

Network of Organizations for Vulnerable and Orphaned Children (NOVOC)



## **NOVOC ANNUAL REPORT 2007.**

**Date.                    December 200**

**"Children in Difficult Situations are the Reason We Exist"**

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## LIST OF ACRONYMS

|         |   |
|---------|---|
| AIDS    | Acquired Immune Deficiency Syndrome                           |
| CBCC    | Community Based Childcare Centre                              |
| CBO     | Community Based Organizations                                 |
| CBO-DSP | Community Based Organizations-Direct Support Project          |
| DCT     | District Coordinating Teams                                   |
| FBO     | Faith Based Organizations                                     |
| HIV     | Human Immune-deficiency Virus                                 |
| IGA     | Income Generating Activities                                  |
| RMT     | Raising Malawi Trust  |
| NAC     | National AIDS Commission                                      |
| NOVOC   | Network of Organizations for Vulnerable and Orphaned Children |
| OVC     | Orphaned and Vulnerable Children                              |
| REPSSI  | Regional Psychosocial Support Initiative                      |
| SAT     | Southern Africa AIDS Trust                                    |
| SFK     | Spirituality for Kids Foundation                              |
| UNICEF  | United Nations Children Education Fund                        |
| VSO     | Voluntary Service Overseas                                    |

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# 1. Executive Summary

## Background and context

Recognizing that Orphans and other vulnerable children (OVC) constitute one of the biggest social challenges that confront Malawi as a nation, the Network of Organizations for Vulnerable and Orphaned Children (NOVOC) in collaboration with its member Community Based Organizations (CBOs) embarked on a number of projects with funds from various donors who included Oxfam Joint Program in Malawi, Unicef and Raising Malawi. Various objectives planned for various Projects during this reporting period, included:

**Oxfam.** NOVOC with financial support from Oxfam joint program, implemented advocacy activities. The overall goal of this project was to ensure that by 2010, there is an improved access to education by orphans and vulnerable children in the context of HIV and AIDS in Malawi. The Project was aimed at meeting the following Objectives:

- *To influence government to increase financial allocation towards OVC education in the National Budgets by 2010*
- *To influence the increase in number of bursaries available to OVCs funded by government from 500 to 65, 000 by 2010*
- *To advocate for the waiver of user fees by government for orphans and vulnerable children by January 2009.*

**Unicef.** In the same reporting Period, NOVOC with financial support from UNICEF implemented activities with objectives to:

- Deliver psycho-social support workshops to an additional 270 individuals representing 225 Community Based Organizations, NGOs and FBOs.
- Develop and publish a Psychosocial support Manual in English and Chichewa that is relevant to Malawi situation.

Raising Malawi.

NOVOC launched a 2 year CBO Direct Support project (CBO-DSP) in February 2006. This project was being implemented with funding support from the Kabbalah Centre Charitable Foundation, and Raising Malawi.

The primary goal of this project was to improve coverage of CBO's activities in order to reach 32000 children through;

1. provision of direct support to CBOs in order for them to respond to the immediate needs of the children.
2. provision of capacity to these CBOs to be accountable to the donors through NOVOC.
3. Enhancing the operational capacity of NOVOC to be able to coordinate and support efforts of the CBOs through monitoring and supportive supervision.

In view of the above objectives, the Direct support to CBO's project focused on implementing 5 key components of the project which include;

- a) Institutional strengthening of NOVOC and the 10 CBOs
- b) Children's feeding program
- c) Child protection and advocacy.
- d) Child medical care

e) School support.

**Summary of Project implemented and objectives.**

| <b>Project</b>   | <b>Objectives</b>   | <b>Activities</b>   |
|--|---|---|
| Increased access to education support for OVC funded by Oxfam Joint Project.         | <p><i>To influence government to increase financial allocation towards OVC education in the National Budgets by 2010</i></p> <p><i>To influence the increase in number of bursaries available to OVCs funded by government from 500 to 65, 000 by 2010</i></p> <p><i>To advocate for the waiver of user fees by government for orphans and vulnerable children by January 2009.</i></p> | <p>Monitor and track expenditures for OVC education support in both districts and national budgets</p> <p>Organize lobbying meetings with parliamentarians and government</p> <p>Conduct research on user fees in public schools</p> <p>Dissemination meetings on User fees in public schools</p> <p>Organize Press conferences and press releases</p> <p>3.2 Print weekly articles</p> |
| Pscho-social support to OVC funded by unicef.  | <p>Psycho-social support to an additional 270 individuals representing 225 Community Based Organizations, NGOs and FBOs.</p> <p>Develop and publish a Psychosocial support Manual in English and Chichewa that is relevant to Malawi situation.</p>   | <p>Conduct capacity building initiatives to individuals, CBO and NGO representatives.</p> <p>Develop and publish National PSS Manual.</p>   |
| CBO Direct Support project (CBO-DSP) funded by Raising Malawi.                       | <p>Provision of direct support to CBOs in order for them to respond to the immediate needs of the children.</p> <p>Provision of capacity to these CBOs to be accountable to the donors through NOVOC.</p> <p>Enhancing the operational capacity of NOVOC to be able to coordinate and support efforts of the CBOs through monitoring and supportive supervision.</p>                    | <p>Institutional strengthening of NOVOC and the 10 CBOs</p> <p>Children's feeding program</p> <p>Child protection and advocacy.</p> <p>Child medical care</p> <p>School support.</p>  |
| Support to Establishment of District Coordinating teams (DCTs) funded by VSO-Malawi. | To strengthen coordination of OVC service organization in Malawi by March 2008.   | Establish district coordinating teams in 6 Districts.   |

## Purpose of the report

This report focuses on the gains and achievement made following the implementation of the above mentioned project on advocacy for increased allocation of funds for OVC education support by government, Psychosocial support to Orphan and Vulnerable Children and CBO Direct Support Project. Specifically the report;

1. identifies and documents the project gains and achievements (intended and unintended)
2. documents key lessons and examples of best practices
3. provides recommendations for future development that form the basis of NOVOC future funding requests from other donors.

## Methodology

The primary method used for collecting information contained in this report were document reviews from CBOs and NOVOC, consultative meetings with some beneficiary CBOs which include Ministry of Hope, Chinansungwi, Chagumukire, Foundation for Children's Rights and Save Orphan Ministries and NOVOC monthly and quarterly Progress Reports.

## Major gains and achievements

### *Institutional impact on NOVOC with financial support from Raising Malawi Trust.*

**(a). There has been an improvement in programme implementation and management due to** enhanced financial, technical and personal capacity of the secretariat. For instance, with the Raising Malawi support, a total of 11 NOVOC staff were recruited and retained for this project to enhance implementation and strengthen the capacities of CBOs members including the 10 under CBO Direct Support Project. Administrative structures ranging from procurement of office furniture, 3 vehicles, computers, communication facilities and office space have been put in place. A financial management system has been established that has increased proficiency in financial accountability, donor reporting and capacity. NOVOC's visibility at all levels has been increased leading to a further establishment of partnership at national, regional and international level. These partnerships have increased NOVOC's opportunities to mobilize capacities and resources to provide harmonized and effective support to the NOVOC Secretariat for the achievement of its goals.

**(b). There has been an improvement in NOVOCs service delivery to CBOs** demonstrated by increased coordination, collaboration and communication amongst stakeholders.

NOVOC successfully established 13 District Coordinating Teams (DCT) to oversee networking and coordination of OVC activities at district level.

Through networking and collaboration NOVOC has lobbied for sponsorship of 50 orphaned girls to be enrolled at Gateway Private Secondary school. Additionally one girl child by the name of Dick promise has been linked to a sponsor for secondary education and university through NOVOCs Radio programmes. This is NOVOCs contribution to achieving increased access to education by orphaned children. With assistance from NOVOC two OVCs have been traced and reunited with their Known relatives in Nsanje District.

In an effort to enhance CBOs capacity, NOVOC conducted trainings on Early Childhood Development benefiting 35 caregivers 20 of whom came from the CBOs under Direct Support

project. This has resulted into a potential increase in the number of caregivers providing child care services in CBCCs.

NOVOC successfully maintained its quarterly monitoring visits to CBOs, thereby ensuring accurate reporting, quality control of services offered by CBOs and prudent utilization of funds. These trainings have further enhanced CBO capacity to increase their service coverage and improve their quality of service provision. Additionally, NOVOC has successfully linked More than 15 CBOs donors. ( Chinasungwi CBO, Foundation for Children's Rights, Some Body Cares, Consol Homes, Save Orphan Ministries, Ministry of Hope, Kindle Ministries, Chagumukire CBO, Mdeza CBO, Rainbow CBO, Tutulani AIDS Organization, Titi AIDS Support Group, Chinunga CBO) . These donors include, Raising Trust, Firelight Foundation, Egmond trust, National AIDS Commission. NOVOC has also linked its CBO member to Blessings hospital for suppliers of vita meal, a nutritious formula for children and Home Based Care clients.

**(c). NOVOC's has made some progress towards realizing sustainability and reducing dependency on one donor.** There has been a remarkable improvement in NOVOCs capacity to mobilize resources from other donors. This comes as a result of NOVOC's increased visibility at all level owing to its increased networking and coordination capacity. Some of the potential donors that have been approached include National AIDS Commission (NAC), Oxfam Joint Program, Stop Aids Now, Cordaid, Pact Malawi and Nazerene Compassionate Ministries/Helping Hands Africa.

**At this reporting period, 72% OF novoc's core cost has been from Raising Malawi Trust.** Should all the approached donors respond favorably, NOVOC reliance on these for core cost will be reduced from 72% in 2007 to 30% in 2008. It is justified to state that it has been possible to raise extra resources from other donors due to Raising Malawi support in terms staff salary, equipment, and the office environment.

**Overview of some of NOVOCs partners**

| Partner   |  |                | Project Focus                         | Amount funded. |
|---|--|----------------|---------------------------------------|----------------|
| Raising Malawi. Overview of some of NOVOCs partners |  |                | Improvement of OVC welfare.           | USD 1,800,000  |
| Partner   | Project Focus  | Amount funded. |                                       |                |
| KCCF.   | Improvement of OVC welfare.  | USD 1,800,000  |                                       |                |
| Firelight Foundation.                               | Support for Staff Salaries and Office Space.   | USD 5000       |                                       |                |
| UNICEF.   | Psychosocial support to OVCs.  | USD.78,524     |                                       |                |
| Oxfam.  | Advocacy for OVC's access to Basic Education.  | USD. 99, 247   |                                       |                |
| NAC.  | Capacity building to NOVOC Partners.   | USD.493,353    |                                       |                |
| STOP AIDS NOW.                                      | Psycho social support to OVC thro Linking and learning.  | USD 57, 379    |                                       |                |
| VIVA Network.                                       | Capacity building of staff in Networking and Network advocacy.   | USD 3000       |                                       |                |
| REPSI   | Advocacy for OVC access to health services.  | USD 29,272     |                                       |                |
| VSO   | Establishment of District Coordinating Team and Institutional capacity building. Payment of Volunteer cost of living | USD 45,000     |                                       |                |
| Gateway Girls Private Secondary School.             | Girl Orphan and Vulnerable Education Support.  | USD. 92,000    |                                       |                |
| Cordaid   | Strengthening Community Based Organizations and Networks to enhance OVC protection, care and support.                | EURO 75,000    |                                       |                |
| PACT Malawi.  | Strengthening Community Based Organizations and Networks to enhance OVC protection, care and support.                | USD,           |                                       |                |
| Firelight Foundation.                               |  |                | Support for Staff Salaries and Office | USD 5000       |

|   |        |  |             |
|---|--------|--|-------------|
| UNICEF.                                 | Space. | Psychosocial support to OVCs.  | USD. 78,524 |
| Oxfam.                                  |        | Advocacy for OVC's access to Basic Education.  | USD. 99,247 |
| STOP AIDS NOW.                          |        | Psychosocial support to OVC thro Linking and learning.   | USD 57,379  |
| VIVA Network.                           |        | Capacity building of staff in Networking and Network advocacy.   | USD 3000    |
| REPSI                                   |        | Advocacy for OVC access to health services.  | USD 29,272  |
| VSO                                     |        | Establishment of District Coordinating Team and Institutional capacity building. Payment of Volunteer cost of living | USD 45,000  |
| Gateway Girls Private Secondary School. |        | Girl Orphan and Vulnerable Education Support.  | USD. 92,000 |
| Cordaid                                 |        | Strengthening Community Based Organizations and Networks to enhance OVC protection, care and support.                | EURO 75,000 |

**Projected Donor contribution to NOVOC Secretariat Core Cost in 2008**

|   | Oxfam     | SAN        | NAC        | RMT        | Others    |
|---|-----------|------------|------------|------------|-----------|
| Annual Budget 2008                              |           |            |            |            |           |
| 41,377,550                                      | 6,241,940 | 2,340,828. | 19,005,480 | 12,258,081 | 1,670,266 |
| % Donor contribution to Annual Core Budget 2008 | 15%       | 6%         | 46%        | 30%        | 3%        |

**Institutional Impact on Community Based Organizations with support from Raising Malawi Trust.**

**(a). Improved program implementation and management capacity.** With funding from Raising Malawi, CBOs have been supported to develop and implement their Action Work Plans. CBOs like Somebody Cares and Kindle have been able to hire staff and volunteers to support their work. To enhance monitoring of activities most CBOs increased their frequency of supervision and follow up visits. Quality project reports (and proposal) have been submitted by the CBOs under this project. To facilitate services provision to children, some CBOs such as Chinansungwi and Chagumukire have successfully put up permanent structures that will support increased access to pre-school education. Kindle Ministries has been able to set up Irrigation structures to enhance on going food security interventions. As a result of this project CBOs have successfully put in place sustainable food security intervention (Kindle and Ministry of Hope), Income generating Activities of poultry and goat rearing (Foundation for Children Rights) that will go a long way in supporting the children.

(b) Increased access to Education by OVC. This Reporting Period, the number of OVC supported with educational support had increased from the initial 500 to 11,619

**(c). Improved service delivery.** As a result of increased CBO capacity in programme management and implementation all planned activities have been successfully implemented. All the CBOs implemented 6 major components of the project: Children feeding; Child protection and advocacy; Child medical care; school support, caregivers support and extended family support. The range of these interventions represents quite a substantial number of activities implemented than before the project was initiated. These services have reached more than 42, 624 OVC exceeding the planned target of 32, 000 by 33%, a clear **indicator of increased service coverage.**

**Overview of OVC beneficiaries and others directly supported by this project**

| Name of CBO                           | OVC Target   | Actual OVC   | Variance     |
|---------------------------------------|--------------|--------------|--------------|
| Ministry of Hope                      | 2000         | 4, 000       | 2,000        |
| Consul Homes                          | 10, 500      | 10, 500      | 0            |
| Somebody Cares                        | 2, 500       | 16, 824      | 14324        |
| Kindle Orphan Outreach                | 2000         | 3000         | 1000         |
| Save Orphan Ministries                | 2000         | 4, 224       | 2224         |
| Chinansungwi                          | 1,700        | 2, 850       | 1150         |
| Chagumukile                           | 450          | 300          | -150         |
| Foundations for children Rights       | 120          | 140          | 20           |
| Children with Hope and Destiny (CHAD) | 86           | 86           | 0            |
| Mdeza                                 | 700          | 700          | 0            |
| <b>Total Targeted</b>                 | <b>22056</b> | <b>42624</b> | <b>20568</b> |

**Beneficiary by intervention (all CBOs)**

| Intervention                     | Planned Target | Actual Target | Variance |
|----------------------------------|----------------|---------------|----------|
| Children Feeding                 | 13790          | 22, 137       |          |
| Child protection and advocacy    | 0              | 2, 470        |          |
| Child Medical care               | 0              | 10, 481       |          |
| Pre and Primary School Support   | 1100           | 16, 050       |          |
| Secondary and Vocational support | 0              | 1, 118        |          |

|  |               |               |  |
|--|---------------|---------------|--|
| Extended family beneficiaries          | 5500          | 5,400         |  |
| Caregivers support and training        | 0             | 35            |  |
| <b>Total supported by intervention</b> | <b>19'890</b> | <b>57,691</b> |  |

**CBO mainstreaming child protection and advocacy work**

| Planned # of CBOs | Actual CBO mainstreaming | Level of achievement (%) |
|-------------------|--------------------------|--------------------------|
| 6                 | 4                        | 66                       |

**Progress made towards the Advocacy for Increased access to education Project funded by Joint Oxfam.**

*To influence government increase financial allocation towards OVC education in the National Budgets by 2010*

**Analysis and review of the Malawi Government Budget on Education support for OVCs.**

Two budget analysis and review exercises were conducted. The first one covered the financial years 2004/5, 2005/6 in a comprehensive manner while the second review and analysis study continued from the previous report but presented a deeper analysis of the 2006/7 budgets and introduced trends in the 2007/8 budget which was still under implementation at this reporting period.

The exercises on national budget analysis and review were able to identify the gaps that still existed in the government efforts to provide education support for OVCs. For instance, as was observed in the reports, there is still need for a stronger targeting mechanism for OVC beneficiaries of education support. This includes, more representative bursary committees at the community level, the need to finalize the social protection policy, which must emphasize education, support for OVCs as priority strategy under cash transfers.

Using the results of the above studies, NOVOC organized 2 lobbying meetings with parliamentary committees and government – these meetings were aimed at strengthening the relationships cultivated in the previous lobby meetings.

A documentary on OVC needs by the OVC themselves was developed and run on National Television highlighting the plight of OVCs and advocating for government support in form of increased allocation funds for OVC education support. As had been observed in the 2006 NOVOC report, education support for OVC needed to be given higher levels of protection and priority. Similarly, this 2007/8 report suggested that education bursaries come out clearly in the list of PPE allocations and funding figures for ease of monitoring commitment of government to this area.

It was observed that, the current structure of budget documents makes it difficult to isolate specific budget lines related to education support since they are lumped either under Child services or other similar lump sum category.

NOVOC is therefore advocating for education bursaries, school fees and other forms of support to be clearly identified as budget lines in the budget documents especially for Assembly Budgets.

***To influence the increase in number of bursaries available to OVCs funded by government from 500 to 65, 000 by 2010***

Initial effort had been made towards fulfilling this objective by conducting research study to track and analyze the National and Districts budgets. This also revealed that Government was providing little support, for instance as of December 2006, only 3,833 ovc were supported out of the 32,000 ovc planned to be supported. This however was an increase from 500. Resources for education support for OVC. It is evident that the greater proportion of funds for bursaries comes from donors. National AIDS Commission set a side K 201 Million for educating support for OVCs during the 2006/7 budget. This was an increase from K87 million in 2005/6 budget. The Ministry of Women and Child Development has no funds of its own for education bursaries in the budgets and is therefore heavily relying on grants from National AIDS Commission. This is an issue that NOVOC would like to take up for advocacy so that Government can allocate a greater proportion of funds for education support to avert uncertainties in donor funding and ensure country level sustainability support.

***To advocate for the waiver/removal of user fees by government for orphans and vulnerable children by January 2009***

As in objective 1 and 2 above efforts has been made to conduct a research on User Fees in public schools in selected districts in Malawi which, aimed at identifying the kind of user fees and how it impacts on OVC access to basic education in public primary schools.

The findings from the research showed that all public primary schools in the surveyed districts levy user fees to meet various costs which included school examination, report cards, utility bills (water and electricity), employment of guards for school security, rentals for postal boxes, monthly allowances for volunteer teachers, sporting equipment, Contributions towards school feeding programs, contribution towards labour (moulding bricks, sand), cost of school uniform, cash contributions towards transportation of materials bought under Direct Support to School facility, special school development fund, travel for pupils to examination centres under the cluster system and part-time classes (optional) particularly for Standard 8 pupils.

Aware that despite free education policy in Malawi, more children especially OVC are still not accessing the service and the various reasons such as user fees being levied against them, NOVOC is advocating for the removal/waiver of user fees by government and asking government to have alternative means of meeting the costs of user fees such as debt relief.

NOVOC would like government to provide adequate information on how savings from debt relief are likely to benefit education support for OVC. From the study, there was no evidence that debt relief had resulted into positive expenditure improvements in the Ministry of Women and Child Development and in the priority area of education bursaries. Novoc advocated and still advocates for the debt relief resources to lead to significant increases that leads to the provision of education support to utmost 15,000 OVCs annually in line with the National Plan of Action for OVCs.

As can be seen from above, the various forms of user fees levied against OVC were most of the issues that make it difficult for them to access education. As such, NOVOC's advocacy campaign aimed at seeing that user fees are waived and government puts in place alternative measure to meet the costs on OVC paying user fees. The study also revealed that, in all schools, school management committees set amount of user fees payable and were also responsible for receiving payments. For instance the effects of failure to pay user fees were so various, ranging from pupils being turned away from school, guardians negotiating with teachers on payment dates to pupil's examinations results being withheld until user fees were paid. All these were

issues for which NOVOC was and is still mounting forward to advocate for increased allocation of funds for educations support to OVC.

**Positive unanticipated changes influenced by the advocacy for increased access to education project.**

- There have been changes in the OVC education support guidelines to include those OVCs joining high institution of learning including tertiary institutions.

**Capacity building activities undertaken.**

- Two NOVOC staff participated in the Monitoring and evaluation workshop organized by Oxfam. Additionally the National Director participated in a workshop called "Next Steps for the Essential Services Essential Campaign during which knowledge on advocacy was shared amongst partners

**Contributions of the project to the wider program aims within NOVOC.**

- Advocacy for increased access to education for OVC project, has contributed to a number of similar Projects emerging within the Organization. Some private organizations have started considering the need to establish bursary program for OVC in their core businesses. One example is Gateway Girls Private Secondary School which has since January 2008, sponsored 50 girls who are orphans and vulnerable and have been accepted from paying school fees in addition to the free boarding facilities provided.
- The Psychosocial Support Program with the linking and learning aspect and the development of the Psychosocial advocacy tool kit that is still being tested by Novoc's partner organization, REPSSI
- Influence government to develop minimum standards for early childhood development and the integration of school health and nutrition, school feeding, HIV and AIDS and water, sanitation and hygiene in the school curriculum.
- Access to justice project with Novoc member organization CEYCA law enforcement systems, legal and judicial institutions that promote child rights. This is aimed at advocating for Child rights and OVC issues to be maintained on the national agenda through upstream advocacy based on evidence and analysis.
- The Project has supported the Country Advocacy Team in identifying advocacy issues
- And will be conducting an analysis on the Health Needs of OVC and identifying key issues for advocacy on access to health services by OVC.

### **(c). Sustainability**

Despite the need for more financial sustainability amongst the targeted CBOs, most of them have been able to put in place sustainable intervention for supporting OVCs. For instance, Irrigation by kindle, medical care by Consol Homes and Kindle, IGAs by Foundation for Children Rights are clear examples of long term interventions which can contribute towards supporting OVC in these organizations. With increased capacity about 4 CBOs are able to access donors directly in support on OVC work

### **Impact on children**

**Increased number of OVCs accessing essential services.** As a result of donor funding more children have had the opportunity to access essential services of health, nutrition and education. About 40, 000 (17,000 of which are OVCs) children have access to pre-school, primary and secondary education within communities where these CBOs are functioning. Those in secondary school have received support in the form of fees and scholastic materials. About 2, 200 have had constant and continuous access to medical care. Overall medical care has assisted about 10, 481 children. Additionally about 10, 000 households have access to medical care being provided by Kindle and Consol Homes. There has also been a remarkable improvement in the nutritional status of about 22,000 children targeted for the feeding programme most of whom were very malnourished at the onset of the project.

## Important Lessons learned

Several lessons became clear during the CBO Direct Support Projects (CBO-DSP)

### **Programme implementation and management**

- Developing sustainable OVC interventions will not only ensure ownership but a reduction on donor reliance by CBOs.
- Strengthening the capacity of caregivers to support OVC can go along way in addressing the needs of OVCs and also in reducing families and communities reliance on donors as well as their CBOs
- On going Annual Partnership meetings with CBOs form an effective means to harmonize programme implementation in addition to sharing lessons and best practice

### ***Capacity building***

- The outcome of a capacity needs assessment should provide a basis for Action Plans for capacity building interventions as well as indicators for monitoring such efforts.
- Communities need to be empowered to meet OVC needs with limited support from external forces.

### ***Child protection***

- Mainstreaming child protection in the day to day running of child centred development CBOs, ensures that children are protected from abuse and exploitation and that their rights are fully respected and protected hence the need for child protection policy.

### ***Monitoring and evaluation***

- Projects addressing OVC needs should be fully informed by a comprehensive initial qualitative and quantitative baseline which sets benchmarks for better monitoring and evaluation of project results.
- In order to effectively address the needs of OVC, Community Based Organizations (CBOs) need to have a user friendly monitoring tool to enroll OVC and provide on going assessment of their needs.
- Advocacy requires evidence based data in order to have a number of allies in support of the issues being advocated for. NOVOC's report on budget tracking and expenditures 2006/2007 by government resulted into a number of partners wanting to support the need more bursaries being given to OVC. Gate way private secondary school, as earlier mentioned, has been able to provide 50 bursaries to OVC girls.
- It is quite expensive, to run advocacy and there is need for commitment and flexibility in implementation. Conducting the research on user fees and budget tracking exercises, took longer than had been anticipated due to un avoidable circumstances that came in such as, unavailability of respondents both in the Ministry and Districts, and many un met appointments, which all delayed the whole process of having final reports.
- Orphans and vulnerable children's needs are so numerous that government and Non governmental Organizations need to set priorities in tackling them. A visit to communities across the country during the media documentary development, revealed many boys and girls having dropped out of school due to lack of financial support.
- In Nkthata, at the time of the video shooting and interviewing the DEM, one OVC whose parents had passed away, and was being cared for by guardian, was met trying to explain his plight to the DEM on the need to be supported having missed to join

secondary school that selected him due to financial constraints. That alone, talks a lot on how many of that kind are in villages suffering similar problems.

- It is hoped that, with the data in both reports and campaigns going to be mounted, government will be able to take action and allocate more funds to OVC education support as well as increasing the number of bursaries for OVCs, let alone the waiver of user fees in Public schools.

## Conclusions

**As highlighted above, NOVOC activities for** OVC support, both from the direct support funds to CBOs, Advocacy and psychosocial support was very substantial. The actual direct support, such as children feeding, child medical care and school support is still being felt by beneficiaries and their guardians. This outcome owes to the increased CBO activities as a result of the successful implementation of almost all planned deliverables of the project components of institutional strengthening/capacity building for CBOs, children feeding, school support (pre primary and secondary), vocational skills training, child medical care and child protection and advocacy. Contribution to this success can be attributed to NOVOC's commitment and improved capacities to support its member CBOs. It is hoped that the success of the USD 1, 800,000 CBO-DSP will act as a catalyst for continued funding and also other donors, which will enable the new beneficiary targets to be set and reached

## Recommendations and the way forward

Given that the projects had short life spans in period of 6 months, and two years respectively, this was very short a time for CBOs to become self reliant, especially in light of the overwhelming range of activities they are implementing, there is great need to continue providing technical and financial support to CBOs. The CBOs will need to be provided with technical expertise in drawing up gradual phasing out plans over a period of perhaps three years after the initial 6 months and two-year phase of agreement is over as this will ensure that the results of the project and the objectives behind it are consolidated.

Future projects should make deliberate effort to empower the affected families and their communities so that they become self reliant in supporting the OVCs with limited support from CBOs and donors.

In an effort to ensure children are protected from abuse, exploitation and property dispossession, child protection should be mainstreamed in all child focused organizations. This translates into CBOs developing and implementing child protection policies.

There are still a lot more additional needy OVCs in the districts who have yet to be reached by similar project interventions, including the children identified in 2006 remaining on the waiting list for services. Therefore, expansion and scaling up to other CBO areas of the current support through 2010 will allow for more OVCs to be served than the current state.

In order to complement lessons learnt through this project as well as scaling up interventions to support OVCs, NOVOC has proposed a three-year project of **“Strengthening Family and Community Responses for OVC protection, care and support”**. (See attached proposal). The key deliverables in the new proposed project focus on strengthening the capacity CBOs to support families, building caregivers capacity, opportunity for children to have direct access to psychosocial support, increased advocacy at all levels, increased child protection, increased access to information and enhanced shared learning amongst CBO/FBO.

## Report Details.

### 1. Background

#### OVC situation in Malawi

Orphans and other vulnerable children (OVC) constitute one of the biggest social challenges that confront Malawi as a nation. As of 2001, there were 937 000 orphans in Malawi. This number jumped to 1,008,000 in 2004, representing 14% of the total number of children at that time. It is projected that by 2010, 18% of or 1,150,000 children will be orphaned. It is estimated that about 50% of the orphans are a consequences of AIDS. The problem has exacerbated due to the prevalence of HIV/AIDS which presently stands at 14.4%. In this poverty stricken country, on a daily basis, 267 people are infected with HIV and 139 die due to AIDS related illnesses. The majority of these deaths occur in the reproductive age group of between 15 and 49 years. It is therefore not surprising that as of 2004, HIV/AIDS accounted for 48% of the total number of orphans, making OVCs and HIV/AIDS to be closely inter-twined problems.

Thus, just as HIV/AIDS accounts for an increased number of OVCs, these OVCs complicate the impact of AIDS at both family and community/national level. For instance, at the level of the family, orphans increase the burden and stress for the extended families in their efforts to care for these orphans. As a community or nation we are continuously grappling with the increased burden in service provision be they in form of orphanages, health care or school fees.

While HIV and AIDS is a major factor causing vulnerability there are many other either independent or associated factors. Vulnerable children are a product of increasing poverty, the breakdown of positive society traditions (e.g. the extended family support), extensive abuse of children, and the prevailing lack of awareness and access to rights by the poor. Many children are not registered at birth in Malawi and are denied this legal identity. The girl child and the disabled child are especially vulnerable.

It is against this background that NOVOC developed a number of projects to benefit member organizations and OVC in particular such as the CBO Direct Support project that was developed with an aim to increase CBOs coverage of their activities in order to serve more OVCs, the advocacy for increased allocation of funds for education support to OVC just to mention but a few.

**This report will put more emphasis on the direct support project funded by Kabalah as will be ending in the very period of reporting.**

In a direct response to NOVOC's 2-year appeal, KCCF provided USD 1, 800, 000 to support the implementation of the CBO\_DSP, with an implementation time frame of February 2006 to January 2008. Of this grant USD 246, 000 was meant to support the annual budget for NOVOC secretariat over the 2 year period whilst USD 1, 508, 000 was donated to the 10 CBOs. At this reporting time, a total of USD 1, 373, 880 have been received and a total of USD 426, 120 is yet to be transferred. Table 1 shows the total of how much has been received by each CBO to date

Table 1. Total funds disbursed to CBO

| Name of CBO                      | Total Disbursed (USD) |
|----------------------------------|-----------------------|
| Chagumukire                      | 7, 500.00             |
| Children with Hope and Destiny   | 72, 500.00            |
| Chinansungwi                     | 92, 436.84            |
| Consol Homes                     | 174, 000.00           |
| Foundation for Children’s Rights | 58, 000.00            |
| Kindle Orphan outreach           | 138, 000.00           |
| Mdedza CBO                       | 7,500.00              |
| Ministry of Hope                 | 216, 000.00           |
| Save Orphan Ministries           | 6, 135.49.00          |
| Somebody Cares                   | 192, 000.00           |
| <b>Total Disbursed</b>           | <b>1, 126, 072.33</b> |

### 3. Major gains and achievements

#### 3.1 Institutional impact on NOVOC

(a). **Improved programme implementation and management due to** enhanced financial, technical and personal capacity of the secretariat.

- With donor support NOVOC staff were recruited and retained for this project to enhance implementation and strengthen the capacities of CBOs members including the 10 under direct support project. In total 11 staff have been supported through this project.
- With financial support from KCCF, NOVOC secretariat was able to set up administrative structures ranging from staff recruitment, procurement of assets, office rentals and Program Management.
- NOVOC’s Asset register is valued at MK. 13,842,771.13 an equivalent of USD. 98,175.6, with a big proportion of 72.13% Assets having been procured with financial support from KCCF. These Assets include: Office Furniture such as Chairs, Desks etc, Office equipments like Computers, Printers, and Wireless internet etc, 2 vehicles.
- Financial management systems improvement. Funding from KCCF covered an amount of costs in relation to establishment and implementation of a Quick Book accounting system which included the procurement and installation of software. Quick Book has increased proficiency in financial accountability, donor reporting and capacity.
- Communication, Office Operations, Staff welfare, and other major relevant activities have been made successful as a result of donor support to NOVOC. NOVOC has managed to acquire a good working environment with staff having access to computers, internet services, able means of transport and their welfare being paid for.
- As a result of KCCF, Oxfam, unicef and other donor funding, NOVOC’s visibility has been increased through its networking and coordination role. This has led to a further establishment of partnerships at national, regional and international levels. These partnerships have provided an enabling framework to mobilize capacities and resources to provide harmonized and effective support to the NOVOC Secretariat for the

achievement of its goals. These partnerships include among others: VIVA Networks Africa, Family Health International Malawi, World Vision International Malawi, Southern African AIDS Trust (SAT) Malawi, Ministry of Women and Child Development, UNICEF, National AIDS Commission just to mention a few. Table 2 below is a list of some of the partners currently working NOVOC,

Table 2. Donor partners that have supported NOVOC since 2005

| Year.      | Donor Partner                           | Amount funded.  | Project Focus.  |
|------------|---|---|---|
| 2005-2008. | KCCF.                                   | USD 1,800,000   | Improvement of OVC welfare.                                       |
| 2005.      | Firelight Foundation.                   | USD 5000  | Support for Staff Salaries and Office Space.                      |
| 2006       | UNICEF.                                 | USD.78,524  | Psychosocial support to OVCs.                                     |
| 2007/2010. | Oxfam.                                  | USD. 420,000  | Advocacy for OVC's access to Basic Education.                     |
| 2008.      | NAC.                                    | USD.46,000  | Capacity building to NOVOC Partners.                              |
| 2007/2008. | STOP AIDS NOW.                          | EURO 3000   | Psycho social support to OVC thro Linking and learning.           |
| 2005-2007  | VIVA Network.                           |   | Capacity building of staff in Networking and Network advocacy.    |
| 2005-2007. | REPSI                                   | USD 29,272  | Advocacy for OVC access to health services.                       |
| 2007.      | VSO                                     | Pounds 2000 and 42,000 USD in Personnel Staff in form of Volunteer. | District Coordinating Team Establishment, and Program Management. |
| 2008       | Gateway Girls Private Secondary School. | USD. 92,000   | Girl Orphan and Vulnerable Education Support.                     |

**(b). Improved service delivery.**

*Increased coordination, collaboration and communication amongst stakeholder*

- NOVOC has been able to establish 2 District Coordinating Teams (DCTs) during the process of support monitoring visits to the CBOs. These DCTs are part of NOVOC networking structures at district level that oversee the networking and coordination role of OVC needs and operations and report to the secretariat. These DCTs exist in Chitipa, Mulanje, Kasungu, Nsanje, Chikwawa, Machinga, Mchinji, Nchisi, Mangochi
- NOVOC successfully monitored the operations of CBOs, there by ensuring accurate reporting and quality control of services and prudent utilization of funds.
- Through networking and coordination meetings, NOVOC established relationships with other institutions such as, Private Secondary schools to support OVCs with Bursaries and scholarships. It has so far succeeded with Gateway Girls Private Secondary School in Lilongwe and 50 OVCs have been sponsored for admission and support for a four years period. Additionally NOVOC has successfully linked some CBOs to Blessing Hospital to access Vita meal for distribution to OVCs and their families. This support has gone a long to meeting the nutritional needs of quite a number of children including the Home Based Care clients.

*Increased advocacy for effective policies and practices in the care and support of OVCs*

Funding from KCCF also covered enormous costs towards the development of long term advocacy activities and plans resulting into a 3 year contract with Oxfam. Theses cost include initial staff salary of the Advocacy and Child Protection Officer, transportation and communication. Additionally NOVOC played a good role in the formation of a Country Advocacy Team (CAT) to which it is a member.

*Enhanced capacity of CBOs*

- NOVOC successfully implemented capacity building training and support for CBOs with focus on Psychosocial support for caregivers; Early Childhood development for purposes of facilitating community training in early childhood development initiatives; report writing, programme planning. These trainings have further enhanced CBO capacity to increase their service coverage and improve their quality of service provision. Table 3 below shows the list of capacity building training and the significant changes observed as a result of the training

Table 3 Types of capacity Building Training offered to CBOs

| Type of Training            | Outcome  |
|-----------------------------|--|
| Early Childhood Development | More CBCC in operations; More CBOs with Capacity to run CBCC; Increased # of children accessing pre-school education |
| Report writing              | Good quality and timely reports from CBOs  |
| Proposal writing            | Quality proposals from CBOs being submitted to donors  |
| Project planning            | Quality Action plans in place  |
| Finance management          | Increased CBO capacity to manage and report donor funds  |

- NOVOC has successfully linked some CBOs to other Donors for OVCs support in addition to KCCF. Such donors include Firelight Foundation, Egmond trust, National AIDS Commission. Some of these CBOs include Tutulane AIDS Organization, Rainbow, Titi AIDS Support Organization, and Chinunga CBO,

It is therefore, right to state that, from the partnerships with other donors, NOVOC has managed to execute its programs both at administrative and program level.

**(c). Sustainability.**

- The publicity created for NOVOC as a result of implementing OVC activities, has opened up other avenues for possible support from donors, thus reducing NOVOC's dependency on one donor KCCF as illustrated in Table 4 below. Should all approached donors respond favorably, NOVOC's reliance on KCCF will drastically be reduced by 42 % (from 72 % in 2007 to 30%) in 2008
- As demonstrated in table below, there has been a remarkable improvement in NOVOCs capacity to mobilize resources from other donors in order to reduce its dependency on one few. It is NOVOC's wish that it reduces its dependency on one donor to about 15 % in the coming 2 years.

Table 4. Donor contribution to NOVOC Secretariat Core Cost

| <b>Donor Contribution as from January 2006 (Illustrative)</b> |                    |              |               |                  |                   |               |
|---|--------------------|--------------|---------------|------------------|-------------------|---------------|
|   |                    | <b>Oxfam</b> | <b>UNICEF</b> | <b>Firelight</b> | <b>KCCF</b>       | <b>Others</b> |
|   | Annual Budget 2006 |              |               |                  |                   |               |
|   | 29,993,048         | 5,334,795.00 | 3,857,006.00  | 1,237,247.00     | 19,564,000.00     | -             |
| % Donor contribution to Annual Core Budget 2006               |                    | 18%          | 13%           | 4%               | 65%               | 0%            |
| <b>Donor Contribution as from January 2007 (Illustrative)</b> |                    |              |               |                  |                   |               |
|   |                    | <b>Oxfam</b> | <b>VIVA</b>   | <b>NAC-1 Yr</b>  | <b>KCCF-3 Yrs</b> | <b>Others</b> |
|   | Annual Budget 2007 |              |               |                  |                   |               |
|   | 21,930,616         | 5,831,558.00 | 416,000.00    | -                | 15,683,058.00     | -             |
| % Donor contribution to Annual Core Budget 2007               |                    | 27%          | 2%            | 0%               | 72%               | 0%            |
| <b>Donor Contribution as from January 2008 (Illustrative)</b> |                    |              |               |                  |                   |               |
|   |                    | <b>Oxfam</b> | <b>SAN</b>    | <b>NAC</b>       | <b>KCCF</b>       | <b>Others</b> |
|   | Annual Budget 2008 |              |               |                  |                   |               |
|   | 41,377,550         | 6,241,940.00 | 2,340,828.00  | 19,005,480       | 12,608,860.00     | 1,180,442.00  |
| % Donor contribution to Annual Core Budget 2008               |                    | 15%          | 6%            | 46%              | 30%               | 3%            |

- One would still be right to state that, the other resources raised from other donors and organizations, have also been made possible to be realized due to KCCF support as equipments like Computers, vehicles, internet and Stationary which are the main production units of information, were contributed by KCCF.

### **3.2. Institutional Impact on Community Based Organizations (CBOs)**

#### **(a). Improved program implementation and management capacity.**

- Community Based Organizations involved in the program, have planned, initiated and delivered program activities in their own localities. OVCs with a number of varied problems ranging from, malnutrition to school drop out, have been identified and attended to.
- The CBOs were able to recruit staff ranging from paid staff to volunteers to support program implementation. These in a way, have not only served as OVC care givers, but have also gained experience and skills in working with Orphan and vulnerable children and identifying themselves with their communities for a common cause.
- There has been a remarkable improvement in the frequency of supervision and follow up visits by CBO for purposes of monitoring their work. Weekly programme visits have been affected as opposed to adhoc supervision at Somebody Cares, Ministry of Hope and Consol Homes.
- Community based organizations have been able to identify key strategies to put in place for better OVC response as a result of implementing the activities funded by NOVOC Partners. Such strategies like, strengthening of families and communities for OVC care, support and protections have resulted from the program implementation.
- There has been development of facilities and services promoting better health seeking behaviors, disease prevention and health care for OVCs and communities as a whole e.g. Kindle Ministries has been able to construct a rural under five clinic and can also handle some of the obstetric problems. Over 3000 children from all the CBOs have accessed good medical attention when sick. Health facilities as can be seen by those being constructed at Kindle, Consol homes, have improved the general community's health as out reach clinics have emerged and distance from one health facility to the other has shortened, thus improved life by the general public.

#### **(b). Improved service delivery.**

- All the CBOs implemented major components of their projects: Children feeding; Child protection and advocacy; Child medical care; school support and extended family support. The range of these interventions represents quite a substantial number of activities implemented than before the project was implemented. In addition to this a total number of 42, 624 children have been targeted exceeding the planned target of 32, 000 by 33%. See Table 6 above

- As a result of increased CBO capacity in programme management and implementation all planned activities have been successfully implemented benefiting about 42, 624 children as illustrated in table 5 and 6 below

**Table 5**

Overview of OVC beneficiaries and others directly supported by this project

| Name of CBO                           | OVC Target   | Actual OVC     | Variance |
|---------------------------------------|--------------|----------------|----------|
| Ministry of Hope                      | 2000         | 4, 000         | 2,000    |
| Consul Homes                          | 10, 500      | 10, 500        | 0        |
| Somebody Cares                        | 2, 500       | 16, 824        | 14, 324  |
| Kindle Orphan Outreach                | 2000         | 3000           | 1000     |
| Save Orphan Ministries                | 2000         | 4, 224         | 2224     |
| Chinansungwi                          | 1,700        | 2, 850         | 1, 150   |
| Chagumukile                           | 450          | 300            | -150     |
| Foundations for children Rights       | 120          | 140            | 20       |
| Children with Hope and Destiny (CHAD) | 86           | 86             | 0        |
| Mdeza                                 | 700          | 700            | 0        |
| <b>Total Targeted</b>                 | <b>22056</b> | <b>42, 624</b> | 20568    |

Table 6. Beneficiary by intervention (all CBOs)

| Intervention                     | Planned Target | Actual Target  | Variance |
|----------------------------------|----------------|----------------|----------|
| Children Feeding                 | 13790          | 22, 137        |          |
| Child protection and advocacy    | 0              | 2, 470         |          |
| Child Medical care               | 0              | 10, 481        |          |
| Pre and Primary School Support   | 1100           | 16, 050        |          |
| Secondary and Vocational support | 0              | 1, 118         |          |
| Extended family beneficiaries    | 5500           | 5, 400         |          |
| Caregivers support and training  | 0              | 35             |          |
| Total accessing the intervention |                | <b>57, 656</b> |          |

(c). CBO mainstreaming child protection and advocacy work

| Planned # of CBOs | Actual CBO mainstreaming | Level of achievement (%) |
|-------------------|--------------------------|--------------------------|
| 6                 | 4                        | 66                       |

- Organizations like Chagumukire and Chinansungwi were able to construct CBCCs in their areas and are used as Child Centres. Over 22,000 OVCs who initially before the project were starving with no hope for life are now assured of at least a meal every day. This has not only made them look healthy physically, but has also supported their development. These children include those fed from the many feeding centers at Crisis nursery at Ministry of hope, Consol homes, Save Orphan Ministries, Foundation for Children's Rights and Children with hope and Destiny and Somebody Cares. In an effort to strengthen the capacity of

these CBCCs, 35 caregivers were trained on Early childhood Development to ensure effective pre school education is provided.

- Food security improvement. The community's access to food at all times has slowly and steadily improved as parents now have time to till their land while children go to CBCCs, and through the CBOs interventions, are able to subsidize the feeding components that poor guardians were not able to provide. This has resulted into good healthy looking children despite the poverty they are living in.
- Irrigation schemes have been established in some of the CBOs communities (Kindle Ministries and Ministry of Hope), income generating activities of Paltry, piggery, and goat rearing have been embarked on (Foundation for Children's rights, Ministry of hope, Chinansungwi), all aimed at creating sustainability for OVC support.
- Literacy Levels among OVCs has increased (there is need to conduct a research to document this). More than 16,000 OVCs have benefited from the Pre School, Primary and Secondary School educational support provided by the KCCF Partners. It is envisaged that, in five years time if the support continues, most of the OVCs in secondary schools will be in better position to support some of their siblings as they will have had an economic base. OVCs who were troubled in minds because of often being sent away from school, have had their minds put to rest and are able to attend classes as their fees is being paid for by CBOS such as Consol homes, Ministry of Hope or Foundation for Children's rights being supported by KCCF. Now with the increased advocacy campaigns being mounted with support from Oxfam Joint Program, it is hoped that, more children will be reached and access education as well as other services required by them.
- As a result of increased funding to CBOs about more than 10, 500 children benefited from direct medical support. Largely this owes to the construction of clinics by Kindle and improvements to the existing medical services provided by Consol Homes, Ministry of Hope and somebody Cares. Not only do children have increased access to medical care at these CBOs but the surrounding communities too benefiting about 10,000 households.
- Increased awareness on Child Protection and advocacy ((Ministry of Hope, Consol Homes, Somebody Cares, Kindle

**(c). Sustainability.**

- Self sustaining mechanisms for better living and family support for accessing food and clean water have been embarked on and need to be sustained. The Bore holes being constructed and rehabilitated by the CBOs, the toilets being constructed in schools, all are promoting clean environments being created for children and promoting their rights to living in a clean and safe environment.
- Long term mechanisms for feeding children and enabling OVCs to have access to constant food supply by their communities, have too been embarked on and need to be sustained. Community gardens have been established and some organizations like, Some body cares, have constructed feeding structures, others like ministry of hope have constructed storage rooms for harvests that will always

be yielded from the community gardens, all aimed at created increased feeding for children.

- Community Based Organizations have (with support from NOVOC have managed) to mobilize resources from other Donors for supporting their project. Donors like, National AIDS Commission through the District Assemblies, Egmond Trust in the UK, Firelight Foundation, Church Organizations, have been some of the donors that CBOs have gotten funds from in addition to KCCF.
- CBOs have also embarked on income generating activities to sustain the programs. Maize Mills, Paltry keeping, Goat rearing and Piggery, are some of the income generating activities that these groups have embarked on in order to have their projects sustained.

### **3.3. Impact on children**

#### **(a). Increased access to education.**

- More than 50,000 OVCs have had access to both pre-and primary education communities. This has not only helped children to be able to read and learn, but it has also improved their psychological development as a result of psycho-social support provided from both KCCF and Advocacy campaigns with Oxfam funds.
- Other OVCs above 200 have had access to secondary education and have had their fees paid for as well as scholastic materials from KCCF financial support.

#### **(b). Improved access to medical care**

- More than 2, 200 OVCs have had constant and continuous access to medical care and support through out the project period. This has not only improved their health status, but has contributed a lot to the growth and development and being able to avert child mortality that has characterized the OVC situation in Malawi.
- About 10,000 households have access to medical facilities put in place in the CBOs impact areas, such as Kindle Ministries and Consol homes, all funded by KCCF. These are long lasting facilities that will serve communities for decades in offering services to OVCs and other community members in health promotion.
- The services provided under the medical scheme have ranged from provision of Vitamin A supplements, to treatment of general childhood illnesses as well as malaria and other complications affecting children in Malawi.

#### **(c). Improved nutritional status and health.**

- Before the program, there were thousand of malnourished children in all the impact areas. This has reduced tremendously as a result of KCCF funds to the feeding program, both in school and community based child care centres as well as crisis nursery at Ministry of Hope. More children are still required to be reached in districts where NOVOC has not done much in terms of linking OVC care organizations and care givers to potential donors and mounting its capacity building initiatives.
- Improving nutritional status of children, means, improving the quality of life of children and enhancing their development process. In order to continue improving the nutritional status of children, CBOs have been able to set up irrigation schemes using solar, bought treadle pumps, bought maize mills and establish community gardens for continuous food production and supply. These need to be supported more for effective sustainability.

### 3.4 Other project achievements.

As result of the funding support from NOVOC partners and NOVOC's ability to utilize funds given to it, other partners have developed interest in supporting OVCs in Malawi and so far:

- Gateway Secondary School has offered to sponsor 50 OVCs for their entire four years in secondary school and NOVOC has been identified to coordinate this sponsorship programme. These children will be drawn from all the 28 Districts. However, this brings with it a lot of challenges in beneficiary identification and selection
- NOVOC has been able to trace and reunite OVCs with no known relatives to find relatives, and such was true with OVCs found in Nsanje and re united with their grand father in Chikwawa.
- Dick promise, acquired sponsorship from one Radio Listener to NOVOC programs after Dick had narrated his story about being orphaned and without any support despite his need for school. The sponsor will provide educational support to her up to university level, now in form two.
- Blessing Hospital has offered to provide 60 bales of Vita Meal to NOVOC member CBOs and others for feeding children through Ministry of women and Child development.
- Stop AIDS Now is supporting NOVOC to implement a psychosocial project through linking and learning initiatives.
- NOVOC has too realized the need and desire to strengthen communities and OVC care givers in order to better respond to their needs. As such, donors like Raising Malawi trust, Cordaid, Pact Malawi, have been planned to be approached for future partnerships.

## 4. Key Lessons and Examples of Best Practices

Several important lessons became clear during the implementation of the projects, which needs to be taken into consideration for future development projects.

### Programme implementation and management.

- *Infant feeding.* Community Based Organizations and OVC households should be supported to produce their own food for feeding children, than direct purchase of food stuffs that is not sustainable. Establishment of irrigation schemes and farm inputs for food production in Malawi, is one of the most important boosters to food production and should be encouraged and supported.
- *School support (pre-school and primary).* Communities and OVC households should be supported more in establishing avenues for generating own income from which, scholastic materials for pre and primary school support, can be got. Such projects like, poultry, dairy farming, piggery, could raise a lot of money from the sale of eggs, milk, meat and waste products from both cows and pigs, support in making manure for crop production, lessening the cost for fertilizer that can not be afforded by every household.
- Orphans and vulnerable children's needs are so numerous that government and Non governmental Organizations need to set priorities in tackling them. A visit to communities across the country during the media documentary development, revealed many boys and girls having dropped out of school due to lack of financial support.

- Strengthening support to Community Based Child Care Centres (CBCC) increases child participation in this educational opportunity and better prepares children for primary school.
- *Medical costs.* Establishment of Medical structures to reach under privileged areas where OVCs live, should be encouraged and supported as they provide accessibility to medical facilities and reduces costs of traveling to far a away health services that are never accessed due to distance.
- Transparency and involvement of a variety of players in the identification of beneficiaries helps to ensure an accurate beneficiary list of the most needy orphans
- Although the project addresses many key needs of OVC with direct service provision, it is a challenge to meet all OVC needs.
- The capacity of caregivers to support OVCs may be limited and the project has only just started to introduce efforts which cannot effectively strengthen caregiver's capacity within 2 years of the project life.
- Annual Partnership meeting with CBOs form an effective means to harmonize programme implementation in addition to sharing lessons and best practice

#### **Capacity building.**

- The outcome of a capacity needs assessment should provide a basis for Action Plans for capacity building interventions as well as indicators for monitoring such efforts.
- CBO capacity build is on going and cannot be achieved in the short term. A lot of capacity building is still required for CBOs to be able to plan, design and implement OVC related programs for effective service delivery and need to be supported.
- Documentation of good practices cannot not only be used to share lessons learnt amongst CBOs/FBOs/NGO but also serve as promotional materials for external audiences
- Communities need to be empowered to meet OVC needs with limited support from external forces.

#### **Child protection**

- Mainstreaming child protection in the day to day running of OVC projects minimizes the risks of child abuse and exploitation.
- There is need to support CBOs in understanding the concepts of child protection, have policies made and disseminated to both communities and households.
- Prior community understanding of the definition of an "orphan" and "vulnerability" enhances the identification process and of the right beneficiaries thus reducing the risk of selecting relatives and friends as beneficiaries.
- A lot more is required to hold the family and community level structures accountable to child protection issues, and responding rapidly on issues that violate the rights of children.

#### **Monitoring and evaluation**

- To effectively address the needs of OVC, Community Based Organizations (CBOs) need to have a user-friendly monitoring tool enrolling OVCs and provide on going assessment of their needs.
- Most CBOs are quite capable of maintaining process indicators but measuring success of OVC intervention is more problematic, especially in terms of impact or effectiveness.

- CBOs' projects should be fully informed by a comprehensive initial qualitative and quantitative baseline which sets benchmarks for better monitoring and evaluation of OVC projects.

## Examples of Best practice

### **Kindle/Ministry of Hope-Sustainable food production through irrigation.**

Kindle Ministry and Ministry of Hope practice in setting up community based programs focusing on sustainable agriculture in irrigation farming using solar and valley dams respectively, are some of the best practices that have characterized the project implementation and need to be sustained. Kindle ministry, not only set up a solar irrigation scheme to support communities have access to food at all times, but also set up a community under five outreach clinic. This has resulted into a health facility developing and small scale business opportunities coming up as people can buy and sell basic items around the clinic in a rural setting.

### **Chinansungwi and Chagumukire-Pre-school education support**

Chinansungwi and Chagumukire have both constructed Community Based Childcare Centres (CBCCs) using KCCF fund. These are long lasting structures that in them, children are able to access play materials, food and have happier moments that build their psychological welfare and enhances their physical and mental development.

Around the CBCC, Chinansungwi has managed to construct a dam for irrigating crops that are grown around the centre, constructed a Maize mill house and procured a maize mill which is used for grinding maize for both children to feed on and also for communities to access with a small amount of money paid for maintenance purposes and sustainability.

There is need to strengthen communities in understanding and making use of the CBCCs by building their capacity in early childhood development, psychosocial support interventions and OVC support generally.

## 5. Conclusion

Funds donated to support OVC work through NOVOC are adequately utilized as they reach the intended beneficiaries. For instance: The donation from Raising Malawi to the 10 selected CBO members with support from NOVOC, provided an opportunity for these CBOs to deliver all planned components of the project, focusing on capacity building, children feeding, school support (pre primary and secondary), vocational skills training, child medical care and child protection and advocacy. Additionally, NOVOC strengthened its own capacities to support its member CBOs including those selected for this project and has become more visible, reliable and a credible partner to a number of stakeholders.

A total of 42, **624** (more than the planned target) OVC received support in the form of children feeding, school support, vocational training, child medical care. In addition there have been remarkable increases in the CBO's frequency of supervision monitoring visits to more villages than before. Follow up monitoring visits on activities increased from non to weekly visits. Implementation of a wide range of intervention in itself is clearly evidence to demonstrate success in increased coverage of services offered by these selected CBOs.

The Raising Malawi trust funding and that from Oxfam Joint Program gave NOVOC Secretariat an opportunity to really focus on developing its role in networking and coordination, advocacy, psychosocial support, CBO capacity building which will have a greater impact on reducing child vulnerability due parental loss.

The USD 1, 800, 000 donation from Raising Malawi and more from Oxfam Joint Program clearly have had an enormous impact on thousands of Malawian children in the selected areas and has proved that NOVOC not only has the commitment but also the capacity to scale up, reaching more vulnerable children. Each CBO is proud of its work with OVC through this project, having a huge sense of achievement.

## 6. Recommendations

A serious deficiency in the design of the current project has been the absence of a monitoring and evaluation framework which provides guidelines in the collection of information for programme monitoring and evaluation. In upcoming projects CBOs should attempt to avoid these shortcomings by collectively developing a joint proposal for addressing the issues of OVC.

Another issue requiring attention is a lack of the sustainability plan by which most CBO beneficiaries could phase out their reliance on donor financial support. Six months and Two years is very short a time to expect the CBOs to become self reliant, especially in light of the overwhelming range of activities they are supposed to carry out. An abrupt termination of KCCF support for the capacity building of these CBOs for instance, which was supposed to establish them as independent bodies, could result in serious hampering of their goals. A gradual phasing out plan over a period of perhaps three years after the initial two-year phase of agreement was necessary for ensuring that the results of the project and the objectives behind it are consolidated and scaled up for the benefit of more children. This will further ensure longevity and ownership.

Given the numerous challenges in meeting the key needs of OVC, it is worthy to consider empowering the affected families and their communities so that they become self reliant in supporting the OVCs with limited support from donors and CBOs.

Future projects should be given a stronger Child Rights perspective to ensure issues of child abuse, exploitation, and property dispossession are addressed to the full benefit of the child. Therefore mainstreaming child protection in the day to day running of child centered development CBOs should be considered in all OVC projects.

An impact assessment of the CBO-DSP should be conducted to gather data concerning project impact, hence the need for funding consideration.

It is no doubt that there are still a lot more additional needy OVCs in the districts who have yet to be reached by similar project interventions, including the children identified in 2006 remaining on the waiting list for services. Therefore, expansion and scaling up to other CBO areas of the current support through 2010 will allow for more OVC served than the current state.

## 7. Way Forward

Following from the foregoing and in an effort to complement lessons learnt through these projects, it is much hoped that more donors see the need to support NOVOC and support NOVOC's efforts of **"Strengthening Family and Community Responses for OVC protection, care and support"**.

NOVOC has since developed other requests for funding from various donors in its bid to strengthen communities and households to support their orphans and other vulnerable children under their care. The key deliverables in the new proposed projects that NOVOC would like to embark on include:

- Increased number of CBOs with capacity to support families that keep orphans.
- Increased number of caregivers with capacity to provide for psychosocial support for their children.
- Increased number of OVCs with access psychological and emotional support, birth registration and child rights.
- Increased advocacy activities for lasting positive change in the situation of OVCs and their families.
- Enhanced protection of OVCs from abuse, exploitation and property dispossession.
- Increased access (caregiver and children) to information, education and communication on child rights, child protection and psychosocial support.
- Shared learning amongst CBOs/FBOs/NGOs and documentation of lessons for strengthening, scaling up and improving OVC responses.

Additionally the proposed projects will complement government's effort in implementing the National Plan of Action 2005-2009 to which NOVOC is a key implementing partner.