COMMUNITY-BASED ORGANISATIONS (CBOs) AND THE CHILD RIGHTS-BASED APPROACH (CRBA) IN IMPLEMENTING SERVICES FOR VULNERABLE CHILDREN: A CASE STUDY OF KUYASA HORIZON EMPOWERMENT IN KAYAMANDI, CAPE TOWN, SOUTH AFRICA.

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COMMUNITY-BASED ORGANISATIONS (CBOs) AND THE CHILD RIGHTS-BASED APPROACH (CRBA) IN IMPLEMENTING SERVICES FOR VULNERABLE CHILDREN: A CASE STUDY OF KUYASA HORIZON EMPOWERMENT IN KAYAMANDI, CAPE TOWN, SOUTH AFRICA.

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Factors,

Justice,

Organisations,

Poverty,

Rights,

Success, and

Vulnerable.
ABSTRACT

Vulnerable children in Southern Africa are not receiving adequate services to support their human development. The child rights-based approach (CRBA) has become the globally accepted norm informing the quality and variety of multidimensional services children require to realise their rights and ensure their optimal human development. Community-Based Organisations (CBOs) are providing services to children in their communities. Unfortunately, relatively few CBOs in Southern Africa have been able to deliver all the multidimensional services required by vulnerable children to realise their right to survival, protection, development and participation. Yet, in the immediate future, existing CBOs could be capacitated as part of a collaborative approach with governments and donor agencies, to scale up services for vulnerable children.

In line with the CRBA and the people centred development approach (PCDA), this research describes the factors that enhance or constrain the services for vulnerable children provided by the CBO, Kuyasa Horizon Empowerment (Kuyasa), in Kayamandi, Cape Town, South Africa. The aim of the case study was to identify and describe these key factors which impact on CBOs service delivery, utilising the CRBA as theoretical framework, so as to provide recommendations for future capacity building with Kuyasa in particular and other CBOs in general. Both qualitative and quantitative methods of research were applied throughout the study using a variety of techniques and instruments.

Generally the findings indicate that, in terms of the CRBA, the factors which enhance services for vulnerable children provided by Kuyasa, were (1) their approach to empowerment as a point of departure for other practices and principles, (2) the scope and sequencing of their multidimensional services, (3) the practice of assigning responsibility to children to encourage contribution and the (4) principle of mentorship to validate children’s
potential and contribution in the absence of biological fathers. The critical constraints were (1) the variety of challenges children encounter in the community, i.e., sexual abuse, early sexual debut and alcohol abuse, (2) the challenges out of school youth encounter in accessing higher education or employment, (3) conflicting interests which hindered consensus in the participation process and (4) managing complex or prescriptive donor relationships.

In light of the critical constraints identified, a collaborative and integrated approach is recommended. The constraining factors identified by this case study cannot be addressed by CBOs in isolation. The challenges children, out of school youth, and CBOs encounter can only be mitigated through a collaborative and integrated approach, where the grassroots level services provided by CBOs are combined with interventions offered by government departments and the development community. Some of the success factors and constraints can be extrapolated and used to inform many similar organisations operating in similar contexts. Finally, framing the findings in terms of the CRBA, promotes advocacy and discourse around a shared theoretical framework.
DECLARATION

I, the undersigned, hereby declare that this mini-thesis entitled: Community-Based Organisations (CBOs) and the Child Rights-Based Approach (CRBA) in implementing services for vulnerable children: A case study of Kuyasa Horizon Empowerment in Kayamandi, Cape Town, South Africa, is my own work, that it has not been submitted for any degree or examination to any other University, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Heidi Grundlingh

Student No. 2046357

Signed:

Date: 15 November 2013
ACKNOWLEDGEMENTS

First, I would like to honour and praise God, my Father and Guide, for revealing to me a life full of joys to experience and contributions to make.

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<tr>
<td>ACRWC</td>
<td>African Charter on the Rights and Welfare of the Child</td>
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<td>CBO</td>
<td>Community-Based Organisation</td>
</tr>
<tr>
<td>CRBA</td>
<td>Child Rights-Based Approach</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus Infection / Acquired Immunodeficiency Syndrome</td>
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<td>Kuyasa</td>
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<td>OVC</td>
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CHAPTER ONE:
INTRODUCTION

“Children’s contribution to society in adulthood is determined to a large extent by their treatment during their childhood” (Ray, 1998, cited in Dinbabo, 2011:13).

Countless children in developing countries are made vulnerable by systemic poverty, under development, poor healthcare and education and other factors. The scale of the vulnerable child crises (due to HIV and other factors) in Africa is so substantial, that it impacts on the ability of communities and governments to mitigate the crises while meeting their local, regional and national development goals. “In (HIV/AIDS) effected countries in this region (Sub-Saharan Africa), children are missing out on what they need for survival, growth and development, and (therefore) progress on key national development goals is being jeopardized” (UNICEF, 2006:32). In addition, key research findings for the Sub-Saharan African region in the UNICEF 5th Stock taking report on Children and HIV/AIDS (UNICEF, 2010) showed that 90% of orphans and vulnerable children (OVCs) were living with extended family but there was still only 11% of coverage in external care and support for these families.

These regional trends apply to South Africa despite South Africa’s status as a middle-income country (ChildrenCount, 2012). South Africa’s total population is estimated at 50.5 million people, of whom 18.5 million are children under the age of 18 years (Stats SA, 2011). Children therefore constitute 37% of the total population. Despite the celebrated gains in political freedom and economic growth, “the majority of South Africa’s children still face serious threats to their survival, health, development and participation” (Carhall, cited in Dawes, Bray, & Van der Merwe, 2007: vii). South African children are put at risk by several
key factors. These include: high levels of child poverty (60% of children live below the lower poverty line of R575 per month), increased orphan-hood and vulnerability due to the HIV/AIDS pandemic (2.5 million children in South Africa have been orphaned due to HIV/AIDS), an education system which fails to produce good outcomes for mathematics and literacy, and slow uptake of the child support grant by families due to delayed birth registration (ChildrenCount, 2012; Dinbab, 2011; Giese, 2011).

Many of the vulnerabilities faced by children compromised by HIV/AIDS and from being orphaned are also experienced by other children living in poverty (Ainsworth and Filmer, 2002; Giese, 2002). Akwara (2010) notes that only the level of household wealth consistently predicted the vulnerability of children. Although the HIV/AIDS pandemic led to rapidly increasing numbers of children being left vulnerable and therefore justifies due intervention and funding for OVCs specifically, all vulnerable children, whether made vulnerable by poverty, disease, conflict or service gaps should be targeted for policy and intervention (Dawes et al., 2007; Strebel, 2004).

Studies by numerous authors have demonstrated correlations between children’s poverty, scholastic achievement, health, and behaviour (Brooks-Gunn & Duncan, 1997; Duncan & Brooks-Gunn, 1997; Mayer, 1997). Therefore vulnerable children need comprehensive and multidimensional interventions or services (including health, education, shelter, nutrition, psychosocial support, etc.) to ensure their human development (Kagan, Moore, & Bredekamp (eds.), 1998). Only by scaling up services in a multidimensional way will stakeholders ensure improved developmental outcomes for vulnerable children. In turn, interventions for optimal child development will support children’s future contribution to society, relieve pressure on extended families, and contribute to the national developmental

Ideally the state, civil society and international donor agencies as relevant stakeholders should implement multidimensional interventions to provide coverage or additional support when families or communities are compromised and children are made vulnerable. However, scaling up services in a multidimensional way is a colossal undertaking and can only be achieved by a collaborative and integrated approach, i.e., combining the grassroots level services provided by community-based organisations (CBOs) with the essential, broad-based health, education and social welfare services provided by government departments. Furthermore, to ensure collaboration and integration of services, both government departments and regional NGOs play a key coordinating and capacity building role (Foster, 2010; Kindal, 2007; Owuor, 2010; UNICEF, 2010).

1.1. Contextualisation of the Topic

Based on the extent of the orphaned and vulnerable child crisis in Africa and South Africa, there is consensus for the urgency of scaling up the response to care for these children. Although collaboration is needed, CBOs play a key role in the grassroots level response. The following section will demonstrate the need for further research into the capacity of CBOs to provide child rights-based programmes for vulnerable children.

1.1.1. The role of CBOs in implementing services for vulnerable children.

CBOs are assuming shared responsibility for the ever-unfolding vulnerable child crises in communities. The literature indicates that some CBOs play a key role as the community level implementation partners (Kidman, 2007; Schenk & Michealis, 2010). Foster (2010:1)
recognises that “years from now, when the history of the global HIV epidemic is written …
community support initiatives will receive their proper recognition as the unique contribution
of the African continent.” Understandably, large sums of donor money are going towards
grassroots level CBOs to improve service delivery and coverage through their vulnerable
child programmes (Schenk & Schenk, 2009).

Unfortunately, to date, the outcomes of community-led programmes for vulnerable children
have been inconsistent (Kidman, 2007; Owuor, 2010; UNICEF, 2007). Relatively few CBOs
in Southern Africa have been able to deliver the full range of quality multidimensional
services required by vulnerable children for their survival, protection, development, and
participation (Kidman, 2007; Mmbando et al., 2009; Schenk & Schenk, 2009; Schenk &
Michealis, 2010). The authors above state that the community-based response is mostly not
at the scale or of the quality needed to ensure significant numbers of vulnerable children
develop resilience despite their dire situation.

However, CBOs are ideally positioned as community agents to identify and support
vulnerable children in their own communities. In the immediate future, CBOs could be
capacitated and their services expanded and integrated, as part of a collaborative approach
with governments and donor agencies, to provide multidimensional services for vulnerable
children at the scale needed (Drouin & Heymann, 2010; Foster, 2010; Kidman, 2007).

1.1.2. The Child Rights-Based Approach (CRBA) to Programming

The transition from the welfare model to the human rights model has brought with it the
understanding that CBOs and others should not merely provide basic services to meet basic
needs, but that beneficiaries have a right to comprehensive services that enable the
achievement of their human development. Hence, the CRBA introduces a normative
framework or benchmark for CBO service delivery for children (Jonson, 2003; Prest-Talbot, 2012; Save the Children, 2005; Theis, 2003).

The CRBA to programming and services is propagated by all major development agencies such as UNICEF, Save the Children, World Vision, etc. South African bodies such as the Children’s Institute based at the University of Cape Town, the Children’s Rights Centre, the Human Science Research Council, and others also follow this approach. The CRBA takes a normative standpoint that is grounded in child rights and international consensus on “what should be” for children (Dawes et al., 2007; Prest-Talbot, 2012). This widely operationalized approach to programming has filtered down to introduce standards, guidelines and practices for vulnerable child programming at a community level to ensure that, beyond meeting basic needs, children’s rights are realised and therefore also the achievement of their highest potential (Jonsson, 2003; Prest-Talbot, 2012; Theis, 2004; UNDP, 2006).

The CRBA and related practices to programming is best introduced in an organisational environment were the principles of the people-centred development approach (PCDA) have already been operationalized. The PCDA operationalized within CBOs provides the underpinning organisational capacity to implement a CRBA (Jonsson, 2003; Theis, 2004). The PCDA propagates an organisational environment that practices the principles of participation, ownership, empowerment, and sustainability. As Johnson (2003) and Theis (2004) note, the CRBA to programming by CBOs fundamentally includes and builds on the principles of the PCDA to programming, but extends further to set a benchmark for vulnerable child programming.

1.1.3. Case study area: Kuyasa Horizon Empowerment (Kuyasa)
Kuyasa as a CBO, aims to provide multidimensional services (physical, psychosocial, spiritual and educational), to vulnerable children so as to improve their developmental outcomes. An average of 1200 children access any one of Kuyasa’s services each month. Kuyasa is a registered Non-Profit Organization that has been operating consistently for 12 years in the Kayamandi Township outside Stellenbosch (Kuyasa Horizon Empowerment, 2012). Kuyasa actively engages community members to encourage uptake of services but also to volunteer and contribute to programme delivery (Du Plessis, Heinecken, & Olivier, 2012).

1.2. Problem Statement

CBOs play an important role in providing services for vulnerable children, but their capacity needs to be developed. The literature indicates that CBOs are key community-level implementation partners in providing services for orphans and children made vulnerable by poverty, HIV/AIDS and other factors (Kidman, 2007; Mmbando et al., 2009; Schenk & Schenk, 2009; Schenk & Michealis, 2010). Although reviews indicate the value of community interventions, relatively few CBOs have been able to deliver a full range of multidimensional services ensuring the survival, protection, development, and participation of vulnerable children (Kidman, 2007; Mmbando et al., 2009; Schenk & Schenk, 2009; Schenk & Michealis, 2010). However, CBOs could be capacitated and integrated as part of a collaborative approach with governments and donor agencies, to provide multidimensional services for vulnerable children at the scale needed (Drouin & Heymann, 2010; Foster, 2010; Kidman, 2007).

Independent reviews conducted by Schenk & Schenk (2009) and Schenk & Michealis (2010) of 127 distinct evaluations of community-based interventions for OVCs in Africa reveal that
there are limited rigorous qualitative and quantitative studies that explore the effectiveness of community-based interventions in delivering services to OVCs. There is also limited empirical research to describe the factors that enhance or constrain the services for vulnerable children provided by CBOs. These points underline the important need for further research to build an evidence base to inform capacity building for CBOs.

The CRBA, underpinned by the PCDA, sets an international benchmark for vulnerable child programmes and service delivery by CBOs. Yet, the factors which enhance or constrain services provided by CBOs have yet to be identified and described utilising the CRBA to programming as a theoretical framework.

Therefore, this case study seeks to identify and describe the factors that enhance or constrain the services for vulnerable children provided by the Kuyasa CBO, utilising the CRBA as theoretical framework. The study is important for providing recommendations to stakeholders and policy makers in South Africa in general and to the Kuyasa CBO in particular.

1.3. Research Questions

As described in the problem statement, it is important to gain an in-depth understanding of the factors that enhance (success factors) or constrain (critical constraints) the services for vulnerable children provided by Kuyasa, utilising the CRBA as a theoretical framework. At a community level, this approach includes the various child rights practices and the CBO’s organisational capacity for implementing a CRBA. These themes are described in detail under section 2.4, Operationalization of themes.

Hence, this case study aims to answer to the following specific research questions:
1. Utilising a child rights-based framework, what are the success factors or critical constraints, in terms of:
   - Kuyasa’s child rights practices: referring to child rights instruments, providing for multidimensional needs, utilising a child referral network and supporting families as duty-bearers?
   - Kuyasa’s organisational capacity for implementing a CRBA characterised by empowerment, participation, ownership, sustainability, and advocacy?

2. Are there any other (existing or emerging) themes related to the success factors or critical constraints experienced by Kuyasa, as a CBO providing services for vulnerable children?

1.4. Aims of the Study

The study had the following specific research aims:
   - To analyse the literature and empirical evidence to develop a solid and comprehensive theoretical framework whereby to identify and describe the success factors or critical constraints experienced by CBOs in providing child rights-based services for vulnerable children.
   - To outline an overview of the case study area, describe the organisational structure of Kuyasa as a CBO, and the implementation of their vulnerable child programmes.
   - To empirically investigate the success factors or critical constraints experienced by the Kuyasa CBO in terms of its child rights practices and organisational capacity for implementing a CRBA, as identified by the staff and the beneficiaries themselves.
   - To provide recommendations to Kuyasa CBO, other CBOs, regional NGOs, the Department of Social Welfare, and other stakeholders.
1.5. Research Design

Mouton (2001:4) describes the research design as the “blueprint of how you intend to conduct the research”. Hence, the research design was informed by the research questions and aims, and sets out the logical methodology, which was followed.

The social sciences have developed two major research traditions to investigate phenomena, namely, qualitative and quantitative research designs. Qualitative research allows the researcher to investigate social action from the perspective of the “insider” (Geertz, 1973 cited in Babbie & Mouton, 2008:272). Quantitative research allows the researcher to “assign numeric values to different variables and cases thereby allowing for patterns, ratios or proportions” relating to the target population to be estimated (Bless, Higson-Smith & Kagee, 2000:38; Casey and Kumar, 1988). According to Cook and Campbell (Babbie & Mouton, 2008:280) “…case studies can yield valuable scientific information when they take place in settings where many variables are measured in the post-test.”

This study aimed to understand multiple success factors or critical constraints experienced by a single CBO (Kuyasa) in terms of its child rights practices and organisational capacity. Hence a case study design, utilising qualitative and quantitative methods, was deemed most appropriate.

1.5.1. Research Methodology

Research methodology refers to the techniques and instruments utilised in social science research to collect, condense and organise data (Bryman, 2001; Mouton, 2001). This case study design called for qualitative methods (i.e., interviews, focus group discussions, observation) and quantitative methods (i.e., a survey) to collect data and triangulate the findings. The qualitative research methods allowed the researcher to investigate and describe the experiences of Kuyasa
in service delivery, from the perspective of the staff and the beneficiaries. The quantitative methods were incorporated to collect demographic and “service utilisation” information from beneficiaries via a survey. The survey included a qualitative element where the caregivers of children were asked to give their views on the services provided. 75 informants were selected using simple random sampling.

1.5.1.1. Data collection

The gathering of field data focused on the following themes:

- Describing Kuyasa’s organisational structure, vulnerable child programme beneficiaries, and stakeholders.
- Assessing the success factors (‘what makes Kuyasa work’) or critical constraints (challenges) in terms of Kuyasa’s child rights practices such as referring to child rights instruments, providing for multidimensional needs, utilising a child referral network, and supporting families as duty-bearers.
- Assessing the success factors (‘what makes Kuyasa work’) or critical constraints (challenges) in terms of Kuyasa’s organisational capacity for participation, advocacy, ownership, empowerment, and sustainability.
- Identifying and assessing any other (existing or emerging) themes related to the success factors or critical constraints experienced by Kuyasa, as a CBO providing services for vulnerable children.

For gathering the field data described above the researcher utilised several data collection tools. These include secondary data analysis, in-depth interviews, focus group discussions, observation, and a survey. The application of these methods to the Kuyasa case study is described in the following sections.
1.5.1.2. **Secondary data analysis**

The secondary data gathering and analysis were carried out prior to the collection of field data via informants, to provide the study with the relevant background information on the case study area and organisations. Relevant documents included municipal reports, other studies conducted in the case study area, and project proposals.

1.5.1.3. **In-depth interviews**

A qualitative interview is “essentially a conversation in which the interviewer establishes a general direction for the conversation and raises specific topics raised by the (study) respondents” (Babbie & Mouton, 2008). In-depth interviews were conducted to gather information on the success factors or critical constraints experienced by Kuyasa CBO in terms of its child rights practices and organisational capacity. While guiding questions provided direction to the conversation, the interview process was flexible enough to explore relevant, emerging themes. Interviews with 13 key informants and opinion leaders allowed for triangulation in identifying commonalities and contradictions in emerging themes (Babbie & Mouton, 2008).

The informants were selected based on their experience and knowledge of the organisation and community, age and gender to represent a diverse sample. The informants included 3 community leaders, 6 CBO management or staff members, 2 board members and 2 youth beneficiaries.

1.5.1.4. **Focus-group discussions**

This is a valuable qualitative research technique as it allows for a small group of people with a common interest to create meaning amongst the group regarding a specific phenomenon. It also allows for the rapid and flexible collection of a vast amount of information (Babbie & Mouton, 2008). For the purposes of this study, 3 focus group discussions were conducted. The
researcher ensured that a cross section of interest groups were represented, i.e., the Kuyasa staff, the caregivers, and 1 group of youth beneficiaries participating in the programmes. (Youth 18 years and older, who were served by the programme for at least 2 years while under the age of 18 were selected to participate in the study. This accommodated the UWC guidelines placing restrictions on conducting research with children.) Questions relating to child rights practices, organisational values and organisational capacity were raised. Furthermore, participants were encouraged to identify what they view as the critical success factors or critical constraints to delivering services for children. The discussion groups also allowed an “alternative way of checking, clarifying and refining themes” that emerged while collecting data via interviews, observation and documentary analysis (Thecla, 2011).

1.5.1.5. Observation

Observation is the most important element in understanding any intervention and in this study served to provide first-hand information on the manner in which staff and beneficiaries interact, as well as the underlying success factors and constraints to services (Babbie & Mouton, 2008). The researcher therefore employed participant and non-participant observation of the implementation of the various programmes that engage with the children at least once a week. Non-participant observation of a staff meeting and the various child programmes were conducted while participant observation was applied as the researcher participated in the focus group discussions and interviews (Bless, Higson-Smith & Kagee, 2000:38). The researcher therefore observed the underlying success factors and constraints to programming first hand rather than relying solely on the perspective of the study participants.

1.5.1.6. Survey

Babbie & Mouton (2008:232) notes “survey research is probably the best method available to social scientists interested in collecting original data for describing a population too large to
observe directly”. In this study, a sample of 75 families was selected using simple random sampling, which is a probability sampling method (Bless, Higson-Smith, & Kagee, 2000). Children (and their respective families) were randomly selected from Kuyasa’s programme registers for inclusion into the sample.

The structured questionnaire was administered during a home visit to each family. The questionnaire gathered demographic and socio-economic information, and tested the family’s awareness of the variety of the services offered by Kuyasa. In addition, the questionnaire gathered information on their perception of the critical success factors or critical constraints experienced by a CBO like Kuyasa when delivering services.

1.5.1.7. Data analysis and interpretation

Data analysis changes raw data into findings (Patton, 2002) through the process of bringing structure and meaning to the collected data (De Vos, 2007, cited in Thecla, 2011). A combination of qualitative and quantitative data analysis methods was used for this case study.

The quantitative data collected via a household survey was coded and analysed using the Statistical Package for Social Sciences (SPSS) computer software. This modality offered summaries of data entered, examined relationships between variables, and allowed for descriptive presentation of the data in the narrative analysis.

The qualitative data was coded and subsequently grouped into categories, patterns, and themes to answer the research questions. Coding is described as the process of assigning words or phrases to significant sections of the raw data (Babbie & Mouton, 2008). Data can either be inductively coded as the researcher allows themes to emerge during analysis or deductively coded utilising pre-formulated codes derived from existing theories or themes.
In this case the raw data, consisting of field notes and transcribed audio recordings of interviews and discussion groups, was coded using deductive and inductive methods. Coding allowed the researcher to bring together all the data from all the sources, and summarise it into words or phrases directly related to the research question.

All coded data was then categorised under themes by combining related codes from project documents, field notes, and transcriptions. The coded data was categorised into themes relating to the *successes or constraints experienced in implementing child rights practices* (section 4.2.1) or to the *successes or constraints experienced in Kuyasa’s organisational capacity to implement a CRBA* (section 4.2.2). In addition, the researcher analysed the data for new *emerging themes related to the successes or constraints* experienced by the CBO in programme implementation to identify new empirical evidence not yet developed into theory.

Finally, interpretation allowed the themes to be synthesised into larger coherent wholes. Mouton (2001:109) notes that interpretation means “relating one’s results and findings to existing theoretical frameworks”. Therefore, in the narrative analysis and interpretation, the researcher discussed the identified themes in relation to the theoretical framework (outlined in the ‘CRBA to CBOs Services for Vulnerable Children’ developed for the study (section 2.4.1)) and other related literature in the field. Newly discovered themes were also included and related back to existing themes.

### 1.6. Motivation for the Study

This study is relevant to the South African context in general and the Kuyasa CBO in particular for at least *three* main reasons. *Firstly*, the selected case study area, i.e., the
Kuyasa CBO, represents to a large degree the typical socio-economic and political problems facing other CBOs of the country. Secondly, it provides a theoretical framework and operational model for the CRBA, complemented by the PCDA, through which to assess a CBO. Thirdly, describing the possible success factors or critical constraints experienced by CBOs in implementing vulnerable child programmes will enable stakeholders (CBOs, government departments, regional NGOs, and funders) to identify, mitigate or harness these qualities in their own programmes so as to upscale the grassroots response.

1.7. Limitations of the Study

This case study does not attempt to analyse the effectiveness of Kuyasa’s services. Rather it aims to describe the factors that enhance or constrain services from the perspective of the CBO staff and beneficiaries. The case study predominantly has a qualitative design to gain an ‘insider perspective’ of the research questions and to categorise findings utilising a CRBA theoretical/operational model.

As a case study provides a context specific description, this study reliably identifies and describes the success factors and critical constraints experienced by Kuyasa in particular. Although other CBOs may experience similar enhancing or constraining factors, further investigation would be needed to confirm cross cutting themes reported by CBOs in general.

The UWC research guidelines place certain restrictions on conducting research with children, hence youth 18 years and older, who were served by the programme for at least 2 years while under the age of 18 was selected to participate in the study. These study participants were referred to as ‘youth beneficiaries’. In order to prevent the loss of data due to problems with recall the researcher asked the youth to tell stories of their experiences while participating in
programmes at Kuyasa as children. This helped to trigger memories, after which the more abstract themes of values and attitudes were introduced.

Despite these limitations, the researcher is confident that lessons drawn from the study serve as a point of departure for other related research on the topic. The findings of the research are reliable and will provide an ‘insider perspective’ to the success factors and constraints experienced by Kuyasa and possibly other CBOs.

1.8. Ethics Statement

An ethics clearance to conduct the study was obtained from the Ethics Committee of the University of the Western Cape. Permission to conduct the study was also obtained from the management of Kuyasa and community members that were directly involved in the study. Written and verbal consent, as well as permission to record the interviews, was obtained prior to the initiation of the interviews and focus group discussions. The purpose of the study and the expected roles of the participants were explained and recorded prior to each interview or focus group discussion. To comply with universally accepted ethical standards for social research and to ensure anonymity, no names, positions, roles, or responsibilities at the Kuyasa CBO or in the Kayamandi community have been revealed in this thesis as it would indirectly reveal the identity of the individual or group. Furthermore, no individual’s name has been linked to a particular statement in an interview or focus group discussion. No compensation was paid to any informants for participating in the study. Confidentiality adhered to by the researcher and the anonymity provided to respondents ensured that no participants in the study were harmed because of partaking in the study. The researcher undertook to submit the research findings to all relevant bodies and stakeholders.
1.9. Chapter Outlines

This study is presented in five chapters, structured as follows:

**Chapter One:** introduces the South African context and the field of study, i.e., the CRBA with which the Kuyasa programmes can be assessed. It further contains the problem statement, the research questions, aims, and objectives of the study, research design and methodology, as well as the motivation for the study.

**Chapter Two:** provides a theoretical and empirical foundation for the study. Specifically it presents a theoretical framework of the CRBA (complemented by the PCDA) with which to assess a CBO’s services for vulnerable children. It also discusses empirical field studies done by various CBOs who implement vulnerable child programmes in Southern and South Africa.

**Chapter Three:** contextualises the study by providing an overview of the demographics of the case study area and by describing the characteristics and organisational structure of Kuyasa. It also examines the organisation’s history in implementing vulnerable child programmes in the Kayamandi area.

**Chapter Four:** presents a description of the factors that enhance or constrain the services for vulnerable children provided by Kuyasa, utilising a CRBA as theoretical framework. Specifically, the factors are discussed with reference to the ‘CRBA to CBOs Services for Vulnerable Children’. The model was developed for the case study to demonstrate the operationalization of the CRBA in a CBO. As per the CRBA model, factors that enhance or constrain the services are related to (1) the child rights practices which include referring to child rights instruments, providing for multidimensional needs, utilising a child referral network, and supporting families as duty-bearers, OR (2) the organisational capacity for
participation, advocacy, ownership, empowerment and sustainability. Other emerging themes are also discussed.

Chapter Five: presents the conclusions and recommendations emanating from the empirical research undertaken. It offers recommendations to Kuyasa, other grassroots organisations, government departments tasked with vulnerable care, civil society and NGO stakeholders. The logical relationship between various chapters of the thesis is presented below.

![Logical Relationship Diagram](image)

Figure 1.1. The logical relationship between the five chapters that make up the study (Source: researcher’s compilation).
CHAPTER TWO:
THEORETICAL FRAMEWORK AND LITERATURE REVIEW.

2.1. Introduction

Development theory and practice gained prominence in the international community in the 1960s, with the Modernisation Theory widely supported by the Western Countries. More recent theories relevant to this case study include People Centred Development and the Human Rights-based Approach to Development. In the context of a CBO providing services for children, the PCDA underpins and supports the implementation of the CRBA.

This chapter provides a theoretical framework and model to propose how the CRBA, supported by the PCDA, may be operationalized in terms of a CBO’s services for vulnerable children. The evidence described in relevant empirical literature is also presented and related to the proposed operational model. Finally, concluding remarks are made to provide a broad platform for the analyses in subsequent chapters.

2.2. People Centred Development Approach (PCDA)

The PCDA is a participatory approach to development. In essence it is “an active involvement and participation of people in making decisions about the implementation of processes, programs and projects, which affect them” (Slocum, Wichhart, Rocheleau, & Thomas-Slayter, 1995:12). They further note that participatory development approaches view the term ‘participation’ as the exercise of people’s power in thinking, acting, and controlling their actions, within a collaborative framework. Korten (1990) first proposed the main principles of the PCDA: participation, sustainability, local ownership, and empowerment.
For the purpose of this study the PCDA will be defined as a participatory approach to development which builds the capabilities of all citizens towards improving their quality of life (Sen, 1999) consistent with their “own aspirations” (Korten, 1990:76).

For decades, the ‘development school’ and the ‘human rights school’ had very little interaction and developed in parallel (Jonsson, 2003). In the mid 1990s the approaches converged as development theory and practice became more normative through the influence of the PCDA, while the human rights organisations recognised that the under-fulfilment of human rights is directly linked to poverty and persistent under-development (Pogge, 2005). Hence, second generation rights (social, economic and cultural human rights) entered the development discourse (Sen, 2004). A brief description of the human rights-based and CRBA is given below.

2.3. Child Rights-Based Approach (CRBA)

The rights-based approach to development recognises that the Universal Declaration on Human Rights introduces an internationally recognised, legal obligation on governments to realise the rights of all its citizens through broad-based human development (Dinbabo, 2011; Jonsson, 2003). The human rights based approach to development will be defined as a normative approach to development based on international human rights standards, which are programmatically directed to realising human rights through sustainable, broad-based human development (Dawes et al, 2007; Jonsson, 2003; UNDP, 2006).

Although the human rights based approach relies on the principles of the PCDA to ensure a high quality development process (Dinbabo, 2011; Jonsson, 2003), it provides greater political leverage and sustainability by introducing the principle of accountability to the development discourse. Therefore, initial engagement in programming is based on
“identifying rights-holders and their entitlements and corresponding duty-bearers and their obligations and then working towards strengthening their capacities” (Jonsson, 2003; UNDP, 2006:18).

Over the past 20 years the rights-based approach has provided a normative, unifying framework across nations for addressing poverty and promoting development. Similarly, legal instruments for children’s rights have provided a clear, unifying vision of ‘what should be’ for children. For example, the United Nation’s Convention on the Rights of the Child (UNCRC), adopted by the United Nations General Assembly in 1989, provides children with an internationally recognised and legally binding right to the environment and to means necessary to develop their full potential. Furthermore, The African Charter on the Rights and Welfare of the Child (ACRWC) echoes the rights reflected in the UNCRC while making several improvements on the UNCRC. These relate to the child’s unique place in African society and the different way in which it views children in relation to society, i.e., as social agents (Chirwa, cited in Dinbabo, 2011). Both the UNCRC and ACRWC contribute two important principles to the development agenda: (1) children’s right to multidimensional services provided by duty-bearers to achieve their highest potential and (2) children’s right to participation and freedom of expression alongside adults in matters pertaining to their community. These principles are found in the UNCRC, Article 24, 28, 29, 12 (UNICEF, 2011) and ACRWC, Article 7 (African-Union, 2013).

The South African Constitution and the new Children’s Act of 2005 (Act No. 38 of 2005) provide a national rights-based system that legally obliges duty-bearers to ensure that children have access to their rights and therefore essential support and services (Jamieson, 2011). Duty bearers are first those closest to the child (parents, caregivers and community members) and then those who render public services (teachers, clinic staff, government
departments, etc.). The Children's Act of 2005 includes laws that aim to preserve families and strengthen community structures in providing care for children. The Act also underwrites universal programmes, e.g., the child support grant, to address widespread social problems (Dawes et al., 2007; Dinbabo, 2011).

In summary, the CRBA and the legal instruments described above make special provision for the vulnerabilities of children. Importantly, the approach supports their multidimensional needs and rights to “survival, protection, age appropriate development, and participation” (Child Rights Centre, 2013:10; Prest-Talbot, 2012; Save the Children, 2005; Theis, 2003.)

Jonsson (2003) and Theis (2004) stress that the principles of the PCDA (participation, sustainability, local ownership and empowerment) ensure ‘a high quality developmental process’ that is essential to the CRBA. The PCDA, already operationalized within a given organisation, provides the necessary platform from which the CRBA to programming can be implemented. The above mentioned CRBA to programming therefore incorporates and builds on the PCDA principles to provide a theoretical framework from which the government departments, civil society and, especially, CBOs should launch their interventions for vulnerable children. The following sections will propose a conceptual model to operationalize the CRBA to services for vulnerable children provided by a CBO.

2.4. CBOs as Service Providers.

A CBO represents a group of community members uniting to address needs in their own community (Kotze & Swanepoel, 1983). The authors note that these organisations are distinctly community led, which indicates bottom-up, indigenous agency in response to a local crisis and they are often referred to as the grassroots implementation partners.
As mentioned earlier, although CBOs are making a unique contribution to caring for vulnerable children through targeted programming, the overall response is not on the scale or of the quality needed to ensure the realisation of children’s overall rights and development (Mmbando et al., 2009; Kidman, 2007; Schenk & Michealis, 2010).

2.5. Operationalization of Themes

The following discussion proposes how the CRBA may be operationalized in terms of a CBO’s services for vulnerable children. It should be compared to Figure 2.1: ‘CRBA to CBOs Services for Vulnerable Children’.

Firstly, as described previously, the CRBA, supported by the PCDA, provides a theoretical framework for the ‘CRBA to CBOs Services for Vulnerable Children’ operational model. As Jonson (2003) and Theis (2004) note, the CRBA to services delivered by CBOs fundamentally includes and builds on the principles of the PCDA to programming, but extends further to set a benchmark for services to children. The ‘Theoretical Framework’ section from figure 2.1 demonstrates that principles from both the CRBA and the PCDA are needed to provide a normative conceptual framework. The CRBA is essentially dependant on the principles of the PCDA to be operational within a CBO before it can be effectively introduced. The CRBA to CBO programming for vulnerable children therefore incorporates the principles of the PCDA.

Secondly, CBOs can operationalize the CRBA under 2 major themes, which draw from the concepts and principles of both the PCDA and the CRBA. The ‘Operationalization’ section of Figure 2.1 demonstrates that CBOs can implement the CRBA by (1) employing specific Child Rights Practices and by (2) developing the Organisational Capacity for the CRBA.
Figure 2.1. The ‘CRBA to CBOs Services for Vulnerable Children’ operational model. (Source: Researcher’s own compilation).
The Child Rights Practices that are proposed to operationalize the CRBA include: child rights awareness, multidimensional services, utilising a child referral network, and strengthening families. The key principles proposed to ensure the Organisational Capacity needed to operationalize the CRBA includes: Empowerment, Participation, Ownership, Sustainability and Advocacy. The following sections 2.5.1 and 2.5.2 will present an analysis to demonstrate that these practices and principles provide the basic building blocks required to follow a CRBA.

Lastly, the literature indicates that when delivering services to vulnerable children, CBOs may experience factors that enhance or constrain services (Botha & Erasmus, 2010; Schenk & Michealis, 2010). It is anticipated that the empirical research conducted through this case study will reveal ‘success factors’ and ‘critical constraints’ to services, which in turn will be categorised according to child rights practices or organisational capacity as demonstrated in the ‘CRBA to CBOs Services for Vulnerable Children’. New themes or variables may emerge and will be sought, identified and discussed in the narrative analysis.

The above model therefore presents a guide by which CBOs can operationalize the CRBA, but the model is also useful for categorising ‘success factors’ and ‘critical constraints’ to services. The specific child rights practices or the principles of organisational capacity are discussed and further operationalized for empirical investigation in the following section.

2.5.1 Child rights practices in community-based services

A CRBA calls for specific child rights practices to be incorporated into the design and implementation of programmes launched by CBOs to realise the rights of children. Prest-Talbot (2012) from the South African Child Rights Centre in consultation with Save the Children Sweden (2005, 2008) conceptualised and proposed several succinct practices that
indicate the implementation of the CRBA by CBOs in service delivery to children. Based on their work, the first practice that will be investigated is the extent to which child rights legal instruments (UNCRC, ACRWC and the Children’s Act of 2005) are referred to and guide programme implementation. A CBO would therefore aim to cultivate the practice of ‘child rights awareness’.

The second practice is to provide for children’s multidimensional rights to survival, protection, age appropriate development and participation, which must be realised for them to achieve their full potential (Child Rights Centre, 2013; Prest-Talbot, 2012; Save the Children, 2005 & 2008). These 4 areas of rights provision were identified by the Child Rights Center, based in South Africa, with the aim to simplify community-based implementation of the multiple articles of the United Nations Convention of the Right of the Child (Child Rights Centre, 2013). The practice of providing ‘multidimensional services’ in these 4 areas therefore stands central in working with children ‘on the front lines’.

Some CBOs may focus their programmes on providing for specific child rights (for example, providing for survival) because of their limited resources. They should, however, still support holistic needs/rights provision by referring children when necessary, to access additional services that provide for their other needs/rights (i.e., protection, development, etc.). Therefore, the third practice of maintaining a functional ‘child referral network’ will be assessed.

Families are the most immediate and vital duty-bearers in the life of a child (Dawes et al., 2007; Theis, 2003). A CRBA and practices can only be sustained by strengthening families and holding them accountable through family-centred programming. Therefore, the important fourth practice of ‘strengthening families’ as duty-bearers will be explored (Prest-Talbot, 2012).
2.5.2 Organisational capacity to facilitate a CRBA

Capacity can be defined as the ability of an organisation to “perform functions, solve problems and achieve objectives in a sustainable manner” (UNDP, 2006:20). CBOs need to have the organisational capacity to implement a CRBA. Drawing from the PCDA and the CRBA five key principles have been identified that relate to an organisation’s internal organizational capacity to implement child rights-based programmes, these include: empowerment, participation, ownership sustainability and advocacy. These principles are outlined and operationalized for investigation below.

2.5.2.1. Empowerment

Empowerment is central to the CRBA and the PCDA. The term empowerment is often used to loosely describe skills training or token representation offered to communities. The PCDA rejects this notion and describes empowerment as the “right mixture between the right to make decisions and the ability to make decisions” (Swanepoel, et al., 2006:29, 30). Similarly, empowerment within the CRBA is the process by which people’s capacity to demand and use their rights grow (Jonsson, 2003; UNICEF, 2007). A CBO as an intermediary organization would therefore aim to empower its beneficiaries in the community as well as the organization itself.

Rahman (1990) suggests that empowerment has three main elements or processes: it facilitates the organization of the disadvantaged in ‘structures under their control’, it creates social awareness in beneficiaries to counter a sense of inferiority that would inhibit social engagement, and finally, empowerment stimulates self-reliance. The extent to which these elements are present, and the capacity of Kuyasa to empower staff and beneficiaries to a place of self-reliance was investigated.
2.5.2.2. Participation

Both the CRBA and the PCDA call for meaningful participation by rights-holders in development activities. The CRBA identifies CBOs as key duty-bearers within the rights-based approach to ensure beneficiary and child participation in the implementation of community programmes. Further, the Children's Act No. 38 of 2005 requires that South African child and youth centres must have representative children’s forums and children serving on management boards (Jamieson, 2011).

Participation within the community-based setting can be described as the level of contribution facilitated or instigated by the CBO from the respective stakeholders. This would include facilitation of the children, their families and participating community members, to the decision making process when planning, implementing and evaluating the CBO’s programmes (Swanepoel and De Beer, 2006; Davids, et al., 2009).

2.5.2.3. Ownership

From a PCDA and CRBA, CBOs need to have command of the necessary human, economic and management resources to implement programmes (Jonsson, 2003). External development partners and local governments play a key role as duty-bearers in removing past constraints and enhancing this command and local ownership of public resources (Asian NGO Coalition, et al., 1989; Korten, 1990; OECD Development Assistance Committee, 1996). CBOs also need to “have ownership of their own development … and their own destiny” (Swanepoel, et al., 2006:30, 31). The level of “ownership of their own development” can be observed in the willingness and leadership provided by a CBO to envisage, plan, direct and implement a community project for the benefit of the community.
This case study investigated the extent of the CBO’s command of local public resources, i.e., physical infrastructure and public goods. The extent of the CBO’s leadership and command of internal organisational resources, is the degree to which the CBO is able to lead or drive the OVC programmes in a self-reliant way through utilising organisational resources effectively. In addition, the nature of ownership demonstrated by the beneficiaries and participating community members was also examined.

2.5.2.4. Sustainability

The PCDA calls for the development of communities’ capacity to manage resources and small-scale actions so they can meet local needs independently and eventually become (mentally and materially) self-reliant (The Manila Declaration, Asian NGO Coalition, et al., 1989; Korten, 1984). The CRBA builds on this understanding, and introduces an obligation on the part of the duty bearer to ensure sustained social development by enabling the right holders to become self-reliant and not in need of aid (Oestreich, 1998).

For the purpose of this study, sustainability is defined as the CBO’s ability to sustain itself and therefore the services provided to vulnerable children in a resource-constrained community. More specifically, the CBO’s capacity to manage existing resources and donor relationships, to fundraise for future services and to create independent, reliable means of income was investigated.

2.5.2.5. Advocacy

From a CRBA the communication channels that exist in a community are a reflection of the power structures and who sets the development agenda. Therefore more interactive communication is a prerequisite to equitable participation and the realisation of claim-holders’ rights. Community-based organisations acting as intermediaries can facilitate the
process whereby claims-holders (children and families) express their situation and aspirations and duty-bearers (government services) fulfil their obligations by listening and responding (Jonsson, 2003, Dalal-Clayton, Dent & Dubois, 2003).

Specifically, this study investigated the extent to which the CBO plays an advocacy role on behalf of their beneficiaries by building consensus among their beneficiaries (rights claims-holders) and presenting that consensus to duty-bearers for inclusion into decision-making. At this juncture it is worthwhile to highlight the difference between practices and principles for organisational capacity: Child Rights Practices are ‘what we do’ when we deliver services for children, and speaks to the direct services and interactions with beneficiaries (children) to realise their rights. Principles of organisational capacity speaks to the ‘why and how we do’, which may be less observable to beneficiaries but represent the organisational, internal ability to operationalize principles (or values) important to the organisation and their beneficiaries. If the organisational capacity to operationalize principles is the ‘stage’, i.e., the platform, then the practices are the ‘play’. The following section describes the factors which enhance or constrain various CBO’s services in terms of the practices and principles of the CRBA.

2.6. Empirical Research: Factors that Enhance or Constrain CBOs’ Services

In reviewing the empirical evidence, specific factors emerged that enhance or constrain the effective implementation of child rights-based and multidimensional programmes for vulnerable children. This case study distinguishes between these factors and categorises them as ‘success factors’ (factors contributing to effective programmes) or ‘critical constraints’ (factors hindering effective programme implementation). The theoretical framework was used to develop the ‘CRBA to CBOs Services for Vulnerable Children’ as
operational model by which the empirical evidence can be categorised and evaluated. Therefore, this literature review identifies success factors or critical constraints that have been experienced by CBOs and discuss these factors under the two major themes outlined earlier: (1) the extent to which CBOs employ the child rights practices and (2) CBOs organisational capacity to implement the CRBA.

2.6.1. Child rights practices employed by CBOs.

The child well-being literature concurs with the CRBA that children’s multidimensional needs have to be met, ideally by both parents, if they are to develop into well-adjusted productive adults (Lamb, 2004; Rosenberg & Wilcox, 2006). CBOs show varied effectiveness in the ‘second’ practice of delivering multidimensional services to vulnerable children. Programmes usually offer a selection of services based on children’s emergency needs, but mostly in line with the CBO’s resources and capacity. Often CBOs would address material needs before psychological needs (Giese, et al., 2002). Kidman (2007) conducted case study evaluations of eight CBOs based in South Africa and Botswana, and found that none of the CBOs were able to meet all the needs of the children in their care. To ensure that the multidimensional needs of children are met some CBOs display the ‘third’ practice of acting as an intermediary to refer children to other service providers (Giese et al., 2003; UNICEF, 2010).

Families remain the most sustainable ‘social safety net’ for children, providing in physical, psychosocial, and educational needs of vulnerable children entrusted to their care. The ‘fourth’ practice of strengthening families to provide improved care has proved effective (Giese, 2003; Kindal, 2007; Richter, Foster & Sherr, 2006; UNICEF, 2010(1)). CBOs are well positioned to strengthen families in their communities, but differ in the extent to which
they offer services that achieve this. CBOs may offer direct nutritional or financial support to the whole family, referrals to service providers, parenting skills training, psychosocial support, or income generation skills training (De Bruin Cardoso, 2008).

2.6.2. Organisational capacity of CBOs to implement a CRBA

Botha & Erasmus (2010) conducted an evaluation of the Vana Vetu OVC programme based in the Eastern Cape, South Africa, which coordinates 197 child care workers from multiple sites to care for 4,056 OVCs. Although the programme displayed multidimensional and family strengthening practices, acted as intermediary and played an advocacy role, it was hampered by a lack of funding and administrative resources (stationary, telephone and storage facilities), weak administrative and reporting capacity and, challenges in retaining and motivating unpaid volunteers.

Schenk & Michealis (2010) conducted a review of 125 publications reporting on evaluation evidence from 66 community interventions supporting OVCs. Although this wide literature search revealed limited empirical evidence for the efficacy of OVC care and support interventions, the available literature does reveal possible principles for community-based services. Direct service provision through home visits proved effective if the volunteers where trained, and visits where frequent and predictable. Volunteers from the community provide key services within the programmes, yet without ‘transparent, reliable and trusted rewards systems’ CBOs continue to face high turnover rates. Remuneration, training and psycho-social support systems are sited as incentives to retain volunteers. Participation in programme development was cited by numerous studies as reinforcing ownership, motivation and retention of volunteers. Finally, several interventions studies reveal
improved service delivery though collaboration between different partners bringing their specific expertise and resources to a consortium of integrated services.

Drouin and Heymann (2010) conducted a qualitative case study of the countrywide network of CBOs in Malawi known as the Community-based Childcare Centres (CBCCs). These CBOs were formalised as preschool childcare centres through a collaborative effort by the Malawian government, communities and external partners. At the time of the study these CBCCs were present in the country for more than 20 years, serving 580 000 children in 5000 communities, and representing 20% of the population of this age. These CBOs are “exclusively community dependent for their operation as the government provides only training for caregivers and periodic visits from health workers, as well as sanitation and agriculture specialists” (Drouin and Heymann, 2012:32). The study noted the success of an integrated, collaborative approach between CBOs and government. The government also played a key supportive and coordinating role. Unfortunately, financial constraints led to high volunteer turnover and limited training, which in turn impact on multidimensional service delivery.

Owuor (2010) conducted a case study of the Speak for the Child (SFC) programme based in Kenya which provides support and capacity development for 18 CBOs to deliver services to 26 000 children. The study revealed that CBOs could be effective in improving the health outcomes of orphans, prolonging the life expectancy of infected caregivers, and improving school attendance. This occurs when CBO staff members receive skills training that enables them to disseminate information in the community. The CBO management capacity is strengthened further when the intervention is coordinated by more resourceful development partners (national government or a development agency). Results indicate that for a sustained response the coordinating, regional/international development partners need to
mobilise government and other development agencies in combination with the grassroots community response (Owuor, 2010).

Wilkinson-Maposa (2010) identified 5 principles used by organisations to ‘construct resilience’. During the Zimbabwean 2008-2009 socio-economic collapse (hyperinflation, socio-political tension, food insecurity, donor fund cessation and weak infrastructure) many CBOs could not sustain their operations and had to close their doors. Yet, 22 Zimbabwean CBOs were able to continue the delivery of programmes. These CBOs were surveyed to determine the factors that allowed for their organisational sustainability. 5 principles to ‘construct resilience’ were identified: organisational culture (staff willingness to work for less pay for a short period), situational awareness (often products were not bought when the currency was at its weakest), bricolage (creatively using whatever is at hand), interdependence (sharing transport with other organisations), and social capital. Although these CBOs report that they were not entirely able to sustain the previous extent of coverage and the quality of care, these principles may be indicative of the critical success factors that enable community organisations to sustain their mandate.

It can be argued that CBOs can deliver services directly or be intermediaries for service delivery, but they cannot do it in isolation. They themselves come from the under-skilled and under-resourced communities they serve. CBOs often need to develop their organisational capacity by receiving training in organisational management, management information systems, and skills training in technical service domains. CBOs also need to be supported by more resourceful partners and they need to be part of a collaborative response coordinated by government and other development agencies or NGOs. Lastly, there are key practices CBOs could employ to ‘construct resilience’ and achieve sustainability.
2.7. Conclusion

The foregoing discussion provided an analysis of the CRBA and the PCDA. Specifically this chapter proposed the ‘CRBA to CBOs Services for Vulnerable Children’ as operational model, which outlines the convergence of the CRBA and the PCDA within the context of CBOs providing services for vulnerable children. Furthermore, the themes, practices, and principles through which the CRBA can be operationalized by CBOs were presented.

Finally, the current empirical evidence is discussed utilising the CRBA as theoretical framework and the ‘CRBA to CBOs Services for Vulnerable Children’ model. Hence, findings from current studies were categorised and discussed to highlight the success factors or critical constraints experienced by other CBOs in Southern Africa. These findings informed data collection and the questions posed by the researcher during interviews with informants. Against the background of the theoretical framework and literature review, the following chapter provides a description of the case-study area, Kayamandi, Stellenbosch, and the community-based organisation, Kuyasa.
CHAPTER THREE:
DESCRIPTION OF THE CASE STUDY AREA

3.1. **Introduction**

This chapter provides a contextual overview of the Kayamandi Township in the Greater Stellenbosch Municipal Area of South Africa, as well as a detailed description of the characteristics of the Kuyasa CBO (Kuyasa).

The contextual overview of the case study area includes the (a) physical and (b) social characteristics, (c) political and institutional arrangements, (d) income levels and economic activities, (e) as well as a description of the NGOs operating in the small township. The Kayamandi suburb or township is described in comparison to the Greater Stellenbosch Municipal Area.

The methodology used to compile a description of the case study area consists of a secondary data analysis of documents obtained via the Stellenbosch Municipal Council and Statistics South Africa, and an independent needs assessment and asset mapping study of Kayamandi performed by Du Plessis et al. (2012) from the University of Stellenbosch. Informal and formal interviews with community health workers and community leaders, as well as observational walks, served to verify and consolidate official information on the physical and socio-economic characteristics of the community.

The in-depth discussion of the Kuyasa CBO includes the (a) background of the organisation (b) current vision, objectives and approach (c) and organisational structure. The researcher initially studied secondary data sources to develop an overview of the project and then further explored the characteristics of the organisation through in-depth interviews and a
focus group discussion, which included old and new staff members. Finally, concluding remarks are made to provide a broad platform for the analyses in subsequent chapters.

3.2. Contextual Overview of the Kayamandi Township

3.2.1. History

The Greater Stellenbosch Municipal Area (local municipal authority) is situated in the Cape Winelands District of the Western Cape (Statistics South Africa, 2010). Kayamandi (meaning "nice home" in the Xhosa language) is a township situated at the edge of the town of Stellenbosch and is included in the Greater Stellenbosch Municipal Area. After a decision by the Municipality in 1936, the Kayamandi Township was established as a residential area for black migrant male labourers employed on the farms in the surrounding area. In terms of the Group Areas Act implemented at the time, Black people were relocated from an informal settlement and from various residential areas in Stellenbosch to Kayamandi (Qalinge, 2013; Rock, 2011; Stellenbosch Municipality, 2013).

The term ‘township’ refers to a suburb or urban area that from the late 19th century until the end of Apartheid, was reserved exclusively for non-whites (Pettman, 1913). As noted in the case of Kayamandi, townships were usually built on the periphery of towns or cities and until the present day experiences persistent under-development. Urbanisation and the steady increase in the erection of new informal dwellings persistently pressurise the provision of basic services (Qalinge, 2013; Rock, 2011; Stellenbosch Municipality, 2013).
3.2.2. Physical Characteristics

3.2.2.1. Land ownership

The township is located on the outskirts of the formal town of Stellenbosch and spans an area of 1.5 square kilometres. Ownership of land and property in the township is varied. The official tenure status of the 8,873 Kayamandi households indicates that 15% of dwellings or properties are rented, 26% are owned by residents and 58% of households occupy property rent-free. The average tenure status in the Greater Stellenbosch Municipal Area stands at 32% of dwellings or properties rented, 37% owned by residents and 31% of households occupy property rent-free. Informal dwellings are usually built ‘rent free’ on municipal or private land with no rent structure in place (Stellenbosch Municipality, 2013).

3.2.2.2. Housing, public services and infrastructure

Kayamandi comprises a core of formal dwellings while informal dwellings or ‘shacks’ are built on unoccupied municipal land towards its outer boundaries. Indicated as % share of households: 23% of Kayamandi households live in formal dwellings and 76% in informal dwellings or backyard ‘shacks’. For the Greater Stellenbosch Municipal Area, 90% of households live in formal dwellings and 9% live in informal dwellings (Stellenbosch Municipality, 2013).

The municipality is responsible for the delivery of 4 basic services: water, sanitation, electricity and refuse removal. The 2013 municipal statistics indicated that 17% of Kayamandi households did not have a direct electricity connection, indicating a significant backlog in the provision of this service. In terms of refuse removal, 10% of household are underserved, 5% of households do not have access to formal sanitation, while 2% of
households do not have nearby access to potable water. In the Greater Stellenbosch Municipal Area 98.8% of households have electricity connections to their dwellings (Stellenbosch Municipality, 2013).

Du Plessis et al. (2012) conducted a community needs assessment and asset mapping study that interviewed a sample representing 10-15% of the households. The researchers asked community members to indicate the three biggest challenges they felt the community faced. Service provision was the ‘most commonly stated’ challenge, with backlogs in electricity provision mentioned most and then housing, water and sanitation provision. This correlates with the trend identified by the official data.

The provincial government is responsible for providing health and education services. Kayamandi has one public Community Health Centre (Department of Health), and a private clinic (R200-R300 per consultation), and a hospice situated next to the clinic. The Department of Education administers three primary and two secondary schools in Kayamandi.

3.2.3. Social Characteristics

3.2.3.1. Population demographics

The Kayamandi township is home to 26,174 residents, representing 18% of the Greater Stellenbosch Municipal Area’s total population of 155,729. The municipal area has 27% black residents, 53% coloured residents, and 19% white residents. The majority of the township population (90%) is from African descent. Further, this township covering an area of 1.5 square kilometres, provides habitation to 54% of the total black population in the Greater Stellenbosch Municipal Area.
The municipal area has a high concentration of 20 to 24 year olds, which is partly attributed to the Stellenbosch University student population. A further 14.7% of the population falls within the 5 to 14 year old age group, indicating the increasing number of young adults who will need employment in the next 5 to 10 years (Stellenbosch Municipality, 2013).

Figure 3.1. Population age profile of the Greater Stellenbosch Municipal Area (Source: Stats SA, 2013; Stellenbosch Municipality, 2013a)

3.2.3.2. Education

Relevant to children’s future economic independence in South Africa is the opportunity to receive occupation-oriented higher education, as the unemployment rate drops significantly for individuals with this level of education in South Africa. 62.9% of the Stellenbosch population has some level of schooling but did not complete their schooling, with a further
17.1% of the population having completed their schooling, and 6% with higher education (Stats SA, 2013). Du Plessis et al. (2012), reports that a lack of education was among the “least mentioned” challenges identified while interviewing residents. This brings into question residents’ prioritisation of higher education for youth to secure employment opportunities.

![Chart: Highest Educational Level (All Ages)](image)

*Figure 3.2. Population education profile of the Greater Stellenbosch Municipal Area (Source: Stats SA, 2013)*

3.2.3.3. **Crime and other social problems.**

While the murder and sexual crime rates in the municipal area have remained relatively constant, the drug-related crime rate has increased significantly: 3.7% drug-related crimes
were reported in 2003 and 11.2% in 2012. This follows the Cape Winelands District’s trend, and also correlates with Kayamandi community members reporting a higher incidence of drug abuse and related thefts and muggings within certain wards (Stellenbosch Municipality, 2013a). Du Plessis et al. (2012) reports that crime (specifically house robbery) is the ‘third most commonly’ mentioned challenge identified while interviewing residents.

3.2.4. Political structure and institutional arrangements.

The Stellenbosch Municipality uses the Ward Committee System, which aims to provide an appropriate mechanism for the involvement of the local community in development planning and review of the municipality’s performance. Ward committees should be elected by the community they serve and not have more than 10 members, while the ward councillor acts as the chairperson.

A municipal report indicates that citizens are not yet effectively engaging on an official platform with the municipality towards the future development of their communities (Stellenbosch Municipality, 2013a). Likewise, during interviews, local CBOs report limited engagement and negotiation with government structures.

3.2.5. Income levels, employment, and economic activities.

Of the 43 427 households within the Greater Stellenbosch Municipal Area, 19.1% fall within the low income bracket (R 0 – R 42,000 income per annum). This is identified as the ‘poverty level’ by the municipality (Figure 3.3). Generally, these households have difficulty meeting their basic needs. 63.4% of households fall within the middle income group (R 42,001 – R 360,000 income per annum) and only 17.5% of households fall within the high income bracket (R 360,001 and more) (Stellenbosch Municipality, 2013a).
Ward specific data indicates lower annual income levels for Kayamandi (Stellenbosch Municipality, 2013b). Unemployment and poverty was the ‘second most commonly’ stated challenge identified while interviewing Kayamandi residents (Du Plessis et al., 2012), which indicates that this is a felt need for the majority of the residents.

Average annual household income within the area will not increase “unless household members improve their skills through skills development and training, better education attainment opportunities and job creation in higher skilled economic sectors” (Stellenbosch Municipality, 2013a, p. 23). This, again, points to the importance of higher education or skills training for youth in Kayamandi.
3.2.6. Voluntary Groups and CBOs in Kayamandi

There are numerous unique voluntary groups in Kayamandi, mostly formed around church and sporting activities. Residents report accessing psychosocial and practical support from participating in these voluntary groups (Du Plessis et al., 2012).

Formal institutions offering active support include the government services mentioned earlier, specific non-governmental organisations (NGOs), and CBOs. Kuyasa, Legacy and Prochorus, were the CBOs mentioned most often by community members in providing a wide variety of services, in spite of the main emphasis of their services being directed towards childcare, afterschool programmes and feeding programmes for children (Du Plessis et al., 2012).

3.3. Kuyasa Horizon Empowerment (Kuyasa)

The previous section described the environment that shapes Kayamandi children, and provided insight into the context that informed the development of Kuyasa and let it develop into one of the three CBOs referred to most often in Kayamandi (Du Plessis et al., 2012). The following section will discuss Kuyasa’s background, vision, approach, and organisational structure.

The description of Kuyasa was compiled from a secondary data analysis, observational data collected from staff presentations and staff meetings, as well as in-depth interviews and a focus group discussion conducted with the Kuyasa staff. The focus group discussion was constructed around a ‘timeline’, dating from the inception (2001) of Kuyasa to the present day activities (2013). The ‘timeline’ data collection method helped staff members to remember when new services were initiated and why or how they came about. This helped
to identify the organisation’s history, responsiveness to community needs and motivation (values) for initiating services.

3.3.1. Background of the Organisation

Kuyasa was established in 2001 by a pastor and his wife (a registered nurse) in response to the increasing rate of HIV infections and a growing responsiveness in the faith-based community towards poverty alleviation and development in the community.

Over the first 2 or 3 years multiple stakeholder meetings and workshops were held with Kayamandi community leaders and pastors to identify the most pressing needs and to develop consensus around Kuyasa’s optimal response. In these early years a women’s sowing project, a HIV home-based care programme, and a youth programme were established in consultation with community members/leaders. The organisation also employed community members as staff and recruited volunteers to run the various programmes. From inception the intention was to ‘empower’ staff and beneficiaries (youth, children, adults) who would then, in turn, impact on and transform the Kuyasa community (Kuyasa, 2013).

Around 2004 the emphasis shifted to a ‘whole child development’ or ‘(w)holistic development of children’ to encourage emotional, spiritual, academic and creative development. A creative dance group and academic tutoring programme was introduced through the recruitment of gifted programme leaders as staff members.

A big transition came in 2006 and 2007 when Kuyasa moved their operations to a municipal property with dilapidated but functional buildings. Initially they experienced opposition from different groups in the community who wanted to utilise the property for other purposes. Through lengthy negotiations, and support from key community leaders they secured a long-term lease at minimal cost to the organisation. Renovations proceeded and
Kuyasa could expand their services two to three fold by introducing additional programmes including, a computer training programme, film and media school, child sponsorship programme, adult vocational skills training and child feeding scheme. Staff noted during the focus group discussion that one of the key areas of growth was that, for the first time, youth participants/beneficiaries in the programmes were mentored as leaders to facilitate components (e.g. camps) of the programmes under the supervision of programme leaders (Kuyasa, 2012; Focus group discussion, 2013).

During 2009 and 2010 a new growth period was marked by the recruitment of a new Project Director, a 30-someting year old Xhosa male with programming experience, who introduced even more intentional mentoring of staff. He also led an expansion of the sports programme to access more children. 2010 also marked the organisation’s first large scale partnership with the municipality and other CBOs to host a ‘Keep them Safe’ Programme during the 2010 Soccer World Cup. Kuyasa engaged 500 children in sports, life skills and feeding programmes for a period of 6 weeks during the ‘high risk’ period of the prolonged school holidays (Kuyasa, 2010).

Currently Kuyasa serves around 500 children every day through the various programmes, with 21 staff members, 10 interns and an annual budget of R3,2 million. The organisation provides services to 1200 individual beneficiaries at least once a month (Kuyasa, 2013).

3.3.2. Current vision, Objectives and Approach

Vision. The longstanding vision of Kuyasa is “The (w)holistic transformation of Kayamandi through empowerment of young leaders”. As can be gleaned from the background of the organisation, the founding members identified an organisational strategy that primarily empowers youth as leaders, in order to impact and transform the Kayamandi community.
The concept ‘(w)holistic’ was coined to describe the multidimensional development of people and their community, and includes vocational, spiritual, psychosocial and environmental development.

**Objectives and Approach.** Kuyasa sets annual, programme-specific objectives, which are guided by their long-term strategy in the community. Their long-term strategy is in line with their vision to empower youth and is clearly articulated in the ‘Kuyasa Leadership Development Model’. See Figure 3.4. Level One services provide ‘Crises and Emergency Relief’ to bring children and youth out of crises by ensuring their most basic needs are met. Level Two services introduces ‘Educational and Spiritual Development’ by means of educational tutoring, life skill programmes and adult skills training to ‘equip children (and adults) with the most basic building blocks and skills to empower them to dream’ (Kuyasa, 2013:11). Level Three and Four services provide youth (beneficiaries) with the ‘opportunity to lead’ activities within the programmes under the supervision of programme leaders. Level Five provides tertiary scholarships or employs former beneficiaries as interns (and co-leaders) within the organisation. At Level Six, youth are no longer beneficiaries of Kuyasa, but continue as self-reliant leaders who ‘plough back’ into their community of their own accord. The model will be discussed further as it relates to empowerment in the assessment in Chapter 4.
3.3.3. Organisational Structure

Governance is provided via Kuyasa’s board that oversees strategic decisions, financial management, and supports community negotiations. The board is made up of 3 Kayamandi community members (school head master, female pastor and community leader) & 2 greater Stellenbosch residents (attorney and business man). The project director provides strategic visioning and operational management and is supported by the retiring project director in term of fundraising and the technical skills required overseeing the social services programmes. The project director directly oversees the 9 programme managers (Kuyasa, 2013).
Kuyasa follows a “decentralised management system” to allow for the staff and leaders to take ownership of their programmes. Therefore, a platform is created for the leaders of the programmes to be empowered as they “plan and manage their services and budget while being mentored”.

3.4. Conclusion

The contextual overview of Kayamandi provides an in-depth description of the living conditions within the township. It is based on municipal reports and previous research studies, which asked residents to reflect on the biggest challenges they face within the township.

This in-depth discussion created a vivid picture of the milieu, which shaped the multidimensional development of children growing up in the Kayamandi Township. It also revealed the specific challenges faced by families in Kayamandi as compared with other communities in the Greater Stellenbosch Municipal Area. The township is home to 26 174 residents which occupy 1.5 square kilometres. The majority of families live in informal housing marked by overcrowding and limited space for children to play and do homework. Families have limited income, which impacts on nutritional and educational opportunities. Not all youth complete their high school education and relatively few youth pursue a higher education, which would increase the likelihood of employment. There is also a statistical increase in drug-related crime across the municipal area. The statistical data correlates with the challenges that are most commonly identified by residents, namely: a backlog in basic service delivery (especially sanitation), poverty/unemployment, and crime.

The community has limited participation in planning for the development of, and service delivery to their wards. Community-based organisations similarly report limited engagement
with government structures. Although the community is dependent on the municipal and government provision of basic services, health and education, Kuyasa along with other CBOs provide significant additional nutritional and educational support through child care and afterschool programmes (Du Plessis et al., 2012).

Considering that Kuyasa serves an estimated 1200 individual beneficiaries at least once a month, this grassroots organisation has a significant impact on the population of 26174 residents (of which 9684 are children under the age of 18, based on a national average of 37%). Kuyasa has refined their approach and services in an effort to empower children, youth, and adults to a position of self-reliance and ‘ploughing back’ into their community.

The following chapter will describe the factors that may enhance or constrain the services for vulnerable children provided by Kuyasa within the context of the Kayamandi Township and utilising the CRBA.
CHAPTER FOUR:
DATA PRESENTATION AND ANALYSIS

4.1. Introduction

CBOs play a critical role, as grassroots-level partners, to provide services for vulnerable children, but there is limited empirical research on the factors that enhance or constrain CBOs services. Utilising the CRBA as theoretical framework, the ‘CRBA to CBOs Services for Vulnerable Children’ operational model was developed for this study and used in the analysis to categorise possible ‘success factors’ and ‘critical constraints’ to services provided by CBOs. Data on these factors was collected mostly through qualitative methods, which sought to gain an insider perspective from the CBO staff and beneficiaries. A quantitative survey was also utilised to complement data collection in key areas.

This chapter therefore provides an analysis of the factors that enhance or constrain services for vulnerable children provided by Kuyasa (a) in terms of the child rights practices and (b) in terms of the organisational capacity for implementing a CRBA. Finally, the study also sought to inductively identify (c) emerging themes not described by the theoretical framework.

4.2. Factors that Enhance or Constrain Services for Vulnerable Children

Provided by Kuyasa

4.2.1. Kuyasa’s Child Rights Practices

As per the ‘CRBA to CBOs Services for Vulnerable Children’, CBOs can operationalize the CRBA under 2 major themes, one of which is Child Rights Practices. The ‘CRBA to CBOs
Services for Vulnerable Children’ model includes some of the central practices proposed by Prest-Talbot (2012), these include: child rights awareness, multidimensional services, utilising a child referral network, and strengthening families. The following section will describe the success factors or critical constraints experienced by Kuyasa in terms of these child rights practices.

4.2.1.1. Child Rights Awareness

CBOs who practice having a ‘child rights awareness’ refer to the child rights legal instruments such as the UNCRC, ACRWC and the Children’s Act of 2005, and look to these instruments to guide programme implementation. Prest-Talbot (2012:1) describes the practice as operational when “…understanding of them is developed and everyone tries to put them into practice”.

Analysis of the feedback obtained from the in-depth interviews and the focus group discussion with staff indicate that Kuyasa does not actively develop an understanding of child rights instruments with staff members. ‘Child rights’ as they are described in the Convention on the Rights of Children do not distinctly guide programme implementation. Respondents noted that Kuyasa has recently developed a child protection policy that prescribes how staff should interact with children to prevent sexual or emotional exploitation. It also outlines the legal procedure staff should follow when children disclose any form of abuse (Kuyasa, 2012). Kuyasa is a faith-based organisation that seeks to empower children to reach their full potential. Hence, although they are not motivated by child rights legal instruments, for ideological and pragmatic reasons they actively pursue the other practices within the model. Therefore, Kuyasa complies with the legal requirements emanating from children’s rights, but they are not motivated by child rights to implement child rights practices.
**Key success factors or critical constraints**

In-depth interviews with respondents clarified that Kuyasa did not experience key success factors or critical constraints in terms of practicing ‘child rights awareness’. Furthermore, a deficit of cultivating ‘awareness’ did not prove to be a constraint in identifying a need for other services or practices. It was the observation of the researcher that Kuyasa could benefit however, by depicting their services in terms of the international discourse for (1) the purpose of having rights-based leverage when advocating for greater support from government and funders and (2) for the purpose of sharing their experience with a broader audience by utilising a current theoretical framework.

4.2.1.2. **Multidimensional services**

Key to operationalizing the CRBA is the practice of providing ‘multidimensional services’ for children. Ideally, these multidimensional services would target each of the 4 areas of rights provision, i.e., survival, protection, age appropriate development and participation, so that children may attain their full potential (Child Rights Centre, 2013; Prest-Talbot, 2012; Save the Children, 2005 & 2008, UNICEF, 2011). Despite the importance of this practice and the key role CBOs can play in supporting children in a multidimensional way, the empirical literature shows that CBOs are not always able to meet all the multidimensional needs of children in their care (Kidman, 2007) and address material needs more frequently than psychological needs (Giese et al., 2002).

For the purpose of understanding staff’s perception around Kuyasa’s practice of providing multidimensional services, a focus group discussion was facilitated with staff members around a historical timeline. Respondents were asked to indicate, for each year, which ‘significant events’ occurred or which ‘important services’ were introduced, and ‘why or
how it happened’. This provided a visual representation of the organisation’s 12 year history and insight into the respondents’ perceptions of which events/services were significant and why. Almost all respondents stated that the defining moment for Kuyasa was when they implemented a ‘(w)holistic development’ approach in 2004 to support the emotional, spiritual, academic and creative development of children. The word ‘(w)holistic’ was coined to indicate a ‘whole child’ or multidimensional approach aimed at empowering children to develop to their full potential (Kuyasa, 2012). Subsequently, they introduced a variety of multidimensional services, moved to a spacious affordable community facility, and have been working to strengthen the scope and quality of their services.

Respondents further provided insight into which services relate to each of the multidimensional areas of rights provision, while the scope of the services was verified with donor reports. Kuyasa provides for children’s survival through (1) a feeding scheme that provides a warm, balanced meal for 200 children, (2) a child sponsorship programme that provides food, clothing and family support to 300 orphaned or vulnerable children, and (3) a foster home that caters for 12 at-risk teenage girls. Kuyasa provides for children’s protection by offering crises and trauma counselling when children experience abuse. The organisation provides for age appropriate development through (1) an academic support programme and computer training programme that caters for 300 children, (2) a sports programme that accommodates about 150 children in organised teams, and (3) various performing arts, film and media programmes that impact about 70 children. Kuyasa provides for the participation of children in decision making through various life-skills and leadership development programmes that cater for 160 children from different age groups. It is apparent that Kuyasa, motivated by their commitment to ‘(w)holistic development’, developed services that targeted each of the 4 areas of rights provision as described by the South African Child
Rights Centre (2013) and informed by the Convention of the Right of the Child (UNICEF, 2011).

In line with the above findings, Kuyasa staff reported during in-depth interviews that the practice of providing multidimensional services was a key success factor when working with vulnerable children in a community setting. The analysis revealed that apparent success (from Kuyasa’s perspective) did not lie in providing a bouquet of services but in providing services in the right sequence. Kuyasa provides relief so as to progress to their main concern, which is for children’s ‘(w)holistic’ or multidimensional development. This approach is articulated in the ‘Kuyasa Leadership Development Model’ (see Addendum 2) where Level One services provide ‘Crises and Emergency Relief’ to bring children and youth out of crises and Level Two services introduces ‘Educational and Spiritual Development’ by means of educational tutoring, life skill programmes, etc. Another key success factor in providing multidimensional services, reported by staff and youth beneficiaries was the talent, skill and passion of some programme managers in their respective service fields and in working with children.

Constraints in terms of providing multidimensional services were often related to the context of the Kayamandi Township. Staff and youth beneficiaries report high levels of physical, verbal, and sexual abuse, coupled with peer pressure towards early sexual debut, and teenage alcohol abuse. One youth beneficiary commented that children often leave the programmes if they become heavily involved with these activities:

“There is the pressure in terms of dating and having sex, and they end up getting pregnant. Drinking is a huge problem in Kayamandi, kids as young as 14 or 12 are drinking and the parents do not care.... They leave when they get into these things.”
A youth leader attributed the attrition to the time it takes for Kuyasa’s influence to outweigh the negative pressure they may experience in their family and social settings.

The analysis of the feedback from respondents also revealed that, despite a range of services offered to children and youth, many out of school youth still found it difficult to access tertiary education or employment. This may be due to the external constraints of an education system that fails to produce good outcomes for mathematics and literacy (Dinbabo, 2011). Kuyasa is offering mentoring services to out of school youth, internships, and tertiary scholarships to support youth to access a career linked to capacity and interest.

**Key success factors or critical constraints**

The above evidence demonstrates that Kuyasa identified the key success related to the practice of *multidimensional services* as (1) offering sequential services which intentionally move children from a point of crisis to developmental programmes and (2) recruiting passionate and talented programme managers to coordinate services in their field of expertise. Critical constraints included the (1) variety of challenges children face in the community. These challenges may be physical or sexual abuse, which leads to delayed benefit from programmes or peer pressure towards early sexual debut and alcohol abuse, Du Plessis et al., 2012 which leads to children leaving the programmes. A further constraint identified relates to (2) numerous youths who found it difficult to access tertiary education or employment that would enable them to embark on a career in line with their aspirations.

4.2.1.3. Child referral network

Maintaining a functional child referral network is a key child rights practice. It provides children with access to additional services that a CBO may not be able to offer. There is evidence that some CBOs play a significant role as intermediaries to identify vulnerable
children and refer them to other service providers when needed (Giese et al., 2003; UNICEF, 2010).

To investigate respondents’ perception around the practice of maintaining a child referral network, staff from Kuyasa and other CBO staff were interviewed and asked open ended questions. Analysis of the feedback from numerous respondents indicate that Kuyasa and other CBOs or non-profit organisations (NPOs) working within Kayamandi have established the ‘Kayamandi Network’ to improve referral of children between organisations. This network is open to all organisations, who meet once a month to build relationships, provide information on the services they render, discuss challenges they face and share resources. Staff members from different organisations contact each other freely to ask for support or to coordinate related services.

In March 2013 a fire displaced more than 4000 residents of Kayamandi. During this crisis the ‘Kayamandi Network’ as it is known, created a key platform from which CBOs and NPOs coordinated their efforts, prevented duplication and dispersed more than R300 000 in donations. This self-coordinated group, the ‘Kayamandi Network’, liaised with the Department of Social Services to integrate services. In line with empirical findings by Giese (2003) and others, Kuyasa played a role as intermediary, referring children to other CBOs and government services. Kuyasa and the Kayamandi Network acted as a conduit for donors and government services to meet the needs of vulnerable families in the community.

**Key success factors or critical constraints**

The above analysis of the qualitative data indicates that Kuyasa and other CBOs view maintaining a vibrant child referral network as a key success factor. The researcher was able to observe during the interviews that the relationships in the network went beyond a directory
of service providers. These inter-relationships were established over years and were characterised by openness, trust and reciprocity.

4.2.1.4. Strengthening families

Families remain the most organic and sustainable ‘safety net’ for children. Various authors agree that the ‘fourth’ practice, of strengthening families, has proved effective (Giese, 2003; Kindal, 2007; Richter, Foster & Sherr, 2006; UNICEF, 2010(1)). CBOs may offer nutritional or financial support, parenting skills training, psychosocial support, or income generation skills training (De Bruin Cardoso, 2008). Direct service provision through home visits proved effective if the CBO volunteers where trained (Schenk & Michealis, 2010).

To assess Kuyasa’s practice of strengthening families various open ended questions were put to relevant staff. The analysis indicates that Kuyasa values the primary role caregivers play in supporting their children’s development and aim to engage with and strengthen families in various ways. They host annual ‘open day’ events for caregivers to create awareness around their services and communicate their vision to empower children. They also employ a full time axillary social worker and 9 field workers to monitor the 300 children receiving monthly sponsorship. The field workers receive training once a month and conduct 1 to 2 home visits per month per child to monitor children at home. Annually, they conduct 3 to 4 workshops for a 100 to 120 caregivers of sponsored children (Kuyasa, 2010). In addition, Kuyasa offers adult computer classes and adult income generating skills training. These services are similar to services offered by other CBOs (De Bruin Cardoso, 2008; Schenk & Michealis, 2010).

A survey conducted with household heads, in their homes, provided demographic information on families and information on the families’ interaction with/and perception of
Kuyasa. A sample of 75 households was selected from Kuyasa’s register, using simple random sampling. 91% of the household heads were female and the average age of a household head was 43 years. 72% of the household heads had a secondary education and 3% had a higher education. Households had an average number of 4.8 members. In 33% of the households no one was employed, while in 50% of the households at least 1 person was employed. Most households reported an average income of R 500 - R 1000 per month (31%) or R 1000 - R 2000 per month (37%). This indicates that 68% of beneficiaries of the Kuyasa programmes fall within the low income bracket (R 0 – R 42 000 income per annum). Within the Greater Stellenbosch Municipal Area, 19.1% of the households fall within this income bracket, identified as the ‘poverty level’ by the municipality (See Figure 3.3). Generally, these households have difficulty meeting their basic needs.

Household heads were asked if they knew of the different services Kuyasa offers. When respondents were asked about 13 distinct services (listed in the survey), more than 50% of the respondents indicated that they were aware of 8 of the 13 services. 46% indicated that they had received a home visit or a phone call from the Kuyasa staff since their children joined the programme, 42% reported attending an event and 32% reported attending training at Kuyasa on parenting or other topics at least once a year.

Kuyasa has, on average, 1200 children who access any one of their services each month. 300 of these children are enrolled on the child sponsorship programme. Since 2010, children enrolled on the sponsorship programme receive monthly home visits by dedicated field workers and their caregivers are required to attend workshops. This may have contributed to the level of engagement of Kuyasa with caregivers.
Key success factors or critical constraints

The quantitative investigation indicates that 68% of families served by Kuyasa fall within the low income bracket and have difficulty meeting their basic needs. Further, the quantitative analysis points to active engagement with caregivers and awareness among caregivers of the services Kuyasa provide. Kuyasa provides food, clothes, school fees and psychosocial support to 300 children. It is reasonable to conclude that (1) the practice of engaging and strengthening families has been a key success factor in providing for some of the physical needs of children and that it gives credibility to their services for children. A deeper level assessment is needed to ascertain if the practice has led to improved parenting and multidimensional support at home. (This level of assessment falls outside the scope of this study.)

A constraint experienced in terms of strengthening families is (1) the low level of higher education among caregivers (3% average in the sample compared to a 6% average in the Greater Stellenbosch area). Although Kuyasa provides academic support and career guidance, they note that this is most effective when it can be reinforced at home.

4.2.1.5. Emerging themes: assigning responsibility

The human rights based approach introduces the principle of accountability to the development discourse. Engagement in developing services is ideally based on “identifying rights-holders and their entitlements and corresponding duty-bearers and their obligations and then working towards strengthening their capacities” (UNDP, 2006; Jonsson, 2003). Within the CRBA, children are viewed as rights-holders, while families, communities, governments and voluntary organisations are duty-bearers tasked with meeting children’s multidimensional needs (Child Rights Centre, 2013; Dawes et al., 2007).
The focus group discussion with youth beneficiaries revealed that children are taught about rights and corresponding responsibilities through the national curriculum and are able to list several rights and complementary responsibilities. The right to education brings with it the corresponding responsibility to respect teachers, arrive on time for school, etc.

A defining moment in Kuyasa history was when programme managers discovered the power of assigning responsibility to children for key components of the programmes. A programme manager relates:

“In 2007 we had a camp and that is where our eyes were opened. That year there was no volunteers, 70 kids and 3 project managers. We had to take 10 kids and say: ‘We trust you to run the programme in the camp’. The kids ran the programme and did amazingly and that is where we decided to give the responsibility to the kids if we see potential. We have to support and trust the kids. We work in a way were you give all the power to this person but we also bring in accountability (by saying): ‘I need your plan and a report, but also that Kuyasa has values that you lead by’.”

Children are provided with the experience of taking responsibility, thereby instilling the value of taking responsibility for their own lives and making a contribution. Several respondents noted that assigning responsibility to youth leaders also helped to counter the ‘hand out’ mentality that community members have developed towards community based organisations.

**Key success factors or critical constraints**

The theory defines children as rights-holders and adults as duty-bearers, tasked with providing care (Child Rights Centre, 2013; Dawes et al., 2007; UNDP, 2006). Kuyasa’s experience has brought this unilateral approach into questions as children could benefit significantly from age-appropriate incremental responsibility for tasks within a community based setting. Although not mentioned distinctively by Kuyasa respondents as a success
factor, it is the researcher’s observation that, (1) ‘assigning responsibility’ has been key in developing leadership skills and orientating children towards contributing to society in adulthood. This success factor does not relate to one of the existing practices but rather has been inductively identified as an emerging practice in providing rights based services for children.

In summary, the perspectives of respondents, quantitative data and the researcher’s observations of the significant success factors and constraints are described in terms of the four child rights practices proposed in the ‘CRBA to CBOs Services for Vulnerable Children’. An emerging practice, ‘Assigning Responsibility’, has been introduced as it represents a distinct practice that is important in realising children’s rights. The suggested introduction of the fifth practice of ‘assigning responsibility’ is illustrated in the ‘Amended CRBA to CBOs Services for Vulnerable Children’. See Addendum 3.

4.2.2. Kuyasa’s Organisational Capacity for Implementing a CRBA

As per the ‘CRBA to CBOs Services for Vulnerable Children’, CBOs can operationalize the CRBA through 2 major themes, the second of which is Organisational Capacity for implementing a CRBA (Addendum 1). The key principles that ensure the organisational capacity needed to operationalize the CRBA include: Empowerment, Participation, Ownership, Sustainability and Advocacy. The following section will describe the success factors or critical constraints experienced by Kuyasa in terms of these principles of organisational capacity.
4.2.2.1. Empowerment

Simply described, empowerment is the “right mixture between the right to make decisions and the ability to make decisions” (Swanepoel et al., 2006:29,30). Rahman (1990) unpacks empowerment further and suggests that empowerment has three main elements or processes: it facilitates the organisation of the disadvantaged into ‘structures under their control’, it creates social awareness, and finally empowerment stimulates self-reliance.

In depth interviews provided insight how staff and beneficiaries see Kuyasa’s operationalization of the principle of empowerment (towards building organisational capacity for implementing a CRBA). Most respondents indicated that from the outset Kuyasa was intentional about empowering beneficiaries as well as staff members, who were frequently recruited from the community. The organisation would recruit less skilled but talented individuals from within the community, rather than better skilled and talented individuals from a developed setting outside the community. The premise is to develop leaders from Kayamandi (1) who are relevant within their own context, and (2) who could impact Kayamandi beyond the activities of the organisation.

Further, interviews consistently revealed the encouragement to ‘dream’ about the programmes that the leaders were directing. As one staff member related:

“You are asked to dream within your programme. It is not what the directors want more than what the programme managers see for their programmes, at the end of the day you have to manage your programmes…”

Coupled with the encouragement to envision programmes or activities was accountability and mentorship. Staff members were expected to develop annual plans and budgets for their programmes and produce annual reports on the outputs achieved. In principle, the project
directors or other programme managers mentored staff members, although it seems like this was provided on an ad hoc basis or less consistently when mentors became busy.

Based on their philosophy and experiential learning Kuyasa developed and refined the ‘Kuyasa Leadership Development Model’ to outline their approach to empowerment. See Figure 4.1. The model was briefly described in section 3.3.2 and is present again below to extrapolate potential success factors related to empowerment. Kuyasa operationalize empowerment in the following way:

- Children are moved out of crises (Level One services) and then offered services to develop educationally, spiritually, and psychosocially (Level Two services). From a CRBA these levels are key success factors in terms of the practice of providing ‘multidimensional services’.
- Leadership (empowerment) opportunities are created for children in Level Three services or activities and emerging volunteer leaders are developed (empowered) intentionally at Level Four. From a CRBA these levels are also key success factors in terms of the practice of ‘assigning responsibility’.
- Finally, at Level Five full time staff and interns are given responsibility to ‘dream’, plan and execute activities, while accountability and mentoring keeps things in check. Kuyasa follows a ‘decentralised management system’ to give staff and leaders more autonomy within their programmes (Kuyasa, 2010).

This analysis indicates that Kuyasa structured some of their child rights practices (services) and organisational capacity (management system, administration and budgeting) around the principle of empowerment.
Further analysis also revealed that as Kuyasa implemented their approach to empowerment, the beneficiaries (children and youth) were reported to progress through the three main elements or processes to empowerment described by Rahman (1990). Kuyasa organised children and youth in ‘structures under their control’ by giving them incremental leadership responsibility for programmes. Children often took responsibility as sub-groups of leaders and so the collective experience created the social awareness to facilitate confidence. What Rahman does not describe, but which was reported by the life skills programme manager as key to empowering beneficiaries, was to facilitate reflection for the children on self-discovery and self-efficacy as children went through the process of executing projects.
Greater social awareness and self-awareness then stimulated self-reliance, which relates to being empowered.

The director of Legacy, another CBO providing services for children in Kayamandi, was interviewed and related that they employed 3 ex-Kuyasa interns as programme leaders in 2013 and has requested 10 more qualified interns for employment in 2014. One of the youth beneficiaries who went on to serve in various leadership roles in the Kayamandi community noted that: “If I had not been with Hats and Glasses (leadership programme), I would not have been where I am, the person I am today, because wherever I go I get elected as a leader and that gives me an opportunity to speak and give life and share about my life…”.

The same informant comments that not all beneficiaries become empowered: “There are only a few that get it, they are the light. The other kids see these are the ones that were with us... so it is easier for them to reach the other kids. But it is very difficult in this community…”

These outcomes mentioned above are anecdotal and the extent of the impact is unknown. This could become an area of further study, to be verified through an empirical assessment of a representative sample of children.

**Key success factors or critical constraints**

According to staff accounts empowerment was the primary focus and Kuyasa managed to operationalize empowerment at every level. The analysis of respondents’ feedback revealed key success factors in terms of building organisational capacity for empowerment at every level was (1) a decentralised management system coupled with accountability and (2) the practice of ‘assigning responsibility’ to beneficiaries and (3) strong financial and administrative systems to support the different programmes and provide cohesion for
Kuyasa’s decentralised management system. A critical constrain in terms of building organisation capacity for operationalizing empowerment was (1) lower quality programmes in the instances when Kuyasa employed less skilled yet talented individuals, which were still to be empowered. As reported with multidimensional services, there was (2) attrition of beneficiaries from the process of empowerment due to personal choices or negative peer pressure.

4.2.2.2. Participation

Participation can be described as the extent to which a CBO facilitates beneficiary contribution to the decision making process when planning, implementing and evaluating the CBO’s programmes (Davids et al., 2009:19; Swanepoel & De Beer, 2006:29). The survey conducted with the caregivers of children who attended Kuyasa’s programmes, included questions aimed at determining the extent of caregivers or community members’ contribution to the decision making process.

52% of the caregivers indicated that Kuyasa consults with them when they make decisions, while 25% were ‘not sure’. 72% of the caregivers indicated that they were ‘not sure’ if community members or leaders from Kayamandi help to make decisions about Kuyasa’s programmes. 68% of the caregivers indicated that they were ‘not sure’ if community members or leaders from Kayamandi serve on the Kuyasa board that makes decisions about the Kuyasa programmes. These results may indicate that caregivers are encouraged to some extent to participate, but that they are unaware of Kuyasa’s broader strategy in encouraging participation from the community or that Kuyasa does not facilitate broad participation.

In the early years, Kuyasa engaged in multiple stakeholder meetings to create a platform for decision making around the services being developed. The stakeholder meetings revealed
that to some extent the community members were hoping to access resources for other purposes. At the time “the community misunderstood Kuyasa because they were expecting hand-outs...so they had to sell empowerment”, one staff member (also a Kayamandi community member) relates. These responses indicate a similar experience described by Sibanda (2011) where community members may have conflicting interests that hinder consensus.

**Key success factors or critical constraints**

A key constraint in terms of participation that was evident in the qualitative analysis is (1) conflicting interests, which hindered consensus in the participation process. A success factor, from Kuyasa leadership’s perspective, (1) is becoming more selective in who they recruit for participation in the decision making process for the organisation and services. Although they do not consult community leaders broadly, they created a platform for **participation in decision making** from the community via their governing board. Their board represents a majority of Kayamandi residents who share a concern for vulnerable children.

**4.2.2.3. Ownership**

CBOs need to have command of public resources to develop their community (Asian NGO Coalition et al., 1989; Korten, 1990). They also need to “have ownership of their own development” (Swanepoel et al., 2006:30, 31), being the degree to which the CBO is able to lead or drive the OVC programmes in a self-reliant way through utilising organisational resources effectively.

The focus group discussion with staff revealed that, around 2007, Kuyasa was able to expand their services 2-3 fold when they acquired a long-term lease of a municipal facility at minimal cost. This came about via the support of key community leaders. It indicates that
ownership of public resources can strengthen a CBO’s capacity as suggested by Korten and others (Asian NGO Coalition et al., 1989; Korten, 1990).

Kuyasa created organisational ownership or “motivation to drive programmes by utilising organisational resources effectively” by employing empowerment and facilitating participation. It was then up to staff and beneficiaries to develop a sense of ownership. A staff member reflected that “…ownership is like gold, because once there is ownership this whole cycle almost becomes self-sustaining and self-perpetuating.” Once ownership emerged, staff and beneficiaries were given incremental control over the internal resources (budgets, vehicles, equipment) to direct the agreed upon activities.

**Key success factors or critical constraints**

The above evidence demonstrates that Kuyasa identified the key success in terms of organisational capacity for ownership as (1) support from key community leaders, which lent them the credibility to secure a public facility at minimum cost and (2) intentionally employing empowerment and participation to generate a sense of ownership with staff, who then directed organisational resources more effectively.

4.2.2.4. **Sustainability**

CBOs as intermediaries are tasked with supporting beneficiaries towards self-reliance (Oestreich, 1998), but also need to ensure their organisation’s sustainability and therefore the services they provide to vulnerable children. In depth interviews provided a valuable source of information into how the staff view Kuyasa’s operationalization of the principle of sustainability. Respondents indicated that empowerment as a point of departure, created a cycle of sustainable development. Empowerment would call for the children to participate in decision-making, which would lead to them having to a sense of ownership. Once there was
ownership, the scale and quality of the organisation’s programmes became more continuous and sustainable. Beneficiaries now became developed leaders who were self-motivated to develop others, so as leaders left the programmes, there would be new leaders coming in to direct the activities. This ensured sustainability in terms of leadership within their programmes.

In terms of ensuring organisational sustainability, Kuyasa has been successful at fundraising for their various services. Their broad donor base emanated from access to international faith-based donors, support from local faith communities and the fact that they have an experienced performing arts tour group who tour annually in the United States of America to raise child sponsorships.

Kuyasa expressed difficulties in terms of fundraising for salaries, funding being restricted to specific programmes, donors trying to “direct” the organisation or “causing division among staff” and sudden withdrawal of funding (Kuyasa, 2013).

As in the case described by Wilkinson-Maposa (2010), Kuyasa has increased resilience as they have an organisational culture where staff is willing to work for less for short periods of time. As part of their empowerment approach, Kuyasa employed 10 part time interns in 2013, compared with the 17 full time, paid staff members and the 3 international staff members which are self-funded.

Some respondents from the organisation reported that a lack of funding for salaries was a constraint which led to the attrition of talented full time staff. Although staff members are encouraged to dream in terms of their programmes, there are financial constraints as programmes are donors dependent.
**Key success factors or critical constraints**

The analysis of respondents’ feedback revealed key success factors and constraints in terms of building organisational capacity for sustainability. Firstly, Kuyasa found that (1) empowerment as a point of departure created a cycle of sustainable development, as empowered leaders were self-motivated to develop others. Further, Kuyasa’s (2) relatively broad donor base was an important factor in terms of sustaining the activities of the organisation. Another key success factor is also their (3) organisational culture where some of the staff are self-funded or apply for internships as it presents a training opportunity. Some constraints in sustaining the organisation were experienced in terms of (1) managing complex or prescriptive donor relationships and (2) retaining staff who, after a few years seek higher salaries.

4.2.2.5. **Advocacy**

Within a CRBA, CBOs could play an advocacy role on behalf of their beneficiaries by building consensus among their beneficiaries and presenting that consensus to duty-bearers, for example government services, for inclusion into decision-making (Dalal-Clayton, Dent & Dubois, 2003; Jonsson, 2003). Prest-Talbot (2012) suggests that CBOs collaborate with others to systematically insist on particular rights provisions for children.

Kuyasa did not demonstrate the value or specific organisational capacity to build consensus among beneficiaries in order to advocate particular rights provisions for children. This may be related to a deficit in cultivating ‘child rights awareness’ or to the fact that CBOs are not always skilled nor do not have the time to take on an advocacy role. Owuor (2010) indicates that CBOs’ efforts are often more effective and sustained when coordinated by more resourceful, regional development partners. Kuyasa may be more inclined to join an advocacy effort coordinated by a more experienced collaborator than initiate their own.
**Key success factors or critical constraints**

Not exploring the key issues that may be changed through advocacy as opposed to utilising organisational resources to ameliorate, may be a key constraint in the case of Kuyasa.

### 4.2.2.6. Emerging Themes: Mentoring

The survey of a sample of Kuyasa beneficiaries revealed that 20% of children were living in the same household as their father and 85% of children were living in the same household as their mother. Statistics on African children in South Africa show a similar trend, with 27% of African children living with both their parents, 42% of African children living with their mothers but without their fathers, and 27% of all African children not living with either parent. The same authors note: “these figures are striking for the way in which they suggest the limited presence of biological fathers in the domestic lives of large numbers of African children” (Hall & Meintjes, 2013).

From a parenting perspective, children who have a “secure, supportive, reciprocal and sensitive relationship” with both parents are more likely to be well adjusted psychosocially (Lamb, 2004:11). Although children need both their parents, numerous studies have found that children who live with their fathers (in addition to their mothers) are “more likely to have good physical and emotional health, to achieve academically, and to avoid drugs, violence, and delinquent behaviour” (Rosenberg & Wilcox, 2006:30). Dr Michael Lamb (2004:8) sites several authors who found that children who had involved fathers (in addition to mothering) had “increased cognitive competence, increased empathy and a more internal locus of control”.

Feedback from respondents during interviews, the researcher’s observations, and informal conversations indicated that Kuyasa recognised a lack of fathering or positive father figures
in the lives of their beneficiaries. One of the founding members of the organisation referred to the problem of a “fatherless generation” (Carstens, 2013). A thorough inductive analysis of qualitative data revealed that in response to their context, Kuyasa valued the role father figures or mentoring could play in supporting the development of children. Although not overtly operationalized as a distinct practice, they developed the organisational capacity to operationalize the principle of mentoring. Mentoring is based firstly on being a respected and positive role model within the community or organisation and secondly on mentoring relationships that are appropriate, healthy and validate children’s identity, potential and contribution (Carstens, 2013). The premise is to identify, empower and strengthen positive male role models, which are under-represented in children’s lives while also strengthening positive the female role models that are more readily available to them. Mentoring is seen as supportive to the role of single caregivers in validating their children’s identity, potential and contribution.

The project director, a Xhosa male in his 30s, introduced more intentional mentoring of staff, both in small groups and in one-on-one sessions (when appropriate). During the in-depth interviews with staff members, some reported personal growth, improved motivation and improved working relationships with others. The idea was that mentoring would filter through all levels of the organisation to beneficiaries.

In the sports programme the coaches were trained to utilise a value-based life skills programme as they coach soccer skills. For example the life skills lesson on ‘teamwork’ is paired with a soccer drill for ‘short passing’. The sports programme manager consistently mentors the coaches (volunteers and staff) in order to strengthen their own life choices and in turn to become more intentional role models for the children they coach. The principle of being a positive role model and mentoring younger leaders in small groups or in one-on-one
settings is also applied to other programmes. The child protection policy sets boundaries of same sex mentoring for children, leading towards appropriate emotional bonding.

**Key success factors or critical constraints**

In the absence of fathers (and sometimes mothers) in children’s lives, Kuyasa views mentoring (on a formal or informal bases) as a key success factor which contributes to the role of single caregivers in validating children’s identity, potential and contribution. The potential and distinctness of mentoring as a success factor is diluted when it is related to one of the existing principles of organisational capacity needed to operationalize the CRBA. The principle also emerged during the inductive analysis as a distinct principle in providing right-based services for children. Although several authors point to the positive impact of involved fathers (supported by mothers) (Lamb, 2004; Rosenberg & Wilcox, 2006), the possible impact and mechanism of mentoring to ameliorate absent fathering in a community based setting would need to be investigated further.

4.3. Conclusion

Through a process of deductive analysis this chapter presented the factors that enhanced or constrained services for vulnerable children provided by Kuyasa (a) in terms of the *four* child rights practices and (b) in terms of the *five* organisational capacity principles outlined in the ‘CRBA to CBOs Services for Vulnerable Children’. Inductive analysis revealed an emerging practice as well as a new principle, which were both relevant to this case study specifically. The practice of ‘assigning responsibility’ and the principle of ‘mentoring’ were introduced as they represent distinct elements that were essential to Kuyasa’s approach and capacity to realise children’s rights. The suggested introduction of the fifth practice of ‘assigning
responsibility’ and the sixth principle of ‘mentoring’ is illustrated in the ‘Amended CRBA to CBOs Services for Vulnerable Children’. See Addendum 3.
CHAPTER FIVE:
CONCLUSION AND RECOMMENDATIONS.

5.1. Overview

CBOs play a critical role, as grassroots-level partners, in providing services for vulnerable children, but their capacity needs to be developed (Kidman, 2007; Mmbando et al., 2009; Schenk & Schenk, 2009; Schenk & Michealis, 2010). There is limited empirical research on the factors that enhance or constrain CBOs services. This research thus contributes to the body of evidence that informs capacity building for CBOs by describing the factors that enhance or constrain CBOs services.

Within the international development community the CRBA has become the accepted norm, setting a benchmark that informs the quality and variety of multidimensional services children require to realise their rights and ensure optimal human development (ACRWC, Article 7; Child Rights Centre, 2013; Dawes et al., 2007; Dinbabo, 2011; Prest-Talbot, 2012; Save the Children, 2005; Theis, 2003; UNCRC, Articles 24, 28, 29, 12) Utilising the CRBA as theoretical framework, the ‘CRBA to CBOs Services for Vulnerable Children’ model was developed for this study to demonstrate how a CBO can operationalize normative and abstract concepts. CBOs can operationalize the CRBA through 2 major themes: (1) by employing specific Child Rights Practices and, (2) by developing sufficient Organisational Capacity for the CRBA.

Furthermore, the model is also useful for categorising and describing possible ‘success factors’ and ‘critical constraints’ to services provided by CBOs. The aim of this case study was to explore these factors from the perspective of the Kuyasa staff and beneficiaries and to
describe these factors in terms of the two broad themes within the CRBA. The factors were explored through qualitative methods, although a quantitative survey was utilised to complement specific areas.

The findings of the study were presented using a thematic approach and referring to the ‘CRBA to CBOs Services for Vulnerable Children’ model. Generally, the findings indicated that a key success factor was that Kuyasa employed the principle of empowerment as a point of departure for all other practices and principles, which created a cyclical sustainable process of development. This chapter will provide: (1) a thematic conclusion of the research findings, (2) recommendations, and finally (3) suggestions for further research.

5.2. Summary and Conclusion

As per the ‘CRBA to CBOs Services for Vulnerable Children’ model, CBOs operationalize the CRBA by implementing several Child Rights Practices, these include: child rights awareness, multidimensional services, utilising a child referral network and strengthening families. In addition, CBOs employ key principles to ensure the organisational capacity needed to operationalize the CRBA. These include: Empowerment, Participation, Ownership, Sustainability, and Advocacy. In the analysis, various ‘success factors’ and ‘critical constraints’ were identified and related to Kuyasa’s child rights practices and organisational principles.

The central finding of this study was that Kuyasa employed the principle of empowerment as point of departure for all other practices and principles, which created a cyclical sustainable process of development. Their empowerment approach was clearly articulated in the ‘Kuyasa Leadership Development Model’, which guides all their practices and principles. From the perspective of the respondents and the researcher’s analysis, this principle was
central to Kuyasa’s approach towards providing services and the positive results they have had. It was reported that empowerment called for participation in decision making, which led to a sense of ownership for the children. Once there was ownership the scale and quality of their programmes became more continuous and sustainable as more self-reliant leaders (youth beneficiaries/interns/staff) emerged to direct activities. These findings are in line with the theoretical frameworks proposed by Korten (1990) and Rahman (1990) to facilitate empowerment. It is important to point out that the PCDA proposed by Korten and others places the emphasis on ‘participation’, whereas this case study found that ‘empowerment’ was the starting point for the developmental process in a CRBA.

According to staff accounts the key success factors in terms of empowerment were: (1) a decentralised management system coupled with accountability, (2) the practice of ‘assigning responsibility’ to beneficiaries and (3) a strong financial and administrative systems to support the different programmes and provide cohesion for Kuyasa’s decentralised management system. A critical constraint was lower quality programmes in the instances when Kuyasa employed less skilled, even though talented, individuals who were still to be empowered.

A key constraint in terms of participation evident in the qualitative analysis was conflicting community interests, which hindered consensus in the participation process. This finding concurs with the hindrances to community participation reported by Sibanda (2011). From Kuyasa’s perspective, a success factor was being in a position to be more selective with regard to whom they engage in participation towards decision making for the organisation. As a result, the majority of their governing board represents Kayamandi residents who demonstrate a concern for vulnerable children.
Key success factors in terms of *ownership* was: (1) intentionally employing empowerment and participation to generate a sense of ownership for the leaders, which directed organisational resources more effectively and (2) support from key community leaders which helped to secure a public facility they now occupy at minimal cost. These findings agree with the theoretical principles of “ownership of their own development” described by Swanepoel et al. (2006:30), and the local ownership of public resources proposed by the Asian NGO Coalition (1989), Korten (1990), and the OECD Development Assistance Committee (1996).

In terms of *sustainability*, key success factors were: (1) that empowerment as a point of departure created a cycle of sustainable development, as empowered leaders were self-motivated to develop others, (2) a relatively broad donor base, and (3) an organisational culture where some of the staff are self-funded or apply for internships as it presents a training opportunity. Similarly, Wilkinson-Maposa (2010) described increased resilience in CBOs with an organisational culture where staff is willing to work for a reduced pay for short periods and for a specific reason. Some constraints in sustaining the organisation were experienced in terms of: (1) managing complex or prescriptive donor relationships, and (2) retaining full time staff seeking higher salaries.

Advocacy is not prominent in the Kuyasa organisational culture. As a result, not exploring the key issues that may be changed through *advocacy* as opposed to utilising organisational resources to ameliorate problems may be a key constraint for the organisation.

In the absence of fathers (and sometimes mothers) in children’s lives, Kuyasa views *mentoring* as a key success factor in validating children’s identity, potential and contribution. Mentoring contributes to the primary role of single caregivers in validating children in their
care. This principle emerged distinctly during the inductive analysis as providing rights-based services for children. Although several authors point to the positive impact of involved fathers (Lamb, 2004; Rosenberg & Wilcox, 2006), the mechanism of mentoring to ameliorate absent fathering in a community based setting would need to be investigated further.

In terms of child rights practices, Kuyasa demonstrated a deficit in cultivating the practice of child rights awareness but it did not prove to be a constraint in identifying a need for other services or practices.

Although the development community recommends the provision of multidimensional services by duty-bearers that targets each of the 4 areas of rights provision (survival, protection, development and participation), few CBOs have been able to offer this (Giese, et al., 2002; Kidman, 2007). Kuyasa was successful at developing a variety of multidimensional services that targeted each of the 4 areas of rights provision described by the South African Child Rights Centre (2013), which in turn was informed by the Convention of the Right of the Child (UNICEF, 2011). Respondents reported that key to this success was: (1) offering sequential services that intentionally move children from a point of crisis into developmental programmes and (2) recruiting passionate and talented programme managers to coordinate services in their field of expertise. Although Kuyasa has proved their success in terms of scope and quality of their multidimensional services, critical constraints continue to lead to attrition of children from the programmes or to delayed benefit from programmes. The 2 main constraints were (1) the variety of challenges children encounter in the community, i.e., physical or sexual abuse, peer pressure towards early sexual debut and alcohol abuse, and (2) the challenges out of school youth encounter in accessing higher education or employment.
Related to the practice of maintaining a functional *child referral network*, several staff members indicated that accessing the Kayamandi Network (an existing vibrant referral network of similar CBOs) was a key success factor. These results concur with similar empirical findings by Giese (2003) and UNICEF (2010) that CBOs played an important role as intermediary, referring children to other CBOs and government services.

Kuyasa views the practice of *strengthening families* as a key success factor. Supportive of the qualitative analysis, the quantitative data indicated active engagement with 46% to 32% of caregivers and awareness among caregivers of the variety of multidimensional services Kuyasa provide. It can be concluded that (1) the practice of engaging and strengthening families has been a key success factor in providing for physical needs and developing credibility with caregivers. These empirical findings are in line with other studies conducted in Sub-Saharan Africa that showed how strengthening families in various ways was effective (Giese, 2003; Kindal, 2007; Richter, Foster & Sherr, 2006; UNICEF, 2010(1)).

Although not mentioned specifically by Kuyasa as a success factor, (1) *assigning responsibility* emerged during the inductive analysis as instrumental in developing leadership skills and orientating children towards making a contribution to society in adulthood. Child rights theory defines children as rights-holders and adults as duty-bearers (Child Rights Centre, 2013; Dawes et al., 2007; UNDP, 2006). Kuyasa’s experience has brought this unilateral approach into question as children could benefit significantly from age-appropriate incremental responsibility for tasks within a community based setting. ‘Assigning responsibility’ therefore emerged as a practice in providing right-based services for children.

Based on the respondent’s reports, the key success factors in the services for vulnerable children provided by the Kuyasa in terms of the CRBA were: (1) their *approach to*
empowerment (which is the point of departure for all their other practices and principles), (2) the scope and sequencing of their multidimensional services, (3) the practice of assigning responsibility to children to encourage contribution, and the (4) principle of mentorship to validate children’s potential and contribution in the absence of biological fathers in the domestic lives of their children.

Although the practice of assigning responsibility and the principle of mentoring are not described within the current CRBA theory, these themes represent distinct elements that were key to Kuyasa’s approach and capacity to realise children’s rights. It is suggested that these emerging themes be provisionally included within the developing theory base for the CRBA, as it could represent valuable interventions that may be relevant to other CBOs providing services for children. The suggested introduction of the fifth practice of assigning responsibility and the sixth principle of mentoring is illustrated in the ‘Amended CRBA to CBOs Services for Vulnerable Children’ (See Addendum 3).

The critical constraints from the perspective of Kuyasa staff and beneficiaries were: (1) the variety of challenges children experience in the community, i.e., physical or sexual abuse, peer pressure towards early sexual debut and alcohol abuse, (2) the challenges out of school youth encounter in accessing higher education or employment, (3) conflicting interests in terms of resources which hindered consensus in the participation process and (4) managing complex or prescriptive donor relationships. Although the findings from this case study are context specific, some of the success factors and constraints could be extrapolated and used to inform many similar organisations operating in similar contexts. The findings also contribute to the body of evidence that informs capacity building for CBOs.
Kuyasa specifically, but other CBOs generally, could benefit from utilising either the CRBA, or the ‘CRBA to CBOs Services for Vulnerable Children’, as a point of reference when developing services that realise children’s rights and fullest potential. It is also hoped that the CRBA model will enable CBOs to interpret and communicate their grassroots perspective to the development community.

5.3. Recommendations

CBOs are key grassroots level partners in realising the multidimensional rights of vulnerable children. Understanding the factors that enhance or constrain CBOs’ services, informs capacity building for CBOs and provides a basis for broader recommendations.

- The CRBA has become the accepted norm, setting a benchmark that informs the quality and variety of multidimensional services children require to realise their rights and ensure optimal human development. It is important to operationalize this sometimes abstract benchmark so that CBOs can easily apply the approach to their services. The ‘CRBA to CBOs Services for Vulnerable Children’ model is recommended as a point of departure from which to further refine the child rights practices and key principles that ensure the organisational capacity needed to operationalize the CRBA.

- Although further refinement and empirical research is needed, it is recommended that the practice of assigning responsibility and the principle of building organisational capacity for mentoring be provisionally included in the operational model. Both these emerging themes represent distinct, valuable interventions, which may be relevant to other CBOs providing services for children. (See Addendum 3 for a presentation of the amended model.)
• Kuyasa specifically, but other CBOs generally, could benefit from framing their services in terms of the CRBA. This represents the broader, international discourse around: (1) the purpose of having rights-based leverage when advocating for greater support from government and funders, and (2) the purpose of sharing their experience with a broader audience by utilising a current theoretical framework within the development world.

• The findings from the case study are context specific, but some of the success factors and constraints can be extrapolated and used to inform many similar organisations operating in similar contexts.

• Finally, the constraining factors identified by this case study cannot be addressed by any CBO in isolation. The challenges children encounter in the community, that out-of-school youth encounter in accessing higher education or employment, or that CBOs encounter in managing complex donor relationships, can only be mitigated through a collaborative and integrated approach. Such collaboration would combine the grassroots level services provided by CBOs with interventions provided by government departments and the development community.

5.4. Areas for Further Research

It is important to continue to build the evidence base that informs capacity building for CBOs, to improve the scope and quality of their services for vulnerable children. It would be valuable to study multiple CBOs, utilizing the CRBA as theoretical framework, to identify crosscutting themes. The ‘CRBA to CBOs Services for Vulnerable Children’ should be informed and refined further with research, but may be useful as point of reference for future studies seeking to operationalize the CRBA.
Beyond describing success factors, critical constraints, child rights practices, or principles of organisational capacity for a CRBA, the outcomes with regard to children need to be correlated to these themes. As Schenk & Michealis (2010) point out, limited empirical evidence exists on the effectiveness of CBOs in improving child wellbeing outcomes.

Areas for further research related to determining child wellbeing outcomes were identified in this case study. For example, further research is needed to ascertain if the practice of strengthening families has led to improved parenting, created multidimensional support at home, and so, improved outcomes for children. In addition, further research is needed to assess the mechanism of mentoring single-parent children in a community based setting, and evaluating its potential impact.
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Addendum 1: CRBA to CBOs Services for Vulnerable Children (Source: Own Compilation)
Addendum 2: Kuyasa Leadership Development Model  (Source: Kuyasa, 2010)

1. Crises and Emergency Relief
   - Meeting basic needs: Feeding Scheme, Orphan Sponsorship

2. Educational & Spiritual Development
   - Sowing and Growing: Academic tutoring, Computer Skills Training, Life Skills

3. Test Leadership Potential
   - Creating leadership situations: Sports, Performing Arts, Community Service

4. Invest in Emerging Leaders
   - Leadership training (volunteer): Junior leadership with in programmes, Mentorship

5. Empower Top Leaders
   - Internship Position (staff) or Tertiary Education Scholarship

6. Independence
   - Full circle: Self-reliant leaders, independent from Kuyasa
Addendum 3: Amended CRBA to CBOs Services for Vulnerable Children (Source: Own Compilation)
Addendum 4: Schedule of themes and questions for semi-structured interviews and focus group discussions.

Study Title: Community-based organisations (CBOs) and the child rights-based approach (CRBA) in implementing services for vulnerable children: a case study of Kuyasa Horizon Empowerment in Kayamandi, Cape Town, South Africa.

The purpose of this study is to identify the success factors or critical constraints experienced by a CBO in delivering services for vulnerable children. In layman’s terms:

- The purpose of this study is to help us understand what are the things that ‘makes Kuyasa work’ (key success factors, the things strengthening Kuyasa) so that we can use Kuyasa as a model for others when they want to start a similar project.
- The purpose of this study is also to look at the challenges (constraints, hindrances or threats) that a CBO like Kuyasa face when they want to roll out services for children. This will serve to inform others of the challenges that may be ahead and how to deal with these challenges.

1. Kuyasa Organisational structure

Will you help me understand how Kuyasa works? What is the organisational structure of Kuyasa?

1.1. Who are the beneficiaries? (Whom do you serve?)
1.2. What are the programmes Kuyasa offers? (What are your services?)
1.3. In Kuyasa, who are the people or staff who do a lot of the work to deliver the services for children?
1.4. In Kuyasa, who are the decision-makers about the types of programmes, how the programmes should run?
1.5. Who is responsible for making sure the services are delivered?
1.6. Who is accountable when something goes wrong?
1.7. Who helps and supports you most to do your work at Kuyasa/when you need help from Kuyasa?
1.8. What kind of help do they provide?
1.9. Present an organogram: what do you think of this organogram, is it accurate, who do you report to?

2. Key success factors or critical constraints (challenges) to services delivery

2.1. What do you think of the services Kuyasa is delivering to children? Tell me more of these services…
2.2. Do you think the services are good? What makes Kuyasa work so well (success factors)?
2.3. If the programmes are like bricks built into a wall, and the cement is what holds it all together and makes it work … what is this cement in Kuyasa? (This analogy is known to Kuyasa) Is it relationships, values, resources…?
2.4. Do you think the services can improve? What are the challenges in improving the services to children?
2.5. Are there challenges in the community towards delivering services for the children from this community?

Theme 1: The CBO’s Child Rights Practices.

3. Children’s Rights

3.1. What do you think of children’s rights? Should children have rights? What are their rights?
Internationally they say that all people have rights and responsibilities (to vote, to pay tax, and not commit crimes) and so children have rights and responsibilities too.

3.2. Responsibilities of children: What do you think are the responsibilities of children?
3.3. Do the children in your community fulfil the responsibilities you mentioned?
3.4. And do they fulfil the responsibility of respect for authority, for teachers, for parents, to study, to help elders, to tell an adult if someone is abusing a child?
3.5. Present Children’s Rights: According to international law children have a right to -
3.5.1. Survival – what do you understand under survival? Can you give an example?
3.5.2. Protection – what do you understand under protection? Can you give an example?
3.5.3. Development - what do you understand under development? Can you give an example?
3.5.4. Participation - what do you understand under participation? Can you give an example?

3.6. What are our rights as a child of God? And what are a child’s rights as a child of God?


I would like to ask you about the child rights practices operationalized in Kuyasa as an organisation. Do you use the following child rights practices?

Child Rights Awareness

4.1. Do you refer to CR instruments? Which ones do you know?
4.2. The UNCRC was developed in 1989 by the UN, and is now used as a guideline for all countries as they make their laws for children and develop services for children. (Present an example to trigger recognition). Do you know the UNCRC?

Providing for multidimensional rights and needs

4.3. Can you think of ways in which Kuyasa provides multidimensional services to cater for the following rights or needs of children?
   4.3.1. Does Kuyasa deliver any services with a survival focus?
   - Survival: without these rights children could simply die, so children have a right to
     - Food security
     - Social security, e.g., grants
     - Standard of living: housing, water, sanitation
     - Health care
   4.3.2. Does Kuyasa deliver any services with a protection focus?
Protection: children have the right to be protected from violence, abuse, drug use, child labour and severe punishment. They have a right to a safe environment when they negotiate traffic, attend school, etc.

4.3.3. Does Kuyasa deliver any services with a developmental focus?

Development: Children have a right to have their human (intellectual, psycho-social, emotional and cultural) development supported. They have right to
- Education
- Cultural recognition
- Play and recreation
- Rehabilitation
- Support for children with disabilities

4.3.4. Does Kuyasa deliver any services that facilitate the participation of children?

Participation: Children have the right to be heard, and say what they feel, contribute ideas and be involved in decisions that are being made about their lives. They have a right to:
- Freedom of association
- Expression
- Access to information
- Guidance to support values and religious choices

Utilising a child referral network

4.4. Sometimes one organisation cannot provide all these services mention above. Does Kuyasa refer children to other services?

4.5. Can you give me examples of other services you refer children to?

4.6. Do you have a formal list of referral services?

Supporting families as duty-bearers

4.7. Sometimes the best strategy is to strengthen caregivers so they can support their children better. How does Kuyasa strengthen or support caregivers?
4.8. Do they empower them to be able to care better for their children without continuous support from Kuyasa?

In summary

4.9. What have been the key elements in the successful implementation of these child rights practices? (If it were not for this we would not have pulled it off.)
4.10. What have been the benefits in implementation of these child rights practices?
4.11. What have been the challenges in implementation of these child rights practices?

Theme 2: The CBO’s organisational capacity for implementing a CRBA

5. Kuyasa’s organisational capacity for implementing a CRBA, characterised by participation, advocacy, ownership, empowerment and sustainability.

5.1. What is Kuyasa vision or goal?
5.2. What are Kuyasa’s values? Values are about the way in which we want to do things, our attitude or our style of doing things…
5.3. If the programmes are like the bricks built into a wall, and the cement is what holds it all together and makes it work … what is this cement? (This analogy is known to Kuyasa) which values act like cement?
5.4. Which of these values helps to deliver a good service for children?
5.5. Why do you say that? Can you give me an example?

There are other values that may also contribute to an organisation’s capacity to deliver services. I would like to ask your opinion on these.

Empowerment:

5.6. What do you think empowerment means?
5.7. If empowerment is the ‘right mixture between the right to make decisions and the ability to make decisions’ or building people’s capacity to make informed decisions and then entrusting the right to make decisions in the organisations, how does Kuyasa seek to empower staff?
5.8. How does Kuyasa seek to empower parents and children?
5.9. To what extent does the leaders in Kuyasa seek new, relevant information to empower themselves to make better decisions for the organisation?
5.10. To what extent does Kuyasa seek training opportunities for staff in order to build their capacity to make informed decisions?
5.11. Is Kuyasa empowered (have the ability) to solve problems when delivering services for children? Can you give me an example?

Participation:

5.12. What do you think participation means?
5.13. If participation is the “level of contribution facilitated or instigated by the CBO from beneficiaries and staff to participate?”
5.14. When planning the services who makes the decisions? The parents, children, staff, leaders?
5.15. When implementing the services who makes the decisions? The parents, children, staff, leaders?
5.16. When evaluating the services who makes the decisions? The parents, children, staff, leaders?

Ownership of resources:

5.17. What do you think ownership of resources means?
5.18. If staff and beneficiaries are to take ownership of the programmes to promote their own development, does Kuyasa have access to public resources, i.e., physical infrastructure and public goods to help deliver services?
5.19. Which organisational resources does Kuyasa have to deliver services?
5.20. Can you give me an example of how they use these resources to deliver services for children?
5.21. Do you think Kuyasa is using their resources effectively?
Sustainability:

5.22. What do you think sustainability means?
5.23. If sustainability is defined as the CBO’s ability to sustain itself and therefore the services provided to vulnerable children in a resource constraint community, how does Kuyasa ensure its sustainability?
5.24. Do you fundraise?
5.25. How do you recruit and report to donors?
5.26. Do you have income generating projects?
5.27. Are they providing you with a reliable means of income?

Advocacy:

5.28. What do you think advocacy means?
5.29. Does Kuyasa play an advocacy role on behalf of their beneficiaries by building consensus among their beneficiaries (rights claims-holders) and presenting that consensus to duty-bearers for inclusion into decision making?
5.30. Does Kuyasa have meetings to discuss problems in the community and then take those issues to the government or to others? Can you give me an example?

6. Further appreciative inquiry, in summary of the interview:

6.1. So what do you think are the main things that make Kuyasa work?
6.2. What are the challenges?
6.3. What advice would you give to others wanting to start a project like this?
Addendum 5: Survey Questionnaire (Administered)

Household Information:
The household **head** name: _______________
In which area in Kayamandi is the household? __________________________

Type of house

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brick/slab house, good condition and clean</td>
</tr>
<tr>
<td>2</td>
<td>Brick/slab house, not in a good condition or not clean</td>
</tr>
<tr>
<td>3</td>
<td>Shack, good condition and clean</td>
</tr>
<tr>
<td>4</td>
<td>Shack, not in a good condition or not clean</td>
</tr>
<tr>
<td>5</td>
<td>Other: ______________________________________________________</td>
</tr>
</tbody>
</table>

Section A: Demographic Characteristics

*(Please tell us more about the head of your household and your family)*

1. Household **head’s** age: ___________________
2. Household **head’s** gender:
   - 1  Male
   - 2  Female
3. Household **head’s** marital status:
   - 1  Married
   - 2  Single
   - 3  Widowed
   - 4  Other
4. How many people are living in your household:
   - 1  The total number of **people** living in this household is…
   - 2  The total number of **adults** living in this household is…
   - 3  The total number of **children** living in this household is…
   - 4  The total number of **people working** in this household is…
Section B: Socio-Economic Characteristics

5. Please indicate the highest level of education the household head attained:

<table>
<thead>
<tr>
<th>LEVEL OF EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Never went to school</td>
</tr>
</tbody>
</table>

6. Are you receiving any grants?

<table>
<thead>
<tr>
<th>The number of child support grants this household receives is…</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of foster care grants this household receives is…</td>
</tr>
<tr>
<td>The number of disability grants this household receives is…</td>
</tr>
<tr>
<td>The number of older person grants this household receives is…</td>
</tr>
<tr>
<td>The number of care dependency grants this household receives is…</td>
</tr>
</tbody>
</table>

7. Total household income from adults working or owning a business (not including grants):

<table>
<thead>
<tr>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>R500-R1000 per month</td>
</tr>
<tr>
<td>R1000-R2000 per month</td>
</tr>
<tr>
<td>R2000-R5000 per month</td>
</tr>
<tr>
<td>R5000-R10 000 per month</td>
</tr>
<tr>
<td>R10 000-R20 000 per month</td>
</tr>
<tr>
<td>R20 000 and above per month</td>
</tr>
</tbody>
</table>
Section C: Kuyasa’s services for vulnerable children and child rights practices

8. Please let us know if children living in this household are using the Kuyasa services:

<table>
<thead>
<tr>
<th>Age</th>
<th>Father</th>
<th>Mother</th>
<th>Relative</th>
<th>Friends</th>
<th>Received help from Kuyasa: Was it food, clothes, building material or something else?</th>
<th>If the child is attending a Kuyasa programme: which programme are they attending?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. 3 yrs</td>
<td>Father</td>
<td>Mother</td>
<td>Relative</td>
<td>Friends</td>
<td>Food and clothes</td>
<td>Learning center</td>
</tr>
<tr>
<td>1</td>
<td>Father</td>
<td>Mother</td>
<td>Relative</td>
<td>Friends</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Please choose the one you agree with most: (choose only 1 option)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>People in our community are not aware of children’s rights.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Children’s rights are something everybody is aware of but it does not help to protect children in our community from abuse or suffering.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Children’s rights are something everybody is aware of and it gives children an excuse to behave badly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Children’s rights are something everybody is aware of and it helps to protect children in our community from abuse or suffering.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Please choose the one you agree with most: (choose only 1 option)

| | | | | | |
| --- | --- | --- | --- | --- |
| 1 | As long as children have food and shelter they will be ok. | | | |
| 2 | As long as children have food, shelter, and education they will be ok. | | | |
| 3 | As long as children have food, shelter, education, and emotional support they will be ok. | | | |
| 4 | As long as children have food, shelter, education, emotional support and spiritual guidance they will be ok. | | | |

11. Do you know about all the different services offered to children at Kuyasa? Which of the programmes do your children attend?
<table>
<thead>
<tr>
<th>Programme or service provided by Kuyasa</th>
<th>I know about this service or programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Kuyasa sport program</td>
<td>Yes  No</td>
</tr>
<tr>
<td>2 Hats &amp; Glasses (Youth leadership development for 13 to 20+ yrs.)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>3 Sharing Views (Child support groups for 8 to 13 yrs.)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>4 Learning Center (After school tutoring for grade R - 12 learners)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>5 Kuyasa Performing arts (Dance, Drama, Music Band)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>6 Feeding Project (Daily Meals at 14:30)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>7 Child Sponsorship Program (Monthly Support for orphans)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>8 The Safe House – Foster care for girls.</td>
<td>Yes  No</td>
</tr>
<tr>
<td>9 Computer Skills Training</td>
<td>Yes  No</td>
</tr>
<tr>
<td>10 Arts Classes</td>
<td>Yes  No</td>
</tr>
<tr>
<td>11 Media Classes (Film and Photography)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>12 Adult Education and Skills Training (Woodwork, Sowing)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>13 Social Worker</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

12. Does Kuyasa offer services to support parents or caregivers as they provide care of the children in their household?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

13. Strengthening Duty Bearers: *Please let us know about the relationship you have with Kuyasa*

<table>
<thead>
<tr>
<th>Programme or service provided by Kuyasa</th>
<th>Please answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I have received home visits or phone calls by the Kuyasa staff</td>
<td>Yes  No</td>
</tr>
<tr>
<td>2 I have received a report from Kuyasa on the progress of my child</td>
<td>Yes  No</td>
</tr>
<tr>
<td>3 I have been invited by Kuyasa to attend an event at least once a year</td>
<td>Yes  No</td>
</tr>
<tr>
<td>4 I have attended an event at Kuyasa at least once a year</td>
<td>Yes  No</td>
</tr>
<tr>
<td>5 I have been invited to a training at Kuyasa on parenting or other topics at least once a year</td>
<td>Yes  No</td>
</tr>
<tr>
<td>6 I have attended a training at Kuyasa on parenting or other topics at least once a year</td>
<td>Yes  No</td>
</tr>
<tr>
<td>7 I have received support with social services, food, clothes or building material when there was a crisis.</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>
**Section D: Kuyasa’s organisational capacity to facilitate programmes for children.**

14. Participation: In your opinion, to what extend does Kuyasa encourage the community to participate in the work of the organization?

<table>
<thead>
<tr>
<th>Level of participation by the community</th>
<th>Please answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Kuyasa consults with (asks advice from) community leaders or pastors when they make decisions.</td>
<td>Yes No Not Sure</td>
</tr>
<tr>
<td>2 Kuyasa consults with (asks advice from) the caregivers of children when they make decisions.</td>
<td>Yes No Not Sure</td>
</tr>
<tr>
<td>3 Community members or leaders from Kayamandi help to make decisions about the Kuyasa programmes and funding for the programmes.</td>
<td>Yes No Not Sure</td>
</tr>
<tr>
<td>4 Community members or leaders from Kayamandi serve on the Kuyasa board that makes decisions about the Kuyasa programmes and funding for the programmes.</td>
<td>Yes No Not Sure</td>
</tr>
</tbody>
</table>

15. Empowerment: Empowering means giving children the skills they need to make good choices. In your opinion, has Kuyasa played a role in empowering the children that attend the programmes?

<table>
<thead>
<tr>
<th>Empowering children to make good choices.</th>
<th>Please answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Since attending the Kuyasa programmes my child/children has/have been making better choices</td>
<td>Yes No</td>
</tr>
<tr>
<td>2 Please provide an example of how they have been making better choices:</td>
<td></td>
</tr>
</tbody>
</table>
16. What are the benefits of having an organization like Kuyasa working in the community?

17. What are the things, values, or characteristics that make Kuyasa strong or successful so they can provide services for children in Kayamandi?

18. What are the challenges that a CBO like Kuyasa faces when it wants to roll out services for children?
Addendum 6: List of Informants

<table>
<thead>
<tr>
<th>Subject No.</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Organisation</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Depth Interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Nkosinathi Sixabayi</td>
<td>m</td>
<td>38</td>
<td>Kuyasa Staff</td>
<td>Project Director</td>
</tr>
<tr>
<td>2</td>
<td>Jenny Carstens</td>
<td>f</td>
<td>57</td>
<td>Kuyasa Staff</td>
<td>Retiring Project Director</td>
</tr>
<tr>
<td>3</td>
<td>Sylvester Nogada</td>
<td>m</td>
<td>21</td>
<td>Kuyasa Staff</td>
<td>Sports Programme Leader</td>
</tr>
<tr>
<td>4</td>
<td>Heather McNiel</td>
<td>f</td>
<td>37</td>
<td>Kuyasa Staff</td>
<td>Life Skills Programme Leader</td>
</tr>
<tr>
<td>5</td>
<td>Pumla Qalinge</td>
<td>f</td>
<td>46</td>
<td>Kuyasa Staff</td>
<td>Child Sponsorship Programme Leader</td>
</tr>
<tr>
<td>6</td>
<td>Mbongeni Mtshali</td>
<td>m</td>
<td>35</td>
<td>Kuyasa Board Member</td>
<td>Performing Arts Programme Leader</td>
</tr>
<tr>
<td>7</td>
<td>Charles Boy Ndlebe</td>
<td>m</td>
<td>58</td>
<td>Kuyasa Board Member</td>
<td>Chairman/School Head Master</td>
</tr>
<tr>
<td>8</td>
<td>Bhelekazi Mrali</td>
<td>f</td>
<td>61</td>
<td>Kuyasa Board Member</td>
<td>Board Member/Pastor</td>
</tr>
<tr>
<td>9</td>
<td>Nomvuyiseko Mtiya</td>
<td>f</td>
<td>26</td>
<td>Kuyasa Beneficiary</td>
<td>Beneficiary of Kuyasa services as a child</td>
</tr>
<tr>
<td>10</td>
<td>Shepard Didi</td>
<td>m</td>
<td>21</td>
<td>Kuyasa Beneficiary/Volunteer</td>
<td>Beneficiary of Kuyasa services as a child</td>
</tr>
<tr>
<td>11</td>
<td>Karen Viviers</td>
<td>f</td>
<td>50</td>
<td>Community Leader</td>
<td>Living in Kayamandi 15 years</td>
</tr>
<tr>
<td>12</td>
<td>Nompiliso Katangana</td>
<td>f</td>
<td>47</td>
<td>Community Leader/CBO employee</td>
<td>Legacy</td>
</tr>
<tr>
<td>13</td>
<td>Louise Fourie</td>
<td>f</td>
<td>53</td>
<td>Community Leader/CBO director</td>
<td>Legacy</td>
</tr>
</tbody>
</table>

Focus Group Discussion

<table>
<thead>
<tr>
<th>Subject No.</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Organisation</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 x Care Givers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Care Givers of Children attending Kuyasa</td>
</tr>
<tr>
<td>6 x Kuyasa Youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Youth which have been beneficiaries of Kuyasa for more than 1 year</td>
</tr>
<tr>
<td>16 x Kuyasa Staff Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Kuyasa Staff</td>
</tr>
</tbody>
</table>