*A Case Study*

# Nhlayiso Community Health and Counselling Centre

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# Nhlayiso Community Health and Counselling Centre OVC Programme


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*With Support from CARE South Africa-Lesotho*


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*Cover photo by Beverley Sebastian*

# Acronyms

| | |
|---|---|
| AIDS | acquired immune deficiency syndrome |
| ARV | antiretroviral |
| CBO | community-based organisation |
| CHH | child-headed household |
| CRP | community responsiveness programme |
| emergency plan | U.S. President's Emergency Plan for AIDS Relief |
| HBC | home-based carers |
| HIV | human immunodeficiency virus |
| IGA | income generating activities |
| NCHCC | Nhlayiso Community Health and Counselling Centre |
| NGO | nongovernmental organisation |
| OVC | orphans and vulnerable children |
| PLHA | people living with HIV/AIDS |
| VCT | voluntary counselling and testing |
| VS&L | voluntary savings and loan |
| USAID | U.S. Agency for International Development |

# Executive Summary

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

The Greater Tzaneen Municipality area in Limpopo Province is characterised by several social challenges, the most disturbing being the high incidence of child abuse. Nhlayiso Community Health and Counselling Centre's (NCHCC) OVC programme assists these victims of abuse, as well as orphans and other vulnerable children. This is achieved through the provision of a number of services. This case study is a commemoration of the programme's accomplishments in making an extraordinary difference to the lives of OVC.

A unique method known as appreciate inquiry (AI) was used to gather information. Two key informant interviews, observations of activities and services offered, and an AI workshop were held. Staff, beneficiaries, volunteers, community members, and stakeholders were questioned about their positive experiences with the organisation. A workshop and key informant interviews were also held with representatives from the programme's partner, CARE South Africa-Lesotho, to gain a greater understanding of best practices from their view point. The majority of responses, from both groups, were elicited in story form to gain insight into individuals' constructive experiences with the organisation. Where pertinent, stories are illustrated within this case study to demonstrate the excellence of the OVC programme.

This organisation's core business is to provide care and support to children and empower them and the community with knowledge about how to exercise their rights. In achieving this, a range of activities and services are offered. Services include psychosocial support, home visits, capacity building, economic strengthening, programme monitoring, food and nutritional support, and legal and social services. The programme is also responsible for mobilising the community to protest against, and eradicate, child abuse.

Dedicated and passionate staff and volunteers ensure the services provided reach those children that require them. Without such individuals, the programme would not have been able to make such an extraordinary difference since its inception in 2002.

Since this report is focused on innovations, successes, and lessons learned, emphasis is placed on what makes the programme work at its best. Some successes include establishing village centres, advocating for child rights at the community level, and creating workable voluntary savings and loaning groups within communities.

In addition to what the programme does well, some challenges and unmet needs are also briefly examined. Challenges include staff and volunteer turnover, high costs of overhead, and the restrictions placed on volunteers in achieving their mandate due to transportation difficulties. Unmet needs are specific to those experienced by OVC and comprise shelter and difficulties of foreign children accessing government services.

NCHCC's OVC programme is extraordinary. This case study is a tribute to the NCHCC's OVC programme's achievements affecting the lives of the community and, most importantly, children.

# Introduction

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

**Former United Nations Secretary-General Kofi Annan**

Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. There is urgent need to learn more about how to improve the effectiveness, quality, and reach of efforts designed to address the needs of OVC, as well as to replicate programmatic approaches that work well in the African context. Governments, donors, and 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 Nhlayiso Community Health and Counselling Centre (NCHCC) 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 Nhlayiso Community Health and Counselling Centre, 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


*Nhlayiso Community Health and Counselling Centre's logo.*

Data collection activities took place Sept. 4-5, 2007, by two researchers. Data were collected through consultations and observations with individuals and groups involved in the OVC programme.

When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. AI was chosen as the overarching approach because it is a process that inquires into and identifies "the best" in the OVC programme and its work. In other words, applying AI in evaluation and research is to inquire about the best of what is done — in contrast to traditional evaluations and research where the subjects are judged on aspects of the programme that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the NCHCC OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

In-depth key informant interviews were held with NCHCC's managing director and the organisation's advocacy coordinator. Questions focused on the programme's model, staff, beneficiaries, community ownership, programme challenges, successes, and plans for the future. Observations were also conducted in two of the seven villages that NCHCC provide services to using emergency plan funding. These included a voluntary savings and loan (VS&L) site visit, a home visit, and trips to two village centres. In addition to this, a detailed review of the organisations documentation was also carried out.

A full-day AI workshop was held the day after the interviews and observations. Participants included four OVC, three community members, two representatives from the Department of Social Development (DoSD), a local pastor, seven volunteers, and three staff members. All participants had current or past dealings with NCHCC and, as such, were asked positive questions about their experiences with the organisation. Answers were elicited in story form to gain a greater understanding of best practice.

Interviews and an AI workshop were also held with seven programme managers and staff at CARE SA headquarters, in Johannesburg, during July and September, respectively. The data gathered provides an in-depth understanding of the role CARE South Africa-Lesotho (hereafter referred to as CARE) plays in capacitating NCHCC to improve the lives of OVC.

## FOCAL SITE

NCHCC operates from Nkowankowa village, Greater Tzaneen Municipality, Mopani District, Limpopo Province. The area is characterised by a number of social, economic and political challenges.

A large proportion of families in this area live on less than R200 per month. While some depend on seasonal farm work to feed their families, others rely on child grants and pensions. Most villages do not have basic necessities, such as access to a continuous source of water and adequate sanitation. Other problems include unemployment, illiteracy, poverty, and a high HIV and AIDS prevalence rate. Tragically, cases of physical, emotional, economic, and sexual abuse toward woman, the elderly, and children are frequent. Most disturbing is the high incidence of, underreported, and often ignored, cases of incest and rape of children.

NCHCC has a presence in 13 out of approximately 125 villages in Greater Tzaneen. Seven of the 13 are funded by the emergency plan through CARE. This report focuses on these seven.

# Programme Description

## Overview and Framework

NCHCC was established and registered as a not-for-profit organisation in 2002, a time when stigma toward HIV/AIDS affected persons in Greater Tzaneen was rife. Shame, a lack of knowledge, and denial surrounding the pandemic masked a number of serious social problems; particularly those experienced by OVC. As a result, the number of OVC requiring assistance only became apparent once the organisation began its work. "Nhlayiso" means "taking care of" in the local language Tsonga, and this is exactly what the organisation does.

Initially, NCHCC offered a home-based care service for those bedridden by HIV/AIDS and related illnesses. Counselling and advice were also offered to individuals infected or affected by HIV/AIDS; victims of trauma resulting from abuse, violence, or torture; and those victimized in general. From home visits, a significant number of stigmatised, ignored, and abused OVC were identified. In the words of NCHCC's managing director, "Those children looked lost in the desert." To address their needs, NCHCC included the provision of OVC services in its scope of work. Shortly thereafter, CARE Local Links partnered with NCHCC to assist in this area of work.

Local Links is a project that aims to reinforce the economic coping mechanisms of families and communities and, in doing so, help OVC. The project does this by strengthening the capacity of local organisations that provide services to the community. In this case, CARE offers NCHCC funding and training (in psychosocial and VS&L training) to help the organisations OVC programme improve the lives of OVC. Local Links is funded by the U.S. government under the emergency plan initiative. CARE's sub-partner, NCHCC OVC programme, receives funding from the emergency plan. The Department of Health (DoH) and DoSD also provide funding, but for the organisation's home-based care programme (home nursing/care and support for the bedridden).

NCHCC's OVC programme's main objective is to strengthen coping mechanisms for OVC families and community members at large. The programme's commitment to improving the lives of OVC can be seen in its three goals. These are:

1. to combat the death rate;
2. to decrease the number of children who are not attending school; and
3. to decrease the number of orphans in the area.

In achieving its goals, NCHCC works in a strategic way. Situational analyses are conducted, and community stakeholders are consulted before services and activities are introduced to an area. Core activities and services focus on alleviating stigma and discrimination experienced by OVC, and, ensuring this group access to essential services. This report details the various activities (home visits, capacity building, community networking) and services (psychosocial support, food and nutritional support, legal and social support, and economic strengthening) that the programme offers. To illustrate good practice, stories, conversations, and observations are utilized.

"Passionate," "caring," "driven," and "strong" are just some of the many traits that can be used to describe NCHCCs staff and volunteers. The programme continually manages to attract skilled and caring people. Without such resources, OVC in the communities of Greater Tzaneen Municipality would still be a population group that most failed to recognize as requiring urgent attention.

# NHLAYISO COMMUNITY HEALTH & COUNSELLING CENTRE

Strengthening economic coping mechanisms for OVC, families and community members at large

## OVC Programme Goals

- To combat the death rate;
- To decrease the number of children who are not attending school; and
- To decrease the number of orphans in the Greater Tzaneen Municipality

### External Resources

- Emergency plan funds through USAID on contract to CARE South Africa-Lesotho Local Links project
- SA government departments: Department of Health and Department of Social Development provide funding for the Home Based Care Programme

### Activities

- **Community Mobilisation & Advocacy**
  - Mobilise goods and support for OVC from local businesses
  - Converse with the community and advocate against child abuse
- **Home Visits**
  - Identify OVC
  - Conduct needs HBC based care
  - Provide psychosocial support
  - Establish circle of support for Child Headed Household
  - Referrals for additional services
- **Community Networking**
  - Network with the capacitate local leaders such as pastors to deliver HIV prevention education to communities
  - Use traditional healers to promote VS&L group formation
  - Leaders assist OVC in accessing legal documentation such as birth certificates
  - Liaises with other CBOs to prevent duplication of work
  - Referrals for additional services
- **Community Capacity Building**
  - Facilitate formulation of VS&L groups
  - Support IGA
- **Village Centre**
  - Provide psychosocial support through play and counselling
  - Assistance with homework
  - Provide HIV/AIDS prevention education

### Family and Community Outcomes

- Legal/social services: accessing grants leads to financial improvement
- Education leads to a reduction in OVC stigma and increased OVC identifications.

### Child and Adolescent Outcomes

- Education: Reduction in OVC stigma and risky behaviour. Help with homework leads to better opportunities post schooling.
- Healthcare: referral leads to accessing essential services such as ARV's and this leads to improve health
- Food and nutrition: improved health and wellbeing.
- Psychosocial support: healing from parent's death/abuse.
- Child protection: liaising with home affairs enables access to grants. Circles of support & protests leads to a protection of the child from abuse.

## KEY PROGRAMME ACTIVITIES 

Important to establishing and sustaining NCHCC's OVC programme is in its ability to mobilise, network, consult, and campaign with the community. The following section details these various activities the programme engage in including community mobilisation and advocacy, home visits, community networking, community capacity building and supporting village centres (day-care-centres).

###  Community Mobilisation and Advocacy

An important aspect of the programme description is to mobilise and encourage the community to take ownership in addressing some of the issues experienced by OVC. The programme mobilises the community in two core areas — OVC care and support, and child rights and abuse.

Contributions of goods and services mobilized from local businesses and influential stakeholders have resulted in increased community care and support of OVC. For instance, taxis drivers support the programme during car-wash fundraising days by bringing their vehicles for a wash; and Ackermans and PEP (South African chain stores) donate goods including cosmetics, baby cloths, school bags, and clothing. Ackermans also supply goods for events such as OVC Christmas parties. Further to this, produce from several income generating activities (that the programme helped establish) are supplied to families and OVC in the community.

Staff had to work very hard to get the community to acknowledge the existence of OVC, and to recognise that these children have the right to love, protection, and essential services. Buy-in was initially a difficult feat because of negative local attitudes surrounding HIV/AIDS and the perception of children. NCHCC's OVC programme has managed to address such mind-sets and mobilise the community into working toward a common cause, that of assisting OVC. This was accomplished by conversing with the community and campaigning to address OVC stigma.

Due to the high rate of child rape, the programme runs several annual campaigns to mobilise the community to change. The results have been positive. For example, a march was organised in protest against the failure of the local magistrate to protect children who brought their rapists to book. NCHCC's managing director describes the positive outcomes from the protest:

> *"Most cases were reported only to be withdrawn. For example, there was a child who was raped and the case was reported. They jailed the rapist, but then let him free. The children and granny were living in fear as they did not know what he would do. A protest against children's rape was organised. There were follow-up's after the strike and the case was re-opened, and the child is now being supported. NCHCC arranged the protest and this is why these cases are now being sorted out properly. At least now there are many cases that go to court. The documents do not just disappear and the magistrates now hide the children during court (proceedings), instead of making them face their rapists."*
>
> **NCHCC managing director**

It was reported that campaigning has educated and mobilised the community in fighting against the abuse of children. Mobilisation has also laid the foundations for home visits, an important activity offered by the programme and detailed below.

## Home Visits

Volunteers perform home visits. As of September 2007, NCHCC had 28 home-based carers, 14 human rights carers, and 29 OVC carers. Volunteers are categorised according to their areas of work. For instance, human rights carers focus on campaigning, educating and advocating for the rights of OVC; home-based carers provide services to ill or bedridden adults; and OVC carers concentrate on supplying and monitoring services to children. These categories do not mean that volunteers work in isolation. In fact, it is because of their strong team work ethic and informal referral system that OVC do not slip through the cracks. On occasion, pertinent staff also refer OVC for additional services.

Typically home-based carers (HBC) identify OVC through door-to-door campaigns or during their visits to clients' homes. Whilst attending to the ill adults of the household, OVC are often identified. Once the identification is made, HBC liaise with the OVC caregivers, who in turn conduct a home visit with the foster parent or guardian to acertain the needs of the child. After this process is complete, the child becomes part of the programme. Each child is visited by an OVC caregiver on average eight times a month.

Services offered depend on the individual or familial needs of the client. Generally however, OVC caregivers offer psychosocial support through counselling and, if appropriate, encourage their integration into support groups for therapy. If a child-headed household (CHH) is identified, a caregiver may establish a Circle of Support around the home. When a child's parents die, and the circle of family care is broken, the community is mobilised to fill the gap. The programme set up these circles by networking with schools, the church, volunteers, organisations, and community members who live around the vicinity of the child. Once mobilised, these individuals and groups fill the gap that was previously provided by a child's parents or guardian. Although this function falls under a number of categories, including psychosocial support, the circles also fill a protection need because an important function of the circle is to guard the child. Children are also referred to government for additional services.

## Community Networking

Networking with the community through local clinics (where children are referred for immunizations and antiretroviral [ARV] treatment), NGOs, businesses, the church, and schools is an important activity in the programme's efforts to reach its goals.

NCHCC networks with the following NGOs: Hurensic; Community Responsiveness Programme (CRP) and; CHoiCE. Hurensic organise such events as charity marathons with NCHCC. At the time of fieldwork, it was reported that NCHCC will, in partnership with Hurensic, be hosting a marathon for children and youth. The event will provide a platform for advocating the importance of children's rights, as well as afford children the opportunity to be involved in a sporting occasion. CPR, an NGO offering voluntary counselling and testing (VCT), tutors NCHCC volunteers on lay counselling. CHoiCE also offers training, via mentoring. The scope of mentoring includes monitoring and evaluation, and skills on how to mobilise the community effectively. NGOs in Greater Tzaneen Municipality assist NCHCC with distributing school uniforms to OVC donated by DoSD. DoSD has ear-marked NCHCC as the lead organisation in this endeavour. Ward counselors and social workers are also contacted to provide food parcels to children in need.

An important partnership that staff nurtures is with the local pastors. The programme educates pastors on HIV/AIDS. These individuals use this information to educate the youth on important issues, such as HIV/AIDS and teenage pregnancy. Education is disseminated through community conversations, during home visits, church sermons, and through debates that the programme

participates in. Topics of deliberation include teenage pregnancy, abuse of woman and children, and HIV/AIDS. Debating is seen as an effective tool in educating the youth about risky behaviour. This is because debates are a participatory method that has shown to be effective in putting the point across. Pastors use debates to encourage youth to remain virgins until marriage and to know their status and test. They are also enlightened about the importance of treating woman with respect. This is crucial given the high prevalence of violence toward woman and children in the area. Pastors thus play an integral role in breaking the vicious cycle of abuse. Pastors report on the number of families they visit per month and the programme conducts follow up visits with those requiring services. As of 2008, 18 pastors had been trained to perform these functions.

Traditional leaders play a significant role in economically strengthening guardians and in advocating for child protection and access to legal documentation and grants through letters to the Department of Home Affairs. The programme continually networks with this group. The economic aspect refers specifically to supporting the programme's VS&L component. Leaders have been known to provide land at a reduced cost to groups that wish to start food gardens. Where pertinent, leaders also take an active role in fighting stigma and child abuse by participating in campaigns and protests.

The OVC programme holds informative workshops for schools and the community on topics affecting OVC. These workshops teach educators, principals, parents or guardians, and the community how to identify OVC and what action to take. Such initiatives have led to a number of OVC identifications.

Community networking is critical to sustaining the programme so that it reaches its goals and objectives. Given the areas the programme works in are impoverished, and characterised by a number of social ills, networking enables the programme to do its job more effectively. It has also ensured that effort is not duplicated by other NGOs.

### Community Capacity Building

Training, facilitation, and support in VS&L and income generating activities (IGA) are provided to poor families and OVC foster parents in the various villages in the Greater Tzaneen Municipality area. Through these initiatives, the programme strengthens economic coping mechanisms for OVC and poor families within the communities.

Prior to VS&L training, curiosity in saving is raised among the poor families and OVC in the community through campaigns, door-to-door visits, and community conversations. As soon as a sufficient number of individuals has been mobilised, training is supplied by VS&L coordinators. The coordinators are trained by NCHCC's OVC programme partner, CARE. CHH children are also trained, particularly on budgeting. Once capacitated, the formation of small VS&L groups is encouraged. Groups meet regularly to save and lend money. To support ongoing development, the coordinators meet with and capacitate groups on a regular basis, particularly in addressing challenges.

Families, the community, and OVC benefit from VS&L and IGA. Aside from empowering their guardians, several VS&L groups supply goods generated from activities to OVC. For example, in one VS&L group, a member attends funerals where she identifies, approaches, and then invites OVC to a family garden to access fruit and vegetables at no cost.

## Village Centres

The programme assists in the development of village centres (similar to day care centres) in each of the villages it provides services. Many of these centres are informal meeting spots. Gatherings take place under trees, in the grounds of vacant buildings or in a volunteer's yard. Most centres are established and run by the programmes OVC caregivers. These caring individuals, on noticing the lack of structure, love and space afforded to children in their communities, are driven to start a centre.

It is here, Mondays through Fridays, that preschool, primary, and secondary school-aged children meet, sing, dance, and play. Children are also offered bereavement, group, and ongoing (particularly for the stigmatised) counselling by OVC caregivers at centres and, at times, at NCHCC's offices. Every OVC caregiver (29 in total) is trained by CARE to provide counselling. Caregivers also refer children for additional services.

Centres such as these, are important. Further to offering educational support (such as assistance with homework) children also learn about HIV/AIDS, which may prevent future risky behaviour. It is hoped that initiatives such as these will, in turn, reduce the number of future OVC.

An OVC carer based in Mokgoloboto village established a village centre in her front yard. She offers her property, water, and her heart to the children of Mokgoloboto Village. During a visit, the carer describes why her centre is so important to parents, guardians, the community, and children:

*"The children come to my place to do some homework and then they play by dancing and singing. I am helping those children that have foster parents with the homework. Some children are from sibling-headed households and they do not know about taking care of the children, and I help them by teaching them. I encourage the children to build the doll houses and through this they learn how to build their own houses. They are learning that it is the responsibility of the parents and they are learning the value of this."*

Mokgoloboto village is based in close proximity to a busy road that has claimed the lives of a number of pedestrians, including children. This village centre keeps children stimulated and occupied with play and educational activities and, in doing so, keep them from such dangers. Children are also monitored on a regular basis and any problems observed are reported to NCHCC.

*Carer and children at a village centre.*

*A child from a village centre.*

## BENEFICIARIES

*Elated beneficiaries at one of NCHCC's village centres.*

Preschool, primary, and secondary school-aged children benefit from the activities and services offered. That said, parents and guardians also gain. Beneficiaires reported that the programme makes a significant difference in their lives. This is because what is offered is relevant to their needs and those of the community.

Typically, beneficiaries are identified through the home-based carers who, whilst attending to bedridden clients, discover OVC requiring assistance. Identification also happens through door-to-door visits/campaigning and community referrals. Once identified, children are referred to OVC caregivers. These volunteers conduct a home visit with the foster parent or guardian to acertain the needs of the child. After this process is complete, the child becomes part of the programme.

To ensure OVC are not singled out as different, any child can participate in aspects of the programme, particularly village centre activities. Apart from reducing stigma, inviting the community children to participate offers a number of advantages. These include the following:

- Given Greater Tzaneen Municipality is characterised by violence against children, village centres offer a safe space and place for children to learn and play. This prevents children from becoming vulnerable.
- Knowing their children are in a safe and nurturing place, parents and guardians feel more at ease when at work.
- Apart from drama, dance, and assistance with homework, day care centres are used as a forum to educate children about HIV/AIDS. Educating children about such issues may prevent risky behaviour, and potentially reduce the number of OVC.

Since its foundation, the programme has not had many beneficiaires drop out of the programme. Those that do generally do so because of migration. Unfortunately, most of these children become even more vulnerable after they discontinue the programme. This is because most of the children return to the area abandoned and/or more vulnerable than before they left.

Although the law dictates that anyone 18 years old or older can no longer be considered an OVC, the programme continues to assist young adults over 17 years of age. They are included in prevention campaigns and, most importantly, when their grants stop, they are referred to local pastors for counseling.

As of September 2007, 623 OVC beneficiaries were receiving support from the programme. Of that number, 330 were male and 293 female.

## SERVICES PROVIDED

Through the range of activities previously described, the programme is able to offer OVC child protection, psychosocial, and economic strengthening. In addition, referrals provided through staff, village centres, and OVC caregivers also help youth to access healthcare services, food parcels, and shelter.

### Psychosocial Support

Children requiring psychosocial support are provided with one or more of the following — individual counselling, support group therapy, and memory box therapy.


*Staff members display tissue boxes made and used by OVC and for IGA and memory box therapy.*

Counselling is supplied by volunteers who are trained by CARE. Once children express that they are prepared, their counsellors gently introduced them to a support group. Each support group is limited to a maximum of 15 children. Play and art therapy are some of the methods used to help children heal during group sessions. As of September 2007, there were 12 active support groups meeting regularly at village centres and NCHCCs offices. OVC carers reported that support groups are significant in helping a child deal with trauma. During the AI workshop, an OVC carer reported how a support group helped one particular child that she monitors:

*"There was a child that was naughty and was not attending school. The child was stealing money by purse snatching. The child's parents told me about the snatching. I took the child to the support group and played with her. The group counselling helped the child because as a group they debated 'Is it good to steal money?' This child is now good because I gave her help through play and counselling. I did follow-ups and the child is no longer stealing."*

**OVC carer**

It was reported that some children, particularly boys, do not express interest in becoming part of support groups. In such cases, staff and volunteers encourage, facilitate, and support the formation of sports teams (particularly soccer and netball) to monitor these children.

Further to the above, other support is offered. For instance village centres provide opportunities for play and Circles of Support are provided to children, particularly those from CHHs [see home visits and child protection sections for further information]. In addition to this, OVC are offered memory box therapy. Utilising boxes, children affected by HIV/AIDS record their memories through photos and other memorabilia. This process promotes psychological healing and builds resilience in orphans. Tissue boxes sewed by OVC as part of IGAs are sometimes used as memory boxes.

### Child Protection

NCHCC strongly opposes the high incidence of child abuse in the Greater Tzaneen Municipality area. The programme lobbies and advocates on behalf of OVC in a number of ways.

To combat the wall of silence that shields abuse, volunteers go door-to-door to educate families, communities, and, most importantly, children about their rights. This has led to a number of prosecutions. A volunteer articulates one such example:

*"While doing door to door campaigns, I entered a home that had three children and I told them about their rights and responsibilities. When I asked them if they had any questions they were quiet. When I left the house a girl of 10 came running after me and told me that she had a problem and that she was afraid to talk about the problem in front of her parents. She told me she has been raped three weeks ago. I asked her if she had told her mother or neighbour and she said no. I went to my coordinator and told them about the story. We called the social worker and we took her to hospital. They found she had been raped and they opened a case. We attended the case and the suspect was arrested. He is now in jail. I am very proud because I went to the family and spoke to them about rights and responsibilities and the child felt that she could trust me to help her with her problem."*

**Volunteer**

The programme establishes and promotes Circles of Support, which provides an important protection function for the child. These circles are set up by networking with schools, the church, volunteers, organisations, and community members who live around the vicinity of the child, particularly children of CHHs. As of September 2007, 32 CHHs were being assisted through Circles of Support.

Another important child protection service offered is assistance in obtaining legal documentation, such as birth certificates and identity documents. Such documentation is crucial to accessing schools and a prerequisite to obtaining grants. Human rights carers, who are volunteers dedicated to child protection, follow up with the Department of Home Affairs if this service is delayed.

*NCHCC's MD and VS&L coordinator stands with recipients in their IGA garden.*

## Economic Strengthening

As detailed under activities [refer to community capacity building], the programme offers VS&L and IGA training, facilitation, and support to poor families and OVC foster parents in the various villages in the Greater Tzaneen Municipality area. This facilitates economic coping mechanisms for OVC/poor families within the communities.

Funds generated from VS&L groups are used to pay for household expenses. Some groups that generate surplus savings choose to start IGAs, many of which are extraordinarily successful. One example of a flourishing IGA is a small holding located in Relela village, managed by a group of four woman and three men. Members managed to bargain for, and secure, four hectares of land from the local chief. From this earth, a variety of seasonal fruits and vegetables are grown. Produce is used to feed their impoverished family members and OVC in the community. Any surplus goods are sold to hawkers and local businesses. This positive difference this particular IGA is recognized by all, particularly the programmes partner CARE.

In the words of CARE SA-Lesotho's economic empowerment coordinator:

*"We provided them [NCHCC] with business skills and VS&L training. I visited NCHCC and interviewed a group of women who had developed a vegetable garden from the business skills and VS&L training they had received from that organisation. I asked them questions about how the programme had helped them. They told me how NCHCC had helped them transform their lives and have hope by teaching them business skills and VS&L. Through the training received they had been able to grow enough vegetables to sell to the local Spar [South African chain of grocery stores]. My interest was on how the vegetable garden was benefiting them in terms of children and their households, and when questioned about this the woman told me that once a week they have children coming to collect vegetables from them. Even though the activity itself was more economically related and had to make money, these woman saw themselves as contributing to the community's children. From this example I could see the link between when CARE became involved by training and supporting NCHCC, and NCHCC's transformation as they began to see their role as empowering the woman and making the programme successful."*

CARE SA-Lesotho economic empowerment coordinator

In empowering OVC economically, children are offered the opportunity to start their own IGAs by sewing and selling tissue boxes and table clothes. As of September 2007, eight children were participating in tissue box IGAs. They are given autonomy in running their businesses by deciding on and drawing up their own constitution. The programme provides training, support, and facilitation in this regard. These tissue boxes are, if applicable, used for memory box therapy [see psychosocial support].

VS&L and IGAs are an important element in economically improving the lives of communities, families, and, most importantly, OVC. Testament to this can be seen in the programme's numbers. In 2005, 373 children and 123 adults participated in VS&L. By 2007, there were 64 VS&L groups and this number was growing rapidly.

# Resources

## Donors

Funding is provided by the emergency plan through USAID, on contract to CARE South Africa-Lesotho Local Links project. DoSD provides funding for the organisation's home-based care programme (home nursing/care for the bedridden).

## In-Kind Contributions

Community in-kind contributions include contributions of goods and services mobilised from local businesses and influential stakeholders. For example, Ackermans and PEP (South African chain stores) donate goods including cosmetics, baby cloths, school bags, and clothing. Ackermans also intermittently provides goods for events such as OVC Christmas parties.

## Programme Staff

Staff consists of seven board members (selected from the community), a managing director, and coordinators responsible for home-based care, OVC, human rights, and VS&L components.

Vacancies are advertised internally among the volunteers. Interviews are conducted by the board, after which appointments are made. Staff members are trained in all aspects of the programme to ensure the provision of excellence. To guarantee skills are disseminated, the programme runs "train-the-trainer" sessions. In addition to other modules, CARE Local Links provides psychosocial and VS&L training to programme staff, who in turn train other staff and volunteers.

Staff members' passion and determination are clearly important ingredients to the programme's success. These traits are acknowledged as can be seen in CARE South Africa-Lesotho HIV/AIDS theme coordinator's words on the organisation's managing director:

> *"I remember when I first visited NCHCC ;Lenney [the managing director] struggled to speak English. We gave project management training to her and, from this, we have seen her grow. Recently, she said to us, 'You have done a great job but I want to know how you decided about budge.' Through this questioning, we could see a real shift because when we met her she did not speak English yet today she is questioning us."*
>
> **CARE South Africa-Lesotho HIV/AIDS theme coordinator**

An appetite for learning and personal development is prevalent among other staff members and volunteers as well, fostering the organisation's development, and innovation — important attributes to success.

## VOLUNTEERS

*Some of NCHCC's OVC caregivers gather together.*

*"I see people in my community abusing children emotionally and physically. Some children do not concentrate, due to a lack of food at home. A lot of women are alone with these children. I started to think about the children and came to NCHCC to help. When I came here, I learned a lot of things about how to advise the children about their rights."*

***NCHCC human rights caregiver***

NCHCC boasts a strong assemblage of committed volunteers called caregivers. Save for VS&L, volunteers report to coordinators in the various areas of service provision. As of September 2007, NCHCC had 28 home-based caregivers, 14 human rights caregivers, and 29 OVC caregivers. All caregivers are female and each makes a positive contribution to the lives of children and the communities NCHCC serves.

Caregivers can be categorised according to their areas of work. For instance, human rights caregivers focus on campaigning, educating, and advocating for the rights of OVC; HBC provide relief to the bedridden; and OVC caregivers concentrate on offering and monitoring services to children. These categories do not mean that volunteers work in isolation. In fact, it is because of their strong team work ethic and informal referral system that OVC do not slip through the cracks.

All caregivers are recruited from among recommendations made by village ward counsellors. Incentives are offered; however, these incentives are dependent upon funding and availability. A certain number (decided by DoSD) of HBC receive a stipend of R500. OVC caregivers are offered t-shirts and, in cases of excellence (such as producing a good report), umbrellas. All volunteers receive money for transportation to training venues, the amount dependent upon distance. Subject matter covered includes project management, fundraising, financial management, home-based care, psychosocial support, VS&L, and advocacy. To minimise costs, a number of "train the trainer" courses are held. This means that one staff member attends formal training and, upon completion, disseminates the information learned to the rest of the organisation's staff.

# Lessons Learned

Since its inception in 2002, the programme has faced and successfully resolved a number of challenges, and many of these experiences have proved to be invaluable in the organisation's professional growth. The following section details some of the organisation's innovations and successes. Unmet needs and challenges are also briefly examined.

## Programme Innovations and Successes

### Village Centres

Centres have sprung up in the villages that the programme serves. The services and referral system offered are essential to making a positive contribution to the lives of OVC. It was reported that NHCC is the only NGO in the Greater Tzaneen Municipality area to have such centres. Staff members assist in each centre's success by providing support and training (from CARE) to the centre providers (OVC caregivers).

### Community Advocacy on Child Rights

Before 2002, a wall of silence surrounded the high incidence of child abuse in the Greater Tzaneen Municipality area. Numerous campaigns, marches, and protests have been held to express the strong disapproval of human rights abuses against children. Thanks to such initiatives, the fight against child abuse has come to the fore. In doing so, a large number of children have been and continue to be identified, reached and assisted. Protests have also ensured that the children are educated about their rights and responsibilities through door-to-door campaigns, mostly by human rights carers. This has empowered some children to identify and report their abusers.

### Voluntary Savings and Loan Groups

The skills, contacts, and money gained through VS&L groups have led to a number of successful IGAs. Not only do families benefit from this, OVC gain through access to the profits and produce generated. Children are also encouraged to start their own IGAs.

## Challenges

### Staff and Volunteer Turnover

One of the major challenges the programme faces is turnover. A common trend to emerge is that, once trained, volunteers and staff join other NGOs that offer more attractive incentives. This is particularly pertinent for those volunteers that do not receive a stipend. In the year prior to this case study report, eight staff members and 11 volunteers left the organisation. To address this challenge, the introduction of more competitive remuneration packages is essential.

### Overhead Costs

According to staff, the cost of renting the premises is an expense that increases annually. Office equipment, including a photocopier, chairs, and tables, are also rented at rates that staff members feel are too expensive.

### Transport

The villages that the programme serves are great distances from each other. Because the organisation does not own a vehicle, taxis are utilised to monitor sites; and this is expensive and, at times, frustrating because taxis can be unreliable.

## UNMET NEEDS

Key informant interviews, observations, and the AI workshop revealed a number of unmet needs of OVC. Some of these are briefly outlined below.

### Foreign Children Are Unable to Access Government Services

A major concern detailed, particularly by staff, is the difficulty children from other countries experience in accessing government services when their parents die. This is because some parents do not obtain important documentation (such as birth certificates and identity documents) for their children, even if they were born in the country and are entitled to them. When their parents pass away, children do not have the relevant documentation to receive essential services, such as grants. To make matters worse, these children are often not aware of where their extended family members reside. This makes these children even more vulnerable because they do not have access to familial support.

### Shelter

Interviews, conversations, and observations indicated that a number of OVC require better shelter. In the words of the organisation's advocacy coordinator, "Often, we go to the families of OVC but do not find enough shelter. For example, we find many children living in a one room house." This makes children, particularly girls, vulnerable to abuse. NCHCC is continually trying to find innovative ways, on a limited budget, to address these and other unmet needs of OVC and their guardians.

# The Way Forward

One of the fundamental ingredients to the programme's success is the ability of its people to look for new and innovative ways of reaching OVC. They are also continually challenging and changing negative stereotypes, and, in doing so, creating an environment that is nurturing, safe, and focused on the needs of the child.

Great emphasis is placed on success stories and, as such, the programme plans to record beneficiary development. The logic behind this is that through documenting a beneficiary's anthology, the child and others will feel inspired and motivated to work towards a bright future. The way in which staff plans to do this is humbling. In the words of NCHCC's managing director:

> *"We want to profile children's information so that children will value what we will do for them. After [reaching] 18 [years of age], there is nothing for them. We want to take photos of each child we help and profile them every step of the way. If we can provide a photo for each child at different stages of their development and [document] how they progress, it will motivate that child to learn more. Reflecting back will also help the community because they will see the results of NCHCC."*
>
> NCHCC managing director

The positive effect the programme has made is felt and appreciated in the community — so much so that most wish for its expansion. One of the most common wishes expressed was that NCHCC secure more funding and expertise to reach children in other villages. The success of the programme has impressed many, to the extent that expansion is deemed as the next logical step in reaching other children. Staff members acknowledge that this is dependent upon the sustainability of funding, as well as increased funding.

With limited resources, the programme has managed to develop into a programme that delivers excellent, quality-focused, and relevant services. Given the extraordinary resilience, dedication, and passion of all those who are involved in the organisation, its success is sure to continue.

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