

A Case Study

Khanyiselani Development Trust



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With Support from Management Sciences for Health

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Cover photo by Gareth Rossiter.

Acronyms

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
CYCW	child- and youth-care workers
C&YD	child and youth development
DoCS	Department of Correctional Services
DoL	Department of Labour
DoH	Department of Health
DoHA	Department of Home Affairs
DoSD	Department of Social Development
ECD	early childhood development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
HBC	home-based care
LEC	Local Economic Council
NACCW	National Association of Child Care Workers
NPT	National Peace Accord Trust
NSFAS	National Student Financial Aid Scheme of South Africa
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
PSS	psychosocial support
RDP	Reconstruction and Development Programme
VCT	voluntary counselling and testing

Executive Summary

This study documents Khanyiselani Development Trust's orphans and vulnerable children (OVC) programme, and lessons learned that can be shared with other OVC initiatives. It is based upon programme document review, programme site visits, including discussions with local staff, beneficiaries, and community members; and observations of programme activities. When designing this research, appreciative inquiry (AI) concepts were used to identify strengths (both known and unknown) in Khanyiselani Development Trust's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

The Khanyiselani Development Trust serves the townships of Kokstad (Bhongweni and Shayamoyo), informal settlements (Horseshoe and Pakkies) and all the surrounding towns in the Sisonke district of KwaZulu-Natal Province, South Africa. These townships and towns are all characterised by high levels of unemployment and poverty that are a common feature of rural South Africa. Furthermore the scourge of the HIV/AIDS epidemic in these areas has left a large number of OVC in its trail. Hence, at the end of 2000, Ma Theodora Makalima, a native of Kokstad, took early retirement from her district management position in the Department of Health and gathered a team to start a nongovernment organisation (NGO) to nurture and develop OVC in their community.

The vulnerable child or youth is the *raison d'être* of Khanyiselani. The individual child is placed at the centre of the operations and services of the programme. A philosophy that seeks to meet and deal with the child "in the moment" underpins the approach taken by all who work as staff and volunteers. They seek to work with child from the situation in which they find them, to analyse the set of problems they face and to work towards solutions for the child and their families. Since it began in 2001, the programme has provided its holistic services to some 900 OVC and their families.

There are six main programmatic components to Khanyiselani's programme. These include child and youth care; food emergency; early childhood development (ECD); home-based care (HBC); arts and craft; and victim empowerment programmes. Each of these components is driven by a philosophy that, unless trauma is dealt with, healing cannot happen – and without healing there cannot be health. This is a developmental perspective that argues that effectively dealing with OVC and youth is about more than issues of food, clothing, security and physical health, although these are important. The programme sees its involvement with these children as a long-term responsibility and seeks to provide a holistic set of services that will develop their potential into their adult lives.

The goals of Khanyiselani's OVC programme are to:

- provide care and support for OVC, youth, and their families so that these children and youth can find healing and reach their full potential;
- work with government and other service providers to ensure improvement of services to the beneficiaries; and
- provide support to others in neighbouring towns and government to provide similar care and support in other communities.

In order to achieve these goals and provide quality services to OVC, Khanyiselani is involved in range of locally innovative activities and good practices. These include a resource centre, eco-therapy sessions, victim empowerment, support groups, capacity building, arts and music sessions, networking, community mobilisation, feeding projects, ECD sessions for young OVC, and home visits. These activities propel the delivery of a range of quality services to OVC and

their families including food and nutritional support, psychosocial support (PSS), health care, education, protection, and vocational skills.

The leadership of the programme comprises an exceptional group of women and men who have a passion for the work they are doing. They are led by a dynamic manager who is supported by a programme coordinator and a financial & administrative support officer. Also in the team are six project managers; an ECD programme assistant; two child and youth development (C&YD) supervisors; five home-based carers; 18 child- and youth-care workers (CYCW); seven cooks; and 10 volunteers. They all lead by example, by knocking on doors, by communicating with their community and by taking the steps required to make a difference for the children.

Khanyiselani is not going the road alone as it has forged several partnerships and linkages that are proving to be beneficial in augmenting the programmes' services to OVC. These partnerships represent a strong blend of local, provincial and national resources and skills, in government, non-government and international organisations. Examples include partnership with the National Peace Accord Trust (NPT) which trains Khanyiselani staff in eco-therapy and trauma management; and National Association of Child Care Workers (NACCW) which trains CYCW in child care.

The programme has experienced a lot of successes and a number of challenges as well. In terms of successes, Khanyiselani provides holistic interventions in dealing with the psychosocial needs of OVC such as eco-therapy and family conferencing. Other successes include community ownership via active community involvement and sensitization; harnessing resources from government; team work; ensuring personal development of staff; and forging strategic partnerships for resources and expertise.

Challenges which Khanyiselani faces include strained relationships with government workers and departments over poor service delivery; lack of transportation to access the rural periphery; and overworked and under-resourced staff and volunteers. Unmet needs of the beneficiaries include lack of school uniforms; need to train parents and guardians in parenting skills; need to assist many parents who are still without ID documents and are unable to access grants. Also food and nutritional support needs to be scaled up as too many families are reportedly going hungry due to high levels of poverty pervasive in the communities.

Khanyiselani has a vision for the now and future. This vision includes expanding its influence into neighbouring areas; building an arts and craft centre for the programme; dissemination of the eco-therapy programme; more education and training for OVC; long term planning for the future leadership of the programme; strengthening partnerships with key partners; and financial security.

With all these in place it is clear that the future is bright for this phenomenal programme.

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 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 Khanyiselani Development Trust's 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 Khanyiselani Development Trust, 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.



A Child- and Youth-Care Worker Tells her Story

"My first experience with Khanyiselani was in 2003. I was attending their HIV/AIDS support group with my brother's son. He had requested me to accompany him as he was asked to bring someone he can trust. He was given food parcels and was helped to receive a grant and taken to hospital when he was sick.

"When he passed away in 2004, a child- and youth-care worker visited my house. I became interested to join and do what she was doing. I asked to be a volunteer. The first house I visited was in a real bad shape and needed help. Children were nursing their sick mother while their granny was recovering from a stroke. There are seven children in this home and I took over nursing their sick mother until she passed away.

"I still continue to help them as their granny has only one useful hand because of the stroke and cannot physically help the children. Khanyiselani helps with the food parcels, but they do not last and they have no other income. I also help this family daily to dress and wash the granny and the very young one to the six year old. I help the primary school boy with his homework. I am still trying to help them apply for birth documents so that they can receive grants.

"Khanyiselani is my pillar of strength and my supervisor gives me the advice and the support I need to help these children. I am so proud to be a volunteer. Thank you Khanyiselani for what you mean to me and the families I support."

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 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



The appreciative inquiry workshop: The team of programme managers, teachers, and child- and youth-care workers listen to stories related by their team members.

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. AI offers a positive, strengths-based approach to organisational development and change management. In other words, applying AI in evaluation and research is to seek out 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 Khanyiselani Development Trust's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

"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

Information gathering at Khanyiselani in Kokstad was carried out over two days (August 28-29, 2007). During the first day, two key informant interviews with six of the project managers were conducted. The manager requested that key informant interviews be done with two or three members of her leadership team at a time. She wanted them all to be exposed to the interview and to give their perspective. There is a concerted effort by the programme to ensure that team leadership is practiced.

After the interviews, an observation at the Khanyiselani resource centre was conducted, which included visiting the kitchen while the catering team prepared lunch for the preschool children and the children who came to the afternoon programme. Also at the centre, children and their teachers at an early childhood development (ECD) session were visited, as well as a sewing (pillow making) group for grannies and OVC guardians. Researchers met with a group of child- and youth-care workers (CYCW) and viewed the rooms set out for a new voluntary counselling and testing (VCT) centre due to open in September 2007. They then visited two homes of OVC in Bhongweni and Shayamoya townships and spoke with the children and guardians. After a short demonstration by the centre's drum majorettes upon return to the Khanyiselani centre, the researchers attended a concert by the children and youth of the drama, music, and dance groups.

On the second day, an appreciative inquiry workshop was conducted with two groups. One group of 10 people included beneficiaries and guardians with CYCW. The other group of an equal number comprised project managers, school teachers, and CYCW. Stories were told and analysed for the themes that described the key features of the programme of Khanyiselani.

“This is a new way of doing research. I like it. It is refreshing. It’s much better talking, probing and telling our stories. You as the researcher can get the full picture. We are so used to filling in forms. I liked how some of the questions made me think about things in a different way that was helpful.”

Manager of Khanyiselani, on the use of appreciative inquiry method

FOCAL SITE

Kokstad is a sizeable rural town with a population of over 200,000 people. It is situated on the southwestern border of KwaZulu Natal, four kilometres from the border with the Eastern Cape Province. It is the nearest commercial and service centre for many of the towns in the eastern part of the Eastern Cape and serves as the commercial and industrial hub of this border district. Its population is a blend of groups; predominantly IsiXhosa speaking people, with many IsiZulu and Sesotho speakers. In addition, there are a fair number of Afrikaans speakers who hail from a mixture of backgrounds. The economy of the district is largely supported by agriculture, limited agricultural processing and services supporting agriculture. Cattle and dairy farming is the mainstay. Crop farming relies on seasonally rain irrigated crops. Large forest plantations and saw mills are evident in the district.

The Khanyiselani Development Trust serves the townships of Kokstad (Bhongweni and Shayamoyo), informal settlements (Horseshoe and Pakkies) and all the surrounding towns in the Sisonke District of KwaZulu-Natal Province, South Africa. These townships and towns are all characterized by high levels of unemployment and the conditions of poverty that are characteristic of many parts of rural South Africa. Despite the levels of unemployment there has been an influx into towns such as Kokstad over the last decade as the result of the decrease in opportunities for employment on farms and the lack of security of tenure for farm workers. In addition, the rural town provides opportunities for housing and access to government services that are much harder to access in more remote rural areas. Hence, the high levels of unemployment and in-migration is perceived to contribute to such a level of HIV/AIDS that has resulted in a considerable number of OVC in the area.

Programme Description



Getting the fundamentals right: By putting the child at the centre of the programme, Khanyiselani commits itself to going far beyond just meeting the basic needs of OVC. They are in the business of teaching children and youth to fly! With her granny and the support of the organisation, this little child has every opportunity to reach her potential.

OVERVIEW AND FRAMEWORK

Theodara Makalima, the director of the Khanyiselani Development Trust, was a district coordinator for the Department of Health (DoH). In this position, she was faced with the implications of the “onslaught of HIV/AIDS” on the communities where she worked. At meetings she heard colleagues and herself saying repeatedly, “If only we had an NGO to do this work.” At the end of 2000, she took early retirement and started the Khanyiselani Development Trust programme. She had good knowledge of the area, a thorough understanding of the context, and solid contacts with people in government departments. She started by forming a committee with others who had the same passion for the task at hand.

The programme started in a small office, but then moved to a donated site and “mobile park house” provided by the DoH. In 2003, Khanyiselani applied to be a pilot site for the implementation of the National Integrated Plan for HIV/AIDS (a joint venture between the South African departments of health, welfare, and education) and was successful. The National Integrated Plan and its pilot sites were evaluated after a year of operation and Khanyiselani was seen as the best of all the sites.

The local government leases the site in Bhongweni where Khanyiselani is located. The Department of Public Enterprises agreed to refurbish the building on the site and supplied Khanyiselani with second-hand furniture from its offices.

The children are placed at the centre of the Khanyiselani programme. A philosophy that seeks to meet and deal with the child “in the moment” underpins the approach used by all staff and volunteers. They work with children from the situation in which they find them, analyse the problems, and work toward solutions for the children and their families. This model for OVC is premised on a firm belief that unless the traumas that children and youth have faced in their lives are effectively heard and expressed, normal, healthy and wholesome lives are not possible. The individual child and his or her healing and growth are critical indicators of progress being made for Khanyiselani. The programme is not satisfied with merely meeting the basic food and shelter needs of the child; they argue that this is insufficient.

From this perspective, Khanyiselani stands out amongst OVC programmes. There are six main programmatic components to Khanyiselani’s programme. These include child and youth care, food emergency, ECD, home-based care (HBC), arts and crafts, and victim empowerment programmes. Home visits are the core activity of the child and youth care programme, which provides an avenue through which OVC receive services in their homes. CYCW and volunteers pay home visits to the children and provide them with a wide range of services, such as educational (e.g. home work assistance) and psychosocial support (e.g. counselling). The HBC programme is specifically targeted at reaching critically ill people in the community, such as dying parents of OVC or OVC who are sick themselves. The ECD programme focuses on providing support to younger OVC aged between 3 and 6 years. This support includes ECD methodologies, feeding and psychosocial support.

The food emergency programme comprises a feeding project – that is, a soup kitchen for OVC; and the delivery of food parcels to households in dire need. The arts and crafts programme encourages and equips OVC to express their creativity freely at daily music, dance, and drama sessions. The victim empowerment programme is a rallying point for all the other programmes. This programme is based on Khanyiselani’s philosophy that every OVC is a “victim” of some form of trauma that must be addressed if children, youth, and the adults who care for them are to live healthy wholesome lives. Basically, children from all the other programmatic components are referred to this programme if they are identified to be in an evidently traumatised state.

All of Khanyiselani’s programmatic components therefore interact with the overall aim of providing holistic support that focuses on the development of OVC.

The goals of Khanyiselani’s OVC Programme are to:

- provide care and support for OVC, youth and their families so that these children and youth can find healing and reach their full potential;
- work with government and other service providers to ensure improvement of services to the beneficiaries; and
- provide support to others in neighbouring towns and government to provide similar care and support in other communities.

In order to achieve these goals and provide quality services to OVC, Khanyiselani is involved in range of locally innovative activities and good practices. These include a resource centre, eco-therapy sessions, victim empowerment, capacity building, arts and crafts sessions, networking, community mobilisation, feeding projects, and home visits. These activities are discussed in subsequent sessions of this case study, however it is worthy of note that eco-therapy is a locally innovative and essential component of Khanyiselani programme model. The eco-therapy concept is based on empirical experience that those who have faced serious trauma are more likely to be able to talk about and face their trauma while in a wilderness setting. Participants are taken away into nature and undergo a structured programme on reflection and trauma counselling. This method is applied to OVC who experience serious trauma such as children who are unaware that their parents died from AIDS and physically abused children. Eco-therapy is the main vehicle of delivering psychosocial support to OVC.

Khanyiselani also runs a resource centre that provides a range services to OVC. These include an ECD programme for younger OVC; daily meals (see below); and income generating activities such as beadwork and sewing. OVC also engage in activities such as drama, music and dance at the centre.

Other services which Khanyiselani provides to OVC include food and nutritional support, child protection, health care and general education. Food and nutritional support is provided via a feeding project that is run by full-time staff employed by Khanyiselani. In addition, Khanyiselani encourages OVC and their families to run food gardens. Food parcels are also distributed to needy households. In terms of protection, CYCW and volunteers identify children in abusive situations and refer them to the relevant authorities, such as the South African Police Service (SAPS). CYCW and volunteers also accompany sick OVC to health centres and monitor those on ART thereby providing health care support to them. Khanyiselani also negotiates school fees exemption and provides free school uniforms for OVC.

Furthermore, Khanyiselani has cemented several partnerships across board to reinforce support for OVC in and around the communities they serve. These partnerships represent a strong blend of local, provincial and national resources and skills, in government, nongovernment and international organisations. For instance, Khanyiselani is in partnership with the National Peace Accord Trust (NPT) to provide training to Khanyiselani’s staff and volunteers in trauma

counselling which is now an integral component of support to OVC. Another key partnership is with the National Association of Child Care Workers (NACCW). This organisation is responsible for establishing the child and youth development (C&YD) component of Khanyiselani's OVC programme. Specifically, NACCW developed a C&YD model ("Isibindi model") which it has piloted, replicated, and established throughout South Africa. Khanyiselani is a beneficiary of this innovative programme as NACCW trains and remunerates CYCW who work with Khanyiselani.

Khanyiselani has also made sure that the channels for referral are clear. Whether they refer to other entities for access to education, for legal documents, for health care, skills training or they have the fortitude to follow up to ensure that the task is completed and the difference made. Specifically, Khanyiselani works closely with the South African departments of health, social development, labour, home affairs, and correctional services, all of which assist OVC and their families in various ways.

With this range of services propelled by its key programme activities, Khanyiselani believes that its beneficiaries will soar to higher heights in all aspects of their lives.

*"The OVC programme seeks to render holistic strategies to empower young people to support themselves.
We will only let them go once they can fly."*

Director

PROGRAM STAFF

The programme staff includes:

- board of management
- manager
- programme coordinator
- financial and administrative support officer
- six project managers
- ECD programme assistant
- two C&YD supervisors
- five home-based care givers
- 18 CYCW
- seven cooks (three at the resource centre and four at the satellite feeding project)
- 10 volunteers

The Board of Management is composed of seven community members from various professional backgrounds who serve on the board in a voluntary capacity. The board meets once on alternate months to receive status report from Khanyiselani. In attendance at these meetings are also Khanyiselani's manager, the finance officer, and programme coordinator. They report on the programmes activities and challenges of the previous months.

The manager is the chief executive of the programme and oversees the daily running of all programmes. She is assisted by the programme coordinator and the financial and administrative officer, both of whom report directly to her. There are six project managers heading the following programmes: early childhood development; home-based care; child and youth care; arts and crafts; food emergency; and victim empowerment.

The ECD project manager is supported by an assistant and both are trained in ECD methodologies. The HBC project manager coordinates the activities of five home-based care givers who are employed by DoH and serve in Khanyiselani's HBC programme. The C&YD project manager is assisted by two supervisors and together they coordinate a team of 18 CYCW. All these project managers and their subordinates refer traumatised children identified in their programmes to the project manager of the victim empowerment programme for counselling and follow-up.

The team of CYCW were assigned to Khanyiselani by NACCW which, as previously mentioned, is responsible for their training and remuneration. CYCW carry out home visits where they assist in nursing the sick, attending to OVC, washing, cleaning, helping with homework, reading, and giving the children time to play.

Khanyiselani's staff meets weekly for a debriefing meeting. These meetings are attended by staff and volunteers (see below) from all facets of the programme. At these meetings, they report on their activities and challenges. They deal with cases and provide advice to one another on steps to be taken. These meetings, it was reported, provide the cornerstone to ensuring that the programme finds integrated and holistic solutions to its challenges. In this way, they ensure the

programme works as a whole rather than in separate divisions. The meetings are also used to develop leadership and a collective approach to problem solving.

VOLUNTEERS

Khanyiselani has attracted a high calibre of volunteers from the community to support its work. Usually, individuals from the community approach Khanyiselani and indicate an interest to serve as community volunteers. The programme then subjects such persons to a screening exercise where they look out for characteristics of dedication and a strong passion to work tirelessly with children and their families in dire circumstances.

There are 10 volunteers who receive a monthly stipend from the programme. These volunteers assist the programmes with a range of duties. Mostly they perform home visits to OVC since the numbers of CYCW and home based carers are not enough to reach all affected households. They therefore essentially provide the same services that CYCW provide to OVC and their families. They also carry facilitate public awareness campaigns, participate in eco-therapy sessions and generally assist the programme wherever they are needed.

All volunteers receive training by Khanyiselani in various areas such as trauma management, eco-therapy, HIV/AIDS education and parenting skills.

It is informative to note that each one of the staff members started in the programme as a volunteer. The original team reported that they survived in the early days without any pay or stipend for over a year. They have all grown with the programme and only became staff members when finances became more secure.

“In 2004, a child- and youth-care worker visited my house. I became interested to join and do what she was doing. I asked to be a volunteer. The first house I visited was in a real bad shape and needed help. Children were nursing their sick mother while their granny was recovering from a stroke. There are seven children in this home and I took over nursing their sick mother until she passed away. I still continue to help them as their granny has only one useful hand because of the stroke and cannot physically help the children.”

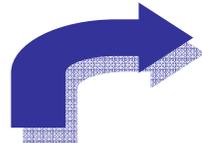
Community volunteer

Khanyiselani Development Trust

Khanyiselani Development Trust provides a comprehensive and holistic range of services to support orphans and vulnerable children and youth and their families in Kokstad, its townships and the surrounding towns of the western border of KwaZulu Natal, South Africa

Program Goals

- To provide care and support for OVC, youth and their families so that these children and youth can find healing and reach their full potential.
- To work with government and other service providers to ensure improvement of services to the beneficiaries.
- To provide support to others in neighbouring towns and government to provide similar care and support in other communities.



External Resources

MSH

- Are seeking to ensure better collaboration with District Health Programme
- Manage a emergency plan grant, which comprises 35% of Khanyiselani's OVC programme funds
- Provide technical support for grant management
- Provide guidelines and support for the development of Monitoring and Evaluation systems

SA Government and Other Donors

- Various government departments provide grants to Khanyiselani for various aspects of its programme including for payment of staff and volunteer stipends.
- The National Peace Accord Trust provide Khanyiselani with funds and support the organization in implementing the eco-therapy model.
- The NACCW provides training and support for the Child and Youth Care Workers.
- Individuals and Community in-kind contributions.

Khanyiselani Activities

Resource Centre

- Feeding Project
- Early Childhood Development sessions
- Drama, Dance, Music And Visual Arts sessions
- Income Generating Projects

Eco-therapy sessions

- Main form of PSS to OVC

Victim Empowerment

- Counselling and follow up.

Child & Adult Support Groups

Arts & Craft Programme

- Medium of self expression to creativity of OVC

Feeding projects

- Once daily meals to OVC

Networking and Partnerships

- Ongoing communication with the local Department of Health around the provision of services and referrals
- Collaboration with the Department of Social Development around grants and poverty alleviation measures
- Close working relationship with the "Local Economic Development" department of local government
- Working relationship with the Department Home Affairs to ensure beneficiaries have access to documentation
- Close working relationships with the Departments of Labour and Correctional Service

Capacity building

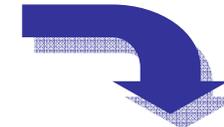
Training community volunteers in marketable skills such as child care
Supporting smaller CBOs to assist OVC in their communities

Home visits

Providing Systematic HBC To Patients And Support To OVC
Distributing Food And Food Parcels

Community Mobilization

Public Education On HIV/AIDS And Appropriate Child Care Strategies



Outcomes

Child and Adolescent Outcomes

- Education: increased attendance and improved performance of OVC at school, improved self esteem.
- Psychosocial and Child Protection: improved psychological wellbeing of OVC, mitigation of child abuse, improved social and emotional coping capacity of OVC.
- Health and Prevention: decrease in HIV infections and in teenage pregnancy, greater uptake of VCT and treatment, improved nutrition, increase in health knowledge, improved health indications.
- Community Support: Increased community support for OVC and participation of community in structures, reduction in stigmatisation of OVC

Family and Community Outcomes

- Increased importance of the child in community
- Greater openness, reduction of social stigma towards PLHA
- Increased numbers of community participating and functioning structures
- Increased uptake of VCT and ARV treatment
- Decreased number of vulnerable children
- Improved household economic and social security
- Improved coping capacity of parents and guardians

KEY PROGRAM ACTIVITIES



Key programme activities are the main vehicle via which services are delivered to OVC. Khanyiselani is involved in the following key activities:



Eco-therapy Sessions

The eco-therapy process is a locally innovative activity that forms the core of psychosocial support to OVC. Khanyiselani reports that the eco-therapy concept is based on empirical experience that those who have faced serious trauma are more likely to be able to talk about and face their trauma while in a wilderness setting. OVC who require this activity are taken into nature (a wilderness trail) and undergo a structured programme on reflection and trauma counselling. The trail process normally takes place at a facility at the Port Edward (KwaZulu Natal) campsite. Three staff members have been trained by NPT to run eco-therapy sessions, while many other staff and volunteers are trained to provide trauma counselling. Khanyiselani believes that it is the only programme delivering this service in this context.

Before undertaking the wilderness trail, there is a preparation phase. This phase usually takes place over about three to five days before the actual trail begins. The process involves liaising with the child's family to educate them about the process, seeking their permission and obtaining a signed indemnity form. The children themselves are educated about the process at specially organised after school sessions which are held at the resource centre.

After the eco-therapy session, the facilitators' co-ordinate meetings between participating OVC and their relatives to find solutions to the conflict and/or trauma that has been expressed by the children in the wilderness trail. This process is referred to as "family conferencing," where the whole family is involved in counselling that examines the patterns in the family unit and seeks to deal with family trauma. Examples of such trauma that have been uncovered include children who have never been told that their mother or parents have died of AIDS. In another case, an 18-year-old woman was kicked out of her home by her family so that her aunt could use the space to rent. Khanyiselani reports that the eco-therapy process has been extremely effective in building trust among OVC, their families, and the facilitators and in ensuring that trauma is dealt with. On average, each trail involves 15 children. As of April 2008, 300 children had benefited from this programme.

Snapshots of an Eco Therapy Trail

"There was great excitement at the preparation session. The children were very eager to set out on the trail. We had a separate preparation session for two children from a family at Cabazana location. The family had had a crisis a few months ago and the children had been traumatized by the situation. We held a debriefing session with the whole family. From this session we felt strongly that the children needed to participate in the trail to help them heal. We all had a safe journey from the centre to the campsite and everyone was happy to be there.

"The children were eager to learn and see new things in the natural environment. We pitched the tents and every one learnt how to sew their sleeping equipment. We then began the first session where we welcomed everyone and sought to create a 'safer place' for everyone. We introduced them to the candlelight, the circle of life and the burning rituals. We explained what would happen the following day.

"And finally we ran a session dealing with their fears and feelings. During the session, children uncovered much anger and the issues that they would need to deal with in the solo spot the following day. No one indicated a fear of the natural environment and all were keen to learn.

"On Saturday morning, everyone was looking fine and they even expressed that they couldn't wait to do the trail. We all underwent our 'challenging but interesting journey' successfully. When we reached our destination everyone took their solo spot. After all this everybody was pleasantly tired when we got to the base camp. We returned to share our experiences. We sat in a circle and explained to everyone why we had to undertake to be confidential about everyone's stories so that all could share freely, learnt to trust and to show respect for one another.

"Everyone spoke of having the best time of their lives. They felt able to face their challenges. 'We feel free inside,' they said. After this powerful session, we had a very pleasant afternoon. Young people were singing and dancing.

"On Sunday morning after breakfast, we had our debriefing session, did a verbal and written evaluation, and then closed the programme. Tired, but invigorated and deeply challenged, we traveled back home."

At some eco-therapy sessions, teachers are invited to attend the trail with learners. The intervention has reportedly helped significantly with the academic performance of learners and improved their attendance at school.

Through a partnership started in 2005 with the Department of Correctional Services (DoCS), eco-therapy sessions are also used for the counselling of youth ex-offenders. Khanyiselani targets ex-offenders because of a firm belief such children face a huge challenge of attaining socio-cultural and economic re-integration in their communities. As a result they are vulnerable to exploitative circumstances such as child labour, physical and sexual abuse and may even recourse to the vices that *ab initio* got them into trouble with the law, such as crime and drugs.

Khanyiselani reports that the eco-therapy process has been very successful among the ex-offenders. Several of them have reportedly returned to school, some have become peer educators (recruiting and counselling new ex-offenders in the programme) and others have been trained in vocational skills such as baking. As of April 2008, 80 youth offenders have benefited from this activity.



Victim Empowerment Programme

This activity is coordinated by a programme manager who is trained in eco-therapy and trauma management methods. The philosophy behind this activity is Khanyiselani's belief that every OVC is a "victim" of some form of trauma that must be addressed if children are to live healthy wholesome lives. Such 'victims' are identified during home visits or at the resource centre through the various activities they are involved in such as the ECD or the arts and crafts sessions. All OVC who are identified to be traumatised are referred to the manager who counsels the child and follows up with the relatives to get to the root of whatever issues the child may be facing. Most of the children referred to this programme are from relative headed households and are often those who are facing serious neglect or even abusive situations. If the child's situation is severe such that counselling alone is insufficient, then the child is prepared for eco-therapy sessions. On average, the manager attends to 20 children a week.

"Khanyiselani is like a mother to me. The programme helped me when my elder sister was sick and she chased me away from home when we quarrelled. I went to Khanyiselani and they solved our dispute."

Beneficiary



Resource Centre

In 2006 the Khanyiselani Resource Centre in Kokstad was opened by the South African Minister of Public Enterprises. The resource centre is the hub of Khanyiselani's activities. During the mornings, it is the site for an ECD programme which was attending to 60 children in April 2008. Food is prepared every weekday by full-time kitchen staff for 160 OVC who visit the centre for lunch. Also, guardians of OVC, such as grannies, are trained and engage in income generating craft work, such as beadwork and pillow making. Staff and volunteers meet at the centre to discuss their cases and plans. In the afternoons, the centre is transformed into a busy place where 100 (on average) children and youth congregate to take part in creative and visual arts, drama, music and dance.



Arts and Crafts Programme

In 2006, a young teacher from a local school approached Khanyiselani with a suggestion that he conduct afternoon sessions at the resource centre and focus activities on the use of drama, music, dance, and arts and crafts to promote creativity and to help OVC find expression. This has now become a cornerstone programme for Khanyiselani. These sessions are held daily after school. As of April 2008, 110 OVC had participated in the programme, which was facilitated by two volunteer teachers. Out of this number, 40 female OVC form a band of gifted drum majorettes whose talents are community renowned.

Khanyiselani believes that the regular attendance by OVC is an indication that they are deriving significant value from the programme. The youth and children create artwork for themselves and for one another, and often present their creative pieces of drama, dance, music or art at local community events.

All who were interviewed reported that they were amazed by the success of the programme in assisting the children to express themselves and develop their personalities and skills. They report remarkable improvement in many of the children and youth who attend the sessions.



Feeding Projects

Khanyiselani runs a comprehensive feeding programme which is funded through the National Food Emergency Programme of DoH. From a well-run kitchen staffed by three full time cooks, the centre prepares food to feed 160 OVC at the resource centre each weekday. OVC usually come to the centre after school for the prepared meals. Only OVC who are not receiving any social grants are enrolled into this programme.

A satellite feeding programme is also run from a Reconstruction and Development Programme (RDP) house in the Shayamoyo Township on the outskirts of Kokstad. There are four full-time cooks at this site. This programme feeds around 210 OVC once daily. This satellite programme is aimed at those OVC who are unable to access the resource centre due to distance.



Early Childhood Development Programme

Khanyiselani runs a quality ECD programme for young OVCs between three and six years of age. This programme runs at the resource centre from 08h00 to 13h00 each weekday and is coordinated by a project manager and assistant both of whom are trained in ECD methodologies. The approach is to give young children a good start to their formal schooling. These children are also provided with free meals during the ECD sessions. According to Khanyiselani, reports from local schools indicate that it is clear that young learners from the preschool receive a high quality education. As at April 2008, about 60 OVC are benefiting from the programme.



Community and Organisational Capacity Building

The programme develops the skills of its community volunteers to enable them carry out their duties and also to provide them with skills and experience that make them more marketable for employment even after they have left the programme. This is because the programme believes that its dedicated volunteers deserve much more than the monthly stipends that they receive from the programme. Thus, even though their services are vital components of Khanyiselani's work, the programme actively equips them with skills to develop them personally and open up doors of opportunity. For instance, Khanyiselani staff train these community volunteers in a range of useful skills in areas such as child care, trauma management and eco-therapy. As of April 2008, 18 volunteers have been trained by Khanyiselani.

Aside from training volunteers, Khanyiselani also provides grannies with training in income generating activities, such as beadwork and pillow making. About 18 grannies visit the resource centre each weekday to engage in these activities.

Now that it is established and has developed its own capacity, Khanyiselani is also able to offer assistance to other fledgling community based organisations in towns around Kokstad. Specifically, Khanyiselani assists these organisations in registering with the relevant government departments such as the DoSD. Khanyiselani also provides them with training slots when its own staff and volunteers are being trained (skills transfer). As of April 2008, Khanyiselani has trained two representatives each from three organisations – a crèche, an HBC organisation, and a CBO that runs an OVC programme.



Home Visits

Home visits are the core activity of the child & youth care programme which provides an avenue through which OVC receive services in their homes. Child Youth Care Workers and community volunteers visit over 500 OVC households every month. Services which are provided via home visits include but are not limited to nursing the sick, monitoring adherence to ARV, counselling, assisting with homework, domestic chores and assistance with application for grants. On average, each CYCW or community volunteer visits 6 families several times in a month.

"A care worker from Khanyiselani came to visit our home and our lives changed and became better. We were struggling nursing our sick mother. The care giver just took over the responsibility as if she was a sister to my mother. I forgot she is not related to us and look up to her as an elder member of our family. She nursed our mother for us and took her to hospital. She gave her special food and brought food parcels. She continues to help and visit us daily even since the burial of our mother. Our granny is still recovering from the stroke which made her unable to use her left hand. She helped me to apply for an ID and is still trying to help us apply for grants for the younger children. We have an eight year old brother who hated school. Now he loves school because she persuaded him to go and is helping him with his homework. She even washes the three little ones. (She relieves me so that I can concentrate on my studies at school.) I do not know what we would have happen to us without her help. She is like a mother to us now. I thank her and Khanyiselani for daily helping us."

Beneficiary

It is worthy of note that Khanyiselani also runs an HBC programme for terminally ill community members. There is an HBC coordinator who oversees the activities of five HBC workers. Details

of this programme are beyond the scope of this report. However, of relevance is the fact that OVC do benefit from this programme in some instances. Specifically, HBC provide much needed nursing and emotional support to children whose parents are sick and/or dying from AIDS and related diseases. OVC who themselves are sick may also be attended to by the HBC workers.



Support Groups

Once a month, on a weekend, Khanyiselani holds support group sessions for OVC and their relatives at the resource centre and at the satellite feeding centre.

For the OVC, these sessions mostly involve talk shows and sharing sessions facilitated by Khanyiselani staff. Typically, the facilitator introduces a topic such as child trafficking or abuse and encourages the children to express their views on the issue. Attendance ranges from 20 to 50 OVC per session.

At a different date, support sessions for OVC relatives such as grannies and aunts also hold at the resource centre and at the satellite feeding centre. About 15 to 30 participants are debriefed and equipped with coping skills for caring for OVC. Facilitators also seize the opportunity to discuss issues uncovered during some of the eco-therapy sessions with OVC.

As the programme manager of the CYCW pointed out:

“We have support groups for OVC and for those who are parenting, including grannies, aunties, and youth who are heading households.”

CYCW programme manager



Community Mobilisation

The mobilisation of the community is critical to Khanyiselani's work. The programme believes that without an active community lending a hand to its work it would be unable to achieve the success it has in the communities it serves. The core mobilisation activity is through public awareness campaigns undertaken in the various townships and in schools. Usually, whenever the programme learns about a planned community gathering, it requests for time slots at such meetings to deliver its message. In March 2008 for instance, a local counsellor organised a meeting with the community and Khanyiselani was able to secure a time slot to educate the people on the plight facing OVC and opportunities to volunteer with the programme.

With such initiatives, the community has become the eyes and ears of the programme. There is also a reported decline in teenage pregnancy, an increase in uptake of voluntary counselling and testing (VCT), greater openness, reduced stigmatisation, and more people on ARV therapy, according to staff and volunteers who were interviewed.



Strengthening Community Networking and Partnerships

Khanyiselani acts as a catalyst for services to OVC and youth between a range of government departments and community organisations. It refers cases for specific services and ensures that these are delivered. In turn, it acts as the point of referral for OVC and youth from these government and community agencies. It works closely with DoH, DoSD, Department of Labour, Department of Home Affairs, and DoSC. Khanyiselani also networks actively with schools and other local CBOs and NGOs, in and around the Kokstad area.

In terms of partnerships, NPT approached Khanyiselani in 2003 to explore how NPT's knowledge and experience could be used with children and youth who have trauma from bereavement and vulnerability. Khanyiselani felt this was a valuable opportunity, as there is a firm belief in the programme that trauma must be addressed if children, youth, and adults are to live healthy wholesome lives. The programme was determined to address the psychosocial issues that face OVC as a key ingredient of its programme. Through this partnership, NPT provides training to Khanyiselani's staff and volunteers in eco-therapy and trauma counselling which is now an integral component of support to OVC.

Khanyiselani is also in partnership with NACCW to provide training and support for the work of the CYCW. As of April 2008, 22 CYCW have been trained by the NACCW.

As previously mentioned, Khanyiselani provides eco-therapy sessions to ex-offenders via a partnership with DoCS. The department provides all funding required for the wilderness trail involving ex-offenders. Khanyiselani links some successful participants of these sessions with the Local Economic Council (LEC) in Kokstad. The LEC has employed some ex-offenders and sponsored others to return to school.

Since 2004, Khanyiselani has been in partnership with the National Student Financial Aid Scheme of South Africa (NSFAS) to provide bursaries and scholarships to OVC to enable them pursue tertiary education. It is reported that the NSFAS had previously conducted a study which revealed that most of its beneficiaries were based in the urban areas with very few from rural South Africa. Thus the NSFAS decided to link with community-based organisations such as Khanyiselani to reach underserved students in rural areas. Khanyiselani reports that eight OVC have benefited from this partnership since it began. In 2007, the scheme produced its first graduate – an OVC who received support to study for her degree at the Faculty of Social Sciences, University of KwaZulu Natal. She has since registered for an honours degree, which was expected to be completed in 2008.

“The young woman studied hard and got her matriculation exemption. Then she wanted to pursue further studies. She is a bright person and we felt that she needed to be given the opportunity. We managed to get her a bursary and she went off to the University of KZN to study. This year she is completing a three-year geosciences degree!”

Manager

BENEFICIARIES

Khanyiselani operates a very broad definition of OVC. This includes children 18 years or younger who have lost one or both of their parents, often because of HIV/AIDS, or who live with seriously ill parents or guardians. Vulnerable children include those in abusive or neglectful situations. The programme reports that it has reached over 900 beneficiaries since the inception. Beneficiaries are usually identified by CYCW and community volunteers during home visits. These children come from the townships of Kokstad and the surrounding rural towns, and are representative of a full range of age cohorts from infants to pre-school children, primary and secondary children and adolescents and youth.

OVC cease to benefit directly from Khanyiselani's OVC programme when they reach 18 years of age; however, those who complete high school may be assisted financially to pursue tertiary education. Khanyiselani helps these OVC to secure bursaries and scholarships by linking them with the NSFAS.

Other beneficiaries of Khanyiselani's programme include relatives of OVC, such as grannies who are trained in income generating activities, and smaller CBOs and NGOs that benefit from skills transfer activities.

SERVICES PROVIDED



Khanyiselani provides a range of services to its beneficiaries. These include food and nutritional support, psychosocial support (PSS), protection, general health care, education, and vocational training.



Food and Nutritional Support

Through the feeding project, Khanyiselani provides food and nutritional support to 160 OVC as of April 2008. Only those children who are not receiving social grants from the government benefit from this programme. These OVC visit the resource centre every weekday at lunch time for their meals. A satellite feeding programme in Shayamoyo Township on the outskirts of Kokstad feeds another 200 OVC daily. In addition, Khanyiselani encourages OVC and their families to run food gardens. The programme itself has one food garden situated on the premises of the resource centre. The products from this garden are distributed for free to OVC and their families who are in dire need of food. Food parcels are also similarly distributed to needy households only in the very dire of situations as the programme lacks resources to distribute these parcels to all OVC households on a more regular basis. Most of these food parcels are donated by individuals in the community and local businesses. CYCW and community volunteers deliver these parcels to needy households which they themselves have previously identified. On average, Khanyiselani reports distributing parcels to about 30 households each month.

"Khanyiselani helps us to be able to care for ourselves. Now the children have food to eat. Thank you, Khanyiselani."

Beneficiary



Psychosocial Support

The programme places emphasis on a range of activities to deal with trauma and promote the holistic development of OVC. These include eco-therapy, family conferencing and trauma counselling. In addition, the programme offers art, drama, music and dance classes after school to provide the youth and children with activities to express themselves emotionally and to develop their latent talents. Between October 2007 and March 2008, Khanyiselani reached 344 OVC with PSS.



Child Protection

Khanyiselani uses its network of CYCW, community volunteers, staff, and members of the community and schools to help look out for the children in the community. Identified cases of children in need of protection or in distress, such as those in physically or sexually abusive conditions, are referred to the programme, which directs cases to the necessary government authority (social welfare or police) and ensures that the issue is dealt with. Cases where guardians misuse social grants are also identified and reported to the authorities. Khanyiselani also provides counselling and emotional support for abused children. In extreme circumstances, children are referred to the House of Comfort, a CBO that provides temporary shelter to abused children in the community. Such children are accommodated and catered for at these houses until and when the situation at home improves. In 2007, about 20 OVC were referred to the House of Comfort.

"I was responsible for a child who was in the ECD (resource) centre. Her mother had passed away. The six year old child was in deep distress. I picked this up immediately while interacting with the child at the ECD (resource) centre. It transpired that the child had been raped by an uncle. I contacted child welfare to take on the case and they failed to respond urgently so I then contacted the child protection unit. They took up the case. The perpetrator was arrested and the child was taken to hospital for counselling and treatment."

ECD facilitator

"We deal with cases in the misuse of grants. We act on these, sometimes sorting out the problem and sometimes reporting these to the authorities in the government. In one case, the aunty was getting a grant and was clearly using the money for her own children and not using it to support the orphaned children. The children did not have school uniforms and were not being fed adequately. In this case, the matter was referred."

CYCW programme manager



Health Care

Through home visits, CYCW and community volunteers identify, refer, or accompany sick OVC to the health centres. There is active monitoring of OVC on treatment, particularly those on ARV therapy, by the CYCW during their home visits. As of April 2008, there were a reported 41 OVC on ARV therapy being monitored by CYCW.

"In cases where there are children on ARVs, the CYCW visits these homes daily."

CYCW programme manager



Educational Support

The programme lobbies with schools for a waiver on school fees for its OVC. About 100 OVC have benefited from fee waivers as of April 2008. They also provide free school uniforms to OVC if and when available. CYCW and community volunteers assist children with their homework during home visits. The programme has helped eight OVC to access bursaries and loans for further study after completing high school. Khanyiselani also runs a quality ECD centre for young OVCs to give them a good start to their formal schooling. Sixty OVC were benefiting from this service as of April 2008.

“When the children were not allowed at school because of school fees Khanyiselani helped us as a parent would. When we were still waiting for money they helped with uniforms and books.”

Beneficiary

Khanyiselani has close ties with all the schools in its area of service (10 schools in total) and special relationships with some of the teachers at these schools. Based on the reports of teachers, staff, and volunteers, the schools now use the programme as an important resource to help them deal with some of the social and psychological problems of children. Some of the teachers who were interviewed even suggested that it would be of great value if teachers were trained by Khanyiselani in the methods that they use to assist children such as eco-therapy.



Vocational Training

Khanyiselani trains relatives of OVC such as grannies in income generating activities such as beadworks and pillow making. About 18 grannies visit the resource centre each week day to perfect their newly acquired trade. OVC who are out of school are taught how to bake pastry. As of April 2008, six OVC had completed this training and were selling their products (muffins) at schools and public offices. Furthermore, the LEC has set aside a budget to start a bakery where OVC can ply their trade.

Resources



A perspective from the front entrance of the Khanyiselani resource centre. The site is leased from local government. The renovations and furnishing of the centre was undertaken by the Department of Public Enterprises and it was officially opened by the minister, Mr. Alec Erwin, in October 2006.

DONORS

From its inception, the Khanyiselani Development Trust has looked to government as a key partner to support the delivery of its programme. It has engendered the trust and of government at different levels by delivering a high quality programme of services. For instance, as the result of the successful management of an initial grant in 2004, the programme continues to receive funding through National Integrated Programme for HIV/AIDS (a joint venture between the departments of health, welfare, and education), and its feeding programme is now funded through the National Food Emergency Programme of DoH.

Khanyiselani has cultivated a portfolio of donor and technical support that greatly enriches its programme in the services they are now equipped to offer. Khanyiselani has also established key partnerships with organisations that bring both funding resources and technical expertise to the partnership. Through MSH, the U.S. President's Emergency Plan for AIDS Relief has assisted with funding management and monitoring, and provides about 35% of funding for Khanyiselani's OVC programme.

IN-KIND CONTRIBUTIONS

The programme relies strongly on the goodwill and generosity of the local community. Although community members typically do not have much to spare on the material front because they are so poor, many contribute to the programme in time, energy, and spirit. No amount of money can substitute the value that is added by a caring community volunteer visiting a household and developing a close, confiding relationship with a child. The involvement of the community in Khanyiselani takes on many forms. Members give of their time and effort to participate on the board. And occasionally, individuals and local businesses make material donations to the programme. In 2007, for example, Boxers Supermarket in Kokstad donated blankets and stationery to Khanyiselani's OVC.



The children and youth do drama, music and dance after school at the Khanyiselani centre. In this way, they are able to deal with some of their emotional traumas, but also discover and develop their talents. Here the secondary school team presents a piece they developed dealing with teenage pregnancy and domestic violence.

Lessons Learned

Like many other programmes in its field of work, Khanyiselani has encountered many challenges. However there have also been many local innovations and successes which make the programme a shining light in caring for OVC. These innovations, successes, and challenges are discussed below.

PROGRAM INNOVATIONS AND SUCCESSES

Holistic Interventions in Dealing with the Psychosocial Needs of Children and Youth

Khanyiselani has a locally innovative programme of psychosocial services including eco-therapy, family conferencing and the victim empowerment programme. The programme has made certain, through training and retraining, that its staff and volunteers are well equipped to use its preferred approach. Its holistic approach has reportedly resulted in the development of OVC into better-adjusted and confident children and young people. This is exemplified in the adoption of eco-therapy for all youth ex-offenders released by DoCS (either discharged or on parole) in Kokstad. Having heard about the positive impact of eco-therapy in the lives of two youth ex-offenders, the DoCS sent an officer and a social worker to attend a wilderness trail session. According to the manager of Khanyiselani, these two individuals were initially sceptical about the exercise; but after completing the trail, both reported that eco-therapy had “cured them” of their own personal issues. Both individuals then wrote a glowing report about their experiences to the DoCS and made strong recommendations. The DoCS now foots the bill for all eco-therapy sessions involving ex-offenders. As of April 2008, about 80 ex-offenders have benefited from this intervention.

Community Ownership

Khanyiselani provides an instructive example of a well-run civil society organisation that has managed to mobilize its community and attain a sense of ownership among the people it serves. This the programme has achieved mostly through active involvement of community members in its activities. This is confirmed by the extent to which mobilization has translated into voluntarism in all facets of the work of the programme and the fact that the community has become the eyes and ears for its work with OVC. Also, community representatives with special skills and insight run the board of the Khanyiselani Development Trust.

“We think we are having an impact from the response and feedback from our stakeholders, families and teachers and members of the community at large. Now it is the families and schools that are doing all the referrals to us. They have become our eyes and ears.”

Supervisor, CYCW programme

Harnessing Resources from Government

Khanyiselani works successfully and collaboratively with government. It has secured a range of financial and capital resources from various government departments and earned a reputation for delivering high quality services, making it a desirable partner for government and other donors. For instance, DoH funds the Feeding Project and the DoCS funds eco-therapy sessions for youth ex-offenders.

In addition, the programme harnesses the resources of the community it serves. As mentioned previously, some members of the community work actively as volunteers while others operate as the eyes and ears of the programme providing it with information on vulnerable children.

Working Together to Achieve Results

The programme prides itself in its team approach, which was highlighted by all who were interviewed. They see that working as a team to find holistic solutions to challenges as one of the critical factors that has led to their success.

Personal Development

A key feature that emerged from the interviews was the fact that everyone develops personally from their experience working in the programme. This is not only the result of training and mentoring, but of the enriching experience of making a difference in the lives of others and being part of a successful team.

Forging Strategic Partnerships for Resources and Expertise

Not only has Khanyiselani forged very critical and useful partnerships, it has ensured that the skills and knowledge of these partners have been transferred to its own staff and volunteers. For instance, Khanyiselani's partnership with the NPT has laid a solid foundation for its eco-therapy practice. Also, Khanyiselani's CYCW benefit from the expertise of NACCW in the area of child care.

PROGRAM CHALLENGES

Relationships with Government Workers and Departments

There have at times been tense relationships with government workers, such as social workers. Khanyiselani staff and volunteers feel that most of the government-employed social workers and home-based carers are not always in touch with the reality of vulnerable children, youth, and their families. They report that the social workers sometimes do not process grant applications and home-based carers of the DoH do not always do their work. Thus, the programme deployed its own CYCW to carry out some of these activities more expediently. However, the large number of OVC who need to be served is beyond the capacity of the programme alone. Hence, Khanyiselani is seeking to advocate for better service delivery such as a more rapid processing of grant applications by the DoSD.

Khanyiselani volunteers and beneficiaries have also experienced very poor service from the local department of Home affairs. The programme has taken up the matter and has sought to resolve the issues that are resulting in long delays in people receiving much needed documents such as birth certificates and I.D books. Although their efforts have resulted in some improvement, the challenge still remains.

Transport

Because the programme does not have its own transport, it has difficulty in servicing outlying areas and in running all its programmes effectively in such peripheral areas.

Staff and Volunteer Challenges

Staff and volunteers have a huge workload to deal with daily. The programme does not have sufficient resources to ensure that they are properly remunerated and have appropriate equipment such as raincoats, umbrellas, shoes and bags. There are also insufficient resources for counselling and debriefing to provide opportunity to staff and volunteers to deal with their own trauma and the stresses of working in the environment in which they work.

UNMET NEEDS

Needs of the Beneficiaries

Many of the OVC and youth still do not have school uniforms. This results in them feeling on the margins in their communities and in them not attending school because they will be singled out by their peers.

Needs of Parents and Guardians

- Many of the parents and guardians need training in parenting skills.
- There are still many parents without IDs. This means they are unable to access grants.
- Too many families are still going hungry due to high levels of poverty pervasive in the communities.

The Way Forward

Khanyiselani has a vision for now and the future. This vision includes expanding its influence into neighbouring areas; building an arts and crafts centre for the programme; dissemination of the eco-therapy programme; more education and training for OVC; long-term planning for the future leadership of the programme (succession planning); strengthening partnerships with key partners; and financial security. These are discussed below.



Confident of a brighter future, the children of Khanyiselani are able to express their joy and sadness. They are energetic, passionate and healthy children with a clear sense of themselves.

Expanding Influence into Neighbouring Areas

Khanyiselani has the potential to be a site of learning for others. The programme is particularly committed to offering its skills and insight to organisations and communities in the outlying areas of Greater Kokstad where there is a need to train people from other younger projects. The programme envisages the establishment of a residential facility to support its outreach work. With such a facility Khanyiselani will be able to offer an internship-type training to members of other projects so that they can learn about the methods and systems of the organisation by working intensively in the field with seasoned practitioners.

An Arts and Crafts Centre for the Programme

Khanyiselani understands the importance of its arts and crafts programme in providing a vehicle for its children and youth to find healing and develop their skills and express their talents. The success of the programme has led its leaders to see the necessity to create a more permanent place for the programme where the children and youth can work and put on performances.

Dissemination of the Eco-therapy Programme

The success of the eco-therapy programme has led the programme to believe that it needs to ensure that others have access to the skills that have been developed and the lessons that have been learnt. The programme sees a role to disseminate the experience widely in similar projects to encourage greater use of the approach.

Education and Training

Khanyiselani Development Trust is passionate about ensuring a future for its youth. The programme takes a long-term view on those it supports and sees their successful integration into their communities and into gainful economic activity as an indicator of the success of the programme. The programme does not merely take a charitable amelioration approach to its beneficiaries. The programme is firmly committed to transforming lives. The programme's staff members have a good understanding of the factors that drive poverty, as well as the repercussions of poverty within their community.

The programme is working hard at developing career paths for vulnerable youth who are part of its programme and on supporting the establishment of cooperatives for economic projects for youth.

One of the programme's beneficiaries has continued her education, to become the first university graduate from among children and youth served by the programme. She completed her undergraduate degree in geosciences, supported with a bursary from NSF. The programme actively advocates for other youth served by the programme to be supported with such educational bursaries and loans. It is seeking to develop career plans and paths with OVC and youth through education and skills training in order to break the pattern of poverty within families.

Long-Term Planning for the Future Leadership of the Programme

The programme is taking a long term perspective on its future and sees the development of its younger leadership as an important strategy to secure the future of the programme and to ensure that it grows and is sustained.

Strengthen Partnerships with Key Partners

Khanyiselani sees the way forward in strengthening its key partnerships. They see a special need to work with teachers in schools to strengthen the child-centred practice of the programme. In addition the programme will strive to develop its relationship with local government and other government departments to provide services to support enterprise development for youth.

Financial Security

The programme's leadership dreams of a time when there will be a level of financial security in the programme that will ensure that basic needs of beneficiaries are met and volunteers and staff are properly supported to do their work.

The programme plans to develop and implement a strategy to ensure this kind of financial sustainability over the longer term. This will include further diversification of its funding sources and advocating with government to take up paying salaries of care givers.

With all these aspects in place, in addition to the already commendable work of this phenomenal programme, the future certainly looks even brighter.

References

Cooperrider, D. & Whitney, D. *Appreciative Inquiry: A positive revolution in change*. San Francisco: Berret-Koehler .2005.

Department of Social Development, South Africa. *Policy framework for orphans and other children made vulnerable by HIV and AIDS in South Africa*. July 2005.
http://www.sarpn.org.za/documents/d0002008/Policy-Framework_OVC_Jul2005.pdf

Department of Social Development, South Africa. *National Action Plan For Orphans And Other Children Made Vulnerable By HIV and AIDS South Africa*. 2006-2008.
<http://www.aidsportal.org/repos/NPA%20for%20VC%20S.Africa%202006%20-%202008.pdf>

Department of Social Development, South Africa. *Annual Report for the 2005/2006 Financial Year - Year ended 31 March 2006*.
<http://www.socdev.gov.za/documents/2006/ar2006.pdf>

Khanyiselani Development Trust. A variety of narrative reports.

Proudlock P, Dutschke M, Jamieson L, Monson J & Smith C (eds). *South African Child Gauge 2007/2008*. Cape Town: Children's Institute, University of Cape Town. 2008.

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