National Association of Child Care Workers (NACCW)

THE IMPACT OF THE ISIBINDI PROGRAMME ON VULNERABLE YOUTH

Evaluation Report

Prepared by

**Business Enterprises
University of Pretoria**

Evaluation Team

Maretha Visser
Nompumelelo Zungu
Nkateko Ndala-Magoro

September 2012

THE IMPACT OF THE ISIBINDI PROGRAMME ON VULNERABLE YOUTH

National Association of Child Care Workers (NACCW)

Evaluation Report

**Commissioned by Pact South Africa under
Associate Award No. 674-A-00-08-00001**

Evaluation Team

Lead Researcher
Maretha Visser

Associates
Nompumelelo Zungu
Nkateko Ndala-Magoro

Business Enterprises : University of Pretoria

Physical Address:	University of Pretoria Campus, Prospect Street, Hatfield, Graduate Centre, Ground Floor, Entrance 1.82
Postal Address:	PO Box 14679, Hatfield, 0028
Telephone:	+27 (12) 420 4245
Fax:	+27 (12) 362 5270
Website:	www.be.up.co.za

Contributors

Anita Govan

Lindinkosi Mdletshe

Sonja Mostert

Dina Msiza

Nkateko Ndala-Magoro

Nomonde Nelana

Malebo Ngobeni

Tebogo SoleMaretha Visser

Nompumelelo Zungu

Table of contents

List of tables

Acronyms

ACPF	African Child Policy Forum
ADP	Adolescent Development Programme
CBO	Community Based Organisation
CYCW	Child and Youth Care Worker(s)
DSD	(The South African) Department of Social Development
FET	Further Education and Training
HIV and AIDS	Human Immunodeficiency Virus (infection) and Acquired Immuno-Deficiency Syndrome
NACCW	National Association of Child Care Workers
OVC	Orphaned and Vulnerable Children
PEPFAR	(The United States') President's Emergency Plan for AIDS Relief
SPSS	Originally, Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection(s)
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund (previously United Nations International Children's Emergency Fund)
USAID	United States Agency for International Development

Executive summary

Background of the evaluation

It is estimated that, in 2009, there were 1.9 million children under the age of seventeen in South Africa that were orphans due to HIV and AIDS. This necessitates programmes like *ISIBINDI: Creating circles of care*, a community-based care and protection intervention for vulnerable children and young people. The ISIBINDI model was developed by the National Association of Child Care Workers (NACCW), an independent national agency involved with the wellbeing of children and youth. The ISIBINDI Model was designed to be aligned to the *HIV and AIDS and STI National Strategic Plan 2007-2011* and the *National Guidelines for Social Services to Children Infected and Affected by HIV and AIDS.* It has been largely funded by USAID and PEPFAR. The programme operates as a social franchise which provides cost-effective services to children living in HIV-affected or vulnerable households.

ISIBINDI forms an umbrella model co-ordinating the services of more than 40 partner organisations delivering services at 67 sites in South Africa. The NACCW has trained more than 1000 child and youth care workers and over 800 of them are currently deployed in ISIBINDI projects throughout the country. They offer organised and supervised services as part of community-based organisations to more than 100 000 children.

The goal of the ISIBINDI model is to develop optimal levels of emotional and physical wellbeing among orphaned and vulnerable children and to normalise their home environments through family preservation and the strengthening of community support. The core of the model is the provision of child and youth care services to vulnerable children in their own homes. The child and youth care workers use ordinary interaction as a context and a means for transcending basic care to meet the emotional needs of children in child-headed, grandparent-headed and vulnerable families.

This evaluation was commissioned by PACTSA and USAID to determine whether the ISIBINDI model prepares young people sufficiently to be independent and responsible adults when they turn eighteen. This includes determining whether these young people are responsible and independent, able to study further, obtain employment to support themselves and to exit the projects. According to the funding rules of PEPFAR and the

SA government young people over 18 years should be able to look after their own needs. The government child support grant is given until the age of 18 years.

Methodology

The evaluation of the ISIBINDI model was done at 12 project sites in 4 provinces: 5 sites in KwaZulu-Natal, 4 in the Eastern Cape, 2 sites in Mpumalanga and 1 site in Gauteng. Sites that were graded high in terms of implementation and could trace about 40 to 50 participants over eighteen years were included in the evaluation. The evaluation was conducted using a mixed methods design. A quasi-experimental design was used to investigate the differences between the ISIBINDI participants and a control group of similar background, to determine to which extent the ISIBINDI projects prepare young people for adulthood. At each site ISIBINDI participants as well as young people who did not participate in the project completed a survey. In total 427 ISIBINDI participants and 177 control group members all older than eighteen, were compared in terms of academic achievement, income and employment, physical and psychological well-being, family relationships and risk taking behaviour.

At each site, four focus group discussions were conducted with various stakeholders, including ISIBINDI participants older than eighteen, the child and youth care workers, caregivers and various stakeholders involved in the projects. In total 48 focus group **discussions were conducted and analysed to determine stakeholders' opinion of the** impact of the ISIBINDI projects, to identify successes and challenges.

Key results

There is no doubt that the ISIBINDI project benefited all the stakeholders involved. The results will be outlined according to the research questions.

How did young people benefit from the ISIBINDI projects?

The young people reported that they had received many benefits from the project. This included:

- Home visits to help with household chores, household routine;

- emotional and psychological support, counselling and guidance;

- assistance to access government services, identity documents and social grants;

- motivation to attend school and assistance with school work;

- material assistance with school uniforms and food parcels;

- access to health and emergency services and

- access to a safe park and recreational activities presented at the safe park.

ISIBINDI CYCWs provided alternative parenting and emotional support to children. They **contributed to the young people's sense of self**-respect and self-esteem and the development of a good value system. This helped young people to take responsibility and make sound decisions. They strengthened the bond between family members. The effectiveness of this strategy was seen in the fact that ISIBINDI participants rated their family relationships and community support significantly more positive than young people who were not part of the programme.

A few ISIBINDI participants expressed the opinion that if it was not for the ISIBINDI project they would probably have been involved in some kind of risk behaviour, similar to that of their friends. The results showed that ISIBINDI participants had significantly less risk behaviour than a control group, especially less alcohol use, less sexual risk behaviour and less unwanted pregnancies.

The ISIBINDI projects had given young people hope and motivation to succeed in life. Many young people found a sense of belonging that inspired them and made them feel that they are more privileged than children who have parents.

How do ISIBINDI participants differ from those that did not participate in the programme?

There were notable differences where ISIBINDI participants were better off than control group members:

- Fewer ISIBINDI participants reported that they received no income (54.5% compared to 71.3%).

- More ISIBINDI participants reported that they received social grants (23.7% compared to 17.2%) and received an income from being employed (7.5% compared to 3.4%).

- ISIBINDI participants reported significantly more positive family relationships and community support.

- ISIBINDI participants reported significantly less risk behaviour than the control group – especially less multiple sexual partners, alcohol use (for males), and unwanted pregnancies (for girls).

- The ISIBINDI participants that were out of school scored significantly higher in terms of self-esteem and problem solving.

With regard to health and other aspects of psychological well-being there were no significant differences between the two groups.

<u>Were benefits of ISIBINDI participation sustained after leaving the programme?</u>

Although 66.7% young people reported that the ISIBINDI CYCWs helped them to get education, job skills, career education or apply for a bursary, 75% of the out of school young people reported being unemployed, looking for employment. Although this is a challenge faced by almost all young people especially in rural areas, this challenge threatens the outcomes of the ISIBINDI projects. Lack of employment and an income creates new vulnerabilities for young people, especially when they have no caregivers. The implication is that the benefits of the project are not sustainable unless the young person can support him/herself after turning eighteen.

<u>Factors that promote the achievement of key programme outcomes</u>

Various reasons for the success of the ISIBINDI model were identified.

The commitment and competence of the CYCWs and the intensive training they received to work with children were identified as key to the success. Their training and supervision enabled them to deal with each case sensitively and professionally.

The ISIBINDI model has a holistic approach. It focuses on promoting children's wellbeing through strengthening families and communities to create systems of care. ISIBINDI CYCWs serve a wide variety of needs of participating families, ranging from household chores, financial management, educational support, health care and emotional support. ISIBINDI has been likened to *uzifo* (an indigenous herbal medicine used to treat all ailments of the body). This means that the ISIBINDI model was seen as a holistic cure that is able to provide answers or solutions for different community challenges.

The ISIBINDI CYCWs were seen as assets in communities. They are advocates bridging the divide between community members and government services. The ISIBINDI CYCWs provide outreach services, they identify people in need and link them to appropriate local services. They also create awareness in the local government of the existing needs of young people and families that should be addressed. They are an important resource in the social development plan of communities.

<u>Factors that challenge the achievement of key programme outcomes</u>

The most important challenges for the ISIBINDI projects involve high expectations and a lack of resources. The implementation of the projects and impact can improve if these challenges are addressed:

- The **lack of resources** and infrastructure at some sites, such as transport, water and electricity is not always in the control of NACCW, but it negatively affects the implementation of the model.

- The CYCWs provide much needed services in difficult circumstances which result in **high work loads**. The CYCWs are not remunerated appropriately for the intensity and value of their work.

- **Poverty** and food security in the communities remains a challenge.

- **Lack of government support** in obtaining documents, social grants, social and emergency services frustrates the CYCWs.

- Because of the success of the projects, various stakeholders expect of the ISIBINDI CYCWs to perform even more community development activities which is outside the mandate of the project. The **high expectations** are draining the resources of the project.

Key recommendations

To improve the implementation of the projects and the sustainability of results the following recommendations are made based on the feedback of various stakeholders:

Role of the ISIBINDI CYCW

The ISIBINDI CYCW plays a major role in the effectiveness of the projects. To improve their effectiveness it is recommended that:

- The role of the CYCW is acknowledged and developed as auxiliary specialist in the welfare domain. They should be remunerated adequately for the essential work they do. NACCW should advocate for appropriate remuneration and parity across all provinces.

- The role of CYCWs is clearly described and that the capacity of the implementing community based organisations (CBO) is strengthened to deliver appropriate community services. If the CBO functions effectively, CYCWs can focus on their role in family well being. It is recommended that NACCW partner with relevant organisations to provide such capacity building.

- CYCWs receive continuous training to support the continued development of the workforce.

- CYCWs receive more debriefing and support services due to the emotional nature of the work. The *caring for caregivers* programme should be strengthened to provide continuous support for CYCWs in all sites.

Focus areas of intervention and training

A stronger emphasis is needed on prevention of sexual abuse, rape, interpersonal violence and incidents of unwanted pregnancy. CYCWs need more training to deal with

such emergencies. They also need more training to deal with children with serious behavioural problems.

Provision of resources for project implementation

It is recommended that more CYCWs are employed to implement the project effectively and to extend the services to other areas. The services will be more effective if challenges in infrastructure, such as transport, electricity and water, security services and some emergency funds can be provided. It is recommended that NACCW negotiate for adequate resources.

Strengthening relations with government departments

It is recommended that the NACCW and the ISIBINDI projects strengthen their networks and relationships with various stakeholders, including government, police service, **education, health and traditional leaders' offices.** The **NACCW's** advocacy role to access other resources is a current strength and should be extended to ISIBINDI implementing partners to enhance the effectiveness of the projects. Government departments can consider to provide mobile services in rural areas in collaboration with ISIBINDI projects.

Development of an exit strategy

To enhance the sustainability of the positive results of the projects, it is recommended that the NACCW and ISIBINDI projects develop strategies to enhance the independence of their participants older than eighteen:

- There should be a preparation process for young people to develop skills that they can use to sustain themselves.

- Two additional posts for CYCWs are recommended in each ISIBINDI site. One CYCW will focus on the preparation of young people for tertiary education, including career guidance, access to bursaries, development of resources and networking opportunities. The other post is for the development of micro-enterprises and income generation projects. These projects should be locally relevant and provide young people with opportunities to develop independence.

- There should be advocacy for young people who are still at school at eighteen years to continue receiving their social grants from government to enable them to complete school.

- Networking and linking with local FET colleges, government departments such as health, public works, labour and employers is needed to negotiate employment for young people.

- Young people over eighteen can be integrated in the ISIBINDI programme as volunteers. This can promote their independence and open a possible career option

to become a CYCW. It can also strengthen the project resources and extend the systems of support in communities.

The ISIBINDI projects deliver essential community services to vulnerable communities. These recommendations can strengthen the projects to increase the impact in communities.

1. Introduction

"The pandemic is leaving too many children to grow up alone, grow up too fast, or not grow up at all.
Simply put, AIDS is wreaking havoc on children."

(Kofi Annan)

1.1   The plight of the children

It is estimated that, in 2009, there were 1.9 million children under the age of seventeen in South Africa that were orphans due to HIV and AIDS (UNAIDS, 2012). The prevalence of HIV and AIDS in South Africa is exacerbated by the presence of areas of extreme poverty. Poverty and AIDS have caused a large proportion of South African children to be described as orphaned and vulnerable. This creates a pressing need for care and placement strategies for a large portion of children in communities.

Traditionally, orphaned children were often taken in by extended family members, especially grandparents. The extended family is the traditional social security system where senior members are responsible for the protection of the vulnerable (UNICEF, 2003). However, due to the weakening of the family system and high mortality, many children are increasingly staying in child-headed households where older children look after younger siblings. In South Africa many families already live below the poverty line. Additional pressure due to deaths and orphaned children strain family resources. Most prospective caregivers of orphaned children in the study of Freeman and Nkomo (2006) foresaw significant additional stressors, especially financially, which established a strong need for assistance if they were to take in additional children. Although many children can be cared for in extended family systems, the families need assistance to cope with the situation.

Orphaned children have wide-ranging needs from parents/caregivers. In addition to food, shelter, education and physical health care all children, especially orphans, have

important emotional needs. These needs vary according to developmental stage and other personal, psychological and social factors. This can place an additional burden on the caregiving family (Freeman & Nkomo, 2006).

Currently, many programmes and service providers under the ambit of the Department of Social Development are involved in providing services to alleviate the needs of orphaned and vulnerable children in communities (Sebastian & Byenkya, 2008; Setswe &.Skinner, 2008). The Policy Framework and National Action Plan of the Department of Social Development (2005; 2006) provide clear guidelines for providing services to orphaned and vulnerable children (OVC). The first priority is the delivery of care through families and communities, with institutional care as a last resort.

The framework outlines six key strategies on which OVC care should be built:

- Strengthen the capacity of families to care for OVC

- Mobilize community-based responses for care, support and protection of OVC

- Ensure that legislation, policy, and programmes are in place to protect the most vulnerable children

- Ensure access to essential services for OVC

- Increase awareness and advocacy regarding OVC issues

- Engage the business community to actively support OVC.

One of the programmes which focus on the well-being of OVC is the ISIBINDI programme, implemented by the National Association of Child Care Workers (NACCW).

1.2   ISIBINDI: *creating circles of care*

The National Association of child care workers (NACCW) is an independent national agency involved with the wellbeing of children and youth since 1975. It is affiliated with the Federation of International Educative Communities, a UNESCO organisation responsible for child and youth care. The NACCW initiated the *ISIBINDI: Creating circles of care* programme. This programme was developed according to the key strategies set out by the Department of Social Development and started out on a small scale in KwaZulu-Natal in 2003. Since that time the programme expanded fast as a result of the need in communities. This programme currently forms part of the Department of Social

Development's OVC programme (Department of Social Development, 2012; NACCW, 2012). The ISIBINDI Model was designed to be aligned to the *HIV and AIDS and STI National Strategic Plan 2007-2011* and the *National Guidelines for Social Services to Children Infected and Affected by HIV and AIDS* and the Children's Act (2005 as amended in 2008), which all promote early intervention to curtail the negative impact of **HIV and AIDS in children's communities of origin**. It is funded by USAID and PEPFAR. The programme operates as a social franchise which provides cost-effective services to children living in HIV-affected or vulnerable households.

ISIBINDI forms an umbrella organisation to co-ordinate services of more than 40 partner community-based organisations delivering services at 67 sites in South Africa. The NACCW has trained more than 1000 child and youth care workers and over 800 of them are currently deployed in ISIBINDI projects. They offer an organised and supervised approach to community-based care serving more than 100 000 children. The initiative is being replicated in Zambia. Other African countries, including Botswana, Kenya, Zimbabwe and Rwanda have expressed interest in child and youth care work and the ISIBINDI model (NACCW, 2012).

ISIBINDI (meaning: courage) is a community-based care and protection option for children. ISIBINDI enables poorly resourced communities to adopt an evidence-based approach to the provision of integrated welfare services. The core of the model is the provision of care services to children and youth in their own life space, their homes, by trained and supervised child and youth care workers. The overall goal of the ISIBINDI model is to create safe and caring communities for vulnerable children, especially those affected by HIV and AIDS and poverty. The programme provides intensive child care and protection services to children in child-headed and grandparent-headed households and children living in extremely vulnerable situations (NACCW, 2012). The ISIBINDI model seeks to achieve the following key outcomes among orphaned and vulnerable children:

- Optimal levels of emotional and physical wellbeing;
- Normalisation of home environment through family preservation and strengthening of community support systems.

The child care workers teach children basic life skills and build resilience. They use ordinary interaction as a context and a means for transcending basic care to meet the emotional needs of children, especially in child-headed and parentless families. The

ISIBINDI model is designed to suit local conditions and cultural contexts, within the framework of the overarching commitment to the realisation of children's rights, even in the most remote and poorly resourced communities (NACCW, 2012). The ISIBINDI programme consists of the core and additional elements depicted in Table 1.

Table 1   ISIBINDI care provision programme for children and youth

Core elements	Additional elements
- Delivery of child and youth care services in communities - Creating safe and caring communities in the context of HIV AND AIDS - Community development - Child rights framework - Family preservation - Developmental assessment - Risk management - Partnership model - Inter-sectoral collaboration - Accessing state services - Network resources - Unemployed community members-screened and selected - Workers trained – accredited training - Child & youth care workers deployed - Accountability mechanisms – supervision, team meetings, consultancy & recording forms and formats - Monitoring and evaluation	- Food gardens - Income generation projects - Safe parks - Life centre - Foster care - Trained volunteers - Wilderness work/eco therapy - Young women's empowerment - Young men's empowerment - Child protection programme - Education support programme - Substance abuse prevention - Disability programme - Early childhood development

The ISIBINDI model promotes standards of care for orphaned, vulnerable and at-risk children and youth. It provides training and support to community-based child and youth care workers that provide psycho-social support to children and youth in the form of an outreach project. The model is built on the belief that the rights of the child and

the preservation of family through partnerships with all sectors will enable effective community-based solutions to alleviate or find solutions to the plight of OVC. It also reflects an ecological or holistic perspective of the needs of vulnerable children.

The organization consists of a national management team with head offices in Durban and Cape Town. A project mentor liaises between the management team and the various site teams. The model is implemented at various sites, through a community-based organization that provides employment for a team of child and youth care workers (CYCW). At each site there is a project manager and a project coordinator. CYCWs receive training in child and youth care work at NQF level 4. They receive continuous supervision on the cases they deal with. The supervision is characterized by being supportive and encouraging. This is in line with the strengths-based approach used in the programme (Scott, 2009).

1.3   Previous research and awards

Several studies included the ISIBINDI programme in their evaluations of OVC projects in South Africa. UNICEF did a national audit of 12 OVC organisations (UNICEF, 2006) and Khulisa Management Services wrote case studies of 32 OVC programmes in South Africa (PEPFAR, 2008). In their report they identified programmatic challenges in serving OVC. The problem of limited resources is the most common challenge facing these programmes. The PEPFAR study concluded that overall, the programmes do tremendous work for OVC, some with meagre resources complemented by goodwill from individuals and the communities in which they work (PEPFAR, 2008, 6-8). In another research project Scott (2009) explored the model of supervision implemented in the ISIBINDI programme. She identified the elements of the model and stipulated which elements needed strengthening to ensure effective and efficient services.

The ISIBINDI model has received several awards to date. In 2005 the ISIBINDI programme received the Impumelelo Award which rewards innovations in government through public-private partnerships that reduce poverty and address key development issues. The project was acknowledged for the following elements:

- **Innovation:** ISIBINDI clustered a number of factors into a unique response to the problems experienced by children in the context of the HIV and AIDS pandemic.

- **Effectiveness:** The project provides cost-effective support services to children made vulnerable by HIV and AIDS.

- **Poverty Impact:** The project has been able to provide social assistance, food security, skills development and job creation to a section of the community that needs it desperately.

- **Sustainability:** The project is cost effective. The challenge is that the majority of the funding is received from donors.

- **Replication:** The ISIBINDI model is replicable and includes a mentoring component (NACCW, 2012).

In 2012 the ISIBINDI initiative was awarded the **Larissa Award dedicated to "Children in need of alternative care in Africa." This award wa**s made by the African Child Policy Forum (ACPF), a pan-African centre of policy research and dialogue on the rights and wellbeing of the African child. ISIBINDI received this award for its unique multi-actor involvement in the provision of comprehensive care for orphans and vulnerable children including linkages with the government structures that guarantee sustainability of service provision. This award is an accolade given by ACPF to inspire the best initiatives in child rights and child wellbeing in Africa (http://www.africanchildforum.org).

During the Department of Social Development's (DSD) budget vote speech in 2012, the minister emphasized that DSD will expand the current services provided to OVC by using the ISIBINDI model in more areas. This implies that the ISIBINDI model might receive more funding to expand its current services to more areas (Department of Social Development, 2012).

1.4 Description of the current evaluation

The ISIBINDI model focuses mainly on the needs of children younger than eighteen years. According to PEPFAR funding rules young people over eighteen years should exit the programme. The expectation is that young people over eighteen years of age are adults that should be independent and able to look after their own needs. This belief is supported by other agencies. For example, the government child support grant is also aimed at children below eighteen years. When children turn eighteen years the child support grant is most often terminated unless a special application is made for young people who are still in school at that age. Although it is expected that the young people over the age of 18 years should exit the project, some young people over this age still benefit directly or indirectly from the ISIBINDI programme.

This evaluation was commissioned by PACTSA and USAID to determine whether the ISIBINDI model prepares young people sufficiently to be independent and responsible adults when they turn eighteen. This includes determining whether recipients of the project who reach the age of 18 years are able to study further and obtain employment to support themselves.

This research is done against a background of a scarcity of employment options for young people in general. Availability of employment and livelihood opportunities in rural areas are specifically scarce. The situation is more complex for OVC who do not have the support or resources provided by parents. They may have limited opportunities and often have to support siblings as well. It is an aim of the ISIBINDI initiative that wherever possible young people who have benefited from the programme should be empowered to become independent and support themselves.

2. Goal of the evaluation

The goal of the evaluation is to gather evidence regarding the impact of the ISIBINDI programme on youth (18+ years) in order to provide answers to the following key questions:

- How did young people (18+ years) benefit from participating in the ISIBINDI projects?

How do ISIBINDI participants differ from those who did not participate in the projects especially with regard to key objectives of the projects:
- physical and psychological health;
- academic achievement and motivation; and
- preserving families?

- Were the benefits of participation in the programme sustained after leaving the programme?
- Are the young people prepared to take on responsible adult roles when they turn eighteen years?

Which factors promoted or hindered success in achievement of key programme outcomes?

3. Research methods used in the evaluation

3.1   Research design

A **mixed methods design**, consisting of quantitative and qualitative data analysis, was used to assess project outcomes and the extent that the project prepares young people for adulthood.

A **quasi-experimental design** was used to compare young people that participated in the ISIBINDI projects and control groups from the same areas. Young people were compared with regard to physical and psychological well-being, social connectedness, level of education and employment, future expectations and risk behaviour. Several focus group discussions were conducted to determine the opinions and experiences of various stakeholders related to the ISIBINDI projects. The group participants identified factors that promoted and hindered programme effectiveness.

3.2   Data collection strategies: quantitative data

3.2.1 Sampling for quantitative data

Stratified clustered sampling was used to obtain a sample of young people who participated in the ISIBINDI projects. A two-stage process was used:

Stage 1 Selection of sites: Twelve ISIBINDI sites were identified for the evaluation purposes. A proportional sample of sites from each province was selected as follows: 5

sites in KwaZulu-Natal, 4 sites in the Eastern Cape, 2 sites in Mpumalanga and 1 site in Gauteng.

The selection of sites was done by NACCW using the following criteria:

- Sites that were graded high in terms of implementation (where a large number of programme components were implemented),
- Sites where about 40 to 50 young people over 18 years who participated in the programme could be traced for the purpose of the evaluation and
- Sites that would provide an urban and rural mix.

The following twelve sites in four provinces were selected for the purpose of the evaluation:

- **Gauteng**: Welile in Soweto

- **Mpumalanga**: Magweni and Siyabuswa

- **KwaZulu-Natal:** Bergville, Msinga, Ndwedwe, Jozini and Kokstad

- **Eastern Cape:** Alice, King Williams Town, Ndondo Square and Maluti.

Stage 2a Selection of ISIBINDI participants: At each site the local CYCWs of the ISIBINDI project were requested to recruit 40 participants from the young people over eighteen years that could be traced and would be available to participate in the evaluation in July 2012. The following criteria for selection of the young people were communicated to the ISIBINDI staff:

- Equal numbers of young people who participated in ISIBINDI after they turned eighteen years and young people who did not continue in the programme after they turned eighteen years.
- Equal numbers of young people that participated in the programme for more than eighteen months and less than eighteen months (to assess the effect of length of programme participation).

The researchers are not sure to what extent these criteria were used to invite young people to the evaluation session. We believe that the ISIBINDI staff invited all young ISIBINDI participants over eighteen years that they could find at the time.

The aim was to include about 500 ISIBINDI participants older than eighteen years in the evaluation which would represent a 10% sample of the young people who benefited from the ISIBINDI programme in that age group.

Stage 2b Selection of control group members: A control group of vulnerable young people older than eighteen years that did not participate in the ISIBINDI projects were recruited from areas close to the sites where the evaluation was done. The CYCWs at each ISIBINDI site identified an area close by where there were many vulnerable children who did not participate in the ISIBINDI programme yet. These areas can be viewed as waiting list sites. In each of these areas ISIBINDI staff were requested to recruit about 10 to 12 young people as part of the control group. A snowball technique was used in the recruitment. The ISIBINDI staff asked other professionals such as teachers or social workers to identify vulnerable children that do not participate in this or similar programmes. The aim was to involve 120 control group participants (about 10 per site).

3.2.2 Data collection tools

A survey was used to obtain data from ISIBINDI participants and the control group (see appendix I). The survey included the following:

- Biographical questions related to age, gender, level of education and who took care of them while growing up;

- Educational and employment options, future expectations as well as socio-economic status;

- Physical and psychological health. Psychological health was assessed using the following scales:

  o   attitude towards life (alpha=0.54; 6 items),

  o   self-esteem (alpha=0.52; 3 items),

  o   problem solving (alpha=0.76; 5 items),

  o   interpersonal skills (alpha=0.51; 4 items),

  o   goal directedness (alpha=0.53; 5 items) and

  o   resilience (alpha=0.745; 11 items).

The questions measuring physical and psychological health were assessed using a three point scale (almost always, sometimes, almost never). Scale scores were compiled by adding the scores on each item to obtain a total score for each

individual. Total scores were then presented on a standardised scale of -10 to 10 to enable comparison of scores.

- Social connectedness was assessed through a scale on family relationships (alpha=0.87; 10 items) and connectedness in a community.

- Risk behaviour was assessed using self-reported behaviour. Self-report of controversial or emotionally laden behaviour should be interpreted with care because several patterns of over- and underreporting may interact in collecting data and may influence the quality of the data (Catania et al., 1990; Hewett, Mensch & Erulkar, 2003; Wislar & Fendrich, 2000). Questions were asked about alcohol and drug use, interpersonal violence and sexual behaviour. A risk scale were developed by summing four types of risk behaviour:

    o   frequency and amount of alcohol use (frequency times amount), scaled 0-10;

    o   drug use scaled 0-10;

    o   number of sexual partners (from 2), scaled 0-10

    o   consistent condom use (consistent: 0; not consistent: 10).

  These four scales were summed and divided by 40 (max scale score) and expressed as a percentage. Interpersonal violence was not included in this scale. Although interpersonal violence aggravates risk, it was not included because it was argued that it is not in the control of the person, as the person most at risk is usually the victim of the interpersonal violence.

- Participants also completed a section on how they benefited from the ISIBINDI programme.

The data collection tool was developed based on questions adapted from the Human Sciences Research Council Household Survey questionnaire on Youth and Children (with permission). The resilience scale was adopted from the resilience study done by Mampane (2010) in township schools. Questions from the Emotional Quotient Inventory for Children of Bar-On (2004) were integrated in the psychological well-being scales. The questionnaire was piloted among a group of vulnerable youth to determine the content validity and level of understanding of the questionnaire. The questionnaire was printed in English. Research assistants, who were present during data collection at each site, translated the questionnaire into isiZulu, seSotho, isiNdebele and isiXhosa. When the questionnaire was completed during data collection, the research assistants read out

the questions aloud in the language most spoken in the area. They assisted the young people in understanding and completing the questionnaire.

3.2.3 Process of data collection

Data collection was done by three teams of researchers. One team visited sites in the Eastern Cape, the other in KwaZulu-Natal and the third group visited sites in Gauteng and Mpumalanga. At each site the CYCWs organised a meeting between the young people participating in the ISIBINDI programme and the research team. At this meeting the researchers explained the goal of the research and asked the young people if they were willing to participate in the research. Data was collected from those who consented to participate voluntarily.

Quantitative data was collected in a group setting. We used an electronic system of data collection in areas where there was electricity. This allowed for young people to complete the questionnaire anonymously as no one could see their responses. Questions were read out one by one in the language most spoken in the area and participants had to use a clicker to indicate their responses to the question. The young people grasped the idea of the clickers and participated well in the session. In smaller groups (about 20 participants) the data collection sessions took about 2 hours. In larger groups the session took longer because the researchers had to wait for all the participants to complete a question before they could move on to the next question. Where sessions took longer, participants were given a break to ensure that they did not lose concentration.

Using the electronic data collection system in a group in Mangweni and Msinga

In areas where there was no electricity the researchers assisted the young people to complete the questionnaire in the traditional paper-and-pencil method. This was done in small groups so that the researchers could explain each question in the vernacular.

Paper and pencil data collection in Jozini and Ndwedwe

Data from the control groups was collected in a similar way.

3.2.4 Follow-up

The initial fieldwork at all the sites did not yield the planned number of ISIBINDI participants for a representative sample. Follow-up research strategies were therefore implemented to increase the number of ISIBINDI participants in the evaluation:

- Sites were requested to provide the researchers with telephone numbers of young people who could be traced, but who could not attend the data collection session in July. We received 126 telephone numbers of young people. Despite the fact that

two researchers called all unanswered numbers at least three times, only **15 young people could be reached telephonically**. There were various reasons why participants could not be reached: some phones were not working or were unanswered, some recorded repeated voice mail messages, some numbers provided were wrong numbers, poor networks made communication impossible, or the participant was not at home at the time the call was made and messages were not followed up. A shortened version of the questionnaire was completed telephonically by the 15 respondents that could be reached telephonically.

- Other means explored included the use of e-mail but this was also limited by lack of internet access.
- Another follow-up strategy entailed requesting the ISIBINDI project leader in each area to assist in tracing more participants over eighteen years of age (preferably those out of school) that could not attend the first data collection session. At four sites in the Eastern Cape the project leader was able to recruit more participants who had not attended the previous session to complete the questionnaire. They couriered the completed questionnaires at our cost.

The follow-up strategies contributed to a final sample of 427 participants and 177 control group members.

3.2.5 Data analysis

Data collected on paper and pencil questionnaires were captured manually. The electronic data collected using the clickers were converted into Excel and SPSS files. An advantage of the clicker system is that data entering errors are eliminated. Both data sets were combined, cleaned and the correctness was verified. Descriptive statistics were used to understand the characteristics of the two groups of respondents and to explore possible differences between variables. Scale scores were calculated for the psychological and social variables and the alpha coefficient of each scale was calculated to make sure that each scale was fairly reliable for this group of respondents. The scale scores of the two groups of young people, presented on a standardised scale of -10 to 10, have been compared using independent t-tests.

3.3   Data collection strategies: qualitative data

3.3.1 Sampling of qualitative data

Focus group discussion with young people at Ndwedwe

Purposive sampling was used to identify respondents for focus group discussions.   Four focus group discussions were held with various stakeholders at each site:

- A focus group discussion was held with **youth recipients** older than eighteen years that benefited from the ISIBINDI programme. The young people that attended the sessions to complete the survey were approached to take part in the focus group discussion. In some areas all the recipients that attended the session were interviewed and in some areas volunteers were asked. The groups varied from 12 to 20 participants.
- Another group discussion was held with the **team of CYCW** at each site. All CYCW at each site participated in the discussion.
- **Caregivers, grandparents or parents** of the young people over eighteen years were invited to participate in a focus group discussion to evaluate how they perceived the value of the ISIBINDI programme in the lives of the young people. In all the areas a large group of caregivers eagerly participated in the discussion. It was only in Ndwedwe where there was a small group of caregivers. Distances between the site and the homes of participants and lack of transport could have been reasons for the low turnout.

Parents/caregivers at Jozini

- The last focus group discussion consisted of **community stakeholders.** Participants included the Community-based organisation that is responsible for the implementation of the programme, ward councillors, traditional leaders and various professionals, such as teachers and social workers that have contact with the children or assist in the implementation of the programme. The participation in the group indicated that the ISIBINDI programme was well integrated into the community resources.

In total there were 12 groups of youth participants, CYCW, parents or caregivers as well as stakeholders each, resulting in 48 focus group discussions.

3.3.2 Data collection tools

Interview schedules for focus group discussions were developed in collaboration with the NACCW to ensure that all relevant issues were discussed. Interview schedules were semi-structured to enable participants to share their experiences and concerns about the programme as well as suggestions for improvement. The main questions for focus group discussions are outlined below.

The focus of the group discussion with recipients of the ISIBINDI projects (over eighteen years) was on how they benefited from the projects and how the projects could be improved to address their needs. Specific questions were:

> How did you become part of the ISIBINDI project?
>
> How did you benefit from being part of the ISIBINDI project?
>
> Would you say the ISIBINDI project prepared you well to become an empowered and independent young adult and responsible citizen? In what way? In what way not?
>
> Looking back over the years, how can the project be improved to prepare other young people to be empowered and independent young people?

- The CYCWs were asked how they personally benefited from the project and how they observe young people benefit from the project. They were asked to share success stories they experienced as well as challenges involved in implementing the project. They were also asked how the project can be improved.

> Please share the highlights and challenges you experience in implementing the ISIBINDI project?
>
> What services do you provide for vulnerable children/youth and do they benefit from participating in the project?
>
> How do you prepare young people to become empowered and independent young adults when they are eighteen years old?
>
> From your experience, how are young people over the age of eighteen years doing? Do you regard them as empowered for adult life?
>
> What are the things (activities) that make the project successful? What challenges do you experience?
>
> How would you like to improve the project to address the needs of the children, to make it more relevant and sustainable in the lives of young people?

- Parents, grandparents and caregivers of children who participate in the ISIBINDI project were asked about their perception of the value of the project and what advice they would give to improve the project.

> **Please tell me about your child's involvement** in the ISIBINDI project?
>
> How did the ISIBINDI project prepare your child to become an empowered and independent young adult and responsible citizen?
>
> Since your child is over the age of eighteen years, what is your child doing now?
>
> Some young people seem to be more prepared for life than others. In your opinion, what aspects of the project **made a difference in your child's life?**
>
> If you were asked to improve the ISIBINDI project to prepare young people to be responsible citizens, what would you suggest?

- The group consisting of various stakeholders were asked about their role in the project, their perception of the project as well the challenges experienced in implementing the project. They commented on the connectedness of the project with community resources and the general lack of resources to implement community projects.

> Please share your views of the ISIBINDI project?
>
> Do you think that young people over the age of eighteen years, are better equipped to deal with life when compare to those who were not part of the project?
>
> If you had to advise the project implementers, what do you regard as a key for success in this project?
>
> What are some of the challenges you have observed in the implementation of the project?
>
> In your opinion, how can this project be improved to address the complex needs of children to have a sustainable impact on the lives of young people?
>
> How sustainable is the project you implement in this community with regard to funding and relationships with the community?

3.3.3 Process of data collection

At each site the CYCWs organised participants for each focus group discussion. Before data collection started, the researchers explained the goal of the evaluation and asked the participants if they were willing to participate. Participants who were willing to participate were asked to complete informed consent forms. Thereafter the group discussions started. The focus group discussions were tape recorded. Two researchers facilitated the group discussions, one led the group and the other took notes. Most of the discussions were conducted in the vernacular of the participants. The group discussions took an average of between one and two hours. Most participants were eager to participate and to give their opinions about the project.

3.3.4 Data analysis

The following steps were followed in the data analysis:

- Data collected from focus groups discussions were transcribed and translated into English for analysis.

- The quality of transcripts was controlled through spot checks of transcriptions.

- Data was coded using the Atlas.ti qualitative data analysis software package. A framework of codes was created to identify the themes guided by the research questions.

- The codes were clustered into meaningful themes that are used to structure the report.

- Data is triangulated with data from the surveys to enhance understanding of the results and presented in section 6.

3.3.5 Document reviews

At each site the project documents and 20 family files were reviewed to assess what project components were implemented and how it was implemented. Project successes, case studies and obstacles in implementation were noted from project documents. An evaluation template with a rating scale was developed to assess project implementation in a standardised way.

Family files provided reports on daily visits to the homes, specified household activities done and how children were involved. The consensus of the researchers was that the

family files provided information about the family as a whole and not specifically about the outcomes of the project for young people over eighteen years. It was therefore decided to refrain from using the document reviews as part of the evaluation.

3.4   Ethical approval

Ethical approval for the evaluation was obtained from the Faculty of Humanities, University of Pretoria before the study was conducted. The data collection instruments were also approved by the NACCW management. Fieldworkers were trained in ethical conduct and professional behaviour. All participants were informed about the goal of the evaluation, their rights and possible risks. They were required to sign an informed consent form to confirm that they participated in the evaluation voluntarily. The ethical approval document and the consent forms are included in appendices A to C.

In the following two sections the results of the quantitative and qualitative data collection are given separately. The findings are integrated according to the research questions in Section 6.

4. Results of quantitative evaluation

4.1 Characteristics of the sample

The total sample of ISIBINDI participants was 427, of which 344 participants indicated that they are still participating and 83 that they previously participated. The control group consisted of 177 young people from similar communities where the project was not yet implemented. The number of participants recruited at each site is indicated in Table 2.

Table 2   Number of participants and control group members per site

ISIBINDI sites	Participants	Control	Total
Alice	36	11	47
Bergville	19	11	30
Jozini	46	26	72
King William's Town	56	12	68
Kokstad	36	14	50
Maluti	47	4	51
Mangweni	31	20	51
Msinga	32	17	49
Ndondo Square	60	15	75
Ndwedwe	13	7	20
Siyabuswa	28	23	51
Welile	23	17	40
TOTAL	**427**	**177**	**604**

Only Welile in Soweto can be regarded as an urban area, the others are rural sites. The small number of urban participants in this sample did not make it possible to do a statistical comparison between participants in urban and rural areas.

The results reported here are based on self-report of the participants. It should be kept in mind that there is in some questions no way to verify the accuracy of reporting leading to these results.

4.1.1 Gender

The sample consisted of slightly more females than males in both groups (Table 3). This is a realistic presentation of the gender distribution in the project. The gender distribution was similar between the ISIBINDI participants and the control group.

Table 3   Gender

	Male	Female
Participants (n=427)	194 (45.4%)	233 (54.6%)
Control (n=174)	84 (48.3%)	90 (51.7%)

4.1.2 Age

The age distribution of respondents is presented in Table 4.

Table 4   Age distribution

	18 years	19 years	20 years	21 years	22 years	23 years	24 years	25 years
Participants (n=425)	139 (32.7%)	112 (26.4%)	59 (13.9%)	52 (12.2%)	30 (7.1%)	21 (4.9%)	2 (0.5%)	10 (2.4%)
Control (n=174)	65 (37.4%)	28 (16.1%)	20 (11.5%)	17 (9.8%)	9 (5.2%)	7 (4.0%)	6 (3.4%)	22 (12.6%)

The respondents were between 18 and 25 years of age. The age distribution was similar between the participants and the control group. The control group had more young people being 25 years old. This results in 25.2% control group members being older than 21 years, compared to 14.9% of the participant group.

4.1.3 Level of education

The highest academic qualifications of respondents are given in Table 5.

Table 5   Highest academic qualification

	Grade 7 or less	Grade 8-9	Grade 10-11	Grade 12	Post school qualification
Participants (n=425)	25 (5.9%)	82 (19.3%)	184 (43.3%)	104 (24.5%)	30 (7.0%)
Control (n=173)	7 (4.0%)	43 (24.9%)	70 (40.5%)	43 (24.9%)	10 (5.7%)

The educational level of the ISIBINDI participants and the control group is fairly similar. More than two thirds of the over 18 year sample had qualifications lower than Grade 12 or were still in school. The ISIBINDI project attempts to keep young people in school as long as possible to enhance their future opportunities.

4.1.4 Marital Status

Most of the respondents were single or were in steady relationships. The marital status of the two groups was almost similar (Table 6).

Table 6 Marital status

	Single	Going steady	Living together	Married	Other
Participants (n=412)	247 (60.0%)	108 (26.2%)	23 (5.6%)	8 (1.9%)	26 (6.3%)
Control (n=173)	99 (57.2%)	45 (26.0%)	12 (6.9%)	4 (2.3%)	13 (7.5%)

4.1.5 Orphaned state

Respondents participated in the study because of their status as orphaned and/or vulnerable children. In Table 7 the respondents indicated their orphaned status as well as how old they were when their parents died.

Table 7   Orphaned status

		Orphaned	Age parent died				
			< 6 years	6-9	10-14	15-17	18+ years
Mother died	Participants (n=427)	250 (58.5%)	13.2%	18%	35.2%	25.6%	8%
	Control (n=173)	85 (49.1%)	23.8%	18.8%	27.5%	17.5%	12.4%
Mother unknown	Participants	6 (1.4%)					
	Control	5 (2.9%)					
Father died	Participants (n=427)	237 (55.5%)	17.7%	24.9%	29.5%	19.8%	8%
	Control (n=174)	91 (52.3%)	23.1%	23.1%	30.7%	11.0%	12.1%
Father unknown	Participants	62 (14.5%)					
	Control	22 (12.6%)					

More participants of the ISIBINDI project were orphaned (9%). There were 58.5% ISIBINDI participants that indicated that their mother died, compared to 49.1% in the control group. This reflects the vulnerability of the ISIBINDI participant group. A large number of respondents lost their parents (one or both) when they were still very young (below 10 years of age). They indicated who their main caregivers were while growing up (Table 8).

Table 8   Main caregivers

	Mother	Father	Both parents	Grand-parents	Other family	Siblings	Non-relatives	ISIBINDI CYCW
Participants (n=417)	32.1%	3.6%	10.8%	32.9%	10.1%	6.2%	1.4%	2.9%
Control (n=174)	37.4%	3.4%	13.8%	27.6%	7.5%	9.7%	0.6%	

Slightly more members of the control group grew up with their own parents (54.6%) compared to 46.5% of the ISIBINDI participants. ISIBINDI participants were more often cared for by their grandparents (32.9%) than was the case with the control group (27.6%). Almost 10% of both groups indicated that they grew up in the care of their siblings – this is an indication of the high level of child-headed households in these areas, which reflects the vulnerability of young people. It is interesting to note that 2.9% of the ISIBINDI participants regarded the CYCW as their primary caregivers.

In all other respects the pattern of caregiving was similar between the two groups.

Summary: The ISIBINDI participants and the control group members were recruited based on their age (older than 18 years) and whether they participate in the project or not. Besides age, no other demographic characteristics were used in the recruitment of respondents. Despite this, the two groups were surprisingly similar in terms of most characteristics and can be compared in terms of outcome variables.

4.2   Education, employment and income

One of the goals of the ISIBINDI model is to prepare vulnerable young people for the responsibilities of adult life through education. To evaluate the effectiveness of the strategies of the ISIBINDI project, the ISIBINDI participants were compared to control group members with regard to their ability to gain employment and to earn a living.

4.2.1 Education and employment

Table 9   Education and employment

	Attending school	Working (formally or informally)	Unemployed, looking for work	Not working, not looking for work
Participants (n=403)	259 (64.3%)	30 (7.4%)	108 (26.8%)	6 (1.5%)
Control (n=172)	111 (64.5%)	7 (4.1%)	46 (26.7%)	8 (4.7%)

A large percentage of the young people (over 18 years) that participated in this study are still in school (almost two thirds). The majority of young people out of school reported that they are unemployed and looking for work (26%). Only a small percentage of the young people in both groups (7.4% and 4.1%) reported that they are working – being formally employed, self-employed or working in the informal sector. The ISIBINDI participants and the control group were almost similar in this regard, with a few more ISIBINDI participants being employed (20.8% of ISIBINDI and 11.5% of control group out-of-school youth).

4.2.2 Income

A responsibility of adult life is to be self-supporting **and provide an income for one's** family. For orphaned and vulnerable young people it is even more important to be self-sustained as they do not have parents to provide for them. Many of them have the responsibility to take care of family members. **In the following tables the young people's** reported sources of income, level of income, perceived financial status and expectations of future opportunities are reported.

According to the responses of the young people, the majority have no income or receive government grants. It seems that more control group members receive no income (71.3% compared to 54.5%). More ISIBINDI participants receive government grants (23.7% compared to 17.2%). This can be interpreted as a positive outcome for the ISIBINDI project, since much effort is put into assisting children to obtain child support grants or foster care grants. More ISIBINDI participants also receive an income from being employed (7.5% compared to 3.4%).

Table 10 Main source of income

	No income	Formal salary	Informal earnings	From family	Government grants	Donations (private organisations)	Other
Participants (n=426)	54.5%	3.3%	4.2%	9.9%	23.7%	2.3%	2.1%
Control (n=174)	71.3%	1.7%	1.7%	5.7%	17.2%	0.6%	1.7%

It is possible that some ISIBINDI participants still receive grants having secured them for the duration of their schooling, while others indicated (in the focus group discussions) that their grants were stopped when they turned 18 years. Some still benefit from grants being paid to other members of their families. It is also not clear whether all the young people that indicated that they do not have any income, do not receive government grants.

What is clear from this data is that a very small percentage of young people between 18 and 25 years in this research earn an income through employment.

The findings in Table 11 agree largely with the information in Table 10. It indicates that the majority of young people (more than three quarters) have no income or an income of less than R400 per month. The largest percentage of young people in this study (93%) has an income of less than R800 per month. A small number of ISIBINDI participants have a higher income than the control group.

Table 11 Personal monthly income

	No income	R1-R400	R401-R800	R801-R1600	R1601-R3200	R3201-R6400	R6401-R12800	R12800 and more
Participants (n=427)	257 / 60.2%	96 / 22.5%	43 / 10.1%	18 / 4.2%	7 / 1.6%	2 / 0.5%	0	4 / 0.9%
Control (n=176)	126 / 71.6%	36 / 20.5%	6 / 3.4%	4 / 2.3%	2 / 1.1%	1 / 0.6%	1 / 0.6%	0

Table 12 Perception of financial position

Whole sample	Not enough money of basic living	Enough money for basic living	Enough money for basic living and some extras
Participants (n=427)	67.0%	29.0%	4.0%
Control (n=176)	73.3%	22.7%	4.0%
Out of school young people			
Participants (n=144)	62.6%	32.0%	5.4%
Control (n=61)	76.9%	18.5%	4.6%

There seems to be a pattern where ISIBINDI participants rate their own financial position slightly better than members of the control group. More ISIBINDI participants rated their financial position as enough for basic living (29.0% compared to 22.7%) – although the difference is not statistically significant. It can be interpreted that some ISIBINDI participants are more adjusted to their circumstances. It should be kept in mind that the majority of the young people in this study were still in school and living with their families.

In the second part of Table 12 the perceived financial position of out of school young people is given. They may have a more realistic perspective on their financial situation. Though the differences are not statistically significant, there is a tendency for ISIBINDI participants to evaluate their financial position more favourably, while control group members evaluate their situation as more desperate.

These results show that the financial needs in this group of young people need to be acknowledged. While 60.6% of the ISIBINDI participants and 55.6% of the control group members indicated that they always have food to eat, there are many who indicated that they do not have food to eat several days per week.

4.2.3 Concerns and future expectations

The concerns and future of expectations of young people were analysed and compared between the groups and presented in

Table 13 and Table 14.

Table 13 Worried about work and further education opportunities

Work opportunities	Very worried	Somewhat worried	Not worried
Participants (n=426)	54.2%	20.7%	25.1%
Control (n=176)	57.4%	14.8%	27.8%
Tertiary education opportunities	Very worried	Somewhat worried	Not worried
Participants (n=425)	73.4%	15.1%	11.5%
Control (n=172)	70.3%	18.6%	11.0%

Both groups of young people are worried about future study and work opportunities.

In an analysis of young people out of school, it was found that they are significantly more worried about their future job opportunities (76.9% were very worried) than young people who were still in school (40.4% were very worried). It seems as if young people out of school experience the reality of job scarcity and looking for a job more intensely than young people who are still at school. The difference was observed in both ISIBINDI participants and control groups.

Young people's perception of their future opportunities was assessed on a four point scale. Results are given for the two groups as a whole and then for young people out of school as a sub-group (Table 14).

There seems to be a tendency for ISIBINDI participants to be more optimistic about their future opportunities than control group members. A chi square analysis does not prove these differences to be statistically significant.

Table 14 Perception of future opportunities

Whole sample	Limitless opportunities	Many opportunities	Limited opportunities	No opportunities
Participants (n=424)	26.7%	48.6%	19.8%	5.0%
Control (n=171)	22.2%	47.4%	24.0%	6.4%
Out of school young people				
Participants (n=144)	20.5%	50.0%	21.9%	7.5%
Control (n=61)	17.2%	39.1%	35.9%	7.8%

Summary: With regard to employment and income there were some differences found between the ISIBINDI participants and control group members. More ISIBINDI participants reported that they received grants (23.7% vs 17.2%). This is the result of an effort of the project staff to secure an income through governments grants in homes of OVC in need. Another positive result was that more out of school young people who participated in the ISIBINDI project were working and earning an income (20.8% vs 11.5%). ISIBINDI participants perceived their financial position to be more positive and they were more optimistic about their future opportunities compared to the control group (70.5% vs 56.3%). It is possible that participation in the project can result in a more positive attitude toward life which can contribute to more willingness to look for opportunities.

4.3   Health and access to health care

Young people who participated in the research experience relative good health. Almost 80% rated their health as excellent or good (Table 15). There are not notable differences between the ISIBINDI participants and the control group members. It is interesting that girls did not evaluate their health quite as positive as boys did (81.7% boys evaluated their health as good, compared to 77.2% girls).

Table 15 Health status

	Excellent	Good	Fair	Poor
Participants (n=425)	41.0%	37.8%	16.6%	4.6%
Control (n=176)	40.0%	40.6%	15.0%	4.4%

Access to health care was assessed by asking young people about the last time they needed medical care and the sources of medical care they received.

Table 16 Last time received health care

	Within past 6 months	Between 6months and 1 year	Between 1 and 2 years	More than 2 years ago	Never
Participants (n=409)	36.2%	19.1%	7.6%	11.7%	25.4%
Control (n=174)	39.0%	16.4%	8.2%	11.3%	25.2%

There was no significant difference in access to health care between the two groups. What is concerning is that about a quarter of both groups reported that they never received any health care.

Young people reported that they have access to general hospitals and clinics and a few use mobile clinics. A small number indicated that they do not have access to health care. A CYCW was the source of health care for 7.8% of ISIBINDI participants. The CYCW was thus an important channel in providing access to health care for ISIBINDI participants (Table 17). This is also mentioned in focus group discussions (refer to Section 5.1.1).

Table 17 Sources of health care

	Govern ment hospital	Clinic	Mobile clinic	Private doctor/ clinic	Traditional healer	Neighbour/ community member	ISIBINDI care worker	Nowhere/ no access
Participants (n=409)	38.9%	35.5%	7.8%	4.6%	2.7%	1.2%	7.8%	1.5%
Control (n=174)	39.1%	35.1%	10.9%	5.1%	4.0%	1.7%	0	4.0%

Summary: There were no differences in health and health care between the two groups. It is notable that a large percentage (25%) of young people in both groups did not access of health care. The ISIBINDI CYCW was an important source of health care for ISIBINDI participants (also refer to qualitative data).

4.4   Psychological health

Psychological health was assessed using scales to assess:

- attitude towards life (6 items),
- self-esteem (3 items),
- problem solving (5 items),
- interpersonal skills (4 items),
- goal directedness (5 items) and
- resilience (11 items).

The scale scores are presented on a standardised scale from -10 to 10. The mean scores of ISIBINDI participants were positive on all the scales. The group as a whole seem to display:

- positive self-esteem (mean = 4.3),
- positive goal directedness (mean = 4.8),
- a positive sense of resilience (mean = 3.5) and
- a somewhat positive attitude towards life (mean = 1.3).

Differences between the ISIBINDI participants and control group members on the psychological scales are presented in Table 18. By convention, differences between groups are statistically significant if the p-value is smaller than 0.05.

Table 18 Comparison of groups on psychological well-being scales

		N	Mean	T value	P value (2 tailed)
Attitude towards life	Participants	406	1.334	-1.316	.189
	Control	160	1.764		
Self-esteem	Participants	414	4.365	-.606	.545
	Control	159	4.625		
Goal directedness	Participants	408	4.794	-.594	.553
	Control	160	4.969		
Problem solving	Participants	409	3.320	.036	.971
	Control	160	3.306		
Interpersonal skills	Participants	407	2.875	-.095	.924
	Control	159	2.891		
Resilience	Participants	400	3.483	.518	.604
	Control	146	3.418		

There were no significant differences between the two groups regarding psychological well-being, because p values were larger than 0.05.

In a follow-up analysis of young people out of school, the two groups were compared using the same variables (Table 19). In this analysis the ISIBINDI participants scored more positive with regard to self-esteem (p<0.1) and problem solving (p<0.05), in comparison with the control group. ISIBINDI young people that are out of school thus reported higher self-esteem and better problem solving strategies than the control group members. This was also prominent in focus group discussions (refer to Section 5.1.1).

It can be noted that the ISIBINDI participants who are out of school reported a more negative attitude towards life than the group including school going young people. On the other hand, they reported more positive self-esteem.

Table 19 Comparison between post-school young people on psychological variables

		N	Mean	T value	P value (2 tailed)
Attitude towards life	Participants	141	.995	-.156	.877
	Control	65	1.078		
Self-esteem	Participants	145	5.014	1.667	.097*
	Control	65	3.825		
Goal directedness	Participants	142	4.521	1.162	.247
	Control	65	4.015		
Problem solving	Participants	143	3.972	3.197	.002**
	Control	65	2.262		
Interpersonal skills	Participants	144	2.953	-.017	.987
	Control	65	2.957		
Resilience	Participants	136	3.429	.786	.433
	Control	57	3.260		

*p<0.1

**p<0.05

The significant differences in self-esteem and problem-solving are illustrated below:

Through the interaction with the ISIBINDI CYCW the participants' self-esteem and confidence could develop (refer to the qualitative data).

A few responses of the young people are highlighted in (Table 20). ISIBINDI participants reported some positive characteristics, and aspects that they may need help with. This may be important to take into account in the development of future training material.

There are a large proportion of ISIBINDI participants who are goal-directed (63%), and have hope for a positive future (74%). There seem to be about a quarter of the participants that are not positive about life (26%). Depression (11%) and anxiety (23%) are prevalent and a lack of a sense of responsibility and perseverance may negatively influence their behaviour.

Table 20 Responses to individual items

Positive aspects	Participants	Control
I know I have the important things in my life (positive attitude)	77.5%	69.4%
I am satisfied with myself (self-esteem)	53.6%	62.5%
I have a good idea where I am headed in the future (goal-directed)	63.1%	55.0%
My future and success depends on my hard work (locus of control)	85.0%	79.4%
I believe that things will be better for me (hope)	80.0%	86.2%
I have support to aim for a bright future (hope)	74.4%	73.0%
Challenges	Participants	Control
Life has betrayed me because it has not fulfilled my wishes	25.9%	31.3%
There is nothing I am really committed to	24.0%	16.3%
I feel sad and hopeless (depression)	10.8%	10.0%
I worry too much (anxiety)	23.5%	25%
I rarely think of consequences before I act (responsibility)	33.4%	24.4%
I have goals but I do not stick to them	20.6%	18.8%

Summary: The average scale scores showed that ISIBINDI participants had overall positive self-esteem (mean = 4.3), positive goal directedness (mean = 4.8), positive sense of resilience (mean = 3.5) and a low positive attitude towards life (mean = 1.3). For the group as a whole there were no significant differences between the ISIBINDI participants and the control group. In an analysis of the psychological wellbeing of the out of school young people there were differences with regard to self-esteem and problem-solving between the two groups. ISIBINDI participants had more positive self-esteem and better problem-solving skills. This can be the result of the positive relationship with the CYCW and the family discussions to solve problems together.

These results show that more attention can be given in the project to assist young people to develop a positive attitude towards life, to deal with depression and anxiety, to become responsible and to follow through to reach their goals.

4.5 Social support

Young people were asked about their experience of social support in their communities as well as in their relationship with family members or caregivers.

4.5.1 Family support

Family support is presented in the form of a scale consisting of 10 items and presented on a standardised scale from -10 to 10. On this scale ISIBINDI participants reported high levels of family support (mean = 4.5).

The scores of ISIBINDI participants and the control group are compared using an independent t-test (Table 21). The analysis was also done for the out of school young people in the two groups.

Table 21 Comparison of family support between ISIBINDI participants and control group

Sample as a whole		N	Mean	T value	P value (2 tailed)
Family support	Participants	403	4.53	1.760	0.079*
	Control	155	3.86		
Out of school young people		N	Mean	T value	P value (2 tailed)
Family support	Participants	141	4.62	2.080	0.039**
	Control	65	3.31		

*p<0.1 **p<0.05

There was a difference (approaching statistical significance) between the family support experienced by the whole group of ISIBINDI participants and the control group (p < 0.1). In the out of school group this difference was statistically significant (p < 0.05). The ISIBINDI participants thus experience more family support, especially those who are out of school. Notable differences between the groups were observed in terms of receiving guidance and spending time together. This can be related to the role of the CYCW in trying to keep families to work together in doing daily chores and to solve problems through family discussions (see qualitative data).

The statistical difference in family support of out of school ISIBINDI participants and the control group is illustrated here:

ISIBINDI families were rated relatively high with regard to care (67%), comfort (59.5%) and guidance (67%). Families were rated overall negatively with regard to spending time together (43.7%), providing necessities (38.4%) and providing money (23.1%) for young people.

4.5.2 Community support

The young people's experience of community support is summarised in Table 22. They were asked whether they experienced community relationships as close or not, using a four point scale.

Table 22 Community relationships

	Very close	Somewhat close	Not too close	Not close at all
Participants (n=408)	45.1%	39.0%	14.2%	1.7%
Control (n=174)	39.7%	37.4%	16.7%	6.3%

The young people experienced their communities as relatively close – 84.1% of the ISIBINDI participants experienced the community as relatively close, compared to 77.1% of the control group. This is a positive report for the ISIBINDI projects.

Summary: ISIBINDI participants rated their family relationships and community support higher than the control group.   This means that they are more connected to their social environment and experience more positive relationships with others, as explained in the focus group discussions (see Section 5.1.2).   The ISIBINDI project thus contributes to social well-being of participants.

4.6   Risk behaviour

The ISIBINDI project includes a specific programme, the adolescent development programme (ADP), where young people are introduced to and guided about the risks of growing up and how to make healthy choices.   This aspect is evaluated in this section.

Risk behaviour in this study was defined as including:

- alcohol use – the frequency and amount per occasion;
- drug use;
- risky sexual behaviour: having multiple sexual partners and
- risky sexual behaviour: not using condoms.

The four risk behaviours contributed equally to the composition of a risk scale.   Risk behaviour was expressed on a scale from 0 to 100, where a higher percentage indicates higher risk behaviour.

There were many young people who were not engaged in risk behaviour.   The mean score was therefore rather low for both groups (**13 and 16 out of a maximum of 100**).   The comparison between the ISIBINDI participants and the control group, as well as the comparison for out of school young people, is given in Table 23.

Table 23 Comparison in risk behaviour between ISIBINDI participants and control group

Sample as a whole		N	Mean	T value	P value (2 tailed)
	Participants	408	13.25	-2.048	.041*
	Control	159	16.42		
Out of school young people		N	Mean	T value	P value (2 tailed)
	Participants	145	12.9	-2.567	.012*
	Control	65	19.7		

*p<0.05

The significant differences in risk behaviour are illustrated below:

In the analyses of the risk behaviour in the sample as a whole and separately for out of school young people, the control group had significantly higher risk behaviour than the ISIBINDI participants (p<0.05). The difference was more between the out-of-school groups. This is a positive result for the ISIBINDI project. The ISIBINDI project aims to prepare participants in making decisions about their lifestyle and this difference illustrates a measure of success. In focus group discussions the participants also mentioned that the project contributed to less risk behaviour in ISIBINDI participants.

4.6.1 Alcohol and drug use

Alcohol and drug use is regarded as a health risk as well as risky behaviour that **influence a person's sense of responsibility**. Alcohol and drug use is, amongst others, related to violent behaviour and high risk sexual behaviour.

Alcohol use in this study was assessed through the exploration of the frequency and quantity of alcohol used (Table 24).

Table 24 Frequency and quantity of alcohol use

Frequency of alcohol use	Nothing past 12 months	Once a month of less	2-4 times a month	2-3 time per week	More than 4 times per week
Participants (n=411)	58.2%	30.7%	6.8%	**2.2%**	**2.2%**
Control (n=175)	53.1%	30.3%	8.0%	**2.9%**	**5.7%**
Quantity of alcohol use	Nothing	1-2 drinks	3-4 drinks	5-6 drinks	More than 7 drinks
Participants (n=422)	55.7%	30.8%	5.9%	**1.7%**	**5.9%**
Control (n=176)	48.9%	29.5%	5.7%	**1.7%**	**14.2%**

There was a difference in frequency of alcohol use between ISIBINDI participants and the control group. There were 8.6% of the control group that used alcohol more often per week, compared to 4.4% in the ISIBINDI group.

Alcohol use was more prevalent amongst males in the sample. In the ISIBINDI group 4.9% males indicated that they used alcohol more than twice a week, compared to 13.5% of the control group males. It can be assumed that ISIBINDI males benefited from project participation.

Binge or excessive drinking is defined as having more than 5 drinks per occasion (Reddy et al., 2010). Using this definition, there is a difference in binge drinking between the two groups, as 7.6% of the ISIBINDI participants reported binge drinking, compared to 15.9% of the control group. This difference is especially pronounced in the drinking behaviour of the males. While 12.3% of ISIBINDI males reported that they binge drink, 30.6% of the control group males reported such behaviour. The drinking behaviour of the ISIBINDI males also differs from the national statistics for binge drinking among adolescents. In the Youth Risk Behaviour study (Reddy et al., 2010) 23% adolescents of school age reported binge drinking – 29.3% males and 179% females.

Drug use was not reported often in this study. There were 3.6% ISIBINDI participants and 3.8% control group members who indicated that they used drugs (like cannabis, cocaine, speed, ecstasy, whoonja or nyope) regularly (more than weekly). There was thus no difference between the groups. Drug taking behaviour was more prominent among males than females. Reported drug use in this study was lower than national statistics. Reddy et al. (2010) reported that 12.8% adolescents reported life time use of dagga (highest used substance). Young people from rural areas may not have the same exposure to drugs than young people from urban areas.

4.6.2 Sexual risk behaviour

In the ISIBINDI group 57.0% young people reported that they are sexually active, compared to 58.1% of the control group. The age of the participants in this study was higher (up to 25 years) than the participants in the Youth Risk Behaviour study (Reddy et al., 2010) which was done among school-going young people. This explains the higher level of sexual activity in this study (compared to 41.1% in the national study).

Nine percent of the ISIBINDI participants had first sex when they were younger than 15 years old, compared with 14.5% in the control group. These numbers are similar to those from the South African Youth Risk Behaviour Survey (Reddy et al., 2010) where 13% of young people (10-18 years) reported first sex before 15 years of age. The ISIBINDI project may have protected some young people from sexual debut before the age of 15 years.

There were 8.6% of the ISIBINDI participants who reported that they did not have their first sex by choice – they were rather forced or bribed. In the control group there were similar numbers (7.0%). More females indicated being coerced into sex than males (11.8% of ISIBINDI group and 10.7% of control group). This finding is similar to a study done in the Department of Basic Education where a sample of 5500 school going young people participated (Department of Basic Education, 2011).

Condom use at first sex is regarded as a predictor of future condom use (Reddy et al., 2010). In both groups 43% of the respondents reported that they used a condom at first sex. A fair percentage of the young people thus got the message to engage in safe sex.

High risk sexual behaviour is defined as having unprotected sex with multiple partners. Young people reported on their sexual behaviour in a self-reporting survey. The risks involved in self-reported sexual behaviour need to be taken into account when interpreting this data, since self-reported data may be subject to various forms of over- and under-presentations. The following risk behaviour was reported (Table 25).

Table 25 Number of reported sexual partners during past 12 months

		None	1	2	3-5	5-10	10+
Participants	All n = 419	37.2%	41.5%	10.3%	5.7%	2.9%	1.2%
	Male n = 191	36.6%	34.6%	12.0%	7.9%	4.7%	2.6%
	Female n = 228	37.7%	47.4%	8.8%	3.9%	1.3%	0%
Control	All n =179	39.2%	34.7%	12.5%	6.3%	3.4%	3.4%
	Male n = 84	35.7%	27.4%	16.7%	8.3%	6.0%	4.8%
	Female n = 92	42.4%	41.3%	8.7%	4.3%	1.1%	2.2%

Multiple sexual partners (more than one partner) were more common in the control group (25.6%) than in the ISIBINDI participant group (20.1%). Boys in the ISIBINDI group reported more multiple partners than girls (27.2% compared to 14%).

Sexually active young people also did not report consistent condom use (Table 26).

Table 26 Consistent condom use during last 12 months

	yes	no	No answer
Participants (n=420)	40.1%	33.6%	26.3%
Control (n=175)	34.9%	37.1%	28.0%

This data show that not all sexually active young people used condoms consistently. (Respondents were instructed to use the "no answer" option if they were not sexually active. The percentages do not agree and should be interpreted with care. Even though, the condom use reported in this data is similar to that reported in the South African Youth Risk Behaviour Survey (31%) (Reddy et al., 2010). The pattern of condom use is rather similar between the two groups compared in this study. More ISIBIDINI participants reported condom use than control group members, although the difference is not significant.

Other sexual risk behaviours reported in this study showed some small differences between the ISIBINDI participants and control group members (Table 27).

The reported behaviour did not differ between the two groups overall. It is interesting to note that intergenerational sex was reported more commonly among young men than young women. In the control group 15.5% of the young men indicated intergenerational sex. The high level of pregnancies or babies fathered needs to be noted. Among ISIBINDI girls 28.8% reported having been pregnant compared to 37% of the control girls. While almost 10% of the pregnancies were wanted, there is a high level of unwanted pregnancies reported. In the out of school group (not reported in a table) 31.5% of ISIBINDI participants and 38.5% of the control group reported pregnancy or fathering a child. Because of age differences in the samples, these statistics cannot

really be compared with national statistics (Reddy et al., 2010) where 19.1% school-going girls who were sexually active reported pregnancies.

Attention should be given to the use of contraceptives, seeing that far more young people indicated sexual activity, than those who reported using contraceptives (31.9%).

Table 27 Prevalence of other reported sexual risk experience/behaviour

	Participants	M/F	Control	M/F
Being physically forced to have sex (raped)	4.9%	M 4.3%	4.4%	M 6.0%
		F 5.4%		F 2.2%
Transactional sex (for money or goods)	3.0%	M 2.2%	3.8%	M 3.6%
		F 3.6%		F 3.3%
Intergenerational sex (sugar mommies and daddies)	5.9%	M 7.1%	9.4%	M 15.5%
		F 4.9%		F 2.2%
Having been pregnant or fathered a child	20.7% (9.9% wanted)	M 10.9%	27.0% (13.5% wanted)	M 12.0%
		F28.8%		F 37.0%
Use of contraceptives	31.9%	M 26.6%	27.5%	M 20.2%
		F 36.3%		F 29.3%

In the sample of young people a large number were worried about sexually related risks (Table 28).

Table 28 Worries about sexually related risks

	Participants	M/F	Control	M/F
Always worried about contracting HIV/AIDS	65.6%	M 67.9%	54.1%	M 50.0%
		F 63.7%		F 57.6%
Always worried about pregnancy/ getting someone pregnant	59.0%	M 55.6%	40.9%	M 41.9%
		F 61.8%		F 40.0%
Always worried about getting a sexually transmitted infection	75.2%	M 75.9%	67.3%	M 59.5%
		F 74.6%		F 74.1%
Always worried about being sexually assaulted/raped	73.8%	M 66.8%	67.9%	M 55.4%
		F 79.6%		F 78.8%

ISIBINDI participants were more worried than the control group about all the sexually related risks. It is possible that the ISIBINDI participants are more aware of these risks because of their exposure to preventive projects, such as ADP, as part of the ISIBINDI project. Males and females of the ISIBINDI project were almost equally concerned about the risks, for example about sexual transmitted diseases. In contrast, more females than males in the control group were concerned about sexual risks. This can perhaps be related to higher levels of awareness of the ISIBINDI participants, due to the programmes they are exposed to (refer to section 5.1.1).

4.6.3 Interpersonal violence

The exposure to interpersonal violence can place people at risk of negative experiences. Young people could be prepared to deal with interpersonal violence to protect themselves. The experiences of respondents are given in Table 29.

The experience of intimate violence was as common amongst participants (10-15%) as it is common in other parts of the country. The ISIBINDI participants experienced slightly less interpersonal violence. A large percentage of ISIBINDI participants indicated that

they were scared to be victims of violence (73.8%) and may need some assertiveness and self-defence skills.

Table 29 Interpersonal violence experienced the past 12 months

	Participants	Control
Being hit or injured by a partner (victim)	14.5%	18.2%
Injured and hit a partner (offender)	13.0%	9.5%
Partner violent while drunk	11.3%	15.1%
Partner did not use a condom even when respondent wanted to use one	20.0%	23.9%
Been treated because of physical injury by a partner	4.4%	4.4%
Scared to be victim of violence	73.8%	67.1%

Summary: Risk behaviour was significantly lower in the ISIBINDI participant group than in the control group (p<0.05). Differences were specifically found with regard to the frequency and quantity of alcohol use of males (12% compared to 30% binge drink). The ISIBINDI group reported less sexual risk behaviour and there were less unwanted pregnancies among the girls. ISIBINDI participants were more worried about sexually related risks, perhaps because of more awareness of the risks. ISIBINDI participant experienced less interpersonal violence.

4.7   Exposure to ISIBINDI project

ISIBINDI participants answered questions about the length of participation, activities of the programme they participated in and how they felt they benefited from participation.

4.7.1   Duration of participation

The duration of participation in the project is outlined in Table 30.

Table 30 Length of ISIBINDI participation

	Participants (n=372)
6 months or less	63 (16.9%)
6 to 12 months	49 (13.2%)
12 to 18 months	39 (10.5%)
18 months to 2 years	48 (12.9%)
2-3 years	70 (18.8%)
3-4 years	58 (15.6%)
5 years and more	45 (12.1%)

The majority of the ISIBINDI participants were part of the project for more than 18 months (59.4%). Some were even part of the project for 5 years or more (12.1%).

To assess whether length of participation in the ISIBINDI project has an effect on the psychological outcomes of young people, a t-test for independent groups were done. Participants that were part of the project for less than 18 months were compared to participants that were part of the project for longer than 18 months (Table 31).

The comparison between groups with longer and shorter exposure to the project (as shown in Table 31) shows that length of participation in the project alone does not have a statistically significant effect on the psychological, social and behavioural outcomes, as assessed in this research. This finding is contrary to the opinion of CYCW that longer exposure has more positive results (see section 5.1.4).

In a follow-up analysis the psychological, social and behavioural outcomes of ISIBINDI out of school young people who participated longer and shorter than 18 months were compared. There was some difference in interpersonal skills (p=0.065), though the difference was not statistically significant. Participants that were part of the project for longer than 18 months, scored slightly higher in terms of interpersonal relationships. This could be related to their relationship with ISIBINDI staff. No other changes were found.

Table 31 Comparison of groups with longer and shorter exposure to the project

		N	Mean	T value	P value (2 tailed)
Attitude towards life	Less than 18 months	142	1.539	.037	.970
	More than 18 months	212	1.525		
Self-esteem	Less than 18 months	145	4.528	.200	.841
	More than 18 months	216	4.430		
Goal directedness	Less than 18 months	143	5.063	.450	.653
	More than 18 months	213	4.911		
Problem solving	Less than 18 months	143	2.923	-1.498	.135
	More than 18 months	214	3.598		
Interpersonal skills	Less than 18 months	141	2.993	.754	.452
	More than 18 months	215	2.855		
Resilience	Less than 18 months	142	3.417	-1.373	.171
	More than 18 months	206	3.614		
Family support	Less than 18 months	140	4.400	-1.393	.165
	More than 18 months	213	4.982		
Risk behaviour	Less than 18 months	143	14.6031	1.490	.137
	More than 18 months	216	11.9583		

4.7.2 Project exposure

The respondents reported their participation in various activities of the ISIBINDI project (Table 32).

Table 32 Participation in ISIBINDI activities

Project activities (n=380)	%
Home visits and family support	89.2
Discussions/personal guidance	86.0
Access to a Safe Park	80.9
Help with study programme / tuition/ homework	71.2
Help to attend school (school fees, books, school uniform, school visits)	64.7
Help with education, training, job skills, career education or a bursary application	58.1
Access a social grant	50.7
Access to health care and treatment	48.5
Participation in the Life centre (ADP), young men and wo**men's** empowerment programme	46.5
Repair, claim or get access to a house?	26.7

The response of the participants may not indicate their exposure exactly. It may reflect how they remember their participation and the importance they attach to it. Aspects of the ISIBINDI model that the participants older than 18 years reported most were home visits (89.2%), receiving guidance (86%), having access to the safe park (80.9%) and receiving assistance with school homework and their study programme (71.2%). Aspects of the ISIBINDI project that may be important to young people were mentioned less, for example the Life centre or ADP (46.5%) and job skills, bursaries and training (58.1%).

The ISIBINDI out of school group mentioned these interventions more often. In the out of school group 53.6% attended the ADP or men and women's empowerment and 66.7% reported that they have learned job skills.

4.7.3 Benefit from ISIBINDI participation

Participants rated the benefit they perceived from participation in the project (Table 33).

Table 33 Benefits from ISIBINDI participation

Benefits (n=380)	%
Learned skills for living	77.5
Psychologically : to feel better about yourself	75.7
Socially: have new or better friends	72.4
Household assistance	69.6
Family unity and bonding: family could stay together	67.1
Learned job skills	59.7
Financially: grants	38.6

The participants rated psychological (75%) and social (72%) benefits as well as learning skills for living (77.5%) the highest. These benefits may have made the most important impression on them. Just more than half of them (59.7%) mentioned that they have learned job skills which will be important for the future. In the out of school group 66.7% reported that they have benefited through education, jobs skills or bursary application.

The respondents did not report a high level of financial support from ISIBINDI (38.9%). They may interpret it that the ISIBINDI project did not *provide* them with grants, although the project assisted many of them to access governmental grants.

4.8   Summary

This evaluation investigated the differences between the ISIBINDI participants and a control group to determine the possible effect that participation in the project could have **in young people's (over** eighteen years) moving into adulthood.

Proportionally more ISIBINDI participants than control group members received government grants. Another positive result is that more out of school young people who participated in the ISIBINDI project were working and earning an income (20.8% vs 11.5%). ISIBINDI participants perceived their financial position to be more positive and they were more optimistic about their future opportunities compared to the control group (70.5% vs 56.3%). It is possible that participation in the project can result in a more positive attitude toward life (Table 20) which can contribute to more willingness to look for opportunities.

The ISIBINDI participant group experienced statistically significantly higher levels of family support. The out of school group reported more pronounced differences. The ISIBINDI participants that were out of school scored statistically significantly higher than the control group with regard to:
- self-esteem,
- problem solving and
- experience of family support

The group as a whole reported:
- less risk behaviour especially related to alcohol use and multiple sexual partners
- less frequent and less quantity of alcohol use among males
- less sexual risk behaviour
- lower levels of unwanted pregnancies than girls in the control group.

It seems that time involved in the programme does not have a significant effect on the outcome of the project. For the group as a whole there were not differences if they were part of the project for longer than 18 months. Young people out of school though, who formed part of the ISIBINDI project for longer than 18 months reported better interpersonal skills than participants that were part of the project for a shorter period.

In all other respects the two groups were found to be similar.

Because a post-test design was used to compare the two groups, no information is available on what the groups were like in terms of vulnerability before the ISIBINDI intervention started (pre-test). The research is based on the assumption that the groups

were similar before the intervention, which cannot be ascertained. Even though differences exist after the intervention it cannot be assumed that it was purely the result of the intervention. It must also be cautioned that self-reported data was used, which is not always reliable when sensitive behaviour is studied.

If the risk behaviour of young people is compared to the results of the South African Youth Risk Behaviour Survey (Reddy et al., 2010), slightly more pregnancies are reported by the ISIBINDI and the control group sample than national statistics. In this group there were less excessive alcohol and illegal drug use. It should be taken into account that the data for the national statistics were gathered four years before that of the ISIBINDI study and was done including a younger age group.

In the next section the responses of various stakeholders who participated in the focus group discussions are outlined.

5. Results of qualitative evaluation

The focus group discussions with various stakeholders at the 12 sites of the ISIBINDI project that we visited were analysed using the Atlas.ti qualitative data analysis software package. This was done in a bid to understand the stakeholders' perception of the project. This chapter outlines:

- the services offered by ISIBINDI,

- how the participants benefit from it,

- concerns regarding exiting the ISIBINDI project,

- challenges of the ISIBINDI project highlighted in the discussions and

- recommendations made by various stakeholders.

5.1 ISIBINDI project benefits

This section will outline the services that are offered by the ISIBINDI project and will indicate ways in which stakeholders reported benefits from the interventions. The ISIBINDI project was rated positively by almost all of participants in the four provinces that were selected for the evaluation. This section will present the most often reported benefits of the project to four groups of stakeholders, all who have indicated that the project changed their lives for the better:

- benefits for the children
- Benefits for their parents or caregivers
- benefits for the community and
- benefits for the CYCWs.

All the stakeholders indicated that the project had changed their lives for the better.

Young people and parents or caregivers reported that they have received the following services:

- emotional and psychological support,
- counselling and guidance,
- assistance to access government services delivered by Home Affairs and Social Development,
- motivation to attend school and assistance with school work,
- help with uniforms and food parcels and
- access to health and emergency services.

Parents or caregivers reported receiving assistance with parenting skills including:

- promoting open communication with children,
- establishing house rules and routine for children and
- dealing with discipline and behaviour challenges.

In cases where caregivers accommodated undocumented children, ISIBINDI assisted the caregivers to obtain birth certificates and parental death certificates. This enabled the caregivers to receive child care and foster care grants.

The community members reported that ISIBINDI is a valuable project that has assisted the community in many ways. The ISIBINDI model was seen as an answer to most community and family problems. ISIBINDI has been likened to *uzifo* (an indigenous herbal medicine used to treat all ailments of the body). This means that the ISIBINDI model was seen as a holistic cure and able to provide answers or solutions for the different community challenges. ISIBINDI was seen as an advocate bridging the divide between community and government services. ISIBINDI CYCWs assisted in numerous ways such as:

- addressing child and sexual abuse,
- assisting in managing rape cases,
- helping pensioners to get their pension,
- facilitating access to health care services for people who are sick and
- ensuring that children are attending school.

ISIBINDI CYCWs were also reported to be providing services that are normally provided by social workers. They assisted, through an outreach project, in referring individuals

with problems to the relevant service providers, did follow ups and monitored progress with such cases. When participants were requested to share their views with regards to the impact of the ISIBINDI projects, almost all stakeholders believed that those who were participating in the project had an advantage compared to those who had not been part of the project:

...we have seen the difference, especially in child-headed households. The children are now clean and stay in houses that are clean. They also get the respect as orphans because of them. We can see the difference, you find children with parents, who are not as children who are on ISIBINDI. People usually ask themselves, how can this one be like this if he doesn't have parents? They are forgetting that they do have parents at ISIBINDI (Jozini stakeholders).

My life would have been different if the program did not exist. ISIBINDI helped others to get foster care, example of others living with their grandmother and they cannot deal with people from the social development. The ISIBINDI takes that child to the social development and go make the child an ID and other things. So life would be different without the programme's influence (Alice youth.)

That helps them become better people for the future, but those who are not part of ISIBINDI say "what's the use of going to school because I don't have parents and a way forward". They sit and relax, but those receiving services from ISIBINDI stand tall and seek help, we assist them to seek and get help (Mangweni CYCW).

I also see a huge difference between us and between those who don't participate and have parents as I look at some children who have parents. They still don't get the same opportunities as us because some of the things we learn they don't get the opportunity to learn them (Jozini youth).

The ISIBINDI is doing a crucial job in the Greater Kokstad Municipality. They visit houses and identify the problems that some of us cannot be able to do since we are office based. We as the politicians we become excited when they reach a place where as a councillor you would not reach and they report to you. The cooperation with other stakeholders must continue so that we reach more households. The greatest strength of ISIBINDI is the home visits (Kokstad stakeholders).

The ISIBINDI model involves that they go to communities door to door, to see if children have food, that the grant money is used properly for these children; because there are households were children struggle and are hungry. They monitor the grant money and make sure that it is used properly. This enables them to bring the kids who deserve those services (KWT caregivers).

5.1.1 ISIBINDI services and benefits for children

ISIBINDI CYCWs provide alternative parenting to children who are orphaned. They were reported to play an important role in raising orphaned children:

I did not have parents with nobody to take care of me and aunt Nozipho came by my house. There was no one to take care of me, no one to buy us food and she got involved. I was at school at that time and she made sure that I always have food to eat and I attend school as required and do things as required, made show that I was living well. I could count on her, she made sure that I have and tell her whatever problem or challenges I faced, I could report to her and she would show me the way and how to go about doing things. She taught me how to look after myself and she also taught me between right and wrong. Now my life has improved for the better. I'm fine now and I feel like I have a parent with aunt Nozipho in my life (Jozini youth).

We go for school visits to review with teachers. You find that most of the children don't have any other people who can go for them. But for ISIBINDI children, we go for them and they are happy and encouraged to do well in their studies (Mangweni CYCW).

I have a guardian as I can even call her mom (Jozini youth).

I have also benefited a lot because life was very hard after I lost my parents and there was no one else to look after you. It is very difficult making ends meet but with the care worker I feel like I have a parent. She helps me with so many things. I can't even begin to describe or tell you how I have benefited because it is way too much (Jozini youth).

They were there and they made us feel like we have parents because we could talk to them, share many things with them (Jozini youth).

ISIBINDI projects are known for helping families deal with loss and their resulting vulnerability. ISIBINDI CYCWs help families grieve and provide emotional support during their time of need. On an emotional level CYCWs were reported to provide a variety of services to programme beneficiaries. These included caring for orphans and vulnerable children and ensuring that children are placed in a family with relatives that can look after them. In many instances children and young people who were helped by ISIBINDI did so after their parents had passed away.

Participants indicated that ISIBINDI had provided emotional support to the family and gave them hope. ISIBINDI also assisted children with grief counselling. They helped them to create memory boxes to remember their parent(s) by:

When parents die that's where child headed families begin. You'll find that the older sister is the one who may be taking care of the rest of the family and that's when ISIBINDI becomes involved. An example will be me. I joined ISIBINDI that way. In 2006 my mother passed away. I was 15 years old at the time and my sister was 18 years old. Then ISIBINDI offered to help. From the like I said, ISIBINDI is able to intervene whether the youth have parents or not (Ndondo Square Youth).

I cried a lot after I lost my parents, but after the CYCW intervened I had someone that I can talk to. We would sit down and chat which made me feel better (Jozini youth).

CYCW visited our homes and we all participated in some necessary activities such as house chores. They let the children do things like memory boxes (Bergville Caregivers.)

They did help, because sometimes we felt like life is over but they came and encouraged us to continue (Ndwedwe youth).

You see that they grieve because it touches their parent who just passed away, so they are grieving sometimes. But when time goes on, when you visit them, you see them opening the box and looking at the photos of their parent and they just close it and put it somewhere (Jozini CYCW).

It was reported that CYCWs assisted children under their care to access health care services. They took care to ensure that children took any medicines regularly and as instructed by health care professionals.

She was always very sick and it was hard. She was helped by one of the ISIBINDI care workers and if it wasn't for that care worker she wouldn't be alive today, therefore I had to thank her so much (Jozini caregivers).

The ISIBINDI care worker took him to a psychologist at the clinic. So he is on medication and he also attends therapy (Welile Caregivers).

She is very old and often sick, failing to care for her 4 grandchildren. But ISIBINDI intervened and helped her get to hospital. While she was in hospital the care workers took care of those children and made sure that they had what they needed. She was in hospital for a very long time and in all those days the ISIBINDI care workers came to the hospital to check on her (Mangweni caregivers).

ISIBINDI's role in child development

ISIBINDI CYCWs helped orphaned children and youth to maintain self-respect and feel appreciated by giving them loving support and encouragement.

ISIBINDI is of great help to the community because they do things to satisfy everyone. We have children who are orphans in the community. They check if the children are going to school. They wash and iron for them and also teach them how to cook. ISIBINDI helps children a lot with life skills. They help children until they are 18 years (Jozini stakeholders).

I have grown to be better person because without ISIBINDI I could be pregnant right now (Jozini youth).

ISIBINDI helped me because there was an auntie that came to visit me and told me about life and how I should live and taught me the difference between wrong and right and that I shouldn't do wrong things and if I say I have friends, I should have friends that I can do things that make us successful as friends (Ndwedwe Youth).

ISIBINDI helped me a lot after my child passed on. They really made a difference, because my grandchildren were able to talk to them and also had food to eat. We were able to sit down together, me and Thuli and discuss how we are going to deal with the situation at home. We really worked well together (Jozini caregivers).

It has really helped me a lot because it gave me guidelines as to how I should carry myself as a lady and as an orphan. I have been taught that I should never sell myself cheap and I should value myself, make sure that I get an education as it will open a lot of doors for me (Welile Youth).

They have been teaching us many things in many ways, instilled values in our lives. They made us know what we want out of life and what we don't want in life. And how you can achieve whatever it is you want (Jozini youth).

ISIBINDI projects cultivate good value systems, self-esteem and social skills. Children who are part of the project are reported to be very confident due to love, support and exposure to different activities in the project. Participants stated that ISIBINDI teach children respect and good values. This is reflected in the positive outcomes discussed in section 4.4 (Table 19).

The children on ISIBINDI are very respectful, more than children who have full time parents (Jozini stakeholders).

This programme has really inspired us as youth to grow. Like on holidays, they have activities that we can take part in where we can go and play with other kids, they create so many activities. So we really cherish that, as we get to spend the whole day, they even supply us with food. Again when you are there you are able to share your feelings with them if there is something wrong and bothering you or letting you down (Welile Youth).

They teach them a lot of things there even regarding rules in how they should behave so that they can also have respect for us (Jozini caregivers).

For the children it is easier to understand the CYCW. I think it is because, they sometimes play with them, so they take them as their friends and they are able to communicate well with the CYCW. So they act as teachers and sometimes act as nurses to these children (Bergville stakeholders).

They taught me not to isolate myself from people just because I don't have parents (Jozini youth).

One of the aims of the ISIBINDI model is to encourage young people who are orphaned and vulnerable to grow up and become independent adults. In most of the narratives, ISIBINDI was reported to equip young people, especially those who are heading households, to become self-reliant. Skills taught included house-keeping, gardening, practical skills to maintain the household and behaving responsibly.

I live alone with no adult present, we are 4 in our family, those being my mother's children. Even now if you go and visit my house as you enter you would think that you are going to be welcomed by an adult, but you will be surprised to see that I am the one in charge. I know how to behave, how to take care of myself. And I also know how I should live right and do the right things at all times (Jozini youth).

Now the children clean, cook and keeps the yard clean (Jozini caregivers).

I tend to see those who have completed going to the ISIBINDI centres to be taught on gardening skills. They also teach them if they are interested to work in the programme what they must do (KWT caregivers).

I also joined ISIBINDI because, I was born without knowing my father and then my mother left to go and work until I grew up without a mother and a father. So ISIBINDI helped me when I was in need. But because they also couldn't help us all, other things we did for ourselves (Maluti youth).

ISIBINDI was reported to assist young people in being responsible and making sound decisions about their lives and relationships:

I can say that Isibindi has helped me to do that because I can now make my own decisions. I was able to make the right choices in life (Jozini youth).

ISIBINDI helped me because there was an auntie that came to visit me and told me about life and how I should live and taught me the difference between wrong and right and that I shouldn't do wrong things (Ndwedwe youth).

As a grandparent I like the fact that they do most things on their own and they never make me struggle with that (KWT caregivers).

Well I would say that after I completed my grade 12, I did not have hope that I will get anything right, as we did not have money or anybody. I thought that there was nothing I can do because there was no money to do anything since my mother could not do anything. But through ISIBINDI I managed to get some help and learned to do the right things, so that I could help my mother. I even went to church and the care worker has helped me to even get other things (Welile Youth).

Whatever it is that we do, we must take care of ourselves, make sure that we do the right things and are safe at all times (Jozini youth).

We have also been taught that in whatever you do there are 1 and 2 consequences for everything. We also need to know that there are disadvantages to everything. One cannot always have advantages only. That is just how life is, and you can also have a partner but what needs to be there between the two of you is control. Know where you are and what you want in life and such, so ISIBINDI is able to teach us about things like that (Jozini youth).

They are able to resist peer pressure telling their peers that I cannot do all those wrong things with you, because the care worker is going to give me a hiding. They walk together and come straight home (Jozini caregivers).

ISIBINDI educates young people about puberty and reproductive health. They teach them how to prevent pregnancies and HIV and AIDS infections. Boys were also instructed regarding medical circumcision. (The positive result of these activities is also shown in section 4.6.2).

I should not get involved in relationships at a young age, even now, some of my friends are now pregnant and I am not because I have taken her advice (Jozini youth).

Before it was hard, because there were some things that we didn't know as women. But now that they have arrived, they told us this is the way you can do things. And they have also taught us concerning HIV and AIDS because we didn't know much. We didn't have parents we couldn't ask because we lived with our grandmothers and we were afraid of our grandmothers (Ndwedwe youth).

It is that one minute of pleasure can change your life forever whereas there is HIV. Here in ISIBINDI they teach us about HIV, you know how to live your life in a good way without HIV; but when you are infected, your life is going to be different comparing to before. So that is what I took from ISIBINDI. I have goals that I still need to reach, you see (Alice youth).

The ISIBINDI has child protection where they take those children to Durban for therapy and counselling. We as the care workers communicate with the social worker to report the issue so that maybe the penetrator will be arrested (Jozini CYCW).

We encourage them and also be role models by testing ourselves so them they can learn (Bergville CYCW).

Young people were made aware of the dangers of alcohol and drug abuse.   The positive results are illustrated in section 4.6.1 (Table 24).

Well they have found us in the community where we were not doing anything. They took us in and showed us what we can keep ourselves busy with because as you are in the community you might get involved in so many wrong things, like having babies, gambling and drug use, things like that. So it has helped us to avoid such things and doing something better than just sitting around. So we even volunteer, that keeps us going (Welile Youth).

So Isibindi with programmes like ADP helps us, so that we are not involved in things like crimes and drugs (Ndondo Square youth).

They become independent and are able to make good choices, for instance if they were using drugs before Isibindi, their behaviour change and they choose good friends. They are even able to teach their peers (Kokstad CYCWs).

Speaking from my own point of view, I would not be who I am if I didn't join ISIBINDI. Before ISIBINDI, I was involved in groups that are not encouraging in life. I mean, I started doing things like smoking. I want to say I'm where I am today because of ISIBINDI. I didn't rob anywhere because of ISIBINDI. Maybe, I would have been in prison. I'm not involved in crimes and I didn't drop out from school. Maybe some left school because they didn't join ISIBINDI. I have good results because of ISIBINDI. I'm able to handle challenges and conflicts. There's peer pressure and other things out there and maybe I would have been tempted, but I can manage because of ISIBINDI. So all I'm trying to say is that ISIBINDI brought a whole lot of difference in my life so that I will be able to reach my desired destination (Ndondo Square Youth).

I would like to say, ISIBINDI did important things for me because when my parents left me, I was able to join ISIBINDI. They helped us not to be involved with drugs, so that we can play with other kids here in ISIBINDI (Maluti youth).

I can say that I am better because I am motivated. It is not like before where I did not have a certificate and I was always alone thinking about a lot of things I want. I would even sit and think that it is a Friday, if I could just get money for a few beers. But now when I do think I think of something that will benefit me and take me to another level of growth and that is because of ISIBINDI (Welile Youth).

And then the reason I joined ISIBINDI is because I became very interested in the topics discussed. I realised that what was communicated in the programme was very encouraging. It encourages me at home, it encourages me at school and it encourages me in other areas of life as well. If I was not here I would be involved in crimes and other things. So ISIBINDI with programmes like ADP helps us, so that we are not involved in things like crimes and drugs. Yes an ISIBINDI care worker requested me to participate. One is able to talk to the care workers about their experiences and your feelings and then they will ask you who you are staying with. If you tell them that you are staying alone, they will try to help you with grants and so on (Ndondo Square Youth).

The project assisted young people to use their time productively. They encouraged participation in sport and other healthy activities to divert them from destructive habits.

ISIBINDI has helped me because I was someone that loved soccer, since I have started with the team there in Gwapa, they helped us with the kit and I saw that there is something that I can also get as I can commit myself to soccer. ISIBINDI has helped me a lot, for example when we have a match that is far, they bring a car that can come and get us and we can go and play at that place (Maluti youth).

Even us on the weekends we do meet somewhere, we have our own hall in Maluti where we meet and we do some activities like drama and sport and all sort of things (Maluti youth).

My life has changed. The way I used to do things has since been changed by encountering ISIBINDI. I am proud of myself now. I used to be very quite as a person. But ISIBINDI has helped me to identify my talents and strengths. I can now speak publicly as long as I know what I need to say. My mentor was so surprised to learn that I can speak since I used to be very quiet (Maluti youth).

ISIBINDI's role in education

Care workers took part in the children's education by ensuring that children attend school and have access to help with their homework. The ISIBINDI CYCWs provided extra classes for children in grade twelve and motivated them to do well. Participants indeed reported that ISIBINDI children improved at school and that many had completed grade twelve:

For me I would say, I benefited at a lot with the home-work and even at school I succeeded, I wanted to quit school and they helped me (Maluti youth).

...at the same time the workers of ISIBINDI work as teachers because they are able to assist a child when they are at school. When the kid has not done well at school, they are able to help them. It is not the same as the teacher, the people of ISIBINDI help them with homework and as soon as they get to the class things are clear and it is easy for the child to do work because it was dealt with here (Bergville stakeholders).

We were the class of 2010. ISIBINDI arranged extra classes for grade 12 for two weeks. Not that we liked them, but they were helping us to pass. They also provided money for food. So we were very enthusiastic about attending, it helped and we passed (Ndondo Square Youth).

We got support. It was ISIBINDI that organized extra classes for grade 12 to attend on Saturdays. Teachers from different schools were invited and they would teach us about learning areas we are going write about in the exams. So we passed (Ndondo Square Youth).

Most of our children have lost hope in the education system, for they did not see a need to go to school and get the necessary education to pursue their dreams. But care workers have given them hope and even help them with their homework, encouraging them to work on their marks (Bergville Caregivers).

The one thing that has made a difference, is the involvement of care workers in the children's education because we could not force them to go to school. Many of them were dropouts but are now back at school, even though they seem to be struggling, they are still attending school (Bergville Caregivers).

They helped because my child was just sitting around and ISIBINDI went and looked for a school for him and after he got a school they taught him (Maluti Caregivers).

ISIBINDI CYCWs were often the only source of information on careers. They did capacity building, training and empowering young people with life skills. Many participants reported that they had received information and career guidance from ISIBINDI project. In some sites, such as Soweto, young people had access to skill building projects such as computer training. In all the communities where ISIBINDI was operating, CYCWs were seen as sources of information about career choices. They provided information about bursaries and life choices.

I told them that I am not clued up on these things; hence I see that they put education first and value it. Ever since ISIBINDI came along, these boys are doing very well (no one fails). They are so future orientated and share their ideas of what they would like to become...the other one said that maybe engineering. I always send them to ISIBINDI to enquire further about career opportunities...like which one has money and which one doesn't. We grew up working hard, and I just appreciate the fact that they come and help me with my job (painting) at times. The children and I would even have paint on our heads and laugh about it...I would then say to them you are learning. I teach them to work at the end of the day (KWT caregivers).

...the trips that we have are very interesting as you get a lot of people that tell you about their experiences in life, there are also different organisations that they work for. Last year there was a conference and there were different companies there where we got to see different things that people have done. That is great (Welile Youth).

5.1.2 ISIBINDI services and benefits for parents and caregivers

ISIBINDI projects were reported to assist parents and caregivers with parenting and communication skills. ISIBINDI CYCWs played an important role in assisting with communication, disciplining and training children on how to behave. Caregivers and sibling-headed households indicated that ISIBINDI had assisted them to deal with issues of discipline. The participants attributed behavioural change to the intervention of ISIBINDI:

So when care workers go to the grandparents they come as a light, as hope, you know, because most community members are burdened and now when you have people that knock and try to loosen the burden it gives them a sense of hope to say you know it's not that bad. So there is that impact that we see that is happening (Welile stakeholders).

Her care worker is able to sit down with that child and show them the way and consequences of their bad behaviour. That is why bad behaviour has decreased at school. That child was such a bully but now he is adorable and has changed completely, because of the intervention. I think if the child was never attended to, things would have ended very bad for him, care workers also offer these children a mother figure in their lives (Siyabuswa stakeholders).

Though the child is wrong, we're not suppose to show him that you know his wrong, you must give him love, give him care, and then he will see that somebody somewhere there is somebody who cares about me. Or listen to this person and change their attitude. That we get (Welile CYCW).

Then ISIBINDI intervene with such programmes like ADP that teaches children how to behave at school, how to behave when they are with their parents and how to behave and how behave in general so that the person can be able to achieve the goals in life (Ndondo Square Youth).

Before the intervention, it was very hard dealing with children once they start growing up (Bergville Caregivers).

ISIBINDI has helped me get together with the children. Whenever there is a problem ISIBINDI would take me and the children together so we can resolve whatever matter we have (Jozini caregivers).

They would show up at my house even when I am sleeping, she will just go into the kitchen get the children together. They were very disobedient but she was able to help me by getting their acts together (Jozini caregivers).

As seen above the programme assisted families to bond and enable open communication. Many parents or caregivers across the provinces indicated that they had problems before with children who were rebellious and did not listen or who had

behavioural problems. ISIBINDI's intervention was reported to assist the families by helping children to change their behaviour for the better. The survey data reports on the results of this invention to keep families together and to assist open communication (section 4.5.1).

Really it has been of great help for us, because with the children that we stayed with we really had problems before ISIBINDI intervened. We always had that fear as you know that when children don't have parents or an adult looking after them they tend to behave in a very bad manner with that attitude that 'I don't have parents' (Jozini caregivers).

I see ISIBINDI as a mediator because when the child does something wrong, I tell them that I am going to report you to the care worker. Then the child stops the wrong behaviour immediately. And this child is not as rebellious as the other children who do as they like (Jozini caregivers).

But ISIBINDI has taught these children that they need to respect us as their parents. Again, people from ISIBINDI are able to sit down and talk to us, whereby if you have problems you can discuss it with them (Jozini caregivers).

ISIBINDI also taught caregivers budgeting skills. This activity was found to be helpful in assisting families to budget and save money. Budgeting and planning were reported to be critical skills to caregivers, parents and child-headed households. Some care givers indicated that they were using the skills to save money to enable children to obtain tertiary education.

She taught us how to use money. She would say 'no granny, this is how you buy things' (Jozini caregivers).

ISIBINDI children start saving money while they start receiving the grant. We start saving in the book account. Some of the children sell some sweets and some do craftwork back at home. Some of them are caregivers who were doing handwork and they teach these young people and they make income from that work that they did (Msinga Youth).

5.1.3 ISIBINDI services and benefits for the community

The ISIBINDI projects are seen as an asset to communities. The project had provided much needed assistance to community members. They assisted communities in tapping

into governmental services and resources, even ascertaining that such resources were applied for the intended purposes and not abused.

I would like ISIBINDI to continue with what it does and just help more people because it makes a huge difference in our lives. And the way they treat us they really make us happy, so if they could just continue helping others and I will be glad (Jozini youth).

They are actually a bridge, they expose families to some of the services. It is about educating the families about the available opportunities and available help that has already been created by the government. The government has created resources but it is another thing for people to know of those resources.   You find like the caregivers now they know what is happening within the community (Welile stakeholders).

When a child has been helped to access a social grant and another thing I like about these care workers is that if they intervene and find that the mother is terminally ill, they are able to see how the child is affected. By that they also help that caregiver. They do not turn a blind eye and say that we are only here for the child. Instead they will give this parent the right channels to go about accessing medication or treatment and so on (Siyabuswa stakeholders).

ISIBINDI helped our family access social grants, did come to visit our homes and also helped with house chores and keeping our homes clean (Bergville Caregivers).

For me...because they are helping my child and there was death in the family that changed everything. ISIBINDI helped me a lot to get a social grant and now I am like every child because I can get food (Maluti Caregivers).

The family I got to...It took me time to adapt. The children were living with their aunt, their mother had passed away without having and ID, so we had to go consult at Home affairs and also get a death certificate. We went to check at hospitals and they want to make sure that I didn't steal the children. So we manage to sort it all out and also organise the budget for them. Things are going well now. The challenge is that no one knows the father of the children and the mother died ill, she died of natural causes. No one knows if the father is still alive or if he's died. The social workers have pictures of the children to publish in newspapers in case he shows up (Ndwedwe careworkers).

Another thing is that when they intervene into a family, and they find that in that family they don't even have a proper house to live in, there is nothing well in that family, they are able to use all their available networks (Siyabuswa stakeholders).

ISIBINDI helped me, because I had problems in getting my ID and also my birth certificate had problems. It showed that I didn't know who my parents are. So they helped me to get an ID under my aunt that is how they helped me (Maluti youth).

You find that there are people in the community who were not educated due to the background that they come from and you find that we struggle a lot to get birth certificates and that takes time for them to understand that it is important that when someone dies in the family you take them to the mortuary, report to the local chief and then bury the person. But now since ISIBINDI came all

people were made aware, even the local chief says each individual in his community must report each and every accident taking place or any crisis and then it will be written down by the local chief and the records are kept and it is easy now. When someone has passed away we take a letter from the chief to the home affairs and the birth certificate and the death certificate come (Msinga CYCW).

ISIBINDI care workers are serious about education and go as far as taking care of ill parents so that children can attend school. They motivate parents and caregivers to allow children to stay at school beyond grade seven. The project was reported to provide after school care and homework supervision:

I was not into school, so they helped me to look at various schools and encouraged me that there are opportunities out there (Alice youth).

Children show an improvement at school because of the help and encouragement from the CYCW (Bergville Caregivers).

They helped me look for a school for my child and because of my age I cannot help her anymore and now everything is going well where she is (Maluti Caregivers).

In the beginning their parents wouldn't allow their daughters to go to high school, they want their daughter to end at grade 7. They want their girl to get married if there's marriage and they say if you let their girl to finish school you don't get her lobola as a parent. Then now as we are doing awareness about the importance of education they challenge us (Msinga CYCW).

The evaluation found high reported rates of sexual abuse and rape in many communities. ISIBINDI care workers were reported to be a valuable resource in helping victims. They help them to access medical services, to report crimes and stand in as social workers if those are not available. They also follow up on their work.

Sometimes there is rape or being mistreated at home in different ways. Now when you see the work that is done by ISIBINDI, let's say the grandmother doesn't know how to handle some things, they might think things are normal, the child is going through normal changes and the grandmother doesn't know much. But the ISIBINDI people know how to handle such things; they act as a teacher, as a nurse, a mother and a father (Bergville stakeholders).

They do remarkable things. They have helped us with unravelling child abuse in the community. There are people who get grants for children they are not living with; ISIBINDI also helps us with that. They do help a lot even though they are a small organisation (Jozini stakeholders).

They have pushed us so hard in the cases of sexual offences. They have referred cases of sexual abuse that we would not have known (Kokstad stakeholders).

Another highlight was that of a case where a step father sexually abused the twin girls, and it was ISIBINDI project that intervened timely and reported the case to us as the police, their contribution is very positive in the community (Kokstad stakeholders).

ISIBINDI has helped the community as a whole and through this programme there has been a consensus amongst the community from helping each other through good communication (Mangweni youth).

The project is of great help to the social development because usually the office just employs one social worker and the worker is bigger. So now here in Zwelisha, you are able to communicate with the care workers and the work can become very easy. Sometimes you don't know other homes of need so they can help you. It makes their work to be very easy (Bergville stakeholders).

There was a child who was mutilated, and the CYCW helped out to refer the case, the case was reported in the television and local newspapers. The child's nose and ear was cut by the man from central Africa. However the ISIBINDI was not credited in the media report. Another case, the child was abused by her step father, the ISIBINDI helped the child during the court case and the step father was arrested (Maluti stakeholders).

The project assisted families in accessing emergency assistance such as getting food parcels and school uniforms while waiting for their social grants.

We did get food parcels and clothing; I got shoes and a school shirt when I was doing grade 12. But the shoes I got were not my size, they were a size six and I wear size seven, and time went on until (coughing) and I just had the size six shoes but then I was able to get my own money (Bergville Youth).

They helped me in terms of school uniform, they helped me by getting a social grant for me, and ISIBINDI helped me financially to pay for my school fees (Maluti youth).

Yes, because I am living with my grandmother and she is old and sick, and doesn't have the energy to get her grant money and I have to help her. So they actually help her, they go and get her grant money for her and she is able to survive and she can be fine (Ndwedwe youth).

ISIBINDI CYCWs visit schools to create awareness regarding issues such as trauma counselling and developmental backlogs that orphans and vulnerable children have to cope with.

Even at schools when we do awareness, the teachers usually call children by names because they don't understand the children are not developing in the same way. But now as we are working together with teachers in the community we see that change in the children (Msinga CYCW).

When you do awareness you make sure that the teachers know how to teach, to encourage young people, to continue the speech that we delivered to them (Msinga CYCW).

The child was troubled and could not even cope in school. I was called to school for various occasions. The illness of the mother traumatised the child. The child care worker made efforts to come home every time in order to help the child with homework. The child used to cry at home and tell me that they are going to chase him away (too old to do that grade when comparing to his class mates). The child care worker taught him how to hold a pen and to write. As we speak at this moment the child is doing very well and passes at school (Maluti CYCW).

ISIBINDI CYCWs also assist children living with disabilities in getting medical, social and governmental assistance.

In the community, the people did not understand how to handle disability. Now ISIBINDI do disability awareness in the community and at schools, so children will be aware of people who live with disability. They are not discriminating now, they assess the situation if they haven't (Msinga CYCW).

My child was not progressing at school, and was referred to the special school in Mthatha with the assistance of ISIBINDI (Kokstad caregiver).

What I like is that they do not just bring wheelchairs to the disable children; they work with different professionals such as the physiotherapists. In addition, they also go to the household and support the disable children. They also transport the learner to the special schools. (Maluti stakeholders).

ISIBINDI has also helped by educating those of us who live with physically and mentally challenged children. Previously we did not have any knowledge as to how we can improve the state of our mentally and physically ill children but with the assistance of ISIBINDI we able to get them medical help that we would not be able to access without their help. Now our children go to physiotherapists and we as caregivers are also taught on the type of exercises we can do with our children and that has also improved. We were also trained and educated about doing some exercises with them at home (Bergville Caregivers).

We help children with disability, we look for wheelchairs and the equipments related to disability. We also encourage their parents to allow them to play outside. In addition, we apply for the disability grants for disable children. We also find the special school for the disable children (Maluti CYCW).

ISIBINDI's safe parks and safe spaces are asset for communities. In communities where children are at risk of being neglected or abused, or where there are no extra-mural activities and facilities, ISIBINDI safe parks play an important role in providing healthy after-school activities.

Here at the safe park there are a lot of children and they come early in the morning and leave late. The community children like the safe park and we found that we need to ask for donations so that they can get something to eat (Msinga CYCW).

With the safe park being there they take these children to come and play there and as they play there it saves them from many wrong doing, going around and partaking in wrong activities (Jozini caregivers).

They have the sport facilities in the safe park. In the safe park they also assist the children with homework (Maluti stakeholders).

However, in the safe park we accommodate all children even those not in the project. Our children gain a lot and we can understand them because of our training (Ndwedwe CYCW).

5.1.4 Benefits for ISIBINDI CYCWs

Participation in ISIBINDI projects was found to benefit the CYCWs. Most of the CYCWs had joined as volunteers because they needed employment. The training and participation in the project helped them, however, to change their focus to being passionate about helping people. In many cases the project changed them personally as seen below:

I feel that it has been good for me because, ISIBINDI made me realize that everything matters good work. We were not aware of grief work, but with ISIBINDI I realized that when I am missing a person, I need to grieve (Bergville CYCW).

I can say I am satisfied with the training that I have right now because I am able to work with different challenges in the community (Jozini CYCW).

I have always been confident but since I joint ISIBINDI I have become a better parent myself. I learned to care for other children, it made me realize that I need to be a better parent myself, because children face many challenges. I am the youngest in the team and I had my child at an earlier age, but now I have realized it was not a mistake. I am now a role model to many young children, and when I go to bed I know that I am fulfilled, and that is my highlight (Maluti CYCW).

They taught me that I need to care for people in my life. It also taught me to check the source of all my personal problems and do follow ups and also go back and check what is the cause of the problem. It helped me to listen to the children instead of judging them about observing their behaviour and helping them according to their phases (Bergville CYCW).

I have benefited greatly in ISIBINDI, I used to have a grudge and I was not peaceful. I am now able to deal with my issues and manage my anger (Maluti CYCW).

I have been taught to observe the behaviour of a child and what caused the behaviour as there are needs which drive the behaviour. It also helped us to know the cause of the behaviours (Bergville CYCW).

For me, ISIBINDI has developed me. I never knew that I was a compassionate person. ISIBINDI taught me how to forgive; I used to keep grudges as I was an orphan myself. Now I am able to help other orphans (Maluti CYCW).

...it has also taught us to learn about our background where we come from and also know the cause of all those things that happened in our lives so that we can focus on strengths. ISIBINDI is a programme that has empowered us as CYCW from nothing to something (Bergville CYCW).

It has taken us to another level, it has taught us to take care of other children and without the programme we would be nothing at all (Bergville CYCW).

What I have learnt the most in ISIBINDI is the importance of the child. I have learnt how to listen to the child. I have learnt that you must not be harsh with the children; you must be approachable to the children. But if you are not approachable to the children they will not be able to communicate with you. I have learnt that the OVC must access all their needs and their rights should be upheld. When I grew up there wasn't CYCW (Maluti CYCW).

CYCWs reported that, although the work was hard and stressful, they found it fulfilling to be able to improve the lives of others. They indicated that their involvement in ISIBINDI had changed their own lives as well:

I am feeling happy because the experience helps me even in my personal family. The things that I have experienced from other families outside that I am giving care to, it helps me to deal with some problems even in my personal house (Jozini CYCW).

Most of my life I was a domestic worker. I started to see things with new eyes and went to night school. Then I heard about ISIBINDI, and decided to join. I have been able to touch children's lives (Maluti CYCW).

We change their lives a lot and we influence their community to take care of them and listen to them. Their parents don't know about their rights, they need to be respected. After working with the community and the children they see that the children are the most important people in the family. Now they've started to include them even in decision-making of the family (Msinga CYCW).

Each individual has the courage to help young people. I think that's the way we make our work easy. We understand each other, solve our differences and focus on doing the work. With their support, ISIBINDI is still here, functioning and doing the work (Msinga CYCW).

Through the trainings that I had from ISIBINDI, it gives me the way of communicating with other people (Jozini CYCW).

We start from scratch and you find that the family has already started, but given up, so we encourage them to become educated. I think the longer period is better than the shorter. With the longer period they are benefiting more because we are already hand in hand with them in growing and encouraging them, but the shorter one because we work in a short period then we have to stop services and move on to other young people. We are working with 48 children per year and that is many. You have to move to the specific and prioritise your services according to the most important (Msinga CYCW).

Yes, in our lives there's a lot of change because when we saw an orphan before working at ISIBINDI, we didn't take notice of the child. You'd say that child is an orphan maybe their parents died of HIV/AIDS and the children can affect our children. But after working at ISIBINDI and getting the training we see a lot of change and we make a big difference (Msinga CYCW).

5.1.5 Factors contributing to the success of ISIBINDI

According to the stakeholders there are various factors that contribute to the success of the ISIBINDI model. Some of them will be given in this section.

Commitment of CYCW

The commitment of the ISIBINDI CYCWs is exceptional. They sacrifice their own time and energy for the well-being of the families in their care. On the other hand their commitment also contributes to a challenge of the projects since they are over-committed which can eventually contribute to emotional exhaustion and burnout.

I saw it as a very holistic program, where people actually commit themselves to serving the children (Welile stakeholders).

If there is a crisis where I stay they will come to me and tell me that this baby has been abused. I'll take off, just like that. They come to you if there is the problem in the family, even in the community they'll come to us anytime even if you are in church (Welile CYCW).

What I like of ISIBINDI is that they take care of you when you have a problem. I had a problem of a child who was raped by her father (Kokstad care worker).

They develop the conscious of the people that other people do need our help. They are not just doing it for money because really I can tell you that the stipend they are getting is nothing that can actually retain people. I think they develop some sort of a culture that ISIBINDI develops that you are not doing it for own benefit but for assisting other people (Welile stakeholders).

Training of CYCW

The training presented by NACCW was rated very positively as it equipped the CYCWs to deal with children in very difficult circumstances. The training which consisted of various **modules helped them to understand children's development, their behaviour and** emotional responses. They learned counselling skills that assist them to deal with the emotions of children and how to motivate them. The training and supervision received enabled them to deal with each case sensitively and professionally. It also assisted them to deal with their personal crises in a professional way and to grow personally. The **CYCWs' behaviour was** reported to be very professional and helpful by other stakeholders from the community. The skills imparted and training they received were found to be key in the success of the intervention.

They are going through a training program where at the end of the day they are going to be certificated and they can actually advance their skills and become practitioners, you know (Welile CBO).

I think it is a model that is working, it is working because the programme is implemented as a package with training as the centre of the operation. Given that, it can do wonders because if you look at the impact it has made. It is still one of the very few OVC programmes in this community that is still functioning and doing what it is meant to do (Welile CBO).

Through the trainings that I have got from ISIBINDI it gives me the way of communicating with other people. I can say I am satisfied with the training that I have right now because I am able to work with different challenges in the community (Jozini CYCW).

We feel that the training is good. The training covers all we need for our work because they help us with the development and a strength based approach to assess the child according to the developmental stages. It is a holistic training (Welile CYCW).

The training I have received is also useful for the parenting of my own children. I used to be very short tempered but I have now improved. We are the role models of the children (Kokstad CYCW).

The modules that we have learnt have helped us a lot. I experienced personal growth through various trainings that we have received. I use what I have been trained and apply it to my personal life (Kokstad CYCW).

Holistic approach

In addition to focussing on children as individuals, ISIBINDI strives to create family bonding and family support and thereby strengthening whole communities. They do not focus on only one aspect of the family, but on family functioning as a whole, from household duties to emotional support and emergency services.

The way they are actually allocated to the families. A person knows that I'm dealing with this families and not only the children but also even the grannies or the parents or whoever are looking after those children and also giving them skills, you know, how to deal with this children (Welile stakeholders).

It does not look only at OVC but it looks also at other challenges that our communities are faced with. Sometimes some members of the families are unable to cope with those challenges and the ISIBINDI is there to stimulate and assist that community (Welile stakeholders).

Ubuntu is lacking in our communities - the social fabric is broken in terms of family structure and communities taking care of each other. So, ISIBINDI assists to make sure that it revives our communities and make sure that our communities take care of each other. I think it is a good thing for community development (Welile stakeholders).

That holistic role that the model is playing, brining the community together in terms of the social ill challenges that we face. So this is the impact that I am talking about. According to us, you know as activists, there's the fact that every child given the environment we live in is indeed vulnerable. So you see a model like ISIBINDI needs to be accommodating of all the children in the community, irrespective of the reason for vulnerability (Welile stakeholders).

Bridging between community and services

The ISIBINDI project is implemented in collaboration and in interaction with various other community stakeholders. The CYCWs provide outreach services on grass roots level to people in need through home visits. They identify young people in need and become advocates for the needs of young people by creating awareness in the local government. They link community members to accessing other government services such as education, health services, birth and death registration, social grants and law enforcement if and when required. They are an important resource in the social development plan of communities.

I think it's for me communication, like smooth flow communication in all levels of the model that works well and that communication should start from how it was introduced, implemented, you know, laying the grounds, forms of communication levels and also introducing the vision. Every one of us who is holding a role knows the vision, where we are going to and how far have we travelled (Welile stakeholders).

They have a very good relationship with the government and not just provincial but national government. That's where their power lies (Welile stakeholders).

Because we work with different stakeholders, we don't provide food but if we intervene in a family that does not have food, I refer them to other stakeholders like the drop in center, that's where they go for food in the morning and afternoon. And we do have other organizations who give food bursaries we do take them to go and register them so they know that they must how many families need food because not all of them need food bursaries (Welile CYCW).

There is a story that has been identified as a highlight, of the family that was identified, and all the stakeholders intervened, the children now have a house (Kokstad CYCW).

5.2　Concerns regarding exiting ISIBINDI projects

This research tries to determine the extent to which ISIBINDI projects prepare participants for adult life. As soon as young people turn eighteen, the governmental child grant is terminated. At that age they are regarded as adults that should be able to support themselves financially. PEPFAR, financial supporter of the ISIBINDI projects, also regards 18 years as exit age of the project. ISIBINDI though, does not have a formal exit age. CYCWs stay in touch with young people beyond 18 years.

Of specific relevance to this evaluation is whether the ISIBINDI project prepares young people with skills to become responsible and independent, whether they can obtain bursaries to study and whether they can get jobs to support themselves and eventually their families. Against the background of the economic situation in the country it seems that many young people finds it difficult to get employment. This is emphasised by a CYCW:

I think to get a job for a young person is really difficult, not only for the ISIBINDI children, but for young people everywhere. But it is more difficult for the ISIBINDI children because they do not have any other to lean on (Msinga CYCWs).

The principle in the project is to empower people to become independent and to support themselves, as expressed by a stakeholder:

We don't want to encourage a situation where people live on hand outs where the orphans will always be given a food parcels and all that (Welile Soweto stakeholders).

Against this background the researchers interviewed various stakeholders to find out how ISIBINDI assists young people to obtain bursaries and get jobs. The general trend at all sites was that CYCWs and stakeholders gave an overview of how they helped young people to get bursaries, training and jobs. CYCWs explained how they obtain bursary forms, assist and motivate young people to apply and how they negotiate jobs for them. Stakeholders indicated how local government provides for the needs of young people. In contrast, young people and their caregivers expressed the need for continued active support and financial assistance after turning 18 years. The responses of various stakeholders are therefore integrated into this part of the report.

5.2.1 Continued support after eighteen years

The ISIBINDI project continues support for young people after they turned eighteen years. The CYCWs have various strategies to keep in touch with young people. The relationship between CYCWs and young people are generally positive and some young people need further assistance, as illustrated by the following quotations:

She often asks me how things are going. She gives advice and solutions (Kokstad youth).

When we leave the household the children feel let down because we develop attachment with them. Even when children attend ADP and graduate, they still become vulnerable to risky behaviours because of poverty (Maluti CYCWs).

We still work with them and those who are far away, we speak telephonically (Welile CYCW).

5.2.2 Responsibility, independence and confidence

The goal of the ISIBINDI model is to assist OVC to become responsible and independent young people. The following quotations indicate that the project is successful to enhance independence and prepare young people for adult life.

The project promotes responsibility:

I am just happy that they are teaching the child to take responsibility whilst still young. I am also hoping that the child will also become whatever she wants to become in future (KWT caregivers).

ISIBINDI enhances goal-directedness:

I could say I was helped a lot because I know how to achieve a lot of things, things that I want to be, so ISIBINDI has helped me a lot with such things. I now know what I want to be in life and I am also a person (Maluti youth).

ISIBINDI builds young people's confidence:

As a young girl I learnt a lot about proceeding with my career. I leant that I should be self-confident and continue with my studies (Msinga youth).

The project provides hope:

For me ISIBINDI helped me because, my siblings were able to get jobs and they were taught how to behave themselves. I was able to continue with my studies and it brought back the hope that was gone because we don't have parents and they helped us (Maluti caregivers).

5.2.3 The ADP and empowerment week

The ISIBINDI project offers two specific projects aimed at preparing young people for adulthood. The ADP focuses on healthy living and choices. The (wo)men empowerment is presented for young people after they passed matric to motivate them and to select students for bursaries and further studies. The project is described as follows:

Before they went to colleges, ISIBINDI took them to the workshop called (wo)man empowerment, maybe for seven days. And this is able to teach them how to take care of themselves when they get these bursaries and then they send them to the colleges and pay their school fees for one year (Jozini CYCWs).

They have this programme where they take the girls to Durban and expose them to positive role-models. Moreover, they teach computer skills and driving skills, which makes them empowered compared to non-Isibindi youth. Some children are already employed through the skills building programme (Kokstad CYCWs).

Besides job skills the project helps young people to develop a positive orientation to life. They learned confidence, how to prevent pregnancy, independence, and received counselling as outlined below:

For me it helped because in March I went to a women empowerment workshop, which was held in Durban. I lacked in self-confidence, but the workshop helped me a lot to know who I am and what do I want and then I also did some test for my status to know where I am at. It helped me a lot in that matter (Maluti youth).

They teach the girls how to do things after they are eighteen, because some get pregnant. So they give them lessons on how to prevent pregnancy and lessons on HIV (Msinga stakeholders).

ISIBINDI helped a lot because we also do young women empowerment when they taught us about the things we shouldn't be doing and what will happen if we do them. They also taught us to be independent and not only look for money but we should be doing things, so I became strong in that way (Maluti youth).

They talk about themselves, they talk about the future what they want to be and then they talk about the past, the things that happened to them and they also get counselling, so that when they get into the future they are prepared (Welile CYCW).

This year the Jozini site experienced a delay in the presentation of the empowerment project due to financial issues. Young people who passed matric were disappointed. Their responses illustrated their expectations of the programme:

There is no training for women empowerment. For instance last year, they didn't call for women empowerment, so those who passed have got a problem, they never got the training. So it is difficult, they passed matric and there is a delay of the training and they did not get bursaries to attend the colleges (Jozini CYCW).

They have never helped me with that. They only asked us to bring our matric certificates but they never came back to us regarding that (Jozini youth).

5.2.4   Financial position of over eighteens

As indicated in section 4.2.2 many young people had no source of income. For some young people their government grants were terminated upon turning eighteen, but for some the grant was re-instated because they were still in school:

For me they stopped giving me the grant, but they then revived it because I am still at school. But once you are done, they will take it away (Ndwedwe youth).

Everything was going well for me but everything started going bad when my grant was cut off (Jozini youth).

I need money for my school things and other things I need. Because now only my grandmother gets pension fund and this money is for groceries. So when I need something I have to wait for a whole year to get it or even never get it (Ndwedwe youth).

Even now I don't have school shoes I had to borrow. I am being honest and telling the honest truth, I have nothing. I now stay with my grandmother, she tries to help me as much as she can but there is only so much she can do, she has her needs too (Jozini youth).

Caregivers request ISIBINDI to give post-school youth money for their maintenance and further studies. They were also worried that, even though youth may receive bursaries, they will not have enough money to live to a desirable standard as well.

I would like to ask Isibindi to just help us with funding because he will soon finish his matric. I am quite certain that it is not him only but there are many that will complete their matric soon and with the money that he gets, it will not be enough to build him a house, buy him clothes and boys even give us trouble - they are very expensive to maintain because they don't want these clothes sold by vendors. The clothes they want are just too expensive. On top of that with that social grant there is still money that I am expected to put away for him so it would be really good if the funding could really increase so that when they finish matric, they can be able to further their studies (Jozini caregivers).

5.2.5   Bursaries and information about training

ISIBINDI assists young people with bursary applications and information about future study opportunities. A problem identified in the research is long waiting times for bursary application forms and for the results of applications for bursaries. Ultimately not all young people applying for bursaries, get bursaries to study further.

They organize the university application forms, and bursary forms, and then they help you to apply with postage and application fees (KWT youth).

They have the ability to identify children that have passed their matric well but due to the situation at home and the fact that there is no money available to take the child to tertiary they are then able to see that they help them (Siyabuswa stakeholders).

Isibindi cares a lot. I am in matric and there is no one to give us information about universities. But Isibindi really care about us. I received forms for bursaries. If it was not for Isibindi, I wasn't going to get such information (Ndondo Square Youth).

The problem is that he doesn't get the bursaries to go on with the education (Welile CYCW).

They have a problem with getting the money for tertiary education. The resources in our area are also not enough. The child doesn't meet the requirements. So finances and resources are the problems (Ndwedwe CYCWs).

I am not busy with any post qualification studies as I am waiting for Isibindi. We have been told that we should wait until August to hear what they have to say regarding allocation of bursaries so maybe they will be able to help. Then I can further my studies next year (Jozini youth).

I am one of those who have completed her matric. They have taken our certificates but have not given us any feedback. I have applied for those bursaries in March 2011 and until today I heard nothing from them. I am still waiting for them. So I have been trying to get things done on my own. I only have matric so there is not much I can do. All these other jobs need qualifications so we are begging them to help us with bursaries. I think I will even end up forgetting what I have been taught at school. So at least while my brain and memory is still working it will be good. (Jozini youth).

The last time I have been assisted with anything concerning education was when I was still doing my matric. But now Isibindi is not helping me with anything that concern education (Jozini youth).

Because I just finished my matric and they did call out our names that we are going to be taken to school (tertiary education) but that has not been done yet, we don't know when they will take us to school (Ndwedwe youth).

The problem for them when applying in tertiary, is the marks. We did individual development for them and we come up with a plan to get a bursary, time frame and so on, but when they apply they don't meet the requirements (Ndwedwe CYCWs).

It was not clear to young people and their caregivers exactly what ISIBINDI was willing to assist young people with. Some believe that ISIBINDI will pay entrance fee to tertiary institutions; others believe it would be first year study fees and others want ISIBINDI to pay all study fees. Direct communication would assist participants in knowing what to expect rationally.

Stakeholders mentioned that ISIBINDI CYCWs seeks financial assistance for OVC from local government. The CYCWs identify young people from child-headed households who need it most and assist the local government in allocating such bursaries:

We as the council give out bursaries and ISIBINDI helps us with recognising child headed households and they become our first priority. ISIBINDI helps us with that. The care givers come and tell us that there is a child who needs help and we go to the council and help the child further their studies (Jozini stakeholders).

5.2.6   Further study and employment

The ISIBINDI projects supported many competent young matriculants to further their studies. Many of them have been successful and are working. The CYCWs proudly

mentioned the names and positions of successful young people. Some of these young people are working in agriculture, the taxi business, the police service, offices, nursing, sports management, beauty therapy, teaching or running their own small businesses. The CYCWs said:

It is so good to see a child or your client developing and developing. So it really helped those children who are over eighteen. Sometimes if that person has got a CV we are able to take it when there is an open position (Jozini CYCWs).

The young people reacted as follows:

We see things happening. Some of the children are now teachers, some are studying towards being teachers and others have computers while others have licenses. We see the difference (Msinga youth).

Isibindi assists the youth to further their studies, look for the bursaries, and provide them with clothing. They also provide with allowances (KWT youth).

I joined ISIBINDI last year where I received a bursary which I used to study sport science, then I came back to do computer training. So I have benefited a lot from this (Welile youth).

We are better now because we can make a better living and apply for some jobs and be able do things ourselves and go to other companies looking for jobs. It is not like before (Wilele youth).

One has just completed her course as auxiliary nurse and is employed in one of the private hospitals. If it was not for ISIBINDI they would not have been able to do that. They would be sitting at home with no qualification (Siyabuswa stakeholders).

ISIBINDI has agreements with various institutions to assist young people with their education and possible employment. In Welile young people can get computer training and some employment opportunities, but not all young people will get work after their training.

They have helped others with computer skills. They helped them with transport and they are currently working. It is very powerful (Jozini stakeholder).

My child has a computer certificate, but she still is at home and unemployed (KWT caregivers).

Not all that did computer courses will get a job: those who achieved beyond what was expected will be exposed within the organisation at a stipend of course. After training we register them online for agencies to contact them. So far we have got about four who are placed in a call centre (Welile stakeholders).

There is no formal and organised way in which CYCWs assist ISIBINDI participants to obtain employment. They get information through the grape vine and try all possible options.   CYCWs in Mangweni reported that they have a specific CYCW whose

assignment it is to contact universities and to use the internet to search for bursaries and to network for positions. Because there is no specific strategy, there are many young people that do not get training or employment opportunities.

We can encourage them to look for jobs and some of them they are able to, some of them are working not full time but part time, so we encourage them to look for jobs. If I go to the mall and then I hear that McDonalds want spare people, then I encourage them to just go, go and bring your CV there so that she can be taken. But I also encourage them not to lose hope, just keep on trying (Welile CYCW).

Fortunately we have maybe three who are working: one is volunteering at the heart beat projects; one has a piece job and one is working in PEP stores, one is a secretary. For the others we are still advocating for the work. Of the young people in Jozini about 20% is working, 40% is studying and 40% is not working, not doing anything (Jozini CYCWs).

In Bergville there are no programs available for our children that help prepare them for the future or employment. We do not have any training for over eighteen year children. Three of them were taken for further education. So we are still very limited with working with a child who is over eighteen (Bergville caregiver).

Where it is not always easy to provide young people with options and with money, ISIBINDI CYCWs encourage young people to stay hopeful and to pursue their dreams:

At this very moment Isibindi does not help financially or help me in terms of enrolling in other institution but what they do is they give me hope and encourage me to apply and not to give up on my dreams. I should try by all means to pursue getting into the career field of my choice (Jozini youth).

5.2.7 Success stories

During many interviews various stakeholders gave stories of how ISIBINDI was successful to assist young people to enter adulthood and function independently. A few stories are given here:

She lost her mother, she lost hope, she was always crying and her sister was not caring. So when I started to intervene I started to encourage her, she started attending youth forums and then she passed her matric and then she did a computer course. She passed. Now she is working there. She's like a manager teaching other children computer skills. There is a light bulb. She is full of life. What touches me a lot when she is earning money she is able to take care of her younger sister with that money and she is able to take care of herself (Welile CYCWs).

After that they have a job to support their family. Now we have 2 young women who are working. They started here with nothing and we helped them. During the intervention their situation was bad, but now they can manage to feed the young ones and they can make choices on their own and

also make decisions about their lives. One is a professional cook and the other an office administrator. So they have developed, you see (Mangweni CYCW).

I think it is better because everything started to fluctuate so fast like when I finished matric I did not know that there will be an opportunity whereby I can enrol myself for a computer course and whereby after 2 month having completed the course they phoned me to come and work. I was unemployed at that time and through ISIBINDI I now have a job and a qualification (Welile youth).

My child has learnt handwork in the special school in Mthatha through the Isibindi. He is now able to provide for himself. He bought me cupboards for my house (Kokstad caregiver).

5.2.8 Young people without matric or with low marks

Many young people do not pass grade twelve or attain insufficient grades for access to tertiary education. For such young people there should be opportunities as well. Some ISIBINDI sites have developed a partnership with colleges for further education and training to help with skills development of young people.

We have FET colleges. We sit down with them and tell them that we have OVC children that have completed their matric and are sitting at home not doing anything. The CYCW are the ones that actually conducted the meeting with management, they were given channels and how to go about enrolling these children into FET colleges. They requested that they help these children with bursaries. So now most of them are in school some have even completed the course through the efforts and creativity of CYCWs (Siyabuswa stakeholders).

There is a centre in town that helps with the carpentry, sewing and all other practical skills. We do know some people were provided transport and even those who dropped out in the primary school were assisted (KWT youth).

Various stakeholders suggested that this relationship with FET colleges and skills developing projects be strengthened.

We need programs that can be done for those that have dropped out of school you know that need to be helped. You find that they are teenage mothers or maybe young adult mothers who have got no skills who has got no work. Now everybody is depending on the grant that the granny is getting. So I think we need to look at more other skills that can be given and how those skills can help them to be able to fan for themselves and their families (Welile stakeholders).

The training of the skills is vital, so I wish that the Isibindi may have more training opportunities (Ndondo square CYCWs).

Some young people volunteer as part of the ISIBINDI project.

After we participated in the ADP programme we got certificates so that we can also be facilitators of other young people who are coming here. After receiving our certificates, Isibindi would send us to various schools surrounding our community to talk about what we know and what we've been taught (Ndondo Square youth).

In some areas ISIBINDI had skills development and income generation projects running before. Young people also take initiative to generate an income in difficult circumstances:

Some of the children sell some sweets and some do craftwork back at home. Some of them are caregivers who were doing handwork and they teach these young people and they make income from that work that they did (Msinga youth).

The Isibindi project encourages children to do something rather than stay at home (Msinga youth).

The CYCWs are willing to start income generating projects if they can get assistance to overcome the challenges involved in that:

I think for income generation we should run a program that will give us income. Like food gardening and we can sell those vegetables. Like recycling, maybe collecting papers or collecting cans and we can do beadwork. At the beginning we did, but the shortage of material to help do these crafts is also a problem. We don't have equipment. We need a car to get donations because we are far from town (Msinga CYCW).

We need a partnership with public projects and governments you know (Welile stakeholders)

We might enjoy doing that, if somebody can help us to do that. I know that it might help a lot of young people who are still struggling to get jobs. We can do gardening, sewing, arts and crafts, beat work (Jozini CYCW).

5.2.9 Unemployment is a reality among young people

Unemployment is a reality for the young people we interviewed. A large number of them are not employed and look for employment (as illustrated in Section 4.2.1). They request ISIBINDI to assist them with opportunities.

My sister's child has completed grade 12, but the child is unemployed and helps me with household chores at home (KWT caregivers).

The child is unemployed and has security certificates that are currently of no use, because they are just sitting at home. We sit at home with these unemployed children of ours (KWT caregivers).

They don't help me because I finished school in 2010 and now I am just at home doing nothing and I would like to study again. So I hope that they can work on that and help us to continue or empower us so we can continue on our own (Ndwedwe youth).

A lot of the youth stays home doing nothing after school. I believe it is because most of the kids study in high school, not knowing where they are heading in the future (Kokstad youth).

I would really appreciate it if Isibindi can help us with such, as there are a lot of children who are staying at home and doing nothing. What is painful is that they really want to continue with their studies...some of the children will go out and pick up cans in the street (and sell them), so that that can make income in the household. They really do not want to just sit and do nothing; they yearn to keep themselves busy (KWT caregivers).

They should take into consideration the issue of those children who are unemployed and try to help them seek for jobs or show them a way that could help sustain themselves (KWT caregivers).

I am the bread winner (child headed) I have no one else. Even with the little income I may get it is still difficult because all my siblings depend on that income and I have to do everything in that house with the little income I get (Jozini youth).

What they do, look for jobs while waiting to get bursaries. Currently those who had no luck in receiving bursaries are just at home and not doing anything at all (Bergville caregivers).

I just wish she could get a job because no one is working in the family and everyone is dependent on my social grant money (Welile caregiver).

Some young people become discouraged because of the lack of assistance from adults:

So then you ask yourself what is the point and what is the use of me carrying on with my studies. You are supposed to carry on with university, because you are a bright student. I did science and physics in high school and I was good at it but I asked myself how will I carry on and pursue a career in engineering? Where will I go and how will I get there? How will I get the forms? The forms sometimes require a written reference, and from whom will I get that? So, to be the best is of no use if you don't have the backbone and you don't have someone to help you and encourage you to carry on. I am just sitting at home. I am sitting at home doing nothing and there is no mother to tell me to work hard (Kokstad youth).

Unemployment is often the cause of other social ills. Some young women who are not employed have unwanted pregnancies, which again compromise their ability to study or find a job. In Table 27 it was shown that 20.7% of ISIBINDI girls have been pregnant (though less than the control group). Some unemployed males were reported to resort to criminal activities.

Some become pregnant and it becomes difficult for them to proceed with life (Kokstad CYCWs).

It becomes a problem because some end up falling pregnant and also getting sexually involved also contract HIV and AIDS (Bergville CYCW).

Sometimes the poverty plays a major role, some children have relationships with the sugar daddies who support them (Kokstad CYCW).

ISIBINDI helped me when I was in need. But then I ruined things by getting a child and when I got that child things were very difficult for me, then I struggled more. Then I had to go back to school because I had passed my grade 8. I paid my way through school with my child's grant money and that was it (Maluti youth).

I would like Isibindi to improve in terms of assistance with education because there is a huge challenge there. We see girls our age who have nothing to do than end up moving in with their boyfriends and those boyfriends really destroy their lives (Jozini youth).

Caregivers gave a realistic explanation that **the young people's unemployment** is mostly due to factors out of the control of the ISIBINDI projects:

First of all we do not cast a stone on Isibindi for the challenges that our children experience (such as unemployment) especially those who have completed grade 12 or are eighteen years and above. The problem is the area which we reside in. It does not provide any job opportunities...so our children remain unemployed after completing school. The government should assist us in that matter. You see some of the children are helping to build houses and carrying cement; as there are no other employment opportunities. Therefore the government should take responsibility of this issue, not the programme (KWT caregivers).

5.3   Challenges to ISIBINDI projects

Challenges which were reported by stakeholders during the focus group discussions will be reported here.

5.3.1   Lack of resources for project implementation

Lack of transport for CYCW

Transport was an overall concern at all ISIBINDI sites. CYCWs reported that they often have to travel long distances to do home visits. Some of the ISIBINDI sites states that they do not have a vehicle or at times there is one vehicle to cater for all the transport needs of the particular site. Travel allowances of CYCWs were reported run out before the end of the month and was not adequate to cover the transport needs to do their work. This posed a challenge as the CYCWs cannot reach the widely dispersed

households in many project sites. The use of public transport was reported to be time consuming and raised safety concerns when they work late.

Sometimes you find that we don't go to other areas because they are too far from us. We find that we have to walk for 3 hours because the services need to carry on with those young people. You find that other areas we did not reach at all because it's too far. Msinga is a huge area (Msinga CYCW).

Transport allowance that we receive is very little (Kokstad CYCW).

I think if they could get them a vehicle as it has been mentioned that the areas are quite scattered and sometimes they are called to some really emergency cases, and you find that they don't have means of getting there. So, that can make their work a bit easier (Siyabuswa Stakeholder).

There is only one car but that is not enough to cover all these places and do all these other things (Siyabuswa CYCWs).

Lack of money for project implementation

Some sites reported to have secure funding, due to government support or networks established by the implementing community-based organisations. Other sites expressed the concern that they are dependent on financiers like PEPFAR which are free to withdraw at short notice, which could cause financial difficulties for them.

But you know that funding is based on a contract and sometimes contracts go on to be terminated. So what happens if it is terminated? Those are the things we need to look at and we need to start searching for some potential funders who will come in and offer us another contract. While we are still trying to renew this contract, we can carry on with another one (Wilele stakeholders).

ISIBINDI does not have secured funding; they need to do fund-raising. They need to market themselves, so that they can continue to implement their programmes. It is now a call to some agencies to come and do whatever they can to assist ISIBINDI in order to grow. This is one of the major problems with regard to NGO's that are doing good work (Wilele stakeholders).

Lack of infrastructure at some sites

At some sites there is a lack of water, electricity or sanitation, which may be outside the control of the ISIBINDI project, but which impact on the capacity of the CYCW to implement the project. For example, the scarcity of water in villages often disrupts the ISIBINDI project as the CYCWs have to wait for the participants to fetch water from a communal source. This takes long as they often line up in long queues to get their turn. Some sites also do not have access to electricity and the internet.

There is no water in the tap here. You wait so long because there are too many people waiting to get water from the tap and you spend more time here waiting to collect the water. So if we need water we have to wake up very early in the morning to fetch water and be able to come here to attend to young people. Sometimes we get home late because we have to attend to these young people until the program is facilitated and they go to the river to fetch water for another day (Msinga CYCW).

Low salaries of CYCW

Most stakeholders mentioned that the CYCWs' compensation does not reflect their contribution to society. This is despite of efforts of ISIBINDI management to entrench this workforce.

The money that they get is really not enough. If you also look at our areas, it is really scattered but you find that you are being called as CYCW but you don't have money to go to that households. They are so passionate that they would even take from the little salary so that they can go and do what is supposed to be done (Siyabuswa Stakeholders).

The money is a biggest challenge, we work so much and yet we cannot meet our needs (Maluti CYCW).

High workload of CYCW

The participants expressed the opinion that there are too few CYCW to assist large numbers of families in need. Community members often have high expectations of the CYCWs to perform almost miracles in difficult situations. The high workloads of CYCWs escalate when a position is vacated by a CYCW and not filled as a matter of urgency. That means that the remaining CYCWs are placed under increasing pressure to carry the growing workload. The perception is that the pressure to meet objectives is not matched with the necessary support to make it possible. Most CYCWs reported waking up early to enable them to get to all the homes they need to visit on a given day and fulfil their duties during such visits. The CYCW did mention that they receive intensive supervision and that they support and assist one another to reach their targets.

So you end up living child care, you can't even think to go out to parties and do certain things, you don't have time (Welile CYCW).

And we work flexible hours. Social workers know their time is from seven to four, then I'm out. As a CYCW you work flexible hours (Welile CYCW).

No, we don't have new staff who attends training. We started with 15, then some dropped out, we're left with 5 now. And most of them dropped out in 2008 and we were left with only 6 then, one passed away, so we were left with 5. From 2008 until now (Msinga CYCWs).

The families with no parent had a challenge, one of the children was sick. I called the ambulance, to accompany the child to the hospital. After that the doctor gave the child treatment, and the child's treatment is at seven o'clock in the morning and in the evening-seven o'clock, that is a challenge to be there at those times (Jozini CYCWs).

We do not have much time to spend with our families. We work many hours (Maluti CYCW).

CYCWs are too few. I feel that the CYCWs have a very big job to do, but they don't have enough time to do it in. You would find that they need to go to a certain house, check if medicine is delivered, help someone to get bathed etc. and there is a very limited time to cover all of those needs. So I would suggest that they pull in more workers to share the workload (Mangweni caregivers).

It was found that CYCWs often overextend themselves to help others. There were frequent examples in the interviews of CYCWs acting beyond the call of duty. There are no boundaries to their work, as they respond to many needs of the families they are supporting. It was observed that they often work outside normal working hours in response to these needs. Although it is against guidelines set for CYCWs, some reported that they find themselves donating money from their own pockets to feed the families they serve. The high levels of need in communities can expose them to the risk of burn-out.

You must be always available at all times (Welile CYCW).

At times they go to houses where there are serious emergencies and there is no time to call the social worker. They use their own money to address that emergency whether it is buying food or if the child is sick. Sometimes they have to buy food and blankets, but they do not have the money to do that (Jozini Stakeholders).

I am working hand in hand with the programme since it has been started. Even though there are limited resources available to them they still go beyond and if they can expand so that this programme can reach out to other areas like Limpopo, it would be great (Siyabuswa Stakeholders).

I will add to the factor of time. For example, last week I worked many hours, I was in the child protection week and now we found the perpetrator was released and I had to provide custody to the victim (Maluti CYCW).

5.3.2 Lack of resources for participants

Lack of transport for ISIBINDI participants

It is sometimes not possible for participants to attend programmes, as this entails walking long distances over difficult terrain. They experience the same difficulties in accessing services, following up queries or visiting state departments for grants and documents.

Children are in need of getting their documents but the resources are too far in this area, so they struggle sometimes (Jozini CYCW).

Transport is a problem. Children that stay far from the Safe Park do not have transport to attend the ADP. And we want to transport young people with their guardians who want to sort documents because they don't have a budget for them to go to the resources and we also don't have the transport (Jozini CYCWs).

Poverty of ISIBINDI participants

The issue of lack of financial resources was pointed out in almost every site by all stakeholders. The need for basic income for survival was highlighted. In the case of child-headed families, some participants alluded to the fact that, there is a constant struggle to survive. Despite the assistance of ISIBINDI there are a few young people that find means of surviving and supporting their siblings by transactional sex. Some mentioned that the termination of the social grant at eighteen years puts them in a vulnerable situation, as they still need to take care of their siblings and themselves. (Transactional sex was reported by 3% participants and intergenerational sex by 5.9% (Section 4.6.2, Table 27)). Although this is a challenge to a smaller number of ISIBINDI participants, it is a challenge that needs attention.

As much as they would like to be responsible we feel that sitting at home and doing nothing could push them to be involved in illegal activities, as this is what we see most of their peers getting up to when they have nothing to do. As for girls they end up being pregnant. A typical scenario would be boys being involved in criminal activities and young girls falling pregnant (Bergville caregivers).

Sometimes the poverty plays a major role, some children have relationships with the sugar daddies who support them (Kokstad CYCW).

When we leave the household the children feel let down because we develop attachment with them. Even when children attend ADP and graduate, they still become vulnerable to risky behaviours because of poverty (Maluti CYCW).

I would also like to be helped, because I am really in need and there is no one to help me go to school because my aunt has also given up. If only they can help me with just a few cents, so that I can go on and get to see that it has helped me a lot (Maluti youth).

Young people who head families are often unable to further their studies as opportunities to access bursaries are limited. The money from grants is insufficient for tertiary education and to care for their families.

Because they are still young, although they can make their own decisions they are not in a stage to be independent and still need financial support from their caregivers. Some of them although they have completed their matric, are just not financially stable. Isibindi does not have any programmes to help them with employment (Mangweni caregivers).

They seem to have challenges after the child has turned eighteen as they now have to provide for the child from their own pockets then the child ends up sitting at home doing nothing. Finding a job for these children are rather difficult as they also don't have any educational background (Mangweni caregivers).

Some families live in real poverty as they often have to rely on a single grant like a state pension of a grandparent or a child support grant. It is a challenge for the CYCW to assist these families.

When I look at the kind of living at home, my husband is unemployed and none of us in the family has a job, so the only income that we get is the social grant of my late brother's child. Can you see that we are actually making a living out of this social grant meaning that there will be some of her needs that are compromised (Jozini Caregiver).

There are no food parcels, there is nothing that I am getting, nothing whatsoever. Sometimes we see from TV that some people are getting some things but we never get anything (Ndwedwe caregiver).

5.3.3 Lack of government support

Lack of government cooperation

Different stakeholders mentioned that the lack of enthusiastic support and service delivery from government officials hampers them in their work and poses a major challenge to ISIBINDI interventions. Because the CYCWs are not regarded as

professionals they do not receive adequate support from state departments. It is experienced that only people "with status in the government" can get good service.

The challenge so far is that this civil organization does not have a voice. You will find that some government agencies work hand in hand with them to strengthen their work and lessen the burden, through using these NGOs as the wheels to implement their programme. But when these NGOs go back to government and say that these are the challenges we are facing and we need your help, they (government) will start quoting that the law says this and that. And that's where the problem lies. It's a one way street but we need to reach a consensus amongst all these agencies. We need amendment of policies to be reached to accommodate participants (Mangweni Stakeholder).

There are challenges for the CYCWs when they have to work with stakeholders in the community. For example, they would go to governmental departments for assistance and they don't find that assistance (Mangweni CYCW).

Government officials won't recognize a person who comes from the program... but if you say I come from Isibindi they ask what it is. They tend not to understand that we are here to work together to alleviate poverty and eradicate challenges (Siyabuswa CYCW).

Unlike ISIBINDI CYCWs, government officials are often inaccessible due to the location, distance, bureaucracy, protocols, long queues and limited service hours. The first port of call in cases of emergency is often not the rooms of social workers, because participants experience that these services are seldom available in times of need. Communities therefore experience a shortage of social workers and unprofessional responses. This creates a backlog in ISIBINDI's own processing of requests.

They normally do the awareness in the clinics; they don't want to come to the community, so we are there to influence them to come to the community so that everybody can participate (Jozini CYCW).

Delays in grant application process

The grant applications process is influenced by factors beyond the control of the applicant or ISIBINDI. These factors range from lack of documentation, backlog in the social workers office to scarcity of human resources, etc. Some applicants delay their own grant applications as a result of unwillingness to take initiative, illiteracy, shyness or other obstacles. Most participants mentioned that delays are caused by bureaucratic processes and the tendency of officials to ignore the desperate situation of applicants. It is a cause of major frustration to the ISIBINDI CYCWs that they have no means of hurrying the system.

They do apply for social grants but the process takes some time and can be delayed forcing them to make ends meet (Mangweni caregivers).

As they delay the processes there are things that we cannot do as we need social workers to authorise some things. It could be a minor thing but it would take a long time. We have cases whereby a child lose their foster parents all they need is to change names but it takes a long time. There are also cases whereby the social workers need to go to the hospital to advocate for birth certificates. Let's say the child was abandoned by her mother, it is therefore urgent to get the birth certificate as soon as possible but they delay that process (Bergville CYCW).

Respondents at the Jozini site cited that there is no police service in the area. This adds to the challenges the ISIBINDI implementers face, as they need such services to promote efficient intervention.

Challenges to obtain documents

Access to government grants or services, including schooling, is often severely hampered by a lack of personal documentation. Since most of the beneficiaries of the ISIBINDI projects are orphans, it is not easy to obtain birth certificates or, consequently, anything else from government on their behalf. Their late parents may have refrained from registering them or retaining the documentation or this may have been lost in the aftermath of parents passing away. Government officials are under pressure to ensure that children, especially those from sites bordering neighbouring countries, are not in the country illegally. Grandparents or other family members or friends are not automatically trusted to provide true information to establish orphans as South Africans who are entitled to South African birth certificates, identity documents, passports, driver's licenses or bank accounts.

Challenge that we are having is that we are close to the borders. There are people flocking to this side (South Africa from Mozambique & Swaziland) without having the proper documentation. So the challenge we have is that we fail to help these people (Mangweni CYCW).

We also have issues with Lesotho people who are amongst some families we work with-we cannot always help them get id documents and certificates and we cannot do much to help them without the necessary documents (Bergville CYCW).

We engage families that have unknown parents and that is a problem. Maybe the child is staying with her granny and his mother has passed away and the father is unknown, so when we go for the resources or any support they can't support because they look for the unknown father (Jozini CYCW).

You find that in child headed households only one of the children has an ID document, and she will tell you these are my brothers and sisters but then due to some challenges, they cannot get their documents (Siyabuswa CYCW).

A struggle to obtain documentation proving his or her citizenship, and accordingly his or her humanity, can damage a child's self-esteem and enthusiasm for studies or the future.

So the question will be 'what's the use of them helping me, feeding me and keeping me in the centre if they cannot provide documents for me?' I cannot do anything and then I have dreams to achieve, to pursue and careers to pursue but what can I do. So they will end up saying, it all doesn't matter and then resort to crime or something they never thought they will resort to. So we need serious intervention in that (Mangweni Stakeholders).

However they are only citizens by name and documentation is null. After all the efforts that the centre has tried to at least help the child, at a later stage when the child now realizes that the centre has tried to help me holistically in some ways but then I'm still lacking documents (Mangweni Stakeholder).

5.3.4   Challenges in working with children

We asked CYCWs to describe why they think some ISIBINDI participants achieve above expectations while others do not. The CYCWs reported that the success of the project **with an individual child depends on the child's reaction**. There are many challenges that the child and the CYCWs face in this regard and not all of them are resolved timeously. The CYCW reported that not all children benefit from the project.

Those who are prepared to look for the better future, those who have dreams they are always changing at the end of the day when we are working with them (Welile CYCW).

Difficult children

Some CYCWs reported that interventions become difficult with children who are not easily disciplined. Some children come around, but there are times when it is not possible to correct untoward behaviour. The CYCW experienced that some children cannot accept help. They may have been hurt and do not trust others. The CYCWs estimate that about 5-10% of the children they work with do not accept the help they get.

They do not respond to help. They do not respond to anything that you try to do. We will give them the daily routine, they do not follow. You give them support, they do not respond back, it's like they are pushing everyone away (Welile CYCW).

Another challenge that makes children not succeed is because some of them run away from us (Kokstad CYCW).

Those who do not have parents they don't want attachment from other people. I think it is because they are afraid of getting too close to someone and then they disappear. Some of them say that they are used to not to be able to do anything or to get everything. So if you get there, you only raise their hopes and dreams. They don't cooperate at all. I try and it takes me months to get him to cooperate (Welile CYCWs).

Some children rather respond to peer pressure, than the guidance of CYCWs.

Some become pregnant and it becomes difficult for them to proceed with life (Kokstad CYCW).

Sometimes poverty plays a major role, some children have relationships with the sugar daddies who support them (Kokstad CYCW).

Negative influence of families

It was reported that the child's family situation has an impact on the child and his/her response towards the CYCW and the project. Some parents or caregivers do not support **the child and contribute to the child's negative self**-concept. The CYCWs gave an example of the impact of family instability on a child:

If we intervene in the family you find that there is this guardian it's an uncle and then the uncle passes on, there's another aunty and then the aunty passes on. Then there's another uncle. So that confuses the children because if you start there, maybe you were doing something with the child and then this one comes and changes things and you have to start all over again" (Welile CYCW).

The guardian is the first one to label the child and by doing so they are killing the brains of the child and the mindset of the child is gonna be that I'm useless. If a child thinks I am a thief so, so what if I take drugs? (Welile CYCW).

5.3.5   Challenges from the communities

Caregivers misuse money and mistrust CYCWs

If a CYCW offers to advise or assist the family with a budget, family members (including children) can view it as a bid from the CYCW to usurp control over family finances. When children reported that caregivers misused money received from the government and CYCWs intervened, they met with resistance.

The other challenge is that after referring the family to social development to apply for the foster grant we have a good relationship with the caregivers, but after receiving the money some of them want to use it for their personal needs and they don't want us to help them in doing the budgeting (Siyabuswa CYCW).

Another thing is if they don't take care of the money, they chase us away when they go to social development and they don't let the children speak about what is happening to their money. They end up staying with those who abuse the grant (Mangweni CYCW).

You even find that people have children in order to receive more money from grants. It seems like that is the fastest way a person can make money. I blame the government for allowing such a grant because it's only making situations worse. A person thinks of having R250 multiplied by 4 to receive R 1000…. even the grant that they are receiving, they are not even using it to fulfil children's needs, but for personal needs. You will find the child not having shoes to wear, socks etc. These are situations we are facing whereby we have to go through old school uniforms in order to give the child to wear. Other parents use the grant money to buy alcohol (Siyabuswa Stakeholders).

It seems that some caregivers become over dependent on CYCWs and delegate some of their responsibilities to the CYCWs. This includes obtaining children's birth certificates or death certificates of deceased parent/s, assisting pensioners to register for grants, fetching medication etc. Within the households some care givers expressed openly that they rely on the CYCW to solve family problems, discipline their children and assist with home work, including providing information about careers, bursaries and other basic needs such as uniforms for the children.

ISIBINDI has helped me get together with the children. Whenever there is a problem ISIBINDI would take me and the children together so we can resolve whatever matter we have (Jozini caregivers).

They would show up at my house even when I am sleeping, she will just go into the kitchen get the children together. They were very disobedient but she was able to help me by getting their acts together (Jozini caregivers).

5.4   Recommendations from respondents

5.4.1 Recommendations from stakeholders regarding exiting the project

Various stakeholders made recommendations for improving the ISIBINDI project to assist young people to further their education and to become productive citizens. Many wishes ISIBINDI to provide young people (and the community in general) with all kinds of funding. More pragmatic respondents request ISIBINDI to develop partnerships with organisations that could provide skills, training and jobs. Although that is not the primary goal of ISIBINDI, it can contribute largely to the well-being of young people that was part of ISIBINDI. Formal programmes for negotiating job opportunities or creating income generating projects can mean a lot to for young people.

After they have completed their matric can Isibindi just help them because as a parent I don't have the money to pay for their further education. Even the money that I have been saving for him is not enough to pay for his tuition fees. So I would like to request Isibindi to just give us a helping hand so that once they have passed their matric, they should not just sit around at home with their certificates. Instead they can be given some sort of skills to better their future. If Isibindi could grow to a level to see that there are children who have passed their matric but are doing nothing. They try to get jobs after matric but don't find them. Temporary jobs do not help much as they still need further education. So can Isibindi just help us as parents in achieving that (Jozini caregivers).

ISIBINDI should link with skill development programmes to make sure that young people exit the program with skills and employment. Because of poverty the issue of unemployment is very serious in our communities. So once we link up with the program of skill development maybe that will assist a lot. I think that's where sustainability can come from. There will be products that these guys at their different workshops are producing or a vegetable garden around the centre. That is actually raising some of their income. That is the things we really need to focus on, not only girl children that passed matric (Welile stakeholders).

In terms of exit programmes, maybe if they partner with other departments of government for instance health, social development (Welile stakeholders).

5.4.2 Recommendations from stakeholders regarding resources for program implementation

Transport

The lack of transport at ISIBINDI sites was mentioned as a challenge at every site. The stakeholders recommended more transport and opportunities **to get drivers' licences**.

If we had more transport and be able to get drivers licences then we are able to do the work much faster (Siyabuswa CYCW).

I will be happy if we had more cars so that we don't have to wait for too long. We wake up too early in the morning and when we wake up we have to wait for one car, it is the only one that goes around (Maluti CYCW).

Expanding ISIBINDI to other areas

Some of the research participants were non-ISIBINDI members (control group). In participating in the research, they realised how beneficial it would have been to be involved. There is a strong suggestion from both ISIBINDI stakeholders and non-ISIBINDI members to extent ISIBINDI to other villages or locations in order to reach a wider population.

I will like the programme to expand and be available in rural areas as well, not just in the townships. The people in the rural areas need taxi fare in order to attend. So they could help by expanding the programme (Maluti youth).

They need to increase the number of CYCW and situate them in other different areas as well. So let's say in this area of Mpumalanga there could be different branches across the areas. If they can do that a lot more people will be assisted (Siyabuswa Stakeholder).

So Isibindi should not only operate here in town as there are villages that need that kind of help (Alice Youth).

Salaries for CYCWs

All stakeholders agreed that the money received by CYCWs is not enough. They request that ISIBINDI CYCWs are adequately remunerated.

There should be more funds so that the workers can receive better stipends and also they must have more transport to reach the homes (Ndondo square stakeholders).

Further training for CYCWs

The CYCW expressed the wish for further specialised training in fields such as trauma and dealing with very troubled children. Others requested computer training for their administrative benefit, but also to equip them to pass the skills on to ISIBINDI participants. Stakeholders argued that CYCWs who received continues training and commensurate recognition and remuneration would remain with ISIBINDI as more productive workers and for longer periods.

Additional human resources

It is suggested that ISIBINDI trains and employs more CYCWs. A system for the timeous replacement of CYCWs vacating their posts is required.

We ask from Isibindi to hire more CYCWs so that we can be more because then there are so many of us and from different communities (Jozini CYCWs).

Material resources for participants

Since most ISIBINDI participants are poor, they ask for several material resources. Stakeholders from various sites suggested that ISIBINDI should provide food for children when they participate in ISIBINDI activities. Some activities take up the whole day and children often go home with empty stomachs. Even in the day-to-day activities, ISIBINDI could provide a meal at the safe park, as some children do not have food at home.

At times, CYCWs find themselves in a difficult situation when intervening in a family where there is no food in the house. They recommend that an emergency fund be established to assist such families while the process of applying for grants and food parcels is underway.

Caregivers plead for bursaries for ISIBINDI participants who finished grade 12. Some mentioned that it would help the children if the child support grants were to be extended until the child finishes school.

5.4.3 Recommendations from stakeholders regarding extended services

Care centre for child protection

A need was expressed for a child protection centre. CYCWs occasionally have to address crises in families after hours, when government services are not available to the community. A child protection centre will provide the members of the family who are abused to find temporary shelter. A recommendation can thus be made that the ISIBINDI project or the community-based organisation implementing the project, work with other partners to provide such services in communities.

"The only problem I have with the victim support unit is that it does not offer a place where victims can stay during their difficult times. The question is where will the victims go? Hence there is a need for a home to offer accommodation. I think Isibindi as well is experiencing the same problem of lacking accommodation for children (especially those victims of abuse); because what happens is that the Isibindi people sacrifice to accommodate some of these children in their homes. Therefore this is a major problem that is affecting all of us. Accommodation that is needed will be able to ensure that the child is safe (Siyabuswa stakeholders).

Resource centre

Participants mentioned a need for a resource centre where they can get information, study and meet with others.

I would like some libraries (Ndwedwe youth).

Proximity of safe parks

Some areas are situated far from the nearest safe park. Creating more safe parks will benefit many children.

But one thing I don't like about Maluti is that we here we don't have a safe park. That is what I complain to ISIBINDI about. I would like to see a safe park in Maluti (Maluti youth).

What I like less is that the Safe Park is far and the young participants have to crosses tar road (King Williams Town youth).

In the following section findings from the research will be integrated and conclusions drawn.

6. Conclusions and recommendations

6.1   Conclusions

The goal of the evaluation was to investigate the impact of the ISIBINDI model on vulnerable youth over the age of eighteen. The research question was whether ISIBINDI projects prepare young people adequately for adult life and to exit the project. The evaluation of the ISIBINDI model was done at twelve sites where the model was implemented to assist orphaned and vulnerable children. A questionnaire was used to compare the well-being of ISIBINDI participants and a similar control group. Forty eight focus group discussions were also conducted with various stakeholders to determine their opinion of the result of the ISIBINDI projects implemented at the different sites.

The evaluation found that the ISIBINDI model is rated very positively by different community stakeholders: including the young people who are beneficiaries of the projects, their caregivers and parents, various community stakeholders and lastly the CYCWs who deliver the intervention. There is no doubt that the ISIBINDI model benefits all the stakeholders involved.

Key findings of the evaluation will be briefly outlined in terms of the specific goals of the evaluation.

6.1.1 How did young people benefit from the ISIBINDI projects?

The young people that were interviewed reported that they had received many benefits from the projects. While the projects helped to meet their basic needs such as to access food parcels and social grants, the most important needs that the projects met were psychosocial and emotional needs.   Young people and their parents or caregivers reported that the young people have received the following services:

- Home visits, help with household chores, household routine

- Emotional and psychological support, counselling and guidance
- Assistance to access government services delivered by Home Affairs and Social Development, such as to obtain identity documents and social grants
- Motivation to attend school and assistance with school work
- Material assistance with school uniforms and food parcels
- Access to health and emergency services and
- Access to a safe park and recreational activities presented at the safe park.

ISIBINDI CYCWs provide alternative parenting and emotional support to children who are orphaned. They were reported to play an important role in raising orphaned children and strengthening the bond between family members. They encouraged family members to discuss and solve their problems together during family meetings. The effectiveness of this strategy was seen in the fact that ISIBINDI participants rated their family relationships and community support significantly more positive than young people who were not part of the programme.

The CYCWs' involvement in the children's lives contributed to the young people's sense of self-respect and self-esteem. The young people reported that they have learned a good value system which helps them to take responsibility and make sound decisions. This was evident in the statistical difference in the self-esteem and problem-solving ability of out of school ISIBINDI participants, compared to the control group.

ISIBINDI CYCWs encourage young people to continue with their education. They motivate them to go to school, provide assistance with home work, visit schools and discuss the child**ren'**s situations with the teachers. ISIBINDI provided extra lessons for Grade 12 learners to assist them to pass Grade 12. It is not possible to make assumptions about the academic performance of ISIBINDI participants from the data we obtained. The parents/caregivers and stakeholders indicated that ISIBINDI CYCWs inspired and made it possible for many children to go back to school and to enhance their level of education.

The CYCWs were an important channel in providing access to health care for ISIBINDI participants. For 7.8% of ISIBINDI participants the CYCW was their main source of health care.

Children have access to Safe Parks and learn to spend their time productively. Young people have exposure to life skills training which includes reproductive health education and information about the dangers of alcohol and drug use. A few ISIBINDI participants expressed the opinion that if it was not for the ISIBINDI project they would probably

have been involved in some kind of risk behaviour similar to that of many of their friends. The results showed that ISIBINDI participants had significantly less risk behaviour than a control group, especially less alcohol use, less sexual risk behaviour and less unwanted pregnancies.

ISIBINDI projects have given young people hope and motivation to succeed in life. In many cases young people found a sense of belonging that inspired them and made them feel that they are more privileged to be part of these projects than children who have parents.

6.1.2 How do ISIBINDI participants differ from those that did not participate in the programme?

To understand how ISIBINDI participants differ from other young people in similar situations who did not participant in the projects, a quasi-experimental design was used. A group of 427 ISIBINDI participants and 177 control group members, all older than 18 years, were compared in terms of academic achievement, income and employment, physical and psychological well-being, family relationships and risk taking behaviour.

The results of the quantitative analysis showed that in many respects the ISIBINDI participants were not significantly different from young people that did not participate in the projects. The educational level of the ISIBINDI participants and that of the control group were fairly similar. More than two thirds of both groups of young people over the age of 18 years had qualifications lower than Grade 12 or were still in school. Post-school qualifications were reported by 7% of the ISIBINDI group and 5.7% of the control group.

There were some notable aspects where ISIBINDI participants were better off than control group members. There were less ISIBINDI participants than control group members that reported that they received no income (54.5% compared to 71.3%). More ISIBINDI participants reported that they received social grants (23.7% compared to 17.2%) and that they received an income from being employed (7.5% compared to 3.4%) – although both groups had low levels of employment.

There were no differences in physical and psychological well-being of the two groups as a whole, but ISIBINDI participants reported more positive family relationships and community support. This indicates that the strategy of family preservation was

implemented successfully and had positive results. In the groups of out of school young people more differences were found. The ISIBINDI participants that were out of school scored statistically significantly higher than the control group with regard to self-esteem, problem solving and the experience of family support.

ISIBINDI participants reported significantly less risk behaviour than the control group. This was especially found related to multiple sexual partners, alcohol use (for males), and unwanted pregnancies (for girls). The ISIBINDI males reported less frequent and less excessive alcohol use. There were fewer unwanted pregnancies per capita reported by girls in the ISIBINDI group – although the number of reported pregnancies is still high. The differences between the two groups were even more prominent in the group of out of school young people. This illustrates the benefits of the interventions presented through the ISIBINDI projects.

6.1.3 Were benefits of ISIBINDI participation sustained after leaving the programme?

The evaluation focused specifically on the well-being of ISIBINDI participants over the age of eighteen years. It had to be determined whether the young people were prepared to take on responsible adult roles when they turn eighteen. At the age of eighteen the governmental child support grant is terminated because people older than that are regarded as adults that should be able to support themselves financially. PEPFAR, financial supporter of the ISIBINDI projects, also regards eighteen years as exit age of the project. ISIBINDI though, does not have a formal exit age. The CYCWs stay in touch with young people beyond eighteen years. It is an important goal of the ISIBINDI projects to prepare young people to take on responsible adult roles.

From the focus group discussions it is clear that the ISIBINDI CYCWs make an effort to assist young people when they complete school to apply for and obtain bursaries, study and employment opportunities. In the group of out of school young people 66.7% reported that the ISIBINDI project helped them to get education, job skills, career education or apply for a bursary.

Throughout the country young people experience challenges such as lack of community resources and employment opportunities. This research highlighted this specific community challenge which is more pronounced in rural areas. The lack of job opportunities threaten the outcomes of the ISIBINDI projects' exit strategy in that many of its graduates also join scores of unemployed youth with no access to opportunities for training or employment.

The focus group discussions showed that at the majority of sites visited ISIBINDI had limited capacity to help young people access study and employment opportunities, especially in rural areas. A large number of out of school ISIBINDI participants (75%) were unemployed and looking for employment in their communities. The same proportion of young people in the control group was also looking for work. Lack of employment and an income creates new vulnerabilities for all young people. This may create the conditions that may push them to either transactional sex, intergenerational relationships with older men or women referred to **as sugar mama's or daddies, multiple** partnerships to access resources from different partners or crime in order to survive, as observed in these communities. The risks are greater where there are no caregivers or where the caregivers themselves are unemployed, which is the case in the majority of sites visited.

Young people over 18 years or those who exit from the ISIBINDI projects having not secured a job or become economically independent, may become more vulnerable as they do not have an income to support themselves. It therefore does not help that ISIBINDI participants are well supported only during participation in the project. The implication is that the benefits of the project are not sustainable unless the young person can support him/herself after they turned 18 years. The ideal situation is that ISIBINDI participants should be assisted to obtain a marketable qualification or pursue a career, attain job skills or employment, so that they can sustain themselves once the social grant is terminated or withdrawn.

Although it is not part of the original ISIBINDI scope to be involved with young people over the age of eighteen, experience shows that these young people are not ready to stand on their own. **The evaluators believe that because of ISIBINDI's commitment to** the well-being of OVCs, it is necessary that the project reviews its exit strategy for these young people so that the project contributes to their sustainable well-being.

6.1.4 Factors that promote the achievement of key programme outcomes

There are various reasons why the ISIBINDI model is so successful in addressing the needs of orphaned and vulnerable children. These factors will be outlined briefly as identified during the discussions with various stakeholders.

Committed and competent CYCWs

Firstly, NACCW has developed a group of very committed and competent CYCWs who originate from local areas and are respected by their communities to be employed in the ISIBINDI projects. The majority of staff members are passionate about their work and want to make a difference in their own communities. This commitment is a key factor in the success of projects which are implemented under difficult circumstances and with a lack of adequate resources.

Effective training

Skills imparted and the training presented as preparation for project implementation were found to be key in the success of the intervention. The training presented by NACCW was rated very positively as it equipped the CYCWs to deal with very difficult situations and to grow personally. The training and the supervision received enabled them to deal with each case sensitively and professionally. It also assisted them to deal with their personal crises in a professional way. **The CYCWs' behaviour was reported to** be very professional and helpful by other stakeholders from the community.

Holistic approach

The holistic approach of the model focuses on family preservation and bonding. The CYCWs therefore do not deal with individuals alone but look after the needs of families and communities. The vulnerable child is helped by involving the family in the intervention to deal with different aspects of the problem. The intention is to strengthen the family and to create an environment conducive to open communication and team work. This enables families and the community to become resources of support for the child(ren) that are orphaned and vulnerable. ISIBINDI serves a wide variety of needs of participating families, ranging from household chores, financial management, educational support, health care and emotional support and do not only serve OVC or child- and granny-headed households. The opinion of one of the stakeholders was that they regard all children as vulnerable. The ISIBINDI model is therefore focused to assist vulnerable families regardless of the origin of the vulnerability.

Bridge between communities and services

The ISIBINDI model is described as an asset in communities where it is implemented. The CYCW is seen as an advocate bridging the divide between community members and government services. They link young people in need to government services such as education, health services, birth and death registration, social grants and law

enforcement if and when required. The ISIBINDI projects provide outreach services on grass roots level to people in need to identify them and link them to appropriate local services. They also create awareness in the local government of the existing needs of young people and families that should be addressed by authorities in the community. ISIBINDI projects are important resources for the social development of communities.

Community development strategy

Some of the success of the ISIBINDI projects can be ascribed to the fact that projects do not focus on children and families in isolation, but on the well-being of communities. All stakeholders involved in the ISIBINDI projects reported that they benefited from participating in the projects.

The CYCWs benefited: The CYCWs reported that they benefited from working on the projects. In many cases CYCWs became involved in the projects because the work provided a career opportunity, an income and training. However, the work itself was reported to have changed many CYCWs by opening their eyes to the needs of others. The majority of CYCWs have benefited personally in that they now have skills that are marketable. The can use what they have learned to also address challenges in their personal lives. Participation in the project has given them a new goal in life, which is to be of service and to help others in the community.

Caregivers and parents benefit: Caregivers and parents in particular, reported that they have gained parental skills and confidence to deal with the children in their care. Participation in the ISIBINDI projects also benefited them by assisting them to understand the different developmental stages of their children and how to guide them accordingly. A prevalent concern was difficult adolescent behaviour and the changes associated with it. The CYCWs helped the caregivers and parents to structure a routine, set and negotiate house rules and to solve problems through discussion. The development of parenting skills was a positive outcome reported by both young people and care givers/ parents.

Communities benefited: The community members reported that ISIBINDI is a valuable inisiative that has assisted the community in many ways. The ISIBINDI model was seen as an answer to most community and family problems. ISIBINDI can be described as *uzifo* (an indigenous herbal medicine used to treat all ailments of the body). This means that the ISIBINDI model was seen as a holistic cure and able to provide answers or solutions for the different community challenges. ISIBINDI CYCWs assisted in numerous ways such as:

- addressing child and sexual abuse,
- assisting in managing rape cases,
- helping pensioners to get their pension,
- facilitating access to health care services for people who are sick and
- ensuring that children are attending school.

When participants were requested to share their views with regards to the impact of the ISIBINDI projects, almost all stakeholders believed that those who were participating in the project had an advantage compared to those who had not been part of the project.

6.1.5 Factors that challenge the achievement of key programme outcomes

The ISIBINDI projects are faced with some serious challenges that hamper the implementation of the model and its potential positive outcomes. If some of these challenges can be overcome, the projects will benefit and the results will be improved.

Lack of resources: The ISIBINDI projects implemented in various sites throughout the country provide much needed community services to vulnerable communities. There is a lack of resources for project implementation, such as a lack of transport and a lack of basic infrastructure at some sites. The lack of resources is not always in the control of NACCW but it hampers the effective implementation of the model.

Workload of the CYCW: The CYCWs provide much needed services which often require that the projects over extend their human and physical resources. The CYCWs are not remunerated appropriated for the intensity and value of the work they do.

Poverty of the participants: The level of poverty in the communities where the ISIBINDI projects are implemented remains a challenge. Food security and material needs are prominent. The lack of resources seems to be a trap for many young people and an obstacle in programme implementation.

Lack of government support: Lack of government support in obtaining documents, social grants, social and emergency services frustrate the CYCWs in their work.

Challenges in working with children: Due to previous experiences, lack of trust, dysfunctional family interaction or just personal traits, not all children co-operate with and benefit from ISIBINDI projects.

Community challenges: The CYCW is not trusted in all families, especially with regard to control of financial resources. On the other hand some families become overly dependent on CYCWs who have to perform more than their fair share of duty. In some communities expectations regarding ISIBINDI projects stretch well beyond the mandate of the projects. Because of the successes of the projects in some communities, various stakeholders expect ISIBINDI projects to advance general rural development strategies and assist in many more activities. This high expectation is draining the resources of the project.

In view of the challenges presented above, in the section below we present a few recommendations that can enhance the overall effectiveness of the implementation of the ISIBINDI model and the exit strategy of young people.

6.2   Recommendations

6.2.1 Role of the ISIBINDI CYCW

The ISIBINDI CYCW plays a major role in the effectiveness of project implementation and the success of the model. It was observed that the CYCWs are currently stretched and overburdened by the demanding work that they do in communities. As already highlighted above they play various roles in the families that they are assisting and they are increasingly expected to respond to various needs and demands of the communities they serve. Their responses vary from provision of birth certificates, food, school uniforms, social grants, family visits to strengthen family routine, homework supervision, career guidance, grief counselling, access to health care, looking after children with ill parents, looking after parents who are sick so that the children can go to school. Their roles often extend to incorporate aspects of the roles of other professionals such as emergency workers, social workers, nurses and the police. They deliver outreach services that incorporate all these aspects. Their services create a bridge between communities and government services.

The high demands can potentially lead to burn-out of CYCWs especially in a context of their high commitment to the job and a propensity to over commit themselves to the families they are serving. We observed that for example, CYCWs' responsibilities tended to spill over to their personal time. They made themselves available to help day or night and are always on standby to provide emergency assistance, often using their own resources such as money and homes to shelter those in need, when required.

Their job description lacks firm boundaries and they are clearly not acknowledged for the essential role they play in the welfare and development of communities.

Acknowledgement of CYCW

Based on the essential work that the CYCWs do in communities, their role as auxiliary specialists in the welfare domain should be acknowledged. The research revealed the essential role that CYCWs play in the response to the complexity of needs in under-resourced and under-serviced communities. It is recommended that the role of the CYCW is acknowledged and strengthened in delivering services in the child and youth care sector.

Remuneration

The CYCWs should be remunerated adequately for the essential work they do. As the implementation of the model is being scaled up and rolled out to more communities throughout the country and more resources become available, the remuneration of CYCW should be revised. NACCW should advocate for appropriate remuneration and parity across all provinces for equally dedicated and effective CYCWs.

Clear role description

To protect the well-being CYCWs who are an important asset in the implementation of the ISIBINDI model, we recommend that the role and job description of the CYCWs be specified clearly. The ISIBINDI CYCWs cannot be all things to all people. The CYCWs can also not be expected to respond to all community needs. Failure to streamline services will impact negatively on the future of the project in that the project will not be able to deliver the services they were meant to deliver.

It is recommended that the capacity of the implementing community based organisations (CBO) be strengthened to deliver appropriate community development services. The ISIBINDI model was intended to form part of the implementing organisation and not to function in isolation in these communities. In such a context the ISIBINDI CYCW can focus on the wellbeing of families while shifting some of the responsibilities for community develop strategies to partner organisations.

Continuous training and replacement of CYCWs

It is recommended that continuous training be provided for CYCWs in a manner to support the continued development of the workforce. This will provide well trained staff and provide for turnover in staff over time.

Debriefing and support

Due to the emotional nature of the work it is recommended that ISIBINDI should extend debriefing and emotional support services for CYCWs. Supervision and support services should not only focus on case management, but should deal with the emotional and psychological wellbeing of the CYCW and the impact of their work on their lives. The current *caring for caregivers* programme should be strengthened to provide continuous support for CYCWs at all sites.

6.2.2 Focus areas of intervention and training

The findings of the evaluation highlighted a few areas of concern that could be addressed further in future implementation of the ISIBINDI model. Although these are general community problems and not problems only experienced by OVC, it is recommended that ISIBINDI, due to its capacity, specifically focus on issues such as sexual abuse, rape, interpersonal violence and incidents of unwanted pregnancy.

Rape and pregnancy are classified as high risk indicators because of the possibility of people becoming infected with HIV and other STIs during the unprotected sexual act. Rape, sexual abuse and coerced sex are a challenge in South Africa, especially since the association of violence and HIV is well documented (Dunkle et al., 2004; Pettifor et al., 2004). It is recommended that sexual abuse, rape and unwanted pregnancies should be a focus area in the training of CYCWs.

The current survey found that 28% of ISIBINDI female participants (18+ years) had been pregnant – 19% reported unwanted pregnancies. This rate of pregnancies was lower than in the control group, but still higher than the country average (Panday et al., 2009; Reddy et al., 2010). The issue of pregnancy may point to other problems in the community. The youth risk behaviour survey showed that the majority of young girls had been impregnated by older men, not their peers (Pettifor et al., 2004, Reddy et al. 2010). Younger girls are not able to negotiate safe sex with older men due to power dynamics. The issue of pregnancy may also suggest that the ISIBINDI project needs to give more attention to the access of young people to contraceptives at local clinics, especially in the rural areas where the project is being implemented. To prepare young girls for adult life, these issues need to receive more attention when honing the ISIBINDI model.

Above we highlighted the need to debrief staff members. This is even more critical in cases of rape. The majority of CYCWs deal with the emotional trauma of rape victims

and are often the first persons to discover the rape victims. In many cases they have to report offenders and sometimes they have to take custody of the young victims for their own safety. The recommendation from various stakeholders was that the project needs to provide safe houses or shelters for emergency interventions, especially over weekends when social services are not available. There is currently a serious lack of community structures to deal with child abuse and rape. The ISIBINDI CYCWs are currently filling this gap in rural areas. They need specialised training to deal with these difficult and traumatic situations. They also need closer cooperation between themselves, the Department of Health (to access post exposure prophylaxis) SAP, local Chiefs and **iNduna's, other traditional local law enforcement structures and Social Development** where possible.

6.2.3 Provision of resources for project implementation

Staffing issues need to be addressed to sustain the impact of the projects. At all sites, various stakeholders requested more staff to implement the project effectively and to extend the services of ISIBINDI CYCWs to other areas. Effective services can only be provided if there are more financial resources for project implementation. NACCW need to negotiate for adequate resources.

Site-specific recommendations to improve project implementation need to be considered seriously. These include provision of transport for staff to access homes of OVC and home affairs offices; provision of security services for offices in high crime areas; provision of water and electricity at some sites and the availability of an emergency fund so that CYCWs do not need to use their stipends to support families in need. The matter of food security remains a challenge in vulnerable communities. It is recommended that this issue be addressed by funders and the government.

6.2.4 Strengthening relations with government departments

It was observed that the ISIBINDI projects had good collaboration with the Department of Social Development and is able to advocate for access to services provided by this department. However, ISIBINDI desperately needs more efficient access to other government services and district offices in each province, especially with Home Affairs to

streamline the process of applying for documentation. Home Affairs also needs to become effective in resolving the predicaments of unaccompanied foreign and refugee children who remain undocumented and not cared for in the community for years. The issue of the lack of **adherence to the children's act** by authorities in respect of foreign children is broader than the ISIBINDI project, but it affects project implementation.

ISIBINDI needs to link with other services such as police, education, health and **traditional leaders' offices**. **The ISIBINDI project'**s advocacy role to access resources is a current strength of the projects and should be extended to enhance the effectiveness of the projects. Government departments could consider to provide mobile services in rural areas in collaboration with the ISIBINDI projects using the Safe Parks as venues.

6.2.5 Development of an exit strategy

This research specifically focused on the future perspective and exit strategy planned for ISIBINDI participants over eighteen years of age. The following recommendations are made to strengthen the projects and to reduce the vulnerability of young people over eighteen.

Career Guidance

It was found that local CYCWs at each ISIBINDI site currently assist young people who complete grade 12 with career information and applications to education institutions and bursaries. While they do their best in this role, the process is run in an uncoordinated way. The recommendation is that the ISIBINDI model should develop a specific exit strategy with various options for young people and clear guidelines that should be followed by CYCWs. There should be a trained CYCW responsible for the exit programme, which include career development and development of resources and networking opportunities for tertiary study and employment opportunities. There should also be clear guidelines on what ISIBINDI will help the young people with – registration fees, first year fees or full bursaries to complete their studies. We found that young people were not clear about the extent of funding or bursaries available. They were therefore not able to plan their future.

Exit process

The findings suggest a need to review the development of independence. While legally an eighteen year old is an adult, socially there are many impediments to young people gaining independence by age eighteen. In the majority of cases eighteen year olds are

not independent adults. They are still completing school or just entering tertiary institutions or looking for employment. Therefore we recommend that, despite the termination of child grants at the age of eighteen years, exit from the project should be discouraged until participants attain reasonable independence and an ability to sustain themselves. The aim of the project is to foster independence and this should be encouraged throughout.

There should be a preparation process for exiting the project. A transition phase could be introduced from the age of 17 (a year before grant termination) to review the available options and support. The focus should be on imparting practical skills that young people can use to sustain themselves.

There should also be advocacy for young people who are still at school at eighteen years to continue receiving their social grants from government to enable them to complete school. It is recommended that NACCW advocate for adequate bursaries for tertiary students to complete their studies at tertiary institutions.

Strengthen linkages

Advocacy is an area where ISIBINDI CYCWs excel. This skill should be used to facilitate ownership of the project by different stakeholders in the communities as part of the exit strategy. Networking and linking with required resources is critical for ISIBINDI graduates to further their education and find employment. ISIBINDI should partner with the local FET colleges and employers who offer training opportunities and internships for young people. They should also strengthen their relationships with other government departments and organisations (such as health, public works, labour) to enhance the opportunities for young people to be recruited in these departments for learnerships.

Furthermore training opportunities and skills development offered by ISIBINDI should be context-specific to respond to the needs at each local area. For an example, in rural areas where opportunities for employment are low, computer skills were found to not open opportunities for employment, because there are no jobs that require computer skills in the area. Therefore, context-relevant income generation projects should be developed locally for young people who do not have other work opportunities.

Income generation projects

Local income generation projects can provide skills development and options for young people that do not immediately find employment. An additional CYCW at each site can be trained to specialise in micro-enterprising businesses. These projects need to be a

local initiative, but supported through expert training and provision of additional resources relevant to the specific project. Young people can join the projects while they are still in school to develop their skills and their sense of developing independence.

Volunteering

Another recommendation that can strengthen the implementation of the projects and promote the independence of young people, is the principle of volunteering. Young people who exit the projects can be given roles in the implementation of the project as volunteers receiving a small stipend. For example, a few young people reported that they participated in the presentation of the ADP. This can be extended to involve young people as volunteers in homework supervision for school going participants, supervision at the safe parks and assistance to organize extra-mural activities. This provides an option for young people who are unemployed and it is a possible career option to become a CYCW. It also motivates young people who are ISIBINDI alumni to maintain systems of support in the spirit of paying-it-forward. At the same time, it frees the CYCWs for more intensive work in other areas.

In conclusion, the ISIBINDI project is a cost-effective approach to deal with extremely complex community problems such as the plight of orphaned and vulnerable children. It is in the interest of many stakeholders to extend the implementation and enhance the effectiveness of the ISIBINDI model. Previously it was stated that there is no orphans in Africa because children were taken in and cared for by the extended family members in the spirit of Ubuntu. In the current situation it seems there is a loss of this spirit of Ubuntu and in some communities there is a lack of respect for the rights of children and the value that was previously put in the children as the future of the nation. The ISIBINDI project is reviving this spirit of Ubuntu in taking care of and promoting the well-being and rights of young vulnerable children. ISIBINDI is reminding communities that Umuntu ungu Muntu ngabantu (I am a person because of other people).

References

Bar-On, R. (2004). The Bar-On emotional quotient inventory (EQ-i): rationale, description and summary of psychometric properties. In Geber, G. (Ed.) *Measuring Emotional Intelligence.* 115-148 Nova Science Publishers.

Catania, J.A., Gibson, D.R., Chitwood, D.D. & Coates, T.J. (1990). Methodological problems in AIDS behavioural research: Influences on measurement error and participation bias in studies of sexual behaviour. *Psychological Bulletin*, 108(3), 339-362.

Department of Basic Education (2011). *Peer education, care and support programme in schools:*
Baseline evaluation. Pretoria: Department of Basic Education.

Department of Social Development, South Africa (2005). *Policy Framework for Orphans and OtherChildren Made Vulnerable by HIV and AIDS in South Africa.* July 2005. Retrieved from
http://www.sarpn.org.za/documents/d0002008/Policy-Framework_OVC_Jul2005.pdf

Department of Social Development, South Africa (2006). *National Action Plan for Orphans and Other Children Made Vulnerable By HIV and AIDS South Africa. 2006-2008.* Retrieved from
http://www.aidsportal.org/repos/NPA%20for%20OVC%20S.Africa%202006%20%202008.pdf

Department of Social Development (2012). Retrieved from www.dsd.gov.za/budget.

Dunkle, K.L., Jewkes, R.K., Brownn, H.C., Gray, G.E., McInteryre, J. & Harlow, S. (2004). Gender-based violence, relationship power, risk of HIV infection in women attending antenatal clinics in SA. *Lancet*, 363 (9419), 1410-1411.

Freeman, M. & Nkomo, N. (2006). Guardianship of orphans and vulnerable children. A survey of current and prospective South African caregivers. *AIDS Care*, 18(4): 302-310.

Hewett, P.C., Mensch, B.S. & Erulkar, A.S. (2003). *Consistency in the Reporting of Sexual Behaviour by Adolescent Girls in Kenya: A comparison of Interview methods.* Population Council. Retrieved from www.popcouncil.org/pdfs/wp/182.pdf.

Kumpfer, K.L., Shur, G.H., Ross, J.G., Bunnell, K.K., Librett, J.J. & Millward, A.R. (1993). *Measurements in prevention, a manual on selecting and using instruments to evaluate prevention programs*. Center for Substance Abuse and Mental Health Services Administration Technical Report 8. Rockville: US Department of Health and Human Services.

Mampane, M.R. (2010). *The relationship between resilience and school: A case study of middle-adolescents in township schools.* (Unpublished PhD thesis) University of Pretoria, Pretoria, RSA.

NACCW (2012). Retrieved from www.naccw.org.za.

Panday, S., Makiwane, M., Ranchod, C. Letsoalo, T. (2009). *Teenage pregnancy in South Africa: with a specific focus on school-going learners*. Pretoria: Human Sciences Research Council.

Pettifor, A.E., Maesham, D.M., Rees, H.V. & Padian, N.S. (2004). Sexual power and HIV risk, South Africa. *Emerging Infectious Diseases*, 10, 1996–2004.

PEPFAR (2008). *OVC Programmes in South Africa Funded by the U.S. President's Emergency Plan for AIDS Relief: Summary Report for 32 Case Studies*. Khulisa Management Services (PTY)Ltd. Johannesburg.

Reddy, S.P., James, S., Sewpaul, R., Koopman, F., Funani, N.I., Sifunda, S., Josie, J., Masuka, P., Kambaran, N.S. & Omardien, R.G. (2010). *Umthenthe Uhlaba Usamila –*

The South African Youth Risk Behaviour Survey 2008. Cape Town: South African Medical Research Council.

Scott, K. (2009). *A Community Based Model of Supervision for Child and Youth Care Workers Employed in the ISIBINDI Model of Care in South Africa*. UNISA.

Setswe G. &.Skinner, D. (2008). *Interventions for orphaned and vulnerable children at four project sites in South Africa.* Cape Town: Human Sciences Research Council.

Sebastian, B. & Byenkya, T. (2008). *A Case Study: AMREF South Africa Sekhukhune and*
Umkhanyakude OVC Programme. Johannesburg: Khulisa Management Services.

UNAIDS (2012).   http://www.unaids.org/en/Regionscountries/Countries/SouthAfrica. Retrieved September 2012.

UNICEF (2003). *Africa's Orphaned Generations*. New York: UNICEF.

UNICEF (2006). *National audit of OVC organizations.* UNICEF. South Africa.

Wislar, J.S. & Fendrich, M. (2000). *Can Self-Reported Drug Use Data Be Used to Assess Sex Risk Behavior in Adolescents?* Retrieved from www.popcouncil.org/pdfs/wp/182.pdf

Appendix A

Ethical clearance

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

2012-05-30

Dear Prof Visser

Project:	Evaluating the impact of the ISIBINDI program on vulnerable youth
Researcher:	Prof M Visser
Supervisor:	Not applicable
Department:	Psychology
Reference number:	p2442892

I have pleasure in informing you that members of the Research Ethics Committee formally **approved** the above study *ad hoc* on 29 May 2012. Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof. John Sharp
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: john.sharp@up.ac.za

Research Ethics Committee Members: Dr L Blokland; Prof M-H Coetzee; Dr JEH Grobler; Prof KL Harris; Ms H Klopper; Prof A Mlambo, Dr C Panoblanco-Warrens; Prof J Sharp (Chair); Prof GM Spies; Prof E Taljard ; Dr FG Wolmarans, Dr P Wood

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

2012-05-30

Dear Prof Visser

Project:	**Evaluating the impact of the ISIBINDI program on vulnerable youth**
Researcher:	**Prof M Visser**
Supervisor:	**Not applicable**
Department:	**Psychology**
Reference number:	**p2442892**

I have pleasure in informing you that members of the Research Ethics Committee formally **approved** the above study *ad hoc* on 29 May 2012. Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof. John Sharp
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: john.sharp@up.ac.za

Appendix B

Consent form for youth participants

BUSINESS ENTERPRISES
UNIVERSITY OF PRETORIA

14 May 2012

Dear Youth Participant

EVALUATION OF ISIBINDI PROGRAMME

PACTSA commissioned research on the effectiveness of the ISIBINDI programme to assist young people. We would like to ask you questions about your life whether you participated in the programme or not.

We request of you to complete a questionnaire in a group setting or to participate in a focus group discussion. You may experience some questions as very personal. Though, we encourage you to be very honest because the results will be used to develop interventions for other young people. Remember, we do not record your name. No one will be able to link your answers back to you. The results of the study will be given for a large group of young people who participate in this research. Your identity and your answers will therefore be kept confidential. We will store the results for 15 years in a secured place at the University of Pretoria.

Your participation in the research is voluntary – if you do not want to participate, you need not do so. You can stop your participation if you wish to do so, at any time, with no negative consequences. But we would like you to share your experiences with us to enable us to improve interventions for other young people. The focus group discussions will be tape recorded to make sure we take note of what you are saying. Again, your responses will not be traced back to you and will be confidential.

If you need more information about the research, you can contact the ISIBINDI programme in your area or Prof Maretha Visser at the University of Pretoria (012 420 2549 or maretha.visser@up.ac.za).

If you agree to participate in the research, please sign your name below.

Participant signature: ....Date: ....

Town/city: ....

Interviewer signature: ....

Dear Youth Participant

EVALUATION OF ISIBINDI PROJECT

PACTSA commissioned research on the effectiveness of the ISIBINDI project to assist young people. We would like to ask you questions about your life whether you participated in the project or not.

We request of you to complete a questionnaire in a group setting or to participate in a focus group discussion. You may experience some questions as very personal. Though, we encourage you to be very honest because the results will be used to develop interventions for other young people. Remember, we do not record your name. No one will be able to link your answers back to you. The results of the study will be given for a large group of young people who participate in this research. Your identity and your answers will therefore be kept confidential. We will store the results for 15 years in a secured place at the University of Pretoria.

Your participation in the research is voluntary – if you do not want to participate, you need not do so. You can stop your participation if you wish to do so, at any time, with no negative consequences. But we would like you to share your experiences with us to enable us to improve interventions for other young people. The focus group discussions will be tape recorded to make sure we take note of what you are saying. Again, your responses will not be traced back to you and will be confidential.

If you need more information about the research, you can contact the ISIBINDI project in your area or Prof Maretha Visser at the University of Pretoria (012 420 2549 or maretha.visser@up.ac.za).

If you agree to participate in the research, please sign your name below.

Participant signature: …………………………………………….Date: ……………………………………

Town/city: ……………………………………………………………………………………….

Interviewer signature: ………………………………………………………………….

Appendix C

Consent form for adult participants

BUSINESS ENTERPRISES
UNIVERSITY OF PRETORIA

14 May 2012

Dear Participant

EVALUATION OF ISIBINDI PROGRAMME

PACTSA commissioned research on the effectiveness of the ISIBINDI programme for young people over the age of 18 years. We would like to ask you some questions about your opinion of the programme implemented in your area.

We request you to participate in a group discussion on the programme. It is a conversation as if you are talking to friends. The group discussions will be tape recorded for research purposes - to make sure we take note of what you are saying. Though, the information you provide us will not be traced back to you and will be kept confidential. Your name will not be attached to any opinion or recommendation you give. No one will be able to link your answers back to you. We encourage you to be very honest whatever your opinion is and to share with us information we can use to improve the intervention for young people.

Your participation in the interview or focus group discussion is voluntary – if you do not want to participate, you need not do so. You can stop your participation if you wish to do so, at any time, with no negative consequences. But we would appreciate to hear your opinion about the intervention.

If you need more information about the research, you can contact the ISIBINDI programme co-ordinators in your area or then National Agency for Child Care Workers (NACCW) or Prof Maretha Visser at the University of Pretoria (012 420 2549 or maretha.visser@up.ac.za).

If you agree to participate in the research, please sign your name below.

Participant signature: ....Date: ....

Town/city: ....

Interviewer signature: ....

Dear Participant

EVALUATION OF ISIBINDI PROJECT

PACTSA commissioned research on the effectiveness of the ISIBINDI project for young people over the age of 18 years. We would like to ask you some questions about your opinion of the project implemented in your area.

We request you to participate in a group discussion on the project. It is a conversation as if you are talking to friends. The group discussions will be tape recorded for reseach purposes - to make sure we take note of what you are saying. Though, the information you provide us will not be traced back to you and will be kept confidential. Your name will not be attached to any opinion or recommendation you give. No one will be able to link your answers back to you. We encourage you to be very honest whatever your opinion is and to share with us information we can use to improve the intervention for young people.

Your participation in the interview or focus group discussion is voluntary – if you do not want to participate, you need not do so. You can stop your participation if you wish to do so, at any time, with no negative consequences. But we would appreciate to hear your opinion about the intervention.

If you need more information about the research, you can contact the ISIBINDI project co-ordinators in your area or then National Agency for Child Care Workers (NACCW) or Prof Maretha Visser at the University of Pretoria (012 420 2549 or maretha.visser@up.ac.za).

If you agree to participate in the research, please sign your name below.

Participant signature: …………………………………………………………………..Date: ……………………………………

Town/city: ………………………………………………………………………………….

Interviewer signature: …………………………………………………………………….

Appendix D

ISIBINDI youth questionnaire

YOUTH Questionnaire

A — INTERVIEW PARTICULARS

Participant's number		
ISIBINDI site and Province		

Did you take part in the ISIBINDI programme or benefit from it?

I still take part in or benefit from the ISIBINDI programme	1
I took part, but I am no longer part of the ISIBINDI programme	2
I have never taken part in the ISIBINDI programme	3

SECTION 1 — BIOGRAPHICAL DATA

1.1 How old were you on your last birthday?

18 years	1
19 years	2
20 years	3
21 years	4
22 years	5
23 years	6
24 years	7
25 years or older	8

		Male	Female
1.2	Are you male or female?	1	2

1.3 What is your highest level of education? (Choose ONE)

Grade 7 and lower	1
Grade 8-9	2
Grade 10-11	3
Grade 12	4
Post school qualification: certificate, diploma	5
Post school qualification: degree	6

1.4 What is your current relationship or marital status? (Choose ONE)

Married	1
Living together, not married (living with partner)	2
Going steady (in a relationship, but not living together)	3
Single (not in a relationship)	4
Divorced / separated	5
Widowed/Partner died	6
Other	7

1.5 Is your mother alive?

	Yes	No	Don't know
	1	2	3

1.6 If NO, how old were you when your mother passed away?

Younger than 6 years	1
6-9 years	2
10-14 years	3
15-17 years	4
18 years and older	5

1.7 Is your father alive?

	Yes	No	Don't know
	1	2	3

1.8 If NO, how old were you when your father passed away?

Younger than 6 years	1
6-9 years	2
10-14 years	3
15-17 years	4
18 years and older	5

1.9 When you grew up (10-18 years) who took care of you most of the time?

Mother	1
Father	2
Mother and father	3
Grand parent(s)	4
Other older family: Aunt/Uncle etc	5
Other young family: Sister /brother etc	6
Non-related guardian / foster parents	7
Other non-relatives: Neighbours/friends	8
ISIBINDI child and youth care worker	9
No one took care of me	10

1.10 What kind of disability do you have? (Mark the MOST IMPORTANT one)

a	No disability	1
b	Physical (spinal injury, loss of an arm or leg)	2
c	Sight (eye problems)	3
d	Hearing problem	4
e	Speech problem	5
f	Mental illness/psychiatric problems	6
g	Intellectual disability	7
	Other	8

YOUTH Questionnaire

Did you take part in the ISIBINDI programme or benefit from it?	
I still take part in or benefit from the ISIBINDI programme	1
I took part, but I am no longer part of the ISIBINDI programme	2
I have never taken part in the ISIBINDI programme	3

SECTION 1	**BIOGRAPHICAL DATA**	
1.1	**How old were you on your last birthday?**	

18 years	1
19 years	2
20 years	3
21 years	4
22 years	5
23 years	6
24 years	7
25 years or older	8

		Male	Female
1.2	Are you male or female**?**	1	2

1.3	**What is your highest level of education? (Choose ONE)**	

Grade 7 and lower	1
Grade 8-9	2
Grade 10-11	3
Grade 12	4
Post school qualification: certificate, diploma	5
Post school qualification: degree	6

1.4	**What is your current relationship or marital status? (Choose ONE)**	

Married	1
Living together, not married (living with partner)	2
Going steady (in a relationship, but not living together)	3
Single (not in a relationship)	4
Divorced / separated	5
Widowed/Partner died	6
Other	7

1.5	**Is your mother alive?**	Yes	No	Don't know

	1	2	3

1.6	If NO, how old were you when your mother passed away?	
Younger than 6 years	1
6-9 years	2
10-14 years	3
15-17 years	4
18 years and older	5

1.7	Is your father alive?	Yes	No	Don't know
		1	2	3

1.8	If NO, how old were you when your father passed away?	
Younger than 6 years	1
6-9 years	2
10-14 years	3
15-17 years	4
18 years and older	5

1.9	When you grew up (10-18 years) who took care of you most of the time?	
Mother	1
Father	2
Mother and father	3
Grand parent(s)	4
Other older family: Aunt/Uncle etc	5
Other young family: Sister /brother etc	6
Non-related guardian / foster parents	7
Other non-relatives: Neighbours/friends	8
ISIBINDI child and youth care worker	9
No one took care of me	10
1.10	**What kind of disability do you have? (Mark the MOST IMPORTANT one)**	
a	**No disability**	**1**

b	Physical (spinal injury, loss of an arm or leg)		2
c	Sight (eye problems)		3
d	Hearing problem		4
e	Speech problem		5
f	Mental illness/psychiatric problems		6
g	Intellectual disability		7
	Other		8

SECTION 2	PROGRAMME PARTICIPATION (ONLY FOR PARTICIPANTS)	
2.1	**For how long have you been part of the ISIBINDI programme?**	

6 months or less	1
6 to 12 months	2
12 to 18 months	3
18 months to 2 years	4
2-3 years	5
3-4 years	6
More than 5 years	7

2.2	**In which parts of the ISIBINDI programme did you participate?**

	YES	NO	Don't know
Did an ISIBINDI Child and Youth Care worker visit your home and supported your family?	1	2	3
Did you have discussions with an ISIBINDI Child and Youth Care Worker(s)?	1	2	3
Did the ISIBINDI programme help you with your study program / tuition/ gave you homework supervision?	1	2	3
Did the ISIBINDI programme help you with access to health care and treatment?	1	2	3
Did you take part or receive assistance from the Life centre (ADP), young men and women's empowerment programme?	1	2	3
Did the ISIBINDI program help you accessing a social grant?	1	2	3
Did the ISIBINDI program help you with assistance to attend school (school fees, books, school uniform, school visits)?	1	2	3
Did the ISIBINDI program help you to repair, claim or get access to your house?	1	2	3

Did the ISIBINDI program help you to get education, training, job skills or career education or with a bursary application?	1	2	3
Did the ISIBINDI program help you to get access to a Safe Park?	1	2	3

2.3	How did you benefit from participation in the ISIBINDI programme?			
		YES	NO	Don't know
Did you benefit FINANCIALLY from participation in the ISIBINDI programme?		1	2	3
Did you benefit PSYCHOLOGICALLY from participation in the ISIBINDI programme (so that you feel better about yourself)?		1	2	3
Did the ISIBINDI program help your family stay together?		1	2	3
Did you benefit SOCIALLY from participation in the ISIBINDI programme (so that you have new or better friends)?		1	2	3
Did your participation in the ISIBINDI programme help you with household tasks?		1	2	3
Did your participation in the ISIBINDI programme help you learn job skills?		1	2	3
Did your participation in the ISIBINDI programme help you learn skills for living?		1	2	3
Did your participation in the ISIBINDI programme help you in ways which we have not asked yet?		1	2	3

SECTION 3			
3.1	What are you currently doing most of the day? (Mark all appropriate)		
		YES	NO
Are you currently attending school?		1	2
Are you currently studying to pass a supplementary examination or to better your marks?		1	2
Are you currently studying towards a post-school qualification?		1	2
Are you currently working for money?		1	2
Are you currently doing volunteering work, whether you get a stipend (money) or not?		1	2
Are you currently participating /working in the ISIBINDI programme?		1	2
Are you currently looking for work?		1	2
Are you currently caring for your family?		1	2
3.2	School attendance (Give most appropriate answer)		
I am in school or studying for supplementary exam			1
I passed Grade 12 and completed school			2

My family does not have enough money for me to be in school	4
I am not in school because I do not like school	
I cannot go to school because I have to look after my younger brothers/sisters	5
I cannot go to school because I have to look after a sick family member	6
I am too sick to be in school	7
I cannot go to school because I failed	8
I cannot go to school because I was expelled	9
I cannot go to school because I became pregnant (if female)	10

3.3	How would you describe your present employment situation? (Choose ONE)	
I am in school	1
Unemployed, looking for work	2
Unemployed, not looking for work	3
Working in informal sector, not looking for permanent work	4
Sick/disabled and unable to work	5
Self-employed - full time (40 hours or more per week)	6
Self-employed - part time (less than 40 hours per week)	7
Employed part time – work for someone else (less than 40 hours per week)	8
Employed full time – work for someone else (40 hours or more per week)	9
I do piecemeal jobs - I work when I find a job	10

3.4	What is the MAIN source of income you received in the last month? (Choose ONE)	
Received NO income	1
Formal salary/earnings on which you pay income tax	2
Informal earnings from jobs you do (no income tax)	3
Contributions by **adult** family members or relatives	4
Government pensions/grants (e.g. child support grant, foster care grant, disability grant)	5
Grants/donations by private welfare organizations	6
Other sources	7

3.5	What was your personal monthly income last month? (Choose ONE)	
No income	1
R1 – R 400	2

R 401– R 800	3
R 801- R 1 600	4
R 1 601- R 3 200	5
R 3 201 – R 6 400	6
R 6401 – R 12 800	7
R12 801 and more	8

3.6	**Please choose the option that BEST describes your financial situation:**	
I do not have enough money for the basics (food and clothes)		1
I have enough money for the basics (food and clothes) but not for other things		2
I have enough money for the basics as well as some other luxuries		3

3.7	**How many days in a week do you not have food to eat?**	
0 days – I always have food to eat		1
1 day		2
2-3 days		3
4-6 days		4
7 days – I never have food to eat		5

3.8

How worried are you about :		**Very worried**	**Somewhat worried**	**Not worried**
a	Being able to get a job	1	2	3
b	Being able to get further education	1	2	3
c	Being able to earn enough money to provide for you and your family	1	2	3

SECTION 4		**HEALTH**	
4.1	**In general, would you say that your health is … (choose ONE)**		
Excellent			1
Good			2
Fair			3
Poor			4
4.2	**When was the last time you saw a health practitioner due to illness (doctor, nurse, traditional healer, etc.)?**		
Within the past six months			1
Between six months and 1 year ago			2
Between 1 and 2 year ago			3

More than 2 years ago		4
Never		5
4.3	**If you become ill, where would you go for health care first?**	
Government hospital		1
Day hospital/ Clinic/ Community health centre		2
Mobile Clinic		3
Private hospital/Clinic		4
Private doctor		5
Traditional healer		6
Neighbour or other community member		7
ISIBINDI child and youth care worker		8
Nowhere to go – do not have access to health care		9
4.4	**How many times have you been admitted to a hospital because of illness during the past 12 months?**	
	Never	1
	Once	2
	2-3 times	3
	More than 3 times	4
4.5	**How many DAYS did you spend in hospital during the past 12 months?**	
	Was not in hospital	1
	1-5 days	2
	6-10 days	3
	11-15 days	4
	16 – 20 days	5
	More than 20 days	6

SECTION 5	**Psychological health**
INSTRUCTION	*I now would like to talk to you about your opinions and views about life*
5.1	

	Attitude towards life	Almost always	Sometimes	Almost never
a	I feel life has betrayed me because it has not fulfilled my wishes	1	2	3
b	I feel hurt by the way people treat me	1	2	3
c	I find the world I live in boring	1	2	3
d	I feel there is no use in really trying to get something I want, because I probably won't get it	1	2	3
e	I feel my life has been worthwhile even if I should die tomorrow	1	2	3
f	I know I have the important things I want in my life	1	2	3
g	I feel there is nothing in my life I am really committed to	1	2	3
h	I think most things I do will turn out fine	1	2	3
5.2	Feelings	Almost always	Sometimes	Almost never
a	I often feel sad and hopeless	1	2	3
b	I get upset easily	1	2	3
c	I worry too much	1	2	3
d	I rarely think about consequences before I act	1	2	3
e	When I get angry, I act without thinking	1	2	3

5.3

	Self-esteem	Almost always	Sometimes	Almost never
a	On the whole, I am satisfied with myself	1	2	3
b	I feel I do not have much to be proud of	1	2	3
c	I feel I am as good as most other people	1	2	3
d	I feel I have a number of good qualities	1	2	3

5.4

	Problem solving	Almost always	Sometimes	Almost never
a	I manage to solve difficult problems if I try hard enough	1	2	3
b	I can usually handle whatever comes my way	1	2	3
C	I can easily use different ways of solving problems	1	2	3
d	When answering difficult questions, I try to think of many solutions	1	2	3

			Almost always	Sometimes	Almost never
e	I am good at solving problems		1	2	3

5.5

	Interpersonal skills	Almost always	Sometimes	Almost never
a	I care what happens to other people	1	2	3
b	I feel bad when other people have their feelings hurt	1	2	3
C	I can easily tell when one of my friends is unhappy	1	2	3
d	I know when people are upset, even when they say nothing	1	2	3

5.6	**How do you feel about your future opportunities to be successful and prosper? (choose ONE)**	
a	My opportunities are limitless	**1**
b	I have many opportunities	**2**
c	My opportunities are limited	**3**
d	I have no opportunities at all	**4**

5.7	**Goal directedness**			
		Almost always	Some times	Almost never
a	You have long term goals set for yourself	1	2	3
b	You know what you want out of life	1	2	3
c	You have a good idea of where you are headed in the future	1	2	3
d	It doesn't help to plan for the future because you don't have control over it	1	2	3
e	You set goals for yourself but do not stick to them so that you can achieve them	1	2	3

5.8	**People value different things in their lives. Please tell me how important each of the following are to you personally.**			
		Very Important	Somewhat important	Not important
a	Being successful in a career is…	1	2	3
b	Being admired by my friend is…	1	2	3
c	Living a healthy lifestyle is…	1	2	3
d	Having a husband/wife and children is…	1	2	3

e	Having a nice house, car, clothes or other possessions is…	1	2	3	

5.9

Resilience		Almost always true	Sometimes true	Almost never true
a	I have an adult to talk to who listens to me	1	2	3
b	I make sure that I do my work well	1	2	3
c	I am in control of what happens to me	1	2	3
d	I feel safe and loved at home, they want to know if I am OK	1	2	3
e	Doing well in everything I do is important to me	1	2	3
f	My future and success depend on my hard work	1	2	3
g	Even when my problems are just too much, I do not give up trying	1	2	3
h	There is at least one person I can talk to who listens to me and encourages me to do my best	1	2	3
i	I believe that one day things will be better for me	1	2	3
	My teacher/employer helps me to believe I can do well			
j	My ISIBINDI child and youth care worker helps me to believe I can do well	1	2	3
k	I have support to aim high and think of my bright future	1	2	3
l	My future is in my hands, nobody can take that away from me	1	2	3

SECTION 6	**SOCIAL SUPPORT**

6.1	**In some communities people know and talk to each other while in other communities there is not this sense of closeness. How close do you feel to other people in this community? (choose ONE)**	
	Very Close	1
	Somewhat close	2
	Not too close	3

	Not close at all			4

6.2	How do you describe the relationship with your family members, caregivers or people you currently stay with? Do they ….			
		Almost always	Sometimes	Almost never
a	Support and encourage you	1	2	3
b	Listen to you	1	2	3
e	Comfort you	1	2	3
g	Understand you	1	2	3
i	Give you advice and guidance	1	2	3
j	Provide for your necessities	1	2	3
k	Give you money	1	2	3
m	Have open communication with you	1	2	3
n	Spend time with you	1	2	3

6.3

		Almost always	Sometimes	Almost never
a	I have a strong network of family and friends that support me	1	2	3
b	I feel pressure from friends to do things I don't want to	1	2	3

SECTION 7	BEHAVIOUR			
INSTRUCTION	*I now have to ask you sensitive questions about your behaviour. Please remember that your name is not recorded anywhere in this questionnaire and the information you give will be kept confidential.*			

7.1	Have you <u>ever</u> had a drink containing alcohol?	Yes	No	No response
		1	2	3

7.2	How often did you have a drink containing alcohol in the <u>past 12 months</u>?	
	Nothing in the past 12 months	1
	Once a month or less	2
	2-4 times a month	3
	2-3 times a week	4

	4 or more times a week		5
7.3	**How many drinks containing alcohol do you have on a typical day when you are drinking?**		
	None		1
	1 or 2 drinks		2
	3 or 4 drinks		3
	5 or 6 drinks		4
	7 to 10 drinks		5
	More than 10 drinks		6
7.4	**In the past 12 months, how often have you used drugs like cannabis, dagga, pot, grass, cocaine, speed or ecstasy?**		
	Never		1
	Once or twice		2
	Monthly		3
	Weekly		4
	Almost daily		5

SECTION 8	**CRIME and VIOLENCE**			
INSTRUCTION	*These are questions on crime and violence. Please remember that your name is not written anywhere and everything you tell me is confidential.*			

8.1	In the past 12 months, has a partner hit or physically injured you? (with a fist or slap or with something that could hurt you)	Yes	No
		1	2
8.2	In the past 12 months, have <u>you hit</u> or physically injured a partner? (with a fist or slap or something that could hurt him/her)?	Yes	No
		1	2
8.3	In the past 12 months, has a partner been violent towards you when he/she was drunk?	Yes	No
		1	2

8.4	In the past 12 months, has a partner refused to use a condom during sex, even when you said you wanted to use one?	Yes	No	No answer
		1	2	3

8.5	In the past 12 months, have you been to a doctor, hospital or clinic for treatment because you have been injured by a partner?	Yes	No
		1	2

SECTION 9	**SEXUAL-RELATED BEHAVIOUR**		
9.1			

	Almost always	Sometimes	Almost never

a	Are you worried about getting HIV/AIDS?	1	2	3
b	Are you worried about getting someone/becoming pregnant when you had not planned to?	1	2	3
c	Are you worried about getting sexually transmitted infections (such as herpes or gonorrhoea)?	1	2	3
d	Are you worried about being sexually assaulted/ raped?	1	2	3
e	Are you worried about being a victim of violent crime?	1	2	3

		Yes	No	No response
9.2	**Have you ever had sexual intercourse? [***For the purposes of this survey, "sexual intercourse" is defined as penetrative vaginal/anal sex.***]**	1	2	3

INSTRUCTION	Participants who never had sex can choose option 1 (did not have sex) in each question. *Please remember that your name is not written anywhere. Your answers are confidential.*

9.3	**If you have had sex, how old were you when you had sex for the first time?**	
	Did not have sex	1
	18 years or older	2
	15 - 17 years	3
	13- 14 years	4
	11-12 years	5
	10 years or younger	6
	Cannot remember the age	7

9.4	**When you had sex for the first time, did you have sex out of your own choice or were you forced/ bribed?**	
	Did not have sex	1
	Out of own choice	2
	Pressurised / Forced	3
	Bribed/promised money, food or presents	4
	Cannot remember	5

9.5	**Did you use a condom the first time you had sex?**	
	Did not have sex	1
	Yes	2

	No	3
	Cannot remember	4
9.6	**Have you had sex during the past 12 months?**	

	Yes	No	No answer
	1	2	3

INSTRUCTION	Participants who did not have sex the past 12 months can give the no answer option (3) in the following questions. *Please remember that your name is not written anywhere. Your answers are confidential.*

9.7	**Overall, how many sexual partners did you have during the past 12 months?**	
	No sex partners	1
	1 sex partner	2
	2 sex partners	3
	3-5 sex partners	4
	5-10 sex partners	5
	More than 10 sex partners	6
	Cannot remember	7
	No answer	8
9.8.	**Did you use a condom every time you had sex the past <u>12 months</u>?**	

	Yes	No	No answer
	1	2	3

9.9	**Did anyone physically force you to have sex against your will in the <u>past 12 months</u>?**

	Yes	No	No answer
	1	2	3

9.10	**Did you physically force anyone to have sex against their will in the <u>past 12 months</u>?**

	Yes	No	No answer
	1	2	3

9.11	**Did you have sex the <u>past 12 months in exchange for money or goods (clothes, cell phones)</u>?**

	Yes	No	No answer
	1	2	3

9.12	Do you currently have an older person (sugar mommy or sugar daddy) that gives you money or goods in exchange for sex?			
		Yes	No	No answer
		1	2	3

9.13	Have you ever given birth to a baby / fathered a baby?			
		Yes	No	No answer
		1	2	3

9.14	If YES, did you want to have the baby when you/your partner became pregnant?			
		Yes	No	No answer
		1	2	3

9.15	Do you always use a contraceptive method together with a condom?			
		Yes	No	No answer
		1	2	3

SECTION 10 — OPINION OF ISIBINDI PROGRAMME

INSTRUCTION	*Please write a sentence(s) to answer the following questions*
10.1	**How did you benefit from participation in the ISIBINDI programme (Write sentence)**
10.2	**How different is your life now after you have turned 18 years? (write sentence)**
10.3	**Do you feel ready to live as an independent and responsible adult? Why do you feel that way? (write sentence)**

10.4	How can the ISIBINDI programme be improved to prepare you for being an independent and responsible adult?	

THANK YOU VERY MUCH FOR AGREEING TO PARTICIPATE AND ASSIST US IN THIS IMPORTANT RESEARCH PROJECT.