

A Case Study

Child Welfare Tshwane HIV Project



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Cover photo by Peter Njaramba: A child playing at the Ford Care Centre

Acronyms

AB	abstinence and be faithful
ABET	adult basic education and training
AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
CHAMPS	Coordinated HIV/AIDS Management Programmes
DQA	data quality assessments
emergency plan	U.S. President's Emergency Plan for AIDS Relief
FAMSA	Family and Marriage Society of South Africa
FCC	Ford Care Centre
HBC	home-based care
HIV	human immunodeficiency virus
IGA	income generating activity
NGO	nongovernmental organisation
NOAH	Nurturing Orphans of AIDS for Humanity
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
PSS	psychosocial support
RDP	reconstruction and development programme
SANCA	South African National Council on Alcoholism and Drug Abuse
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

Executive Summary

With an estimated 5.5 million people living with HIV in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Child Welfare Tshwane HIV project and to document lessons learned that can be shared with other initiatives. This OVC case study, one of a series of case studies documenting OVC interventions in South Africa, was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the U.S. President's Emergency Plan for AIDS Relief (emergency plan) and U.S. Agency for International Development (USAID) in South Africa.

This case study is based upon programme document reviews; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and observations of programme activities. When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. AI was used to identify strengths (both known and unknown) in the Motswadibe OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

With funds from the emergency plan, Child Welfare Tshwane HIV project provides HIV-related OVC services in Mamelodi and Olievenhoutbosch, suburbs of the city of Tshwane in Gauteng Province. Emergency plan funding is managed through the Coordinated HIV/AIDS Management Programmes (CHAMPS) Initiative, which is a strategic alliance of faith-based and community-based organisations. The CHAMPS alliance was established by CompreCare Joint Venture. Child Welfare Tshwane HIV project is one of the OVC partners in the alliance. Child Welfare Tshwane HIV project has managed to leverage in-kind contributions from organisations, government departments, institutions, and private businesses. Contributions come in various forms, including human resources and expertise, school uniforms and clothes, food parcels, nutritionally enhanced emergency food (e-Pap), land, and infrastructure.

The HIV project comprises Wellness, Mothusi and the Isolabantwana programmes. Initially, Child Welfare Tshwane HIV project provided OVC services in Mamelodi, a suburb of the city of Tshwane. The programme has since expanded to Olievenhoutbosch, a new development southwest of Tshwane.

The goals of the HIV project are to improve the quality of life of OVC in the target community, and to ensure that OVC, their families, and the community eventually sustain themselves without depending on assistance from the government and other institutions. Primary populations targeted by Child Welfare HIV project include OVC and their families, people living with HIV/AIDS (PLHA), and community members in Mamelodi and in Olievenhoutbosch.

A principal way that Child Welfare serves OVC is through a community-based model called Isolabantwana ("eyes on the child"). The "eyes" refer to community-based volunteers (referred to as caregivers) who are trained to identify and serve OVC at the household level. Overall, there are 65 Isolabantwana volunteers including six team leaders in Mamelodi and Olievenhoutbosch. During home visits, Isolabantwana volunteers provide a range of services to OVC including emotional and psychosocial support, distribution of materials leveraged from the community, and conflict resolutions in households.

In addition to the home visits made by Isolabantwana volunteers, OVC and their families are also served through activities at the Ford Care Centre (FCC). The centre was designed to offer structured activities and support to HIV positive adults and their children. The centre was established by Child Welfare HIV project with support from the Ford Motor Company. The Wellness programme at the FCC offers support to a group of PLHA where, in addition to psychosocial support, participants receive a range of services including food parcels, economic strengthening, and life skills. OVC are also directly served at the FCC. In particular, both children of PLHA and others whom Isolabantwana volunteers identify participate in school holiday projects, such as life-skills training, group play therapy, and memory boxes. As a result of Isolabantwana and FCC activities, families are provided with psychosocial support and basic necessities including clothes, blankets, and assistance in establishing food gardens and trade skills, such as beadwork.

To tackle stigma and discrimination and ensure early identification of beneficiaries, Child Welfare HIV project runs the Mothusi programme. This project utilises HIV-positive volunteers to visit clinics, hospitals, and companies to encourage people to test for HIV. These volunteers also market the services of Child Welfare HIV project to members of the community. Those found to be HIV-positive are referred to the support group or to Isolabantwana volunteers. Currently, the programme is run by four volunteers.

Child Welfare HIV project has learned a number of lessons following the implementation of its Wellness, Mothusi and Isolabantwana programmes. As the volunteers know their communities best and the resources therein, Child Welfare allows the volunteers the creativity to formulate solutions for problems that they encounter during home visits. Information days are held to educate the community about the project's activities and services. The project has also been successful in the establishment of user-friendly data management system and encouraging the active involvement of HIV-positive people in the HIV project.

The HIV project has experienced challenges owing to the large numbers of OVC in relation to available capacity. The project has found that caring for high numbers of OVC, especially during the formative stages of the project, is unmanageable and compromises quality of rendered services. The project requires more volunteers if it is to expand its coverage and provide quality services. Empowerment of families to seek legal documentation and sustainable supplies of food is another challenge that the programme has had to grapple with. Lack of government policy on care of OVC from illegal immigrant families poses moral challenges to caregivers who have to care for all OVC irrespective of migrant status.

Unmet needs include economic strengthening for OVC and guardians as current efforts to improve economic security through beading and vegetable gardens are not adequate. Guardians expressed the wish for the project to distribute the uniforms annually and to avail bursaries for youths who qualify for further education. In addition to the school holiday activities, there is also need for regular recreational activities for OVC during the school days.

In preparation for scaling up, Child Welfare HIV project will place emphasis on balancing quantity and the quality of services provided to OVC. More volunteers will be recruited and their capacity built, including the elimination of illiteracy through adult education. The HIV project will initiate activities to enhance the economic strengthening of OVC and their families.

Introduction

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

Former United Nations Secretary-General Kofi Annan

Despite the magnitude and negative consequences of growth in OVC in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. There is urgent need to learn more about how to improve the effectiveness, quality, and reach of efforts designed to address the needs of OVC, as well as to replicate programmatic approaches that work well in the African context. Governments, donors, and nongovernmental organisation (NGO) programme managers need more information on how to reach more OVC with services to improve their well-being.

In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Child Welfare Tshwane HIV project and to document lessons learned that can be shared with other initiatives. USAID in South Africa commissioned this activity to gain further insight into OVC interventions receiving financial support through the U.S. President’s Emergency Plan for AIDS Relief (emergency plan). This OVC case study, one of a series of case studies documenting OVC interventions in South Africa, was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the emergency plan and USAID/South Africa.

The primary audience for this case study includes the Child Welfare Tshwane HIV project staff, OVC programme implementers across South Africa and other countries in sub-Saharan Africa, as well as policy-makers and donors addressing OVC needs. It is intended that information about programmatic approaches and lessons learned from implementation will help donors, policy-makers, and programme managers to make informed decisions for allocating scarce resources for OVC and thus better serving OVC needs.

The development of these case studies was based on programme document review; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and, observations of programme activities. The programmatic approach is described in depth — including approaches to beneficiary selection, key programme activities, services delivered, and unmet needs. Programme innovations and challenges also are detailed.

It is our hope that this case study will stimulate the emergence of improved approaches and more comprehensive coverage in international efforts to support OVC in resource-constrained environments across South Africa and throughout the world.



Child Welfare Tshwane HIV project facilitates an adult support group at the FCC to assist unemployed PLHA. Membership is voluntary and limited to unemployed HIV-positive adults in reasonably good health and who are residents in Mamelodi or nearby areas. Registration is limited to one year after which members are discharged but continue receiving support at their homes.

Membership in 2008 included eight males and 22 females who cared for 23 OVC ages 2-17 years of age. Activities at the centre include beading, physical exercises, and group and individual counselling. They discuss life skills, health issues, and parenting. Social workers pick up hints of domestic problems and intervene appropriately. Children are invited to FCC during school holidays for recreation, psychosocial support, and life skills.

Members are required to attend project activities for six hours daily, five days a week. They make beaded items and receive cash bonuses based on one’s beading productivity. Members are provided with lunch daily, and receive home vegetables on a weekly basis and food parcels once a month.

Orphans and Vulnerable Children in South Africa

With an estimated 5.5 million people living with HIV in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. Of South Africa's 18 million children, nearly 21% (about 3.8 million children) have lost one or both parents. More than 668,000 children have lost both parents, while 122,000 children are estimated to live in child-headed households (Proudlock P, Dutschke M, Jamieson L et al., 2008).

Whereas most OVC live with and are cared for by a grandparent or a great-grandparent, others are forced to assume caregiver and provider roles. Without adequate protection and care, these OVC are more susceptible to child labour and to sexual and other forms of exploitation, increasing their risk of acquiring HIV infection.

In 2005, the South African Government, through the Department of Social Development (DoSD), issued a blueprint for OVC care in the form of a policy framework for OVC. The following year, it issued a national action plan for OVC. Both the framework and action plan provide a clear path for addressing the social impacts of HIV and AIDS and for providing services to OVC, with a priority on family and community care, and with institutional care viewed as a last resort. The six key strategies of the action plan include:

1. strengthen the capacity of families to care for OVC
2. mobilize community-based responses for care, support, and protection of OVC
3. ensure that legislation, policy, and programmes are in place to protect the most vulnerable children
4. ensure access to essential services for OVC
5. increase awareness and advocacy regarding OVC issues
6. engage the business community to support OVC actively

In recent years, political will and donor support have intensified South Africa's response to the HIV/AIDS epidemic and the growing numbers of OVC. The South African government instituted guidelines and dedicated resources to create and promote a supportive environment in which OVC are holistically cared for, supported, and protected to grow and develop to their full potential. Government policies and services also care for the needs of vulnerable children more broadly through such efforts as the provision of free health care for children under age five, free primary school education and social grants for guardians.



The U.S. government, through the emergency plan, complements the efforts and policies of the South African government. As one of the largest donor efforts supporting OVC in South Africa, the emergency plan provides financial and technical support to 168 OVC programmes in South Africa. Emergency plan partners focus on innovative ways to scale up OVC services to meet the enormous needs of OVC in South Africa. Programme initiatives involve integrating systemic interventions; training of volunteers, caregivers, and community-based organisations; and delivery of essential services, among other things. Emphasis is given to improving the quality of OVC programme interventions, strengthening coordination of care and introducing innovative new initiatives focusing on reaching especially vulnerable children.

Methodology



A breakaway group comprising support group members and guardians, who are programme beneficiaries, participate in the AI workshop at the Ford Care Centre.

INFORMATION GATHERING

Data collection for Child Welfare Tshwane HIV project case study took place in August 2007. Firstly, we conducted a joint key informant interview with CompreCare Joint Venture programme manager and the monitoring and evaluation (M&E) officer at their offices in Pretoria. The second interview was conducted with Child Welfare Tshwane OVC programme manager. Relevant programme documents were collected for review.

A five-hour appreciative inquiry (AI) workshop with 25 participants was facilitated at the Ford Care Centre (FCC). The workshop had two breakaway groups, one with a group of 14 service providers comprising five

Child Welfare staff members, one staff member from CompreCare, seven volunteers, and one representative from the Ford Motor Company. The second was a group of beneficiaries made up of two OVC beneficiaries, six guardians, and three support group members. Observations were done at the FCC and at Mamelodi West and East. Activities and facilities that were observed at the FCC included beading activities, lush vegetable gardens, banks of food, clothes and toys, Isolabantwana volunteers, and a Microsoft Excel database holding data for OVC care activities. In addition to this, the researchers visited five granny-headed households and one sibling-headed household served by the programme in Mamelodi West and East, respectively.

When designing this research, we used AI concepts to help focus the evaluation, and to develop and implement several data collection methods. AI was chosen as the overarching approach, because it is a process that inquires into and identifies “the best” in an organisation and its work. In other words, applying AI in evaluation and research is to inquire about the best of what is done – in contrast to traditional evaluations and research in which the subjects are judged on aspects of the programme that are not working well.

“Appreciative inquiry is about the co-evolutionary search for the best in people, their organisations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives “life” to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. AI involves, in a central way, the art and practice of asking questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential”.

David Cooperrider, Case Western Reserve University, co-founder of appreciative inquiry

For this case study, AI was used to identify strengths (both known and unknown) in the Child Welfare’s OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated. The AI workshops proved to be excellent forums for learning about Child Welfare, its activities and partners. Workshop participants reported having learned through participating in the workshop.

“I have learnt knowledge. Choosing the themes for me was good as initially all the themes had equal weight but voting makes you see that there are more popular themes than others. ‘I can use this approach with my OVC.’”

Participant, AI Workshop

FOCAL SITE

The city of Tshwane (also known as Pretoria), the administrative capital of South Africa, is located in Gauteng Province. More than 336,000 (14%) of the 2.4 million inhabitants of Tshwane are already HIV-positive, and the number continues to grow. Antenatal studies show that the average growth in the HIV infection rate in Tshwane in the nine-year period between 1995 and 2004 was 47% per annum. According to estimates, more than 100,000 inhabitants of the city are living with AIDS while an estimated 20,000 children have already been orphaned by AIDS. The number of orphans is expected to rise to more than 100,000 by 2010. These figures confirm that a catastrophe of unprecedented nature is tearing through the social and economic fibre of the City.

Child Welfare Tshwane runs an HIV project comprising a Wellness, Mothusi and the Isolabantwana programmes. Initially, Child Welfare HIV project provided OVC services in Mamelodi, a suburb of Tshwane. The project has since expanded to Olievenhoutbosch, a new development south west of Tshwane.

Programme Description



An Isolabantwana social auxiliary worker walks with a child living in a granny-headed household in Mamelodi West

OVERVIEW AND FRAMEWORK

Child Welfare Tshwane was established in 1918 as the Pretoria Child and Family Care Society to care for the disadvantaged members of the community of Tshwane (previously Pretoria). Since then, the services of Child Welfare Tshwane have grown to include 11 community centres serving more than 35,000 children and families in crisis per annum. Services that are provided to children and their families are unique to each of the 11 centres and include community-based services to children and families offered at Atteridgeville, Centurion, Eesterust, Elandspoor, Mamelodi, and Mid City. Residential care facilities are located at Bramley and Itumeleng. Child

Welfare offers specialised services including adoptions, student social worker training, therapeutic and assessment services (under Therapy Unit), and HIV related services under the HIV project. The HIV project operates in Ford Care, Olievenhoutbosch, and Sunnyside centres. For the purposes of this case study, data were collected for Ford Care and Olievenhoutbosch centres. As such, this report focuses on the HIV project in these two centres.

The HIV project was designed to offer structured activities and support to HIV-positive adults and their children. The HIV project, based at FCC in Mamelodi, was started in 2001 and includes three components: the Wellness, the Mothusi and the Isolabantwana programmes. Each of these initiatives share the same goal, aiming to improve the quality of life of OVC in the target community, and ensure that OVC, their families, and the community eventually sustain themselves without depending on assistance from the government or other institutions.

The Wellness programme was the first to be established in Mamelodi, starting in 2001 through the support from the Ford Motor Company. The Wellness programme comprises a support group for PLHA where, in addition to psychosocial support, participants receive a range of services including food parcels, economic strengthening, and life skills. Apart from benefiting from the support their parents receive at FCC, OVC are also invited to participate in school holiday events hosted by the FCC.

To tackle stigma and discrimination and ensure early identification of beneficiaries, the HIV project runs the Mothusi programme that was started in 2003. Mothusi programme is an education outreach initiative using HIV-positive people. This project utilises HIV-positive volunteers to visit clinics, hospitals, and companies throughout Tshwane to educate community members to talk openly about HIV and encourage people to test for HIV. Those found positive are referred to the support group or to Isolabantwana volunteers. Mothusi volunteers also market the services of Child Welfare HIV project to members of the community.

Since 1997, Child Welfare Tshwane has been using Isolabantwana model of OVC care in some its 11 centres. The Child Welfare HIV project adopted the Isolabantwana OVC programme in 2005 in Mamelodi with support from the U.S. President's Emergency Plan for AIDS Relief and USAID South Africa to specifically address the needs of OVC infected and affected by HIV/AIDS. Isolabantwana is an isiXhosa phrase meaning "Eye on the Child." The "eyes" refer to volunteer caregivers who identify and serve OVC at the household level. Through Isolabantwana programme, community members are encouraged to accept responsibility for protecting children and to collaborate with social workers in service delivery. Isolabantwana volunteers assess the needs of identified OVC, provide these services directly or through referrals, and monitor OVC well being during home visits.

The HIV project was later rolled out in Sunnyside in January 2006. The Sunnyside Centre activities include all the three components of the HIV project (Wellness, Mothusi and Isolabantwana programmes). However, the Sunnyside Centre does not receive emergency plan funding. In October 2006, emergency plan-funded HIV project activities were rolled out in Olievenhoutbosch. Due to limited office space at Olievenhoutbosch, the Wellness component of the HIV project has not yet being started. Only the Isolabantwana and Mothusi programmes are functional at this centre.

Child Welfare HIV project has embarked on a series of supportive partnerships. Many of the HIV-related OVC specific activities are supported through emergency plan funds awarded through a Coordinated HIV/AIDS Management Programmes (CHAMPS) initiative. The CHAMPS initiative is a strategic alliance of faith-based and community organisations established by CompreCare Joint Venture focused on HIV prevention and OVC support. CompreCare provides capacity building to Child Welfare HIV project in OVC programme management, financial management, monitoring and evaluation, and reporting. Other NGOs supported by the CHAMPS initiative, such as Hospivision and Kurima, further contribute the work of Child Welfare. For instance, Hospivision, provides counselling training, mentoring, and debriefing services to Isolabantwana volunteers. Kurima refers identified families and OVC who are infected and affected by HIV and AIDS to Child Welfare HIV project. The HIV project receives a range of support including school uniforms, and food parcels from government departments. Further to this, the HIV project has forged long-term relationships with companies for material and financial assistance.

Programme activities and outcomes at the OVC, youth, and family and community level are summarized in the framework illustrated on page 16.

PROGRAMME STAFF

The Child Welfare HIV Project is run by a project manager who reports to the Social Work Services director, chief executive officer, and a board of directors. The manager is responsible for the overall planning and management of the project. The manager recruits and capacitates staff, training and supporting them on issues regarding HIV and OVC care. The manager is also responsible for supervising staff and establishing sources of funds for the project.

The HIV project manager works with two social workers and three social auxiliary workers at FCC and Olievenhoutbosch centres – one social auxiliary worker for the Wellness programme and one each for the Isolabantwana programme at Mamelodi and Olievenhoutbosch. The social workers are involved in the day-to-day running of the project and provide supervision and ongoing training and mentorship to caregivers. The social workers also attend to clients whose needs cannot be addressed by caregivers, e.g. child abuse. The social workers liaise within the communities to prevent duplication of services.

Programme staff members also include an M&E officer, and an M&E assistant based at Mamelodi, as well as a clerk, a secretary, and a gardener. Some staff are recruited through advertisements while others are identified from among students who come in for their practical work for social work degree requirements. Bi-weekly and monthly consultation sessions are held with the M&E officer from CompreCare and a social auxiliary worker from Child Welfare. They discuss OVC's wellbeing, and share best practices and lessons learned. Feedback and technical support are given to the caregivers where appropriate.

The manager and staff play an important role in running the programme ensuring caregivers are motivated and capacitated to care for OVC. Isolabantwana volunteers hold meetings every two weeks with the M&E officer and social auxiliary worker to discuss past activities, and to seek feedback and technical support if needed. At these meetings the M&E assistant captures data from the monthly home visit forms. The social auxiliary worker randomly visits homes to verify the data that are submitted by the care workers.

Volunteers hold the programme staff in high esteem as the following story, narrated by a proud Isolabantwana volunteer, illustrates:

“When we first started, we did not have stipends. I want to thank the project manager for taking us from that side (no stipend) to this side so that we could get the stipend. I am very proud of them because they give us money for transport to visit the families. What makes this place run day by day is the work people do. I see people who come every day and make beads and they get food and money every month because they are working, and this is important to me because they are helping people to earn something and it gives them courage. They help us do our job very well by training us. Every Friday we come so that we can do our weekly plan. Each team leader sits with their team and we plan what we are going to do and this improves our work and manages our time. The planning, dedication and commitment makes this project run.

AI workshop participant

VOLUNTEERS

The Child Welfare HIV project is based on community involvement, participation, and volunteerism. Volunteers are recruited from target communities for Isolabantwana and Mofusi programmes.

Mofusi volunteers are all HIV-positive and are made up of one male and three females who are graduates of the Wellness programme’s support groups. Mofusi volunteers promote voluntary counselling and testing (VCT) in clinics and also market the services of the Child Welfare HIV project. Mofusi volunteers provide a different perspective to care and support for OVC due to their being open about their status. Through their life experience and testimonies of positive living, these volunteers identify those in denial and encourage them and their families to seek care and support.

Isolabantwana volunteers are recruited from the local community and churches. They are well-known and respected by community leaders. As such, they are well-positioned to access easily the services of other community groups and service providers, including schools, churches, and community care forums. The Isolabantwana volunteers live in close proximity to OVC and they provide service any time of the day as needed.

Overall, there are 65 Isolabantwana volunteers, including six team leaders, in Mamelodi and Olievenhoutbosch. In Mamelodi, there are 40 volunteers, four of whom are team leaders; and in Olievenhoutbosch there are 25 volunteers, with two of the 25 being team leaders. The Isolabantwana volunteers are classified into three categories – volunteer, care worker, or team leader. The term “volunteer” is reserved for those who do not have all the requisite skills or are unable to provide quality service to OVC. Following satisfactory service provision, volunteers are promoted to care workers. Thus the volunteers and the care workers have similar roles, with quality of services provided being the distinguishing factor. The team leaders are a step above care workers. For the purposes of this report, the term Isolabantwana volunteers will be used to denote all the three Isolabantwana volunteer categories mentioned above.

As the following quote depicts, this hierarchy is a source of motivation for volunteers to provide quality service:

“We started with 25 care workers and this has increased to 65. If a care worker does not perform, the other care workers demote them. There is a graduation process to ensure that care workers are motivated to provide a good service. The graduation is as follows: volunteer, care worker, team leader. They all get stipends but the volunteer only gets transport money.”

Interview, CompreCare

After being mobilized the Isolabantwana volunteers are empowered to assist OVC and their families. The volunteers are trained using a modified Isolabantwana "eye on the child" care model. This accredited, community-based model was developed by Cape Town Child Welfare. Child Welfare adapted the model to address the needs of children infected and affected by HIV/AIDS. The 10 module, seven-day course emphasizes community-based approaches for the early identification and care and protection of vulnerable children. The module topics include; basic HIV and AIDS information and prevention, child abuse and neglect, assessment counselling and resources, parenting skills, the Child Care Act, the Domestic Violence and Maintenance Act, substance abuse, and management and administration skills. This training is provided by social workers from Child Welfare, Family and Marriage Society of South Africa (FAMSA). South African National Council for Alcohol and Drug Abuse (SANCA) trains volunteers to monitor substance abuse by OVC. In addition to this, Hospivision provides a basic value-based "abstain and be faithful" prevention workshop that focuses on enhancing the life skills of participants in decision-making, assertiveness, and negotiations. The training also addresses issues of stigma and discrimination and gender through role play. Hospivision further assists the volunteers with debriefing and counselling support twice a month.

"The training for the care workers is ongoing. 'It's very exciting as they have so little education' (so we are empowering them). Some have ABET [adult basic education and training], some have Matric, but the older ones have very little. Those who have more education, however, do not necessarily do a better job."

Interview, Child Welfare

Since the start of the Isolabantwana programme, a total of 87 Isolabantwana volunteers have been trained. Child Welfare provides on site follow-up training and mentoring.

The Isolabantwana volunteers are required to visit all their clients at least once a week. They use a monthly home-visit form that lists all possible services in both words and pictures. The pictures are helpful for care workers with low literacy levels. The form was designed by CompreCare in collaboration with Child Welfare. The services on the form include core services provided directly to OVC in accordance with emergency fund OVC indicators (such as food, health, and educational support), and additional services provided to households (such as clothes and blankets).

Team leaders are identified based on their leadership qualities and level of education. Each leader has about 10 volunteers and each volunteer cares for about 40 OVC in the community. The volunteers visit OVC at least once in a week and the team leader confirms home visits are taking place. The Isolabantwana volunteers report to the social auxiliary worker and M&E officer twice a month at the Ford Care Centre.

Irrespective of the availability of stipends the Isolabantwana volunteers are committed to making a difference within their community. Volunteers do not get a stipend, except for a transport allowance. A Care Worker's stipend is R1,000 while team leaders receive more than this, as they have to go to the office at FCC every day. Other incentives that are provided include cash bonuses, prizes in the form of food parcels, and certificates for excellent outreach performance and service. Isolabantwana programme owes its success to its volunteers, as a project staff member testifies in the following story:

"The best thing is the care workers in the programme and how we have identified the care workers and how we have empowered them to assist the families. The department of social development signed a contract with most of the care workers enabling us to give them an increase in stipend. They earn this increase by working 40 hours a week. Last month we started increasing the OVC reached, but the money from the Department of Social Development has not come through yet, but they are still working without the increase. They are doing it now for us. This is the type of commitment in the project. Some are working with 50 OVC at present. Most OVC are from schools."

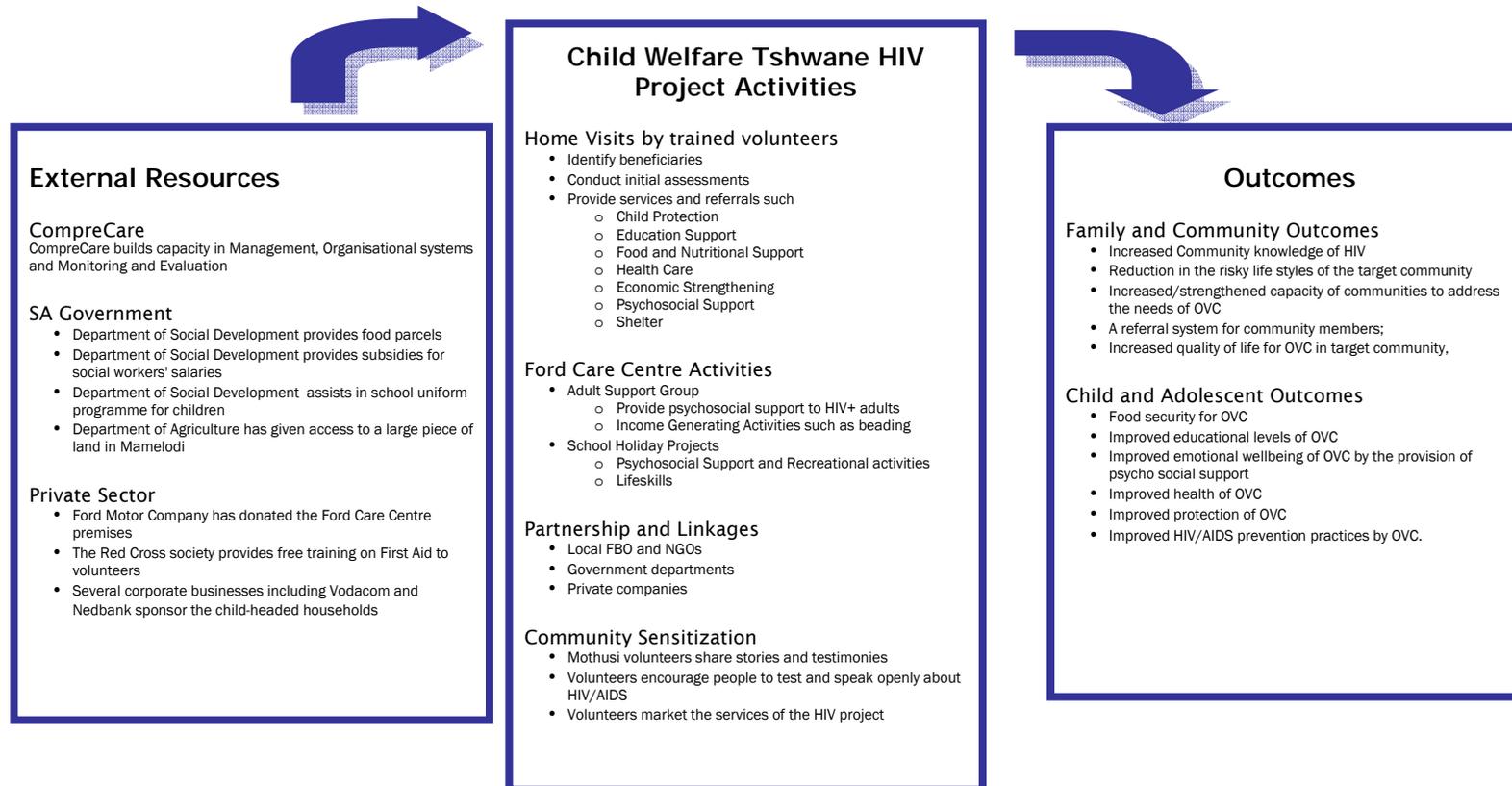
AI workshop participant

Child Welfare Tshwane HIV Project

Child Welfare Tshwane HIV project through CompreCare CHAMPS initiative focuses on HIV related OVC and their families in the Tshwane metropolitan area, specifically Mamelodi and, Olievenhoutbosch. Primary populations targeted for this project include OVC and their families, and volunteers. By March 2007 Child Welfare HIV project had provided services to 2,386 OVC in Mamelodi and Olievenhoutbosch.

Programme Goals

The goals of the HIV project is to improve the quality of life of HIV related OVC in the target community, and to ensure that OVC, their families and the community eventually sustain themselves without depending on assistance from the government and other institutions.



KEY PROGRAMME ACTIVITIES



Key programme activities include home visits by Isolabantwana volunteers with supervision from social auxiliary workers. The Child Welfare HIV project, using its social workers, manages a community Wellness programme for an adult support group. The HIV project forges partnerships and linkages with other organisation. Through its Mothusi outreach programme, the HIV project conducts community sensitization to tackle HIV stigma and discrimination, and to enhance the uptake of HIV-related services.



Home Visits

Home visits by Isolabantwana volunteers are key to identifying OVC and providing them with home-based support services and referrals. Initial visits are made based on information gathered by Isolabantwana volunteers while in the field. In addition, the social auxiliary worker provides volunteers with lists of households compiled following referrals from Kurima, Mothusi volunteers, and schools. In the newly-started area of Olievenhoutbosch, Isolabantwana volunteers conduct door to door campaigns to complete intake and assessment forms for OVC. The HIV project mainly serves OVC who are infected or affected by HIV and AIDS. Following the first home visit, Isolabantwana volunteers complete an initial Assessment Form and develop a plan of action in collaboration with the social worker for each child and their family. The plan of action details the type of assistance required by the OVC. During home visits a range of services is provided to OVC including emotional and psychosocial support for OVC, distribution of materials leveraged from the community, gardening and parenting skills, conflict resolutions in households and referrals to appropriate service providers. Isolabantwana volunteers provide these services and monitor OVC wellbeing. Every home visit and service rendered is recorded by the volunteer. On average, each Isolabantwana volunteer is in-charge of about 10 households with a total of 30-40 OVC. The volunteers visit these households regularly to ensure services are rendered. The frequency of visits range from daily to weekly, tailored to the needs of each OVC. The social auxiliary worker conducts home visits and consultation sessions with the household families to monitor the quality of service provided. The HIV project manages and Isolabantwana activities from the Ford Care Centre.

"I received a list here (at the Ford Care Centre) of those families in need and requiring a visit from me. I took the list and visited a family on the list. The family had four children and was being looked after by a step mother. The mother receives a disability grant due to an accident in 2004 but (the government) cut off the disability grant recently. I came here to the Ford Care Centre and I told the auxiliary care worker and asked her how I should assist her and the children. I was asked to get food parcels and the mother came to the auxiliary care worker to talk and we gave them food parcels for 3 months. She started to get the grant again after three months, which is why the food parcels stopped. The children became a part of the programme."

AI workshop participant



Ford Care Centre Activities

Several activities are done at the Ford Care Centre (FCC) including the management of the Isolabantwana and Mothusi outreach programmes and the hosting of adult support group activities. OVC are supported directly and indirectly through activities that are conducted at the FCC.

Adult support group: The Child Welfare HIV project manages a community Wellness programme for an adult support group at the Ford Care Centre. Once identified (from various clinics and hospitals), potential members are referred to the FCC for a 12-month intensive therapeutic programme. Membership in 2008 included five males and 22 females who cared for 23 OVC between the ages of 2 and 17 years. A full-time social worker provides psychosocial support, and referrals to social services. Activities include group and individual counseling, exercise classes, group work, beading, and vegetable gardening. The vegetable gardens at the FCC are not only a source of weekly vegetable supplies for support group members but are also used to impart gardening skills to these members. During group-work, members discuss life skills, health issues, and, of particular importance, parenting. During these interactions, the social workers are able to detect hints of any domestic problems. The social workers then visit the relevant households to check on the children's wellbeing. After a 12-month period, support group membership is discontinued. Some support group members go on to become Isolabantwana volunteers or they join the Mothusi programme.

School holiday projects: OVC are also directly served at the centre. In particular, both children of support group members and other's whom Isolabantwana volunteers identify participate in school holiday projects such as recreational activities, life-kills training, group play therapy, and memory boxes. As a result of Isolabantwana and FCC activities, families are provided with psychosocial support and basic necessities including clothes, blankets, and assistance in establishing food gardens and trade skills, such as beadwork. As the following quote illustrates, the meeting of OVC, Isolabantwana volunteers and social workers serves as an excellent opportunity for the social workers to evaluate the existence and strength of volunteer-OVC bonds, which are established through home visits

"We have holiday projects for the children. We take a group of our OVC and run a project on our premises (FCC). For example we do life skills and HIV/AIDS educational programmes. The social worker, and care workers whose children we are working with and the team leaders come. This is important as we can monitor whether the OVC are visited by the staff as they should have built relationships with the OVC they have been assigned to look after."

Child Welfare interview



Partnership and Linkages

Child Welfare HIV project works with a number of partners. Through its CHAMPS initiative, CompreCare Joint Venture funds the HIV project activities in Mamelodi and Olievenhoutbosch centres. CompreCare further provides capacity building to Child Welfare HIV project in OVC programme management, financial management, monitoring and evaluation, and reporting. Capacity building in data quality management systems which resulted in improved data quality management and work performance. Other NGOs supported by the CHAMPS initiative further contribute the work of Child Welfare HIV project through training and debriefing provided by Hospivision and referrals of OVC done by Kulima.

Child Welfare HIV project has expanded its network capacity and become better known and more visible in the communities where it operates. The community trusts and supports the HIV project because they have witnessed the difference made to the children as result of the project activities. The community is willing to assist in caring and supporting OVC despite the shortage of resources. Several local faith based organisations provide Child Welfare HIV project with basic materials including clothes and blankets. Members of the community provide Isolabantwana volunteers with information about OVC needs and the volunteers then work with street committees in charge of security and the police to protect children from abusive guardians and those who steal grant and donations meant for OVC.

“The community partnerships are a success as there is such a willingness around the community to help each other. Everyone ... is willing to help, but especially the community [members] themselves. It was an eye-opener for me that they (the community) offer and share, and this made me recognize the power of community. Knowing and utilizing the community is important.”

AI workshop participant

For specialized services, such as health related issues and child abuse, care workers refer OVC to the appropriate service provider and follow-up to ensure that the relevant services are provided. Child Welfare HIV project collaborates with various government departments. DoSD provides social workers' salaries and sponsors school uniforms for eligible OVC. DoSD also provide food parcels. In addition, Child Welfare is a member of the South African government's local DoSD forum, which was created to strengthen linkages and networks between local government officials and community service providers. The Department of Health provides nutritionally enhanced porridge, known as e-Pap. Regular contact with clinics and hospitals ensures the continuation of a sound relationship and service provision to OVC and their families referred by the HIV project. The HIV project liaises with the Department of Education to place children in school by facilitating arrangements for school fee exemptions and other education support. Partnerships with schools enable OVC identification and service provision. At Olievenhoutbosch, Child Welfare HIV project shares office facilities with Nurturing Orphans of AIDS for Humanity (NOAH), another emergency plan-funded organisation, which provides crèche (day care centre) services for children. The two organisations have mutual access to each other's records, in order to prevent overlap of services in this community.

“Child Welfare works with the Department of Social Development, the Department of Home Affairs, the Department of Health and other service providers. They work closely with them as these providers render services to the OVC. They also work with the AIDS unit of the municipality of Tshwane. Child Welfare assists the people but eventually they have to pass the OVC on to the service providers. Ford Care has provided space to Child Welfare. If Child Welfare requires assistance from us, we will assist them. For example, we have spoken to the Tshwane Metro department of social development for the procurement of office space.”

CompreCare interview

Child Welfare HIV project has also established long-term relationships with private companies for assistance, such as the Ford Motor Company, Vodacom, and Nedbank. The Ford Motor Company provides the programme with the Ford Care Centre premises, maintenance of the facilities, and other financial support. Vodacom and Nedbank sponsor the child-headed households that are registered with the programme.



Community Sensitization

To tackle stigma and discrimination, and ensure early identification of beneficiaries, the HIV project runs the Mothusi programme, which was started in 2003. The Mothusi volunteers are all HIV-positive and are made up of one male and three females who are graduates of the Wellness programme's support group. The Mothusi programme is an education outreach initiative whose volunteers visit clinics, hospitals and companies through out Tshwane. Volunteers share their stories and testimonies and encourage people to test and speak openly about HIV/AIDS. In addition, the volunteers market the services of Child Welfare HIV project to the community. Mothusi volunteers provide a different perspective to care and support for OVC due to their being open about their status. Through their life experience and testimonies of positive living, these volunteers identify those in denial and encourage them and their families to seek care and support. They refer people who are infected and affected by HIV to the Wellness and Isolabantwana programmes. The activities of Mothusi volunteers are managed and coordinated at the FCC.

BENEFICIARIES

Primary populations targeted by Child Welfare HIV project include OVC, their families, PLHA, and community members in Mamelodi and in Olievenhoutbosch. The HIV project caters for OVC who are primarily infected and affected by HIV and AIDS. The OVC beneficiaries are mostly identified through home and school visits. Schools are a great referral source as they see the children every day and they pick up signs in affected children. Beneficiaries are also identified via clinics, hospitals, faith institutions and other service providers in the continuum of care and treatment, as well as through direct observation by Mothusi volunteers. Identified beneficiaries are then referred to FCC and Isolabantwana programme.

OVC are provided with services during home visits and school holiday projects. Families are provided with psychosocial support and basic necessities including clothes, blankets and assistance in establishing food gardens. Through the support group at the FCC, PLHA receive a range of services including food parcels, psychosocial support, economic strengthening, and life skills. Mothusi volunteers educate members of the community on HIV, encourage them to test for HIV, and enable them to talk openly about HIV/AIDS and OVC.

During the Fiscal Year 2006, Child Welfare HIV project provided direct services to 1000 OVC in Mamelodi. In FY07 they reached 1544 OVC including 513 OVC served in the new area of Olievenhoutbosch. The HIV project predominantly serves OVC aged between 7 to 12 years, the primary school group.

Apart from relocations, beneficiaries leave the project when Child Welfare HIV project succeeds in enabling OVC families' access foster care grants. For example, of the 1,351 OVC served during the FY07 period, 476 files were closed due to OVC families becoming self-sustaining through successful interventions. OVC also leave the project once they reach 18 years although the project shifts emphasis to helping them with income generating activities and job placements.

"This project made me proud because there were many OVC children in the community that did not have clothes and uniforms. They would go to school with holes in their clothes and wearing "takkies" (instead of school shoes). I was involved in identifying the families in need and telling Ford Care about it. The Ford Care staff care about the families and the families can trust us. I am proud because when I go on the street I can see that Ford Care has helped the kids. The programme made a difference to the kids. We are one family and we help the children in the schools. A lot of families accepted us after they saw us help the children with the uniforms."

AI workshop participant

SERVICES PROVIDED



The Child Welfare HIV project provides a range of services to OVC including emotional and psychosocial support for OVC, distribution of materials leveraged from the community, conflict resolutions in households and referrals to appropriate service providers. Services to OVC are provided through home visits and at the Ford Care Centre.



Child Protection

Isolabantwana volunteers and staff are trained to identify and monitor abuse of children and misuse of grants intended for OVC. Through home visits, families are assisted to appropriately budget for grants, resolve conflicts, and prepare wills for the sake of the children. A total of 41 OVC received child protection intervention services in six months from October 2006 to March 2007. In their duties to protect children, the volunteers collaborate with the police service by reporting cases of abuse. Where abuse is severe, the volunteers assist in removing the children from the offending households to a place of safety. In the following story, a volunteer explains how a family was assisted to prepare a will:

“There was mother who had a stroke. There was conflict in the house. The mother was stuck (could not move) with the stroke and her legal papers were stolen. She had two adopted children but worried that if she died the children would suffer as they did not have legal documents to access grants. Margaret (a care worker) came to the centre and helped write the women’s will with the assistance of Ford Care staff. Margaret then went to the police station and got an affidavit confirming that the will had been signed and was legal. Because of the assistance with the will, the children are now protected.”

AI workshop participant

South African National Counsel for Alcohol and Drug Abuse (SANCA) trains volunteers to monitor substance abuse by OVC. Children who are reported to abuse drugs are referred to experts for counselling. Child Welfare HIV project works with SANCA to counsel and rehabilitate drug abusers.



Education Support

Child Welfare HIV project works with the Department of Education and DoSD to provide educational assistance to OVC. The HIV project assisted 641 OVC with school supplies, such as stationery, arrangements for school fee exemptions and provision for homework assistance. In addition, 550 OVC were provided with school uniforms supplied by the DoSD. A volunteer provides an example of how she and her colleagues go about obtaining school fees exemptions for OVC:

“There were parents who were unemployed but had two children attending school, although they could not afford their children’s fees. I assisted the children by helping the parents go the police station to get an affidavit confirming that they were unemployed. After this, the children went to the principal with their ID’s to confirm that they were the children of the unemployed parents and so did not have to pay fees.”

AI workshop participant

Volunteers also report those children that fail to go school or to meet academic expectations on account of hunger. As illustrated in the following quote, provision of food has helped ameliorate the problem of absenteeism:

"In the section (area) where I am staying I see many kids on the street who do not go to school. I went street to street in my area and gathered the children together and asked them why they are not going to school. I got e- Pap (food) and uniforms from Ford Care and gave it to the kids so that they could go back to school."

AI workshop participant



Food and Nutritional Support

Child Welfare HIV project receives wide support from donors with regard to food donations. Food is donated by the Departments of Health and Social Development, NGOs, and private businesses. Food and food parcels are distributed depending on the availability, and only on an emergency basis. During the holiday period, organisations and businesses help by hosting parties for the OVC. From October 2006 to March 2007, food support was provided to 1,124 OVC.

For sustainable supplies of food, the HIV project assists families with vegetable gardens and establishing income generating activities. The organisation has a garden assistant who advises families on vegetable gardening. In the biannual report for Fiscal Year 2007, 25 vegetable gardens were reported to have been introduced in Mamelodi, supporting a minimum of 100 OVC. The successes of vegetable gardening are captured in the following story:

"I have an OVC family that I visit. When I did the intake form I asked them about a space for a veggie garden. Previously, we would tell people to come to the Ford Care Centre and we would give to them seeds to plant on their own. In this case, the person who is in charge of the veggie gardens at Ford Care visited the household and helped start the garden by working in the garden. Now the garden has grown and the mother uses the cabbage to cook and sell and now she can buy bread and other food for her family (with the profit made). The best thing that we do is to provide veggie gardens. Last week we gave her some more seeds to increase the garden."

AI workshop participant



Health Care

Isolabantwana volunteers have basic health training in HIV and AIDS. The volunteers monitor the health of OVC during home visits and refer them to local clinics when appropriate. They follow up to ensure family members take the OVC to the service providers. On some occasions, volunteers even accompany the children to the health facilities. Patients who are provided with medication are supervised to ensure treatment adherence.

Volunteers also look at Road to Health cards and provide assistance when required. Road to Health cards are records of immunizations and growth rate. The cards are given to mothers when their infants are born and are used to monitor the development of children until they are five years old. Volunteers remind parents and guardians of the next visits and follow up to check if the children were actually taken for immunization and/or developmental screening and growth monitoring. According to the Fiscal Year 2007 biannual report, volunteers monitored the health

of 903 OVC during home visits and referred OVC to local clinics when these services were needed.

OVC from foreign families who require ARVs are assisted to acquire temporary identifications so that they access ARVs at government health facilities. Alternatively OVC are referred to health facilities run by NGOs for services. Isolabantwana volunteers referred 23 OVC in need of ARV treatment to an ARV clinic during October 2006 to March 2007.

“Isolabantwana looks at children’s Road to Health cards. They also look at medication dosage schedules. When Isolabantwana workers go to homes and find parents have no money to take kids for medication, no transport or no ID documents and they are needed for OVC from foreign families who need ARV. Child Welfare gives us money for photos and transport money and also look for temporary ID books. We look after all the children even if they are non-South Africans.”

AI workshop participant



Economic Strengthening

To strengthen the economic security for households, the HIV project links family members and older siblings of OVC to potential employees so as to facilitate earned incomes for OVC households. For example, during October 2006 to March 2007 the HIV project assisted 39 beneficiaries to find part time employment. Through its networking, the programme has also secured financial assistance from corporate businesses in aid of child headed households. The FCC provides another source of income, eloquently described below by a support group member:

“I was staying home doing nothing and I had children. I was wondering what to do. I was lonely. I came to FCC. They helped me. They gave me clothes and food. I started beadwork and at month end I have money. I buy my children food. I have something I did not have before. I can take my children to the cinema. “Now I am living like others”. When I joined the support group they gave beads and at month end they give food parcels.”

AI workshop participant

Also, Isolabantwana volunteers assist families with application for birth certificates and identity documents for OVC and their guardians respectively. Upon application, the volunteers and the social auxiliary worker make regular enquiries to track the progress of the documents-processing at the Department of Home Affairs. Application for social grants follows, and another round of follow-up is made until grants are accessed. A volunteer further explains:

“One time I saw the OVC at the school and I saw that they were not happy. I asked the teachers and the teachers said that the children do not write and have problems. They said they did not know if things are okay. When I spoke to the children I saw that they did not have identity documents. There were three kids in need. Child Welfare Tshwane gave money for me to get to home affairs with the children. I took them to home affairs and got one ID document and two birth certificates. I took the children to get the foster care grant. One got the foster care and the other got a child support and now they are alright.”

AI workshop participant



Psychosocial Support

The HIV project caters for the emotional and psychological well-being of OVC through home visits by the Isolabantwana volunteers. The volunteers also invite OVC to join school holiday programmes held at the Ford Care Centre. For example, during the recent June and September school holidays 60 OVC attended the holiday programmes at the Ford Care Centre, of whom 27 were male and 33 female between the ages of 10 and 16 years. Activities include life skills, personal hygiene and HIV and AIDS talks, memory books construction, and games.

Psychosocial support for parents and guardians, that is provided through support groups and home visits, creates a better parenting environment at home. Interestingly, involvement in beadwork was perceived by some support group members as a source of psychosocial support, in addition to its income generating properties. The following are quotes from adult beneficiaries regarding the benefits of psychosocial support:

"I am happy being in this support group. It is nice to be with this people. They are like siblings. It is a place to talk. It is a place to receive support and love. I have three children. They attend school holiday activities. My first born who is 16 learned the most through the memory book. We also learn new skills like beadwork. Beadwork not only relieves stress but is also a source of income."

AI workshop participant

"I was always a person who was angry. I liked to be alone. Since I came here I have learned how to share and explain my problems. I have learned how to cope with my children. I can now go out with them. Before that I did not do such things. The group makes me better."

AI workshop participant



Shelter

Where HIV project operates, some families live in municipal houses where they pay rent. Others have rental-free RDP houses but utilities have to be paid for. Most households are led by jobless grannies and single parents who sometimes have problems paying for rent and utilities. Isolabantwana volunteers intervene on behalf of affected families, negotiating with municipal rental offices for reasonable rental rates and utility bills. This is illustrated in the following story:

"There was child headed household that had an electricity bill of R45 000 and because they did not pay the municipality they had their lights and water cut off. There were 3 boys. The oldest was 21 and the youngest 16. We negotiated with the city council and we brought the account down and we got the boys water and lights. They could not have used that amount of electricity and we refused to take no for an answer from the municipality. A basic need was addressed and we did not take no for an answer and 'this is what we are here for'. This commitment made this situation success and makes this programme work so well."

AI workshop participant

Resources



Banks of clothes and nutritionally enhanced food at FCC are leveraged from faith-based groups and the Department of Health, respectively. The clothes and food are distributed to needy families following needs assessments by the volunteers.

DONORS

Emergency plan funds are channelled to Child Welfare HIV project through the CompreCare CHAMPS initiative. Emergency plan funds cover 60% of the HIV project's activities. The funds are used to support recruitment, training, and equipping local volunteers; to pay programme staff members; and to support the provision of quality care to OVC and their families in target communities. As grantees are encouraged to seek alternative sources of funds, Child Welfare HIV project has managed to leverage extra funds from other donors for stipends. DoSD provides a percentage of social workers' salaries and stipends for volunteers. The extra

funding has allowed the HIV project to put an incentive structure in place that entail promotion to team leader level and cash incentives and prizes for those who excel in their work.

COMMUNITY IN-KIND CONTRIBUTIONS

Child Welfare HIV project has managed to leverage in-kind contributions from organisations, government departments, institutions and private businesses. Contributions come in various forms including human resources and expertise, school uniforms and clothes, food parcels, nutritionally enhanced emergency food (e-Pap), land and infrastructure. Ford Motor Company has provided premises among other support. The HIV project uses the premises for the Wellness, the Isolabantwana and Mothusi programmes. The process to procure office space at Olievenhoutbosch from the Tshwane Metro Department of Social Development has been started.

Apart from Isolabantwana volunteers that care for the OVC, student social workers from the University of Pretoria donate their time in exchange for training. The Red Cross Society provides free training on first aid for the Isolabantwana volunteers while Hospivision provides training and also debriefs volunteers on a monthly basis. DoSD assists the programme with school uniforms for the OVC. Churches donate used clothes, knitwear and blankets.

"We have a group of 50 ladies in a church who assist us. Many are widowed and they approached us and asked how they could help us. They meet once a month and make us bagfuls of things. One lady told us she can make panties for the girl children in our programme and she made 100's of pairs for the girls. They also made scarves. We used their skills and identified what they could help us with the children. They give us tracksuits and assist us in addressing their and our needs. We value each other. Soon we will need a bakkie as there are so many goods to carry."

AI workshop participant

Lessons Learned



Isolabantwana volunteers meet with the M&E assistant to submit their data records. The meetings also serve as a platform for feedback, mentorship and support

The HIV project recognizes staff and volunteers and allows them to creatively participate in the running of the project. Information days are held to educate the community about the project's activities and services. The project has also been successful in the establishment of user-friendly data management system and encouraging the active involvement of HIV-positive people in the HIV project.

The programme has experienced challenges owing to the large numbers of OVC in relation to available capacity. The building of volunteer and staff capacity, lack of sustainable supply of food, lack of policy guidelines for immigrant OVC and the delayed processing and misuse of grants are other challenges that the project has had to grapple with.

Unmet needs for OVC include the strengthening of their economic security and increasing educational support through provision of uniforms and bursaries. There is also need for regular recreational activities for OVC during the school days

PROGRAMME INNOVATIONS AND SUCCESSES

Staff and Volunteer Recognition

Child Welfare HIV project recognizes the important roles played by staff and volunteers and as such involves them in running the project in a participatory and democratic manner. Staff members discuss issues with the volunteers and come to joint decisions regarding work plans and interventions. As the staff and volunteers know their communities best and the resources therein, the HIV project allows the staff and volunteers to be creative and come up with solutions for problems that they encounter during home visits. As the following quote shows, Child Welfare HIV project management is even at times unaware of how the staff and volunteers solve some of the problems encountered during home visits.

"What I see in the way we operate is I give my staff and volunteers a certain amount of freedom to try something new and see if it works. Here we have freedom to be creative to try something new. We can learn from it. And they- the staff and volunteers - are willing to do this. I am unsure how they reduce an electricity bill but they do this. There is clearly networking going on and they are empowering the community and themselves as they do not take no for an answer."

AI workshop participant

Volunteer team leaders are elected by the team members. It has improved cooperation and communication within the group and created an overall feeling of unity and comradeship. In addition, incentives offered to high performers greatly contribute to motivating and rewarding the care workers.

The HIV project issues volunteers with business cards for distribution at school and community gatherings. This has enhanced visibility of volunteers and Child Welfare HIV project in the community. As a result, the programme volunteers have expanded their community networks

and become better known in the areas where they operate. The volunteers are now not only welcomed into households, but they are also approached by community members in need of assistance.

Information Day

Initially, some members of the community members viewed Isolabantwana programme primarily as a distributor of food parcels. As such, they would be uncooperative with the empty-handed volunteers. Based on advice from a student social worker, Child Welfare HIV project held an information day to educate the community about the project activities and services. Community members were informed of the roles they can play in supporting and caring for OVC. Following the information day, the programme was better understood and Isolabantwana volunteers were readily welcomed in the community. Following the information day, a Child Care Forum was established in the community.

“I was invited to attend a community celebration (a graduation ceremony) at the Mamelodi Hall. The graduation was hosted by Child Welfare. We formed a choir and sang. I saw people from the department of social development and the department of health and different community members and they all seemed hungry for communication and knowledge. All of them voiced how they wanted to be involved and all of us recognized this. After this day we organized the woman’s day and the information day. A Child Forum started in the community from the information day.”

AI workshop participant

“When we spoke to them on the information day we told them that we are not a feeding scheme and that we are here to care. We help with birth certificates to get grants. It was a challenge and it was resolved by being transparent (through the information day). They then opened their doors to us as they now understand. They do not chase us away now as our work is to take care of them.”

AI workshop participant

User-Friendly Data Management System

To overcome data collection challenges faced by Isolabantwana volunteers, especially those with low literacy levels, home visit forms were adapted to make them more user-friendly yet still provide accurate data. The data collection forms were designed with pictograms representing the various services offered by the HIV project. This enhanced the completion of the forms by the volunteers.

To further enhance volunteers’ literacy and numerical skills the programme enrolls those in need for adult basic education. M&E technical support is provided to volunteers in Mamelodi and Olievenhoutbosch to address data quality issues, such as data collection, the writing of reports, and success stories. CompreCare delivered training to Child Welfare HIV project in quality data management systems. The training was followed by an internal data quality audit of the HIV project, which resulted in improved data quality management and work performance.

“A challenge we had was the literacy level of some of the care workers as they had difficulty in completing basic forms such as the intake form and this skewed the data as they ticked everything. The skewed data meant that it would be difficult to collate the information for the annual report for [the emergency plan] which would harm our funding. To solve this, my colleague, and I arranged for ABET to assist the care workers. We also designed forms with pictures and this made it easier for them to complete.”

AI workshop participant

Active Participation of Beneficiaries

The use of HIV-positive people in the HIV project has been instrumental in fighting stigma, facilitating disclosure and early identification of OVC. The HIV project uses the Mothusi programme, an outreach initiative that uses HIV-positive volunteers. These volunteers share their stories and testimonies at clinics and hospitals and encourage people to test and speak openly about HIV/AIDS. In addition, the volunteers market the services of Child Welfare HIV project to the community. They refer people who are infected and affected by HIV to the Wellness and Isolabantwana programmes.

Some of the support group members who graduate from the Wellness programme join the Isolabantwana programme where they are involved in identifying families in denial and assuring them of the importance of testing and disclosure. Support group members enhance community ownership of Child Welfare HIV project activities on the basis of the dramatic positive changes experienced by members after participating in the support groups.

"We use the support group where there are dramatic changes in members' lives as they realize that they are not going to die. The bond that is formed among those people is phenomenal. They attend the support group for a year but some have the option of becoming a care worker as they can identify families who are in denial and assist them because they can relate."

Child Welfare staff member

PROGRAMME CHALLENGES

High Numbers of OVC

"We did not start in the greater Tshwane Metro because of funding and lack of training for care workers."

CompreCare interview

As the above quote demonstrates, Child Welfare HIV project and its partner have found that caring for high numbers of OVC, especially during the formative stages of the programme, is unmanageable. There are many OVC in Mamelodi and Olievenhoutbosch and the number of OVC requiring care is bound to get worse as informal settlements grow from the inflow of people from the rural areas. Programme expansion requires adequate planning based on available human resources and funding. Proper planning is essential in order to balance the number of OVC served and the quality of services.

"Quality is my challenge this year; income generation is my challenge for next year."

Child Welfare Isolabantwana programme manager

Building Volunteer and Staff Capacity

The HIV project requires more volunteers if it is to expand its coverage and provide quality services. The volunteers need training in child care and support including basic counselling. The volunteers' failure to attend some of the biweekly and monthly consultation meetings may have

resulted in less effective services to OVC. There is also a shortage of social workers. The HIV project has high turn over of social workers due to low pay and this inhibits continuous good planning and subsequent rendering good services.

Currently all the Isolabantwana volunteers are females but the programme also requires male volunteers. However, the real challenge is the level of education and the subsequent slowness in discharging responsibilities. This is due to illiteracy among volunteers which necessitates the expansion of literacy training by the HIV project.

Insufficient Food Supply

Due to extreme household poverty the need for regular feeding is great. However, there is insufficient food for Child Welfare to provide to them. Food parcels from the DoSS are not regular and the emergency nutritionally enhanced food is reserved for the neediest OVC. Lack of enough food hampers children learning capacity as they can not concentrate on empty stomachs. As shown in the following quote, lack of adequate meals has forced some OVC to repeat classes.

"Their teacher told me it was good that they had food as they could learn. They no longer have this as it varies as the food parcels are not guaranteed every month."

AI workshop participant

Some members of the community look upon the programme as a feeding scheme as this is the main need in the community and thus feel they are entitled to food donations even after receiving foster care grants. Some families have established vegetable gardens but suitable space for cultivation is limited as households are tightly spaced and water supplies are limited.

Delayed Grants Processing and Misuse

Lack of birth certificates is a major challenge for linking OVC to social grants. Parents do not always apply for birth certificates for their children before their deaths. In such circumstances, the social worker sends the children to a medical doctor for an age assessment. The waiting period for birth certificates is about three to four months, which further delays the application for social grants. After grants are applied for, another protracted period follows while the grants are processed. Another challenge is that youth above 18 years of age are ineligible for social grants despite being the heads of their households or attending school. The greatest problem is the failure by some guardians to use the grants for the benefit of the children when grants are finally approved. As the following story illustrates care workers have faced situation in the areas that they work.

"I was doing one of my home visits when the neighbour of the family who I was visiting came to see me. Her sister died and her three children were not getting the things they needed. I came to the FCC and I spoke to the auxiliary social worker and she told me to visit the family. When I was writing on the intake form I was told that the family had a social worker so I came back to the centre and told the auxiliary social worker who advised that I organize a foster care grant for the children. When I tried to apply for the grant I was told that the children were receiving one. The community knows who I am and trust me and told me about the situation. The situation was that the aunty was receiving the grant but was not living with the children or giving them food. I filled out an affidavit at the police station and we went to the school to investigate and they told us that the children's fees were not being paid. Ford Care assisted me by helping me to go to the police station and by advising me on what to do to help (the children)."

AI workshop participant

Illegal Immigrants and their OVC

As a large metropolis, Tshwane has its fair share of illegal migrants who are forced to live in informal settlements. OVC who are illegal immigrants are a major concern to the programme volunteers. Currently there is a lack of government policy and guidance in how to care for OVC of illegal immigrants. However, Child Welfare HIV project endeavours to look after all children irrespective of their migrant status. The fact that these OVC cannot access government grants or ARVs if they are treatment eligible means the project has to look for alternative sources for assistance.

“The challenge is what to do for legal and illegal refugees. It’s difficult to say no due to moral obligations. Illegal refugees can not get antiretrovirals, but we can get them through the churches. They go and get these at the clinics run by churches.”

Child Welfare interview

UNMET NEEDS

Economic Strengthening for OVC and Guardians

In the communities where Child Welfare HIV project operates, eradication of poverty is a priority need. Most of the guardians are grannies with no income but who have not yet attained age to qualify for pension grants. Economic strengthening will lead to proper housing and better quality of life for OVC and their families.

Child Welfare HIV project trains beneficiaries in beading but this is limited to support group members. In addition, support group membership at the FCC is limited to one year after which their main source of income, beading, comes to halt. There is need to extend support to ex-members so that they can continue with their beadwork in their communities after leaving the support groups. Establishment of micro-lending schemes can be a step towards realization of this goal.

Youth who reach 18 years of age require vocational training to increase their chances of earning a livelihood so that they can support and care for themselves and their siblings. Those who cannot be pursue further education need training in such activities in income generating activities such as sewing, knitting, and beading. Apart from being encouraged to start income-generating activities, the trained youth need to be linked with employers.

“Employment for the 18 and above age group as well as the guardians is unmet need.”

Child Welfare interview

“I wish for job creation especially for the young through vocational training, to learn skills such as sewing.”

AI workshop participant

Increased Education Support

While the HIV project provides school uniforms to selected OVC, guardians expressed the wish for the programme to distribute the uniforms annually as the uniforms do not only wear off but the OVC out grow the uniform sizes. OVC who qualify for further education require bursaries, among other needs, if they are to develop and become independent economically. A beneficiary is quoted as saying the following:

“I wish they would enable us acquire further education. I was training for social work before I was interrupted. I wish they could help me complete the training.”

AI workshop participant

Recreational Activities

While Child Welfare HIV project invites OVC to the FCC during school holidays for recreation and life skills education, there is still need for regular recreational activities during the school days. After school activities direct OVC energies into positive activities and help them avoid becoming involved in risky activities such as drug abuse and other forms of mischief. In addition, participation in games can lead to OVC discovering their talents and improving their chances in life. A programme volunteer was quoted saying:

“I wish to improve the children’s lives by educating them and giving them recreation activities. I wish to help our OVC by teaching dramas, modern dancing and ballroom dancing.”

AI workshop participant

The Way Forward



A vegetable garden is maintained at a Mamelodi West household, despite a serious shortage of suitable gardening space and water

“It is important that volunteers are equipped and also become self sustained. When volunteers leave the programme due to permanent job opportunities, Child Welfare views this as a success and recruits new volunteers to capacitate community members with skills.”

Child Welfare interview

Child Welfare HIV project operates in areas where the need to care and support OVC is great due to poverty and high HIV prevalence. Increased influx of people into these areas in search of livelihoods will cause the numbers of OVC to rise. In preparation for scaling up, Child Welfare HIV project will place emphasis on balancing increased number of OVC reached and the quality of services provided. More volunteers will be

recruited and their capacity built including the elimination of illiteracy through adult education.

The HIV project will initiate activities to enhance the economic strengthening of OVC and their families. IGA activities will target the guardians and OVC over 18 years. A large scale gardening project will be developed on two vegetable plots in Mamelodi that were made available to Child Welfare by the Department of Agriculture. Establishment of micro-lending schemes will be considered.

Limitation of space at Olievenhoutbosch hinders Child Welfare from establishing a support group. CompreCare is in discussion with the Tshwane Metro Department of Social Development for the procurement of office space. At Mamelodi, a finance person will be appointed to enhance disbursements and the meeting of deadlines. Expansion of public-private partnership will be crucial in the scaling up process of Child Welfare HIV project.

“I will be appointing a financial person. This will help us meet deadlines more effectively. We will facilitate IGA targeting the guardians and 18 year olds. We can reach more people through the Ford Centre. We can reach more people and better quality. We can look at exit strategies. Space in Olievenhoutbosch is a problem. We have to look at office space and increasing the area to bring in support groups. We do not have support groups there at the moment.”

Child Welfare interview

Assistance rendered to OVC will be intensified. The HIV project aims to decrease the time taken to process legal documents and grant applications through advocacy efforts and follow-ups. Child Welfare HIV project will continue educating the community on what services are offered. Ways of resolving transport problems faced by volunteers are being considered as part of motivating the volunteers and enable them reach more OVC.

Utilizing its well developed partnerships, networks and volunteerism, the Child Welfare HIV project will gradually increase the OVC care capacity in Mamelodi, Olievenhoutbosch and adjacent areas and thus increase the quality of life of those OVC infected and/or affected by HIV/AIDS.

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