

*A Case Study*

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# The Valley Trust OVC Project





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# Table of Contents

ACKNOWLEDGEMENTS ..... 4

ACRONYMS ..... 5

EXECUTIVE SUMMARY ..... 6

INTRODUCTION ..... 7

ORPHANS AND VULNERABLE CHILDREN IN SOUTH AFRICA ..... 8

METHODOLOGY..... 9

PROJECT DESCRIPTION ..... 11

RESOURCES ..... 18

LESSONS LEARNED ..... 19

THE WAY FORWARD ..... 21

REFERENCES AND BIBLIOGRAPHY ..... 22

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*Cover photo by Gareth Rossiter: Enthusiastic children at the aftercare session at Khanyesani Primary School.*

# Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
emergency plan	U.S. President's Emergency Plan for AIDS Relief
JHHESA	Johns Hopkins Health Education in South Africa
NGO	nongovernmental organisation
NPO	nonprofit organisation
OVC	orphans and vulnerable children
TVT	The Valley Trust
VCT	voluntary counselling and testing
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), there is insufficient documentation on “what works” to improve the well-being of these children affected by HIV and AIDS. With more information about the cost and effectiveness of interventions, donors, policy-makers, and programme managers can make better informed decisions regarding the allocation of scarce resources for OVC.

In an attempt to fill these knowledge gaps, this case study is one of 32 OVC programme case studies researched and written by Khulisa Management Services with support from MEASURE Evaluation, Support for Economic Growth and Analysis II project (SEGA II), The U.S. Agency for International Development (USAID) in South Africa, and the U.S. President’s Emergency Plan for AIDS Relief (emergency plan). This study documents The Valley Trusts OVC project’s description, innovations, and lessons learned that can be shared with other OVC initiatives.

Established in the 1950s, The Valley Trust is a well-informed nonprofit organisation (NPO) working with rural communities in the four South African provinces of KwaZulu Natal, the Eastern Cape, Limpopo, and the Northern Cape. The Valley Trust supports rural communities through a wide range of development projects designed to improve the health, quality of life, and self-reliance of individuals and the community as a whole. Part of this support includes the caring for OVC through two projects run in the Valley of a Thousand Hills in KwaZulu Natal Province. These projects entail the Izingane Zethu (“our children”) Early Childhood Interventions project, the aim of which is to ensure young OVC have access to early childhood development services to better prepare them to enter the formal schooling system; and the recent start-up project that focuses on engaging young people in the care and support of OVC. The latter project is the main focus of this case study; however the former, where applicable, is also represented. This case study is a celebration of the project’s accomplishments in improving the lives of OVC in the Valley of a Thousand Hills.

A unique method known as appreciate inquiry was used to gather information for the case study. Key informant interviews were conducted, observations were made of activities and services offered, and a full-day workshop was held. During the workshop, staff, beneficiaries, volunteers, community members, and stakeholders were questioned about their positive experiences with The Valley Trust’s OVC project. The majority of responses, from all groups of people, were elicited in story form to gain insight into individuals’ constructive experiences with the project. Where pertinent, stories are illustrated within this case study to demonstrate the excellence of The Valley Trust OVC project.

The project offers OVC a number of services – food and nutritional support, psychosocial support, educational support, HIV prevention education, and child protection. The provision of these services is made possible via a strong volunteer and staff component that engage in various activities in caring for OVC. These activities are home visits, after school activities, and cementing key partnerships and referral systems with government departments and other nongovernmental organisations (NGOs).

This case study details The Valley Trust OVC project’s successes and lessons learned, including its community-focussed approach and ability to mobilise youth as OVC caregivers. Further to the successes, a few project challenges and unmet needs of OVC are also examined, albeit briefly. Challenges the project has faced encompass, but are not limited to, a high caregiver-to-child ratio, difficulties in retaining volunteers, and training for volunteers to execute their mandate. Unmet needs identified include issues involving food security, school uniforms, and recreational equipment.

This case study is first and foremost a commemoration to The Valley Trust’s OVC project in caring for OVC in the Valley of a Thousand Hills.

# 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 The Valley Trust (TVT) OVC project and to document lessons learned that can be shared with other initiatives. The U.S. Agency for International Development (USAID) in South Africa commissioned this activity to gain further insight into OVC interventions receiving financial support through the President’s Emergency Plan for AIDS Relief (emergency plan). This OVC case study, one of a series of case studies documenting OVC interventions in South Africa, was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the emergency plan and USAID/South Africa.

The primary audience for this case study includes The Valley Trust OVC project, 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.



## **The Project’s History**

The Valley Trust OVC project has its origins in 2003, with the initiation of a pilot study to research a new way of helping OVC by equipping unemployed youth with the skills and means to care for and support children in their communities.

When the project commenced in early 2007, estimates indicated that the HIV epidemic may have claimed between 5 million and 7 million South Africans by 2010, and that there would be 5.7 million orphaned children by 2015. This equates to 60% of the population of KwaZulu-Natal, where the pilot took place.

The pilot took place in 17 primary schools located in the KwaXimba, KwaNyavu and Mkhizwana areas in the Valley of a Thousand Hills, KwaZulu Natal Province.

Caregivers were identified after a thorough screening process. Once selected, caregivers were provided with intensive training on the foundations of OVC and caring for children.

Vulnerable children were then identified with the help of school teachers and the trained caregivers. The children’s specific needs were assessed as the project unfolded.

In February 2007, the findings of the pilot research project were presented to the community and other stakeholders. Today the pilot study is a TVT OVC project, funded through the U.S. Agency for International Development via a grant to Johns Hopkins Health and Education South Africa.

# Orphans and Vulnerable Children in South Africa

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

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

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

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

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

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

# Methodology

## INFORMATION GATHERING

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*Guardians, aunts, grannies, children, and youth share their stories over a lunch break at the Sethani Centre.*

When designing this research, appreciative inquiry (AI) concepts were used 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 seeks out and identifies “the best” in an OVC project 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 project that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in The Valley Trust (hereafter referred to as TVT) OVC project, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

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

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

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Data collection took place August 16-17, 2007, at TVT headquarters and at schools and community facilities situated in the Valley of a Thousand Hills, Durban, KwaZulu Natal Province, South Africa. Two researchers conducted two key informant interviews with programme and project managers. Following this, caregivers were interviewed at Khanyisani Primary School, where the OVC project operates. The following day, a full-day AI workshop was held where researchers turned interviews into probing conversations to extract a greater depth of information. Workshop participants comprised beneficiaries, guardians, teachers, staff and volunteers. The workshop took place at the Sethani Centre, an important partner project for TVT OVC project. Information gathering also included an extensive review of project documents.

## FOCAL SITE

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The Valley Trust OVC project operates within areas of the Valley of a Thousand Hills, a vast settlement comprising a network of villages on traditional land between Durban and Pietermaritzburg in the KwaZulu Natal Province of South Africa. The project works in three areas within the Valley of a Thousand Hills, namely KwaXimba, Ntshongweni, and KwaNgcolosi. Residents of these villages are poor and there are high levels of unemployment. Large households, the paucity of infrastructure, poor services, and low household incomes with limited capacity for savings are all factors that inhibit development in the area.

Those who are employed typically work in the cities and send money home. In many cases, parents are migrant workers leaving their children in the care of grandparents. This further weakens already stressed social structures. HIV and AIDS have placed unbearable pressures on communities in the area. KwaZulu Natal is the province with the highest incidence of HIV in South Africa. Based on the Department of Health's 2005 National HIV and Syphilis Antenatal Sero-prevalence Survey in South Africa, KwaZulu Natal has a 39.1% HIV prevalence rate. This rate intensifies the high number of OVC living within the Valley of a Thousand Hills.

# Project Description

## OVERVIEW AND FRAMEWORK

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The Valley Trust (hereafter referred to as TVT) was established in 1953 by medical practitioner Dr Halley Stott who, together with his colleagues, pioneered a community-driven primary health care system within the Valley of a Thousand Hills. Over the half century of its existence, TVT has expanded its activities via an array of projects run and managed through its various departments. These departments are:

Community-Based Health (the OVC project is located in this department);

Whole School Development, which focuses on science, nutrition, education, school infrastructure and school management, and the integrated education programme;

Organisational Development, which seeks to strengthen the skills and systems in the organisation;

Integrated Technology, which focuses on food security, integrated land use, traditional plant resources management, water and sanitation, partnership development, and lobbying and advocacy; and

Information Management, which comprises units for fundraising and business, statistics, video, data services, and communication.

TVT works with rural communities in four South African provinces – KwaZulu Natal, the Eastern Cape, Limpopo, and the Northern Cape. Communities within these provinces are supported through a wide range of development projects designed to improve the health, quality of life and self-reliance of individuals and the community as a whole. Two such projects that do this are the Izingane Zethu (“our children”) Early Childhood Interventions Project (the aim of which is to ensure young OVC have access to early childhood development services to better prepare them to enter the formal schooling system) and the recent start-up project focused on engaging young people in the care and support of OVC. The latter project is the main focus of this case study; however the former is, where pertinent, also represented. At the time of fieldwork, those interviewed indicated that TVT was looking at how best to develop a single, integrated approach to caring for OVC.

The OVC project has its roots in a pilot study following the success of a similar project in Zambia. During April 2005, TVT received a grant from the Population Council through USAID to pilot an 18-month approach to OVC care. The study took place in 17 primary schools from the KwaXimba, KwaNyavu, and Mkhizwana areas of the Valley of a Thousand Hills and set out to research the effect of mobilising, training, and deploying young volunteers to care for and support OVC within the selected areas. Services were offered by volunteers to OVC and comprised psychosocial support, HIV and AIDS education, and educational support. Following the results of the pilot study, which were presented to the community and other stakeholders, John Hopkins Health Education in South Africa (JHHESA) offered TVT its support to roll out the pilot study out as a project in early 2007.

The goals of the project are two-fold, in that it aims to (i) encourage youth to care for OVC and (ii) provide care and support for OVC to integrate into their communities. These goals are achieved through several activities, including conducting home visits to identify OVC; providing aftercare at schools; and establishing key partnerships with communities, local schools, and other structures of civil society that work with OVC and poor communities. The activities result in the direct provision of a number of services (child protection, psychosocial support, HIV prevention education, and educational support) as well as indirect services, such as healthcare and referrals for additional services, including food.

The OVC project receives funding from the U.S. President's Emergency Plan for AIDS Relief (emergency plan), through the U.S. Agency for International Development (USAID), via a grant to JHHESA. In addition to this, JHHESA provides grant management and technical support that entails guiding staff in the development of monitoring and evaluation systems.

## PROJECT STAFF

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Staff manage and administer the organisation's significant portfolio of projects, predominantly in KwaZulu Natal, but also in the Eastern Cape, Limpopo, and Northern Cape provinces.

The OVC project is a relatively small component of the Community-Based Health Department, which employs two project coordinators to oversee, train, and monitor the work of the volunteers.

TVT reports are a mix of statistics, standard narratives and analyses, and informative stories. Staff keep narrative reports on each child. The reports are rich with stories that could be construed as anecdotal, but indicate a thorough case-by-case approach. Statistics of services offered are collected daily by volunteers who submit weekly reports to staff members. These reports are captured at TVT offices by staff.

All staff members are trained. Subject matter depends on skills required. Typically, training is done in-house, although some is outsourced.

## PROJECT VOLUNTEERS

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The project has 32 volunteers (mostly female) referred to as youth caregivers, ranging in age from 18 to 35 years. Caregivers monitor OVC well-being, ensure they access services, and help to link them to other services in their community through referrals, such as to healthcare facilities.

Caregivers are identified and selected through a thorough screening process. Advertising positions takes place via community networks, including NGOs such as loveLife, as well as through community health workers, school principals, and teachers. The criteria for selection of caregivers requires that they be unemployed, are between the ages of 18 and 35 years, have a passion and an ability to work with children, and are educated to at least a Matric level.

Once selected, caregivers are trained to work with vulnerable families in their communities. At this stage of the project's implementation, the level of skills training for caregivers is relatively basic. Additional training is planned to include food gardening.

Caregivers identify OVC during home visits, after which an assessment of the specific needs of the child is conducted. In addition to this, caregivers provide aftercare services for an hour every school day except Fridays. Aftercare services entail supporting OVC with their homework and coaching indigenous games and other recreational activities. Each caregiver is responsible for caring for and monitoring approximately 45 children.

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*"They are dedicated and work with love."*

*"They are friendly and make it easy for you to talk to them about anything."*

**Comments by guardians, highlighting their appreciation for TVT caregivers**

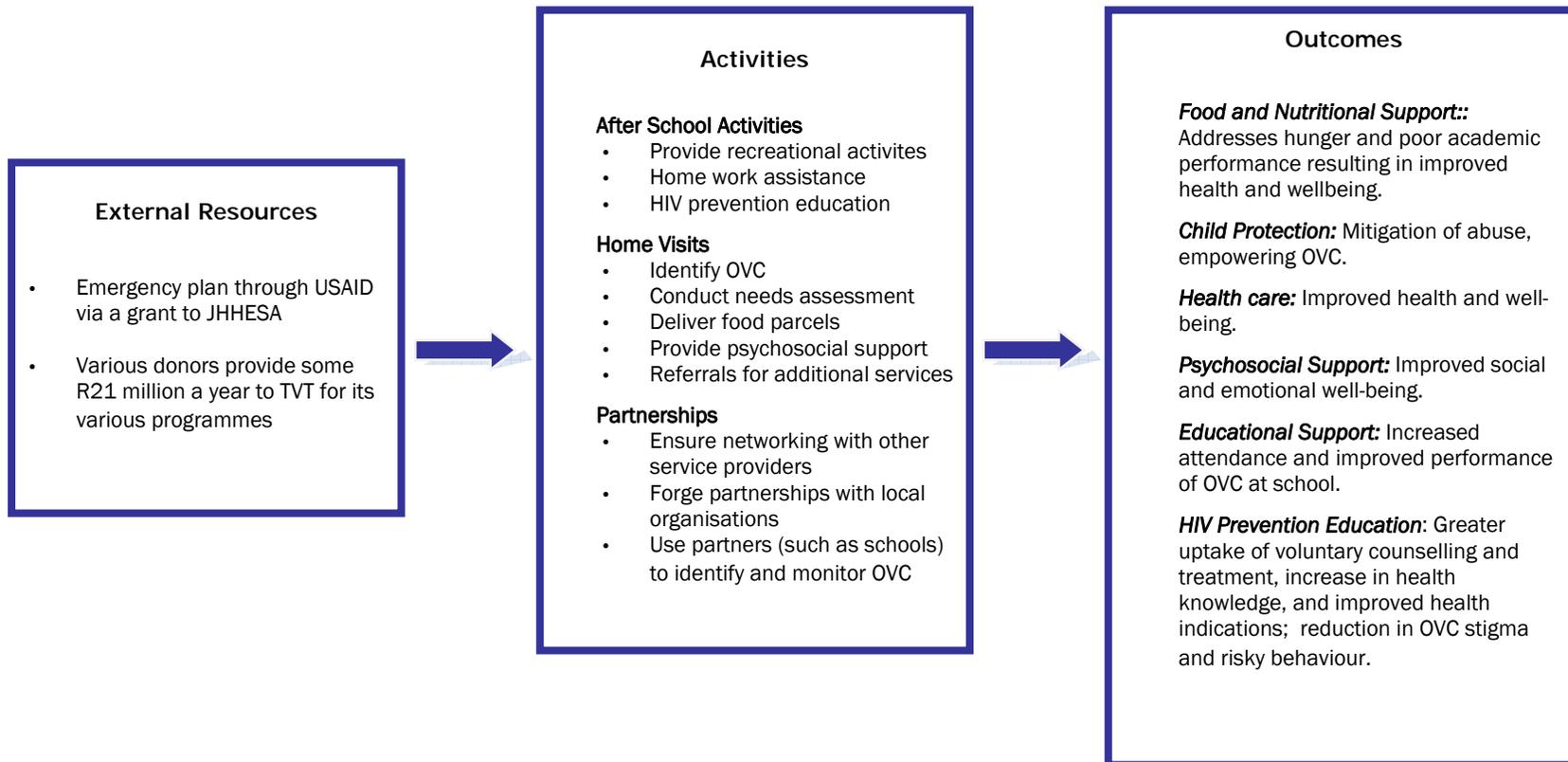
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# The Valley Trust OVC Project

The Valley Trust's core purpose is to create and hold processes that enable people to realise their own potential

## Project Goals

- To encourage youth to care for OVC
- To provide care and support for OVC to integrate into their communities



## KEY PROJECT ACTIVITIES



### After School Activities

Through a partnership with 14 primary schools and Sethani (a local NGO set up in 1994), the project provides after-school care to OVC between the ages of 6 and 13 years. After-school care comprises the provision of recreational activities, home work assistance, and HIV prevention education. Many believe that providing OVC with recreational activities and other forms of support leads to healing and subsequent improvement of school grades and well-being in other areas of their lives [see inset]. Trained caregivers supervised by project coordinators engage children in these after-school activities.

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*"I am a teacher. I really value the contribution of the caregivers in our schools. Children open up on the sports field. There is even an improvement with class work; and during netball and soccer they give lessons on HIV/AIDS, rights and responsibility."*

**Teacher, Khanyisani Primary School**

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### Home Visits

Caregivers identify OVC during home visits. These visits are typically conducted during the mornings every day (information regarding the number of homes visited by each caregiver and the frequency of visits was not available at the time of fieldwork).

The Izingane Zethu Early Childhood Interventions Project also conducts visits during which OVC are assisted; however, this service is generally for children younger than 5 years of age. This project works with traditional leaders to help identify the neediest families within the communities. Graduation from this project takes place when children enter the formal schooling system.

Home visits are an important element to both projects in that they identify those in need and allow for the subsequent delivery of much needed services. The following story is a testament to the importance of this service:

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*"I live with five young children. Their mother disappeared. She said she was going to work in Johannesburg. My husband and sons passed away in one year and left me with a bond on the house I could not afford to pay. Then my granddaughter, who has no father, who also stays with me, was raped. I had no one to help me with all these problems until my unemployed married daughter brought Valley Trust to my house and they helped the children and I was given food parcels. For the first time, my granddaughter talked to someone about the abuse. I am so happy the caregiver from this project is helping my family to cope."*

**Grandmother and guardian**

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## Partnerships

The project's long term success and sustainability lies in its strong partnerships and referral systems.

TVT is at times unable to provide OVC with particular services. In such cases, TVT refer OVC to its partners to assist. To this end, project staff members work hard to develop relationships with individuals, government departments, and NGOs. For example, social workers assist children in abused situations with counselling; local clinics provide health care services to OVC; and teachers monitor their pupils and refer those suspected of being OVC to TVT. On a daily basis, caregivers work with teachers and principals to monitor schools and ensure they are providing support for OVC pupils.

In addition to the above, the OVC project has developed a special relationship with Sethani, a local NGO caring for the sick and OVC. Through this relationship, TVT and Sethani have managed to assist OVC from a young age [see inset for example]. Needy families requiring food and nutritional support are referred to Sethani for regular food parcels. Sethani also has a community resource centre that youth use in the afternoons.

The project also works with government partners such as the Department of Home Affairs (to assist in the application and acquisition of legal documents), the Department of Health (in referring patients to clinics for medical assistance TVT is unable to provide), and the Department of Social Development (for the provision of social grants).

With reference to the Izingane Zethu Early Childhood Interventions Project, TVT works closely with two early childhood development organisations – TREE and LETCEE. These organisations work with TVT to prepare OVC for formal education.

### Working Together for Success: How TVT and Sethani Partner to Help OVC

*"The Sethani Project, a sister project to The Valley Trust, was started in 1994. Back then, the project brought food relief to destitute families and operated from a vehicle. Now it has developed a well resourced centre for youth and the community in which it operates.*

*"[There was a child that] first attended a session at Sethani when he was in Grade 1. He comes from a very poor family of 11 children. His father would fish and garden and his mother earned R390 a month by doing road works. [This child] is the third child in the family. From an early age he showed potential and initiative. He finished Matric in 2005 and did well. After completing his schooling he volunteered at the resource centre at Sethani.*

*"In 2006 he was selected by The Valley Trust for their cadet programme. This is a year-long programme designed to help youth who have completed school integrate into work and most often entails work placement in companies. While [he] worked on the cadet programme, he also continued volunteering at the resource centre where he tutored school students.*

*"In 2007, he was offered an assistant manager position with a plumbing contractor. He is now in a position to support his younger siblings".*

**Sethani project manager**

## BENEFICIARIES

The principal beneficiaries of the OVC project are primary school children between 6 and 13 years of age who attend the 14 schools that are part of the project. TVT's July 2007 monthly report indicated that 562 children received direct support in the form of primary services (i.e., a child receiving three or more services), while another 541 received direct support in the form of supplementary services (i.e., a child receiving one or two services).

OVC are identified during home visits by caregivers. Teachers, principals, and community members also identify and refer OVC to TVT. Typically vulnerable households comprise child-headed households, and those with single parents/guardians struggling to care for their children.

## SERVICES PROVIDED



Evidence of the services provided by TVT OVC project were gleaned from interviews, observations, and reading of comprehensive and detailed monthly reports.



### Food and Nutritional Support

On a few occasions, TVT is able to provide food parcels when the need is desperate and there is supply. There were 11 such occasions during July 2007.

Food parcels are provided to OVC that are identified as in need. Generally, children receive parcels during school hours; however, typically, caregivers refer needy OVC to Sethani for assistance. This aid comprises the regular distribution of food parcels to destitute families. The project also advises impoverished families to start a vegetable garden to supplement household nutritional uptake. Training in this is planned.

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*“When the caregiver came to my house with my unemployed daughter carrying food parcels I felt like a normal parent with a supportive husband again.”*

**Guardian**

*“The moment I saw food parcels being carried through my door was a great experience for me.”*

**Guardian**

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### Child Protection

Under this service, interventions from TVT encompass educating school children about their rights, the importance of not talking to strangers, and road safety. Caregivers facilitate various workshops to disseminate these messages.

Further to the above, caregivers identify cases of abuse during home visits and refer such cases to the police for intervention. A number of cases of serious child abuse were reported during the AI interviews. Fortunately, it appears that the ability to respond appropriately to issues of child abuse is a particular strength of the caregivers.



### Health Care

TVT boasts a clinic on-site and accompanies mobile clinics run by local clinics to offer counselling and testing services.

In addition to this, TVT offer other basic health care services. For example, a TVT nurse assists at the local Msundusi clinic twice a week to conduct CD4 counts for patients, and OVC are referred to other state health care providers for additional service provision. Many interviewed reported a reluctance to use state clinics and were pleased that TVT offered these HIV services.



## Psychosocial Support

The key rationale of the youth caregiver model is that psychosocial support can be provided to OVC through regular after-school intervention programmes and during home visits. With regard to the latter, by being present caregivers are able to provide psychosocial support to OVC identified as in need during home visits.

In general, caregivers provide care and lay counselling to children [see below for example]. Children are referred to TVT, government social workers, or psychologists if caregivers are unable to assist. Children also receive psychosocial support through the recreational opportunities afforded through the after school care activities. In addition to assisting OVC, TVT provide psychosocial services in the form of counselling to the guardians of OVC.

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*"In recent days, there has been a terrible incident in my neighbourhood which demanded my help. A girl of 15 was sent by her grandmother to the shop. She was grabbed by a local man who kept her the whole night. He beat her and threatened her should she speak out. She came home and was silent. The grandmother reported the matter to me. I counselled the young girl who then told me of the terrible incident. I took the child to the clinic and reported the case to the police. The child has started to recover slowly. She was given post exposure prophylaxis. I have used my own money to take the child to the hospital. The child has missed three weeks of schooling. A case has been opened [at the police station]."*

**Caregiver**

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## Educational Support

Caregivers advocate on behalf of OVC for the exemption of school fees. Other educational support entails the provision of school uniforms for the neediest children and homework assistance during aftercare sessions. Children are also provided with career guidance and educated about the importance of having and achieving goals in life.

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*"When I saw my children looking like other children going to school in clean new uniforms, I went to the school to personally see and thank the person who helped them. I felt like a person among people, too."*

**Guardian**

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## HIV Prevention Education

Caregivers reported that they offer HIV education once or twice a week during life skills training sessions at schools. Subject matter includes, but is not limited to, the transmission of HIV. From June 21, 2007 to July 20, 2007, TVT reportedly provided training on how HIV is transmitted to 36 OVC; and educated a further 59 OVC about abstinence.

# Resources

## DONORS

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*From its original focus of work in the Valley of a Thousand Hills, TVT now provides services in four provinces across South Africa.*

The Valley Trust was established in the 1950s and has developed into a respected mature organisation over the last 50 years. It manages an array of community development projects across South Africa. Some of these projects are funded by donors and government, some are supported from the proceeds of contracts that have been won, and some are funded from the interest from investments. The OVC project receives funding from the emergency plan through USAID, via a grant to JHEESA.

## COMMUNITY IN-KIND CONTRIBUTIONS

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It is the mission of TVT to support communities to develop their own solutions to the social and economic circumstances in which they find themselves. TVT sees the mobilisation of communities to take control of their own development as a critical part of their practice. Yet when a community is poor, it has little to spare in material terms. However, participants in the AI workshop indicated that neighbours provide food for OVC whenever they have any extra.

TVT harnesses the resources of each community it serves by securing community support for its work. While some members of the community work actively as caregivers, others provide information about children in need so that TVT can intervene and assist. During AI workshop sessions, caregivers reported that it had not taken long for community members to realise that TVT was trustworthy and meant business. As such, a community rapidly becomes the eyes and ears of the project. Caregivers reported that community members regularly report to them any children in need.

# Lessons Learned

## PROJECT INNOVATIONS AND SUCCESSES

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*A culture of reflection is a trademark of TVT. Here, community leaders, OVC, parents and guardians, teachers, and caregivers meet to review the findings of the pilot phase of the OVC project in March 2007.*

### A Community Focused Approach

TVT has stood the test of time, growing into a well-resourced organisation with a strong reputation. A deep trust has developed between the organisation and the communities that it seeks to empower through its programmes. The result is that the OVC project can trade on this reputation and is likely to grow steadily.

Caregivers and project staff reported a strong collaboration developing between themselves and the teachers, parents and guardians, representatives of community structures, and children in the communities that they serve. They believe that they have earned a reputation for reliability within their communities after only a few months.

### Mobilising Youth as Caregivers

The project seeks to meet some of the needs of OVC by recruiting and training unemployed youth, to the benefit of both groups. These youth serve as very important role models and, because they live in communities where the children live, they are able to monitor them daily.

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*"They use young people who are quick to reach the community everywhere."*

*"They know how to communicate with children."*

*"They even use their money to help us to go to the clinic."*

**Comments by guardians, highlighting the value of using local young adults as caregivers**

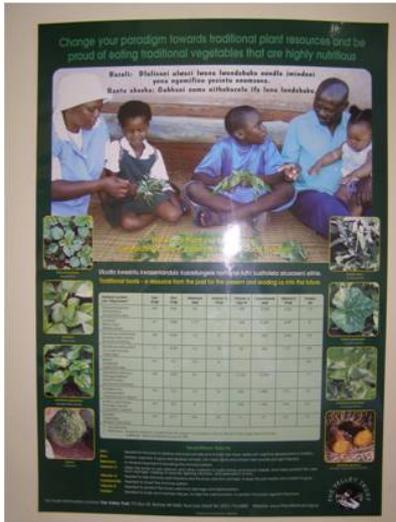
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## PROJECT CHALLENGES

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### High Children-to-Caregiver Ratios

Caregivers are greatly appreciated, but more need to be recruited to meet the growing demand of OVC. The ratio of children-to-caregiver is high. Each caregiver is responsible for approximately 45 children. Caregivers reported that it was very difficult for them to provide meaningful quality attention and care to OVC, given the numbers of children they had to care for. Additional resources would help resolve this challenge.



*The Integrated Technology Department of TVT promotes cultivation of indigenous plants and the development of food gardens. It is one of TVT's programmes that could be of great value to the OVC project.*

### **Limited Training and Emotional Support for Volunteers**

The emotional stress of working with children in poor communities made vulnerable through HIV and AIDS places a particular burden on staff and caregivers. That the project depends heavily on youth who do not necessarily have all the skills and experience to drive the process only exacerbates their stress.

### **Volunteer Incentives and Retention**

Caregivers receive a stipend of R500 per month. During the pilot period that preceded the OVC project, TVT lost a number of trained caregivers to occupations with a more secure income. Staff and volunteers hope that this rate of attrition will decrease as the result of a living expense stipend.

The further development of caregivers' skills is critical, both so that they are able to improve the quality of OVC psychosocial and educational support and so that the project provides a real incentive for volunteers.

### **Integrating OVC Projects**

TVT has developed another OVC project, the Izingane Zethu OVC project. The model for this project is significantly different from the one being used for the project under discussion. Rather than working through primary schools, it seeks to intervene at the preschool level and revive traditional structures of social support for orphans. It has sought to rebuild traditional social structures of care and support working with traditional leaders. Staff members interviewed indicated that TVT was looking how best to ensure that a single approach is developed for dealing with OVC.

It was not possible to ascertain during the investigation the extent to which all the various departments (other than the Community Based Health Department) were contributing to the OVC project.

## **UNMET NEEDS**

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### **Food and Nutritional Support**

There are high levels of poverty in the area and food security is a key issue for vulnerable households. Staff and caregivers, parents and guardians all see the lack of food security as a major challenge of the project particularly as there is a constant shortage of food parcels for needy households. Caregivers noted that they found it very difficult to work with children during after school activities when their basic nutritional needs are not being met. It was reported that where there are school feeding programmes, the food is of poor quality. Staff, caregivers, parents and guardians plan to start food gardens and run an aftercare feeding Project to address this need. There are no food gardens yet although the training is planned.

### **School Uniforms and Recreational Supplies**

There is an ongoing need to support the costs of providing OVC with school uniforms so that they feel free to attend school and are not ostracised by others. Only a few children get uniforms and more need them. Although there is an active aftercare programme, it was clear from what was observed that the caregivers had few teaching resources at their disposal to enhance the quality of aftercare.

# The Way Forward

TVT plans to integrate an organisation-wide strategy for dealing with OVC. Further to this, TVT aims to strengthen its key partnerships to better serve OVC and address food insecurity with the introduction of developing food garden training.

Those interviewed indicated that TVT was looking at how best to ensure a single integrated approach is developed as the organisation (at the time of research) has two models of care for assisting OVC. One provides quality preschool education and mobilises communities to rekindle important traditional values whilst the other seeks to mobilise and recruit youth as OVC caregivers. The overarching approach will encompass the features of both existing projects and streamline resources to better assist OVC.

Those that run the OVC project understand the importance of strengthening its key partnerships. They see a special need to work with teachers in schools to strengthen a child-centred practice. In addition, staff members strive to develop their relationships with traditional leaders and government departments to encourage services that would support their OVC work.

Though TVT has had a range of funding sources, the OVC project as of August 2007 relied almost entirely on the grant from the emergency plan through JHHESA to cover its costs. The National Strategic Plan makes provision for services for OVC. The sustainability of OVC projects in South Africa is dependent on the ability to harness resources that are within the budgets of various government departments, specifically the Department of Health and Department of Social Development.

Regardless of the project's plans, given the research and community mobilisation that preceded the project's initiation, and the significant experience and expertise of TVT available to the OVC project, the prognosis for its growth is good.

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