

*A Case Study*

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# Makotse Women's Club





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# Makotse Women's Club

*With Support from Management Sciences for Health*

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*Cover photo by Shanya Pillay.*

# Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
DoH	Department of Health
DoSD	Department of Social Development
ECD	early childhood development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
HIV	human immunodeficiency virus
IGA	income-generating activity
MSH	Management Sciences for Health
MWC	Makotse Women's Club
NGO	nongovernmental organisation
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
PSG	peer support group
USAID	U.S. Agency for International Development

# 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 Makotse Women's Club (MWC) OVC programme (referred to as programme and project interchangeably) 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 MWC's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

MWC is a nongovernmental organisation (NGO) that caters for the upliftment of women and the standard of living in rural communities<sup>1</sup>. The project operates from the Makotse village, a community in the Limpopo province which is characterised by soaring rates of HIV/AIDS, high unemployment, poverty and low life expectancy. Given this, MWC is dedicated to developing and empowering community members through capacity building and the provision of various services and activities, many of which target orphans and vulnerable children (OVC). This case study documents many of MWC's key achievements, level of outreach, approaches to service delivery, and, among other things, its areas of excellence.

The project's stated mission is to remain dedicated to empowering and developing vulnerable community members through capacity building. MWC envisions its own development into a sustainable and professional programme that will effectively aid the overall development of community members and improve their quality of life. Most of MWC's goals centre on alleviating the negative impact that HIV/AIDS has on the Makotse community. As such, the project allocates many of its resources on HIV/AIDS treatment, the reduction of HIV/AIDS-related stigma and in providing care and support to those infected and affected by HIV/AIDS, especially OVC.

MWC has an impressive gardening project which, since its inception, has brought many positive outcomes for the community. The project provides food, employment, and an income for the people it employs, through selling produce. Another success is MWC's Peer Support Group (PSG), which meets once a week. Their efforts in educating children and youth about unsafe practices, sexual behaviour and drug and alcohol abuse have been extraordinary. Many of the children and youth maintain that the PSG has changed their lives for the better in many ways.

Perhaps one of the greatest challenges faced by MWC currently is the delay associated with grant approval. Due to high levels of unemployment and the subsequent high levels of poverty in the community, many families are heavily dependent on government grants. However, because of misplaced or lost documentation (such as birth certificates and identity documents), grant applications take a very long time to be approved. This leads to families becoming desperate, hungry, and generally poverty stricken.

Despite the challenges, MWC has made strong advances in providing love, care and support to OVC within the community. MWC is confident that its approach and model is one that can be replicated in other communities with similar social problems as those found within the Makotse village.

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<sup>1</sup> Impumelelo Innovations (n.d.). *Projects: Makotse Women's Club*. Retrieved October 2007, from [http://www.impumelelo.org.za/projects\\_fs.htm](http://www.impumelelo.org.za/projects_fs.htm)

# 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 Makotse Women’s Club (MWC) 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 MWC OVC programme, OVC programme implementers across South Africa and other countries in sub-Saharan Africa, as well as policy-makers and donors addressing OVC needs. It is intended that information about programmatic approaches and lessons learned from implementation, will help donors, policy-makers, and programme managers to make informed decisions for allocating scarce resources for OVC and thus better serving OVC needs.

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

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

# Orphans and Vulnerable Children in South Africa

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

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

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

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



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

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

# Methodology

## INFORMATION GATHERING

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*Children prepare to receive food parcels at the Makotse drop-in centre.*

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 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 MWC programme, and to identify and make explicit areas of good performance, in the hope that such performance is continued or replicated.

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

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

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Case study activities were conducted in September 2007 over a period of two days. There were three main activities that were conducted, including interviews with key personnel, an AI workshop, and numerous observations of the project’s initiatives and programmes.

First, a three-hour key informant interview was held with the project’s director and OVC coordinator. This interview was held at the project site in the Makotse village in the Limpopo Province.

Secondly, a six-hour AI workshop was held with a total of 19 individuals in attendance. Participants were allocated to one of two groups, depending on their role in the project. For example, the beneficiary group included peer group members, home-based care beneficiaries, and guardians. All project staff, including counsellors, peers, caregivers, local pastors, and the project’s OVC coordinator formed the project staff group. Each group had their own set of questions to answer. At the end of the workshop, the groups came together to discuss and exchange information in a very dynamic and energetic feedback session.

The last activity was observations. Observations were conducted at five sites – the gardening centre, bakery, day care centre, drop-in centre, and at a household. At the MWC gardening centre, facilitators were shown how they use a drip irrigation system.

The methodologies used in gathering data for this case study proved to be particularly useful. Over and above providing a means for extracting information, this technique gave participants an opportunity to express their positive experience in a meaningful way. In particular, participants

indicated that the workshop was a valuable forum to share experiences. Staff and volunteers found this very rewarding as they became more aware of the positive services that they provide.

## FOCAL SITE

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*The MWC office building is situated in Makotse village.*

MWC is situated within the Makotse village in the Lepelle Nkumpi Municipality, approximately 5 km from the Lebowagomo Legislature offices in Capricorn District in Limpopo province. MWC works in four villages spread across two wards within the Lepelle Nkumpi Municipality. The estimated population of the municipality is 291 000 with the Makotse Village having close to 5000 people. Over 65% of the people in Makotse village are unemployed. The primary source of income for the inhabitants of this area comes from the Lonmin platinum mine, which employs about 30% of the area's men. Poverty is reportedly high and some of the biggest problems in the community include illiteracy, high rates of teenage pregnancies, and a rapid increase in HIV/AIDS infection. The community practices subsistence farming of maize, millet, and beans. There is also small livestock farming of goats, poultry, cattle, and donkeys.

# Programme Description

## OVERVIEW AND FRAMEWORK

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*MWC's OVC coordinator shows the impressive awards MWC has received.*

The MWC was established in 1996 in response to observed social problems in the Makotse area. Most notably, the Makotse village is reportedly characterised by high rates of illiteracy, dependency, high fertility and mortality rates, as well as soaring rates of HIV/AIDS infection. Given this, MWC works to improve the lives of children and families who are infected or affected by HIV/AIDS by helping them meet their own needs through a supportive social environment. In doing so, the project provides holistic care and support services at both the individual and community level. MWC receives funding from the emergency plan through Management Sciences for Health (MSH), the Department of Social Development (DoSD), and through the Absa Foundation.

As explained by MWC's OVC coordinator, "We act as their parents and provide services to support them – we want to fight poverty ... we want to fill the emotional gap." Realising the need to manage these problems, the MWC was established with the following mission and vision in place:

**Mission:** *Dedicated to empowering and developing vulnerable community members through capacity building with interested stakeholders in the Makotse village.*

**Vision:** *Developing a professional and sustainable organisation within a moral society aimed at improving the quality of life.*

The project is governed by a board of nine directors and run by a coordinator and 22 dedicated caregivers. As of March 2007, the total number of OVC served was 788. Project components are clustered into four broad programmes, including home-based care (HBC), life skills, early childhood development (ECD) and OVC. Most of these activities operate from outreach posts or drop-in centres. Across these services, emphasis is placed on service provision for children/youth (60%) and women (25%). Men, the elderly, and the disabled also receive some of these services (averaging 15%, collectively). The project's goals and objectives of September 2007 are as follows:

1. Provide care and support to an additional 300 OVC by May 2008.
2. Continuous care and treatment monitoring for PLWHA and OVC by May 2008.
3. Reduce stigma associated with HIV/AIDS.
4. Focus on staff development and to establish staff development programmes (such as Caring for the Caregiver)
5. Provide meals to an additional 300 OVC in the drop-in centre by May 2008.

In order to achieve these goals, MWC engages in the following key activities – home visits, child care centres/activities (including drop-in centres, day care centres, and assistance with homework), income generating activities, peer support groups, community mobilization, and project monitoring and evaluation. MWC places emphasis on community development which it believes is especially important to the project. MWC acknowledges that cultural variables and environmental context are critical when providing social development services. As such, emphasis is placed on a family-centred approach, because African healing focuses on the whole family rather than just the individual. An example of this family-centered approach is orientating volunteers to respond to the needs of guardians as well as OVC. Using this as a point of departure, MWC contextualises its work by extending service outcomes to the community.

MWC achieves its goals through many activities. Some of these include home visits, after school activities, support for youth, and, among others, through the establishment of income generating activities.

## PROGRAMME STAFF AND VOLUNTEERS

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MWC is governed by a board of nine directors and run by a coordinator. The project also has an administrator and an OVC programme manager. MWC has a total of 22 dedicated caregivers for the project's home-based care programme, seven caregivers for early childhood development programmes, and nine caregivers for the drop-in centre. Stipends of R500 are paid to the caregivers each month. The project's administrator and coordinator receive a salary of R1500. Caregivers receive uniforms that make them identifiable in the community. On being asked what they thought about MWC staff, staff members themselves expressed sentiments of high dedication and internal motivation. Beneficiaries of the programme admire staff for their commitment and dedication.

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*"Caregivers are very dedicated. They are like nurses – they do all the work that they are meant to. They put in long hours. Our community is very important to them and they serve their community with pride...they work as a team."*

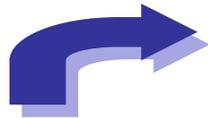
**Caregiver**

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# Makotse Women's Club

## Programme Goals

1. To provide care and support to 300 OVC by May 2008
2. Continuous care and treatment monitoring for PLWHA and OVC by May 2008
3. To reduce stigma associated with HIV/AIDS
4. Focus on staff development and to establish staff development programmes (such as Caring for the Caregiver)
5. To provide meals to 300 OVC in the drop-in centre by May 2008



### External Resources

**MSH**

- OVC programme is funded by the emergency plan through Management Sciences for Health (MSH). Accounts for 20% of funds received.

**SA Government and other Donors**

- Absa Foundation is the core funder of the drop-in centres
- Department of Social Development provides food parcels and monitors Drop-In Centre activities.
- Department of Health provides mobile clinic and funds for Home Based Care.
- Office of the Premier provides a monitoring and evaluation specialist to monitor monitoring activities.
- Local Tribal Authority provided land on which MWC is built on.

### Makotse Activities

**Home visits**

- Provide care and support to OVC and their families at their homes. Visits occur on a weekly basis. Counselling is also provided at home visits

**Child Care activities**

- Drop-in Centre caters for 350 children
- Meals (lunch and supper) are provided to children
- Homework assistance is provided
- Sex education
- Day care Centre – employs 3 staff who look after children who are not of school going age

**Peer Support Groups**

- Peer Support Group for children and youth
- Meeting held once weekly

**Income generating activities**

- Gardening Project – employs 20 individuals
- Selling off tomatoes, spinach and beetroot

**Community participation**

- Local church
- Spiritual counselling by pastor

**Programme monitoring**

- Monitoring and on going evaluation of Home Based Care activities



### Outcomes

**Child and Youth Outcomes**

- Food security for OVC in Drop-In Centre and Crèche
- Decreased absenteeism from school through uniform provision
- Improving learner performance through homework assistance
- Spiritual healing and support for OVC
- Networking and relationship building from PSG

**Community Outcomes**

- Improved quality of life
- Physical and emotional support to people living with HIV/AIDS
- Reduction of HIV/AIDS related stigma
- Income generating activities reduces poverty through providing income
- Skills transfer from garden project allows community members to grow and sell produce for an income
- Reduced HIV/AIDS infection through increased awareness

## KEY PROGRAMME ACTIVITIES



MWC engages in many different activities which are all aimed at providing love, support and care for OVC in the community.

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*“MWC is a mother project which has brought development into our area... MWC is a role model.”*

**Pastor**

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### Home Visits and Community Outreach Programmes

The main objective of MWC is to provide care and support to families affected by HIV/AIDS or other terminal conditions. Needy families and OVC in the Makotse and larger Lebowagomo area are reached through door-to-door campaigns and special day programmes (TB week, condom week, health week, etc.). Caregivers focus on both home-based care and on OVC. Caregivers are assigned to different families, which they visit on a regular basis. Each caregiver is assigned to approximately 25 households. Families are visited at least once a week. They also provide counselling to those in need. Counselling is done informally as the caregivers have not received any formal counselling training. Counselling occurs at homes when visited by caregivers and sometimes it is provided at the MWC centre when people from the community visit.

Caregivers are taught about weekly planning and they strictly follow their weekly schedule so that no family is left unattended for long periods of time. During home visits, OVC are assisted with homework and are taught about health and safety related issues as well as life skills. Guardians are also provided informal counselling if they have any issues/problems that they would like to discuss. All caregivers are also trained to render psychosocial support and counselling to OVC that they visit through the home-based care programme. They also train guardians and offer advice on how to deal with sensitive issues in raising a foster child.

As part of their community outreach programmes, MWC also holds workshops which focus on a various topics. Specifically, workshops are arranged in three ways – workshops for the community only, workshops for the OVC, and combined workshops for both OVC and community members. These workshops are held at least once every three months for each of the above groupings and are facilitated by trained MWC staff. Workshops targeting OVC only focus on providing knowledge to children on various topics such as education, HIV/AIDS, other health related issues, and, among other things, the dangers associated with drug abuse. Workshops targeting community members focuses on health related issues and other practical information related to improving the standard and quality of living. For example, community members are taught how to receive grants, how to apply for low cost housing, and how to contact a social worker. Combined workshops target similar issues.

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*"I was doing home visits. I met a family of 10 which included one granny and seven OVCs and some other family as well. I introduced myself to them and then they told me their problems – the granny told me how hard life was and that the children's mother was dead. She could not manage to pay the school fund. She didn't receive a foster grant (after applying), the social workers were not very helpful in assisting so the granny was financially stressed out. She did not even receive a pension. Then I took this granny to the school and we spoke to the principal. The principal said it was fine and that they didn't need to pay fees. They still did not have uniforms. We gave them some uniforms from our sewing project. I helped the first borne get a birth certificate. I encouraged the grandparents to go further and then try and get a grant. Now she is receiving the child support grant (R200) and the children are able to go to school."*

**Workshop participant**

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### **Child Care Activities/Centres**

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*"My OVC are also benefiting from the drop-in centre. The centre teaches the children creative activities, handiwork, drama, and exercises. The children attend the centre for five days a week, for two hours every day. Drop-in centre is the best!"*

**Guardian**

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MWC has established three drop-in centres, which cater to 350 children whose ages range generally between 6 years and 18 years. One centre is located in the Makotse village and the other two are located in the Matome village within Lebowakgomo. All three centres run on weekdays only and are open from 7:30 a.m. to 4:30 p.m. Children's from neighbouring schools (both identified OVC and other children from the community) arrive daily at the centres for breakfast in the morning. They return again between 2 p.m. and 3 p.m. every afternoon for lunch. Meals are all nutritionally balanced and food is produced daily from Monday to Sunday. Children are also assisted with homework and tutoring is provided for school-related work. They also participate in activities such as sexual education, sports, drama, and other outdoor activities. Life skills are taught with an emphasis on teenage pregnancy and sexually transmitted diseases. The centres are resourced with desks and chairs for the children as well play equipment. The centre boasts a lovely play area that is well shaded so that children can maximise play time even in summer when it gets very hot in Limpopo. This centre becomes very busy after school. Children and youth come to play, learn and receive meals. They develop self respect and are afforded both emotional and developmental opportunities in a safe and caring environment.

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*"MWC serves the role of parental care in some families. There is a good relationship between families and MWC. They humble themselves before the caregivers and allow the caregivers to assist."*

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The Phutanang Day Care Centre is also housed in the drop-in centre in the Makotse village. The day care centre employs women from the community to look after younger children who are not yet of school-going age. These children are taught how to read and write at a basic level.



## Peer Support Group and Community Education

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*I am proud of the PSG [peer support group] as I received advice and this made me think clearly. I got advice on how to avoid negative peer pressure. Now I am able to teach other children about positive lifestyles. We are advised to reach other young people with these messages..."*

**OVC beneficiary**

*"We have benefited from the PSG. We educate others based on what we have learnt in PSG. We educate others in this and other communities about the dangers of alcohol, drugs and inappropriate lifestyles. We also celebrate special days."*

**Member, PSG**

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In 2004, the project recognised the need to establish another programme that would provide enhanced, quality support systems for children and youth. The Peer Support Group (PSG) is a support group for youth which meet once weekly on Sundays. Children from the Makotse village and other neighbouring communities attend. There is one established PSG which has 35 registered youth attending. Of these 35 youth, 10 facilitators were chosen. These 10 facilitators all received informal training from trained MWC staff. In particular, they were trained on life skills and informal counselling skills. These facilitators take turns to facilitate these meetings. Most of the attendees are OVC and discussion topics include drug and alcohol abuse, inappropriate habits and behaviours, sex and HIV/AIDS, and child abuse. This group provides an opportunity for youth to address important issues that have a direct impact on both their individual well-being and the community at large.

Special days are also held and workshops or talks are held on these days. For example, on Heritage Day in 2008, cultural issues and personal identities were discussed. Over and above the positive impact the PSG has on children and OVC in the community, skills-transfer from senior PSG members to younger members is particularly high. PSG members indicate that they have become more confident in speaking and that they use the knowledge and new skills that they have learnt to educate other youth in the community.

Community education also takes place through child protection awareness programmes which are attended by both OVC and community members, at separate workshops. These programmes take place about four times a year (once every three months). OVC-focused programmes take place at the drop-in centre at the MWC centre, and community-focused programmes take place at the MWC centre. These programmes are facilitated by both MWC staff members as well as PSG facilitators. Some issues discussed include general child protection, children's rights, and, among other things, how to reduce child abuse and child neglect.



## Income-Generating Activities for Families

MWC has a very successful gardening project, which employs approximately 20 individuals. The project is supported by the Department of Agriculture, the local tribal authority, and the DoSD. Tomatoes, spinach, and beetroot are grown, using a drip irrigation system and two boreholes. The outcomes of the gardening project are threefold. Proceeds made from the project are used to finance some of the services of the programme. Furthermore, some of the food that is grown is cooked and used to provide the meals for children in the drop-in centre and day care centre. The gardening project provides employment opportunities for community members and skills for volunteers. A guardian relayed her experience:

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*“Since caregivers started visiting my home, I have always wanted to be part of MWC. I harboured the interest until they advertised for the gardeners post. Caregivers were sent to recruit by word of mouth. I came to the office and told them I was interested. They asked, ‘Can you volunteer because we do not have money?’ I replied ‘yes, I can come tomorrow and sign-up. I can work with or without a stipend.’”*

**Guardian**

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## Community Participation

The community participates in several of the project’s initiatives. The local church provides spiritual healing, support, and counselling for sick community members and accommodates needy children on the church premises. MWC provides the church with food parcels for the children, and the pastor and his wife provide spiritual healing. The project also works with the local clinic. The local clinic, which is mobile, comes to the community every two weeks. MWC caregivers take OVC to the clinic to receive free medication. The premier’s office assists in providing monitoring support to the programme and sends a representative every week to the project to provide advice and support. The local tribal authority assists the programme through the provision of land for various activities and functions. The land on which the MWC centre is built on was provided by the local tribal authority.



## HIV/AIDS Education

Health care is delivered in many forms. Children are made aware of health issues and the dangers of engaging in unsafe sexual practices through campaigns, health talks, and special days. MWC strongly maintains that awareness and knowledge of issues, such as HIV/AIDS, has a positive influence on reducing both infection rates and the stigma attached to HIV/AIDS. Given this, children are visited at schools, clinics, and within the community. One way in which children are educated on these topics is through the PSG groups, as discussed above.

## BENEFICIARIES

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As indicated in their most recent monitoring report for the period March 2006 to March 2007, a total of 788 OVC (356 males and 432 females) were served. As of September 2007, 493 OVC receive services from MWC. Guardians are also beneficiaries of the project. They are targeted and then trained on how to best manage foster care grants and other incomes.

OVC beneficiaries are selected through home visits, through local early childhood development centres, school visits, and through referrals. Annually, identification forms are taken to schools by project staff. School teachers are asked to identify needy or potentially needy children who fit into the OVC category. MWC defines OVC as children who are either infected or affected by HIV/AIDS and who are 18 years of age or younger. Once these completed forms are submitted to project staff, the current living conditions of those OVC identified by the forms are assessed. Should they be in need, these OVC are included in the project. Other ways to identify OVC include self-referrals and door-to-door visits. Should a child refer himself or herself, the child's parents or guardian is contacted to obtain consent for registering the child with the programme. When asked to describe ways in which OVC are identified, a caregiver relayed the following touching story:

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*"I met a family of five where the mother of the child was sick – I tried to visit as often as possible – and when the mother died, I provided counselling to them. Their father also died, so it was left to the granny to look after the children – we organised foster care grants – I called in social workers to see the boys. It took a long time. The children were stressed. Then, this year in March, they received a foster care grant. They are not stressed now, they are happy, socialise, eat well, go on school trips – this makes me happy. Sometimes I lose hope, but this club gives me hope."*

**Caregiver**

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OVC leave the programme when they turn 18 years of age, when they are taken in by another family or another family member, or when they are in receipt of foster care grants. However, regardless of the child's new circumstances (such as being looked after by a new family member or receiving services elsewhere), the caregivers at MWC emphasise that all their OVC become part of a broader family and are always welcome to visit should they have any problems.

## SERVICES PROVIDED



MWC offers a range of services to many beneficiaries within the Makotse village, in the hope of providing essential support and improving the lives of children and families who are affected by HIV/AIDS. The desire to create safe and caring social environments for children and youth is the driving force behind the programme. Providing quality services to the Makotse community has been and will continue to be a developmental process. Staff members continuously learn new techniques and develop new strategies which draw out the best possible outcomes for children and youth.

The services discussed below include food and nutritional support, health care, child protection, educational support, and economic strengthening.



### Food and Nutritional Support

The drop-in centre runs from Monday to Friday and children come in daily after school. Healthy, nutritious meals are prepared daily for children. They are provided two meals a day, one in the morning before school as well as lunch after school. Between March 2006 and March 2007, MWC has provided food aid to approximately 300 people in the form of both vegetables grown in the gardening programme and through food parcels made available. The DoSD also provides food parcels to MWC, which then distributes it to needy families. Food parcels are also distributed through the local church; MWC provides food to the pastor who then uses it to feed many of the OVC who stay on the church premises. Although food parcel distribution is infrequent, it is extremely beneficial to families in need. The gardening project also produces enough vegetables both to sustain an income for the people it employs through selling produce to the local community, and to use for meals which are provided to OVC.

The Pastor had the following to say about MWC provision of food parcels to the church:

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*“MWC started giving us food parcels, which they received from the government. This helped a lot because some of the OVC staying there are homeless and they have not eaten in a while. This really helps us keep the children healthy and happy.”*

Pastor

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### Health Care

Primary health care is made available through the mobile clinic which comes to the community bi-monthly and is funded by the DoH. Caregivers assist children in receiving the free services of the community clinic by accompanying them to the clinic.

Other forms of health care and support is also given to OVC and their families during home visits, as part of the home-based care programme, especially for those who are HIV-positive or have other terminal illnesses. This is done through caregivers, ensuring that people take their medication regularly, educating them on healthy eating, and assisting in cleaning the home to keep hygiene standards high.

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*“We work with the local clinic – we have a mobile clinic which comes here once in two weeks. We manage to take all the children to this mobile clinic. There is this story about an OVC whose mother passed away with HIV/AIDS. The child was also affected with this virus. Then the care worker was able to take this child to the clinic every week for TB treatment. Then the child was referred to the hospital for more medication. This is only possible with collaboration with the clinic – this works very well.”*

**Caregiver**

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### **Child Protection**

Children are taught about their rights during home visits, awareness programmes and special days. Child protection is delivered both in the form of awareness as well as in the form of physically removing a child from a dangerous situation or unhealthy environment. Children are educated on children’s rights, child protection, and, among other things, how to reduce child abuse and child neglect.



### **Educational Support**

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*“MWC has made me to be strong. There was a caregiver who was coming to my place to see how I was coping, about the changes in my life and school work. The caregiver also wanted to assist me with grants, but my family did not want me helped. I received counselling and strong advice. They did follow-up about my life. I am currently staying with my uncle. I felt supported and I never gave up.”*

**OVC beneficiary**

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MWC reports that, within the period of March 2006 to March 2007, approximately 406 OVC received educational support. Educational support occurs in many ways. For example, children who are unable to pay school fees are assisted in obtaining fee exemptions. Caregivers or representatives visit the schools and discuss exemptions with the school principal on behalf of these children. Educational support is also provided with regards to provision of learning materials for children and through providing very needy children with school uniforms. Children are also assisted with the cost of educational field trips and other relevant school events.



### **Economic Strengthening**

MWC assists beneficiaries in receiving grants. In particular, caregivers identify people who are in need of and qualify for grants. This identification process occurs through referrals (from teachers at schools), from home visits, and through door-to-door visits. Guardians and beneficiaries are assisted with obtaining the required documentation and in some cases; they are escorted to the Department of Home Affairs when applying for grants. Upon receipt of a grant, guardians and beneficiaries are provided with informal training on how to manage the money effectively. They are taught about saving and budgeting. Caregivers provide this training service when conducting home visits.

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*“I am looking after four OVC-aged 18, 10, three, and over 18. Makotse Women’s Club has helped me access foster care grants. Only two OVC have received foster care grants as the other two are over age. MWC took me to the social worker to apply for the grant. While waiting for the grant to be processed, I received monthly food parcels from Department of Social Development. I collected the food parcels from MWC offices. The last food parcel I received was in July 2007. The foster care grant was processed in two-month’s time.”*

**Guardian**

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### **Psychosocial Support**

The impact of HIV/AIDS on a community can be devastating, particularly for children. Having lost one or, in some cases, both parents to HIV/AIDS is extremely traumatising the child concerned. These children are left alone without resources and often burdened with having to look after their siblings. From an emotional perspective, the impact of such loss has negative, and in some cases, irreversible consequences for children. MWC has worked well in attending to this problem. They emphasise the need to deal directly and indirectly with children in this regard. Between March 2006 and March 2007, a total of 264 OVC have benefited from psychosocial support, either directly from caregivers or indirectly through peer support groups and general education.

# Resources

## DONORS

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MWC's OVC programme is funded by the emergency plan through MSH and accounts for 50% of all funds received. MWC also receives funds from the private sector, such as the Absa Foundation, which is the core funder of MWC's home-based care programme and drop-in centres. MWC also has public partners, such as the district and provincial government departments of health, which provide both active technical and financial support. For instance, DoH provides funding for the home-based care programme and the drop-in centres.

## IN-KIND CONTRIBUTIONS

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MWC receives donations from community members who provide second-hand clothing for needy children. DoSD provides food parcels for OVC and for patients. The Office of the Premier sends a representative to MWC on a bi-weekly basis to assist with monitoring functions. MWC also receives support from the community's local tribal authority through land provision. The land on which the programme's office is built was donated to MWC by the local tribal authority. DoH provides medical assistance and health support to the community. DoH also funds a mobile clinic that visits the community twice a month.

# Lessons Learned



MWC has helped women find jobs and, as such, has empowered them within a community that is very poor. These women now know their rights, are self-motivated, and support themselves and their families. As a result, fewer children are made vulnerable within the community. The impact that these women have on the community is truly remarkable. Their approach is developmental and, as such, they are constantly learning and developing new strategies accordingly. The following section outlines some of the programme's unmet needs and challenges, as well as its

successes.

## PROGRAMME INNOVATIONS AND SUCCESSES

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MWC has been successful in much of the work that it has done within the community. Some of these successes are discussed below.

### Counteracting Grant Delays

From an efficiency perspective, MWC has established many workable solutions and strategies to improve service delivery against those challenges that they face, especially around grant issues. For example, as noted earlier, one challenge in particular is the delays that occur in foster grant approval. OVC who are waiting for grant approval are now taught how to garden in their own backyards so that they are able to both feed themselves and sell some of their produce for a small income. Caregivers are also made aware of the importance of consolidating all necessary documentation before applying for grants. Children are all accompanied to home affairs by a caregiver. Solutions like these, as well as others, were presented in MWC's report submission to MSH (covering March 2006 to March 2007).

### Programme Monitoring

MWC has an impressive monitoring and evaluation system from MSH in place. The programme keeps up-to-date records on the number of children served. OVC are tracked according to the services received (such as psychosocial, health, shelter, and grant access).

The OVC coordinator monitors the work that is done by the home-based care workers. They come in on Mondays with a weekly plan (such as how many people they think they can service within the next week, or how many households they think they can visit.). On Fridays, cross-checks are done to see if they have reached their targets. They are held accountable, and if any of their targets are not met, they are asked to provide reasons for this. During the week, care workers travel with forms (paper-based), which they fill out manually. On Fridays, the information on these forms is captured at the MWC office site. OVC files are updated daily. This system is very effective, and the main aim is to ensure that planned goals are met and followed through by care workers.

## Youth Empowerment

MWC's PSG is highly successful in empowering OVC to deal with contemporary issues in their society. Facilitators encourage youth to take an active role in the community towards educating other children about important issues such as teenage pregnancy and HIV/AIDS. PSG members indicate that they have become more confident in speaking and that they use the knowledge and new skills that they have learnt to educate other youth in the community.

## Community Gardens

MWC has succeeded in providing economic support to its beneficiaries against the odds by establishing many workable solutions and strategies to improve service delivery against those challenges that they face, especially around grant issues. For example, as noted earlier, one challenge in particular is the delays that occur in foster grant approval. OVC who are waiting for grant approval are now taught how to garden in their own backyards so that they are able to both feed themselves and sell some of their produce for a small income. MWC has had great success with its gardening programme. The positive outcomes associated with this activity are twofold as it relates to both organisational and community economic strengthening. First, the programme employs many people, especially women. In total, the gardening programme employs 14 people. They take home an income, which is used to run their households. They also learn both gardening and business skills and are able to replicate these income-generating activities in other areas, as well as from their own homes. The gardening project has therefore also empowered women within the community and, as a result, their families are empowered as well.

In addition to generating employment opportunities, the produce from the gardens is sold to the community and the profits are used to finance MWC's drop-in centres and the Phutanang Day Care Centre. Some of the vegetables are cooked and fed to the children.



*"MWC has created jobs, especially in the gardening project. They are also taking care of our children. I have also attended workshops for women empowerment, and one about the drop-in centre. I have learnt a lot from the project. One thing I learned from the women empowerment workshop was that a woman is a woman, and she has the power to go it alone."*

**Guardian**



## Emphasis on Emotional and Psychosocial Support

MWC has worked well in attending to the psychosocial needs of OVC. They emphasise the need to deal directly and indirectly with children in this regard. All caregivers are trained to render psychosocial support and counselling to OVC that they visit through the home-based care programme. They also train guardians and offer advice on how to deal with sensitive issues in raising a foster child.

## PROGRAMME CHALLENGES

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### **Delays in Receiving Foster Care Grants**

In securing foster care grants, a child's biological father has to be located. This is because in placing OVC under foster care, it is important to prove that parents are deceased. When a single mother dies, the court social worker may try to locate the father or prove that he cannot be identified or found. At times, locating one or both parents can be a challenge, especially if they work in another area or province. This often causes delays in finalising the paperwork required by DoSD. Grant approval can take up to six months.

Another challenge is that many OVC do not have the necessary documentation (such as ID documents or birth certificates) required for grant applications. This delays the process even further. While waiting for grants to be approved, and then receiving them, OVC run the risk of developing serious health problems due to famine.

### **Misuse of Grants by Guardians**

Staff added that one problem in particular was that some guardians misuse grants. Rather than using the foster care grants on the children, some guardians use the grants on themselves. Staff ensure that the grants are being used appropriately by following up on each family.

### **Limited Support for Caregivers**

It is important that caregivers also be looked after if they are to provide emotional support effectively to people living with HIV/AIDS. Because of high levels of poverty in the Makotse community, caregivers are unable to support themselves and their families financially with the little that they receive in the form of stipends. Although training is offered to caregivers, it is not accredited training. Investing in accredited training will, in the long run, better serve the caregivers as their skills will be recognised and subsequently situate them in a more favourable position within the job market.

## UNMET NEEDS

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### **Expansion of Income-Generating Activities**

MWC recognises the need to increase employment opportunities in the Makotse community. As suggested by the programme's OVC coordinator, "Poverty is very high in this area. We want to fight poverty. Unemployment is high and our aim is to create employment. We want to provide them (beneficiaries) with life skills so that they may have a future." A means of expanding employment opportunities is essential.

Thus, given both the demand for and the success of income generating activities, such as the gardening programme, MWC achieves this goal of creating employment through income-generating activities. Unfortunately, due to limited financial resources, the programme is unable to expand its current activities, specifically the gardening project, to other neighbouring communities. MWC would like to extend training to community members so that they would be able to feed their families (through growing their own food) and generate an income (through selling some of their produce). This, however, is only possible with greater financial resources.

## Providing Children with Quality After-School Activities and Resources

From a financial perspective, MWC experiences many challenges and does not have the financial resources available to meet the needs. For example, MWC requires financial support to purchase sporting equipment so that it can provide children the opportunity to interact with and engage in extracurricular activities. In as much as education within the classroom is important for mental development, MWC recognises a need for engaging children in activities that would aid physical development as well. Educational toys, furniture, blankets, and clothing are also needed by MWC, but these resources are unaffordable.

MWC staff members also indicated that there is a need for more space and venues to house programme activities. The number of children who attend the drop-in centre and home-based care programme is large and the current rooms in which these children play in and learn in are not large enough for healthy childhood development.

MWC would also like to increase the number of books and other learning materials available to OVC. In achieving this, the programme hopes to receive funding and support to build a library for OVC.

Children are provided the emotional and mental support necessary for healthy development. Unfortunately, due to severe financial constraints and lack of sustainable incomes in these communities, children who complete high school are seldom afforded opportunities to attend tertiary institutions. Funding and resources are desperately needed

Furthermore, staff members maintain that even when bursaries are available, the requirements to get awarded bursaries are too high. These children have limited access to education and their matric results are not exceptionally good. Because of this, they are denied access to these bursaries. MWC staff members suggest that these requirements be lowered and made more reasonable.

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*"I wish MWC would get more funds so that they can expand the project to other areas especially the nearest villages."*

**Beneficiary**

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# The Way Forward



MWC is a very ambitious programme with hopes of expanding itself in other municipalities and provinces throughout South Africa. One way in which MWC aims to achieve this is through partnerships and linkages. Looking at local ownership and involvement of local organisations in particular, MWC intends to partner with other smaller organisations in the community. Implementing partners would be found through a consultative process that would involve community leaders, government, and beneficiaries within their regions. Improved service delivery to OVC would then occur through a network of community based organisations and partners. In other words, this would result in increased and varied access to services, by OVC.

MWC is most interested in mastering their model so that it can be replicated in other communities throughout South Africa. MWC's director of OVC strongly maintains that the situation in Makotse village is one that mirrors many others in South Africa. High rates of HIV/AIDS infection, unwanted pregnancies, poverty, and low-life expectancy are commonplace. The work that MWC does is effective in Makotse, so MWC hopes to replicate their model in the near future within neighbouring areas, such as the Ga-Ledwaba, Moletlane, and surrounding Mphahlele areas.

Essentially, the way forward to MWC lies in its ability to attain more funds. Particularly, MWC maintains that in order to increase its financial base, it needs to engage in more income-generating activities. MWC has plans to establish a poultry farm. The poultry farm would bring in finances through sales of chicken; it will also provide chicken to the drop-in centre where the chicken will be cooked for the children. The poultry farm would also employ people from the community, therefore improving employment opportunities.

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