

*A Case Study*

# Makhuduthamaga Home/Community-Based Care Umbrella Programme





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Cover photo by Tina Byenkya.

# Acronyms

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CCF	child-care forums
CBO	community-based organisation
DoA	Department of Agriculture
DoH	Department of Health
DoHA	Department of Home Affairs
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
FBO	faith-based organisation
HBC	home-based care
HCBC	home and community-based care
MK HCBC	Makhuduthamaga Home/Community-Based Care
M&E	monitoring and evaluation
MSH	Management Sciences for Health
NGO	nongovernmental organisation
NPO	nonprofit organisation
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
US	United States
USAID	U.S. Agency for International Development
USG	United States government
USPC	U.S. Peace Corps
VCT	voluntary testing and counselling

# Executive Summary

This OVC case study is one of a series of 32 case studies documenting OVC interventions in South Africa. It was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the U.S. President's Emergency Plan for AIDS Relief (emergency plan) and U.S. Agency for International Development (USAID)/South Africa. This study documents Makhuduthamaga Home/Community-Based Care (hereafter referred to as MK HCBC) 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 MK HCBC's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

MK HCBC is situated in Jane Furse in Makhuduthamaga Municipality of Sekhukhune District, in the Northern Limpopo Province of South Africa. Sekhukhune District, one of the poorest areas of South Africa, has many social challenges, including reportedly high rates of HIV/AIDS, poverty, and unemployment. The illiteracy rate in the district is said to exceed the national average, and the dependency rate is reported to be the highest in the province (Makhuduthamaga Annual Report, 2006). The combination of HIV/AIDS and high poverty levels is said to have contributed to a substantial OVC population resident in the district.

In November 2003, the South Africa Department of Health (DoH) and Department of Social Development (DoSD) initiated MK HCBC to build the capacity of local groups that were already delivering home-based care (HBC) to people living with HIV/AIDS (PLHA) within the municipality. Specifically, this initiative was aimed at empowering these local groups to expand their HBC services to also address the needs of orphans and vulnerable children (OVC). In this regard, therefore, MK HCBC targeted local nongovernmental organisations (NGOs), community-based organisations (CBOs), and faith-based organisations (FBOs) in the municipality for capacity building.

This case study focuses on the OVC capacity building support provided by MK HCBC to 28 of these organisations. Data collection for this case study was conducted in August 2007 using a variety of methodologies, including key informant interviews with MK HCBC staff, observations of key activities and services, document review, and appreciative inquiry workshops with MK HCBC staff, mentors, members of the local municipality, OVC beneficiaries, and representatives from five of the 28 organisations that are supported by MK HCBC. The appreciative inquiry workshops were designed to elicit the "best" of the MK HCBC programme. Following the workshop, several site visits and observations of key activities and services were conducted. These included activities at the MK HCBC office, at a clinic and voluntary care and testing (VCT) centre, and home visits to beneficiary households. In addition to this, three of the 28 organisations operating under the Makhuduthamaga umbrella (Good Hope HBC in Marishane, the drop-in centre facilitated by Mohklarekoma HBC, and Mamone HBC) were visited.

MK HCBC mentors and provides technical support to 28 organisations (hereafter referred to as member organisations) operating in 146 villages spread across all the 31 wards of Makhuduthamaga Municipality. In these areas, over 3,000 OVC have been identified by the member organisations. These organisations comprise 26 HBC groups, a traditional healer organisation, and one support group for PLHA. MK HCBC builds the capacity of these organisations by training them in home-based care, child care, and enhanced programme management skills. Further to this, MK HCBC runs a resource centre where member organisations can access computers, training materials, and books. At this centre, staff of MK HCBC also assist staff of member organisations with proposal and report writing. This is

particularly important as most organisations do not have the relevant equipment (i.e. computers and printers) to produce professional reports and/or proposals which are required of them by potential and existing donors.

MK HCBC maintains active linkages with a wide array of stakeholders including government departments, ward members, teachers at local schools, traditional healers, staff at local clinics, and traditional leaders. These linkages are crucial for ensuring community participation as well as facilitating the access of OVC and their guardians to vital services such as birth certification and social grants. For instance, through a partnership with the Department of Home Affairs (DoHA), OVC and their guardians are now able to acquire birth certificates and I.D documents, which are a prerequisite for obtaining social grants from the government. The cost and time implications of the long distance which OVC and their families have to travel to reach the nearest office of the DoHA is a huge deterrent to acquiring these vital documents. However, due to the intervention of MK HCBC, a mobile unit (a customized truck) of the DoHA now visits these communities and processes applications on the spot.

Other activities which the programme is involved include the establishment of drop-in centres and child care forums (CCF). Drop-in centres serve as strategically located structures sited in various communities where OVC receive a range of services including daily meals, assistance with school work and counselling. Some of these centres are equipped with recreational facilities for OVC to utilize and this makes them “feel like other children.” CCF on the other hand comprises committed and compassionate community members who devote their time to “look out” for the welfare of OVC in their communities. MK HCBC also dedicates time and resources to organising recreational activities for OVC such as organising trips to the city and or camping excursions.

Through the activities highlighted above, MK HCBC and its member organisations provide a variety of services to OVC. The precise potpourri of services which OVC receive varies from one member organisation to the other. They include but are not limited to psychosocial support, food and nutritional support, and economic strengthening. To ensure that these services are actually reaching those it is intended for, MK HCBC ensures that it regularly monitors and evaluates the services implemented by its member organisations.

Both MK HCBC and its member organisations have experienced some successes and innovations. This includes enhancing the reports and proposals writing skills of staff of member organisations through the resource centre and regular membership meetings. This has reportedly enabled most of the member organisations to leverage more funding from donors. MK HCBC has also succeeded in creating a strong sense of programme ownership among community members by ensuring regular feedback on the activities of their programme through quarterly stakeholder meetings.

MK HCBC and its member organisations face numerous challenges, some of which have been successfully resolved and others that are still being addressed. The most difficult challenges have been: limited professional resources; lack of volunteer incentives; inadequate systems of tracking services received by OVC at the site level; and limited training of caregivers in the area of child care. MK HCBC is also grappling with some unmet needs of OVC and their guardians. These include limited access to social services, need to expand services at drop-in centres and provide literacy training for guardians of OVC.

Going forward, MK HCBC plans to become an accredited training institution in order to scale up and improve the quality of their training efforts. In addition, MK HCBC hopes to mobilise more sustainable funding to contribute to greater self sufficiency and autonomy of MK HCBC and its member organisations. The programme also plans extend their reach to more communities and to acquire a means of transportation to remote locations.

# 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 nongovernmental organisation (NGO) programme managers need more information on how to reach more OVC with services to improve their well-being.

In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Makhuduthamaga Home/Community-Based Care (MK HCBC) 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 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 MK HCBC, 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 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

## INFORMATION GATHERING

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*Participants at the workshop select which themes capture the essence of MK HCBC.*

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 conventional evaluations and research where the subjects are judged on aspects of the project that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the MK HCBC OVC project, 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 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**

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Data collection took place during August 2007. Key informant interviews were conducted with two MK HCBC staff members. Questions focused on the project description, staffing, beneficiaries, community ownership, project challenges, successes, and plans for the future. A full day’s AI workshop was held the following day, attended by 20 participants: six MK HCBC staff members, three caregivers, six OVC beneficiaries, a guardian, and four others. These participants were drawn from five of the 28 home/community-based care organisations that are supported by MK HCBC (Good Hope, Mamone, Kukanang, Maserumule Park, and Rwadishanang).

Several activities were also observed during fieldwork, including activities at the MK HCBC office, at a clinic and voluntary care and testing (VCT) centre, and home visits to beneficiary households. In addition to this, three of the 28 organisations operating under the Makhuduthamaga umbrella were visited – Good Hope HBC in Marishane, the drop-in centre facilitated by Mohklarekoma HBC, and Mamone HBC.

## FOCAL SITE

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MK HCBC is situated in Jane Furse in Makhuduthamaga Municipality of Sekhukhune District in northern Limpopo Province, South Africa. Sekhukhune District is one of the poorest areas of South Africa and has been designated a “rural presidential nodal point.” Presidential nodal points are recognised by the South African government as the poorest and most under-resourced districts in South Africa and are the priority focus areas for targeted economic support and social service delivery. The Makhuduthamaga Municipality consists of 146 villages spread over an area of about 6000 square kilometres.

According to the 2001 census, the population of Makhuduthamaga Municipality is approximately 300 000. Each household in the municipality has an average of six people and most people live in extended households as opposed to nuclear households. Makhuduthamaga Municipality faces many challenges including a HIV prevalence rate of about 20% – there are 60 000 people in the area who are infected with HIV/AIDS<sup>1</sup>. There are also high levels of poverty and unemployment, illiteracy rates that exceed the national average, low levels of income, and the highest dependency ratio in the province.<sup>2</sup> The combination of HIV/AIDS and high levels of poverty have contributed to a substantial and rising OVC population – approximately 8400 in 2006.<sup>3</sup> According to MK HCBC staff, most OVC cases involve a mother who may be ill or unemployed and a father who is missing and does not want to be involved in the upbringing of the child. There are also a large number of granny-headed households in the area.

MK HCBC is located on the grounds of the old Jane Furse Memorial Hospital. The area is fairly rural, approximately 80km from the nearest government department (with the exception of the Department of Health, which is located on the same premises as MK HCBC).

Jane Furse has three secondary schools and five primary schools, but no universities. Unemployment is reportedly high, job opportunities are limited, and those who are employed tend to work for local government services (such as schools or the hospital) or are small entrepreneurs running their own businesses. Most residents, however, receive the greatest share of their income from welfare grants and pensions.

Food security is said to be a major concern. The basic necessities are available but this does not constitute a balanced diet. Alcohol abuse is also reportedly a problem, although drugs are the substance of choice for youth. Crime tends to be underreported, specifically violent crimes such as rape and murder. Programme staff report that domestic violence is pervasive.

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<sup>1</sup> MK-HCBC Project Funding Request. 2006

<sup>2</sup> Makhuduthamaga Annual Report, 2006

<sup>3</sup> MK-HCBC Project Funding Request. 2006

# Programme Description

## OVERVIEW AND FRAMEWORK

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MK HCBC was founded in November 2003 under the direction of the Departments of Health and Social Development in order to coordinate and capacitate small local NGO/CBO/FBO organisations that provide HIV/AIDS related care and services in the municipality. This was in response to concerns by these governmental departments about the lack of coordinated efforts among local organisations in meeting the demands of an increasing number of infected individuals specifically orphaned children and households made vulnerable to HIV/AIDS. To this end, MK HCBC's core area of business is in building the capacity of local NGOs, CBOs, and FBOs that provide home and community based care services to persons infected and affected by HIV/AIDS and specifically to OVC.

MK HCBC capacitates 28 member organisations working in 146 villages in the Makhuduthamaga Municipality. The member organisations comprise 26 HBC groups, a traditional healer organisation, and one support group for people living with HIV/AIDS (PLHA). The aim of MK HCBC is to strengthen the necessary technical skills, structures, and coordination among member organizations to ensure that they adequately deliver services to their beneficiaries, including OVC. Thence, MK HCBC plays the "umbrella" role of providing these organisations with technical assistance, mentoring, and capacity building. Furthermore, MK HCBC is a sub-prime emergency plan partner that manages grants from the U.S. government (USG) to smaller organisations. What this implies is that MK HCBC receives funds from an emergency plan prime partner, Management Sciences for Health (MSH), and then redistributes these funds to the member organisations. These funds are then used by these organisations to sponsor a large portion of their OVC activities.

As an umbrella organisation, MK HCBC has two main goals. These are:

1. integrating and coordinating the activities of CBO/FBO/NGO offering community and home-based care services in the 146 villages within Makhuduthamaga in order to ensure that all households made vulnerable by HIV/AIDS receive medical assistance, counselling, hope, emotional support, knowledge of their human rights and other support; and
2. capacitating HBC organisations to offer integrated HBC services so as to provide high quality, comprehensive, and compassionate care and support to orphans and other children made vulnerable by HIV/AIDS.

MK HCBC member organisations are involved in a variety of programmes including HBC, lay counsellors programme at VCT centres, support groups and counselling, HIV prevention and care, and support for OVC. With specific reference to achieving MK HCBC's goal of reaching households made vulnerable by HIV and AIDS, over 3000 OVC have been identified through the 28 member organisations within the 146 villages in the Makhuduthamaga municipality.

MK HCBC's strategy is to build the capacity of member organisations in order to improve the level and quality of support that these organisations provide to OVC. They do this primarily through the provision of comprehensive training to the staff and caregivers operating within these member organizations. The foci of these training activities include home-based care, child care, and enhanced programme management skills. Further to this, MK HCBC runs a resource centre where member organisations can access computers, training materials, and books. At this centre, staff of MK HCBC also assist member organisations with proposal and report writing. This is particularly important as most organisations do not have the relevant equipment (i.e. computers and printers) to produce professional reports. MK HBC also supports member

organisations in networking with government stakeholders, and in organisational development and fundraising.

Monthly meetings between MK HCBC and the 28 member organisations are held to facilitate coordination and to provide training. To avoid duplication of effort, MK HCBC invests considerable time and effort in a monitoring and evaluation (M&E) system that provides for the analysis of gaps and overlaps in service delivery among the 28 organisations. This process helps to ensure that all villages are sufficiently supported. Further to this, MK HBC recently developed an OVC database to track the number of OVC in the catchment area and the services they require.

MK HCBC also supports the implementation of key activities conducted by their member organizations, such as drop in centres and CCF. For instance, the programme coordinates the establishment of new drop-in centres and distributes equipment and food parcel gifts from donors to these centres. MK HCBC also initiates and coordinates the establishment of CCF and provides them with technical support. The programme may also offer direct support to OVC themselves such as provision of recreational opportunities for children.

Through these activities and services, MK HCBC hopes to ensure quality and comprehensive services to households made vulnerable by HIV and AIDS across the Makhuduthamaga Municipality.

MK HCBC key activity is building the capacity of local NGOs, CBOs, and FBOs that provide Home based care services to persons infected and affected by HIV/AIDS including OVC. Presently, MK HCBC capacitates 28 'member organisations' working in 146 villages in the Makhuduthamaga Municipality.

## Programme Goals

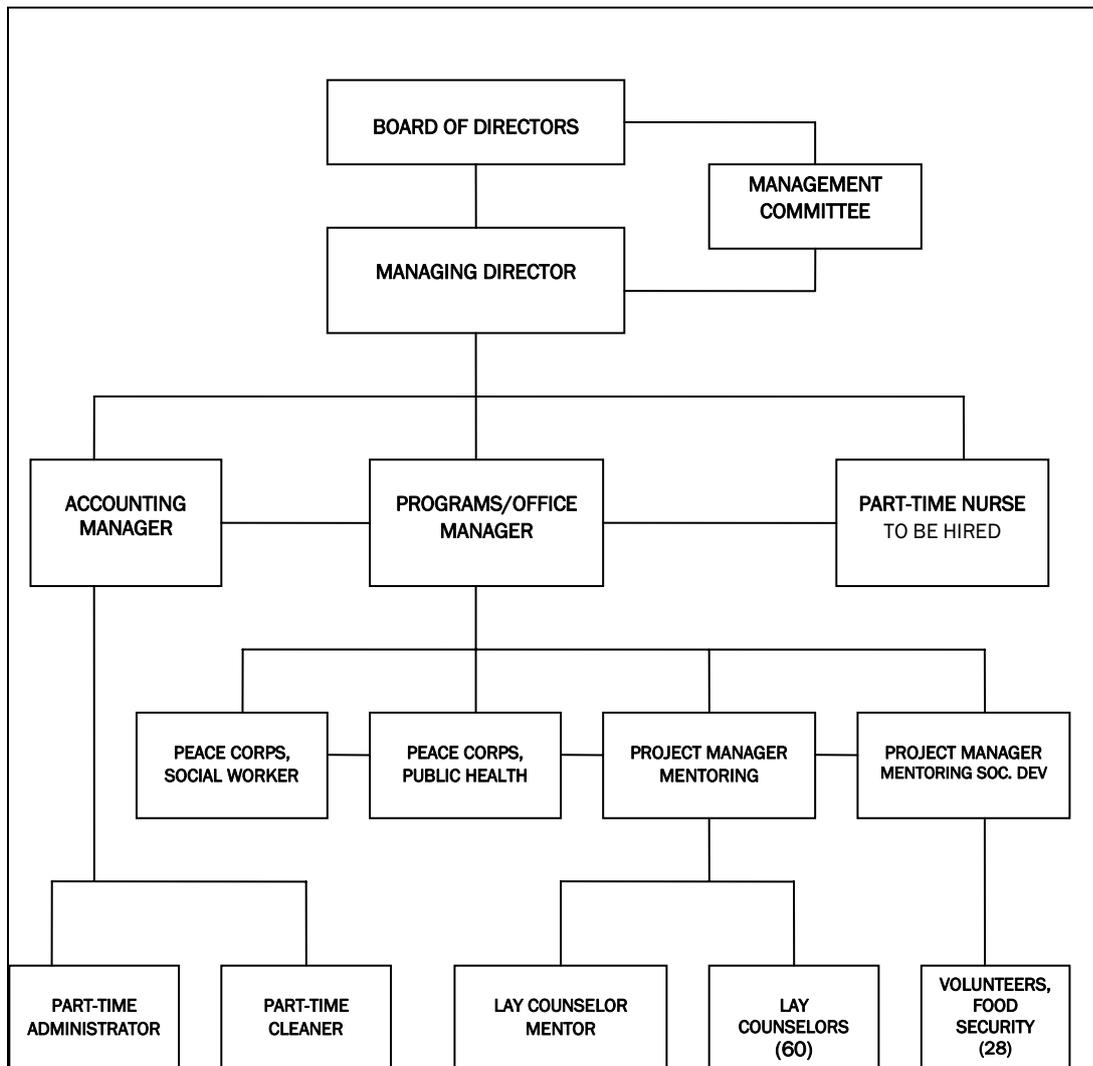
- Integrate and coordinate the activities of CBO/FBO/NGO offering community and home based care services in the 146 villages within Makhuduthamaga in order to ensure that all households made vulnerable by HIV/AIDS receive medical assistance, counselling, hope, emotional support, knowledge of their human rights and other support.
- Capacitate HBC organisations to offer integrated HBC services so as to provide high quality, comprehensive and compassionate care and support to orphans and other children made vulnerable by HIV/AIDS.



## PROGRAM STAFF

MK HCBC's staffing comprises a managing director, a finance manager, an office manager, two project managers, several part-time staff, and four U.S. Peace Corps volunteers. In addition, MK HCBC is supported by a board of directors and a management committee. The organizational structure is outlined below:

### Makhuduthamaga Home/Community Based Care Organizational Structure



A board of directors was created in 2004. This board is comprised of leaders from the community and representatives from four member organisations. The board is in charge of governance and leadership, ensuring staff and volunteers carry out their duties in accordance with MK HCBC's constitution and directives, as well as laws governing such activities. The board is instrumental in strategically positioning the MK HCBC to meet the needs of home/community-based care nonprofit organisations (NPOs) throughout Makhuduthamaga Municipality and to enable MK HCBC to become a model community empowerment organisation.

MK HCBC also has a management committee, which was formed by the member organisations in 2003. Committee members were elected from the local home/community-based care NPOs and supported by two U.S. Peace Corps (USPC) volunteers. The current committee consists of representatives from eight member organisations. The committee supports the umbrella organisation, participating in the day-to-day running of MK HCBC. The committee conducts site visits to member organisations and participates in mentoring the member organisations.

The managing director is responsible for providing overall leadership of the umbrella organisation. The manager oversees project planning, implementation and monitoring. The manager is involved in projects coordination and management as well as forging partnerships and advocacy activities on behalf MK HCBC.

Two of MK HCBC staff also double as program managers and designated mentors for the member organisations. These two mentors provide ongoing technical support to member organisations. They visit each organisation regularly and help them with various functions. For instance, they help the organisations set up CCF and they check the member organisations documents for inconsistencies and errors. In a more general sense, however, all MK HCBC staff serve as mentors for the member organisations. So, for instance, if a member organisation has an issue with finance they contact MK HCBC's finance manager, who then assists them in this regard.

The finance officer's responsibilities comprise overall leadership and management of all financial aspects of the umbrella organisation. This includes travelling to and capacitating all 28 member organisations for effective financial management and monitoring of their fiscal activities for proper accountability to current and prospective donors. The office manager is in charge of management of all clerical and administrative support functions for the umbrella organisation. The office manager is assisted by a part-time administrator. The part-time administrator is also responsible for coordinating, reporting, and maintaining databases for all the member organisations.

Staff are recruited and selected through standard procedures of recruitment (e.g., local advertising, short-listing, interviewing, selection, and contracting). Members of staff are trained in a variety of competencies including computer skills, financial management, project management, care plans, monitoring and evaluation, report writing, mentoring, and reporting. Training is mandatory for all staff.

## **VOLUNTEERS**

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MK HCBC has a long standing relationship with the USPC. Generally USPC volunteers provide MK HCBC with technical and management skills. Currently, four USPC volunteers work with MK HCBC; two of whom have been assigned to work at two of MK HCBC's member organisations, while the other two are stationed at MK HCBC's head office and support program operations and the management committee. MK HCBC does not fund any part of the USPC contribution, but requests Peace Corps/Pretoria to assist with personnel who have specific qualifications and competencies, if and when the need arises.

As a mentoring organization, MK HCBC capacitates and coordinates 28 organizations that have over 400 volunteers, most of whom are caregivers who are involved in the provision of integrated home-based care services for those infected and affected by HIV, including OVC.

## KEY PROGRAM ACTIVITIES



Makhuduthamaga HCBC was created primarily to improve service delivery of HBC organisations in Makhuduthamaga Municipality. These HBC organisations provide a range of home-based care services as well as care and support to OVC. To improve the level and quality of support that member organisations provide specifically to OVC, MK HCBC's key activities include organizational capacity-building, strengthening community networks and partnerships, supporting the development of CCF; as well as the enhancement of drop-in centres and the implementation of recreational activities for OVC. Each of these activities are described below.

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*"I feel proud about helping the OVC through the member organisations. The information we give to them makes me feel proud. We are not helping them to catch the fish, we are helping them to catch the fish on their own."*

**MK HCBC staff member**

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### Organisational Capacity Building

MK HCBC offers its member organisations several formal training programmes to improve the quality of services they provide to OVC. These training sessions focus on home-based care, child care, and programme management (such as financial management, action planning, and monitoring and evaluation). Most of these sessions are organised by MK HCBC in response to prioritized areas of need per time based on training needs assessments. After the training, MK HCBC goes out and checks the impact of the training, as well as checks whether or not the programmes are being followed (quarterly). In addition, they offer member organizations access to their resource centre where they receive support in proposal writing and other fundraising ventures. These capacity activities are described below.

#### *Home-Based Care Training*

The most frequent of these training sessions is the HBC training, also known as 59-day training, which MK HCBC coordinates for caregivers of member organisations. The 59-day training is an accredited programme aimed at educating caregivers on a wide range of topics (i.e., health and social issues) to support them in providing quality services to OVC. Although the developers of the programme intended for the training period to last 59 days, as the name implies, this is often not the case as the training duration may last longer or shorter depending on prevailing logistic circumstances.

Depending on the space required and the number of trainees attending, sessions are either held at MK HCBC's offices or the local clinic. The relationship with clinics is core, as most of the trainers are professional nurses contracted by the Department of Health (DoH). MK HCBC informs DoH about the number of caregivers (generally about 20) requiring training and the department provides the appropriate number of trainers to facilitate sessions. MK HCBC is responsible for organising the event. Whilst graduates do not receive formal certificates on completion of courses, MK HCBC writes each participant a reference letter. As of September 2007, MK HCBC had trained approximately 400 caregivers to provide integrated services to the sick and OVC within the catchment areas of the member organizations in which they operate.

### Child Care Training

MK HCBC also provides training sessions for staff and caregivers of member organisations in specific child care issues such as child protection and memory box therapy. Again, the frequency and content of these training sessions depends on the needs assessment of the individual member organisations as well as the availability of resources.

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*“Some parents do not face that they are going to die and prepare for the children. In our culture, we do not talk about death, but this causes problems because children are left with nothing when their parents die because they do not prepare. We are training the organisations on memory boxing and they go out and train the community and this helps the child. Now children are being listened to through the memory boxing and the choice goes to the child.”*

**AI workshop participant**

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### Programme Management Skill Enhancement

MK HCBC also facilitates ad hoc training sessions in enhancing programme management skills for staff of its member organizations. These sessions cover topics such as financial management, organisational development, project management, and developing business plans and budgets. The instruction provided is said to improve proficiency in areas necessary for efficient and effective service delivery, including financial management and developing business plans and budgets.

In order to strengthen monitoring systems among its member organisations, MK HCBC created an easy-to-use data capturing tool to facilitate gathering of annual report information from these organisations. In order to ensure data quality, staff of member organisations are trained to use it. There is also a site visit form which MK HCBC uses to verify activities of its member organisations when site visits are conducted. These tools generally enhance MK HCBC’s ability to monitor progress of its own efforts as well as that of the member organisations. These tools are important to all participants in the programme because they help to highlight the effects of their activities *and the* challenges encountered. Further to this, MK HCBC holds monthly membership meetings to disseminate training on such tools and other subject matter as well as to share best practices and address any project challenges.

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*“We have a progress form, which the managing director uses to interview us (the staff). The form measures our challenges and work progress. For the member organisations, we have site-visit forms to measure challenges and what they have done to date.”*

**MK HCBC office manager**

*“We do have forms that we use. We started with the baseline assessment and identified gaps and then came up with solutions and plans, and this is where we got the training from. After the training, we go out and check the impact of the training, as well as looking and whether or not the programmes are being followed (quarterly). We have M&E tools that we use to evaluate.”*

**MK HCBC mentor**

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## Resource Centre

Organisations are further capacitated through services offered at the MK HCBC resource centre. This resource centre is equipped with a library, computers, training materials, and books for use by the 28 organisations. Assistance with proposal and report writing is a key service that organisations can access at the centre. This is particularly important as most organisations do not have the relevant equipment (i.e., computers and printers) to produce reports. The centre has computers and other equipment to write, print, and bind proposals. Assistance with editing and report writing is also provided. To improve computer skills, easy-to-follow manuals of software packages are available to those that are not proficient with using computers. The availability of technical support and access to computers is a valuable service, as one mentor explains:

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*“Those that do not have the computers can use the resource centre. They can do things on their own now, they write their own proposals and when they bring them it is just a matter of polishing them.”*

**MK HCBC Mentor**

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*Books used at the Mohklarekoma drop-in centre as educational tools for children that do not have*

Specifically, CCF serve various functions including providing psychosocial support in the form of counselling to OVC particularly during emergencies. They also serve to identify and report cases of abuse or neglect of OVC in their communities. There are currently 12 functioning CCF (one per village) in the municipality. Membership comprises of volunteers (including those in the relevant professions such as psychologists and social workers) from the communities in which they are situated. Not all villages in the municipality have CCF because getting community members to sign up is often not a fruitful task.



## Child Care Forums

MK HCBC plays an important role of initiating and coordinating the establishment of CCF in various communities within the Makhuduthamaga municipality. MK HCBC staff go into these communities and organise community forums where the challenges facing OVC are discussed. Community members are then encouraged to establish CCF. These CCF generally serve to “look out” for the welfare of OVC in their communities.



*Children participate in various activities at a drop-in centre in Mohklarekoma village.*

*This centre is situated in a building that belongs to the Catholic Church, however staff members were unsure how much longer they would be able to utilise the building.*

*The building has a large room where the children are able to either access support with their homework or play indoor games. If a child has no homework for that particular day, there are also children's books in multiple languages that can be used.*

*The drop-in centre also has a large yard where children are able to play.*

*When we arrived at the drop-in centre, all the children were outside playing games. Apart from the choreographed dance routine for the drum majorettes, some children were playing football and playing with hula hoops.*

*The children looked very happy and they all got along very well. The staff informed us that they were all OVC and the total number of OVC who came to the centre is 60, however the total number of OVC in the village is as high as 104 children.*



## Drop-in Centres

MK HCBC has played a pivotal role in helping its member organisations establish six drop-in centres within various areas of the municipality. The following organizations were selected to start the centres: Good Hope, Maserum Park, Kukanang, Itoteng, Rwadishanang, and Mamone.

Old buildings (several rented out, others donated) within the communities are refurbished and equipped to perform this function. MK HCBC bought such equipment as gas stoves, pots, chairs, and tables and distributed them to the drop-in centres. Funding for the establishment and sustenance of these drop-in centres comes from the emergency plan via MSH. These funds are provided to the drop-in centres via MK HCBC on a quarterly basis. The money supports the provision of services including educational support (assistance with homework and books) and food/nutritional support via daily meals. The drop-in centres also help the OVC by offering life skills, theatre, poetry, and singing sessions. It is also a space for OVC to talk about their home situations and to socialize.

Memorandums of understanding are signed between MK HCBC and the six member organisations that run the drop-in centres. By signing these agreements, the six organisations consent to providing MK HCBC with monthly progress reports on activities conducted and OVC served. These reports are required by USAID for funding privileges.



## Strengthening Community Networking and Partnerships

In supporting its member organisations, MK HCBC develops relationships and networks with various service providers that assist OVC. Providers include, but are not limited to, clinics, schools, and government departments. MK HCBC also facilitates partnerships among its member organisations and key community stakeholders.

Specifically, MK HCBC hosts quarterly networking meetings, also known as *Imbizo*<sup>§</sup>, with its member organisations, government, schools, clinics, and the community. The meetings serve as a forum to address OVC related gaps and challenges. In the case of schools, teachers inform the relevant member organisations about various OVC requiring follow-up or services.

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*“The issue of Imbizo has also made me proud. Through MSH funding, we managed to have 25 Imbizo in different areas around the municipalities for the member organisations. These meetings allowed them to invite their own stakeholders and support the OVC’s and show the people around the area about the services they offer so that they (the people) can access them. I was proud because the community could now know about the services and where to go to get help. In fact, ‘we have received an excellent award from DoSD for providing excellent services in Sekhukune.”*

**AI workshop participant**

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<sup>§</sup> *Imbizo* is a Zulu word that describes a forum for enhancing dialogue and interaction between people. In government circles, it provides an opportunity for government to communicate its programme of action and the progress being made. It promotes participation of the public in the programmes to improve their lives. *Imbizo* also highlights people's concerns, grievances, and advice about government's work. Visit <http://www.info.gov.za/issues/imbizo/index.html#background> for more information.

MK HCBC facilitates the accessing of government related services by member organisation through linking them with various government departments. For instance, MK HCBC ensures that the Department of Agriculture (DoA) supply seeds, technical assistance, fencing materials and irrigation services for community food gardens (referred to as the greenery project); and that the Department of Home Affairs (DoHA), together with social workers, advise and assist families in accessing legal documentation for children. Such documentation is an imperative service, given it is a prerequisite to accessing grants. In return for their efforts, MK HCBC provides the DoHA and the DoA with monthly progress reports of its member organisations. This keeps them abreast of developments. These partnerships have proved to be very successful for MK HCBC's member organisations in making a positive impact on the lives of OVC.

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*“Our member organisations are now able to access a lot of things. For example, with the Department of Home Affairs, a truck will go to the villages once in a while and help them issue birth certificates, IDs, etc. So the member organisations get the information from us, and they know when home affairs is coming to their area. Since we have good partnerships, our member organisations are able to access all of this information from us.”*

**MK HCBC mentor**

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### **Recreational Opportunities for Youth**

MK HCBC facilitates and organises a number of events that focus entirely on OVC and youth so that they can “feel like other children.” These include an OVC Fun Day, where activities focus on developing children’s self worth and importance. At these events, each child is provided with a gift package consisting of toothbrush kits, puzzles, markers, and informational brochures. In addition to this, MK HCBC also organises Youth Month activities. These events bring together children from several member organizations, giving children the opportunity to meet and interact with new peers. These are one day events and MK HCBC provides expenses for transportation, facilities, and food and recreational. Activities are determined in collaboration with member organizations, and these include such things as talent shows, games, and listening to motivational speakers. MK HCBC has also organised trips and camping excursions for the children. The trips also provide them with the opportunity to see life outside the village and motivate them to live healthy lives. The frequencies of these events and trips depend on available time and resources. The following comments express the important role these excursions play in improving the lives of OVC:

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*“They’re trying to work for these children and to facilitate them with sports activities, poems etc.”*

**Mohklarekoma HBC caregiver**

*“Through trips, we have known other places. We have gone to Pretoria, where we went to the zoo.”*

**Beneficiary**

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## **BENEFICIARIES**

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### **Indirect Beneficiaries**

MK HCBC's indirect beneficiaries are OVC, their guardians, and patients. As of September 2007, MK HCBC and its member organisations were reaching a total of 12 117 beneficiaries. Of this number, 1213 were receiving primary direct support (a minimum of three services) and 10 094 were receiving supplementary direct support (fewer than three services). The number served per member organization is outlined in the table on the next page.

### **Direct Beneficiaries**

MK HCBC's direct beneficiaries are its 28 member organisations. These 28 organisations comprise the total number of registered HBC organisations operating in the Makhuduthamaga Municipality. Since the MK HCBC umbrella was created in 2003, no member organisations have left the programme.

### Number of MK HCBC Member Organisations and Their Respective Beneficiaries

MK HCBC Member Organisations	No. of Volunteers	No. of Beneficiaries (OVC and Patients)
1. ABC Care Group	9	682
2. Eenzaam HBC	14	214
3. Good Hope HBC	24	1991
4. Haakdoring HBC	14	296
5. Itoteng HBC	11	350
6. Kgwana Community Centre	20	189
7. Kukanang Women's Dev. Project	10	348
8. Lehlabile Development Centre	8	332
9. Lesedi CCC	16	191
10. Madibong CHBC	10	725
11. Mahlarekoma HBC	16	214
12. Mahlasedi HBC	24	702
13. Mamokgasefoka HBC	8	475
14. Mamone HBC	14	339
15. Masakhane HBC	24	692
16. Masemola HBC	25	251
17. Maserumule Park HBC	15	391
18. Matjedi HBC	15	221
19. Morgeson Traditional Healers	—	138
20. Nebo Victim Support	10	930
21. Pholoshang HBC	11	139
22. Rietfontein HBC	13	163
23. Rwadishanang HBC	7	50
24. Sekhkhune Counseling CC	10	298
25. Thushanag HBC	15	537
26. Thari ya Thsepo HBC	12	413
27. The Lord is My Shepherd	15	620
28. Tshehlwaneng HBC	11	226
<b>TOTAL</b>	<b>334</b>	<b>12117</b>

## SERVICES PROVIDED



MK HCBC core business is to coordinate and capacitate the activities of member organisations in order to increase the level and quality of support provided by these organisations to OVC. Hence, the umbrella organisation provides such services like skills development and training for member organisations and supports/strengthens the services these organisations deliver to OVC.

Over and above these, MK HBC occasionally provides direct services to the OVC themselves. such as organising trips to the city and or camping excursions for the children that serve not only to make them feel equal at school and home but also provide them with the opportunity to see what else there is outside the village.



### Food and Nutritional Support

Member organisations refer OVC requiring food to the DoSD and DoH for support. If, however, member organisations experience a problem or delay in service delivery, MK HCBC staff follows up with the department in question. This system has proved to be successful as a MK HBCB staff member illustrates in the following example:

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*“There was a time that (because of DoSD) we struggled with getting food parcels to the OVC. We discussed the issue with the DoSD until finally they gave us the food parcels to distribute to our member organisations who in turn gave them to OVC. I was proud to be a part of helping the OVC by helping the member organisations.”*

**MK HCBC office manager**

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The DoA also provides nutritional support to member organisations through the greenery project that supports the development of food gardens. MK HCBC facilitates this process by ensuring the DoA implements the project in the communities that require it most. MK HCBC also meets with member organisations monthly to discuss any challenges they are experiencing with their greenery projects and, if applicable, links them with DoA for further support.

MK HCBC's office manager describes how DoA assists with food and nutritional support:

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*“The department assists us with the gardens by providing us with information. They're about to send an 'expert' to assist our member organisations, some of which already have the greenery projects. They're supposed to provide seeds, and give advice such as what to plant and when to plant.”*

**MK HCBC office manager**

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In addition to government support, individuals from the community occasionally donate food parcels either directly to MK HCBC or to the member organisations and thence to OVC.



## Psychosocial Care

The recreational opportunities that MK HCBC facilitates and organizes for OVC provide youth with psychosocial support, as they have the opportunity to interact and play with other children. A number of children have the opportunity to participate in these regular events. For instance, 450 OVC attended the Fun Day held in November 2005. In addition, 350 children from 15 HBC organizations participated in the Youth Month activity held at the Peter Nchabeleng Indoor Sports Centre during June 2006. Also, MK HCBC has organised several trips and camping excursions for the children.

In addition, MK HCBC promotes psychosocial care of OVC and guardians through covering this issue in HBC training for caregivers, as well as the training sessions for member organizational staff on the development of memory boxes.

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*“There was an instance when a HIV-positive mother wanted her children to live with her family when she died. She wanted the children’s grandmother to look after them and for her sister to arrange the grant. She communicated these wishes through a memory boxing exercise she did with her home-based carer. Through the memory boxing, the women appealed to HBC to provide housing through the RDP for her children. She noted (in her will and memory boxing) that she would rest in peace if she knew her children were in the care of the right people (HBC). Our organisation helped this woman indirectly through mentoring of the member organisations to provide the services to such women.”*

**AI workshop participant**

*“...they’re trying to work for these children and to facilitate them with sports activities, poems etc.”*

**Caregiver, Mohklarekoma HBC**

*“Through trips, we have known other places. We have gone to Pretoria where we went to the zoo.*

**Beneficiary**

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## Economic Strengthening

MK HCBC assists communities to access home affairs services. First, the member organisations identify the people who need the ID and birth certificates because they know the community. Normally people find it difficult to travel to the government to apply for these documents because of cost and distance so the member organisations inform MK HCBC. Due to the good partnership MK HCBC has forged with DoHA, the umbrella organisation arranges DoHA to go to the people and provide the services. For example, DoHA has a mobile unit (customized truck) that goes to the villages once in a while and issue birth certificates. With these birth certificates and I.D documents, beneficiaries are able to apply for and receive much needed social grants from the government.

# Resources

## DONORS

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Financial and technical support is provided by a number of sources.

The emergency plan (via a subgrant to MSH) provides funding for all services provided by member organisations to OVC (except food and nutritional support). These funds are sent to MK HCBC quarterly and then distributed to the member organisations. Emergency plan funds are also used to run six drop-in centres in the municipality. Another two drop-in centres are funded entirely and directly by the DoSD. The funds received from MSH also serve to cover MK HCBC's administration costs and resources. MSH also provides the MK HCBC's team with technical support in grants management and monitoring and evaluation.

Other donors, such as the European Union (EU) and Family Health International (FHI), also support MK HCBC and its member organisations. Specifically, EU funds MK HCBC's capacity building activities such as training sessions for member organisations. EU also funds 21 member organisations directly. These funds are targeted towards the palliative care services which these organisations provide including palliative care to OVC. MK HCBC also receives funds from FHI specifically to provide food parcels to two member organisations (Sekhukune and Kukanang). This support is at the pilot stage and it is hoped that FHI will expand this support to other member organisations.

## IN-KIND CONTRIBUTIONS

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Local communities provide valuable support and donations, including MK HCBC's office, which is owned by the Anglican Church and is provided to MK HCBC without charges for rent or electricity. Moreover, when recently moving to the new office, community members assisted with the renovation of the building.

The municipality has assisted MK HCBC by providing rent-free space for functions and meetings. Individuals from the municipality and social workers have also offered their time, resources (such as food items and clothing), and expertise to CCF. Community churches donate clothes for OVC via drop-in centres. Volunteers from the community and abroad also give their time to support MK HBC and their member organizations.

# Lessons Learned

MK HCBC and its member organisations have confronted many challenges, some of which have been successfully resolved and others that are still being addressed. The OVC whom they serve also face a number of unmet needs. Nonetheless, MK HCBC has also thrived in a number of programmatic innovations and successes. These successes as well as programme challenges and unmet needs are discussed below.

## PROGRAMME INNOVATIONS AND SUCCESSES

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### Assistance with Writing Proposals

Through the resource centre and mentoring process, MK HCBC has assisted member organisations in responding to various proposal requests from donors. As a result majority of the organisations have managed to leverage funds from other sources.

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*“Well, they (member organisations) are not really dependent on us like before. For example, when we started teaching them how to write a proposal, only six had funding; but now, many of them have gotten funding for themselves. About 21 now have funding.”*

AI workshop participant

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One of the major challenges local NPOs and CBOs face is a lack of resources (such as electricity and computers) and skills to produce donor progress reports and proposals. To address this, MK HCBC set up a resource centre for its member organisations. Computers and technical guidance in report writing and proposals are accessible at the centre. This initiative has proved to be a success in that it has enabled organisations to respond to tenders in their own right and to produce professional reports for their funders.

*“When we started the resource centre, we did not think our members would use it but now we have at least five people from the organisations using it every day.”*

MK HCBC mentor

### Regular Membership Meetings

Report writing is also challenge for some organisations [see inset]. MK HCBC needs to ensure that all organisations compile their reports correctly for the different government departments and donors it reports to, all of which have different reporting requirements. Although MK HCBC does not compile the reports, it must still make sure that the information reported is correct, relevant, and meets the requirements of the various funders.

*“We struggled to assist them in the beginning with report writing skills ... It was difficult to help with report writing because they did not have any of the skills to do it.”*

Office manager

To provide support in this regard MK HCBC holds monthly meetings for all its member organisations. Organisations receive training at these meetings. They are also offered the opportunity to have their progress reports examined before submission due dates. Not all its

members make use of the resource centre which makes these meetings so important particularly in professional reporting which make them attractive to current and future donors. The meetings also serve as a forum for organisations to discuss program challenges and successful practices.

### **Community Ownership**

To promote sustainability, MK HCBC and its member organisations work together to foster community ownership of the projects for which they are responsible. This is achieved by ensuring the community is continually kept up-to-date on programme activities. Specifically, MK HCBC hosts quarterly networking meetings (Imbizo) with its member organisations, government, schools, clinics and the community. The meetings serve as a forum to address OVC related gaps and challenges.

Furthermore, the fact that the majority of staff members within MK HCBC and its member organisations are from the area also serves to encourage and increase community ownership. The individuals who are working on these projects understand and know the community. From the perspective of the community members, seeing people they know in these positions make it easier for them to relate to and provide information about themselves and children requiring assistance within the community.

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## **PROGRAMME CHALLENGES**

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MK HCBC and its member organisations face a number of challenges, including lack of professional resources, inadequate volunteer incentives, and lack of adequate training in child care for caregivers. Also, the OVC programme is experiencing difficulties in verifying the accuracy of numbers that are reported by member organisations. Several of these challenges are discussed below.

### **Lack of Professional Resources**

Procurement of office supplies for MK CHBC and its member organisations is not a simple matter [see inset]. The closest city, Polokwane, is about 80km away, and, as such, a supplier has to be hired to provide the offices with materials. This requires financial resources that are scarcely available, and supplies at times have to be purchased from vendors. Staff members have to make at least one visit a month to the city so as to ensure the offices have all they need.

*“The biggest challenge is the unavailability of resources in the area. It is very difficult to run out of things in a rural area.”*

**MK HCBC Peace Corps volunteer**

Some organisations do not have enough office space, stationery, and resources. In some cases, confidential information can not be safely stored as the organisations do not have a normal file cabinet, let alone a lockable filing cabinet. This compromises the organisations’ data management system as information can be accessed by anyone.

### **Lack of Volunteer Incentives**

MK HCBC’s member organisations have a total of about 400 volunteers; however, the resources available for stipends are only enough to cover a few volunteers. This makes the distribution of stipends a challenge and causes tensions, as member organizations often perceive it as unfair that some volunteers and organizations are supported, whereas others are not. The stipend itself is minimal and this contributes to volunteer turnover.

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*“The challenge of allocations of limited resources exists. For example, there are 398 volunteers from our member organisations and we were given stipends for 10 volunteers. The big question was who gets and who does not get.”*

**MK HCBC managing director**

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### **OVC Tracking System**

Verifying the accuracy of numbers that are reported by member organisations is problematic for MK HCBC. This is predominantly because the member organisations, in spite of the training they receive, are at times unable to ascertain if targeted OVC are receiving intended services. For example, if OVC in relative-headed households are supposed to receive a food parcels, it is difficult to know whether or not they are actually benefiting from this food parcel or whether the food is being consumed by someone else in the household. Hence, there seems to be a need for the member organisations to improve their monitoring tools.

### **Limited Child Care Training to Member Organizations**

In addition to inadequate staff, the caregivers at the organisations also require more training on how to run the centres, including information on how to go about teaching children. MK HCBC believes that such training will certainly improve the overall quality of service delivery to OVC.

## **UNMET NEEDS**

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There are a number of unmet needs of OVC served by MK HCBC member organisations.

### **Access to Social Services**

Despite the efforts of MK CBHC to link beneficiaries to social services, this remains a pervasive unmet need among them. The combination of inefficient government response and the shortage of the social workers has translated into fewer OVC accessing grants and other services they need and to which they are entitled. Relatively few social workers, typically burdened with large case loads, has led to delayed verification of OVC circumstances with resultant delays in documents and grants processing. These delays have negative consequences, particularly in creating poor or strained relationships with beneficiaries. In addition, services provided by government are, at times, inefficient. There are cases where OVC have gone through all the proper channels and filled out all the paperwork and, months later, are still waiting for identity documents, grants, or even food parcels.

### **Expanding Services at Drop-in Centres**

Other unmet needs of OVC include access to food owing to the prevailing general lack of food parcels and meals at drop in centres. There is also a lack of educational materials such as books which are in limited supply relative to the number of OVC who attend these centres.

### **Literacy Training for Guardians**

The high illiteracy rate especially among the older generations is a challenge. A good number of OVC live with illiterate grandmothers who are unable to read and complete required forms, leading to a delay in receiving services. Since grandmothers are not literate, they are also not able make records of visits from social workers. This information is at times critical as described below:

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*“The issue of not being able to read is a big challenge because when the social worker visits those caring for the OVCs, they get forms about the visit. They are not able to record the details from these visits such as how many visits the social worker has made and use this information to then complain to the departments if any discrepancies arise later on.”*

**Office manager**

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# The Way Forward



*All of the participants from the workshop, including staff members from the umbrella, member organisations, ward councillors, community leaders, OVC and their guardians.*

MK HCBC plans on continuing its present programme. That said, the programme also plans to scale up training efforts, extend reach to more communities, mobilise more resources and acquire means of transportation to remote locations.

## **Becoming an Accredited Training Institution**

MK HCBC as a mentoring organisation is currently working towards becoming an accredited service provider (in terms of training). This will enable it to learn new skills and solidify the skills already learnt. Once accredited the umbrella organisation is bound to continue offering quality training, mentoring and coordination to small NPOs. Beneficiary NPOs will in turn continue meeting the physical, psychological, spiritual and social needs of PLWA including OVC.

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*“As a mentoring organisation, we would like to be accredited as a service provider (i.e., in terms of training). Accreditation will sustain this organisation. We are currently trying to be accredited by a particular organisation (cannot remember the name) and are currently communicating with them.”*

**MK HCBC managing director**

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## **Extending Reach to More Communities**

MK HCBC plans to expand its memberships by working with communities that need services most to establish their own NPOs. This is deemed necessary as some rural communities are unable to access the social services they need and there is no local organisation to advocate for them.

## **Acquiring Transportation**

To provide further support to these organisations, MK HCBC is seeking support from the DoH, specifically in transportation. This assistance will afford MK HCBC member organisations with the opportunity to travel to remote locations and provide other OVC with services, specifically in accessing legal documentation.

## **Mobilising More Resources**

MK HCBC, together with its member organisations, also plan to embark on a more ambitious fund raising drive to supplement what they already receive from donors. This will ensure sustainability and a degree of autonomy. This together with continued support from the emergency plan, the South African government and other funders will ensure that the commendable work that MK HCBC currently does will continue and will support those children that require it most.

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