the end of Year 5, 6 577 trainees had attended training, 4 873 had completed all modules of the qualification, with 1 704 with some modules remaining to be completed.

In addition to the trained workforce, the roll-out made an additional contribution in the form of identifying a total of 281 training venues across the nine provinces that have now been accredited by the Health & Welfare Sector Education and Training Authority (HWSETA) as suitable for provision of accredited training. This will be useful for other service providers wishing to provide training in areas where it has not previously been possible.

Pre-condition 2: Support and quality control

Mentorship and supervision of the newly-trained CYCWs was one of the core functions that PDSs and donors (USAID and UNICEF) funded NACCW to provide. The mentorship team fulfilled an essential role in respect of quality assurance and in-service training. They also played important communication, information and coordination roles.

Every Isibindi site had a mentor assigned to it, with each mentor generally responsible for three Isibindi sites. These site mentors spent three weeks in every month at the sites for which they were responsible. By Year 4 the number of site mentors stood at 105, and there were 27 mentor supervisors and seven senior mentors. The expansion of the mentorship layer within Isibindi over the course of the roll-out provided an opportunity for many CYCWs to advance in their careers and as well as earning capacity.

A formative evaluation conducted more than halfway through the roll-out noted that "the quality of mentorship [w]as a crucial factor underlying quality service provision." The evaluation also reported very high levels of satisfaction with mentor support on the part of CYCWs.

On the M&E side, during the roll-out NACCW used and further developed a sophisticated M&E system developed prior to the roll-out. This system was key to NACCW's ability to manage the roll-out, for standard M&E functions, and for reporting purposes. The North West PDS used the Community-Based Intervention Monitoring System (CBIMS) M&E system so that data on children serviced in the scale-up process excludes the data from this province. Further, the M&E of Isibindi was limited when PEPFAR decided to focus its support on high HIV- prevalence geographical areas within select provinces as PEPFAR funding could then no longer be used for M&E of delivery outside of these areas.

Despite these challenges, there were significant achievements on the M&E side, including development of a full set of guidelines and M&E forms, and the development and implementation of a framework for reporting child well-being outcomes across five domains. Data from the Isibindi database systems for both service delivery and training also proved invaluable to the many evaluations and other research studies that were conducted during the roll-out. The reports on these studies now provide a solid evidence base on the Isibindi model.

Pre-condition 3: Funding

This pre-condition was not fully achieved during the roll-out which had negative implications for all the other pre-conditions throughout the roll-out period. The very detailed costing developed in the preparations for the roll-out clearly showed what funds were needed for different purposes. Government indicated from the start that it would not be able to cover all the costs and committed to raising funds from other sources.

However, most of the donor funds were raised by, channelled via, and managed by, NACCCW. USAID through PEPFAR provided the largest amount of external funding.

From the side of government, provinces were expected to fund the roll-out from the equitable share which each province receives. In the 2012/13-2014/15 medium-term expenditure framework (MTEF), National Treasury allocated an addition to the equitable share for ECD and Isibindi. The financial constraints reported by most, if not all, of the provinces in respect of the Isibindi roll-out suggest that some did not use the additions to the equitable share for the intended purpose. However, even if they had this addition would have been insufficient to fund the roll-out plan from Year 4 onwards.

The challenges caused by constrained allocations were exacerbated by the PDSDs' repeated delays in signing annual service level agreements with both NACCCW and implementing partners. For NACCCW, the delays hampered service delivery planning and delivery of training. For the CYCWs employed by the implementing partners it could result in extended "dry periods" during which they were not paid. The CYCWs' situation was further exacerbated by seven of the nine provinces not increasing CYCW pay once they were qualified, as had been specified in the roll-out plan.

Pre-condition 4: Service providers

The Isibindi roll-out targeted under-served areas i.e. both rural areas and poorer urban areas such as informal settlements. By providing the skills, knowledge, support and resources to existing organisations based in such areas, the roll-out enabled much-needed services to reach the OVCY in these areas. The social franchise nature of the roll-out meant that these organisations gained the necessary new capacity in a controlled, monitored and safe way that gave confidence to the organisations themselves, beneficiaries and the PDSDs. The support included standardised ways of doing M&E and reporting that both facilitated and ensured accountability.

Implementing partners and CYCWs in newly established sites required intensive technical support on the Isibindi model itself. In addition, although the roll-out used existing organisations as implementing partners, many lacked strong basic organisational skills and systems. UNICEF provided funding to support organisational development (OD) support in Free State, Eastern Cape, Gauteng and Limpopo. The following year Limpopo PDSD itself funded further OD support.

If one takes the funding challenges into account, the roll-out performed well against the targets in respect of the key performance indicators. However, these key indicators do not reflect the breadth of the achievements. The report highlights, for example, the achievements in respect of retaining young people in school until the end of Grade 12. An appendix to the report presents a series of "success stories" that provide a qualitative sense of work done by CYCWs to assist OVCY and families facing diverse challenges.

The report also briefly describes the various add-on programmes that NACCCW was able to provide through the Isibindi infrastructure. The achievements in respect of these programmes are not described as they were not covered by the roll-out plan and funding.

Lessons

The report highlights the key elements that emerged during the roll-out as essential for effective implementation of Isibindi. These include flexible hours of work; child-friendly work environments; timely payment of PDSD subsidies so as to permit, among others, timely payment of monthly salaries; partnership with the HWSETA; registration of CYCWs with SACSSP; regular supervision and mentorship of CYCWs; a set of guidelines and/or standard operating procedures to serve as a reference for all roleplayers; induction into and training on the Isibindi model and capacity building in organisational development for implementing partners; regular district, provincial and national Isibindi network workshops and meetings; assigning central responsibility for the M&E system and ensuring use of standardised M&E and management instruments, regular developmental quality assurance processes for each site; establishment of solid partnerships with relevant government and non-government agencies that play a role in service delivery to OVCY; and full-time dedicated Isibindi coordinators in each of the provinces as well as in the national sphere. These elements contributed to the achievements of the roll-out.

During the final year of the roll-out, NACCW attempted to engage with NDSD on the plans to ensure that the key services being provided by Isibindi sites continued to be available after the end of the roll-out. Further, the very positive findings about Isibindi of the two major investigations concluded during Year 4 increased the impetus to have concrete plans for expanding Isibindi services. During March 2018, NACCW was informed that all provinces had agreed that 2018/19 would be a transition year to the post-roll-out situation, but that PDSDs would not necessarily use NACCW's services to the extent that this was done during the roll-out.

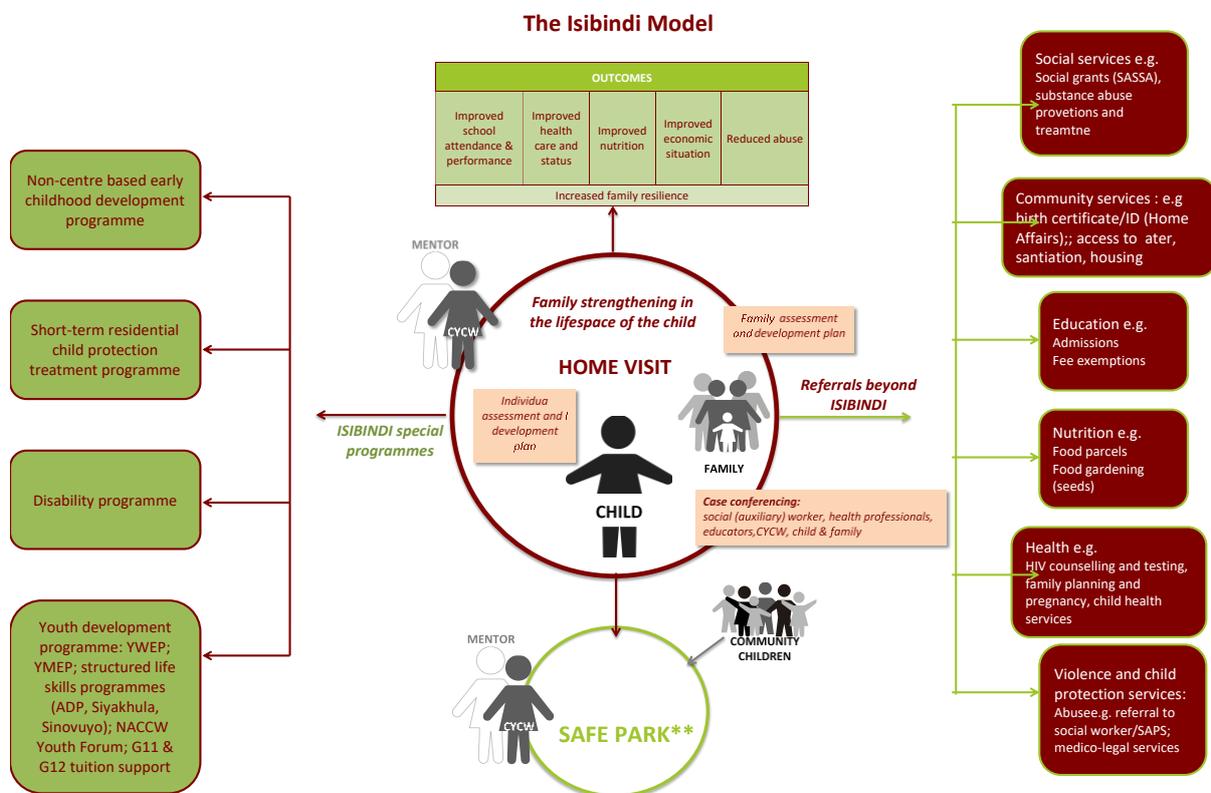
The national budget tabled in parliament in February 2018 revealed that funds were to be added to the equitable share in each of the three years of the 2018/19-2020/21 MTEF in respect of prevention and mitigation of violence against women and children. Isibindi – as a prevention and early intervention programme – constitutes an ideal use of the additions.

The Isibindi roll-out will have left behind a solid legacy on which whatever system of community-based prevention and early intervention services for children and youth is put in place can build further. The legacy includes, but is not restricted to, a full set of standard operating procedures to guide practice, a large qualified and experienced workforce that ranges from auxiliary CYCWs to senior mentors, trainers/assessors and moderators, and more than 300 locally-based NPOs with a sound foundation and experience in providing child and youth care services. The other legacy is hundreds of thousands of children and youth around the country who can be expected to enjoy better lives because of the services they received through Isibindi CYCWs.

Introduction

The National Association of Child Care Workers (NACCW) developed the Isibindi “Circles of Care” model in 2001 as a response to the large number of orphans and vulnerable children and youth (OVCY) in South Africa. At the core of the model is the development of a skilled cadre of child and youth care workers (CYCWs) to provide a range of services to OVCY in their communities, both through intensive work with the children and their families in their homes and in Isibindi Safe Parks, and through working with other role-players and referring children to available services and opportunities.

The diagram below illustrates the child-centred nature of the Isibindi model, with its emphasis on intensive services provided through home visits to OVCY and their families alongside group-based services provided in Safe Park. It illustrates further how this core enables access to a range of Isibindi special programmes, as well as referrals to other service providers. Each child is individually assessed to determine which special programmes, referrals and interventions by the CYCW are appropriate. This integrated and individualised approach contributes to improved outcomes in respect of education, health, nutrition, socio-economic situation and violence.



The CYCWs are drawn from the communities in which they work during and after training in the accredited child and youth care (CYC) qualification, the Further Education and Training Certificate (FETC): CYC. The majority are young women from poor households who would otherwise struggle to find employment. Isibindi offers them a meaningful job in which they can contribute to the community’s well-being while gaining skills and earning.

During 2011, NACCW and the National Department of Social Development (NDSD) collaborated in the development of an ambitious five-year plan to expand the Isibindi model from the 67 sites employing approximately 800 CYCWs then in place to 400 Isibindi sites employing 10 000 CYCWs. This was to be achieved through a partnership between the NDSD, the nine provincial Departments of Social Development (PDSs), NACCW, and local non-profit organisations (NPOs). The last-named would act

as implementing partners for Isibindi under the guidance of NACCW and Government on a social franchise basis. NDSB committed to implementation of the plan in 2012.

The roll-out was attractive to NDSB, implementing partners and other funders because by 2011 Isibindi had already been established as a brand that delivered much-needed quality services at the same time as contributing to addressing unemployment and the scarcity of social service professionals. NDSB and the provincial Departments of Social Development (PDSB) also recognised that Isibindi could significantly bolster the offerings in the area of prevention and early intervention. This is an area that is emphasised by the Children's Act. The Act came into full operation in April 2010. However, very few effective programmes and service providers were available at that time.

“South Africa’s legislation, the literature reviewed as well as the emerging outcomes from the rollout support the key design features of the Isibindi model, namely its focus on community-based care, PEI services as well as its being a child and youth care intervention that uses paraprofessionals.”
(KPMG sustainability study, 2016)

Other funders found Isibindi attractive because it was a proven brand, and government's commitment to the roll-out gave them the assurance that they were supporting a national priority programme. Implementing partners found it attractive because of what it offered in terms of funding, technical support, access to a trained workforce, and the opportunity to deliver a coherent set of services to vulnerable children in the communities they served.

After a small pilot in the second half of 2012, the roll-out proper commenced in April 2013, at the start of government's 2013/14 financial year. 31 March 2018 represents the end of the five-year roll-out. This close-out report describes the achievements and challenges experienced over the five years, and draws out lessons for the way forward. The report serves as a key document in NACCW's handover of the Isibindi roll-out initiative to NDSB for further replication.

NACCW submitted detailed bi-annual and annual reports to NDSB during the course of the roll-out. This was done in line with the memorandum of understanding (MOU) that the two partners had signed. This report serves as both the annual report for the fifth year of the roll-out and the close-out report for the roll-out as a whole. It thus draws on the earlier reports as an important source, but adds information on developments in year 5. The report does not include service delivery data for Year 5 of the roll-out because NACCW was unable to capture the M&E data after funding from the US government's President's Emergency Fund for AIDS Relief (PEPFAR) for this function ended. The five-year plan foresaw that the NDSB and PDSBs would, at the end of this period, provide for the expenses covered by PEPFAR during the rollout.

Previous annual reports were structured according to the clauses of the MOU. This report adopts a different logic. The logic for this report aims to reflect the objectives of the roll-out. It thus has a more outcomes-based logic rather than the output-based logic of previous annual reports. The main part of the report is structured around the four preconditions identified as necessary for achieving the two over-arching objectives of employment creation and delivery of quality services for vulnerable children. The preconditions relate to skills development, support and quality control, funding, and service providers.

The report consists of a further seven sections, as follows:

- *The plan* sets out the objectives and theory of change that underlie the Isibindi roll-out. In doing so, it provides the logical framework for the report. This section also describes the roles and responsibilities of the multiple partners in the roll-out, as well as how management and coordination of the multi-partner initiative were planned and implemented;
- *Skills development* is the first of four sections relating to the pre-conditions necessary to achieve the two objectives – employment creation and quality care for children – envisaged by the theory of change;
- *Support and quality control*, the second pre-condition section, describes the elements contributing to both the skill of the workforce and quality of the services they deliver;
- *Funding*, the third pre-condition section, focuses primarily on funding provided by DSD, but also discusses funding received from other sources;
- *Service providers*, the final pre-condition section, discusses issues related to the service providers who employed the CYCWs;
- *Lessons* draws out key learnings;
- *Scale-up* provides specific recommendations on how South Africa can build on what was achieved.

The standard narrative of the report provides a factual account of what was done. In addition, the report contains more reflective observations. These are shown in italicised boxes at different parts of the report and are intended to highlight pointers that may be useful for those wanting to learn lessons for the future from the Isibindi roll-out experience. The pointers cover a range of design, organisational and other strategic issues.

The plan and methodology

Objectives

The Isibindi roll-out had objectives related to three serious socio-economic problems that face South Africa, namely **unemployment** (especially high among youth, women and rural people), **skills deficits**, and high levels of HIV prevalence and HIV-related illness and death contributing to large numbers of **children whose wellbeing is threatened** by the absence of “normal” parental care.

The Isibindi roll-out aimed to address these problems by providing **high quality training to unemployed people** (with a focus on youth, women and rural people) (thus addressing the skills deficit), who are **employed within their communities** as CYCWs (thus addressing the unemployment problem) to provide **skilled care and services for vulnerable children** in the community (thus addressing the threats to child well-being).

Basic assumptions

- Unemployment is especially high in rural areas and among women and youth because there are fewer appropriate job opportunities in these areas
- Orphans and other children affected by HIV and AIDS are especially vulnerable, in particular because of the lack of adequate targeted care and attention
- Quality care for vulnerable children requires specialised skills and knowledge

Employment creation, with a focus on young women in rural areas

Quality care for vulnerable children, including those affected by HIV and AIDS

Pre-conditions

Prospective workers (especially young women in rural areas) have the skills to provide quality child and youth care work

Workers receive ongoing support and quality control in the work that they do

Government/other funders recognise the need for services for vulnerable children

Potential service providers are available to provide services in targeted areas

Steps to attain pre-conditions

NACCW provides quality training

Prospective workers receive qualifications on this training

Mentorship is provided to oversee the work of child and youth care workers (CYCWs)

For the rollout period, NACCW provides coordination, systems, quality control, technical and other support for the rollout

DSD's internal capacity is built over time so as to be able to fulfil the tasks done by NACCW

DSD and NACCW identify suitable service provider organisations who operate/ can operate in the targeted areas

DSD and NACCW provide support and quality assurance for the identified service provider organisations

The Minister and MECs continue to recognise Isibindi as a priority programme

The provincial DSD provide adequate funding for the rollout and channels it efficiently and effectively to service providers

Child well-being outcomes and related interventions (most of which occur during home visits)

Children of school-age attend school and progress a grade each year; children under school-age received early childhood development services

- CYCWs assist, where necessary, with admission to schools (including ensuring no fee payment if the child is a grant beneficiary)
- CYCWs supervise homework

Children's infection with HIV is prevented; children who are infected receive appropriate treatment and take medication

- CYCWs monitor whether children are tested for HIV, access medication where appropriate, and take medication where prescribed
- CYCWs monitor whether pregnant mothers are accessing prevention of mother to child infection services

Children eat regularly (at least three times a day)

- CYCWs advocate for and access food parcels where available
- CYCWs monitor children's access to food

Children's households access available grant income from government

- CYCWs assist households in accessing documents (such as ID) that are necessary for grant applications
- CYCWs assist households in grant applications
- CYCWs assist with monthly expenditure plans

Children are protected from abuse and, if abused, receive appropriate services

- CYCWs identify abuse and provide integrated psycho-social services including referral to other services as appropriate, and follow up that referred-to services are received
- CYCWs provide guidance (and modelling) to primary caregivers in alternative disciplinary approaches

The diagram above shows the Isibindi theory of change. The theory of change provides an overview of the basic assumptions, conditions and pre-conditions of the Isibindi model. It is these pre-conditions around which the main body of this report is organised. The diagram also includes, at the bottom, a box indicating key outcomes in respect of child well-being in the areas of education, health, nutrition, the household economy, and abuse. These outcomes were captured in the standard Isibindi database used for M&E during the rollout. The same box indicates key Isibindi interventions that contribute to well-being in each of these areas. These two aspects were captured in monthly M&E forms completed by CYCWs in respect of each child on their workload and submitted to NACCW for capturing on the database.

Indicators

NDSO established targets for the roll-out in respect of three core quantitative project deliverables, as follows:

- 400 NGO partners capacitated to implement prevention, early intervention and protective services;
- Creation of decent jobs and career paths to 10 000 community child and youth care workers;
- Prevention, early intervention, and protective services provided to 1,4 million children nationally.

The targets for these deliverables were not disaggregated by province or in any other way.

Over the course of the five years of the roll-out:

- 335 NGO partners implemented Isibindi in a total of 367 sites;
- 6 552 previously unemployed people received accredited training in child and youth care;
- Services were provided to 332 000 orphans and vulnerable children and youth (OVY) by end March 2017 if the count is based on unique children. Services were provided to 1 145 387 OVY by the same date using the counting approach of NDSO, which considers each year separately and thus includes some double-counting across years. Further children received services during year 5.

The main constraint preventing achievement of the targets was the insufficient funding allocated by PDSOs for the roll-out. Over the years, the PDSOs' allocations became increasingly short of what the costing had shown as necessary.

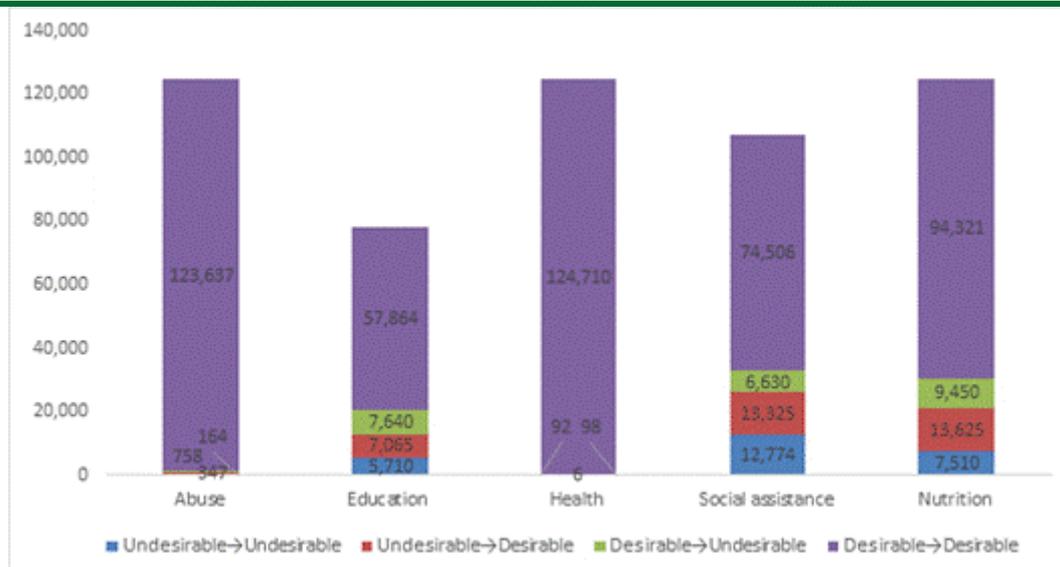
The target in respect of children was higher than the estimates in even the most optimistic versions of the roll-out model developed (see below). The higher target resulted from NDSO increasing the target number of children to be reached each year by experienced CYCWs (70 instead of 64 per year) and not making allowance for smaller workloads for trainee CYCWs (modelled as 32 instead of 64 for the first year of training). In addition, the targets assumed that all sites employed 25 CYCWs, modelled all training as starting at the beginning of the relevant year, used a higher ratio (40:60) of community: intensive service children than occurred in practice, assumed that every site had a Safe Park, and assumed that the turn-over or exit of children from community services should be the same as for intensive services (negating the ongoing preventive purpose envisaged for the services to community children).

Deliverables represent outputs. NDSO's M&E directorate collaborated with NACCW in the development of a framework that would go beyond outputs to monitor changes in children's well-being. The framework was structured around the five outcome areas shown in the theory of change. The framework was implemented using data captured on the monthly log forms which CYCWs completed in respect of any child receiving intensive services (typically at least one home visit) during that month. Use of these data allowed the partners to monitor how many children had their situation

changed in a favourable or unfavourable direction between the beginning and end of each monitoring period, and to link this with receipt of relevant services.

Figure1: Well Being Indicator analysis

The figure below shows more OVCY shifting from an undesirable to a desirable status over the course of the fourth year of the roll-out than shifted from an undesirable to desirable status in each of the five well-being outcome areas. For each area, by far the majority of Isibindi beneficiaries were maintained in a desirable status through the provision of services. Similar patterns were found in each of the other years of the roll-out.



Roles and responsibilities

Reflection

The Isibindi roll-out brought together, literally, hundreds of different organisations and institutions in a coordinated effort to deliver services of a standardised quality across the country. The three key sets of actors were (a) the national and nine provincial DSDs; (b) more than 300 locally-based NPOs that included large and small non-governmental organisations, community-based organisations, and faith-based organisations; and (c) NACCW. During the network meetings that took place at provincial and other levels, NACCW used the metaphor of a three-legged traditional “potjie” in describing this collaboration. The metaphor highlighted that the collaboration relied on each of the three legs providing a firm foundation.

The multi-partner approach made the roll-out more complicated. However, the benefits of the approach far outweighed the disadvantages. Benefits included the ability to roll out services rapidly as there was no need to establish new organisations or branches, greater reach because potential partners could be found in virtually all parts of the country, capacity building and resourcing of smaller, local organisations, and assurance of a standardised service of known quality. Implementing the roll-out through provinces rather than as a centralised initiative followed the constitutional allocation of functions, and laid the basis for sustainability rather than having Isibindi as a five-year project with a finite end.

During 2011, NACCW and NDSO collaborated, with PEPFAR support, in developing a lengthy and detailed proposal for the roll-out. The proposal included background and contextual information which provided the motivation for the roll-out, an overview of the Isibindi model, the strategic

significance of scaling up, a proposed strategy for scale-up, institutional arrangements, estimated costs and a risk analysis.

In terms of institutional arrangements, the proposal envisaged that NDSD would be responsible for overall coordination and planning; PDSDs would be responsible for planning, selection of partners, and oversight at provincial level and for funding of delivery, training and mentorship; NACCW would provide technical assistance to NDSD, PDSDs, implementing partners and CYCWs as well as ensure the integrity of the model (see below for elaboration); and locally-based NPOs would employ the CYCWs and a site manager and deliver the services.

In April 2013, NDSD and NACCW signed a MOU to facilitate the successful roll-out of the model. The MOU defined NACCW's roles as follows:

- Participating in the National Task Team, provincial consultations and information sharing consultations on the roll-out of Isibindi;
- Providing technical support to the South African Government to roll out the Isibindi model;
- Providing training and capacitating CYCWs to deliver services to children;
- Providing Isibindi mentorship to CYCWs in providing prevention, early intervention and protection services to vulnerable children;
- Providing technical support to existing and newly established Isibindi sites;
- Assisting provinces to monitor the work of CYCWs placed with the implementing partners and provide (statistical) progress reports on beneficiaries reached;
- Developing a training plan with time frames;
- Submitting a database of CYCWs trained to DSD;
- Developing norms and standards to ensure that the services delivered are of good quality and managing the Isibindi monitoring system; and
- Transferring skills and knowledge to PDSD officials, implementing partners and selected training providers for continuation and sustainability of the project.

The scope of these responsibilities confirms the key role played by NACCW in the roll-out. In reporting against these responsibilities in its regular reports to NDSD, NACCW thus in essence reported on the progress of the roll-out overall. The MOU did not provide for any transfer of funds from NDSD to NACCW for performance of these functions.

To ensure coordination of the multiple partners involved in the roll-out, the roll-out plan provided for three management structures: (a) a Steering Committee that would include DSD, NACCW as well as select external people with relevant expertise; (b) a Project Management Committee made up of national DSD and key NACCW staff; and (c) a Task Team consisting of NDSD, a representative (the provincial coordinator) from each province, and key NACCW staff.

Management and coordination

Reflection

Coordination was facilitated by regional network meetings and other forums where partners could come together to share experiences, learn from each other, and come up with solutions to common challenges. The reliance on external donor funds for such meetings resulted in their being fewer than would have been optimal. However, those that were held were greatly appreciated.

The delay in establishment of the central coordination mechanism, and reliance on consultants rather than NDSD permanent staff to lead the roll-out from within government, worked against the objective of mainstreaming Isibindi as an ongoing programme that could be taken forward seamlessly after the roll-out.

Structures

NDSD delayed in establishing the National Task Team until the second year of the roll-out. In the interim NACCW worked with the interim management structure established within NDSD. As from December 2014, PEPFAR provided funding, channelled through FHI 360, for employment of a technical advisor in the place of a project manager. The first advisor occupied the position for a relatively short time before being recruited to do other work for the Minister of Social Development. The first advisor was replaced by a second advisor/project manager funded by FHI360 who remained in place for a more extended period, until her contract came to an end in September 2017. NDSD's failure to appoint a permanent official as a dedicated manager for Isibindi hampered transfer of skills.

The NDSD Isibindi Project Task Team was formally established in July 2014. The Team included key NDSD representatives (in some periods operating as a Project Management Unit), representatives from other key NDSD directorates, NACCW and PDSO representatives responsible for coordinating implementation of Isibindi at provincial level.

Table 1 shows the number of Task Team (or Project Management Committee) meetings held between NDSD and NACCW each year. These meetings focused primarily on operational matters. Unfortunately, NACCW was not invited to Steering Committee meetings as envisaged in the roll-out plan. It thus had limited opportunity to contribute at the strategic level.

Table 1 NDSD-NACCW meetings by year of roll-out

Event type	Year 1	Year 2	Year 3	Year 4	Year 5
National Task Team	0	7	5	3	2
National consultation	13*	5	6	3	3
Provincial network meetings	57*	22	12	8	0
Provincial consultations	0	24+**	27+**	30+**	27+**

* National and provincial

** Approximate figures

Network meetings

The table also gives some indication of the consultations and network meetings held at national and provincial level. The overarching aim of these events was to ensure that the Isibindi model was implemented according to the replication principles and service norms and standards (see below) and thus remained true to the evidenced-based Isibindi brand. These events served the purpose of sharing information, promoting a sense of common ownership, and exploring ways to address challenges. As noted above, the metaphor of a three-legged pot (a "potjie") was used to describe the relationship and partnership between the three key Isibindi stakeholders: DSD, NGO implementing partners, and NACCW.

The Global Fund provided a grant for the period November 2013 to March 2016 which, among others, covered the costs of network meetings. These funds were channelled to NACCW through NACOSA. When this grant ended, PDSOs coordinated district-level network meetings in which mentor supervisors and senior mentors participated. However, there were no further provincial network meetings after the completion of the Global Fund project.

Two national network meetings were held during the roll-out period, in 2015 and 2017 respectively. The first meeting was held on 29 June 2015 at the Cape Town International Conference Centre and was funded by PEPFAR. It brought together funders, implementing partners from the nine provinces, national and provincial DSD officials, NACCW personnel and Isibindi youth beneficiaries. A total of 232 delegates attended the meeting, shared experiences and discussed how the partnership could be further strengthened for better service delivery for the children and young people benefitting from the Isibindi model. A key highlight was the attendance of US Consul

General Teddy B Taylor who delivered an inspiring address that recognised the key contribution of the ‘three legged pot’ with specific mention of CYCWs. Participants were also addressed by Dr Rose September and Ms Tshidi Maaga on behalf of NDSD and Ms Caroline Wills on behalf of NACOSA.

The following observations from two of the PDSO representatives gives a sense of participants’ appreciation of the event.

“It was a pleasure to have been part of this auspicious occasion. It was good to have linked Isibindi projects in other provinces. A big thank you, also to the NACCW, for making this event possible. The fact that it happened indicates the commitment from you. I was also impressed with organisation of the event.” (Western Cape PDSO)

“One learns new thing every day, being in that National Isibindi Network meeting one was empowered with skills and information. I will definitely share with my colleagues.” (KwaZulu-Natal PDSO)

The second national network meeting was held on 3 July 2017 at the Protea Hotel Kimberley. It was held just before NACCW’s biennial conference so as to reduce transport and other costs involved in bringing a large number of people from across the country together in one place. The event was funded by UNICEF.

A total of 126 people attended this second national network meeting. Delegates included representatives of NDSD, PDSOs, UNICEF, implementing partners, CYCWs, implementing partners, NACCW staff and 12 beneficiary youth. This meeting again had participation from key NDSD officials, including Ms Conny Nxumalo: Dr Rose September, Ms Tshidi Maaga, Ms Siziwe Ngcwabe, and Ms Yvonne Masemola. Also in attendance were child and youth care experts Jack Phelan and Andy Leggett from Canada, who had been conducting supervision training around South Africa, and Dr Maria Mabetoa, President of the South African Council of Social Service Professionals (SACSSP). Ms Mayke Huijbregts of UNICEF gave the opening address, while Ms Sinah Moruane, also of UNICEF, gave the closing address.

In her closing address, NDSD’s Deputy Director General, Ms Conny Nxumalo expressed government’s acknowledgement of the enormous contribution of CYCWs in various sectors including those that are in residential facilities and community-based toward the wellbeing, protection and safety of vulnerable children. Dr Rose September commented as follows:

“[T]his is radical transformation against eradicating poverty. We are developing human capital, we need to consider how we are going to change and ensure that we are supporting children. The NACCW has become a flagship in working with radical economic transformation and the CYCW profession.”

In the closing address, Ms Sinah Moruane observed: *“Lives of children are changed every day by the impact of the Isibindi projects.”*

In the second year of the roll-out, mentors, implementing partners and DSD officials started sharing the facilitation of the Isibindi network meetings with the core NACCW staff. This development illustrated the growing shared sense of ownership of the Isibindi model and a shared commitment to the successful implementation of the model. A consultant from REOS Ms Dineo Ndlanzi, a social enterprise consultancy, provided support to the facilitation teams to ensure that they were well prepared for the meetings. This support was considered necessary as the success of the Isibindi network meetings required skilled, sensitive and neutral facilitation.

Observations from network meeting, KwaZulu-Natal Midlands 11-12 February 2016

All the representatives of the three-legged pot thanked everyone for their participation. Each table was asked to check out with one statement that described their experience in the Network Meetings. Here is what each table shared:

- *Network Meetings have empowered us to enhance the level of service.*
- *Network Meetings have been informative, clear and conscious.*
- *Network Meetings strengthened relationships and clarified roles of the three-legged pot*
- *Network Meetings have enriched our minds, provoked our thoughts and restored our beings.*
- *Network Meetings have given us better understanding of our roles.*
- *Network Meeting have given us a platform to learn new things and problem-solving skills.*
- *Network Meetings have helped a lot of people to get out of their comfort zones.*
- *Network Meetings have allowed ourselves to be ourselves and bring the best of ourselves.*

Other sharing events

On 12 February 2015, NDSO organised an Isibindi Indaba, which was held in Gauteng. Global Fund support was used to subsidise some of the costs. The Indaba involved all stakeholders, including NDSO, PDSO and provincial coordinators, the Isibindi mentor team, NACCW staff, implementing partner organisations and CYCWs alongside Isibindi children and youth. There was much celebration of successes as well as discussion of challenges. The highlight of the Indaba was hearing the voices of children and youth talking about the impact Isibindi had had on their lives.

NACCW's biennial conferences provided further opportunities for bringing Isibindi stakeholders together to discuss, share with each other and celebrate, as well as to showcase the model and share it beyond existing stakeholders. The conferences also provided an opportunity for the trainee and newly qualified CYCWs to feel part of the broader profession. Implementing partners who attended the conferences gained a better understanding of the cadre of workers they were employing and how they fitted in to the broader international and national agenda. Feedback from the parallel NACCW biennial youth conference helped them appreciate the impact of service that they provided through the CYCWs.

Reflection

Provincial governments and organisations, as well as the population more generally, often place great emphasis on their specific characteristics, challenges and needs. The provinces also differ in their dominant languages. The importance of recognising both the differences and the emphasis attached to them was increased by the fact that it was provincial governments that were financing the training and service delivery. NACCW showed its commitment to addressing province-specific needs by establishing provincial offices, having regular meetings with each PDSO, organising regional network meetings, and developing and employing mentors and trainers/assessors from all nine provinces. Achieving the full set of competent personnel in all provinces took time as in some cases a province started the roll-out with no-one who had any experience of Isibindi.

Provincial NACCW offices played both management and technical assistance roles during the roll-out. The offices facilitated access of PDSO officials and implementing partners to NACCW technical assistance.

At the start of the roll-out NACCW already had offices in Western Cape, KwaZulu-Natal, Gauteng and Northern Cape. During the first year additional offices were established in Limpopo (Thohoyandou),

North West (Brits), Free State (Bloemfontein), Eastern Cape (King Williams Town) and Mpumalanga (Nelspruit). The North West office was subsequently closed during Year 2, and re-opened in Year 3.

Pre-condition 1: Skills development

Prospective workers (especially young women in rural areas) have the skills to provide quality child and youth care work).

Reflection

This pre-condition relates directly to the objective of employment creation. The focus on young women in rural areas involved targeting of a demographic disadvantage in terms of age, gender and location in respect of labour force participation. The particular skills in which workers were trained contributed to augmenting the size of the pitifully small social service workforce in South Africa. The shortfall in this workforce had been exacerbated by the coming into force of the Children's Act, which introduced a range of new services and rights for children and obligations on government to ensure appropriate service delivery.

The focus on skills development and employment of young people in rural areas and poorer urban areas had further benefits beyond Isibindi's objectives. In economic terms, the multiplier effect of the injection into the local economy of additional money through CYCWs' expenditure of their earnings would have contributed to local economic development and thus the potential of additional employment beyond the CYCWs. At an individual level, the fact that the CYCWs can in future show a track record of being employed will facilitate their finding other employment because, in a context of very high unemployment, employers favour those with proven experience. At a societal level, the roll-out has left the country with a significantly larger, geographically distributed, linguistically and culturally diverse, qualified and experienced social service workforce than five years ago. It has also contributed to the establishment of child and youth care work as a recognised and respected profession.

The way in which the training was delivered – as a structured combination of theory and practice interspersed over a period of about two years – had several advantages. It meant that beneficiaries started receiving at least basic services very soon after the start of the training. It increased the extent to which the training was experiential, allowing theory to be learnt from practice as well as vice versa, and also allowing real practical locally relevant examples and experiences to be used in teaching. The approach made successful learning easier for trainee CYCWs who did not have a strong academic background and had not attended good quality schools.

NACCW's collaboration with the Health and Welfare Sector Education Authority (HWSETA) and PDSs contributed to the establishment of a network of training venues around the country that meet minimum standards. This will allow for other training initiatives that "take the training to the trainees".

Training

As seen above, training of 10 000 workers in an accredited qualification was one of the core objectives and targets of the Isibindi roll-out. The relevant qualification was the Further Education and Training Certificate (FETC) in Child and Youth Care Work (ID 60209). The training, which was to be delivered by NACCW, consisted of 16 modules which were to be completed over 24 months. It provided a qualification at level 4 of the National Qualification Framework.

In line with South African Qualification Authority requirements, all the learners (trainees) for the roll-out were loaded onto the NACCW's electronic database as well as the database of the HWSETA. The latter was among the necessary requirements for an accredited qualification. As learners progressed in their assessments, their results were updated on both databases as required.

NACCW developed a team of trainers/facilitators and assessors to provide the training and related quality assurance. By end March 2018, NACCW had a team of 99 registered facilitator/assessors situated in various provinces as well as 17 registered moderators across the provinces.

The training was provided separately for each site at a nearby venue. This approach had several advantages, including allowing for effective interspersing of the theory taught in the classroom and practical implementation, substantial reduction in transport and accommodation costs (which were incurred mainly or only for the trainers), use of local languages in discussions and where necessary, and use of examples relevant to the particular context of the site. KMPG reported that all stakeholders interviewed for the sustainability review *“regarded the training method adopted which essentially ‘takes the trainer to the learner ACYCWs’ as an important aspect that has helped to strengthen communities and ensure that trained ACYCWs are able to work in their specific communities.”*

A challenge related to delivery of the training in poor rural areas was that the HWSETA, which oversees the qualification, has relatively rigorous standards in respect of training venues. The HWSETA required that its staff – often together with PDS officials – inspect all new training venues before they were used. This became an additional cause for delays in starting training. In some cases it was very difficult to find a venue that could be adapted to meet the standards. The NACCW and implementing partners worked with PDSs in overcoming this hurdle.

Over time, NACCW's training department established good relationships with HWSETA staff in the different provinces. This facilitated the process of having venues accredited. By Year 5, the HWSETA had accredited 281 training venues across the nine provinces. This accreditation will be useful for other service providers wishing to provide training in these areas. However, Table 2 shows that training venues remain unevenly distributed, with the number ranging from 6 in Eastern Cape to 107 in KwaZulu-Natal.

Table 2 Accredited training venues per province

Province	Venues
Eastern Cape	6
Free State	20
Gauteng	25
Kwazulu-Natal	100
Limpopo	51
Mpumalanga	33
North West	31
Northern Cape	7
Western Cape	8
Total	281

Table 3 shows, firstly, the number of CYCWs attending training in each of the five years of the roll-out. Given the duration of the course, each CYCW who completed the training would be recorded in at least two different years. The next row shows the number of CYCWs completing the 16 modules successfully in each year. The 222 shown as completing during Year 1 of the roll-out despite the training having a duration of more than one year is explained by the Gauteng pilot starting before April 2013. The third set of numbers relates to the number of accredited trainers/assessors either employed by NACCW or available to NACCW on a contract basis. (They are described as

“trainers/assessors” as HWSETA requires that all trainers be registered as assessors.) In addition to these positions, over time, the number of moderators used by NACCW increased from 6 to 18 in order to deliver to the 50% moderation requirement introduced in Year 4 of the roll-out by the HWSETA.

Table 3 Training-related indicators

	Year 1	Year 2	Year 3	Year 4	Year 5
Attended	2 776	4 401	2 282	3484	1917
Completed	222	1 224	1 775	899	786
Trainers/assessors	35	92	92	108	108

In addition to an increase in numbers, the geographical diversity of the training team increased over time. In the early years, trainers often came from provinces other than those in which they trained. This was the case – as it was with mentors – because many of the trainers and mentors were recruited from among CYCWs so as to ensure that they had the requisite experience in and understanding of child and youth care work. In provinces that had not previously implemented Isibindi, there was not the necessary pool to draw from. As the roll-out proceeded, the pool increased across all provinces and allowed the roll-out to establish teams in all provinces.

By the end of year 5, there had been 814 dropouts (of which 23 are deceased). This is equivalent to 10% of the total number of learners receiving training. The rate of dropout increased over the course of the rollout. The most common reason for dropping out was dissatisfaction with late payment of stipends by PDSs. Without the efforts of mentors in respect of morale-boosting, there would have been many further dropouts at times when payments were delayed and the future of jobs uncertain.

Development of the profession

The CYCW training provided during the roll-out contributed to the growth and recognition of a new professional cadre. CYCWs had been employed for decades in child and youth care centres (the then orphanages and the like) but were not recognised as professionals and also not regulated. This had negative implications both for the workers concerned and in terms of protection of beneficiaries.

In 2007 social workers and social auxiliary workers were the only workers were registered with the SACSSP. Child and youth care was seen as “emerging” because approval of the professional qualification by the South African Qualification Authority was pending at the time the research was still pending. The other three areas of work (probation, youth development, and community development) had not reached even this stage of recognition. Ten years later, child and youth care work has been fully recognised as a profession, and has its own professional board within the South African Council of Social Service Professionals (SACSSP). Over 6000 CYCWs are registered with the SACSSP.

Pre-condition 2: Support and quality control

Workers receive ongoing support and quality control in the work that they do.

Reflection

This pre-condition relates to both of the broader objectives of the Isibindi roll-out, namely employment creation and quality care for vulnerable children. It contributes to employment creation by providing support for the trainee and newly qualified workers through mentorship and the like. It contributes to quality care for vulnerable children by ensuring that the services delivered are of the quality associated with the Isibindi brand.

The expansion of the mentorship layer within Isibindi as the number of sites and CYCWs to be mentored increased, provided an opportunity for many CYCWs who had performed well to advance in their careers and gain in skills, self-confidence as well as earning capacity. The use of workers with qualifications and experience in child and youth care was in line with SACSSP regulations which require that CYCW trainees are supervised within the profession rather than by other cadres. The additional layers of mentor supervisor and senior mentor provided further opportunities for advancement and for individual to gain management skills and experience.

The mentorship team played important communication, information and coordination roles. The site-based mentors spent one week each month visiting each of the three sites for which they were responsible, with the fourth week spent in the provincial office. The fourth week was devoted to administrative tasks, in-service training and sharing of information. NACCW utilised this week to get feedback from mentors as to what was happening in the field as well as to inform and supervise mentors on new developments, interventions and requirements. In this way the site-based mentors served to channel information in both directions between NACCW and the implementing partners and CYCWs. In many cases mentors were used to gather specific information from the sites during their visits, whether for monitoring, reporting, planning or other purposes. Mentors also assisted in following up on queries that emerged in the M&E processes.

Mentorship

As seen above, mentorship and training were the core functions that PSDs funded NACCW to provide.

NACCW's mentorship system operated on a cascading model. NACCW's national Isibindi project manager provided oversight and support to the senior mentors, including through regular visits to each of the provincial senior mentors. Senior mentors, in turn, were responsible for overall management of the Isibindi sites within their respective provinces. Mentor supervisors provided mentorship within their districts.

Both senior mentors and mentor supervisors supported and monitored the work of the site mentors. This involved, among others, the following elements:

- At the start of their employment in the position, site mentors attended one week of orientation. They received an orientation pack with all Isibindi guideline documents, including M&E documents, before going into the field.
- The mentor supervisor accompanied the new site mentor to the site to introduce him/her to the CYCWs and implementing partner and also to the PSD.
- The mentor supervisor checked and authorised the monthly diary planning and activity plan of each mentor, with the senior mentor providing oversight.

- Site mentors were required to submit written reports on all weekly mentorship visits at the end of the month and these were collated into a quarterly report. The mentors also recorded all on-site supervision sessions and distance telephonic supervision. Mentor supervisors monitored site mentor activities through these reports and provided the necessary supervision and guidance to the mentors.
- Senior mentors travelled to selected sites with the mentor supervisors to assist in conducting organisational (OD) capacity assessments for Isibindi sites.

Table 4 shows the number of mentors, mentor supervisors and senior mentors employed in each year of the roll-out. It shows a sharp increase from Year 1 to Year 2 as the number of sites expanded with the roll-out. There was little change in the mentor team after Year 2.

Table 4 Members of the NACCW mentor team by roll-out year

Mentor level	Year 1	Year 2	Year 3	Year 4	Year 5
Site mentors	76	106	100	105	68
Mentor supervisors	0	25	27	27	31
Senior mentors	8	8	8	7	7
Total	84	139	135	139	106

NACCW employed Isibindi senior mentors in eight provinces. All provinces except North West and Mpumalanga had their senior mentors in place by the end of the first year of the roll-out. For Mpumalanga a senior mentor provided backup support while capacity within the province was being developed.

Every Isibindi site had a (site) mentor assigned to it, with each mentor responsible for three Isibindi sites. Each site received one week per month of on-site supervision during which the mentor visited the site. The mentors spent the remaining week at the provincial NACCW office attending to administrative duties, receiving further training and support, sharing information on new developments, and peer learning through sharing of experiences.

During the site visits mentors met with the Isibindi site team (site coordinator, team leaders and CYCWs), provided individual case consultations with CYCWs to address issues facing CYCWs and the families they served, and accompanied CYCWs on home visits as needed. They reviewed M&E data as part of quality control and provided assistance to the site coordinator and team leaders in meeting their monitoring and reporting obligations. In-service training was also provided for at least eight hours during each site visit. Between visits, mentors maintained regular telephonic contact with each site, providing “distance mentorship” in this way. Distance mentorship was particularly important for management of emergency and after-hours child protection crises. Beyond the above, key mentorship activities performed as and when needed included case management support; Safe Park land negotiations; modelling Safe Park activities; stakeholder engagement; Isibindi site assessments; staff management; and education support for Grade 12 learners.

Throughout the roll-out period, NACCW used PEPFAR funding to employ the senior mentors and mentor supervisors. The only exception was the senior mentor for North West, who was funded by the North West PDS.

The roll-out plan envisaged the PDSs funding the site mentors in their provinces. This did not always happen, although the situation improved over time. In Year 1, KwaZulu-Natal, Eastern Cape and Northern Cape PDSs did not provide such funding. PEPFAR provided funding for 10 mentors, and NACOSA channelled Global Fund support for a further 13 mentors. In Year 2 Global Fund funding supported two mentors in KwaZulu-Natal, six in Eastern Cape and five in Mpumalanga.

When the Global Fund grant ended in March 2016, the KwaZulu-Natal PDSO absorbed two mentors, Free State PDSO started funding the province's seven mentors after a six-month bridging period by PEPFAR, UNICEF funded six mentors in Eastern Cape, and PEPFAR funded Mpumalanga's five mentors from April 2016 to March 2017.

In year 4, the mentors in eight of the provinces were funded by the respective PDSO. The mentors in the Eastern Cape were funded by UNICEF and PEPFAR.

NACCW tried, wherever possible, to recruit mentors from the provinces in which they were deployed. In Year 1 the Free State mentors had to be drawn from the neighboring province, Northern Cape. By Year 3, the Northern Cape mentors had returned home and local mentors were employed. However, even if they were recruited from the relevant province, it was not always possible for mentors to be sourced in the same district or region in which they would work. This challenge reflected the fact that there would rarely be experienced qualified CYCWs in the areas in which new sites were established. Appointing senior mentors from their respective provinces was even more difficult than doing so for the lower levels as senior mentors needed to have sound management experience in child and youth care practice.

A multi-method formative evaluation¹ of the training and mentoring aspects of Isibindi in 2015 highlighted the importance of mentoring to the success of the Isibindi roll-out. Subsequent quantitative analysis led by Tulane University using data from a CYCW survey that was done as part of the research confirmed these findings. The conclusion noted: *"Findings strongly support the importance of mentorship and supervision for the effectiveness and sustainability of this decentralised programme model."*²

Findings from the formative evaluation

"The study identified the quality of mentorship as a crucial factor underlying quality service provision. In qualitative interviews CYCWs spoke about the extensive support they received from their mentors as well as the value of that support for their carework practice. According to the survey, 75% of CYCWs meet with their mentor alone at least once per month, and 90% meet with their mentor in a group at least once per month. Mentors were mentioned repeatedly in the CYCW focus groups as an essential resource for troubleshooting difficult cases and receiving feedback on performance that helped improve their confidence and skills. Three-quarters of CYCWs in the survey noted that their mentor's help and advice always or often influences their day-to-day activities, 86% felt that their mentor always or often treats them with respect, and 82% said they feel very comfortable asking their mentor for help."

¹ Kvalsvig JD; Taylor M. 2015. *Isibindi Programme Effects on Service Delivery and Community Capacity to Care for Orphans and Vulnerable Children in South Africa: A formative evaluation*. Child Development Research Unit: Durban.

² Thurman TR, Taylor TM, Nice J, Luckett B, Taylor M, Kvalsvig J. 2017. *Factors Associated with Retention Intentions and Self-Efficacy for Service Delivery among Isibindi Child and Youth Care Workers in South Africa: Results from a National Survey*.

Monitoring and evaluation (M&E)

Prior to the roll-out NACCW had developed a sophisticated M&E system. The system revolved around a set of paper-based forms completed by CYCWs, checked by mentors, and subsequently captured into a tailor-made electronic database that could then be used to manage the roll-out, for M&E, and for reporting purposes. The core forms consisted of an enrolment form completed when new children and families were enrolled into Isibindi, monthly log forms completed in respect of every child receiving an intensive service such as a home visit, and attendance registers for the Safe Parks.

During the roll-out, NACCW continued to use this system. Changes were initiated as required, including development of new functions on the database, development of additional forms for special programmes and to meet the needs of particular funders, enhanced data checking facilities, and reduction of the monthly log from a three-page to a one-page form. The last-named change reduced the burden placed on CYCWs and data capturers while ensuring that the key information needed continued to be collected.

PEPFAR provided the funding for M&E, including funding for an M&E team that included data capturers in six of the provincial offices. UNICEF also provided some funding for M&E support. Table 5 shows the growth in the number of data capturers over the roll-out as the number of OVCY reached – and thus the number of forms – increased.

Table 5 M&E data capturers by province and year

Province	Year 1	Year 2	Year 3	Year 4	Year 5
Eastern Cape	0	3	3	3	4
Free State	1	1	1	1	1
Gauteng	2	7	6	11	17
KwaZulu-Natal	1	5	8	15	11
Northern Cape	1	1	0	0	0
Western Cape	4	6	7	7	7
Total	9	23	25	37	40

Parallel to the roll-out, PEPFAR provided funds to NDSB to develop the Community-Based Implementation Monitoring System (CBIMS). The plan was that CBIMS would replace NDSB's existing database, developed with funding from the Japan International Cooperation Agency, and would be used for all DSD-funded and HIV&AIDS-related community-based service delivery.

NDSB was eager for Isibindi to be captured on CBIMS. This was not possible at the start of the roll-out as CBIMS was not yet operational. The roll-out of CBIMS then took much longer than originally planned. NACCW motivated, and PEPFAR and NDSB agreed, that it would not make sense for Isibindi to be migrated to CBIMS until CBIMS was fully up and running in all nine provinces.

CBIMS also did not provide for all the variables and functions that the Isibindi database had. North West province served as a pilot for the roll-out of CBIMS and NDSB initiated a process to harmonise the Isibindi tools into CBIMS. However, NACCW had contractual obligations with other funders (including, but not restricted to, PEPFAR) to report data independently of CBIMS. NACCW also itself required the variables and functions incorporated in its own database for effective management of implementation of Isibindi.

As from year 3, NACCW was not able to report for the North West province because data in that province were not submitted through the Isibindi data measurement tools. At the start of the Isibindi roll-out, NACCW was reporting data for two sites in the North West which were already implementing

Isibindi. Once the Isibindi roll-out commenced, the number of sites in this province increased to 10. Initially, the data continued to be reported for several of the sites. However, the PDS then instructed NACCW to stop collecting forms and reporting data for their sites and said that they would instead rely only on CBIMS.

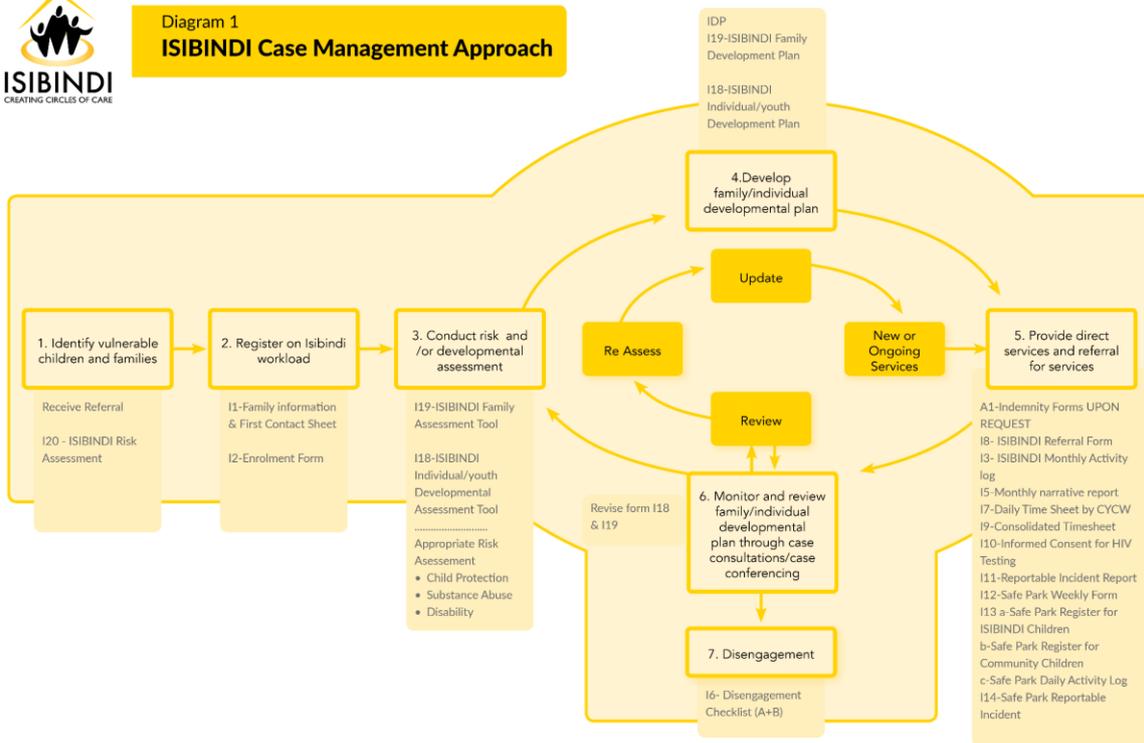
NACCW continued to engage NDS to acknowledge a data export process in which the NACCW could collect and report on data as required. In late 2015, NACCW obtained technical assistance through FHI360 to test exporting of Isibindi data into CBIMS. The tests were successful and a draft protocol for the data exchanged was agreed.

NACCW's M&E system was not used only for reporting to NDS, PDSs and other funders in respect of **quantity** reached and delivered. As important, if not more so, the M&E system was used to ensure **quality** service delivery. This was done in various ways, including provision of regular reports generated from the database to the mentor team and implementing partners so that they could recognise developing patterns, identify weaknesses and address them; provision of both standard and ad hoc reports and information to NACCW management to allow realistic planning, compensatory measures when delivery did not happen as planned, and the develops of new programmes and initiatives to address emerging problems among beneficiaries, within implementing partners, in the workforce, or in particular geographical areas; and extraction of names and other relevant details of children with particular characteristics necessitating follow-up and monitoring.

The sophisticated nature of the database also allowed NACCW to report both on unique children (i.e. avoiding double-counting when a single child received multiple services) and on the number of children benefiting from a particular service in a context where each child might receive a different mix of services depending on their specific needs. By recording referrals as well as services delivered directly by CYCWs, the database allowed for effective monitoring of what PEPFAR referred to as "layering", namely the provision of multiple services to a single child.

The diagram below illustrates how some of the forms that make up the Isibindi M&E system allow for monitoring of different aspects of Isibindi's case management system. The case management system, in turn, ensures that each child or youth receives the services, interventions and referrals that are appropriate for their particular situation at a particular point in time.

Diagram 1
ISIBINDI Case Management Approach



Documentation

Several different types of documentation which were developed over the course of the roll-out played a role in ensuring delivery of quality services.

Development of guidelines

A set of guidelines ensured that the multiple actors had the same understanding of what was involved in the different elements of Isibindi, including both its management and administration and service delivery. The guidelines thus ensured that all sites were delivering a standardised model that was in line with the quality expected of the Isibindi brand.

The following guidelines were developed over the course of the roll-out:

- Isibindi Project Replication Guidelines
- Human Resource Management Guidelines
- Standard Operating Procedures for initiation, management, financing and monitoring of Isibindi sites.
- Safe Park Guidelines
- Disability Programme Guidelines
- Short-term Residential Child Protection Programme Guidelines
- ECD Programme Guidelines
- Young Women's Empowerment Programme Guidelines
- Young Men's Empowerment Programme Guidelines
- M&E Guidelines
- Isibindi Mentorship Guidelines
- Isibindi Stakeholder Roles and Responsibilities Guidelines
- Isibindi Project Administration Guidelines.

As is clear from the list above, documentation extended to a range of add-on special programmes alongside the core Isibindi model. NACCW ensured that the main document, Isibindi Minimum Standards and Practice Guidelines for the Replication and Implementation of the Isibindi Model, was completed and published as an official DSD document within the first year, as were the Standard Operating Procedures for initiation, management, financing and monitoring of Isibindi sites. These and other documents were intended to ensure implementation of a standardised basic approach, while allowing for tailoring beyond the basics so as to meet province- or site-specific needs.

The guideline documents were discussed and reviewed during Isibindi network meetings. This was intended to ensure that all legs of the ‘three-legged potjie’ were aware of what was required.

Nevertheless, guidelines were not always adhered to. Non-adherence would then often impact on operations and service delivery. For example, CYCWs were sometimes recruited from outside the area to be served by an Isibindi site, in contravention of the project replication guidelines. This resulted in CYCW demands for money to cover their transport expenses, and meant that CYCWs were not readily available if they were needed outside of standard working hours. Similarly, when implementing partners in which staff were accustomed to standard working hours were brought on board, the partners were reluctant to implement the prescribed flexible working hours. This again meant that after-hours services or even weekend services were not provided. This problem was often found when drop-in centres were selected as implementing partners without alerting them to the implications for the way in which they operated.

Research and evaluations

In addition to the guidelines, the evidence base on the Isibindi model grew over the period in terms of both evaluation and research reports, and shorter documents developed by Isibindi to present the essence of the model.

NACCW compiled an annotated bibliography as a guide to the growing number of reports. Entries were added to this bibliography as new reports became available. By the end of the roll-out, the bibliography contained details and a short description of 30 documents. About two-thirds of the documents were produced prior to the start of the roll-out and describe the Isibindi model’s development over time. The ten produced over the course of the roll-out consist primarily of formal evaluations and thus provide a solid evidence base on the model. The bibliography is attached as an appendix to this report.

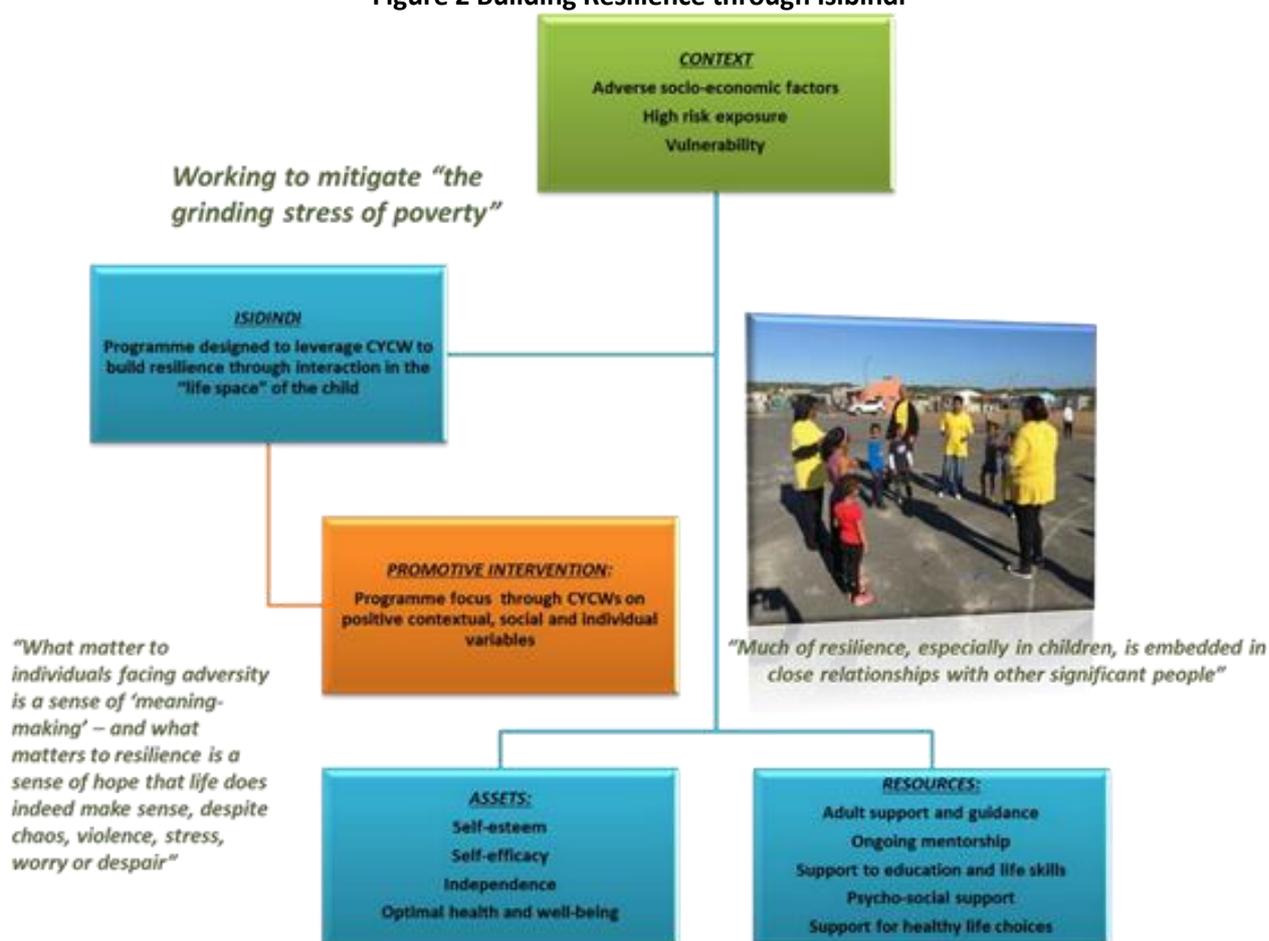
Two evaluation-type exercise conducted towards the end of Year 3 of the roll-out provided more comprehensive assessments of the initiative, and strong evidence of the strengths and achievements of the Isibindi model. These exercises were a mid-term review (MTR) conducted by Mott MacDonald³ and the sustainability investigation done by KPMG.

Mid-term review

Mott MacDonald saw the test of successful impact as lying in an assessment of whether Isibindi moved beneficiaries from a state of risk and vulnerability to a state of relative safety and security. Isibindi’s M&E data provided a statistical assessment of this. Mott MacDonald added a more qualitative assessment that focused on institutional and statutory aspects. 0 below illustrates their conception of how impact might occur.

³ Mott MacDonald. 2016. *Mid-Term Review of the National Isibindi Program: National Roll Out of the Ministerial Isibindi Program in South Africa. US Agency for International Development: Washington DC.*

Figure 2 Building Resilience through Isibindi



Mott MacDonald’s overall conclusion was as follows:

“The qualitative evidence gathered from the MTR suggests that the services provided through Isibindi do make a very real difference in the lives of those [orphans and vulnerable children and youth] who receive them, and may well have a multiplier effect within the household and across the community more generally.”

Mott MacDonald found support for their positive overall finding when they asked interviewees whether they felt that Isibindi was achieving its objectives. Among the 136 key informants (including DSD officials, implementing partners, CYCWs, mentors, community leaders), 70% felt that Isibindi was either meeting or exceeding expectations.

“This Isibindi is something that is keeping our children and youth off the streets – it provides a safe place where they can play and spend time together with responsible adults” (Traditional Councillor in Northern Cape)

“CYCWs are an important resource in the community as they liaise with other stakeholders and collect valuable information - they are the eyes and ears in our community” (School Deputy Principal in KwaZulu-Natal)

Among the 257 beneficiaries (young people, parents and caregivers) asked this question, 79% felt that Isibindi was either meeting or exceeding expectations.

The following characteristics of Isibindi were among those highlighted as contributing to its strengths:

- The Isibindi model is a well-structured and streamlined service delivery model;
- The model can be easily absorbed by competent implementing partners;

- The model is replicable and scaleable;
- The model is an analytically rigorous and evidence-informed intervention;
- Isibindi has been recognised at the international level;
- Several independent assessments, case studies and evaluations of components of the Isibindi approach have found it relevant and effective;
- The model has been implemented for more than a decade in South Africa, and the learning (both positive and negative) has been used to refine and further develop the model;
- The services provided encompass a recognisable set of basic child-centred services;
- Isibindi is delivered by well-trained CYCWs, there is an effective mentorship process in place, and the work is underpinned by an efficient and detailed monitoring and reporting system.

On the less positive side, limited resources were named as a problem by virtually all stakeholder groups. For example, provincial DSD officials said that the available budgets were insufficient to resource the Isibindi sites in an optimal way. An official from national DSD said: *“Resourcing for Isibindi projects and the CYCW stipend issues are key considerations that need to be addressed before project scale up or extensions take place.”* Many other stakeholders pointed to the problems in relation to non-payment and under-payment of CYCW stipends. Some noted that resource constraints also prevented Safe Parks from being established, equipped and operated at the required level.

Sustainability assessment

KPMG’s sustainability assessment found that the Isibindi model was aligned with and supported the DSD’s legislative, policy and strategic mandates. For example, the rollout helped to achieve many of the child rights provided for in South Africa’s Constitution of 1996. More specifically, Isibindi responded to the emphasis in the Children’s Act on the importance of strengthening prevention and early intervention services and support for caregivers, families and communities to care for and protect their children. KPMG concluded that the *“Isibindi model is simultaneously a community-based care model, a prevention and early intervention model, as well as a child and youth care intervention. It is also child centred, and focuses on the importance of families.”*

KPMG noted that, in addition to alignment with legislation and policy, the Isibindi roll-out created skills and employment opportunities to the most disadvantaged people and areas. It simultaneously increased the size of the social service workforce – an important contribution given that the existing severe shortage of social workers was exacerbated when the Children’s Act placed new obligations on government in terms of protecting children’s rights. KPMG wrote that CYCWs *“are considered assets in communities; bridging the divide between community members and government services; both by linking children and youth to critical services, but also by communicating the needs and challenges of the community to government.”*

KPMG found that provincial DSD officials and implementing partners felt that the package of services delivered by Isibindi was relevant and addressed the needs of beneficiaries. They identified a large number of services delivered by CYCWs. Most of the services related to prevention and early intervention, but Isibindi also provided some services relating to other parts of the continuum of care, namely statutory services and support and aftercare.

Continuum of care	Specific services and interventions
Prevention	<ul style="list-style-type: none"> - Informing children of their rights - Providing awareness programmes (rights, advocacy, access) - Providing Safe Park games and activities - Playing with children using early childhood development based practices - Providing guidance to caregivers on developmental play - Ensuring homework is completed - Providing school holiday programmes including through Safe Parks - Helping provide access to career and employment advice
Early intervention	<ul style="list-style-type: none"> - Family and individual assessments - Ensuring access to SASSA grants - Monitoring adherence to medication and health services (e.g. vaccinations) - Ensuring school attendance - Ensuring children are provided with three meals a day - Facilitating access to food parcels
Statutory services	<ul style="list-style-type: none"> - Referring to social workers and other professionals - Participating in case conferences - Providing support to foster care processes and cases - Participating in multidisciplinary teams
Support/after care	<ul style="list-style-type: none"> - Accompanying beneficiaries on court visits - Providing after care services

Interviewees emphasised that in addition to “tangible” services, CYCWs also provided “intangible” support. This included: “the presence of a responsible adult, care and support and interest in the child or youth, consistency of care and other positive benefits that children, youth and their families derive from the presence of the CYCW.”

When KPMG asked provincial officials to list the five most important services provided by Isibindi, they could not reach consensus. The officials instead explained that the strength of the Isibindi model “*was that the CYCW provided services based on an assessment of that [particular] child or household’s most urgent or changing needs.*”

Evaluation of the family strengthening approach

A third key study, which was conducted by ACREMET in late 2016⁴, explored the family strengthening approach that underlies the Isibindi model. The study noted that Isibindi’s strength-based approach allowed the CYCWs to optimise the potential they saw in the caregivers or families and to work together with them to realise this potential in the best interests of the child. This approach meant that the CYCWs viewed caregivers as people with something to contribute to the resolution of their children’s challenges.

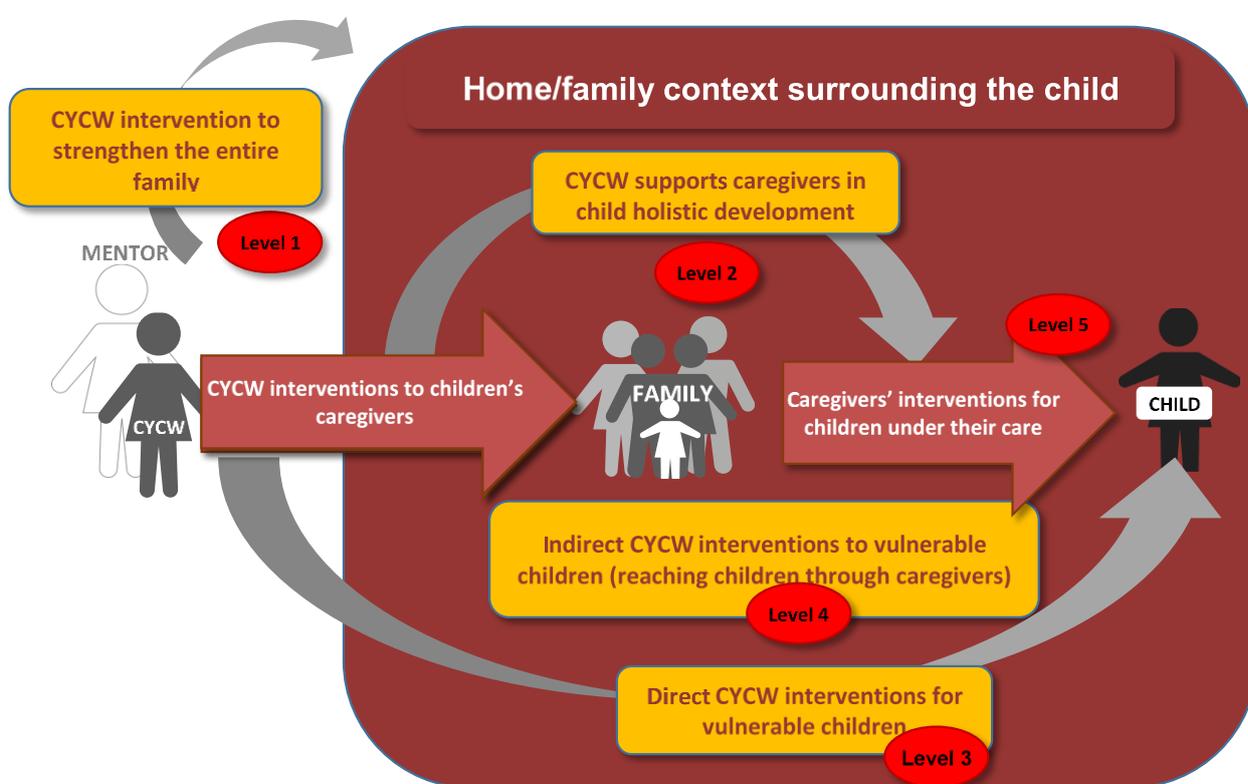
A widower in Limpopo testified to the way in which the CYCW’s intervention had boosted his self-esteem:

⁴ ACREmet Solutions. 2017. *Documentation of Isibindi Family Strengthening Approach. Prepared for United Nations Children’s Fund, Pretoria.*

“I was hopeless and could not do anything. My wife left behind children and my daughters died also and their children are here. I have six children. My life was at a standstill because I couldn’t do anything and I am unemployed. But the CYCW both encouraged and helped me to organise my family. She has taught the children respect and the children now respect me. We are now a family and the children treat me like their real father. I was extremely desperate” (A widower in Limpopo looking after six children)

ACREMET noted that the family strengthening approach was aligned with the basic Isibindi principle of working in the “life space” of the child. CYCWs go to where families and children are, and then do activities with both caregivers and children to strengthen and develop them in areas that require this. CYCWs’ interventions targeted five related levels, as shown by the yellow boxes in 03 below. The levels are (a) the family as a whole; (b) the caregiver; (c) the child through the caregiver but with CYCW support; and (d) the child directly. The fifth level is where the caregiver does something to assist the child without direct CYCW support.

Figure 3 CYCW’s intervention points within the family strengthening model



Pre-condition 3: Funding

Government/other funders recognise the need for services for vulnerable children.

Reflection

This pre-condition identifies the need for financial resources if implementing organisations are to be able to employ CYCWs to deliver Isibindi services and NACCW and DSD are to provide the necessary support and quality assurance. In essence, none of the other pre-conditions can be fully achieved if funding is not available.

This pre-condition was one that was not firmly achieved during the roll-out. This had negative implications for all the other pre-conditions. The very detailed costing developed in the preparations for the roll-out clearly showed what funds were needed for different purposes. Government indicated from the start that it would not be able to cover all the costs. Development partners duly stepped in to bridge some of the gaps. NACCW was able to attract a range of other donors who wanted to support what they recognised as a strong model that addressed a real need in the country. Government did not, however, fully cover the costs which it was expected to cover. The challenge of repeated delays in signing contracts and transferring funds remained throughout the roll-out.

Modelling the roll-out

In preparation for the roll-out, PEPFAR provided funding for development of a costing that would estimate the funds needed for implementation. Table 6 shows that the total estimated amount was R3 297 million over the five years. The table presents the funding required for all activities, including those to be carried out by government. However, the model also allowed identification of the funds that needed to be channelled to NPOs, in particular to NACCW and the NPOs that would serve as local implementing partners at each Isibindi site.

Mentorship and accredited training, the two elements for which PDSs were to fund NACCW, together amounted to R398 million. Provision of the basic package, for which PDSs were to fund implementing partners so that they could employ CYCWs to deliver services, amounted to R2 021 million.

Table 6 Model estimates of total cost of roll-out and selected components (Rm)⁵

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total	208	389	605	914	1 182	3 297
Mentorship	24	35	33	51	54	197
Accredited training	45	82	0	61	13	201
Basic package	73	162	391	579	816	2 021

⁵ These estimates are derived from V2 6 of the model, dated August 2011. The Isibindi National Roll-out mode

Funding

NACCW's MOU with NDSD did not provide for any funding by the national department. Instead, the partners relied on a range of development partners and donors who funded particular aspects of the roll-out. Most of these donor funds were channelled via, and managed by, NACCW. Other funders provided either for aspects of core services and/or for development and implementation Isibindi special programmes.

At least once a year, NACCW provided NDSD with a spreadsheet showing all funding received from other funders and what these funds were intended to cover in each province and nationally.

2014	KZN	EC	NC	GP	MP	National	TOTAL
De Beers			2 959 500,00				2 959 500,00
USAID-Pepfar					-	44 234 165,00	44 234 165,00
Mondi	50 000,00				50 000,00		100 000,00
Global Fund						4 661 131,00	4 661 131,00
UNICEF		767 944,00					767 944,00
TOTAL	50 000,00	767 944,00	2 959 500,00	-	50 000,00	48 895 296,00	52 722 740,00

2015	KZN	EC	NC	GP	MP	National	TOTAL
De Beers			1 231 727,00				1 231 727,00
USAID-Pepfar		-			-	63 146 445,00	63 146 445,00
Mondi	100 000,00				-		100 000,00
Global Fund						12 643 212,00	12 643 212,00
MACAIDS (Tides Foundation)	1 862 392,00						1 862 392,00
Nivea	859 080,00						859 080,00
UNICEF		1 116 610,00					1 116 610,00
TOTAL	2 821 472,00	1 116 610,00	1 231 727,00	-	-	75 789 657,00	80 959 466,00

2016	KZN	EC	NC	GP	MP	National	TOTAL
ABSA						5 400 000,00	5 400 000,00
De Beers			1 300 000,00				1 300 000,00
USAID-Pepfar					-	61 294 435,00	61 294 435,00
Global Fund						19 366 823,00	19 366 823,00
Nivea	843 269,00						843 269,00
UNICEF		3 486 337,00					3 486 337,00
TOTAL	843 269,00	3 486 337,00	1 300 000,00	-	-	86 061 258,00	91 690 864,00

2017	KZN	EC	NC	GP	MP	National	TOTAL
De Beers			1 350 000,00				1 350 000,00
USAID-Pepfar						61 721 194,22	61 721 194,22
Global Fund						1 292 892,47	1 292 892,47
MACAIDS (Tides Foundation)	3 045 843,79						3 045 843,79
UNICEF		5 719 726,00					5 719 726,00
FHI 360		2 697 016,46		3 296 353,45			5 993 369,90
TOTAL	3 045 843,79	8 416 742,46	1 350 000,00	3 296 353,45	-	63 014 086,69	79 123 026,38

2018	KZN	EC	NC	GP	MP	National	TOTAL
De Beers			776 517,50				776 517,50
USAID-Pepfar						25 743 404,76	25 743 404,76
MACAIDS (Tides Foundation)	1 659 475,00						1 659 475,00
UNICEF		6 494 740,67					6 494 740,67
FHI 360		10 519 722,96		7 013 148,64			17 532 871,61
Elma Foundation	2 730 000,00						2 730 000,00
Mainstream	931 609,40						931 609,40
TOTAL	5 321 084,40	17 014 463,63	776 517,50	7 013 148,64	-	25 743 404,76	55 868 618,94

PEPFAR funding

USAID through PEPFAR provided the largest amount of external funding. PEPFAR supported, among others, the development of the model, development of roll-out plans, as well as NACCW's overall management and technical assistance role throughout the roll-out period. The roll-out would not have been possible without this assistance. Over time, however, PEPFAR's own focus shifted. By the end of the roll-out period, PEPFAR's funding was concentrated in a limited number of areas seen as having the highest HIV risk, and services focused on HIV prevention and reaching the 90-90-90 global targets rather than the more comprehensive prevention and early intervention services envisaged in the Children's Act. PEPFAR is thus no longer available to play the funding role it played during the roll-out.

PEPFAR's change of focus impacted on the data reported in the final three years of the Isibindi roll-out as NACCW's role in respect of submission of forms and data capturing in respect of Isibindi sites falling outside PEPFAR's "hotspots" was no longer covered by PEPFAR. With no funding available for this purpose from NDSD or the PDSDs, NACCW was reliant on other donors to cover the staff and other costs associated with playing this role.

In Year 1 and Year 2 of the roll-out PEPFAR funding covered all Isibindi sites and there was no problem in respect of M&E. From Year 3, PEPFAR reduced the number of districts to be covered by their funds. A total of 14 districts in Free State, Limpopo, North West, Northern Cape and the Western Cape were thus no longer covered. Where there was funding budgeted under a donor linked to these sites, NACCW managed to continue reporting.

In Year 4 and Year 5 of the roll-out, the situation was exacerbated by exclusion of further geographical areas, and thus Isibindi sites, from PEPFAR's funded hotspots. Sites in 10 districts were removed owing to lower HIV prevalence and OVC burden as well as between five and ten additional districts in North West, Free State and the Eastern Cape for which NACCW was no longer responsible to, and funded by, PEPFAR. NACCW engaged unsuccessfully with both NDSD and PDSDs about providing support for the reporting function. The data for Year 4 and Year 5 therefore record lower numbers than they should if reflecting actual service delivery as they do not fully record service delivery in all non-PEPFAR sites.

During the roll-out, PEPFAR funds were also used to cover some costs beyond the national ones. Up until 30 September 2016 NACCW supported the direct implementation costs for 25 of the 26 existing Isibindi sites in KwaZulu-Natal with PEPFAR funds. (The 26th site, Kokstad, was covered by the UNICEF-supported Youth Development Programme.) This arrangement was terminated at the end of September 2016. NACCW followed a careful process of informing PDSD and the implementing partners of this.

Department of Social Development funding

From the side of government, the PDSs bore the main costs of the Isibindi roll-out. Additional ring-fenced funding (such as a conditional grant) was not provided for this purpose. Instead, provinces were expected to fund the roll-out from the equitable share which each province receives and which the Provincial Treasury allocates between departments and which, within departments, is allocated between programmes and sub-programmes.

In the 2012/13-2014/15 medium-term expenditure framework (MTEF), National Treasury allocated an addition to the equitable share for ECD and Isibindi. The amounts to be added were R650 million in 2013/14 and R700 million (i.e. an additional R50 million) in 2014/15. Treasury did not stipulate how the amount was to be divided between the two programmes. This division was left to the province's discretion as the total amount was less than had been asked for in NDSD's motivation for the two initiatives combined. Nevertheless, comparison with Table 6 above shows that the addition was more than the PDS costs in respect of mentorship, training and basic implementation at site level for at least the first three years of the roll-out.

Unlike a conditional grant, provinces were not obliged to spend these funds on the specified purpose. However, the provincial governments were included in the decision-making process around the additions. The principles of co-operative government and inter-governmental relations would therefore suggest that they should allocate funds in line with agreements reached. There was, however, no legal or financial penalty if they did not do so.

A further complication with the addition to the equitable share is that the additional funds were distributed between the provinces using the standard equitable share formula instead of in line with the relative need for ECD and Isibindi services. The advantage of an addition to the equitable share over a conditional grant is that the addition is permanent. So, in reality, the R700 million allocated for 2014/15 represented a repeat of the R650 million allocated in 2014/15 plus an additional R50 million, and the R700 million, adjusted for inflation, would have been repeated in subsequent years.

Unfortunately, the annual budget publications tabled in the provincial legislature do not generally show how much each province allocated to Isibindi, and this information was also not shared with NACCW. The first complication with the annual budget publications is that, at least for the first years, the funding for Isibindi was allocated under child care and protection in some provinces but under HIV & AIDS in other provinces. When the new budget structure for PDSs was introduced in the 2014/15-2016/17 MTEF, it included a new sub-programme – community-based services for children. This sub-programme was meant to be used for Isibindi allocation. However, the sub-programme also funds drop-in centres, and the amounts for Isibindi are not separately shown.

The financial constraints reported by most, if not all, of the provinces in respect of the Isibindi roll-out suggest that some did not use the additions to the equitable share for the intended purpose. However, even if they had this addition would have been insufficient to fund the roll-out plan from Year 4 onwards.

The increase in the amounts reflected against PDSs in the costing model reflected both an increased number of sites and thus CYCWs and other staff employed, and payment of a proper salary to CYCWs, rather than a stipend, once they completed the qualification. Further, the stipend was meant to increase in the second year of training.

Stipends

In 2011 terms, the monthly stipend was meant to increase from R1 320 in the first year of training, to R2 100 in the second year of training, and R6 587 once qualified. However, at the time KMPG conducted the Isibindi sustainability study in 2016, stipends for learner CYCWs ranged from R1 400 (in Limpopo) to R2 100 (second year of training, in Western Cape), while payments for qualified CYCWs ranged from R1 400 (in Limpopo) to R5 800 (in Gauteng and Western Cape). Gauteng was planning to reduce the salary for qualified CYCWs to R4 000 in the next year due to shortage of funds.

Table 7 compares the funds actually received by NACCW from the nine provinces, NACCW's expenditure against PDS funding, and the amounts that the costing indicated was needed for training in the basic qualification and mentoring. In reality, provinces sometimes allocated funds for other functions besides the training and mentoring, such as Safe Parks. In later years in KwaZulu-Natal allocations for CYCW stipends were paid to NACCW rather than, as in other provinces, to the implementing partners. The "received" and "expenditure" amounts include these amounts but the "costing" amount does not. The assessment of the extent to which PDSs allocated the required funds is therefore over-optimistic.

The table shows PDS payments were only 62.81% of what the costing indicated. Further, as noted elsewhere, the funds were generally delayed. The under-provision and delays were a major factor in non-achievement of the overall targets for the roll-out. Late receipt of funds was also a major factor in NACCW spending less than the funds received as NACCW could not plan and organise training until the funds were in hand and by the time the funds were received, it was too late to do all the training that had been planned for a particular year.

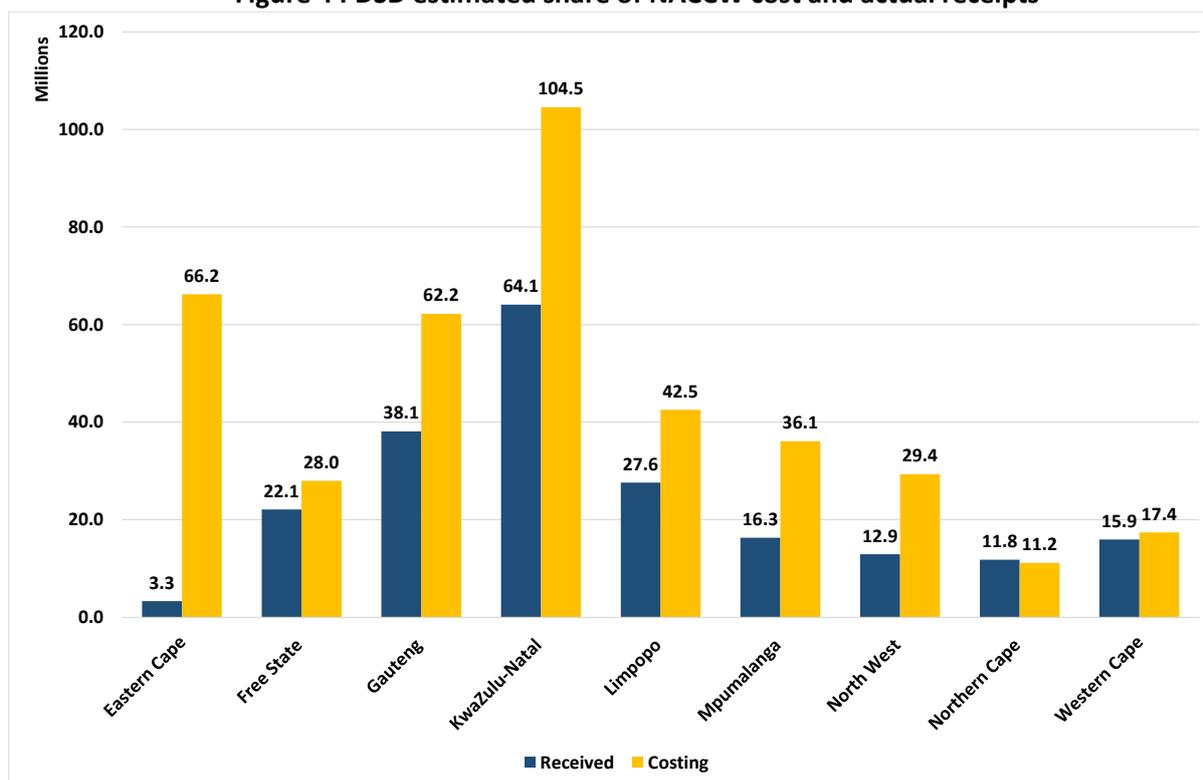
Table 7 PDS funding of NACCW 2013/14-2017/18 (R million)

Millions	2013/14	2014/15	2015/16	2016/17	2017/18	Total
Received	46	47	58	61	38	250
Expenditure	27	66	43	49	42	227
Costing	69	117	33	112	67	398

0 shows actual NACCW receipts from the nine PDSs as well as the estimated share of the total PDS payments to NACCW that each province should have received. The estimated shares are calculated using the share of total maternal orphans calculated by NDS in 2012 using DHA's birth and death data.

The figure shows Eastern Cape with the largest gap between actual payments to NACCW and their share of the costing. Mpumalanga and North West also allocated less than half of the costing estimate. At the other end of the scale, Northern Cape allocated more than their estimated share. The pattern for Northern Cape is, at least in part, explained by allocations for establishment of Safe Parks.

Figure 4 PDSO estimated share of NACCW cost and actual receipts



Constrained funding had an impact beyond the extent to which Isibindi expanded. The amount paid to implementing partners in respect of CYCW stipends and wages differed across provinces. For example, in Year 3 Mpumalanga paid an amount below the Ministerial determination for the Expanded Public Works Programme (EPWP), while for qualified CYCWs only Gauteng and Western Cape provinces paid salaries rather than stipends to qualified CYCWs. Even in these two provinces, the salary amounts were lower than originally agreed.

Under-allocation by PDSOs also led to PDSOs choosing between their different obligations. As noted elsewhere, Eastern Cape decided not to expand the number of sites. Further, because child and youth care work is a recognised statutory profession, even qualified auxiliary CYCWs must be supervised by a child and youth care professional. The mentors fulfil this role.

Service level agreements

While the national MOU between NACCW and NDSO did not provide for any funding, the PDSOs signed (or were meant to sign) annual service level agreements (SLAs) with both NACCW and the implementing partners. These SLAs provided, among others, for PDSO to fund activities done by the non-profit organisations (NPOs), and also specified reporting requirements for the NPOs. NACCW was not involved in the signing of agreements between PDSOs and the implementing partners.

SLAs were rarely, if ever, signed in advance of the new financial year beginning. This challenge was not specific to Isibindi, as it is also experienced in respect of funding of implementing partners and, indeed, other NPOs in South Africa beyond Isibindi. There were also sometimes delays in disbursement of tranches once the SLA was signed.

In Year 1, NACCW signed SLAs with each of the nine provinces in respect of training. Delays in signing of the agreements meant that it was only by January 2014 – the last quarter of Year 1 – that training had commenced in all nine provinces. In Eastern Cape and KwaZulu-Natal, implementation in Year 1

started only in December 2013 as a result of late signing of the SLAs. Nevertheless, there was relatively good performance against targets.

In Year 2, NACCW signed SLAs with seven provinces. In KwaZulu-Natal and Northern Cape there were separate contracts for each district. NACCW did not have an SLA with the Eastern Cape or the North West for 2014/15. Training continued in these two provinces after the go-head was given for unspent funds from the previous year to be used through deviation and roll-over respectively. The unspent funds had arisen because of late signing of the SLA and payment of the first tranches. The lack of new SLAs in the two provinces affected the scope of the roll-out of services in that, in the absence of provision for additional training, new sites could not be established. Eastern Cape decided to establish only a small number of Isibindi sites. In the North West, no new sites were established

In Year 3, NACCW again did not have a SLAs with Eastern Cape.

In Year 4, there were again delays and by end December 2016, NACCW had signed SLAs with only five of the nine PDSs i.e. Gauteng, Western Cape, Free State, Mpumalanga and Limpopo. Eastern Cape did not sign an SLA with NACCW on the grounds that its budget only allowed it to fund CYCW stipends (paid to implementing partners).

By end March 2017, NACCW had not yet signed a SLA with any of the nine PDSs in respect of 2017/18 (Year 5) despite having submitted business plans and budgets in advance to all PDSs except Eastern Cape. By the end of the year, SLAs had been signed with seven of the nine provinces. SLAs were not signed with either Eastern Cape or KwaZulu-Natal. However, in KwaZulu-Natal, the department requested the NACCW to continue with training and mentorship by means of funding allocation letters.

Up until the end of Year 4, KwaZulu-Natal PDS employed CYCWs directly, through the government PERSAL system. As from April 2017, responsibility for payment of stipends in KwaZulu-Natal was assigned to NACCW. The Year 5 SLA included this responsibility. This arrangement created some challenges as the funding in respect of this special request was not transferred timeously to NACCW. As a result, there were short delays in paying CYCW stipends.

When there were delays in signing SLAs with PDSs, NACCW could not plan the roll-out of Isibindi in the provinces and, in particular, the provision of training and mentorship services. This made it difficult, if not impossible for NACCW to know how many staff would be needed to manage and implement the Isibindi roll-out and/or how many would have to be laid off due to lack of funding. This, in turn, made it impossible for the existing and potential trainers and mentors to plan their lives.

In addition to delays in signing of SLAs and payment of tranches, the differences in approach of the nine PDSs added to the complexity of the roll-out. The differences included different formats or even indicators for reporting; different amounts in respect of monthly remuneration for trainee and qualified CYCWs; different timing of payments (in advance or after proof of delivery was submitted); different numbers of CYCWs per site; and provincial versus district SLAs. These variations posed challenges for both NDS and NACCW.

The discussion above relates primarily to SLAs signed between the PDSs and NACCW. PDSs were also expected to sign SLAs with implementing partners in respect of CYCW payments and other core operating costs.

Table 8 shows whether SLAs were signed with NACCW, implementing partners (IPs) or both during each of the years of the rollout. SLAs are recorded as being signed even if this happened very late in the financial year. It shows SLAs being signed with implementing partners in all provinces and years except Year 5 in KwaZulu-Natal. However, Eastern Cape and North West failed to sign SLAs with NACCW after the first year of the rollout.

Table 8 Provincial funding of NACCW and implementing partners

	Year 1	Year 2	Year 3	Year 4	Year 5
EC	NACCW & IPs	Only IPs	Only IPs	Only IPs	Only IPs
FS	NACCW & IPs				
GT	NACCW & IPs				
KZN	NACCW & IPs				
LM	NACCW & IPs				
MP	NACCW & IPs				
NC	NACCW & IPs				
NW	NACCW & IPs				
WC	NACCW & IPs				

There were also ongoing, often protracted, delays in the signing of SLAs between PDSs and NPO implementing partners. If implementing partners did not get their funding timeously, they could not recruit new CYCWs, there could be no training and/or existing CYCWs were not paid their monthly stipend. This in turn created challenges in delivery of services to children and the meeting of targets.

Understandably, delayed payment of CYCW stipends had a negative impact on morale and sometimes on job performance. In some provinces CYCWs did not receive their stipends for periods of 3 to 9 months. This situation made it very difficult to motivate CYCWs to deliver to targets and provide quality services, although mentors did their best to provide this motivation.

The dry season

KPMG’s sustainability review⁶ noted that CYCWs referred to the period between April and July each year as the “dry season” because they were often not paid in these first months of the new financial year. In some cases the dry season lasted six months or longer. One of the CYCWs asked KPMG: “How can I assist beneficiaries to create budgets when they see me getting evicted.”

A report from clinical psychologist Lesley Clark on the Care for Caregivers workshop that she facilitated for CYCWs at an Isibindi site in the Eastern Cape comments admirably on the perseverance of this group of CYCWs. She notes that the “dry season” the previous year had lasted for nine months, and at the time of the workshop they were in the fourth month of a new “dry season”. Against this background, she comments: “It is difficult to adequately describe the exceptional dedication and commitment of these child and youth care workers, who, even when they are not paid, continue their support of at risk families and orphans in these communities.”

Clark notes, however, that instead of admiring the CYCWs’ dedication, some community members mock and undermine them, arguing that if their qualification were a real one they would be paid for the work. This adds to the CYCWs’ stress and undermines their self-esteem and pride in what they have achieved and how they are contributing to the well-being of the community’s children.

A further problem resulting from delays in signing of SLAs and timeous payment of tranches was under-spending on the budgets allocated by the provinces. This, in turn, sometimes resulted in reduced budget allocations for the following year’s activities.

⁶ Department of Social Development. December 2016. Findings and recommendations for the sustainability of community-based child and youth care services, based on the experience of the Isibindi rollout. Pretoria.

A further challenge related to the detailed disaggregation of funds provided for in some SLAs. Some SLAs stipulated the outputs i.e. training and mentorship as the basis for payments. This is a performance budgeting approach in that what is important is delivering the training and mentoring within the overall budget. This is aligned with how government finances in South Africa are meant to work.

However, other PDSs had SLAs that adopted an input-driven approach which stipulated the line items on which the funds must be spent. The performance budgeting approach allows greater flexibility in responding to instances where actual costs deviate from the estimates. This happened in many of the provinces in respect of transport and accommodation costs for mentors. Transport costs were reduced because many mentors did not have their own vehicles and therefore used public transport. Accommodation costs were reduced because the costing had assumed that modest hotel accommodation would be used. In reality, many of the areas in which Isibindi sites are situated did not have such accommodation. Instead, mentors used cheaper bed-and-breakfast-type accommodation, or lodged in community homes. A more flexible approach to SLAs would have allowed the funds saved to be used for other purposes rather than being interpreted by Provincial Treasuries as under-spending.

NACCW raised these issues with NDS. The discussions included the NDS finance department. However, the relative autonomy of provinces meant that the NDS finance department could not dictate to provinces how they should operate.

Pre-condition 4: Service providers

Potential service providers are available to provide services in targeted areas.

Reflection

The fourth pre-condition relates directly to the second objective, namely delivery of quality care for vulnerable children, as the implementing partners who served as service providers were responsible for actual delivery of services to vulnerable children in the areas in which they worked. The fourth pre-condition relates indirectly to the first objective, of skills development and employment creation, in that the implementing partners employed the CYCWs who delivered services.

The Isibindi roll-out targeted under-served areas i.e. both rural areas and poorer urban areas such as informal settlements. By providing the skills, knowledge, support and resources to existing organisations based in such areas, the Isibindi roll-out enabled much-needed services to reach the OVCY in these areas. The social franchise nature of the roll-out meant that these organisations gained the necessary new capacity in a controlled, monitored and safe way that gave confidence to the organisations themselves, beneficiaries and the PDSDs. The support included standardised ways of doing M&E and reporting that both facilitated and ensured accountability.

Pilot project and initiation

Given the scale of the planned project, a pilot was initiated in 41 sites in Gauteng in the second half of 2013 so as to test the approach. The roll-out proper commenced in April 2014. The roll-out was at least partly operational in all provinces within year 1(2013/14) of the roll-out. As expected, delivery of services did not commence on 1 April 2013 in all provinces as there was a range of preliminary steps to be taken. These included selection of sites, signing of agreements with the implementing partners and NACCW, orientation of the implementing partners, selection of unemployed people to be trained as CYCWs, and completion of initial modules before CYCW could deliver services.

The Isibindi proposal and costing were done at a national level, and did not provide for any disaggregation by province. At the start of the roll-out, the M&E directorate within NDSD used a dataset of maternal orphans constructed by combining birth and death records provided by the Department of Home Affairs. This dataset was used to identify the areas in which large numbers of maternal deaths of children who were then orphaned were registered. The resultant mapping was used to inform the identification of sites for the Isibindi roll-out. These decisions were made within government.

PDSDs identified existing NPOs as implementing partners. Many of the NPOs had been previously funded by the PDSDs. There were many advantages to selecting existing NPOs and those with experience of PDSD funding. The advantages included that the NPOs already had established systems, management and infrastructure (although these were not always of sufficient quality). In some cases there were also challenges, for example when the employment conditions of the NPOs did not match those in the Isibindi guidelines.

Table 9 shows the number of sites in each province as at the end of each year of the roll-out. At the start of the roll-out, there were 26 sites in KwaZulu-Natal and nine in Northern Cape that continued to operate during the roll-out. The first two years show the fastest growth in new sites, with the rate of increase slowing over time.

Table 9 Number of Isibindi sites as at end March each year

Province	Year 1	Year 2	Year 3	Year 4	Year 5
Eastern Cape	13	17	17	17	17
Free State	13	18	28	29*	34
Gauteng	47	55	58	66	68
KwaZulu-Natal	48	110	113	113	113
Limpopo	33	43	45	52	53
Mpumalanga	17	32	32	32	45
North West	12	10	10	10	10
Northern Cape	10	13	13	15	20
Western Cape	4	5	6	7	7
Total	221	303	322	341	367

*Although 5 site were established in this year, 12 sites were closed down, leaving 276 CYCWs unemployed.

Prior to the establishment of a new Isibindi site, NACCW provided support and direction to the provincial and district DSDs and communities in the Isibindi roll-out process including identification of priority areas, negotiations with potential implementing partners, CYCW recruitment, selection of people to be trained as CYCWs, and management of the establishment of Isibindi sites including Safe Parks.

Implementing partners and CYCWs in newly established sites required intensive technical support as they needed to be oriented to and trained on, amongst other things, the Isibindi model and services, practice principles, guidelines and standard operating procedures, budgeting and financial management requirements, human resource management practices, and M&E forms and processes.

Although the roll-out used existing organisations as implementing partners, many of the partners did not have strong basic organisational skills and systems. During the first year of the roll-out, NACCW facilitated an agreement with UNICEF in terms of which it would fund organisational development (OD) support in four provinces, namely, Free State, Eastern Cape, Gauteng and Limpopo.

A six-month OD pilot programme was facilitated in Limpopo with strong support from the PDSO. The objective of the pilot programme was to develop the knowledge of 30 social workers in respect of organisational development so that they would have the tools with which to build the organisational capacity of the 30 Isibindi implementing partners in the province. In Year 2, 25 implementing partner representatives (5 NPOs per district) received training from the trained social workers.

Organisational development support for implementing partners

The UNICEF-supported OD training covered the following aspects:

- *the concept of governance with specific reference to non-profit organisations in South Africa;*
- *financial management;*
- *the elements of sustainability of the organisation;*
- *the different elements of human resources (HR) management namely HR administration, HR development and labour relations;*
- *income generation;*
- *strategic planning; and*
- *project planning.*

As can be seen, the training was not specific to Isibindi. This training should therefore stand the implementing partners in good stead to progress as an organisation beyond their Isibindi activities. The training would also have equipped social workers to provide OD support to organisations beyond Isibindi's implementing partners.

During Year 3 Limpopo PDSO funded further structured organisational capacity assessment and organisational capacity development training of 47 PDSO social workers and Isibindi coordinators. Limpopo PDSO also funded the piloting of case conference/case management training in the Capricorn district.

In addition to weaknesses in respect of general organisational capacity, challenges were sometimes experienced in the roll-out when NPOs that were delivering a particular type of service received funding for Isibindi. In some cases this funding may have been additional to their previous funding. In other cases, the Isibindi funding replaced funding for the existing services. One example of a common situation illustrates the type of challenges that arose. When drop-in centres were funded to provide Isibindi, the NPOs and staff concerned found the hours of work specified by the Isibindi human resources (HR) policy a problem. The HR policy states that, like other professionals e.g. pilots, nurses and police, CYCWs are required to work flexible working hours, children's hours (early mornings, afternoons, weekends, public holiday, school holidays); morning and afternoon shifts; 40 hour week; 15 days annual leave; 12 hour uninterrupted rest time each day; and 1 full day off over weekends (Saturday or Sunday). These provisions provided both for meeting children's needs and compliance with the Basic Conditions of Employment Act No. 75 of 1997 and the Ministerial Determination for the Welfare Sector, March 2001.

Service delivery

The delays in establishment of new sites and in training of new CYCWs affected reach to target as fewer CYCWs working in Isibindi meant that fewer children could be serviced. As noted elsewhere, these delays were in large part caused by under-allocation of funding by provinces and late signing of contracts with NACCW and implementing partners. In addition, as noted above, the targets in respect of reaching beneficiaries, were inflated when compared to those that had been modelled for the roll-out plan. Already in the Year 3 report NACCW wrote: *"It is clear that targets for children reached need to be reviewed and more realistic targets set per province."* This did not happen.

Table 10 shows performance against three core indicators specified by NDSO at the start of the roll-out. It shows good performance against target for the number of sites established, relatively good performance in terms of training, and seemingly poor performance against number of children reached. The shortfall in training is discussed below and relates primarily to inadequate and delayed funding. The more serious shortfall in children reached is again partly explained by inadequate and delayed funding. However, assessment of reach is complicated by different ways of "counting" children, with NACCW using the more conservative options.

Table 10 NDS core indicators for the period April 2014 – March 2017

Core Indicators	Year 1	Year 2	Year 3	Year 4	Target	% Reach
Isibindi sites established				339	400	85%
CYCWs trained				6 088	10 000	61%
Children participating			208 304	332 975	1 400 000	24%*

Both NACCW and NDS used a unique count of children when reporting against targets for a particular year. The “unique” approach meant that a particular child would be counted only once regardless of the number of times they received a particular service (such as a home visit) and regardless of the number of types of services (or “layers”) they received (such as a home visit, attendance at Safe Park, referral to another service provider, participation in special programme).

In addition, NACCW uses a count of unique children over the years in measuring the reach to target for children. This means that if a particular child benefits from Isibindi in more than one year, the child is counted only once. NDS has used an alternative measure for reporting. The NDS measure adds up the total unique children reached for each of the years of the roll-out. So, for example, by the end of year 4 NACCW’s unique count gave a reach of 332 975 children, equivalent to the 24% of the 1,4 million target, while NDS’s alternative approach gave a count of 1 145 387, equivalent to 81% of the target for four years. Further, as discussed further below, the targets in respect of children reached were more ambitious than those predicted in the roll-out plan.

Table 11 shows additional indicators that give a sense of the size of the roll-out.

Table 11 Additional indicators

	Year 1	Year 2	Year 3	Year 4	Year 5
Districts	45	47	49	49	49
Sites	224	309	324	339	367
Implementing partners	248	278	297	318	335
CYCWs	2776	4485	5292	6088	6577
Beneficiaries	124731	239827	277186	332975	382096
Formal Safe Parks	44	114	148	151	177
Informal Safe Parks	143	352	476	474	396

Support to Grade 12 learners

Educational support is a core element of Isibindi CYCWs’ work. The support includes assisting with access to schooling where necessary, engagement with teachers where there appear to be challenges, homework scheduling and supervision, and establishment of study groups. Over the years of the roll-out CYCWs put special effort into supporting learners in Grade 12. A list of the OVCY in this grade was compiled at the start of the year and key information about each one collated. Monitoring of progress continued throughout the year, with several special interventions alongside standard educational support. These special interventions included NACCW supplying past examination papers for learners to use for practice when these were not made available by the schools, organisation of career events, and assistance to learners in applying for further study and related bursaries.

In each of the years 2015 through 2017 assistance was provided to more than 2 000 Isibindi OVCY who wrote the Grade 12 examination. This in itself is an achievement as there is generally a high rate of dropout in poor communities after the end of compulsory school in Grade 9.

Overall, the performance of Isibindi OVCY in the Grade 12 examination was below the average for all learners writing the examination. This is, however, not a fair comparison as government's annual reports show that the performance of learners in schools serving poorer communities (schools classified as quintiles 1 to 3) is noticeably worse than that of learners in quintile 4 and 5 schools. Because Isibindi sites are situated in the poorest areas of the country, the overwhelming majority of Isibindi OVCY attend schools in the lower quintiles. The performance of Isibindi Grade 12 learners is pleasing when compared with learners from schools in poorer communities.

NACCW also monitored whether Isibindi learners received any distinctions for their Grade 12 examinations, as well as the type of pass they achieved. The latter is important as it determines whether a learner is eligible for further study at a university or college. Each year there were hundreds of OVCY who received a pass that allowed entry to university, and also some who achieved distinctions. Each year the Minister of Social Development organised a media event to which she invited some of Isibindi's best performers in the Grade 12 examinations.

The M&E numbers highlight the "size" of service, but not its nature and quality. Each year NACCW appended a set of "success stories" to its annual report to NDSD so as to give a better sense of the types of challenges faced by the children and families assisted by CYCWs, the assistance provided, and progress made.

The range of issues covered by the nine success stories (one from each province) appended to a single year's annual report gives a sense of the scope of Isibindi's work. In this year the CYCWs and mentors assisted the families with access to a social worker and/or police in cases of child rape and sexual abuse, access to a physiotherapist and speech therapist for a child with disability, dealing with grief (including through memory boxes), coming to terms with orphanhood, finding a neighbour and then extended family to provide care for children living alone because their mother had gone to find work in the city, setting up household routines and teaching children how to do age-appropriate household chores, accessing financial assistance for studies, accessing vocational training, finding a job for young people, providing reproductive and sexual health education, counselling, establishing food gardens, digging a refuse pit, assisting with budgeting, accessing health services and medication, accessing HIV counselling and testing, providing adherence support, showing appreciation for a father's financial contribution resulting in ongoing contributions, encouraging children in another family to visit their father regularly, assistance for young people abusing substances, access to rehabilitation services for a child with delayed development, addressing barriers (including school fees) to a child attending school regularly, school enrolment for a child abandoned by her mother, assistance with homework, referral to an occupational therapist and school psychologist for a child struggling at school, daily visits twice a day to ensure that a child's needs were met at both ends of the day, assistance with accessing official documentation and social grants, referral for food parcels, admission to early childhood development centres, and attendance at a special structured Isibindi programme. In addition to dealing with all the above, CYCWs also encouraged attendance of children and youth at the Safe Parks, where they could socialise, play as well as participate in structured programmes and activities.

The wide range of forms of assistance provided in these nine cases illustrates both that there are multiple challenges facing most of the children and families whom Isibindi CYCW assists, and that CYCWs tailor the interventions to suit the specific needs of each child and family.

The collection of success stories for year 5 (included as an appendix to this report) is organised according to some of the common themes that emerged across cases during the roll-out. However the appendix again confirms that a single child generally needs multiple services as they encounter multiple challenges. Several of the stories could therefore as easily have been clustered under one of the other themes.

Additional programmes

Reflection

The range of diverse additional programmes that were implemented within the Isibindi model illustrates the ease with which further value can be added once a firm intra-organisational and human resource foundation has been established. Isibindi offered an ideal setting for these additional programmes because it had implementing partners in all parts of the country, a cadre of skilled and experienced workers with knowledge of the communities they served, an experienced training unit, and a mentor team to cascade training to CYCWs and to ensure quality implementation.

Some of the additional programmes were developed by NACCW in response to the identification of particular challenges and needs. Other programmes were implemented after other actors – donors and/or programme developers – approach NACCW to partner with them. NACCW was an attractive option for these donors and programme developers as it had an established system, staff and beneficiary base and a proven brand and record.

The additional programmes provided benefits to beneficiaries in the form of additional services as well as more knowledgeable and skilled CYCWs. They were also of benefit to CYCWs and implementing partners as they provided new skills and opportunities.

All but one of the nine success stories referred to in the previous section as well as all the year 5 success stories in the appendix were dealt with through the core Isibindi programme, which is characterised by home visits and the Safe Park and related interventions.

In addition to the core Isibindi programme, NACCW has developed a range of add-on programmes. The success stories for year 5 include several references to special programmes such as the Young Women Empowerment Programme and the Short-term Residential Child Protection Treatment programme.

Most, if not all, of the special programmes have been developed in collaboration with other partners. All of the programmes described below were implemented in one or more sites over the course of the five-year roll-out. These additional programmes were not funded by NDS or PDSs and implementation is therefore not described in any detail. Instead the brief descriptions below provide a sense of the range of interventions that can be implemented with only marginal costs once the core Isibindi programme is in place.

Youth Development Programme

Isibindi's Youth Development Programme (YDP) is embedded in the core elements of Isibindi, but sites in which this programme operates place special emphasis on support and activities related to the transition from childhood to adulthood. The programme was developed as the older Isibindi sites had increasing number of young people on their workloads who had reached this age of transition. There are five key focus areas, namely:

- Access to higher education and vocational training, including support during the final school years and assistance in applications for education and training and related bursaries and loans;
- Training in enterprise;
- Personal development, sexual and reproductive health;
- Career planning and advice, including career events;
- Preparation for the workplace.

There is some focus on most or all of these areas in the support that is provided to youth in the core Isibindi programme. The difference in sites in which the YDP is in place is the presence of one or more CYCWs who have been trained as youth development facilitators, and the increased level of support across the five focus areas.

The theoretical component of the youth development facilitator training builds on what the CYCWs have already learnt in the standard CYCW training, but with an emphasis on aspects related to child protection and youth development. The youth specialists also learn how to research and share information on social welfare services as well as educational and livelihood opportunities and services. The training provides them with skills to assist youth in planning their future as well as advocating for them to get services and support such as securing bursaries, getting admission at tertiary institutions and getting services for which they are eligible in schools such as exemption from payment of school fees for grant beneficiaries. The youth development facilitators are often also trained as facilitators for other relevant programmes, such as ASPIRES, Young Men Empowerment Programme, and Young Women Empowerment Programme, or organise for those who have this training to provide access to a suite of programmes.

Adolescent Development Programme

The ADP consists of 25 sessions covering a broad range of topics relevant to teenagers, particularly those still at school. The target group is teenagers aged 14-19 years. Groups consist of up to 25 male and female youth. The ADP includes a focus on preventing violence, including gender-based violence, preventing HIV and discouraging teenage pregnancy. More generally, the curriculum aims to build self-esteem and self-worth; raise awareness around culture and HIV & AIDS; address personal experiences of stigma and prejudice around HIV & AIDS; provide knowledge on how to stay healthy and make healthy choices around alcohol, drugs, relationships and sex; address personal experiences of grief and loss; and plan for the future. The ADP is typically run at a Safe Park or school or community hall.

Care for Caregivers

The Care for Caregivers (C4C) programme aims to improve the emotional and psychosocial capacity of CYCWs for their own benefit and so that they may better serve vulnerable young people and their families. The programme provides for group and individual counselling sessions facilitated by a clinical psychologist once per month over a six month period. The programme aims to enhance team dynamics among CYCWs, prevent burn-out, promote stress reduction, and help workers resolve their own personal crises.

The C4C model is designed to provide not only immediate psychosocial support to CYCWs, but to help promote sustained systems of ongoing assistance. C4C psychologists provide recommendations to NACCW to promote continued well-being. Isibindi mentors as well as CYCWs are encouraged to continue C4C type activities at site sites.

Short-term Residential Child Protection Treatment Programme

In the course of their work, CYCWs identify children who have suffered sexual abuse, but there are usually few services available to assist these children and their families in the rural areas in which most Isibindi sites are located. The CYCWs report these cases to NACCW, who maintains a formal child protection registry. Some of the children participate – together with their caregivers in the Short-term Residential Child Protection Treatment Programme, which is run in collaboration with Childline and the PDSD.

The Child Protection Programme brings a group of young survivors together over a period of ten days, during which they receive individual and group counselling sessions. The caregivers, similarly, are provided with group counselling and guidance on understanding what the young person has gone through and how to deal with the impact this has on their own and the young person's lives and behaviour. On their return home, young people who have received such treatment receive ongoing aftercare support from their CYCWs, and a plan for social work intervention is devised. In a few cases where necessary, young people may be removed from their homes and/or referred for further treatment.

Disability Programme

The main objective of the Isibindi disability programme is to ensure that the needs of children with disabilities are addressed in Isibindi sites, including facilitating access to grants, schools, appropriate physical and psycho-social care and support; and recreational and cultural activities.

Each Isibindi site in which this programme is run has a trained disability facilitator who has children with disabilities as a special focus. The disability coordinator identifies children with disabilities and assists with disability grant applications, referrals for physiotherapy, and coordinating the acquisition of customised devices and specialised therapeutic services. The coordinator also trains the CYCWs in her/his site so that they have the knowledge and skills to identify children with disability, and to support a basic home-based rehabilitation programme with the child's primary caregiver where this is necessary.

The programme provides for children with physical disabilities to receive an initial assessment from a consultant physiotherapist after which a detailed care and treatment plan is developed. This plan could include referrals for specialist assessment and rehabilitation; fitting of assistive devices; a home-based rehabilitation plan to improve functioning and prevent secondary complications; school placement; and access to social services and social grants.

Family Strengthening Programme

The Isibindi Family Strengthening programme funded by UNICEF involves training for CYCWs and mentors with an orientation to and the basic knowledge, attitudes and skills) required to help strengthen families with children at risk. The aim of family strengthening services is to work with and strengthen the capacities of families who may be at high risk of having their children enter the care system due to how they are functioning. Examples of families that might be considered to be at high risk include:

- Families experiencing separation for various reasons
- Families with substance abuse problems
- Families having difficulties with interpersonal relations
- Families experiencing various forms of violence
- Families where children experience abuse, neglect and other forms of maltreatment.

The training spans four days, the second of which focuses on family group conferencing.

Let's Talk

Let's Talk was developed by USAID to address key issues facing adolescents (ages 13-19 years) affected by HIV and AIDS, including increased risk of poor psychological health, sexual risk behaviour and HIV infection. The programme targets both adolescents and their caregivers. The latter are assisted in terms of effective emotional coping and parenting. The programme is delivered in three phases, each of which involves weekly sessions. Programme duration is approximately 17 weeks. There are 12 separate sessions for caregivers, nine separate sessions for adolescents, and four sessions which caregivers and adolescents attend together. Phase 1 is for caregivers only, while phases 2 and 3 are for both adolescents and caregivers. In addition to attending the weekly group sessions, participants are given homework tasks in which they practice skills and behaviours covered during the sessions.

Let's Talk groups are made up of between 10 and 15 caregivers and their adolescent children. The training for facilitators spans five days.

Early Childhood Development Programme

Isibindi has several different ECD programmes that enhance the ordinary support that CYCWs provide to very young children and their families:

- The national MACAIDS ECD programme aims to have CYCWs integrate stimulation of young children through life-space work, develop and help the family implement a structured home stimulation plan. CYCWs also run playgroups and caregiver groups at the Safe Park.
- The Foetal Alcohol Spectrum Disorder (FASD) programme has similar aims and activities, but with special attention on how to do this in a context where a child – and possibly also the caregiver – has FASD.
- The Young Women Farmer Programme targets young mothers and aims to strengthen both their parenting skills and capacity, and their income-earning ability. The programme is implemented through weekly playgroups for the children and mothers alongside a weekly parenting group in which the mothers engage in activities such as knitting.

All three programmes include training for CYCWs so that they have the necessary skills and knowledge to implement the programme components.

Sinovuyo Teen Parenting Programme

Sinovuyo Teen Parenting Programme targets young people aged 10-17 years and their caregivers. The programme includes a specific focus on prevention of violence and child abuse and promotion of positive parenting. The programme consists of weekly three-hour sessions over 14 weeks. There are ten joint sessions attended by both teenagers and caregivers, and four separate sessions for each category. The CYCW facilitators visit the homes of caregivers and teenagers who miss sessions to provide “Khaya Katchups” that cover the same material. Caregivers and teenagers are given homework tasks to complete between sessions in which they practise using the knowledge and skills gained during the session.

Each Sinovuyo group consists of 15 teenagers and their caregivers. Only one teenager per caregiver participates. The training for facilitators spans five days.

Siyakhula

Siyakhula is a structured prevention and early intervention programme introduced by UNICEF that responds to the needs of young people exposed to and/or experimenting with or using substances. It includes family assessment, one-to-one interaction with the young people guided by their IDP, and structured group sessions in the Safe Park using the Siyakhula training manual. Siyakhula does not provide for treatment for substance abuse, but includes a formalised referral system for young people identified as being addicted to substances and needing in-patient treatment. On their return home, young people who have received such treatment receive ongoing aftercare support in consultation with the treatment team.

CYCWs received specialised training, spanning four four-hour sessions, to enable them to implement Siyakhula. Actual implementation includes up to 30 group sessions with groups made up of young people identified as at-risk.

Vhutshilo

Vhutshilo consists of a set of peer-led training programmes introduced by USAID. Vhutshilo 2, which is the programme that has been used within Isibindi, targets 14-16 year olds. The intervention is meant to engage participating children in informed thinking, preparation and practice for the tough decisions and high-risk situations that face currently and will face in the future; to help them reconsider traditional behaviours and norms; to improve their coping skills in the presence of strong feelings that can derail healthy choices; and to provide emotional support.

Isibindi complements Vhutshilo with formation of and support for buddy groups. The buddy groups consist of small groups of five children of the same sex who meet at least monthly together with a

CYCW to discuss issues chosen by the group members. Groups may also choose to have additional meetings themselves in between the CYCW-supported meetings.

Young Men Empowerment Programme

The YMEP aims to strengthen the moral fibre of Isibindi male youth by building their leadership skills and capacity to deal with the pressures that come with being young men in their societal context. The programme takes the form of a “rite of passage” wilderness experience during which the focus is on transforming young men’s attitudes and behaviours towards gender, culture, sexual health and their role as empowered men in society. The six-day wilderness camp is facilitated by male CYCWs, and engages the young participants on multiple levels, including physical, emotional, cultural, intellectual and spiritual. Activities include a hike, guided circle talks, story-telling around a fire, music-making, solo time to reflect on personal issues, competitive games, and journaling. The camp includes an opportunity for voluntary HIV counselling and testing. During the camp, the young men prepare their own meals, which teaches independence, imparts knowledge about nutritious food, and also challenges gender roles and norms. After the camp, the participants are encouraged and supported to continue engaging with other young men on the issues, especially within the Safe Park setting. Where possible, the participants are also supported, for example through bursaries, to pursue their life plans.

Young Women Empowerment Programme

The YWEP was developed to respond to the unmet needs of young women heading households on CYCW workloads in Isibindi sites. For many of these young women their household responsibilities resulted in their putting aside their hopes and dreams for the future. The programme aims to provide such young women with tools for self-care and self-development as well as opportunities for further education and employment. It helps them care for their families without neglecting their own need for education, finding a job or an independent source of income, to make healthy lifestyle choices and act as a positive influence on siblings and peers. Selection criteria include completion of Grade 12.

The YWEP includes two components:

- A six-day residential workshop with the young women where they set goals for further studies and self-development. The workshop aims to value and affirm the young women; provide opportunity for self-exploration and reflection; explore the impact of gender and culture on young women’s lives; and facilitate goal setting and identification of opportunities for further studies;
- Provision of financial resources for studies and on-going psycho-social support from CYCWs when the young women return to their communities.

Lessons learned

During the roll-out, a range of lessons were learned as to the essential elements that need to be in place for effective implementation of Isibindi. This section briefly highlights some of the key elements.

The majority of children are in school for a large part of every weekday. In this time they are ideally busy with their schoolwork and receiving care and development assistance from teachers and other school staff. It is before and after school hours that these children are most likely to need the services of CYCWs. CYCW conditions of service thus need to provide for **flexible hours of work**, at the same time as ensuring that the conditions are in line with the Basic Conditions of Employment Act, so as to protect the well-being and rights of the workers.

Similarly, the **work environments** of implementing partners at Isibindi sites need to be child-focused and child-friendly, including having facilities such as Safe Parks and spaces in which activities happen open on weekends.

CYCWs and other staff need to receive their **monthly salaries** regularly and on time. This means, in turn, that the **provincial DSD subsidies** must be paid regularly and on time, and that service level agreements must be finalised before the start of each financial year. Failure to achieve this can affect the quality of the services delivered to children as the CYCWs will be worrying about their own survival and that of their families, and may also become demotivated. Once qualified, CYCWs need to receive salaries appropriate to their level of qualification.

Training in the child and youth care qualification is most effective in terms of both learning and cost if the **training is delivered on or near the Isibindi site**. This mode of delivery reduces travel and accommodation costs but also, more importantly, allows for theoretical modules to be regularly interspersed with supervised practice in the field.

Ongoing **partnership with the HWSETA** is needed to facilitate accreditation of local training venues and availability of accredited trainers and assessors in rural areas.

All trainee and qualified (auxiliary) CYCWs must **register with the South African Council for Social Service Professionals**. (SACSSP). This is important for maintaining the CYCWs' professional pride in their work, as well as providing assurance to the public that the services delivered are of high quality.

Additional, programmes, focusing on particular, demanding service delivery areas, assist CYCWs at auxiliary level who may be working in poorly resourced areas, to provide high quality services on complex matters as well as to **develop auxiliary level CYCW specialists**.

Quality is also assured through a well-designed system that provides regular **supervision and mentorship** to the CYCWs both individually and at site teams. In addition to quality assurance, supervision and mentorship provide support for CYCWs in what is often a stressful and emotionally taxing job. Both supervision and mentorship must be performed by people who themselves have qualifications and experience in child and youth care work as other individuals will not fully understand the requirements of the profession.

A further guarantee of quality is the production of, and methods for ensuring adherence to, **guidelines and/or standard operating procedures**. These documents serve as a reference for all three legs of the three-legged "potjie" in ensuring that the correct approach is reflected in implementation and through mentoring and supervision. It is a key element of any franchise operation as an assurance of standardised services meeting (or exceeding) a specified minimum quality is the essence of what a franchise promises to funders, service providers and beneficiaries.

All Isibindi implementing partners need **induction into and training on the model** so that they understand its different elements, as well as their own roles. Smaller, less-established implementing partners also need **capacity building in organisational development** so as to be able to perform basic generic functions effectively.

Regular **district, provincial and national Isibindi network workshops and meetings** are needed to ensure that all partners understand the model and any new developments and adaptation, to provide a forum to discuss and find solutions to challenges, and to build and maintain a sense of ownership.

A central actor must take overall responsibility for the Isibindi **M&E system** in which data are used, among others, to record performance of regular activities, to monitor child well-being indicators and development of CYCWs, to plan and manage implementation, to account for resources utilised and to informed development and refinement of the model.

All Isibindi sites should use **standardised monitoring and evaluation (M&E) and management instruments**, including CYCW timesheets, enrolment forms, monthly logs, and monthly narrative reports.

There must be provision for regular **developmental quality assurance (DQA)** processes for each site on at least a two yearly basis. The team conducting the DQA should include both senior mentors or others with high-level knowledge of child and youth care work and at least one DSD official. The team's scope should include, among others, alignment of the site's operations with the **formally agreed Isibindi guidelines documents**.

Links and partnerships must be established and maintained at local, district, provincial and national level with relevant DSD directorates and units, other government departments, and other institutions and organisations that provide services to which children can be referred when needed and/or which offer opportunities for other forms of collaboration.

Each implementing partner must have a reliable relationship with either the nearest DSD office or a designated child protection organisation so as to be able to refer children for **statutory child protection** where necessary with full confidence that the necessary service and care will be provided.

DSD should have, at a minimum, one full-time dedicated **Isibindi coordinator** in each of the provinces and in the national sphere. This is a minimum given the numbers of children reached by Isibindi and the wide age range, and when comparing with the national and provincial teams focusing on the smaller age group of early childhood development.

Specific recommendations for scale-up

During Year 5, NACCW attempted to engage with NDSO on the plans to ensure that the key services being provided to children and families in the provinces by Isibindi sites continued to be available after the end of the roll-out. This task was especially pressing given the worsening economic situation in the country. The very positive findings about Isibindi of the two major investigations concluded during Year 4 increased the impetus to have concrete plans for expanding Isibindi services.

During March 2018, NACCW was informed that all provinces had agreed that 2018/19 would be a transition year to the post-roll-out situation. During 2018/19, provinces would mirror what had been done during the roll-out, but not necessarily use NACCW's services to the extent that this was done during the roll-out. At this point, NACCW has retrenched mentors in three provinces, and the future of mentors in a number of other provinces is uncertain.

The budget documents tabled by the Minister of Finance in February 2018 revealed that funds were to be added to the equitable share in each of the three years of the 2018/19-2020/21 MTEF in respect of prevention and mitigation of violence against women and children. The annual amounts are R201 million, R286 million and R301 million respectively. Isibindi – as a prevention and early intervention programme – constitutes an ideal use of the additions.

If plans are not finalised and funding not allocated very soon, much of what has been built over the course of the roll-out and received national and international acclaim will be lost. Some mentors and CYCWs who lose their Isibindi jobs may find other jobs; others will be thrown back into their previous state of unemployment and poverty. Poor children and their families will be left without the preventive and supportive services to which they are entitled. The roll-out will have assisted hundreds of thousands of children and their families over a five-year period, and contributed to the

development and well-being of the CYCWs and their families over the same period, but there will be no legacy other than the benefits already received by these beneficiaries.

If government decides that it does not want to continue with Isibindi, the roll-out will have left behind a solid legacy on which whatever system of community-based prevention and early intervention services for children and youth is put in place can build. The legacy includes, but is not restricted to, a full set of standard operating procedures to guide practice, a large qualified and experienced workforce that ranges from auxiliary CYCWs to senior mentors, trainers/assessors and moderators, and more than 300 locally-based NPOs with a sound foundation and experience in providing child and youth care services. The other legacy is hundreds of thousands of children and youth around the country who can be expected to enjoy better lives because of the services they received through Isibindi CYCWs.

If, in contrast, government decides to continue with Isibindi as its core prevention and early intervention programme, this will lay the basis for further development of the model. It will also provide the basis for delivery of a host of add-on programmes and projects, including the special programmes described above. If Isibindi is not in place, funding for these programmes would be much more expensive as it would need to include the salaries and wages of staff with the necessary skills, the ready availability of OVCY beneficiaries, and all the other social and physical infrastructure that exists in the implementing partners.

South Africa will also likely lose out on potential resources from development partners, as it is Isibindi's readily available strong organisational basis, the presence of an established teams of skilled workers, and the reach to young people vulnerable communities in far-flung that has attracted many donors to piggy-back on Isibindi to implement their own programmes.

On the skills development side, by reducing the possibility of structured development programmes being developed, the absence of Isibindi will also reduce opportunities for career development for CYCWs in the form of a variety of specialisations linked to the foci of the add-on programmes. These could include, for example, specialisations in ECD stimulation and related services, substance abuse, and youth empowerment.

Success Stories

Three sets of success stories from across the provinces is included as Appendix A, B and C to this report. Each success story describes how CYCWs – often with the assistance of mentors and/or other members of the Isibindi team at the site – assisted a specific HIV affected family and the children and youth who form part of the family.