World Vision

World Vision South Africa

Child Wellbeing Report 2015

Foreword

Paula Barnard, National Director, World Vision South Africa

When we started a journey of organisational change in mid-2013, we started with a far-reaching strategic and operational review of our ability to serve and positively impact the most vulnerable children in South Africa. Guided by the outcomes of the review, we embarked on a 30-month change programme that would produce substantial changes to our organisational structure, systems processes, programming outcomes and ministry engagement levels of our staff, and allow us the start of the dream to see no child without. Prayerfully, it would also move the ministry closer to God's intended dream for World Vision South Africa.

2015 was our last year in the three-year strategic cycle, and by all accounts, our most important with regard to gearing the organisation for the future. It is with this background that World Vision South Africa looks back at FY 2015 with gratitude to God for the major strides that were made towards the well-being of children.

We started the year with hope and inspiration buoyed by the major strides in operational efficiency and the increased child well-being impact of FY 2014.

Major highlights for the year include:

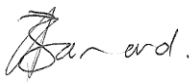
- Our programme implementation rate of about 94%, which translated into 11.2 million children indirectly impacted by policy influence and our national level advocacy efforts, and 465,087 children directly impacted by our local level advocacy and development initiatives.
- The World Vision International partnership prize for the Greatest Child Well-being Impact in Education efforts.
- The improvement in our Child Well-being Report rating from 52% to 79%.
- The increase of the Yield to Ministry from 77% to 82%, showing a 4% decrease in overhead costs to 17%.
- We managed to increase our local income share to 20% from 14%.

The key to realising our dream to see no child without has been a re-focus on impeccable implementation of our programmes; ensuring that communities and children actively own, determine and take part in realising their development and growth paths; that our staff are wholly engaged in the ministry; that our fans, donors and sponsors see the value of their contribution to the children and communities; and that we actively build and maintain healthy relationships with key stakeholders and partners, who share our mission and values.

We believe that these key focus areas will continue to be integral to succeeding in our mission to ensure an increased width and depth of impact for the children and their communities, and sustainable growth for World Vision South Africa. It's about empowering communities and their children to take ownership of their futures and bring about the change they seek themselves.

We would like to sincerely thank all our partners who have contributed to the achievements shown within this report. We would also like to thank our generous donors who have allowed us to continue this work. Most of all, we give thanks to God for His faithfulness.

In Christ,



Paula Barnard
National Director

Table of Contents

Acronyms and Abbreviations

ADP	Area Development Programme
AIDS	Acquired Immune Deficiency Syndrome
ANA	Annual National Assessment
BEEP	Bicycle Education Empowerment Programme
CDPP	Community Disaster Preparedness Plan
CHAT	Congregational Hope Action Team
CHW	Community Health Worker
COH	Channels of Hope
CPF	Child Protection Forums
CVA	Community Voice and Action
CWBA	Child Wellbeing Aspiration
CWBO	Child Wellbeing Outcome
CWBR	Child Wellbeing Report
CWBT	Child Wellbeing Target
DM&E	Design Monitoring and Evaluation
DoE	Department of Education
DoH	Department of Health
ECD	Early Childhood Development
FY	Fiscal Year
HEA	Humanitarian and Emergency Affairs
HIV	Human Immune Virus
HH	Household
IYCF	Infant and Young Child Feeding
KMP	KwaMaphumulo
KZN	KwaZulu-Natal
LQAS	Lot Quality Assurance Sampling
MDGs	Millennium Development Goals
MNCH	Maternal, Newborn and Child Health
MoU	Memorandum of Understanding
NO	National Office
NSC	National Senior Certificate
ORS	Oral Rehydrating Solution
OVC	Orphaned and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission
RC	Registered Children
SANAC	SA National Aids Council
SGB	School Governance Board
SARO	Southern Africa Region Office
SMT	Senior Management Team
TB	Tuberculosis
VBLS	Value-based lifeskills
VCT	Voluntary Counselling and Testing
WASH	Water Sanitation and Hygiene
WVSA	World Vision South Africa

Executive summary

FY15 was the final year of World Vision South Africa's 3 year strategy (FY13-FY15) which sought to impact the lives of 1 million children directly through programming and sponsorship, and 4 million children indirectly through advocacy and policy influence initiatives. Due to declining budgets WVSA managed to reach 636,407 children directly through our programs and sponsorship between FY13-FY15. However we exceeded the indirect target by reaching 12.6 million children through policy influence. In FY15 specifically, 192,087 children were impacted directly and 273,000 indirectly through local level advocacy with a National Office budget of $8.8 million, spread across 15 Area Development Programmes and 8 special projects. 11.2 million children were impacted indirectly through policy influence. WV South Africa had 48,759 registered children in FY15. 44,567 of these registered children can be considered as 'the most vulnerable' using the criteria for vulnerability to include those children that are suffering from disability, in disaster affected areas, or experiencing abuse, especially given the drought that affected 11 of the ADPs.

The WVSA FY15 Child Wellbeing Report details the progress made in all 6 of WVSA's FY13-FY15 strategic objectives to improve the wellbeing of these vulnerable children. Data is taken from 13 of WVSA's 14 ADPs with comparisons made for 12 of them with the baseline or last year's annual monitoring data. In summary, some of the main achievements and recommendations under each Strategic Objective are:

Strategic Objective # 1: Curb Infant, Under 5 and maternal mortality rates.
Positive change was shown in exclusive breastfeeding with an increase in the weighted averages[1] across 9 ADPs from 46% in FY14 to 54% in FY15. Umzimkhulu and OADP have both seen significant increases ($p<.05$) in the percentage of children immunized though only OADP has surpassed the National average of 90% for immunization and only OADP and Umzimvubu have surpassed their district averages. The weighted averages for the proportion of caregivers and youth with accepting attitudes towards HIV/AIDs have increased from 58% for youth in FY14 to 65% in FY15 across 8 ADPs and from 70% in FY14 for caregivers to 82% in FY15 across 5 ADPs. Overall youth knowledge of and attitudes towards HIV are much weaker than caregivers. OADP has seen an increase in women that have attended 4 ANC visits from 64% in FY14 to 73% in FY15 and most ADPs are above 70% for women that have attended all 4 visits. However the percentage of women with their first ANC visit under 3 months remains below the national average of 54% for all ADPs. Three ADPs reported an increase in the number of women that received counselling and testing for HIV/AIDs during their most recent pregnancy with the weighted average increasing from 86% to 95% across 7 ADPs. The report recommends a strong focus on the timed and targeted counselling model to improve the monitoring of pregnant and lactating mothers and children under 5. This should include a special focus on adolescents and teenage mothers that may be reluctant to disclose their pregnancy and are thus reaching their ANC visits late. Adolescents should continue to be the focus of HIV/AIDs awareness campaigns through peer educators. The Phila Mntwana centres in KZN should continue to be monitored to determine their impact on child health and other such initiatives should be invested in to bring health care closer to the community level.

Strategic Objective # 2: Improve provision of quality age appropriate education for boys and girls.
Significant increases ($p<.01$) can be seen in two ADPs where FLAT was measured comparing baseline and evaluations in Umzimkhulu where literacy was 29% in FY12 compared to 49% in FY15 and more than doubling in Thusalushaka from 28% in FY12 to 67% in FY15. Increases were also shown in children enrolled and attending school in all 5 evaluations in 2015 compared to their baseline in 2012. Significant increases ($p<.01$) were again in Umzimkhulu (from 61% to 97.5%) and Thusalushaka (61% to 98.5%). In addition almost all ADPs have reached or surpassed the National average for enrolment and attendance. ECD attendance is reported to be over 70% in 5 ADPs. Though still fairly low at 44% in KMP this has doubled since the 2012 baseline where it was only at 20%. The report recommends less focus on enrolment and attendance and more on efforts to increase literacy including a strong focus on homework clubs, and training teachers and volunteers on methods of teaching literacy and numeracy. It also recommends a continued strong emphasis on CVA for School Governance Bodies with a focus on holding education service providers accountable and increasing parental involvement in children's education.

Strategic Objective # 3: Expand children's awareness and experience of God's love.
New indicators were included for the first time in the youth survey that revealed over 70% of youth were answering that they 'agreed' or 'strongly agreed' that they had grown in their knowledge of God in the past year, that they were a loved child of God and that someone in their life was helping them grow in their knowledge of God. Over 70% of youth believed that men and women

[1] A weighted average is the advised way to calculate the average of a LQAS data across several ADPs. It is a statistical calculation taking into account the population sizes of the different areas measured.

were created equal. The report recommends a continued focus on programs such as barefoot and lifeskills for youth that incorporate a spiritual element as well as integrate other elements such as knowledge on HIV/AIDs or healthy sexual practices. Peer educators should be focused on to build their leadership capacity and assist them to teach and mentor other youth in life and leadership skills.

Strategic Objective # 4: Increase household income.

Progress was shown in 5 ADPs in youth with sufficient access to food including a significant increase ($p<.05$) in Umzimkhulu from 89% (FY12) to 96% (FY15), a significant increase ($p<.01$) in Mbhashe: 76% (FY12) to 88% (FY15) and an increase in Nkonkobe: 79% (FY12) to 84% (FY15) comparing baselines and evaluations. LQAS monitoring data revealed an increase in Ixopo from 78% (FY14) to 86% (FY15) and in Umzimvubu from 91.84% (FY14) to 93% (FY15). Umzimkhulu has seen an increase in caregivers that can provide for their children's clothes and shoes (from 47% in FY12 to 51% in FY15) and their education (from 48% in FY12 to 54% in FY15). However overall most ADPs have under 50% of caregivers reporting they can provide for all their children's needs including clothes, shoes, education and healthcare. The report recommends more effort on capacity building for CBOs and creating linkages for them to the Government for resources given the declining ADP budgets to be able to directly fund them. It also recommends increased capacity building of ADP staff in economic development models such as business development and value-chain strengthening.

Strategic Objective # 5: Reduce the incidence and prevalence of violence against women and children.

The data emerging from this strategic objective was alarming with a weighted average of 75% of youth reporting they had experienced violence of some type over the past year (physical or sexual). This included 28% of youth reporting experiencing sexual violence and 26% of youth reporting to experience violence at school. Despite these high levels between 70 and 80% of youth and caregivers reported to feel safe in their communities except for Orange Farm as a new ADP where only 55% reported this. Child protection initiatives have seen qualitative results where people are reporting reduced gender based violence and an increased awareness of the importance of child protection in ADPs such as Thusalushaka and Umzimkhulu. The report recommends continued capacity building of ADP staff and communities in the CPA model to address the systems and structures around child protection rather than just conducting awareness campaigns. Behaviour change models such as barefoot, C-Change, men engagement, CoH for gender and CoH for child protection should continue to be emphasized at ADP level. Data collected on child protection issues should be publicized to advocate for child protection and the issues still facing youth across the country.

Strategic Objective # 6: Be an authoritative voice influencing implementation of health, education and child protection policies and practices.

National level health advocacy continued through the involvement of WVSA in Action 2015 and highlighting the specific needs of children under 5 and pregnant women. In addition WVSA made contributions to 2 policies including the Department of Basic Education's draft HIV/AIDs and TB policy and the draft policy on traditional initiation from the Department of Traditional Affairs. CVA is a key model in ensuring sustainability and ADPs continue to build the capacity of clinic committees and health CSOs in how to represent their local health needs. Muila clinic in Thusalushaka recently reported receiving an ambulance from the provincial DoH following their CVA work to represent this need. The report recommends a continued focus on local level advocacy with an emphasis on deepening the CVA work to go beyond trainings and strengthen CSO's in their capacity to follow up on policy issues.

Introduction

Overview:

The WVSA Child Wellbeing Report (CWBR) is a summary of the accomplishments of the WVSA overall strategy and summarises all work carried out by the organisation and our partners for the fiscal year of Oct 2015-Sept 2016 (FY15). It summarises WVSA's contribution in FY15 to all six strategic objectives, to 10 Child Wellbeing Outcomes (CWBOs), to all four Child Wellbeing Aspirations (CWBAs) and to all four Child Wellbeing Targets (CWBTs). Below is a summary of WVSA's six strategic objectives and the outcomes, targets and aspirations measured under each. All objectives were considered a strategic focus with advocacy being the underlying approach for all as well as being a strategic objective.

WV South Africa Strategy FY13-FY15

Our Strategic Goal: To make a measurable [*real*] **contribution** [*positive impact*] **to the wellbeing of 5 million children** [*in South Africa*] **living in poverty** [*at risk; vulnerable*]**.**

We will achieve this through | 6 strategic objectives | **&** | 10 CWBOs | **contributing to all** | 4 CWBAs | **&** | 4 CWBTs

Strategic Obj. # 1 Curb infant, under 5 and maternal mortality	1.1 Children are well nourished 1.2 .Children are protected from infection disease and injury 1.3 Children and their caregivers access essential health	**CWBA 1/CWBT 2-3:** Children enjoy good health
Health Approaches: Training of CHWs; health promotion campaigns; youth life skills; equipping Phila Mntwana centres		
Strategic Obj. # 2: Improve provision of quality age-appropriate education for boys and girls	2.1 Children read, write and use numeracy skills 2.2 Children access and complete basic education	**CWBA 2/CWBT 4:** Children are educated for life
Education Approaches: Teacher training; intervention classes; homework clubs; equipping ECDs/schools/libraries		
Strategic Obj. # 3 Expand children's awareness and experience of God's love	3.1 Children grow in their experience of God's love	**CWBA 3/CWBT 1:** Children experience love of God and neighbours
Spiritual Nurture Approaches: Life skills for youth; Sunday school teacher training; Children's clubs		
Strategic Obj. # 4 Increase HH income	4.1 Parents or caregivers provide well for their children	**CWBA 4/CWBT 1:** Children are cared for, protected and participating
Econ Dev Approaches: Value chain analysis; business development; Cooperatives/farmers training		
Strategic Obj. # 5 Reduce the incidence and prevalence of violence against women and children	5.1 Children cared for in a loving safe, family and community environment with safe places to play 5.2 Children celebrated and registered at birth 5.3 Children are respected participants in decisions that affect their lives	
Child Protection Approaches: CoH for gender; C-Change; Men engage; Child Protection Advocacy model		
Strategic Obj. # 6 Be an authoritative voice at all levels, influencing implementation of health, education and child protection policies and practices *(Crosscutting all CWBOs)*		
Advocacy Approaches: Citizen Voice and Action; Policy engagement; Stakeholder coordination meetings		

26 indicators contributing to these CWBOs will be highlighted in this report with advocacy as a cross-cutting strategic objective integrated throughout the report's findings. Seven national strategy objective indicators from the balance score card are highlighted throughout the report. Table 1.1 shows the balance score card indicators measured under each CWBO with their achievements compared between FY14 and FY15. (See Annex 1 pgs. 38-43 for a full list of indicators measured including all Standard indicators and balance score card strategy indicators)

Table 1.1 FY14/FY15 WVSA Balance Score Card Strategy Indicator Achievements

CWBO	WVSA Strategy Balance Score Card Indicators	FY14 Balanced Score Card Achieved	FY15 Balanced Score Card Achieved
1.1 Children are well nourished	- Proportion of children 0-6 months exclusively breastfed	45.65%	54%
1.2 .Children are protected from infection disease and injury	- Proportion of children 6-23 months who have received age-appropriate immunisation according to national standards - Proportion of women offered and accepted counselling and testing for HIV during most recent pregnancy, and received test results	86% 90.82%	75% 95%
1.3 Children and their caregivers access essential health	- # of policy submissions	6	2
2.1 Children read, write and use numeracy skills	- Proportion of children who can read with comprehension	62.84%	62%
5.2 Children celebrated and registered at birth/CWBT #1	- Proportion of youth who report having birth registration documents - Proportion of youth with sufficient access to food	90% 88.36%	89% 84%

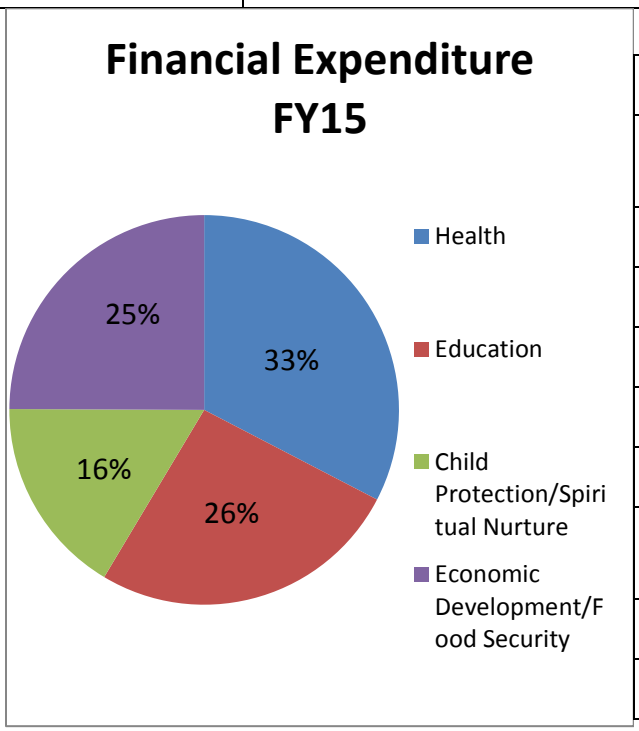


Table 1.2: FY15 Direct beneficiaries

WVSA Strategic Sectors	Women	Men	Girls	Boys	**Total**
Econ Dev/Food Sec	1,615	1,263	3,381	3,397	9,656
Health/HIV/WASH	7,333	2,996	13,284	12,880	36,493
Education	334	174	21,927	20,624	43,059
Gender/Peacebuilding	400	420	2,140	1,495	4,455
Sponsorship	2,737	1,928	43,889	40,030	88,584
CVA/Local level Advocacy	374	197	12,887	11,938	25,396
Bicycles	0	0	2,465	1,750	4,215
Total	**12,793**	**6,978**	**99,973**	**92,114**	**211,858**

The above pie chart shows the distribution of the actual expenditure of $8.8 million for FY15 according to technical program. Table 1.1 shows the distribution of 211,858 direct beneficiaries including 192,087 children. Overall WVSA has made a significant impact in the lives of many children in the past year through both programming and advocacy efforts. We have also made strides in improving several partnerships with government at national, provincial and local levels to ensure that we are avoiding duplication and are maximising our ability to impact child wellbeing.

Learnings:

Learning from Last year's Report	***Action point***
- The need for better tracking, counting and standardization of output level data	- WVSA standardized their outputs, taking as many as possible from the standardized SARO regional ones. These were organized into an updated monthly reporting (MMR) template that tracks outputs, direct and indirect and RC beneficiaries across all ADPs. This has really helped to track 'numbers' on a monthly basis rather than the general narrative that had been included in MMRs before
- A lack of capacity on disaster management	- The NO appointed an HEA coordinator and trained all key programme managers in HEA response and recovery prior to the drought crisis
- The need to strengthen advocacy efforts in programming such as the CVA and CoH approaches	- These programmatic approaches formed the core of the TAs and TPs that began development in the course of 2015. The EU grant has helped to boost CVA efforts
- Too much data was collected particularly in the annual LQAS survey and data was not necessarily linked to the programming the ADP had been carrying out	- This year ADPs only selected survey modules that were relevant to their programming. Other qualitative approaches were also used such as interviewing specific CBOs that received economic inputs and training to understand the impact made instead of doing a large-scale household economic survey

Context:

External Positive	***External Negative***
- The NO made advances in resource acquisition including winning an EU CVA grant and applying for several others - Growing brand awareness and the work of the technical team has led to an increased willingness to partner with WVSA across Government at all levels and other UN agencies, CSOs and the private sector	- Drought declared in KZN (5 ADPs) and later Limpopo and Free State (4 ADPs) - Devaluing of the rand causing prices to increase
Internal Positive	***Internal Negative***
- Acquired a full technical team with health, education, child protection and economic development experts that are now fully involved in resource acquisition and quality assurance of technical programs at the field level - Acquired a full time HEA coordinator - Acquired a full time security officer who has helped to improve the security standards in several ADPs	- Had some key staff leave from finance, BEEP and advocacy

About the Data:

Table 1.3 below shows the various data source that were used in the writing of this report including 5 evaluations and 1 baseline. These evaluations and baseline utilized a 6% Confidence Interval (CI) with a sample size of 250 for the evaluations and 350 for the baseline. LQAS was the selected sampling methodology chosen at 50x5 (50 samples across 5 supervision areas) for the evaluations and 70x5 (70 samples across 5 supervision areas) for the baseline. This methodology was selected to enable comparison of performance between supervision areas and to be able to easily compare with future annual monitoring using LQAS and a smaller sample size. The evaluation data is compared to baseline data (mostly from 2012) and statistical significance is measured using the chi square test according to the sample sizes utilized in each survey (as the raw data was not able to be accessed for the baseline information). The p-value was investigated at both the .01 and .05 levels for each test that was conducted. A limitation of the comparison is the different methodologies used in that the baselines used cluster sampling whereas the evaluations used LQAS (with an increased sample size). However the confidence intervals remain close at 5% for the baselines in 2012 and 6% for the evaluations in 2015.

Annual monitoring primarily utilizing the LQAS methodology was conducted in a further 7 ADPs that had budget to do this. The sample size used was 95 with 19x5 (19 samples across 5 supervision areas). The supervision areas were selected along administrative lines where possible including the different wards that the ADP operates in. This allowed for an understandable comparison that could also be shared with other partners. The youth surveys randomly selected one school per supervision area and then randomly selected 19 students between the ages of 12-18 to be surveyed striving to get a balance of gender and age groups but also maintain the random selection. LQAS with 95 samples is at a +/-10% confidence interval which is acceptable for annual monitoring but must be considered carefully for decision making. It is also a limitation in that it is more difficult to apply a statistically significant test to compare LQAS data with such a large confidence interval.

In total 13 out of WVSA's 14 ADPs are included in the data for this report. The NO technical experts, DME team, advocacy team, and senior leadership were all involved in the writing and review of this report. Mini teams were formed with a Technical manager being paired up with a DME expert who had knowledge in that technical area to work on a particular section of the report. This helped to build ownership and build the capacity of the NO team in data analysis and writing. The different pieces of the report were then compiled together by the Program Quality Team Leader. All members of the team were engaged in the review process of the final product.

Other limitations of the data were that we did not have baseline data for several indicators to compare with the 5 evaluations. We also did not have the baseline raw data which meant we had to calculate statistical significance using only the sample sizes used. The sampling of the data for the youth survey is limited in that we did this in schools so out of school youth were not included. This was due to the practicalities of sampling but also the fact that attendance is very high in South Africa and the majority of our programs focus on in school youth. However it could be argued that some of the most vulnerable youth were left out of the survey. Finally, there could have been more qualitative data collected and integrated into the report specifically involving youth perceptions to complement and triangulate the YHBS findings. This was difficult to collect due to timing and cost factors during the annual outcome monitoring process.

Table 1.3 Data sources for FY15

Type of Report	ADPs	#	Date of Measurement	Tools	Methodology and CI	Sample size for all ADPs	Data for Comparison
Baselines	Orange Farm	1	Oct 2015	Caregiver	LQAS : 5 SA[2]s x70 samples (+/-5% CI)	350	N/A
				YHBS	LQAS: 5 primary schools x 19 samples; 3 secondary	191	N/A

[2] SA: Supervision Area: The SA's for the WVSA data are determined according to the administrative divisions of wards. Typically an ADP will cover 4-6 wards so these are optimal to be able to compare performance and share with partners

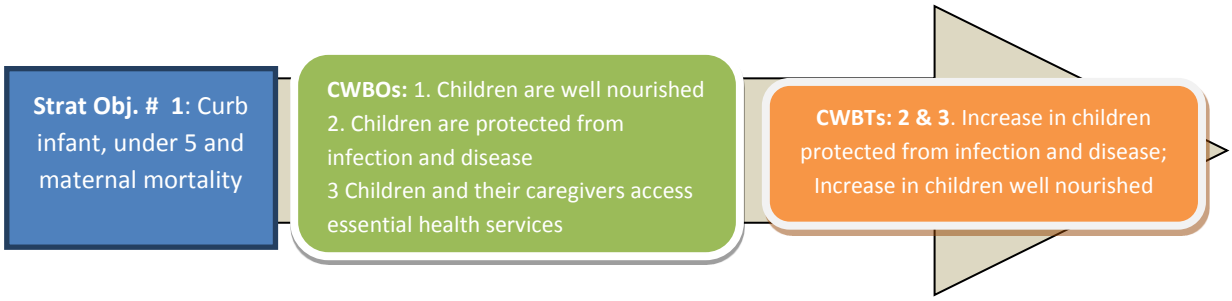
					schools x 32 samples		
				FLAT	FLAT: 5 schools x 30 samples	150	N/A
Evaluations	Nkonkobe, Mbhashe, Umzimkhulu, KMP, Thusalushaka	5	Feb 2015	Caregiver	LQAS : 5 SAs x50 samples x 5 ADPs (+/-6% CI)	1250	BL 2012
				Health: 0-6 months	LQAS: 5 SAs x 19 samples[3] x 5 ADPs	475	BL 2012
				Health 6-23 months	LQAS: 5 SAs x 19 samples x 5 ADPs	475	BL 2012
				YHBS	LQAS: 5 schools x 30 samples x 3 ADPs; 5 schools x 19 samples x 2 ADPs	640	BL 2012
	Umzimkhulu, Thusalushaka, KMP		Feb 2015	FLAT	FLAT: 5 schools x 19 samples x 2 ADPs; 8 schools x 25 samples x 1 ADP (Umzimkhulu)	390	
Annual Outcome monitoring for YHBS	Thaba Nchu, OADP, Umvoti, Western Cape (Atlantis & Mbekweni), Umzimvubu, Ixopo	6	August 2015	YHBS	LQAS: 5 schools x 19 samples x 6 ADPs	570	2014 (LQAS annual monitoring data)
Annual outcome Monitoring for Health Surveys	OADP, Umzimvubu	2	August 2015	Health: 0-6 months	OADP: LQAS 5 Phila Mntwana [4] centres x 19 samples Umzimvubu: LQAS 5 SAs x 19 samples	190	2014 (LQAS annual monitoring data)
				Health: 6-23 months	OADP: LQAS 5 Phila Mntwana centres x 19 samples Umzimvubu: LQAS 5 Supervision Areas x 19 samples	190	2014 (LQAS annual monitoring data)
Annual Reports	All 15 ADPs	15	Sept 2015	Monthly reports, case studies, financial reports	Routine monitoring		N/A
Special project reports	EBEH, Masibambisane, Gender Empowerment for Education (GEEP), Mangaung, Christian Commitments, DME Capacity Building, BEEP, Vutshila	8	Sept 2015	Monthly reports, case studies, financial reports	Routine monitoring		N/A
Evaluation	Gender projects evaluation	1	August 2015	Qualitative study	Focus groups of staff and communities		
Total		36				4871	

[3] Note that the evaluations used a sample size of 95 for the health surveys of 0-6 months and 6-23 months given that these groups were smaller in population and harder to find. This means the health indicators could be combined with other LQAS surveys done in Umzimvubu and OADP in the graphs following in this report.

[4] OADP utilized Phila Mntwana Centres as their SAs taking a random sample from lists of mothers visited in the past 3 months since these are the community health care units that the program is focused on supporting together with DoH

Achievements by Strategic Objective

Children enjoy good health: strategic objective # 1



Key Information

Table 1.1: FY15 resources and beneficiaries for strategic objective # 1

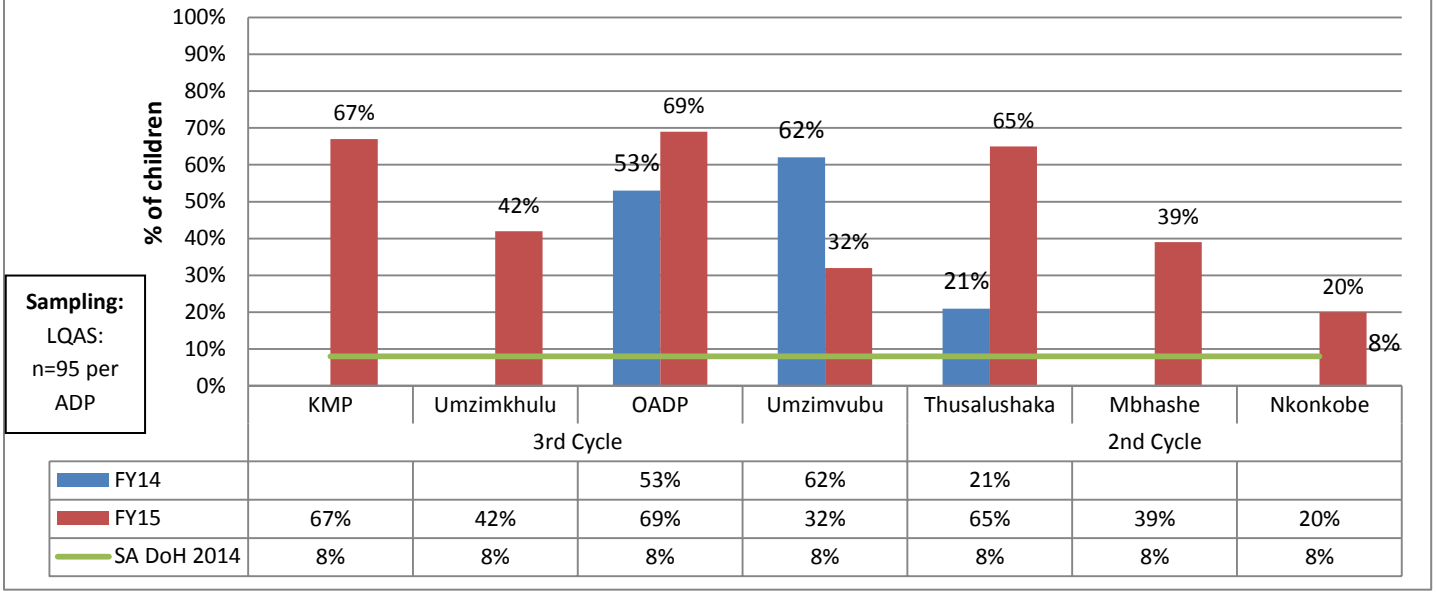
# of projects contributing	8
Amount spent	$2,869,140
Sources of funding	Sponsorship
# of technical staff	Advocacy/Technical staff: 5; development facilitators: 8
Models used	7-11, CoH for HIV, CVA
Key partners	Department of Health, community health CBOs, community caregivers
Beneficiaries	W: 7,333; M: 2,996 G: 13,284; B: 12,880

CWBO 1: Children are well nourished

Standard indicators:
- Proportion of children 0-6 months exclusively breastfed ***(Strategy Indicator)***

Exclusive breastfeeding is a cornerstone of child survival and child health because it provides essential, irreplaceable nutrition for a child's growth and development. Globally, only 38% of infants 0 to 6 months old are exclusively breastfed and in South Africa the most recent data shows this is only at 8%. The barriers to mothers exclusively breastfeeding in South Africa include a lack of knowledge on its importance, traditional beliefs that recommend additional food and water be given and a high number of teenage mothers who are not given the support needed to learn how to breastfeed. We seek to address these barriers through targeted counselling to new mothers on how to breastfeed and on the importance of it. This is done through training of Community Health Workers (CHWs) that support mothers at village level and also through awareness campaigns with the Department of Health (DoH). Support for the DoH initiated Phila Mntwana centres in KZN province including OADP have also been a key strategy in helping to raise awareness around issues such as breastfeeding. These centres are staffed by CHWs and provide essential health services such as growth monitoring, nutrition counselling, immunizations, vitamin A and overall health promotion at community level.

Figure 1.1 Proportion of children exclusively breastfed until 6 months of age



	KMP	Umzimkhulu	OADP	Umzimvubu	Thusalushaka	Mbhashe	Nkonkobe
FY14			53%	62%	21%		
FY15	67%	42%	69%	32%	65%	39%	20%
SA DoH 2014	8%	8%	8%	8%	8%	8%	8%

Exclusive breastfeeding was measured by LQAS in 7 ADPs in FY15 with n value of 95 samples per ADP including 4 evaluations and 2 annual monitoring exercises (sample size of 95 used for all as described in footnote on pg. 10). There was a significant increase ($p<.05$) in Okhahlamba from 53% (FY14) to 69% (FY15). Thusalushaka has significantly increased ($p<.01$) from 12% (FY12) to 65% (FY15) and a there was significant decrease ($p<.01$) in Umzimvubu ADP from 62% (FY14) to 32% (FY15). All ADPs are above South Africa's national coverage of exclusive breastfeeding rates at 8% measured by the Department of Health. In FY15 there were 780 CHWs and 45 CBOs trained in integrated management of child illness and 1779 mothers received counselling on nutrition and appropriate feeding practices. In addition 19 child health awareness campaigns were supported. OADP in particular focused on this health promotion through the Phila Mntwana centres and breastfeeding campaigns to promote good infant feeding practices, which could have contributed to their significant increase in this indicator. Thusalushaka trained CHWs and partnered with the DoH in breastfeeding campaigns. Umzimvubu conducted similar activities but should be looked into further with the DoH along with a root-cause analysis to develop a quality improvement plan to improve the proportion of children that are exclusively breastfeed in the coming years and beyond.

CWBO 2: Children are protected from disease and infection

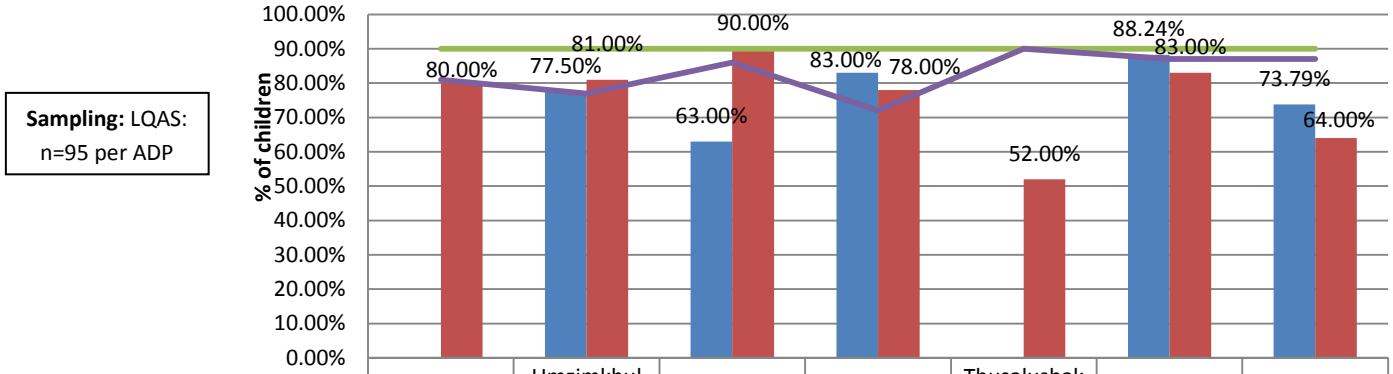
Standard indicators:

- Proportion of children 6-23 months who have received age-appropriate immunisation according to national standards ***(Strategy Indicator)***
- Proportion of youth and caregivers with a comprehensive knowledge of HIV and AIDS
- Proportion of youth and caregivers who have positive attitudes towards people living with HIV and AIDS

Immunization

Immunization rates in South Africa have a high national average of 90%, but many districts are falling behind with district averages as low as 72% for Alfred Nzo District. Our ADP results for the percentage of children fully immunized under the age of 2 are even lower yet as shown in Figure 1.2 below with some such as Thusalushaka as low as 52%. The main causes for low immunization rates are a lack of access to health facilities, a lack of knowledge on the importance of immunization and a lack of effort to seek this at the appropriate time. Children are also often left in the care of grandmothers while the mother returns to work and the grandmothers may forget or lack the resources to take the child for their immunizations at the correct time. Together with the DoH we are trying to address this issue through raising awareness and increasing access to immunizations at community level through mobile campaigns and Phila Mntwana centres. Also through monitoring of children to regularly check their health cards and ensure that immunizations are up to date. This is done through sponsorship monitoring and encouraging community groups and CHWs to do this for all children under the age of 2 in the community.

Figure 1.2 Proportion of children that have received age-appropriate immunization (LQAS n=95 per ADP)



	KMP	Umzimkhulu	OADP	Umzimvubu	Thusalushaka	Nkonkobe	Mbhashe
	3rd phase				2nd phase		
FY14		77.50%	63.00%	83.00%		88.24%	73.79%
FY15	80.00%	81.00%	90.00%	78.00%	52.00%	83.00%	64.00%
SA Natl Ave (DoH 2015)	90%	90%	90%	90%	90%	90%	90%
SA District Ave (DoH 2015)	81%	77%	86%	72%	90%	87%	87%

Figure 1.2 shows that only OADP has reached the National average of 90% for immunization of children. The ADPs are closer to their district averages overall with OADP and Umzimvubu being the only ones to surpass this. In FY15 6395 children were reached through immunization campaigns supported together with the DoH. Approximately 5,000 sponsored children under the age of 5 were monitored to ensure that their immunization rates were up to date.

It is encouraging to see OADP is higher than the district average and has also experienced a significant increase ($p<.01$) from 63% in FY14 to 90% in FY15. We assumed that this was again due to the Phila Mntwana centres that are active in this ADP giving mothers easy access to ensure their children are immunized at the right times. We decided to test this in the FY15 LQAS survey through randomly selecting the sample from 5 existing Phila Mntwana centres and then selecting 2 other control sites that did not have them. The goal was to see if there was any difference through comparing the decision rule[5] for these sites particularly in indicators such as immunization, vitamin A coverage and growth monitoring which the centres prioritize. Unfortunately the decision rule did not reveal any trends to show that the locations with centres were better off than the control groups. This could have been because the centres are relatively new and perhaps their impact has not been fully realized yet (although there still seems to be a positive trend occurring in the data above overall.) It could also be due to other interventions happening such as mobile clinics in the control areas. In addition all sites even the control groups had been reached with the training of CHWs through the ADP program, which perhaps meant that mothers in all areas were receiving the same level of counselling and thus seeking out these services. This practice of comparison utilizing control groups was a great strategy for the OADP team to try and should be continued and refined in the coming years.

Knowledge and Attitudes of Youth and Caregivers towards HIV/AIDs

South Africa is known to be one of the worst affected countries by HIV/AIDs in the last decade. They have also been a country that has made the greatest strides in addressing the crisis. UNAIDS reports them to have the largest HIV treatment program in the world with over 3 million people on ARVs. New HIV infections amongst children have decreased by almost 90% in 2014 from the 70,000 new infections in children reported in 2004 (UNAIDS, 2015). Nonetheless the evidence shows that knowledge and attitudes towards HIV/AIDs still remains an issue in some communities particularly amongst the youthful population. Not all schools are introducing HIV/AIDs education early enough or comprehensively enough and youth are not being taught about healthy sexual

[5] The decision rule is a statistical method of comparing different supervision areas in LQAS to see which ones are performing better or worse than others.

practices at home. Despite the fact that stigmatization of people living with HIV/AIDS has improved, people are still reluctant to disclose their status and with this secrecy youth in particular can still develop false perceptions such as that a teacher with HIV should not continue to teach, or they should not buy from a shopkeeper living with HIV. Figure 1.4 and Figure 1.5 below show the weighted averages from 5 ADP evaluations (n=250x5) and 8 ADP LQAS surveys (n=95x8) that asked both caregivers and youth the same series of questions on their knowledge and attitudes towards HIV/AIDs.

Figure 1.4 Proportion of youth and caregivers with a comprehensive knowledge of HIV (% 'yes' response to questions)

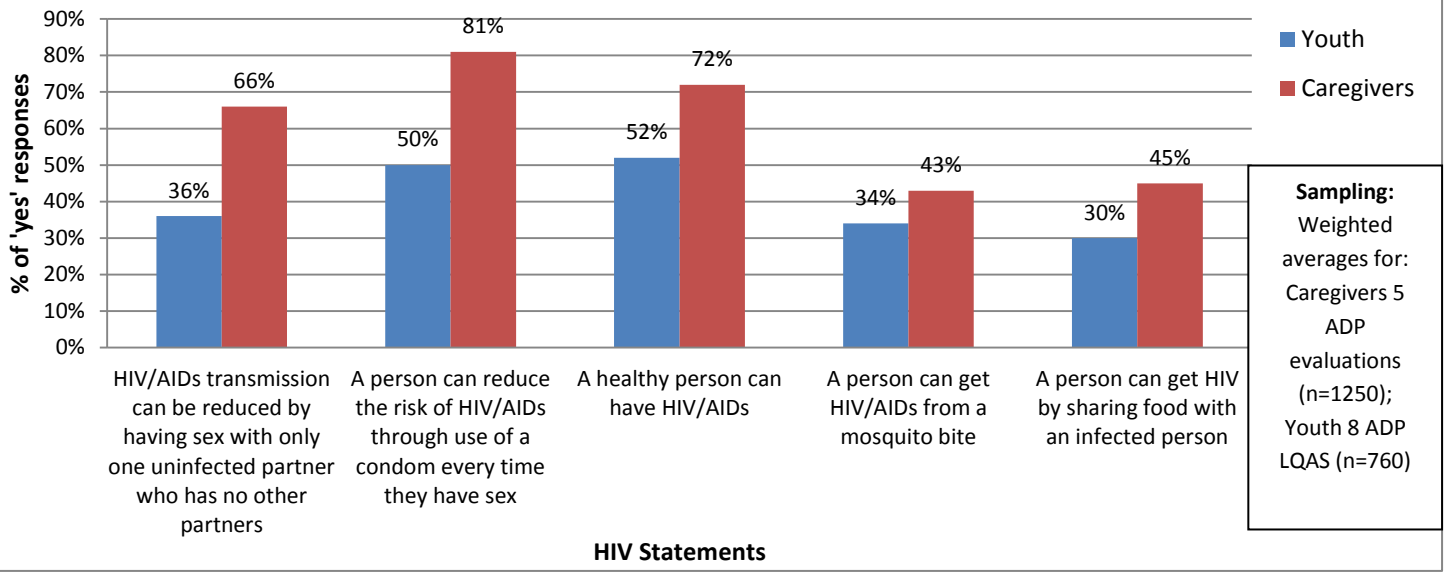
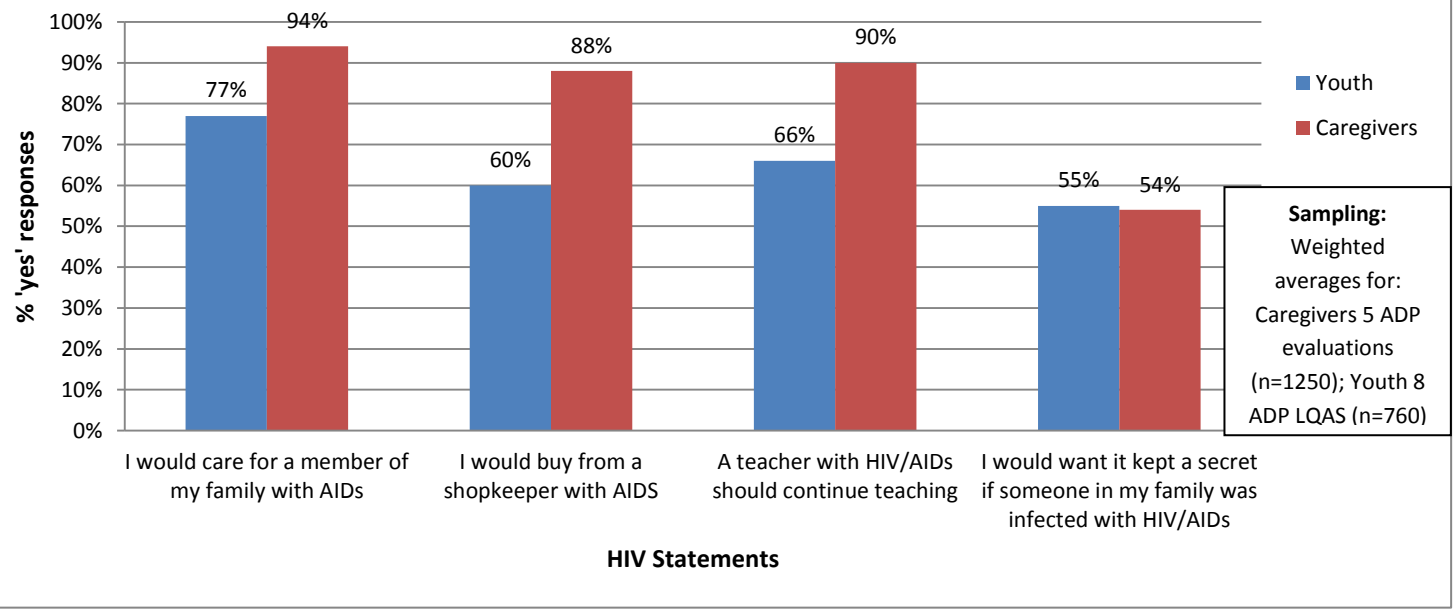


Figure 1.5 Proportion of youth and caregivers that express accepting attitudes towards people with HIV (% 'yes' response to questions)



As one might expect caregivers on average have a higher knowledge of HIV and a higher accepting attitude as compared to youth. Some results are concerning though with 34% of youth and 43% of caregivers still believing that you can get HIV from a mosquito bite and 30% of youth and 45% of caregivers thinking you can get HIV from sharing food with an infected person. For both groups still around half would want to keep it a secret if someone in their family had HIV. Clearly there is still work to be done in

promoting knowledge and reducing stigma around HIV, despite all the efforts that have already been carried out. The weighted averages for the proportion of caregivers and youth with accepting attitudes towards HIV/AIDs have increased from 58% for youth in FY14 to 65% in FY15 across 8 ADPs and from 70% in FY14 for caregivers to 82% in FY15 across 5 ADPs showing there has been some progress. In FY15 4414 youth were trained in HIV/AIDs related life skills and there were 12 HIV/AIDs related campaigns supported. It is encouraging to look more closely at the results by ADP to see that ADPs like KMP and Umzimkhulu that are soon to phase out and have placed a large focus on HIV are coming out with better results in these areas. In fact KMP and Umzimkhulu are higher on almost every indicator compared to the other ADPs for both youth and caregivers. The efforts of these ADPs in promoting CoH for HIV, youth life skills and peer educators, HIV/AIDs awareness campaigns and perhaps the length of time they have been operating as ADPs in their third cycle could have contributed to these higher results.

A home based care worker helped me through my TB treatment for 6 months and I am now healed – Community member Kodumela home based care program https://youtu.be/wFBTHSb0sYE

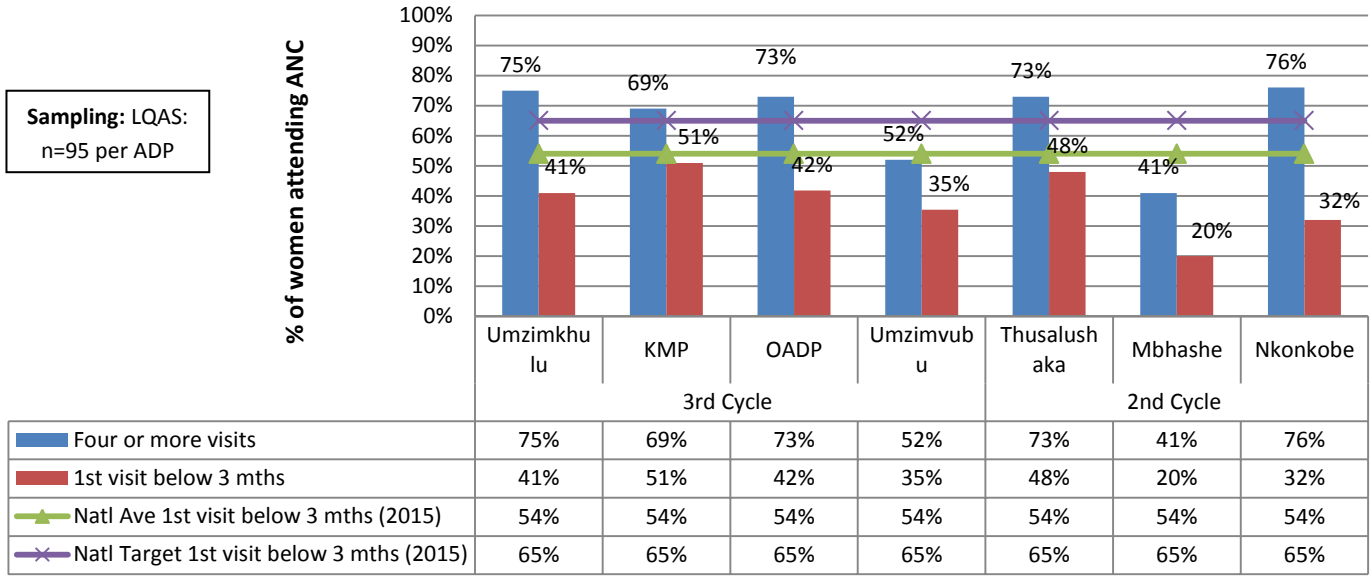
CWBO 3: Children and their caregivers access essential health services

Standard indicators:- Proportion of mothers who report they had four or more ANC visits while pregnant with youngest child
- Proportion of mothers who attended their first ANC visit below 3 months
- Proportion of women offered and accepted counselling and testing for HIV during most recent pregnancy, and received test results ***(Strategy Indicator)***

ANC Visits

Last year's CWBR reported South Africa's very high rates of delivery in health facilities and delivery with a skilled birth attendant with most ADPs measuring above 90% for these indicators. However when it comes to early ANC attendance and linked to this the testing for HIV early on in their pregnancy, the results are much poorer. Recent focus group discussions in preparation for the development of the health Technical Approach revealed that the root causes of poor early antenatal attendance were not so much due to poor access to facilities, but more to do with the behaviour and attitudes of pregnant women. Adolescents revealed that pregnant teenage girls tended to hide their pregnancy from their parents resulting in late ANC attendance. Other women expressed the belief that they would be bewitched once people realized they were pregnant. Others revealed that women and especially teenage girls often don't know what the signs of pregnancy are and would discover it only very late. Our health programs try to combat these beliefs through training of CHWs on the importance of early ANC attendance so that they can sensitize the community members that they work with. We also raise awareness in schools and through youth groups on healthy sexual practices, the reality of teenage pregnancies and what to do if a girl finds herself pregnant.

Figure 1.6 Percentage of women attending antenatal care (FY15)



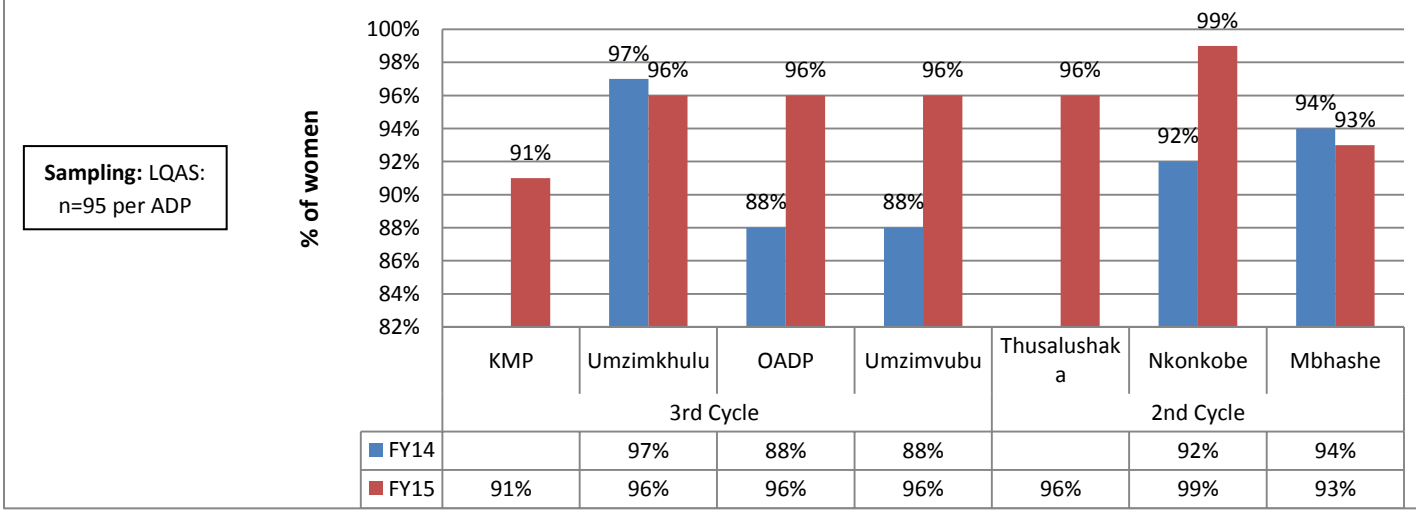
	Umzimkhulu	KMP	OADP	Umzimvubu	Thusalushaka	Mbhashe	Nkonkobe
	3rd Cycle				2nd Cycle		
Four or more visits	75%	69%	73%	52%	73%	41%	76%
1st visit below 3 mths	41%	51%	42%	35%	48%	20%	32%
Natl Ave 1st visit below 3 mths (2015)	54%	54%	54%	54%	54%	54%	54%
Natl Target 1st visit below 3 mths (2015)	65%	65%	65%	65%	65%	65%	65%

Figure 1.6 shows mothers reporting that their attendance of 4 or more visits is fairly high, with most ADPs being over 70%. In some ADPs like OADP there has been an increase where 64% of mothers attended at least 4 visits in FY14 and now 73% of mothers are attending. This could again be due to the health promotion work the ADP has been doing through Phila Mntwana centres and training of CCGs.

The data for mothers that have attended their first ANC visit within the first 3 months is much lower with almost all ADPs reporting below 50%. The DoH District Health Barometer measured this indicator for 2015 which shows all of our ADPs are below the National average and below the National target for this. A clear communications and awareness strategy around this should be employed in the health Technical Program to ensure that this indicator improves over the coming strategic period. A support system should be put in place for teenage girls that find themselves pregnant to be able to consult a teacher or CHW in the community to help them do a pregnancy test and advise them on the next steps including an early ANC visit and test for HIV.

HIV Testing during Pregnancy

Figure 1.3 Proportion of women who were offered and accepted counseling and testing for HIV during most recent pregnancy, and received their test results



	KMP	Umzimkhulu	OADP	Umzimvubu	Thusalushaka	Nkonkobe	Mbhashe
	3rd Cycle				2nd Cycle		
FY14		97%	88%	88%		92%	94%
FY15	91%	96%	96%	96%	96%	99%	93%

Figure 1.3 shows high results for the proportion of women that were tested for HIV during their pregnancy with all 7 ADPs between 91% - 99%. 3 ADPs reported an increase including OADP and Umzimvubu that both increased from 88% (FY14) to 96% (FY15) and Nkonkobe that increased from 92% (FY14) to 99% (FY15). Only Nkonkobe was a significant increase ($p<.05$). The positive trend in OADP and Umzimvubu is attributed to the existence of basic health services like Philamntwana centres, presence of CCGs who conduct door to door visits, HIV sensitization campaigns, and political will to ensure that basic health services are easily accessible and provide the best health care for all people. Advocacy in health has also positively contributed to this increase. In the past year 57 clinic committees were trained in CVA and 17 community dialogues conducted around health access including both OADP and Umzimvubu. These groups are able to take the lead in continuing to demand services such as ARVs for pregnant mothers in line with the government policy. It should be noted though that the data above does not show when the first HIV test was given. It just reports if it was given at all. With fewer than 50% of mothers receiving their first ANC visit in the first 3 months most of the tests done above were likely done later in a mother's pregnancy which means she would not have been taking ARVs for her full term potentially endangering the baby. The above standard HIV testing question should perhaps be modified to include a question on when the first test was given.

Most Vulnerable Children

- The most vulnerable children continue to be prioritized in the health strategy through a focus on children under the age of 2 through reinforcing exclusive breastfeeding, immunizations and appropriate complementary feeding messaging to mothers
- The health technical program and ADPs are looking into how best to support teenage mothers who are still often considered 'children' themselves and then have an additional child to take care of. This involves health messaging on ANC attendance, and care for the baby but also psycho-social support and even support from schools for the mother to finish her education wherever possible.

Sustainability

Partnerships	Strong partnership with the DoH has contributed to sustainability in all our programming areas. Strategic discussions are being conducted with DoH at national, provincial and district levels where this was not happening before. The new health models such as Timed and Targeted Counselling to be introduced are currently being shared with the DoH particularly in Limpopo and Eastern Cape provinces where the model will be piloted. Partnering with local health CBOs, pastors, local churches and CHWs (both those paid by DoH and volunteers) has also been critical to ensuring that local actors are able to continue motivating positive health behaviour change and disease prevention activities at community level.
Local & National Advocacy	National level health advocacy continued through the involvement of WVSA in Action 2015 and highlighting the specific needs of children under 5 and pregnant women. In addition WVSA made contributions to 2 policies including the Department of Basic Education's draft HIV/AIDs and TB policy and the draft policy on traditional initiation from the Department of Traditional Affairs. These policies will have an impact on 11.2 million children of school going age. CVA is a key model in ensuring sustainability and the program continues to build the capacity of clinic committees and health CBOs in how to represent their local health needs. Muila clinic in Thusalushaka recently reported receiving an ambulance from the provincial DoH following their CVA work to represent this need.

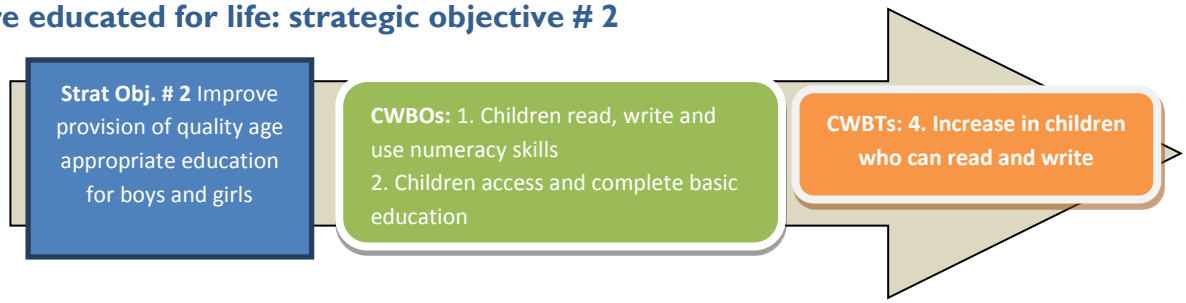
Key learnings

- The existence of Phila Mntwana centres is a resource in the community for promoting child health but having just started in the past couple years it may still be too new an initiative to see significant differences between children living near a centre and other children served by mobile health campaigns.
- The training of and work with CHWs remains a critical component of the health strategy as the CHWs are the core 'hands and feet' bringing health counselling and messaging into communities.
- HIV/AIDs testing in South Africa for pregnant mothers is now standard practice when they attend an ANC visit. However we should be measuring when the first HIV test was given to see whether it was done early enough in the pregnancy to allow for full term taking of ARVs in the case of a positive test.

Recommendations

- Continue to monitor the functionality of the Phila Mntwana centres in KZN and especially OADP together with the DoH to determine whether they are having an impact on child health
- Continue to support capacity building of CHWs, transitioning this to the Timed and Targeted Counselling model in Thusalushaka and Umzimvubu (as pilot ADPs) to improve the timing and monitoring of home visits made to pregnant and lactating mothers and children under 5
- Continue to use various channels of communication (Media, social networks such as radio, billboards, TV) to share knowledge on behaviours such as exclusive breastfeeding and enable a wider outreach
- Incorporate more targeted messaging in schools and youth groups for how to prevent pregnancy but also how to recognize and deal with pregnancy early on. Set up a support system where a teenage girl can go if she suspects she is pregnant to get a confidential test and be helped to access early ANC care for the health of her and the baby.
- Given that PMTCT coverage for pregnant women is now very high there is a need to shift focus to children especially ensuring they get tested and those testing HIV positive are enrolled in treatment. HIV positive pregnant women and those breastfeeding should also continue to be monitored closely to ensure they are taking ARVs to prevent transmission
- In a report on RC deaths it was shown that suicide and road traffic accidents were the main causes of RC deaths. There is a need to have a deeper analysis of these problems and to consider including interventions in this area

Children are educated for life: strategic objective # 2



Key Information

Table 2.1: FY15 resources and beneficiaries for strategic obj. 2

# of projects contributing	9
Amount spent	$2,283,977
Sources of funding	Sponsorship
# of technical staff	Education TP Manager: 1 Development facilitators: 8
Models used	Partnership with COUNT NGO for numeracy strategies, CVA
Key partners	Department of Education, Rhodes University, COUNT NGO, SGBs
Beneficiaries	W:334; M:174; G:21,927; B:20,624

CWBO 1: Children read write and use numeracy skills

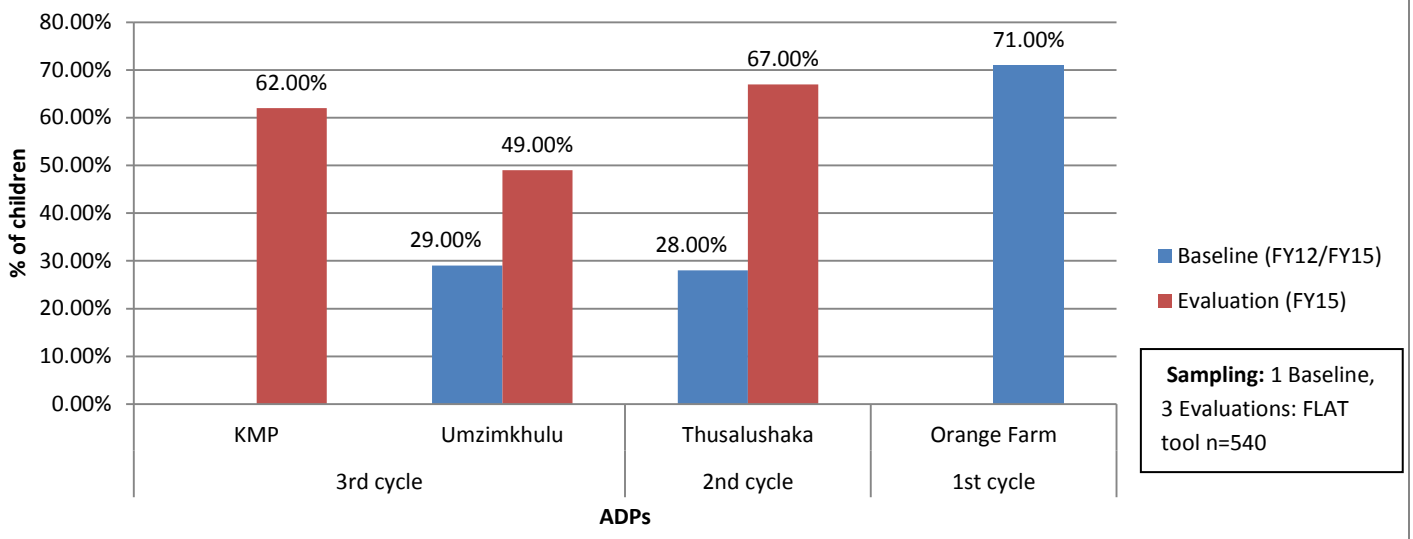
Standard indicators – Proportion of children who can read with comprehension ***(Strategy Indicator)***

Despite the fact that the Government spent 15% of their budget in FY15 on basic education which is free and available to every child in South Africa, there are still numerous issues with the quality of education that affects the performance of students and the number of children that are able to read with comprehension by age 11. The root causes of this are poorly trained teachers, overcrowded classrooms, children that travel far to school spending several hours a day walking rather than studying, and a lack of support at home for learning. Many children are in the care of their grandmother because their parents have passed away, abandoned them or live far away trying to earn an income. The grandmother might be illiterate herself and therefore is unable to

support the child's learning at home. Our FY15 surveys reported a weighted average of 69% of parents indicating they were participating somehow in their children's education. Our education programs strive to address both in school and out of school learning. In school learning is supported through teacher training and supplementing resources in classrooms. Out of school learning is supported through training volunteers to coach children in literacy and supporting children's learning through homework clubs and literacy groups. Our ADPs in Limpopo including Kodumela and Thusalushaka have combined these approaches through 'intervention classes' where volunteers and paid government development workers are trained in literacy and numeracy teaching strategies and provide in school support to learners that are struggling with basic reading, writing and mathematics.

'Intervention classes' in Kodumela have been an innovative literacy teaching strategy in partnership with the teachers in the Cholsey community in South Oxfordshire, UK. Other ADP's are now adopting this model as well. Please see video link here: https://youtu.be/mfpqUOFQywM

Figure 2.1 Proportion of children that can read with comprehension



FLAT was measured in four programs this year in three evaluations and one baseline. Comparing to the baseline measurements in Umzimkhulu and Thusalushaka a significant increase can be seen in both ($p<.01$) from 29% (FY12) to 49% (FY15) in Umzimkhulu and more than doubling in Thusalushaka from 28% to 67%. Since FLAT had also been measured in Umzimkhulu in September 2014 (66.32%), the March 2015 evaluation selected 8 different schools. Seven of the eight schools selected were involved in the ADP programme of training teachers at Rhodes University and two of the schools were involved in the COUNT numeracy programme. The school that had no teachers trained achieved a FLAT score of 32% compared to the other two schools which received between 44% and 64% highlighting the potential impact of the teacher training and COUNT programmes. The ADP has also sponsored readthons and school competitions to encourage learning.

In Thusalushaka the ADP had several workshops with foundation (primary) phase teachers to encourage them in improved teaching methodologies. These teachers were taken on exposure visits to the Kodumela intervention classes and one similar intervention class was set up in Thusalushaka. Schools were further supported with learning resources, reading and poem competitions for learners, school campaigns, CVA and supporting homework clubs in the drop in centres. It should also be noted that the baseline FLAT measurement was done in English whereas the evaluation one was translated into the local language which may have had an impact on children's performance.

Overall in FY15 151 teachers were trained to improve their teaching skills, 491 community literacy volunteers were trained and 55 numeracy volunteers. 1261 children were reached through readathon/quiz events supported by the program. Looking at the 2015 National matric pass rates in South African high schools there was an overall decrease of 5.1% from 75.8% in FY14 to 70.7% in FY15. However looking at these results further, it seems that the schools in quintile 1-5 (the schools in the lowest poverty ranked areas) actually revealed an increase in pass results. The National Senior Certificate (NSC) passes for quintiles 1-3 combined ("no fee"

schools) saw a 40.5% increase and the NSC passes for quintiles 4 and 5 saw a 29.8% increase.[6] This is an indication that all partners' efforts towards improving the quality of education in these areas is making a difference. We were pleasantly surprised to discover that the National senior exam this year actually featured WV in one of the questions (pg. 8 of the attached) increasing our brand awareness to around 650,000 students that took the exam and likely many more marking it, and using it for review in the coming year.

English FAL P1 Feb-March 2015.pdf

CWBO 2: Children access and complete basic education

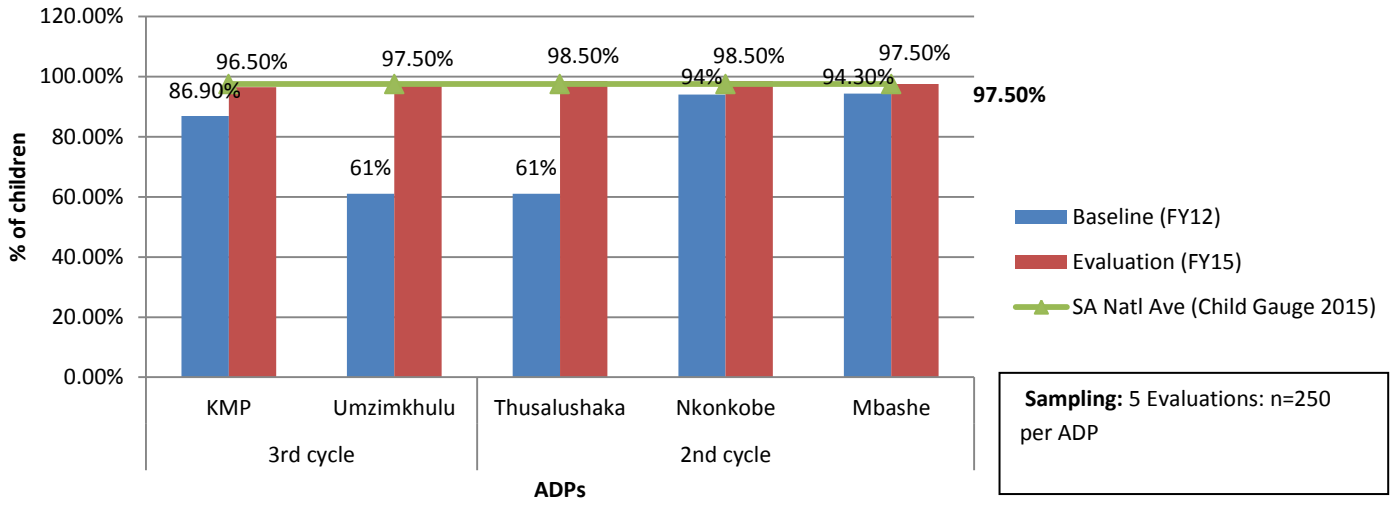
Standard indicators

– Proportion of children enrolled in and attending a structured learning institution

- Proportion of parents involved in children's education

Although enrolment in school is quite high in South Africa, children are still walking long distances to get to school and this comprimises the additional time that they have available to spend on their studies at home. This outcome is addressed in South Africa largely through our Bicycle Education Empowerment Program (BEEP) in partnership with World Bicycle Relief. Bicycles are distributed to children in need as identified by the community and school through the bicycle supervisory committees. This outcome is also addressed through back to school campaigns conducted together with DoE and the direct support to orphans and vulnerable children with school uniforms where needed.

Figure 2.2 Proportion of children enrolled and attending a structured learning institution



Increases in children enrolled in and attending a structured learning institution were shown in all 5 evaluations in 2015 compared to the baseline conducted in 2012. In addition all ADPs have reached or surpassed the National average for enrolment and attendance except for KMP which is only 1% lower.[7] The largest increases are both significant ($p<.01$) in Umzimkhulu (from 61% to 97.5%) and Thusalushaka (from 61% to 98.5%). In Thusalushaka this increase can be attributed to the 'Back to School' campaigns that were done together with the DoE annually over the past few years. For example the one in January 2015 that reached 36 schools and impacted 2935 girls and 2081 boys. This campaign also involved distributing uniforms to 38 boys and girls in need. The CVA project that has been carried out in Thusalushaka over the past few years has increased the involvement and interest of parents in the school system.

[6] Department of Basic Education National Senior Certificate (NSC) reports 2015

[7] Child Gauge Report 2015, p. 119.

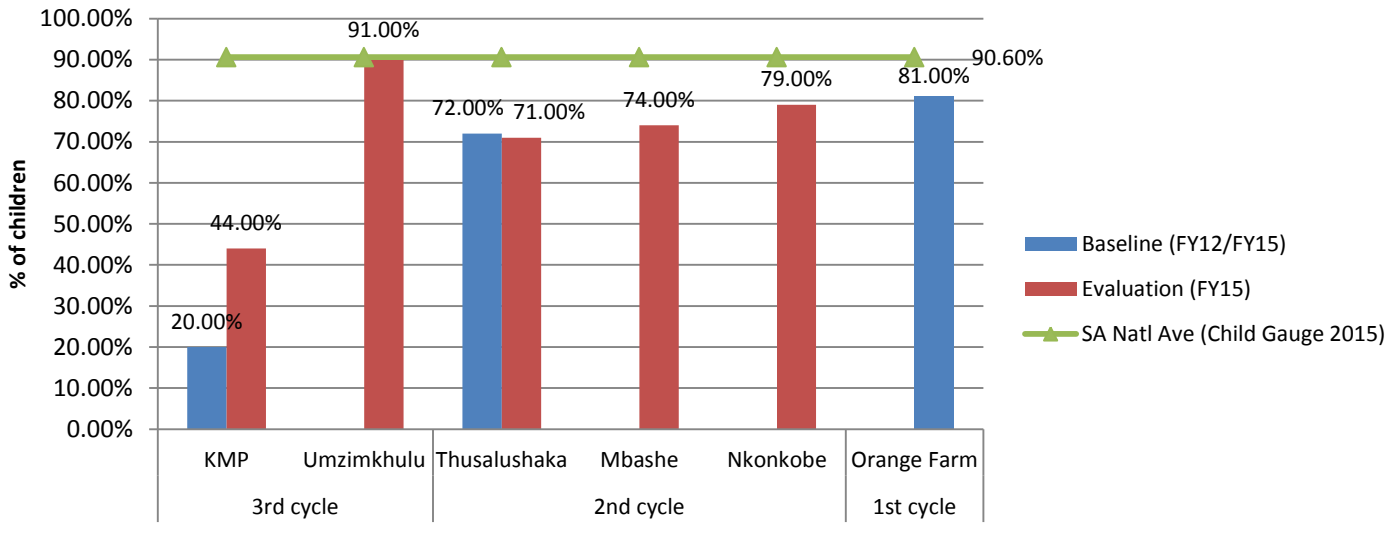
School Governing Bodies are now aware of education policies such as the South Africa Schools Act and parents and community members are participating in dialogues with education service providers to ensure these policies are implemented. The 2015 Thusalushaka evaluation report highlighted that the proportion of parents actively involved in their child's education has increased to 67% from 28% of 2012 baseline survey. In addition it was reported that principals and educators were attesting to a reduction of school dropouts and increased participation of parents in their children's education more than ever before.

Through the BEEP program 6300 bicycles were distributed in 2015 across 85 schools in 3 provinces. This includes Thusalushaka with 1200 bicycles, Umzimkhulu with 600 bicycles and Nkonkobe with 600 bicycles. FGDs conducted with youth that received the bicycles have shown that they are now able to arrive at school on time *"Bicycles help us to get to school on time*" (learner from Hermmasburg Combined school, Umvoti ADP). Comments also revealed an impact on students' ability to concentrate and even a further impact on the economic situation of the family at home: *"Because of distance I used to wake up around 4:00 and by the time I got to school I was sleeping in class but now I wake up at 6:00 and still arrive early"* (Learner from Senzokwethu Primary School OADP); *"Because of walking long distances on hard tar roads, I used to buy shoes for my son 3 times a year, but this year we only bought once and the shoes are still fine"* (Parent from Busana Secondary school in Umvoti).

ECD Attendance

Support for ECDs is critical as an early foundation for learners to succeed well once they reach primary school. Most ECDs in the communities where we work are informally set up and lack training, resources and equipment to effectively teach the children. Many of them fail to meet the standards to receive funding from the Department of Social Development (DSD) even though this funding is available. Our programs thus focus on training for teachers in effective teaching strategies for early childhood development, supplying ECDS with resources and materials and helping them to meet the required standards to receive funding from DSD.

Figure 2.3 Proportion of children 3-6 enrolled and attending ECD



Sampling: 5 Evaluations (n=250 per ADP), 1 Baseline (n=350)

In FY15, 127 ECD teachers were trained to improve their skills to teach early childhood development, and 256 ECDs supported with equipment and supplies (like desks, chairs, learning materials, jungle gyms). As Figure 2.3 shows, the proportion of children aged 3-6 enrolled and attending ECDs is over 70% in 5 ADPs. It is still fairly low in KMP at 44% although this has doubled since the baseline measurement in 2012 when it was at 20%. The figures are not as high as the 2015 Child Gauge report National Average[8] however this average represents attendance of children 5-6 whereas the WV surveys focused on attendance of children 3-6 which is perhaps why our figures are lower.

[8] Child Gauge Report 2015, p. 121

Most Vulnerable Children

- The Kodumela intervention classes have prioritized the most vulnerable children in its strategy of identifying children within the school that are struggling and unable to keep up with other children in the class. These children receive additional support from a trained literacy volunteer to ensure that they are not progressing to the next level while failing to even be able to perform the basics of reading, writing and counting.
- Education campaigns that have been conducted for example in Thusalushaka have helped to identify the most vulnerable children that are failing to go to school due to economic constraints and have helped to provide them with uniforms to ensure they can attend
- The CVA work performed by Atlantis as described in the sustainability section below signalled out 198 of the most vulnerable children that were refused entrance into school due to over-crowding and ensured that they were able to go back after only missing one school term.

Sustainability

Partnerships	A strong partnership with the DoE has been critical to the sustainability of education initiatives. Local partnerships with SGBs and teachers have also been pivotal in building their capacity to improve the quality of education in schools. Other partnerships with the Government public works program in Limpopo and OADP has been critical in being able to use paid development workers as literacy and numeracy volunteers. The public works program registers and pays community members for 6 month periods to do community development work. WVSA will continue to seek to partner with them in as many ADPs as we can to play a role in assigning these workers tasks to do for the benefit of children, and overcome the problem we often face of finding motivated volunteers.
Local Advocacy	The integration of the CVA model for SGBs has continued in all ADPs and will be key to achieving sustainable outcomes in terms of helping these actors hold the DoE accountable for services to schools. In Atlantis the local Education Crisis forum group managed to use CVA methodology to represent 198 children who did not get admission due to over-crowding of schools. This forum advocated and lobbied with Department of Education and other interested and relevant agencies and succeeded in getting approximately 190 children back into school after missing nearly one term of schooling.
Local Ownership	Limpopo has seen great local ownership occurring through their intervention classes where volunteers are trained in literacy teaching strategies for children with a special emphasis on phonetics. They then have special classes during school time for students that are struggling, to receive additional support with their reading. This strategy is supported by the DoE but not been fully taken over to be funded. The local community will thus continue to keep it going in partnership with the school leadership and the SGBs even as Kodumela has now phased out.

Key learnings

- The combination of strong CVA work combined with community mobilization and education campaigns in Thusalushaka seems to have contributed to an increase in parents involved in their children's education, an increase in enrolment and attendance rates and an increase in literacy. Programs such as Orange Farm that are just starting and report very low levels of parental involvement in schools can perhaps learn from these strategies in making CVA the foundation for the education program.
- Bicycle distributions can support the increase in enrolment and attendance in schools particularly in rural areas where children have to walk long distances to get to school. However the programme is still continuing to look into better ways of implementation through an externally funded research study being carried out in Limopopo. New strategies such as giving the bicycles as the property of the school rather than the property of the student are being looked into.

Recommendations

- Focus less on interventions to increase enrolment and attendance and more on efforts to increase reading and comprehension including literacy focused homework clubs, training literacy and numeracy volunteers and teacher training in methods of teaching literacy and numeracy.
- Continue a strong focus on CVA for School Governance Bodies with a focus on raising awareness of school policies, holding education service providers accountable and increasing parental involvement in their children's education.
- Conduct an assessment of the current education approaches used by WVSA including Rhodes teacher training, COUNT, and phonetics teacher training programs from Limpopo to determine the recommended education models for WVSA and which ones can be combined with literacy boost for maximum effectiveness.

- We need to implement a monitoring tool that measures the quality of ECD education since we have been investing a lot of resources in ECD teacher training but have not had a good tool to measure the difference this makes in children's readiness for school.

Children experience love of God and neighbours: strategic objective # 3[9]

Key Information

Table 3.1: FY15 resources and beneficiaries for strategic obj. 3

# of projects contributing	15
Amount spent	$1,450,901 (this amount is combined with children are protected, spiritually nurtured and participating)
Sources of funding	Sponsorship
# of technical staff	Advocacy staff for CoH models: 2, development facilitators: 19
Models used	CoH for Gender and HIV, Value Based Lifeskills Training
Key partners	Department of Health, community health CBOs, community caregivers
Beneficiaries	G: 4,940; B: 4,295

CWBO 1: Children grow in their awareness and experience of God's love

Standard Indicators:
- Proportion of children that grow in their awareness and experience of God's love
- Proportion of children that have an understanding and awareness of God
- Proportion of children that have opportunities to demonstrate God's presence in their lives

As a Christian organization WV South Africa strives to ensure that all of our sponsored children as well as non-sponsored children are experiencing the love of God. Though we do not force Christianity on anyone or actively proselytize, Christian principles are underlying a lot of the life skills programs that we implement in terms of teaching youth their value in the eyes of God and that they should respect their bodies and respect others' as God's wonderful creation. As South Africa is around 80% Christian these are welcome principles to be teaching children in many communities in which we work.

The above standard indicators have been hard to measure in the past and so this year WVSA piloted an additional section in the YHBS that we administered through LQAS across 35 schools in 7 ADPs. These questions asked youth to rate themselves on the below continuum for questions relating to whether they thought they were a loved child of God, if they had grown spiritually in the past year, their hope for the future and their perceptions of gender. The results below were quantified through considering the response 'strongly agree' or 'agree' as a positive response.

[9] This was a new strategic objective that was added at the end of FY14 noting that it is a critical part of WVSA's ministry and needed to have a place in the strategy. It will be more fully developed with appropriate indicators in the next strategy revision.

1	2	3	4	5
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

Table 3.2 to show Spiritual Nurture Status of Youth: YHBS LQAS (n=95 per ADP)
% Relates to % of youth that agree or strongly agree with the statement

	Umzimvubu	OADP	Ixopo	Thaba Nchu	Umvoti	Orange Farm	Average
I am a loved child of God	95%	77%	83%	93%	89%	88%	88%
I make good choices	93%	72%	80%	87%	76%	84%	82%
I have hope for the future	95%	93%	90%	96%	90%	95%	93%
I have someone in their life supporting me in my knowledge of God	91%	89%	84%	85%	92%	90%	89%
I have grown in my knowledge of God over the past year	88%	78%	79%	87%	77%	84%	82%

Table 3.2 above shows quite high results for these statements relating to youth perceptions of their spiritual state. All statements are over 70% with most being in the upper 80s and 90s. The highest statements included 'I have Hope for the Future' and 'I have someone in my life supporting me in my knowledge of God.' OADP applied these questions in 7 schools, 5 schools that included youth that had been involved in a spiritual nurture focused VBLS program and 2 control schools that had not received this program to see if there was any difference. The results were interesting in that the control schools came out just as high as the schools where the program was being applied. One could conclude that this means the program is not effective, or perhaps that the children in the control schools were receiving spiritual nurture from somewhere else, or that the questions were not adequately capturing the situation. In speaking to the youth that have gone through the VBLS program it is clear that it has had a significant impact on them as they say they have a better view of themselves and make better choices. Perhaps in this sense it is better to rely on qualitative information to judge the impact of such initiatives rather than quantitative.

Gender Perceptions of Youth

Many of the spiritual nurture activities also include a component of gender integration. For example barefoot, a program that encourages girls and boys to start thinking about the differences between them but teaching them that they are all still equal in the eyes of God. Barefoot has been rolled out in 5 ADPs including Umzimkhulu, Umzimvubu, OADP, Ixopo and Thaba Nchu. It is used in Sunday schools, drop in centres, and youth camps to engage children in active, participatory learning.

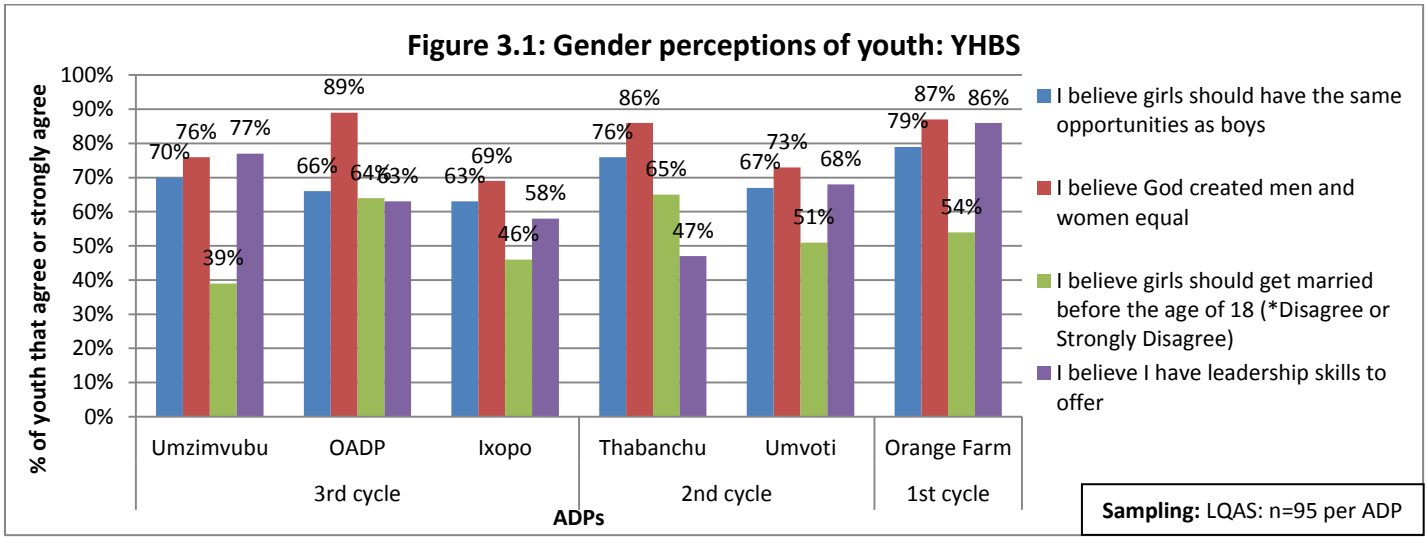


Figure 3.1 shows the perceptions of youth on gender equality issues and their own leadership skills. Interestingly a higher proportion of youth in all ADPs thought that God had created men and women equal compared to what the youth believed about girls having the same opportunities as boys. It would have been interesting to include a question on whether they actually thought girls were receiving the same opportunities as boys since they may have interpreted the question in this way. The lowest responses are relating to the belief that girls should get married before the age of 18 with only around 50% or lower disagreeing or strongly disagreeing with this statement. Again there could have been some misunderstanding of this statement and these responses would have perhaps been better obtained through a focus group discussion. The barefoot program has been implemented in both Umzimvubu and Ixopo including some of the schools that were targeted with this survey. It has only started in the last couple of years so these results could be considered a baseline for the initiative. Some FGDs were carried out with children that had participated in the barefoot program in Ixopo and Umzimkhulu where the children commented that it taught them how to respect both girls and boys alike *"we need to treat each other equally and care for each other."* It also helped to boost the self-esteem and confidence of children to speak up: *"I learned to talk to people when I have a problem and report it to the elders."*

Sustainability

Partnership	Partnership with church leaders and pastors in achieving this outcome has been the key to sustainability particularly through the CoH models, but also through involving Sunday School teachers in children's activities such as the barefoot program.
Local Ownership	Children themselves have proven to be key leaders if given the capacity and opportunity to be involved. The training of peer educators in OADP through the VBLS program has helped to give these youth skills to be key influencers in the future.
Transformed Relationships	Children have improved their relationships and experience with God and others in their communities through the spiritual nurture activities conducted during this fiscal year.

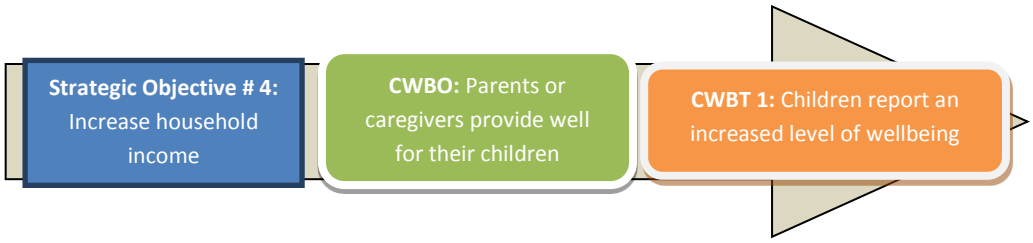
Key learnings

- Given the predominance of Christianity in South Africa and the subjective nature of the spiritual nurture statements asked of youth, these are perhaps not the best way of measuring the impact of VBLS and barefoot interventions. It would still be interesting to repeat these statements a few years down the road. However it may be better to use more qualitative means to measure the impact of these programs on youth in future.
- The high results of the spiritual nurture statements show that youth in South Africa have a solid basis for their faith which is not surprising given that 80% of South Africans are professing Christians. It points to the need to focus more on behaviour change VBLS programs that look at resisting drugs, alcohol and unsafe sex, using spiritual nurture as a foundation for inspiring this behaviour change.

Recommendations

- Continue to roll out the barefoot program as a participatory engaging model for children to learn about gender differences from an early age.
- Continue to design and seek out service providers that will offer VBLS models focused on behaviour change and the building of leadership skills
- Utilize peer educators to build their leadership capacity and assist them to then teach and mentor other youth in life and leadership skills

Children are cared for protected and participating: strategic objective # 4



Key Information

Table 4.1: FY15 resources and beneficiaries for strategic obj. 4

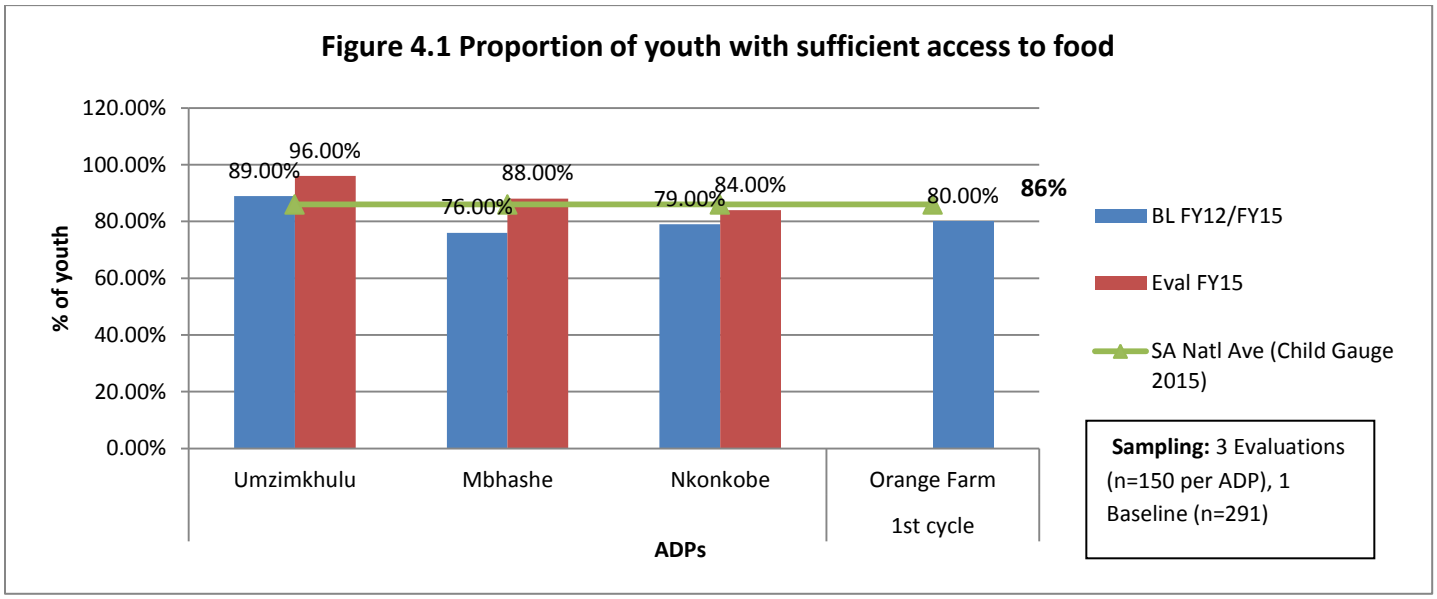
# of projects contributing	10
Amount spent	$2,193,135
Sources of funding	Sponsorship
# of technical staff	Development facilitators: 19
Models used	Village savings and loans groups, Business skills training, Value based life skills
Key partners	Department of Agriculture, Department of Economic Development, local municipalities, LIMA
Beneficiaries	W: 1,615; M: 1,263; G: 3,381; B: 3,397

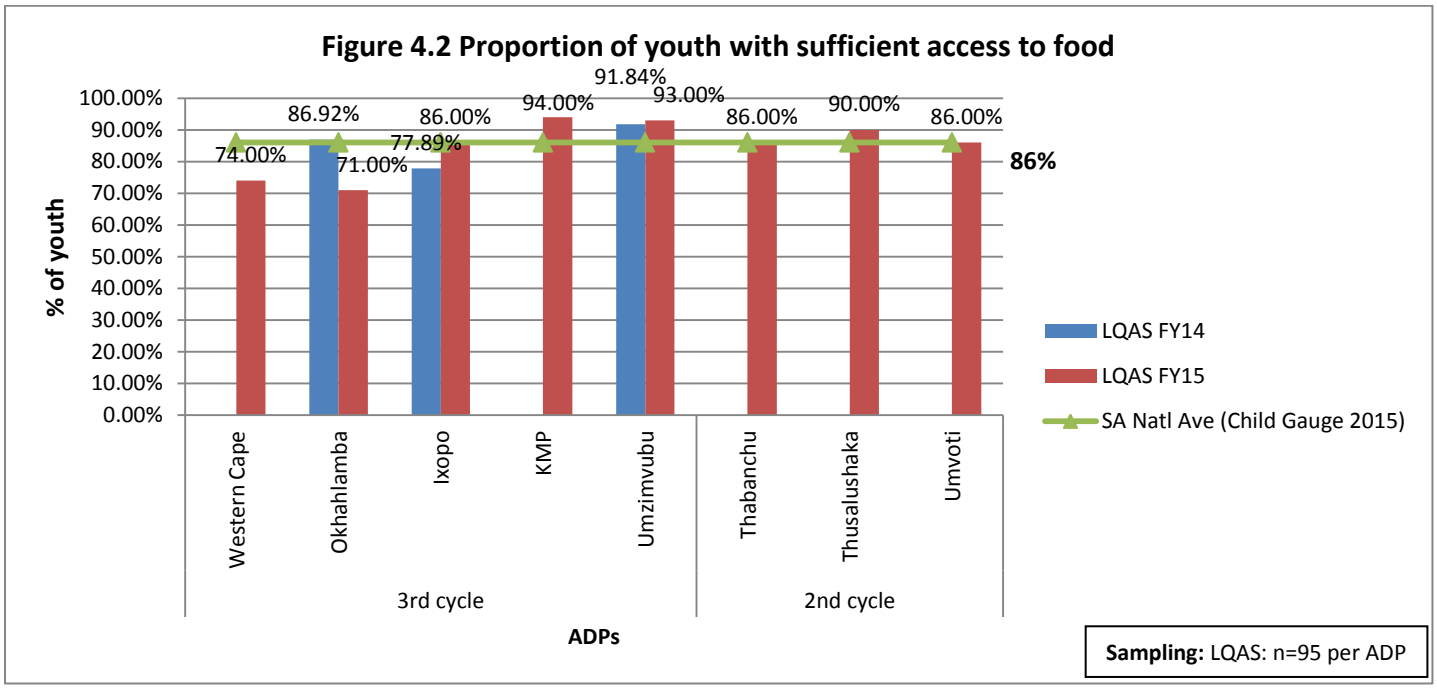
CWBO 1: Parents/caregivers provide well for their children

Standard Indicators
- Proportion of youth with sufficient access to food
- Proportion of parents/caregivers that can provide well for their children

The context in South Africa is that almost all poor households across the country are receiving some type of grant from the government. Old age grants are around R1505 per month, disability grants are R1505 a month, child support grant is R350 per child per month, foster care grant is R890 per month and care dependency grant is R1505 per month. This has meant that even in the midst of the drought affecting the country in the past year, households have had a social safety net to fall back on. The question then becomes whether this money is being spent on children to provide for their food, shelter, education and health care. All of our programs seek to advocate this message. Our economic development programs also strive to increase the supplemental income and food access to these grants in the form of backyard gardens, income generating activities and agricultural support to farmers.

Sufficient Access to food for Youth (CWBT 1)



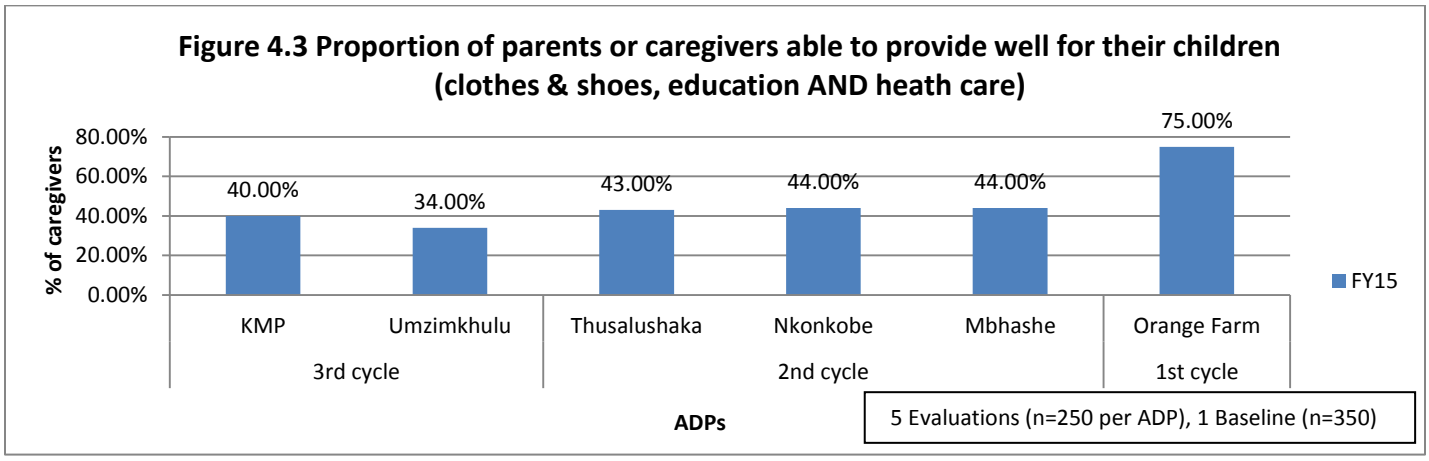


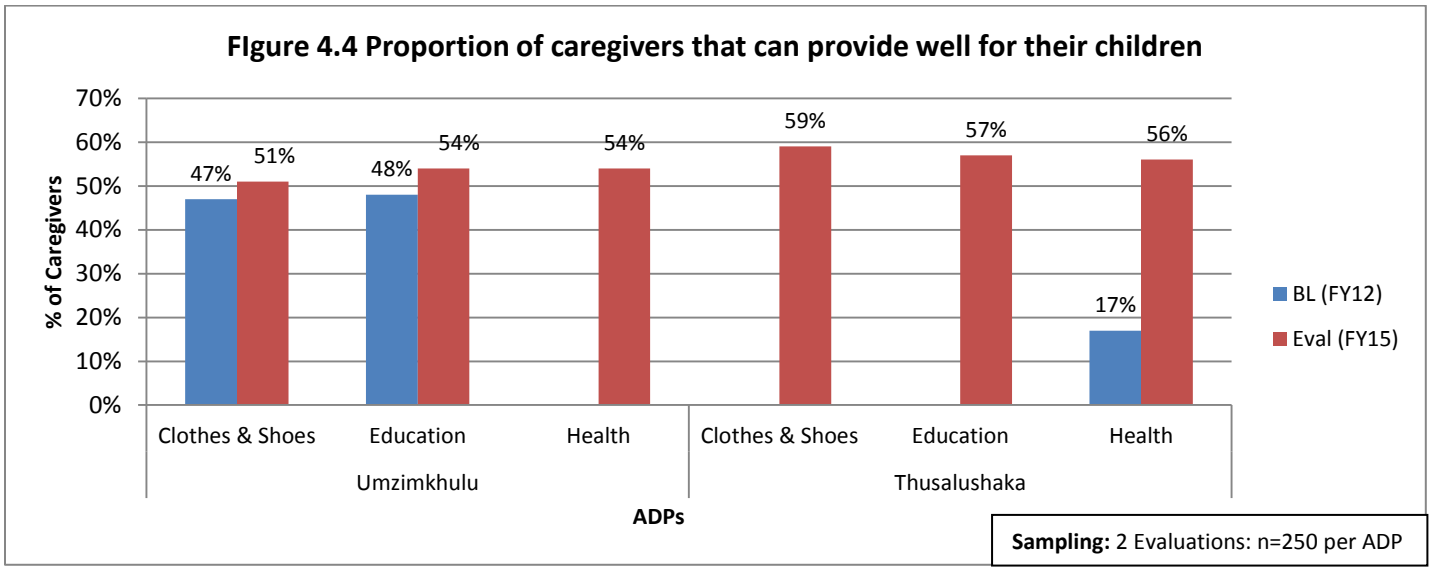
The proportion of youth with sufficient access to food (CWBT #1) shows good progress in 5 ADPs from both baseline/evaluations and LQAS monitoring data. As Figures 4.1 and 4.2 shows this has significantly increased ($p<.05$) in Umzimkhulu from 89% (FY12) to 96% (FY15), significantly increased ($p<.01$) in Mbhashe: 76% (FY12) to 88% (FY15) and Nkonkobe: 79% (FY12) to 84% (FY15). Figure 4.2 shows this increase through LQAS monitoring in Ixopo from 78% (FY14) to 86% (FY15) and in Umzimvubu from 91.84% (FY14) to 93% (FY15). These did not represent significant increases. Umvoti ADP reported 86% in LQAS in FY15 and had reported a baseline of 74% in FY12 suggesting there has also been some progress there. The two ADPs in their third phase (KMP, 94% and Umzimkhulu, 96%) are well over the Child Gauge reported National average of 86% of children living in households where there is no reported hunger.[10] Both these ADPs have invested significantly in backyard gardens and supporting cooperatives to expand their agricultural businesses. KMP alone has supported over 500 household gardens and 34 livelihoods projects that are now all registered cooperatives. In several focus group discussions from the FY15 evaluation, farming for income generation was expressed as the most

[10] The 2015 Child Gauge report measured households where there is reported child hunger as being 14% (P. 117). This assumes that 86% of children would have had sufficient access to food. These indicators are not exactly the same but are used in Figures 4.1 and 4.2 to have some basis for comparison.

significant change with groups claiming the benefits to be work, business/income opportunities, hunger alleviation and better health as the community could eat fresh fruits and vegetables. These interventions are clearly yielding an impact on the youth having sufficient food in their communities.

Proportion of parents that can provide well for their children





Interestingly the results for whether caregivers say they can provide well for their children are much lower than one might expect given the previous results where the majority of youth indicate they have sufficient access to food. Figure 4.3 shows the proportion of caregivers that can provide for ALL of their children's needs including health, education and clothes & shoes. Figure 4.4 breaks this down more specifically for Umzimkhulu and Thusalushaka. The baseline figures that we had for 3 of the items listed show that there has been some progress between FY12 and FY15 in being able to provide for children's needs. Pastors and community leaders in the Umzimkulu evaluation attested to the fact that more people in the community were providing for the needs of orphans and vulnerable children thanks to the ADP's efforts around child protection and OVC issues. The Thusalushaka evaluation also commented on the HIV care groups that raised awareness around the need to provide for the needs of OVCs. The numerous income generating projects for CBOs and cooperatives in Thusalushaka over the past few years (including milling, piggeries, poultry, vegetable gardens) could have also contributed to the increase in parents' ability to provide for their children. With 80% of households in our ADPs receiving social grants for their children these results should be higher and shows the need for continued sensitization on the needs of children. It could also be argued that often caregivers do not tell the full truth regarding economic related questions expecting that they might receive something from the organization if they are perceived to be in need.

Most Vulnerable Children

- Thusalushaka ADP made efforts in the past year to target the most vulnerable households in their community through selecting CBOs and cooperatives to support that were struggling. These included smaller, disorganized groups that just needed a boost and a bit of training to start being productive. They also targeted Drop in Centres with income generating projects such as vegetable gardens, poultry and piggeries. These Drop in Centres serve the most vulnerable children each week through offering meals and a safe place to play after school.

Sustainability

Partnership	In ADPs such as KMP and Thusalushaka the partnership with Government Departments in providing funding and technical support to CBOs, cooperatives and Drop in Centres has been crucial to sustainability and accomplishment of objectives
Household resilience	Household resilience has been seen through the testimonies of beneficiaries supported through the project noting that their income has increased and their ability to provide for their children and other vulnerable children in the community.
Local Ownership	The Thusalushaka evaluation noted good local ownership from CBOs and cooperatives that were involved in income generating activities now running them on their own and seeking funding from the Government to expand their businesses. They also have made great strides with empowering their cooperatives and Drop in Centres in registration processes. The evaluation reported that 3 cooperatives were now officially registered and 8 Drop in Centres had been assisted to apply for support from the Department of Social Development and are now receiving funding. KMP ADP completed its final year in FY15 and was able to leave behind 6 CBOs (many of them agriculture based) that had been focused on for capacity building in terms of project management, financial management and overall organizational development. These CBOs are now all funded by the Department of Social Development and able to stand on their own as the ADP closes

Key learnings

- The availability of government funding both for loans and grants for cooperatives and social organizations like Drop in Centres necessitates building the capacity of these groups to access this funding for sustainability purposes. This is notably not an expensive activity and can often be done just through an ADP staff member supporting the CBO to apply for this funding at the correct time.
- The KMP evaluation interestingly reported that people still prefer to buy most of their food rather than grow it. With 80% of households receiving government grants across the country this is a definitely the norm in the South African context. This perhaps points to the need for continued focus on income generation as the key focus of livelihoods activities as opposed to provision of food. This implies that market sourcing and product development become critical components of programming as a way of increasing this income and creating viable small businesses.

Recommendations

- In light of declining budgets ADPs should focus their efforts more on capacity building efforts for CBOs that create linkages for them to the Departments that can provide them with grants or loans. The ADP can then be there to support their implementation and use of these grants.
- Continue to build the capacity of ADP staff in the economic development TA and how to inspire viable businesses at the community level through linkages to markets and product development. Encourage exchange visits to ADPs that are doing this well such as Thusalushaka and KMP.

Children are cared for protected and participating: strategic objective # 5

Key Information

Table 5.1: FY15 resources and beneficiaries for strategic obj. 5

# of projects contributing	15
Amount spent	$1,450,901 (this amount is combined with children are protected, spiritually nurtured and participating)
Sources of funding	Sponsorship
# of technical staff	Advocacy staff for CoH models: 5; development facilitators: 19
Models used	CoH for Gender, Child Protection Advocacy, CVA
Key partners	Department of Social Development, church leaders, pastors, local NGOs/CBOs, community development workers
Beneficiaries	W: 3,511; M:2,545; G:58,916; B: 53,463

CWBO 1: Children cared for in a loving, safe, family and community environment with safe places to play

Standard Indicators

- Proportion of parents who feel their community is a safe place for children
- Proportion of youth who report feeling safe 'most of the time'
- Proportion of youth who report having experienced some form of violence in the past 12 months
- Proportion of youth who report having experienced any sexual violence in the last 12 months
- Proportion of parents who would report a case of child abuse in the correct location

Gender based violence and violence against children in South Africa is alarmingly high. Given the recent landscape assessment conducted as part of our LEAP 3.0 transition, WVSA was one of the few offices that decided to prioritize Child Protection as a full Technical Program. The issues and root causes vary from urban to rural ADPs but include a high presence of gangs, high levels of alcohol and drug abuse often stemming from high unemployment, lack of systems of child protection to prevent and respond quickly to cases of child abuse, a lack of understanding of child rights and traditional beliefs around gender norms that can encourage gender based violence

Violence experienced by youth

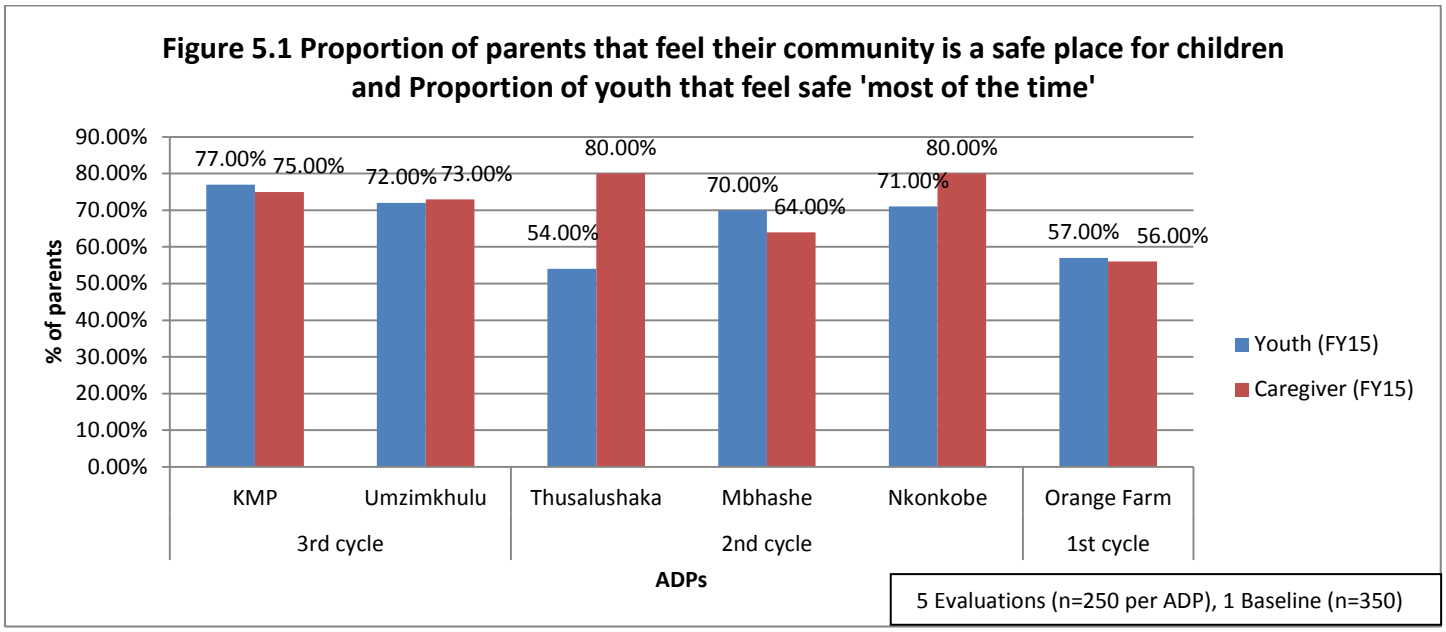


Figure 5.1 shows an interesting comparison between caregivers' perception of whether their children are safe and the youth perception of whether they feel safe 'most of the time.' In the majority of ADPs including KMP, Umzimkhulu, Mbhashe and Orange Farm these perceptions are fairly similar. In Thusalushaka they differ quite a lot with 80% of caregivers that feel their community is a safe place compared to only 54% of youth that report feeling safe 'most of the time.'

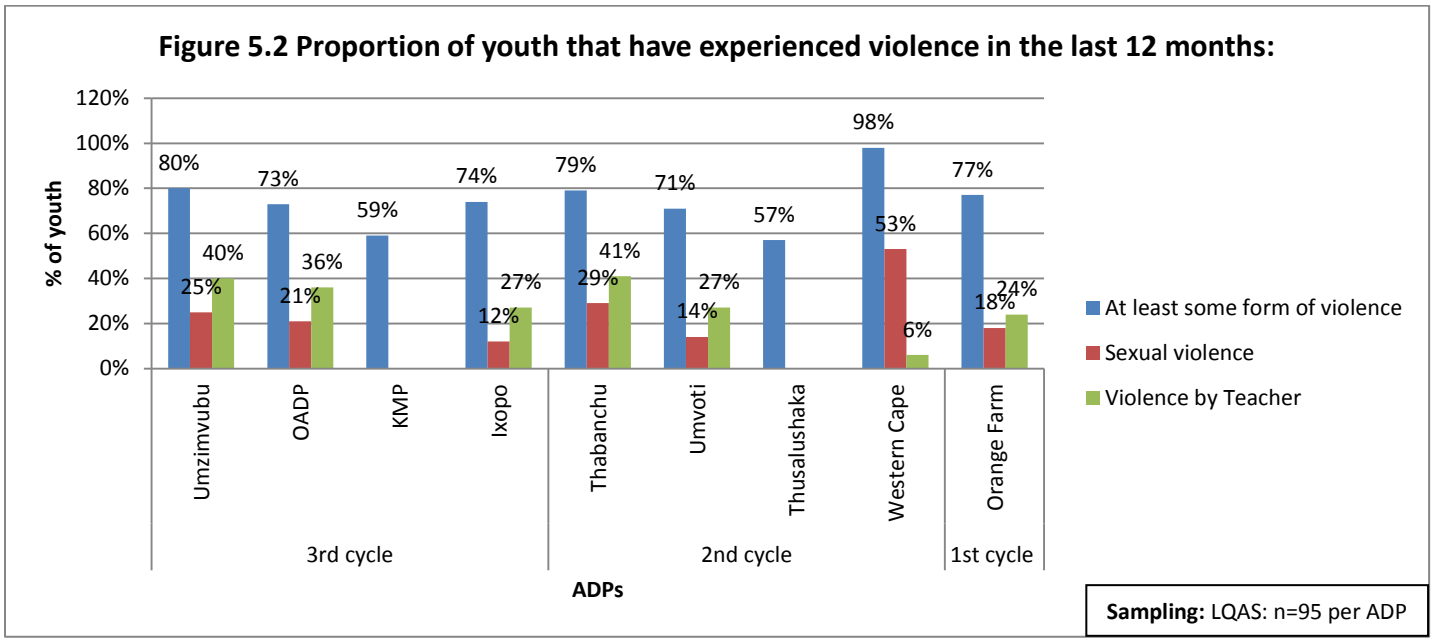


Figure 5.2 shows the proportion of youth that report to have experienced some form of violence in the last 12 months. This indicator combined questions on the YHBS where youth indicated whether they had been physically abused (hit with a belt or stick, punched, kicked, beaten up or physically hurt by a teacher, boyfriend/girlfriend, caregiver, friend) or sexually abused (touched in inappropriate ways). If the youth indicated 'yes' to at least one of these questions on physical or sexual abuse then they were counted in the first indicator in blue above. Western Cape has the greatest number of youth experiencing abuse with a startling 98% followed by Umzimvubu at 80% and Thaba Nchu at 79%. All ADPs have above half of youth that have experienced at least some

form of violence in the past year. Taking the weighted average of all 9 ADPs measured, 75% of youth reported that they experienced some type of violence in the past year with 28% who reported that they experienced sexual violence and 26% who reported that they have experienced violence at school.

Figure 5.2 separates out these additional indicators for those youth who have experienced sexual violence and violence experienced from teachers. Interestingly the rate of violence in schools in Western Cape was much lower than the overall violence suggesting the problem is more from gangs within the community and violence within the home. Other ADPs show the rate of corporal punishment being surprisingly high with around 40% in Umzimvubu, OADP and Thaba Nchu. The LQAS results showed specific schools where this was happening at a high level. Umvoti in particular had one school where almost all children reported being abused by their teacher and the ADP is following up on this together with partners. All ADPs above have selected elements of the child protection technical program to implement in the coming year and this data will serve as a baseline to measure the change felt by children in future years of the new strategic period.

Caregivers that would report a case of child abuse

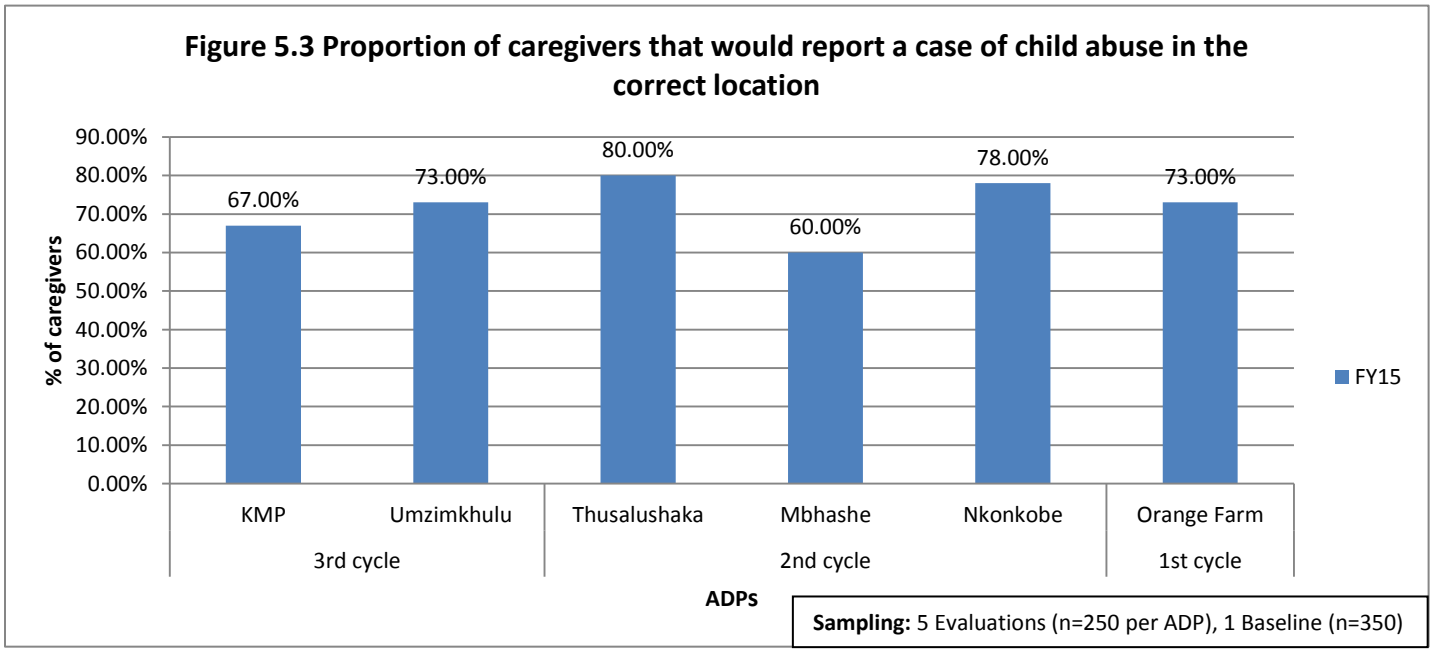


Figure 5.3 above shows the proportion of caregivers that would report a case of child abuse in the correct location. It is important to note that this is only an indicator of what caregivers *say* they would do rather than a measure of what they actually do. Results are fairly high overall with 80% of caregivers that say they would report a case of child abuse in Thusalushaka and 78% in Nkonkobe. Mbhashe is the lowest at 60%. It would be interesting next year to include this same question in the youth survey as well about whether children would report a case of child abuse in the right location especially since we are continually encouraging youth to speak out for their rights.

Analysis through 3 Case Studies

Thusalushaka

Figure 5.1 shows a large discrepancy in Thusalushaka where only 54% of youth report feeling safe compared to 80% of caregivers that feel their children were safe. Interestingly the perception of caregivers that feel their children are safe has also significantly increased in Thusalushaka ($p<.01$) from the baseline of 63% (FY12) to 80% (FY15).[11] Figure 5.3 shows that 80% of caregivers would also report a case of child abuse in the correct location. The main activities carried out in Thusalushaka over the past 5 year cycle were child protection and awareness campaigns including 25 workshops on children's rights and protection. The ADP also had a gender project that conducted awareness campaigns, community conversations, and men's dialogues around gender issues to strive to prevent gender based violence. The data suggests that this training and awareness raising may have contributed to an increased

[11] Baseline data was only available for Thusalushaka for this particular indicator

perception amongst caregivers of safety but that the youth are not feeling the effects of this yet with 57% of youth who reported to have experienced some form of violence in the last 12 months. The Thusalushaka evaluation suggests that the ADP needs to look deeper into the systems and structures that report and respond to cases of child abuse and continue to reinforce these through the CPA model. It is hoped that this will bring about further change in the youth perceptions and experience of violence in their community.

Umzimkhulu

Umzimkhulu ADP shows a fairly high number of caregivers reporting they feel their children are safe at 73% with 72% of youth reporting they feel safe 'most of the time' (Figure 5.1). 73% of caregivers also said they would report a case of child abuse. For an ADP that is in its third cycle these figures are fairly encouraging. However it is concerning that still over half of youth report to have experienced some type of abuse in the past 12 months. Comparing these results to the FY12 baseline the results have actually increased in some areas. For example proportion of youth reporting abuse by friends increased from 13.6% (FY12) to 25% (FY15), proportion of youth reporting being hit with a belt increased from 22% (FY12) to 24% (FY15) and other abuse increased from 11% (FY12) to 24% (FY15). It could be argued that this increase is actually as a result of youth now realizing that these actions are forms of abuse that should not be happening. Often the result of increasing awareness around child protection includes an initial higher rate of reporting of cases of abuse because people understand it is not normal. The Umzimkhulu ADP evaluation reported a lot of positive work that has been done through Channels of Hope for gender in training pastors on Biblical views of equality for men and women and mobilizing them to be involved in preventing gender based violence in their communities. Pastors and community leaders have attested that there has been a reduction in gender violence experienced within the communities (see CoH video link). However the results above and a recent focus group that was conducted with girls forced into early marriages show that there is still work to be done in Umzimkhulu around child protection. The remaining 3 years of the ADP will focus on this technical program as a major area looking more closely at the systems and structures around child protection through the CPA model to ensure sustainability when the ADP transitions.

> ***Husband:*** *In the beginning I used to just sit and eat, my wife had to cook and fetch firewood even if she was not well. After the trainings on gender we could see men helping their wives get firewood.* ***Wife:*** *I really want to thank God for he was a harsh man, always fighting. He is now a changed man.* Couple touched by CoH for gender Umzimkhulu https://youtu.be/sNf5WFrNmuo

Orange Farm

Orange Farm as an urban ADP that is just beginning has some of the greatest concerns relating to child protection issues. They have a high number of youth reporting that they have experienced violence in the past year at 77% (Figure 5.2). They also have the lowest rates of youth and caregivers that report children are safe in their community (57% and 56% respectively, Figure 5.1). This is to be somewhat expected in an ADP that is just starting and shows the need for a strong focus on child protection in the program design. Interestingly 73% of caregivers say they would report a case of child abuse indicating that there is some recognition and willingness to take action to protect children. However clearly much more needs to be done to ensure that this is actually happening. These results will be set as a baseline for the program and it is hoped that the ADP can have a significant impact on this rate of violence occurring together with other partners.

CWBT # 1: Children Report an Increased level of Wellbeing

Standard Indicators:

- Proportion of youth who report having birth registration documents
- Proportion of youth with sufficient access to food ***(Strategy Indicator)****already reported on pg. 27*
- Proportion of youth who rate themselves as thriving on the ladder of life
- Proportion of youth with a strong connection with their caregiver

CWBO 2: Children celebrated and registered at birth

Taking the weighted averages for youth reporting they have birth certificates across 9 ADPs with 95 youth sampled each, the average is 89% and across 3 ADPs with 150 youth sampled each the weighted average is 88%. These figures are relatively high suggesting that perhaps this does not need to be a main focus of programming. However it should continue to be monitored by WV development workers and community partners and ADPs may want to focus on recent immigrants or refugees that may be missing these documents.

The Ladder of life

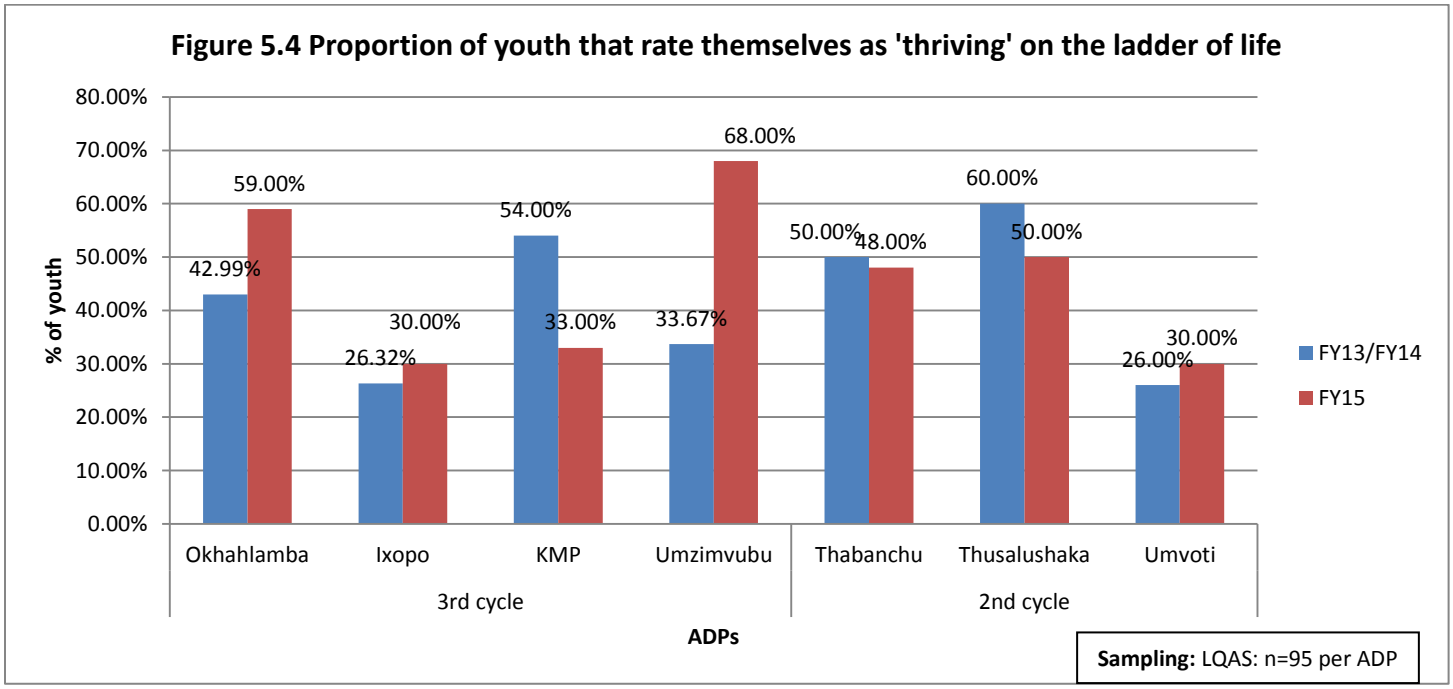


Figure 5.4 shows youth perceptions of themselves from a level of 1-8 on a ladder, 1 being the lowest quality of life and 8 being the highest. Youth that rate themselves as 7 or 8 are considered 'thriving.' This is an interesting indicator since it is perception based and can vary quite significantly in terms of the individual and the age group of the individual between 12-18 that answers the question. Four ADPs shown above do show increases between FY13/FY14 and FY15. The largest increase is shown in Umzimvubu where 33.67% of youth in FY14 rated themselves as thriving compared to 68% in FY15. This is a significant increase ($p<.01$). OADP also has a significant increase from 43% in FY14 to 59% in FY15 ($p<.05$). There are decreases shown in both KMP and Thusalushaka which is concerning for KMP given that it has now transitioned. It would have been good to do follow up discussions with these groups of youth to understand the specific reasons why they were rating themselves to understand better what the data is telling us.

Youth connection with their caregiver

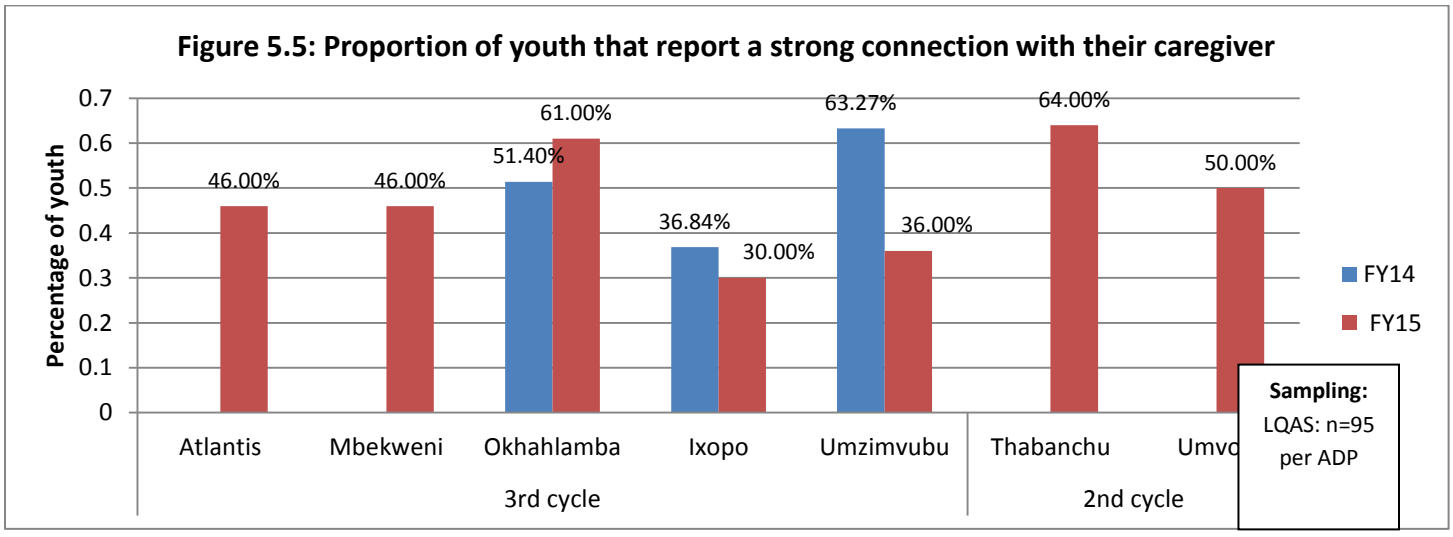


Figure 5.5 shows the proportion of youth that report a strong connection with their caregiver is not extremely high with all results below 65%. This indicator is again perception based and could vary significantly amongst youth of different age groups, gender, and even based on the day the individual is answering the questions. The comparison between FY14 and FY15 shows an increase in OADP from 51.4% to 61% that is not significant and decreases in both Ixopo and Umzimvubu. Further investigation should be done to determine the reason for the large decrease in Umzimvubu from 63.27% in FY14 to 36% in FY15.

Analysis on CWBT #1

Looking at the 3 indicators above and the indicator reported under Strategic Objective 4 pg. 27 on 'Youth reporting sufficient access to food' it could be said that youth are doing better in two of the indicators. These include youth with access to a birth certificate that has a weighted average of 88% and youth that report sufficient access to food that has a weighted average of 84% (see Annex 1). The ladder of life and connection with caregiver indicators on the other hand are reported less than 70% in all ADPs with many being less than 50%. This does reflect other data that has been shown in this report in that the basic needs of youth are being met through social grants and high numbers of women are delivering in health facilities where birth certificates can be issued. The problem could lie in the youths' high experience of violence and the absence of caregivers that have often abandoned them or are seeking employment far from home. These social care and protection issues should be prioritized particularly through the Child Protection TP to affect youths' overall experience of life as rated by the ladder of life and their relationship with their caregivers.

CWBO 3: Children are respected participants in decisions that affect their lives

Standard indicator – Proportion of youth who participate in after school life skills activities

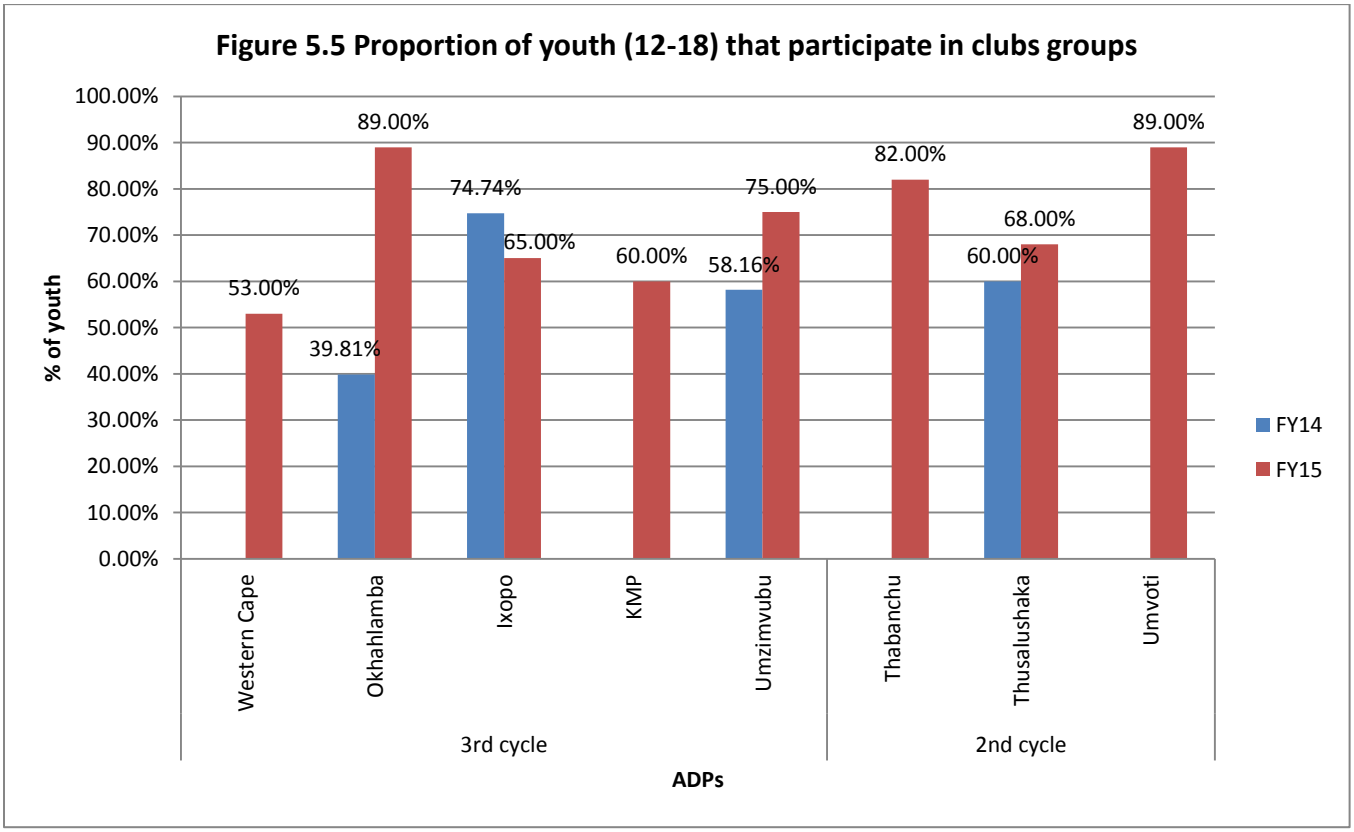


Figure 5.5 shows the proportion of youth from 12-18 that indicate they are participating in clubs/groups. Overall this is fairly high with four ADPs being 75% or higher. It has also significantly increased ($p<.01$) in OADP from 39.81% (FY14) to 89% (FY15) and significantly increased in Umzimvubu ($p<<.05$) from 58.16% (FY14) to 75% (FY15). This is an indication that the work these ADPs are doing including the VBLS program, barefoot program, homework clubs and sponsoring other youth led events such as sports clubs are helping to encourage youth participation. The most cited club in this question is typically sports club. It would be good to increase the involvement of youth in homework and reading clubs as well.

Other highlights of FY15 for child participation included 4 children from Orlando East special project that were invited to attend and participate in the African Union 'Day of the African Child' summit in Soweto that had a focus on child marriages.

Most Vulnerable Children

- In June 2015 a focus group discussion was held with children that had been forced into early marriage in Umzimkhulu ADP in the local practice know in South Africa as 'ukutwala.' The discussion revealed the vulnerabilities that these girls face including being pulled out of school, susceptible to early pregnancies, and being denied the chance to fulfil their own dreams for their life. The results of this focus group discussion were publicized across 15 different news sites viewed across the country by an estimated 1,223,536 people and generated a lot of interest in the issue.[12] It was a good advocacy opportunity to highlight the vulnerability of girls in ADPs like Umzimkhulu through such traditional practices that are still occurring today. Please see attached examples of articles that picked up the story.

Child Marriage stories.zip

- Similarly in Orange farm the issue of children that experience forced initiation was highlighted as an issue facing vulnerable children. This story was published across 17 different news sites in Gauteng and Free State reaching 339,689 people.

Forced Initiation stories.zip

Partnership	The key to sustainability for this strategic objective has been local ownership and partnership with churches through the CoH for Gender programme. In addition better partnership with all actors, including community, government and the SA Police system has led to improved systems of child protection within our programming areas.
Local Ownership	Local ownership of child protection reporting systems has been key, as has ensuring that they are linked to other structures to ensure that systems are in place to protect children in the long-term. Child parliaments have shown evidence of sustainability through being linked to schools and teachers who sponsor them, and through empowering the children to organise themselves.

Key learnings

- Field data collected around child protection issues such as the child marriage example can be useful to understand the situation of vulnerable children but also as an advocacy tool and to raise awareness and support for WV such as in the cases of the early marriage and forced initiation examples from this year.
- Youth in South Africa are reporting to be experiencing alarming levels of violence including physical and sexual abuse, and corporal punishment at school. Action must be taken across all sectors, departments, and organizations to address this issue.

Recommendations

- Continue to build capacity of ADP staff and communities in the CPA model to address the systems and structures around child protection rather than just conducting awareness campaigns.
- Continue to build the capacity of community based child protection committees/forums to take action at the local level
- Follow up on the alarming levels of abuse experienced by youth through follow up to specific schools that were reporting high levels of corporal punishment and working with SGBs overall to ensure policies on this are upheld at school. These results should also be shared with partners and media to raise alarm bells that something must be done to strengthen the systems of child protection at all levels. Use this data as a baseline to measure change in coming years.

[12] WVSA uses a company called At Vogue Communications Agency to help generate press releases on pertinent issues such as early marriage and then help us to track the coverage reached by news agencies that pick it up.

- Utilize the findings from the gender projects evaluation conducted in FY15 to reinforce the models of barefoot, C-Change, men engagement, 'take a girl child to work' and 'men in the making' as appropriate in the South Africa context
- Utilize field data (both quantitative from the recent youth survey and qualitative in terms of human interest stories) to publicize and advocate for child protection issues such as the experience with the early child marriages in Umzimkhulu in FY15.

Disaster Management

In FY15 WVSA had a low security risk rating and is generally not considered a fragile context. However it is vulnerable to climate related disasters and in FY15 below average and late rainfall contributed to a drought that is currently affecting 29 million people in the Southern Africa region, with over 14 million of these in South Africa. The government declaration was at first only made in KZN province in December 2014. In November 2015 this was expanded to a total of 5 provinces including Limpopo, Mpumalanga, North West and Free State. World Vision South Africa (WVSA) works in 3 of these provinces including Limpopo, Free State and KZN where we have 9 ADPs with 25,000 RC's and a population of 646,389 affected within our operational areas.

WVSA Response and Inputs

WVSA responded by appointing a disaster response HEA manager at the National office and engaging the region and GC for support in planning a response. Assessments were carried out in both KZN and Limpopo provinces in our operation areas. A response plan was designed and a budget of $125,237 (NEPRF) + $745,363 (20% of ADP budgets) mobilized to support the response plan. An additional R1.9 million ($126,000) was donated from First Rand foundation to purchase 130 water tanks. The response plan activities prioritized water access in the form of water tanks and boreholes, sanitation inputs such as sanitary napkins for girls and livelihoods recovery for farmers and livestock owners that have been unable to plant this season.

Achievements

Achievements in FY15 included the assessments conducted and plans formed to respond. Celebrations included the quick mobilization of NO resources and staff support for the response, the assessments conducted and the good work with municipalities and government departments to coordinate a collective response. The WVSA marketing team launched the FLOW campaign to solicit donations for the response from the general public and launched appeals via newspapers and radio stations across the country. Implementation has continued into FY16 with 150 water tanks sucessfully installed by the end of March 2016.

Lessons learned and Recommendations

There have been lessons learned around procurement during emergency response where things were quite slow to move in the beginning. These lessons are still to come out once a through lessons learned review is conducted. This disaster has shown the increasing vulnerability of communities in South Africa in the face of climate related shocks. Droughts and flooding will likely be more common in the coming years. It shows the need to build resilience activities into our economic development programs particularly in semi-arid areas such as Limpopo province.

World Vision's Development Program Approach

Programme accountability to communities (PAF)

- Communities were consulted throughout the year in all programmes in different ways. Most notably the 6 ADPs that went through redesign had extensive consultation for the DPA process. Other ADPs consulted communities around annual planning processes, drought relief planning, and at all stages of project implementation.
- Nkonkobe ADP has a local accountability forum that they regularly meet with to share and coordinate plans known as the Middledrift forum. It is made up of community leaders, ward councillors, Government Departments and other NGOs and they follow up with the ADP to ensure they are implementing activities as promised and any community member is free to

come to the forum with complaints or suggestions. This is a good practice that is present in some other ADPs but should be scaled up.

Working with partners

- This year a meeting was held in Johannesburg where all municipality mayors were invited to hear about WVSA programming and engage with the SLT. It was a key moment to reinforce the valuable partnerships with mayors and emphasize WVSA's willingness to support the locally elected leaders in their DIPs rather than operating in isolation
- Additional MoUs were signed with partners notably the Department of Health in Eastern Cape and the Department of Traditional affairs

Key learnings on operationalizing DPA

- The DPA process was continued and completed in 6 ADPs in the past year following the redesigns and in preparation for writing the AP programs. Meetings were held at a sector level with interested parties in that particular sector (education, health, economic development etc.) Then additional more general meetings were held with children and RC parents

Learnings from the CWB reporting process

- Continue with the practice of only collecting outcome level data for programming that has been actually conducted in the ADP in the past year rather than trying to collect too much information
- Try to include more qualitative reporting in next year's report particularly from youth since the perception based, quantitative questions were not that helpful in determining what changes should be made in programming
- Continue to put an emphasis on counting outputs and beneficiary numbers better through the new MMR template and relate this more directly to annual outcome measurements where possible
- Try to follow the example of OADP this year in strategically targeting LQAS groups to sample as they did with the youth involved in the VBLS program in 5 schools, with 2 control schools and sampling the mothers benefiting from the Phila Mntwana health centres
- Involve interns in helping to input and analyse data following outcome monitoring processes. This proved very effective and helped us to quickly process a lot of data with our small team in FY15
- Continue to help ADPs to 'own' their data and make better use of it for analysis, reporting, planning and adjustment of activities where necessary. Overall ADP staff this year were much more involved in the process as it was well organized. However some still did not use the data as much as they could have for reporting and planning purposes.

Annex I

Please see the attached data matrix for data at the ADP level

Dashboard for WVSA Jan 2015.xlsx

Please also see the below table of aggregated data across different ADPs based on weighted percentages. The weighted percentages are grouped together as per sample size. For example the evaluations used 95 as a sample size for certain indicators such as health 0-6 months and 6-23 months surveys. So these could be grouped together as a weighted percentage with other ADPs that conducted LQAS health outcome level monitoring.

Strategic Objective	Expected Outcomes	Indicators	Indicator Definition	Information Source & Tool	LQAS (Eval)	LQAS (Monitoring)	Baseline
Ensure Women and children survive and thrive	Women and their supporters adopt household practices that promote good health and nutriton for children	Proportion of children 0-6 months exclusively breastfed	Percent of infants aged 0–5 months who were fed exclusively with breast milk during the entire day prior to interview. Exclusive breastfeeding (EBF) means the baby has not received any other fluids (not even water) or foods, with the exception of oral rehydration solution, drops and syrups (vitamins, minerals, medicines).	0-6 months survey	54% (7 ADPs, n=95)		
		Proportion of mothers attending four or more antenatal visits	Percent of mothers of children aged 0–6 months who report that they attended four or more antenatal visits before the birth of their youngest child.	0-6 months survey	64% (7 ADPs n=95)		
		Proportion of children 12-23 months who have received age-appropriate immunization according to national standards	Percent of children aged 12-23 months who have completed 3rd DPT dose plus measles vaccination, verified by vaccination card and mother's recall.	6-23 months survey	75% (7 ADPs, n=95)		
		Proportion of children under 5 with diarrhea who received correct management or effective treatment of diarrhea	• correct management defining ORT as increased liquid and continued food plus conventional ORS (CWB Target 2)• highly effective treatment defining ORT as increased liquid and continued food plus low osmolarity ORS and zinc	0-6, 6-23 months survey	13% (7 ADPs, n=95)		
		Proportion of women offered and accepted counseling and testing for HIV during most recent pregnancy, and received test results	Percent of women who were offered voluntary HIV testing during antenatal care for their most recent pregnancy, accepted an offer of testing, received their test results and received counselling of all women who were pregnant at any time in the two years preceding the survey.	0-6 months survey	95% (7 ADPs, n=95)		

		Proportion of youth with a comprehensive knowledge of HIV and AIDS	Average of the positive responses for 5 knowledge related questions asked on HIV/AIDs	YHBS	65% (3 ADPs n=150)	40% (8 ADPs n-95)	
		Proportion of caregivers with a comprehensive knowledge of HIV and AIDS	Average of the positive responses for 5 knowledge related questions asked on HIV/AIDs	Caregiver Survey	66% (5 ADPs n=250)	61% (1 ADP n=95)	
		Proportion of youth who express accepting attitudes toward people living with HIV	Average of the positive responses for 4 attitudes related questions asked on HIV/AIDs	YHBS	65% (3 ADPs, n=150)	65% (8ADPs, n=95)	
		Proportion of caregivers who express accepting attitudes toward people living with HIV	Average of the positive responses for 4 attitudes related questions asked on HIV/AIDs	Caregiver Survey	79% (5 ADPs n=250)	82% (1 ADP n=95)	
	Improved access to clean drinking water and sanitation facilities in households and schools	Proportion of population using improved sanitation facilities	Percent of population using an improved sanitation facility, typically a latrine or toilet for defecation. An improved sanitation facility is one that hygienically separates human excreta from human contact (VIP latrine and flush systems)	Caregiver Survey	52% (5 ADPs n=250)	53% (2ADPs, n=95)	
		Proportion of households with appropriate hand washing behavior (at least twice a day with soap or ash)	Percent of parents or caregivers who recall practising handwashing using an effective product, such as soap or ash, at least two out of four critical times during the past 24 hours (after defecation, after cleaning babies' bottoms, before food preparation, before feeding children).	Caregiver Survey	68% (5ADPs n=250)	77% (2ADPs n=95)	
		Proportion of population that feel their health services have improved in the past year	Proportion of population that perceive their health services have improved in the past year	Caregiver survey	24% (5 ADPs n=250)	37% (1 ADP n=95)	

Influence quality of age-appropriate education for girls and boys	Improved early childhood development for children aged 3-5 years	Proportion of children 3-5 years enrolled and attending ECD	Proportion of children 3-6 that attend ECD centres	Caregiver Survey	72% (5 ADPs n=250)		81% (1 ADP n=371)
	Proportion of youth that can read with comprehension	Proportion of children that can read with comprehension	Percent of children both in and out of school in programme impact areas who can read with comprehension at functional levels by the age when children are expected to have completed a basic education programme.	FLAT		62% (3 ADPs n=95)	71% (1 ADP n=150)
		Proportion of parents involved in their childrens' education	Proportion of parents that report they have attended a school meeting in the past 6 months and do at least two activities to support their children's education (e.g. help with homework, visited teacher, provided school materials)	Caregiver Survey	69% (5 ADPs n=250)	50% (1 ADP n=95)	73% (1 ADP n=371)
		Proportion of children enrolled in an attending a structured learning institution	Proportion of children enrolled in an attending a structured learning institution	Caregiver Survey	97% (5 ADPs n=250)		
Ensure children are protected, spiritually nurtured and participating	GOAL INDICATOR	Proportion of youth who report having experienced any physical violence in the past 12 months	Proportion of youth that report experiencing any type of physical violence in the past year	LQAS Survey	53% (3 ADPs n=150)	75% (9 ADPs n=95)	
		Proportion of youth that have experienced some form of sexual violence or rape since this time last year	Proportion of youth that report experiencing any type of sexual violence in the past year	YHBS		28% (7 ADPs n=95)	
		Proportion of youth that rate themselves as thriving on the ladder of life	Percent of youth aged 12–18 years who rank themselves as 'thriving' (level 7 or 8) on the 'Ladder of Life'	YHBS	29% (3 ADPs n=95)	43% (9 ADPs n=95)	
	Child Protection Incidents and gender based violence prevented in the	Proportion of caregivers that feel their community is a safe place for children	Percent of parents or caregivers with children aged 0- 18 years who feel that their children are safe from danger or violence in the community "most" or "all" of the time.	Caregiver Survey/Youth survey	76% (5 ADPs n=250)	69% (2 ADPs n=95)	56% (1 ADP n=371)

	programming area	Proportion of youth that have a strong connection with their caregiver	Percent of youth aged 12-18 years who report that they feel a strong connection to their primary caregiver. Analysis Scoring: 'low' connection= 15-25, 'medium' connection=26-35, 'strong' connection = in 36-45	YHBS	48% (3 ADPs n=150)	47% (9 ADPs n=95)	
	Children empowered to protect themselves and experience the love of God	Proportion of youth reporting they feel able to say no to unwanted sexual advances or activity	Proportion of youth that feel they can say 'no' to sexual advances: those that answer 'Probably could' or 'Definitely could'	YHBS	36% (3 ADPs n=150)	42% (9 ADPs n=95)	
		Proportion of youth who know how to access services in case of an emergency	Proportion of youth that report they can access services in the case of an emergency	YHBS	73% (3 ADPs n=150)	67% (9 ADPs n=95)	
		Proportion of children that are participating in clubs/groups	Percent of parents or caregivers who report that their children aged 6–18 years currently participate in a children's club or group on a regular basis (at least once a month).	YHBS	72% (3 ADPs n=150)	69% (9 ADPs n=95)	
		Proportion of youth that have grown in their knowledge of God over the past year	Proportion of youth that answer 'agree' or 'strongly agree' that they have grown in their knowledge of God over the past year	YHBS		82% (7 ADPs n=95)	
		Proportion of youth that have someone in their life supporting them to grow in their knowledge of God	Proportion of youth that answer 'agree' or 'strongly agree' that someone in their life is supporting them to grow in their knowledge of God	YHBS		89% (7 ADPs n=95)	
		Proportion of youth that feel they are a loved child of God	Proportion of youth that answer 'agree' or 'strongly agree' that they are a loved child of God	YHBS		88% (7 ADPs n=95)	
	Formal and / or informal systems for child protection strengthened at national and / or local level	Proportion of parents who would report a case of child abuse in the correct location	Percent of parents or caregivers who state that they would report a suspected case of child abuse and know how to do so	Caregiver Survey	72% (5 ADPs n=250)	78% (2 ADPs n=95)	73% (1 ADP n=371)

		Proportion of youth reporting that they have a birth certificate	Proportion of youth that report they have a birth certificate	YHBS	88% (3 ADPs, n=150)	89% (9 ADPs n=95)	
Ensure children and youth benefit from increased food security and economic development	GOAL INDICATOR	Proportion of parents or caregivers able to provide well for their children	Percent of parents or caregivers who are able to provide all the children in the household, aged 5-18 years, with 2 sets of clothes and shoes through their own means (assets/production/income), without external assistance (from outside the family, NGO or government) in the past 12 months.	Caregiver Survey	41% (5ADPs n=250)	42% (1 ADP n=95)	75% (1 ADP = 371)
	Increased production and market opportunities for farmers (men and women)	Proportion of youth with sufficient access to food	Percentage of youth that go to bed hungry never or 'rarely'	YHBS	89% (3 ADPs n=150)	84% (9 ADPs n=95)	
		Proportion of households with year-round access to sufficient food for the family's needs	Percent of parents or caregivers who report that they were ableto meet daily food needs of their children during the past 12 months, through own production, purchase or other source.	Caregiver Survey	53% (5 ADPs n=250)	49% (1 ADP n=95)	36% (1 ADP=371)
	Sustained income generating and savings opportunities provided for women and men (including youth 18-25)	Proportion of households where one or more adults are earning an income	Percent of households where at least one adult is earning a consistent income, to meet household needs APART FROM GRANTS, through sale/exchange of own produce, labour (self-employed) or wage employment (working for someone else).	Caregiver Survey	31% (5 ADPs n=250)	56% (1 ADP n=95)	78% (1 ADP n=371)
		Proportion of HHs actively involved in formal savings groups	Proportion of HHs that respond that they are actively involved in formal savings groups	Caregiver Survey	34% (5 ADPs n=250)	30% (1 ADP n=95)	34% (1 ADP n=371)