

*A Case Study*

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# Civil Society Development Initiatives





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*With Support from CARE South Africa-Lesotho*

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*Cover photo by Beverley Sebastian*

# Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
AMREF	African Medical and Research Foundation
ARV	antiretroviral
CARE SA-Lesotho	Cooperative for Assistance and Relief Everywhere South Africa-Lesotho
CBO	community-based organization
CCF	child care forum
CSDI	Civil Society Development Initiatives
DoA	Department of Agriculture
DoH	Department of Health
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
EU	European Union
IGA	income generating activity
NGO	non government organisation
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
SAPS	South African Police Service
USAID	U.S. Agency for International Development
VS&L	voluntary savings and loaning

# Executive Summary

Despite the magnitude and negative consequences of the growing number of orphans and vulnerable children (OVC) in South Africa, there is insufficient documentation on “what works” to improve the well being of these children affected by HIV/AIDS. In an attempt to fill these knowledge gaps, this case study is one of 32 OVC programme case studies researched and written by Khulisa Management Services with support from the MEASURE Evaluation project, Support for Economic Growth and Analysis II project (SEGA II), the U.S. President’s Emergency Plan for AIDS Relief (emergency plan), and the U.S. Agency for International Development (USAID) in South Africa.

This report documents Civil Society Development Initiatives (CSDI) efforts in caring for OVC. It is based upon programme document reviews; discussions with local staff, volunteers, community members and beneficiaries; and observations of key programme activities. When designing this research, appreciative inquiry (AI) concepts were used to identify strengths (both known and unknown) of CSDI’s approach to OVC care, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

CSDI is located in the greater Tubatse area of Sekhukune District in the Limpopo Province of South Africa. This area is characterised by several challenges such as wide spread illiteracy, unemployment, violence and crime, and a high HIV/AIDS prevalence rate. As with other impoverished areas of the country, a large proportion of OVC have been identified in this region.

In discovering what makes CSDI excellent, two Khulisa researchers used an AI methodology to gather information over two consecutive days during August 2007. Staff, beneficiaries, volunteers, community members and stakeholders were asked positive questions about their best experiences with the organisation. Managers from CSDI’s partner, CARE South Africa-Lesotho, were also asked to relay their optimistic experiences in a separate albeit smaller AI workshop. In both cases, responses were elicited in story form to gain a greater understanding of individuals most extraordinary experiences with the organisation. Many of these stories are included within this report.

The organisation’s core business is child-focused and the services and activities offered reflect this. A child can access psychosocial support, educational support, child protection services, food and nutritional support, economic strengthening, and referrals to other sources for additional services that the organisation does not offer. The services and their accompanying activities are discussed in greater detail within this report.

Civil Society Development Initiatives has a strong staff and volunteer component consisting of dedicated, passionate and caring individuals. Without such resources, the organisation would not have been able to reach and assist the many OVC that it has since its inception.

CSDI receives funding from the Department of Health; Department of Social Development; the European Union; Ipas, an NGO that advocates for the reproductive rights of woman; and, since 2005, the emergency plan in South Africa through USAID, managed by CARE South Africa-Lesotho’s Local Links project. Local Links is a project that aims to reinforce the economic coping mechanisms of families and communities to assist OVC. It does this by strengthening the capacity of local organisations that provide services to the community. In this case, CARE South Africa-Lesotho provides CSDI with funding, training, and support.

CSDI has had numerous successes and has learned various lessons in its efforts to improve the lives of OVC. For instance, the organisation has developed to a point that it is able to provide



beneficiaries with a package of services including a daily meal. In addition, CSDI has managed to develop strong relationships with local authorities and the communities it works with to improve its reach and service delivery to OVC.

With the above said, a few challenges the organisation has faced and several unmet needs of OVC within the greater Tubatse areas are also briefly examined. Challenges comprise a lack of monitoring and evaluation, working with communities that stigmatize OVC and people living with HIV and AIDS, and facing inconsistent payment of volunteer stipends resulting from donor delay. Unmet needs of OVC include but are not limited to, water insecurity, and difficulties in supporting OVC that reach the age of 18 years that by law are no longer able to access support.

Aside from the challenges and unmet needs faced by CSDI and OVC respectively, this case study is chiefly a commemoration of the organisation's accomplishments in making a positive difference to the lives of these children in the greater Tubatse areas.

# Introduction

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*“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**

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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. 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 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 the Civil Society Development Initiatives (CSDI) OVC programme and to document lessons learned that can be shared with other initiatives. The U.S. Agency for International Development (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 CSDI, 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.

# 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 are:

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 actively support OVC.

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

## **Information Gathering**

When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. Appreciative inquiry 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 where the subjects are judged on aspects of the programme that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the CSDI OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

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*“Appreciative inquiry is about the co-evolutionary search for the best in people, their organizations, 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**

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Researchers conducted fieldwork over two consecutive days during August 2007. On day one, key informant interviews were carried out with the organisation’s project manager and programme coordinator. Questions focused on the projects model, staff, beneficiaries, community ownership, programme challenges, successes, and plans for the future. In addition to this, researchers observed activities and services CSDI offer. A full day AI workshop was held on the second day. In total, 19 participants attended. Staff members, volunteers, an educator, an inspector from the South African Police Service (SAPS), the local ward counsellor, and representatives from local community partner organisations attended. Unfortunately, no children were able to attend as the workshop was held during school hours. That said, children were observed throughout the two-day visit, particularly at the organisation’s drop-in centre, which is based on the same premises as its administrative offices.

Interviews and an AI workshop were also held with seven programme coordinators and staff members at CARE South Africa’s Lesotho headquarters in Johannesburg, during July and September, respectively. Data gathered provide an in-depth understanding of the role CARE plays in capacitating CSDI to improve the lives of OVC.

## ***Focal Site***

CSDI is located at Riba Cross, a rural village in the greater Tubatse local municipality. Riba Cross village is 15 kilometers away from Burgersfort town, where the greater Tubatse local municipality offices are located. The greater Tubatse local municipality is found in the greater Sekhukhune District municipality of Limpopo Province in South Africa.

Tubatse is a vast and dry area comprising of five proclaimed towns and about 165 villages. There are between 500 000 to 800 000 people living in the region. Burgersfort, a town in greater Tubatse, is one of the fastest growing towns in South Africa due to its prosperous mining economy. Minerals mined include platinum, chrome, vanadium, andalusite, silica, and magnetite. Apart from mining, business and agriculture are sources of employment. The area is a dry one with many villages still having to buy water during the long hot summer months.

The HIV/AIDS prevalence rate in the area is high. According to the National Department of Health, in 2005 the HIV rate among antenatal clinic attendees in Limpopo was 21.5%. Aside from HIV/AIDS, some of the many social ills common in the area include illiteracy, alcohol abuse, theft, rape, and murder. It is in such an environment that scores of OVC have been identified by CSDI. According to CSDI's programme coordinator, a number of children become OVC because of abuse, abandonment, or the death of one or both parents.

It is against this background that CSDI engages with, assists, and improves the lives of OVC in the Tubatse municipality area. CSDI provides services to several villages in the area, namely Madiseng, Ribacross, Mashamothane, Garagopola, Manyaka, Mashishi, Selala, Mandela 1, Mandela 2, and Makgemeng.

# Programme Description

## Overview and Framework



*Drum majorette practice is an activity offered by CSDI's drop-in centre.*

CSDI was established in February 1998. Initially, CSDI focused on health promotion. This was achieved through door-to-door campaigns to educate the community about HIV/AIDS, tuberculosis (TB), and, among other diseases, cancer. After a limited period and through the organisation's work, a number of households were identified as having a high HIV/AIDS prevalence rate across the generations. This identification informed CSDI's decision to incorporate home-based care into its rapidly expanding programme. Home visits led to a further alarming discovery – a large number of OVC requiring support. CSDI took immediate action and included OVC in its scope of work. The organisation helped by providing a hot meal to as

many orphaned and vulnerable children its volunteers could identify. Local government took notice of this initiative, and impressed, offered CSDI funding to further its food relief programme to OVC. From this point the OVC programme has become the organisations core focus and one its staff, volunteers and the community take great pride in. This is predominantly because CSDI was the first organisation in the Sekhukune district to offer such a service to children.

CARE Local Links partnered with CSDI in 2005 to assist the organisation in making a positive impact on the lives of OVC families. Local Links is a project that aims to reinforce the economic coping mechanisms of families and communities and, in doing so, assist OVC. The project does this by strengthening the capacity of local organisations that provide services to the community. In this case, CARE provides CSDI with funding, and training in lay counselling and developing voluntary savings and loaning groups. Local Links is funded by the U.S. government under the emergency plan. Aside from CARE, CSDI receives funding from the Department of Health; Department of Social Development; Ipas, an NGO that advocates for the reproductive rights of woman; and the European Union.

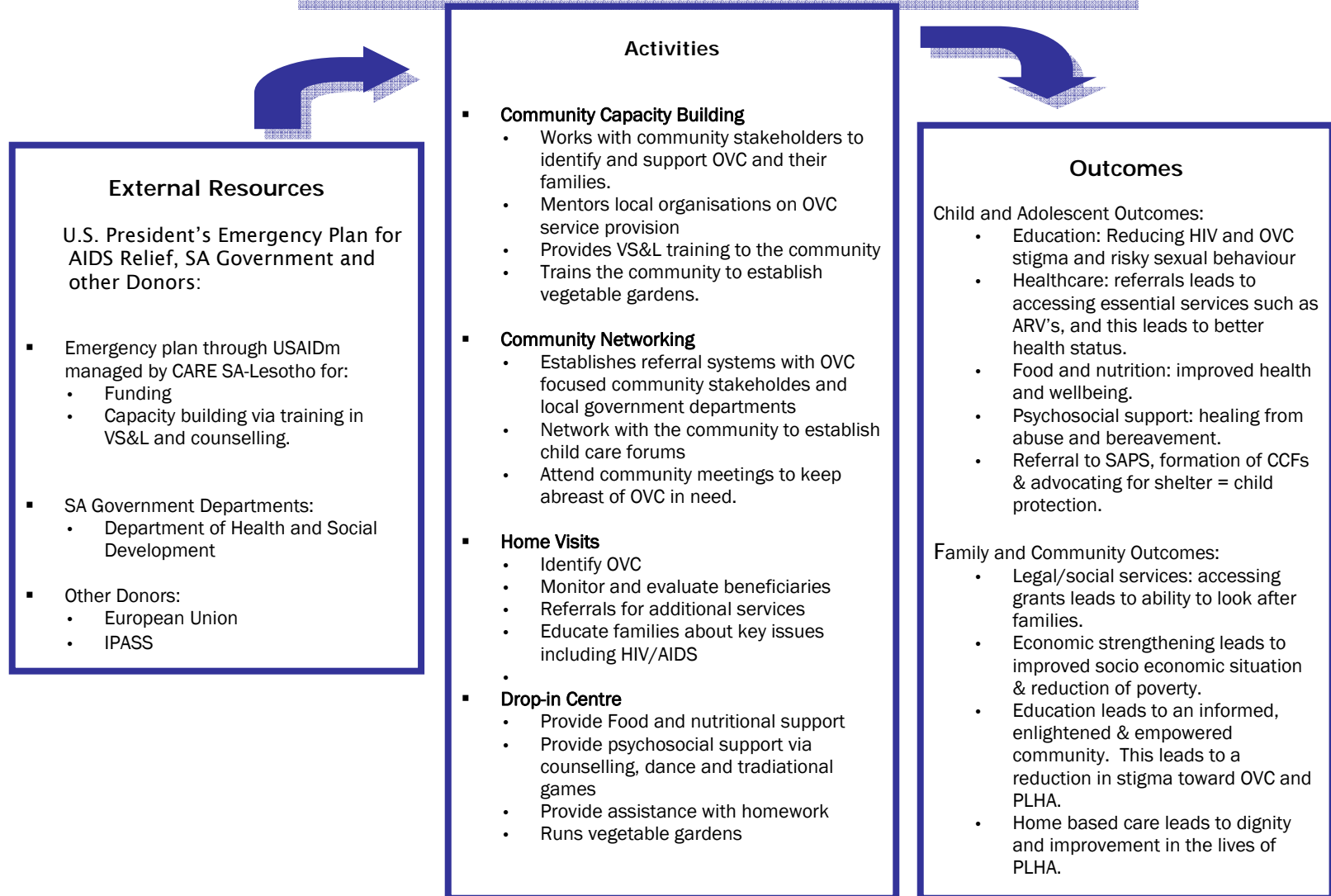
CSDI's vision is concise. It aims to ensure that OVC and poor families in the greater Tubatse area obtain proper care and support services. These services comprise educational support; HIV prevention education; food and nutritional support; child protection; psychosocial support; economic strengthening; and referrals for access to health care, legal assistance and shelter.

To realise the organisations vision, the provision of services is made possible through several activities. These are home visits, community capacity building, home based care provision, community mobilisation and networking and after school recreational activities offered at the organisations drop-in-centre. Activities and services are disseminated by a strong staff and volunteer component.

# Civil Society Development Initiatives

## Vision

To ensure that OVC and poor families in the Greater Tubatse Municipality obtain proper care and support services







## Key Program Activities



The strength of the CSDI programme is in its activities. These include mobilising and networking with the community, home visits and various after school activities accessible at CSDI's drop-in-centre. The following section details the strengths of each of these activities in making a difference to the lives of OVC and their families in greater Tubatse.



### Community Capacity Building

An important strength of the CSDI programme is in assembling the community to make a constructive difference to the lives of OVC. It does this by capacitating traditional leaders, traditional healers, educators, school principals, counsellors and individuals from the community that work in local government. Together these stakeholders are capacitated to identify and support OVC and their families.

CSDI works closely with the African Medical and Research Foundation (AMREF), an international health development NGO. AMREF have chosen CSDI to pilot a mentoring programme, a source of immense pride for CSDI. The assignment requires CSDI to mentor 42 local organisations on OVC service provision. AMREF instruct CSDI to do this. Lessons include, but are not limited to, project sustainability, financial management, development of voluntary savings and loaning (VS&L) initiatives, and among other topics, organisational policy development.

CARE provides VS&L training and support to CSDI staff. The skills learnt are disseminated to the community to strengthen economic coping mechanisms and provide social support for OVC families and the community. CSDI has managed to facilitate the formation of numerous VS&L groups. Once groups are formed, members are encouraged to contribute to collective savings. Each month, savings are allocated to one member of the group, who is encouraged to start an income-generating project (IGA) with the savings. Since the area has a high unemployment rate, CSDI also encourages recipients of foster care and child support grants to join VS&L groups to leverage their socio-economic status. CSDI's project manager describes how VS&L capacitates the communities' families:

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*"It is important to keep money in the bank so VS&L training is provided to groups. We encourage members of VS&L groups to use the monthly pot of money to start income generating projects. Some foster parents are living off the grants. We help them with income generating projects by encouraging foster parents to bake and sell their goods to the children at schools."*

**CSDI project manager**

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As of August 2007, there were 22 VS&L groups on CSDI's books. The number of groups and IGAs that have resulted from VS&L training, support, and group formation are reported to CARE on a regular basis.

CSDI also capacitate the community to establish food gardens. Training and support are provided on an ongoing basis. Seeds, provided by the department of agriculture, can be accessed via the drop-in-centre. Those that do not have an adequate amount of water to utilize on the gardens are offered a space on the organisations vegetable patch. This is an important contribution given greater Tubatse experiences lengthy periods without rain.

Further to the above, several important and influential community members are capacitated to inform the community on important issues including HIV/AIDS. For example, a traditional healer

describes how she has been capacitated to help the community in fighting the HIV/AIDS pandemic and support OVC through a number of difficulties they experience:

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*“I enjoy being a part of this programme because I didn’t know the many problems in the community but I have now been exposed to them. I have researched the community regarding what is happening because there are many people who are really ill with many different diseases. I have been able to affect the community, especially the young people. I have encouraged the pastors and the traditional healers to work together. Before, the traditional healers were scared to go to the funerals because of the pastors (who held different viewpoints from the healers) but now they work close together and they are also able to agree about things. I have also come to know the community orphans since I go from house to house to collect information and through this, I meet those who are suffering, including the poor people, and the orphans. I am able to give them skills. I am glad because through working with this organisation, I get to attend workshops and I also gain a lot of skills. I have attended training and conferences. Last week, I attended a women’s rights conference in Cape Town. I have learned many things and that is why I am happy about Civil Society.”*

**Traditional healer**

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The above illustrates one of many examples of how community capacity building has been used to realise the organisations vision. This is critical because the community revere such individuals (particularly traditional healers) and as such are more likely to listen to, and digest their messages on important issues that affect them.



## **Community Networking**

Staff, volunteers and the community alike acknowledges the important role community networking plays in the organisations continued success.

CSDI form part of the community umbrella group. The group comprises of managers of various projects in greater Tubatse municipality, ward counsellors, business men, and traditional leaders. The group meets on a monthly basis to discuss programme activities and exchange best practices and lessons learnt. Such meetings prove valuable in acquiring and disseminating information to improve local projects.

The organisation has strong and established ties with local government departments. These linkages allow CSDI to better assist OVC in accessing important public services. For example, CSDI follow up on child support grant and legal document applications by liaising with their contacts in local government (beneficiaries travel costs to government departments are covered by the organisation). When applicable, contacts at the local South African Police Service (SAPS) are summoned to assist with cases of child abuse and the department of agriculture provides seeds for the centres vegetable garden and to disseminate to the community.

Further to the above, CSDI network with the community to set up child care forums (CCFs). These forums prevent duplication of effort between nonprofit organizations (NPOs) and NGOs in the communities, monitor cases of abuse, and assist children in need after hours. Members from local NGOs, the community, and government attend.



## **Home Visits**

Home visits are imperative to identifying, assisting and monitoring and evaluating OVC and HIV/AIDS affected and infected individuals and families in Greater Tubatse. Through the

generosity of volunteers (referred to as carers), children are able to access a number of important services that improve their lives.

The majority of beneficiary identifications are from home visits. Typically carers go door to door, introduce CSDI's services and activities, and, if applicable, offer immediate assistance. The organisation as of August 2007 has 25 care providers, each responsible for 10 to 15 households. According to the organisation, depending on the need, most households are visited daily.



### **Drop-in-Centre**

The centre is open five days a week from 8 a.m. to 4 p.m. to preschool, primary and secondary school aged OVC. It is based on the same premises as the organisations administrative offices. This allows staff and volunteers to closely monitor beneficiaries more often. At the centre, children receive two nutritious meals and have access to skills development training, recreational activities, HIV prevention education, psychosocial support, and educational support.

Children choose what activity they want to participate in. Netball, football, gum-boot dancing, and drum majorette practice are offered. Further to recreational activities, care providers assist children with their homework. Most carers are educated to a secondary school level and are thus able to supply this service to most of the children that attend the centre. In addition, art therapy, play therapy, and counselling are also offered. A full-time, CARE-trained counsellor provides basic counselling in a private room.

To boost revenue, CSDI runs various income generating activities from the centre. For instance, the organisation runs a day care centre five days a week from 8 a.m. to 4 p.m. for children of working parents, at a cost of R50 per month. A volunteer runs the day care programme from makeshift classrooms consisting of a converted chicken coop, and in colder weather, the centre's garage. The centre's main hall is also, on occasion, rented out as a training venue to local businesses and government departments. A catering service is also offered with the hall hire for a nominal fee. Produce from the centre's vegetable gardens are used to cater. The profits from this business have enabled the organisation to build its garage where it store tables, chairs and tents which are hired out for weddings and other such occasions.

Scenes from CSDIs Drop in Centre



*An ecstatic child awaits instruction in the day care classroom.*



*Drum Majorettes at practice.*



*A volunteer cook dishing up e-pap for beneficiaries.*



*Drawings produced by OVC during art therapy are displayed in the organisation's hall.*

## Beneficiaries



*Children learn important developmental skills through a volunteer teacher.*

The organisation's target beneficiary group is OVC. That said, chronically ill and bedridden patients also gain specifically from the home based care programme. The community profits from the skills development and training offered. For the purposes of this report, the focus is placed on the OVC beneficiaries.

Typically care providers conduct door-to-door visits within the communities to identify OVC. Some individuals and families refuse the help offered by care providers. In such cases, they continue to visit and gently introduce the various services offered. Once a child starts to receive services CSDI, records details in a beneficiary book kept on-site.

Orphans have to provide documentation to prove they are, in fact, orphaned. CSDI's programme coordinator observes this as an important and rigorous process given the organisation only has "a small amount of funding, which means we cannot feed every child."

Services offered depend on the familial or individual needs. For instance, if a child requires legal documentation to access a grant, CSDI refers the case to a social worker or networks with the relevant department for action. In most cases, CSDI invites beneficiaries to the drop-in-centre to access food and nutritional support, psychosocial support (through counselling and art therapy), recreational activities, educational support and HIV prevention education. Further to this, CSDI advocates for child protection by promoting and assisting in the development of CCFs and by liaising with SAPS to intervene in cases of child abuse. CSDI also conducts participatory educational theatre programmes at local schools. Topics include advising youth about teenage pregnancy, and the negativities of stigma and discrimination.

Even though the law dictates that an 18 year old is no longer considered to be an OVC, CSDI continues to assist these individuals when possible. Few OVC have left the programme. Those that have absconded have done so because of migration, or entry into tertiary education where CSDI support is no longer required.

According to staff, 350 preschool, primary and secondary aged OVC access services from CSDI. Of that number, 234 are male and 116 female. This number is rising rapidly as carers, staff and the community continually find more children in need of assistance.

## Services Provided



A child can access several services from CSDI. These include educational support; HIV prevention education, food and nutritional support; psychosocial support; child protection; economic strengthening and; referrals for access to health care, legal assistance and shelter. The following discusses.



### Food and Nutritional Support

One of the most important services children can access from CSDI is food. The organisation takes great pride in the fact that they are able to offer children breakfast and lunch five days a week. These meals are lovingly prepared and served by several volunteer cooks.

To promote independence around food security CSDI encourage families to develop their own vegetable gardens. Training and seeds (donated by the Department of Agriculture) are supplied to families to help them do this. Those that do not have sufficient water supplies for their gardens are provided with a small portion of land at the centre which is watered regularly.

Fieldwork indicated that food and nutritional support as a service is imperative given the high levels of poverty characteristic of the area. In the words of the CSDI counsellor:

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*“When we started Civil Society we found many children without food as their parents had no food to give them and they were not receiving any grants. Now they have food to eat because Civil Society cooks here [at the centre] and they eat. We have helped these children as they are now able to eat food.”*

**CSDI counsellor**

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The above gives an indication of how important food is to communities that have none. CSDI has acknowledged the weight of this by offering food to OVC, growing a vegetable garden and encouraging others to follow suite.



### Child Protection

Protecting the child is one of the most critical services on offer given the high rate of crime and violence in the areas CSDI service. Door to door visits, counselling and observations at the drop-in- centre allow carers and staff to identify cases of abuse and if required take immediate action to assist. If abuse against a child is discovered, CSDI call on the SAPS to intervene and bring the perpetrators to book. The organisation has cultivated a good relationship with the SAPS and they generally respond rapidly to call outs.

A number of arrests have also been made from tip offs by the community. This started when CSDI began its campaigns against child and woman abuse which it runs twice a year. An SAPS Inspector praises CSDI's progress with these campaigns to date:

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*“To me, they are very cooperative and informative. I remember during the campaigns against women and child abuse on 16th December 2005. They were addressing the parents and telling them how to identify the abused children and the steps one should take to make sure the police are informed.”*

**SAPS inspector**

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Aside from the services on offer, the drop-in centre acts as a child protection mechanism in that children are kept in a safe and nurturing environment on a daily basis. This protects children from vulnerability.



## **Psychosocial Support**

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*“There are times that we sit down with children after school and they draw pictures. Once a child drew a car and we asked him why he was drawing a car. The child said he drew a car because he wanted to go to town. If they do not have parents they do not go anywhere so we become aware that this child was an orphan. Some draw their mothers and say they want their mother and this is how we identify orphans.”*

**CSDI counsellor**

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The above quote is an example of one of the methods CSDI use to identify OVC. Art therapy, play therapy, and lay counselling are provided to OVC at the drop-in-centre. A counsellor conducts one-on-one sessions with children in the centres counselling room. This assures children privacy.

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*“I learnt a lot in terms of psychosocial counselling. I didn’t know that if a child is mad at something they need to grieve to take it out. I have learnt that we must let them cry it out until they themselves can find the solution.”*

**CSDI programme coordinator**

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Most of CSDI’s staff and care providers have received lay counselling training from CARE. This has better prepared them to respond to the needs of OVC. CSDI’s programme coordinator illustrates how the training promotes capacity building:

Other psychosocial support functions comprise support with the formation of CCFs and the provision of recreational activities. Children can participate in recreational activities from 8 a.m. to 4 p.m. Monday through Friday at the drop-in-centre. Activities include netball, football, gum-boot dancing, and drum majorette practice.

Additional services that CSDI offer include educational support via tutoring; HIV prevention education, economic strengthening through VS&L, referrals for access to health care, legal assistance in accessing grants and legal documentation such as Identity documents, and shelter.



## HIV Prevention Education

HIV prevention education initiatives are an important activity run by the centre. The ABC in particular has proved to be a success, particularly amongst the youth. The activity puts a different spin on the **A** (abstinence), **B** (be faithful), **C** (condomise) HIV prevention campaigns common throughout South Africa. CSDI's project manager describes it succinctly:

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*"We have a new ABC; attitude, behaviour and committed."*

**CSDI project manager**

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The ultimate aim of this training is to appeal to youths' morals and, in doing so, prevent future risky behaviours.



# Resources

## Donors

Funding is provided by the emergency plan through USAID, on contract to CARE Local Links. The Department of Health, Department of Social Development, the European Union, and Ipas also provide funding.

## Community In-Kind Contributions

The communities of greater Tubatse have assisted the organisation in achieving its vision through valued contributions. For example, uniforms and equipment for drum majorette activities were donated by the Department of Health and Department of Social Development. The uniforms are a source of pride for the children and members of the community. During its inception, CSDI utilised community linkages to acquire a space and place for the organisation [the inset describes how this was achieved].

*“When we started this project, we didn’t have a specific location and so we were working around the community and we would meet on street corners. We went to the chief and explained what we wanted to do and how it would help the community in the future. The chief understood and he provided us with land which we have developed our organisation on.”*

**CSDI programme Coordinator**

## Programme Staff

The staff members running the organisation’s administrative hub receive a small stipend (except the director, who works entirely on a voluntary basis) from the Department of Social Development and the European Union for their efforts. Each is passionate and committed toward his or her work.



Staff and volunteers gather in front of the organisation’s vegetable garden.

The organogram below provides an outline of CSDI’s organisational structure.

