

A Case Study

Vongani Child and Youth Care Development Project



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With Support from CARE South Africa-Lesotho

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Cover photo by Tina Byenkya: After School Activities at Jim-Nghalalume village.

Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
CARE SA	CARE South Africa-Lesotho
CBO	community-based organisation
emergency plan	U.S. President's Emergency Plan for AIDS Relief
HBC	home-based care
HIV	human immunodeficiency virus
IGA	Income-generating activity
OVC	orphans and vulnerable children
PET	participatory education theatre
PLHA	people living with HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VS&L	voluntary savings and loan

Executive Summary

With an estimated 5.5 million people living with HIV/AIDS (PLHA) in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. 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. In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Vongani Child and Youth Care Development Project (Vongani) and to document lessons learned that can be shared with other initiatives. 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 U.S. President's Emergency Plan for AIDS Relief (emergency plan) and U.S. Agency for International Development (USAID)/South Africa.

This case study is based upon project document review; project site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and observations of project activities. An appreciative inquiry (AI) approach was utilised to focus on the organisation's best performances and experiences, and the conditions that enabled the achievement of these peak experiences.

Vongani serves four villages in Giyani Municipality. Since 2005, Vongani has been receiving emergency plan support, following Vongani's partnership with CARE South Africa-Lesotho (CARE SA) Local Links for OVC Support project. CARE SA has been instrumental in capacity building as well as in the introduction of innovative ideas in servicing OVC.

Aligned to CARE SA's Local Links objectives, the goals of Vongani are to:

- strengthen economic coping mechanisms of families and communities;
- provide a range of innovative and accessible services to OVC and their families; and
- promote advocacy efforts that are sensitive to the needs and rights of OVC and PLHA.

To realise these project goals, CARE SA has trained Vongani staff on voluntary savings and loan (VS&L), OVC care, and advocacy. CARE SA provides funds mainly for field-workers' salaries, transport, and VS&L training.

Vongani's key activities include mobilising and training the community members to start and run VS&L groups; and home visits to care for the sick and support OVC, their families, and the community. Vongani facilitates children's support groups for OVC and runs after-school activities for all children and youth, including OVC. Vongani conducts advocacy activities on behalf of OVC and youth through school and community awareness campaigns, strengthening the partnership with communities, other organisations, and the government sector. Field-workers use a variety of forms designed by CARE SA to collect monitoring data while providing services.

A range of services are provided to 1,250 children, including 156 identified OVC. Foster parents and community members also receive services from Vongani. Vongani has mobilised members of the community to join VS&L groups and to start income-generating activities (IGAs). Vongani caregivers provide psychosocial support through home visits, during after-school activities, and at children support groups. Protection services are offered to children by educating them on their rights. In addition, Vongani offers the children alternative recreational facilities and educates guardians and community members about children rights.

Vongani has secured the services of a social worker who visits the centre weekly to listen to people's problems and assist with applications for grants for children including OVC. Due to limited resources, food distribution is made to needy families as an emergency measure. Health

care services provided by Vongani caregivers include home-based care, HIV prevention education, and appropriate referrals for OVC, their parents and guardians.

Unmet needs include incentives and training for staff and volunteers. With regard to sports and games, there is a need for more sporting facilities, playing materials, and equipment. Other unmet needs include serving OVC who become ineligible for grants upon reaching 18 years of age, yet may still be at school or heading their households. There is also a need for regular feeding, as food provisions are limited.

To foster community ownership, the project has engaged local leaders and enabled the community to talk openly about OVC and HIV/AIDS. The community's sense of ownership of this project has translated into enthusiastic approval and support for Vongani's activities, often attracting volunteers from outside the villages in which Vongani operates. Through the intervention of the local chief, Vongani has acquired a space for construction and for children's edutainment activities after school. In addition, members of the community contribute material goods depending on their ability.

Several challenges were identified. Misinformation or failure to understand the concept and the working of VS&L groups was identified as a factor leading to failure to initiate VS&L groups, members dropping out, or complete dissolution of existing groups. Lack of money to save or to repay loans owing to a shortage of disposable income or viable IGAs is a threat to the VS&L initiative. IGAs require extra stocks and capital so that the activities are not merely survivalist but have potential for growth, replication, and fulfilment.

Other challenges include lengthy processing of grants, a lack of supporting legal documents and misuse of grants by foster care parents. Since caregivers inquire about the food situation during home visits, families expect the caregivers to provide them with food during the next visit. Child protection is hampered because some of the families of abuse and rape case victims are unwilling to report to the authorities, preferring to handle such issues at the family and community level.

Despite the challenges, the innovative method of integrating a VS&L component with OVC care has proven effective. Through this economic component, it has been possible to influence community change and development while caring for OVC. Vongani has learned that the success of the project depends on communication and transparency, and consequently holds regular internal and external meetings and duly submits reports to the stakeholders. Through working collaboratively with government departments and other stakeholders, Vongani has come to appreciate, and has taken advantage of, the power of partnerships often working with a variety of government departments and other stakeholders to deliver material and other services to children and youth. Another inventive tactic is implemented by Vongani's drama group. This group utilises a participatory theatre approach to raise awareness about children's issues and rights, as well as pass on HIV/AIDS information.

Key to the sustainability of OVC care and support is the expansion of VS&L activities as well as increased IGAs. To continue mobilising the community to initiate VS&L groups and IGAs, Vongani will maintain its support for ongoing and expanded training of caregivers. Vongani sees itself as well placed for expansion and its leadership would like to establish a full-fledged resource centre. Other visions include the expansion of play facilities and the establishment of a temporary place of safety.

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 Vongani Child and Youth Care Development 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 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 Vongani Child and Youth Care Development 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 project document review; project site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and observations of project activities. The project approach is described in depth - including approaches to beneficiary selection, key project activities, services delivered, and unmet needs. Project 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.



Members of a VS&L group meeting at a household;

At Jim-Nghalalume village, researchers met with a group of six women, members of a VS&L group. Most women in this group are unemployed and caring for OVC.

A VS&L group has a minimum of six trained members. Groups meet monthly for saving and internal lending and to discuss life challenges including caring for OVC. Loans are advanced for emergency needs while profits are shared.

Community mobilisation and training are vital if the groups are to be started and run successfully. Here is a VS&L facilitator’s story:

“We met the Chief to explain VS&L model. He said, ‘My child, this is not going to work’ as people had in the past made unfulfilled promises. I asked to train the field officers, which he agreed to. The field officers told me a similar story; it would not work due to lack of trust. I trained the officers on Individual Self Selection (ISS) module. I was surprised how it touched them. The training took longer than usual as the ladies in the group spoke a lot about their lives. People began to screen themselves and ask about why they are holding grudges. They said, ‘You know what my child? You are coming with very good things.’”

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

Vongani Child and Youth Development Project (Vongani) case study activities were initiated and completed in July 2007. Firstly, two key informant interviews were conducted with CARE South Africa-Lesotho (CARE SA) economic empowerment coordinator and the Local Links for OVC Support Project manager at their offices in Johannesburg. Local Links project documents were also reviewed.

At Giyani, interviews were conducted with the executive director of Vongani, as well as the OVC/home-based care (HBC) coordinator. A five-hour appreciative inquiry (AI) workshop with 19 participants was facilitated. The workshop had two breakaway groups: one group comprising two project staff members and nine volunteers; and the other with three OVC beneficiaries, three guardians, and two community members.

Vongani's quarterly and annual reports to CARE SA were also reviewed. Observations were done at the offices of Vongani and at Jim-Nghalalume, one of the four villages that Vongani serves. Activities that were observed at the village included an informal meeting of a voluntary savings and loan (VS&L) group and their income-generating activities (IGAs) of beadwork and embroidery. Children's after-school activities in the village playgrounds, facilitated by Vongani volunteers, were also observed. The activities comprised of songs, group discussions, and assistance with school work. At Vongani's premises, observations included drop-in centre activities, a resource centre including a mini-library, and baking activities at a bakery located within the premises.

Of the 32 OVC programmes studied by Khulisa, five of them, including Vongani, are CARE SA sub-partners. After completing data collection with Vongani and all sub-partners, we returned to CARE SA headquarters in Johannesburg and conducted an AI workshop with seven CARE SA programme managers and other staff members. During the AI workshop, Khulisa facilitators not only gathered more data but had the opportunity to share with managers and staff findings from sub-partners.

When designing this research, we used AI concepts to help focus the evaluation, and to develop and implement several data collection methods. Appreciative inquiry was chosen as the overarching approach because it is a process that inquires into and identifies "the best" in a project and its work. In other words, applying AI in evaluation and research is to seek out the best of what is done - in contrast to traditional evaluations and research where the subjects are judged on aspects of the project that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the Vongani Child and Youth Care Development Project, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated. The workshops proved to be excellent forums for reflection about the project and exchange of information among participants. After participating in the workshops, project staff and caregivers reported feeling re-energised in their mission to care for and support OVC.

"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

FOCAL SITE



Households at Jim-Nghalalume village, one of the four villages that Vongani operates. Children's after school activities take place in an open playground in the village.

Vongani is situated in Siyandhani village next to Giyani town. Giyani town is the largest centre of Greater Giyani Municipality, one of five local municipalities falling within Mopani District in Limpopo Province. The municipality is demarcated into 30 wards and 11 traditional authority areas comprising 91 villages. The main economic activities that take place in Greater Giyani include small-scale agriculture and processing of natural products, including mopani worm and marula fruit. A number of factors stunt economic growth, such as water shortage, scarcity of skills, poor infrastructure, climatic conditions, and diseases including HIV/AIDS.

In the most recent national HIV household survey (conducted in 2005), the overall HIV prevalence in Limpopo was 8.0%. However, the prevalence in antenatal clinics in Limpopo was 21.5%, with Mopani district having the highest antenatal HIV prevalence at 29.8%, compared to a national prevalence of 30.1%. Greater Giyani has an estimated population of 245,340 and 19,056 OVC. The OVC population is estimated at 14.6% of those aged 19 years old or younger. Vongani cares for OVC in four villages (Siyandhani, Mapuve, Jim-Nghalalume, and a section of Giyani town).

"The workshop provided an excellent opportunity to reflect about the programme. We have also heard the wishes of the people, including those of the children. This has renewed my purpose to care and support children."

Participant, AI workshop

Project Description

OVERVIEW AND FRAMEWORK



Children grouped according to age gather at Jim-Nghalalume Village for group discussions, meant to give them the freedom to talk about their challenges. The discussions also present opportunities for caregivers to observe the children closely.

Vongani (meaning “thank you” in tshonga) was established in 2001 to focus on tackling teenage pregnancies and school drop-outs. With HIV/AIDS proving to be the priority problem, Vongani started an HBC programme that could assist the chronically ill.

In addition, an after school programme was started. Children were attracted and a drama club was formed. The drama club was involved in plays that dealt with issues of culture, HIV and AIDS, and abuse, among other issues. With funds from the Department of Health and Department of Social Development, Vongani’s activities widened to include lay counselling.

Since 2005, Vongani has been receiving emergency plan support, following Vongani’s partnership with CARE SA’s Local Links project to provide OVC-focused services. The main goals of the Local Links project are to strengthen the economic coping mechanisms of

families and communities, to strengthen the capacity of local organisations to meet the needs and rights of OVC, and to improve advocacy efforts on behalf of OVC. Local Links is funded by the U.S. emergency plan initiative.

Aligned to CARE SA’s Local Links objectives, the goals of Vongani are to:

- strengthen economic coping mechanisms of families and communities caring for OVC through the establishment of VS&L and IGAs;
- provide a range of innovative and accessible services to OVC and their families by strengthening partnerships with various government services and training for OVC caregivers; and
- promote advocacy efforts that are sensitive to the needs and rights of OVC and PLHA through community and school awareness campaigns.

To realise these goals, CARE SA has trained Vongani staff members on VS&L, OVC care, and advocacy. CARE SA also had provided funds, mainly for field-workers’ salaries, transport, and for VS&L training. Vongani’s key activities include mobilising and training the community members to start and run VS&L groups; and home visits to care for the sick and support OVC, their families, and the community. Vongani facilitates children’s support groups for OVC and runs after-school activities for all children and youth, including OVC, at a drop-in centre in Siyandhani village and at communal playgrounds in other villages. To improve advocacy efforts on behalf of OVC and youth, Vongani conducts school and community awareness campaigns and works to strengthen partnerships with communities, other organisations, and the government sector.

PROJECT STAFF

Vongani is run by a board of directors and an executive director, with assistance from three coordinators, a finance manager, a cleaner, and a security person. An OVC/HBC coordinator leads a group of 30 volunteer caregivers who provide HBC. A child and youth coordinator works with four volunteers while a lay counsellor coordinator coordinates the work of 42 lay counsellors. Staff members are hired following standard recruitment procedures that include advertisement of the vacant posts followed by competitive interviews.

Vongani staff members are provided with a variety of training courses. For example, they have been trained in VS&L, advocacy, and psychosocial support. Other training provided includes childhood protection training and first aid. CARE SA facilitators provide the training in VS&L and advocacy, while training in psychosocial support is conducted at Ububele, a training and resource centre for psychotherapy based in Johannesburg.

VOLUNTEERS

Volunteers are involved in HBC, child and youth care, and lay counselling. Vongani has 30 volunteers for OVC/HBC work, four for child and youth care, and 42 for lay counselling. Volunteers are recruited after self-referrals or advertising in the community through posters and announcements in public gatherings.

Five of the 30 OVC/HBC volunteer caregivers are dedicated to OVC care. The remaining 25 volunteers focus principally on providing HBC to ill adults. The five OVC caregivers include two facilitators, one for VS&L and the other for advocacy. The other three visit homes and work with children at the drop-in centre in Siyandhani village. They also facilitate children's activities in playgrounds in the rest of the villages. Vongani caregivers have been trained in first aid and have received first aid kits from the Department of Health for use in case children get injured during games or sports.

The Department of Health and Social Services provides training in HBC, while CARE SA provides training in VS&L and advocacy. CARE SA also supports training in psychosocial support.

OVC-dedicated volunteers receive stipends through CARE SA while other volunteers receive stipends from the Department of Health. Five volunteer members do not receive anything; however, there is lobbying in place to have them receive stipends. Other incentives include certificates of appreciation and, on one occasion, the volunteers received a bonus.

OVC/HBC caregivers benefit from having lay counsellors as their colleagues. The lay counsellors provide mentorship and debriefing, giving them a chance to share their experiences and feelings, and, as a consequence, prevent discouragement and depression.

“As a lay counsellor and mentor, I have provided mentorship to other caregivers resulting in reduced stress in the work environment. Vongani is also helping those who are disabled to be well-trained and accepted in the community.”

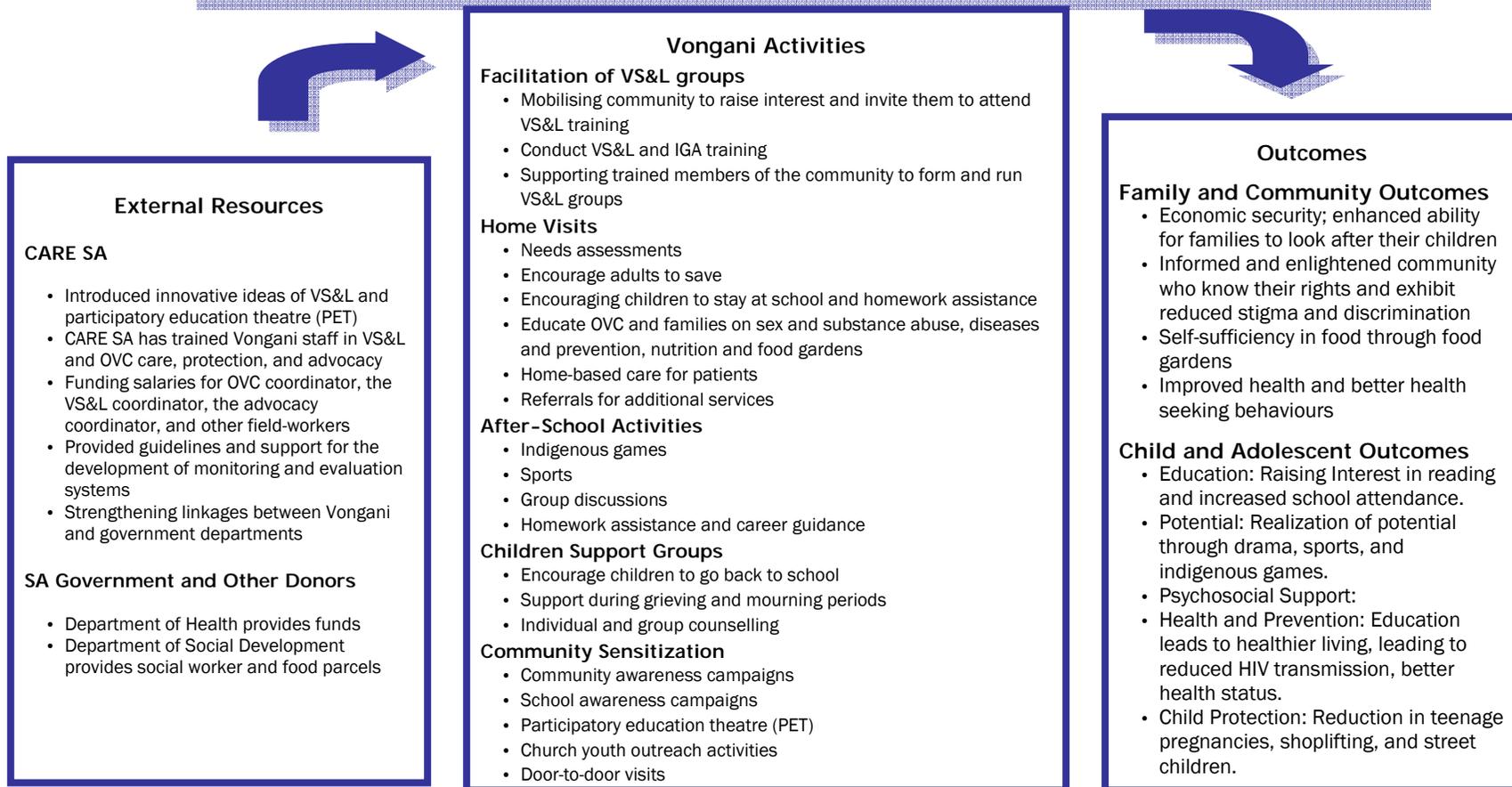
Lay counsellor

Vongani Child and Youth Development Organisation

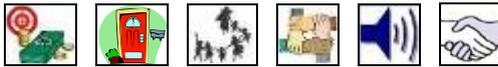
Apart from providing home-based care, and child and youth care services to over 1,250 youths, Vongani Child and Youth Development Organisation, as CARE SA Local Links sub-partner, provides focused services to 156 OVC in four villages in Giyani

Programme Goals

- Strengthen economic coping mechanisms of families and communities caring for OVC through the establishment of VS&L groups and income generating activities.
- Provide a range of innovative and accessible services to OVC and their families by strengthening partnerships with various government services and training for OVC caregivers.
- Promote advocacy efforts that are sensitive to the needs and rights of OVC and PLHA through community and school awareness campaigns.



KEY PROJECT ACTIVITIES



Vongani works in a participatory, collaborative manner with CARE SA Local Links to plan and implement its key activities. The activities integrate the establishment of economic security for vulnerable families with the provision of OVC services and referrals and the promotion of rights of children affected by HIV/AIDS.



Facilitation of VS&L Groups

“We excel with VS&L; however, through that, we directly benefit the foster care parents, even if the children do benefit indirectly.”

Project director

Facilitation of VS&L groups involves the initial mobilisation of community members to raise their awareness about saving. Interested individuals are trained for five days on how to establish and operate savings and loans groups. Sessions are conducted by Vongani staff members, led by a VS&L facilitator. Trained members are then invited to form their own VS&L groups. A VS&L group generally has about six members that meet monthly for saving and internal lending. In the first six months, the groups are monitored each time they meet to ensure that they are sustainable and functional. In the next six months, they are monitored every other month to allow for independent operation. Members borrow money from the group to meet any household needs, including those of OVC in their care. Circulation of loans among group members is based on individual emergency needs. The loans are repayable at lower rates compared to the cost of loans from local lenders, known as “Matshonisha.” In addition, the group savings and interest are shared by the members or used to initiate income generating activities, such as beadwork or trading in commonly used household products.

Most VS&L members are unemployed women caring for children, including OVC. Apart from economic strengthening, VS&L groups serve a social support function as members have an opportunity to discuss issues related to caring for OVC, coping with death, dealing with adolescent OVC, and ways to access and utilise government services better.

“Some of the parents who have been trained on and practicing VS&L are staying with OVC. They talk about OVC during their meetings. They identify OVC and consider solutions from within community experiences.”

Project director



Home Visits

About 40 trained home-based caregivers conduct home visits to care for chronically ill patients and to refer identified OVC to children’s support groups. Another group of dedicated OVC field-workers visits homes to monitor and support identified OVC households by providing services where possible or referring for additional services. Vongani caregivers conduct follow-ups to referrals made to ensure OVC access the services they require. Door-to-door visits are conducted to mobilise the community to start saving in VS&L groups. Door-to-door visits are also instrumental to educating OVC and families on sex and substance abuse, diseases and prevention, nutrition, and food gardens. Children are encouraged to attend school and they are assisted with their homework.

“Home visits are done as a support for communities and the family and children, as well as identifying the needs of the children. Vongani also performs home visits especially for lobbying and to raise interest in VS&L groups. Home-based carers go door-to-door to visit the patients, bathe them, give them pills, and again, go on visiting the child household families to check up if they need help with anything.”

Project director

Field-workers collect data while providing services. The data are reported to the coordinators, who are, in turn, accountable to the executive director. The field-workers use a variety of monitoring forms designed by CARE SA to capture emergency plan indicators and additional indicators of project quality and benefits.

“We have got monitoring tools, but we also use written reports to see whether or not we’re reaching the community. We also have monthly reports that are sent to CARE. In terms of our plans, we measure the number of children being reached through VS&L, advocacy, and the number of OVC in general.”

Project director



After-School Activities

“After school, the OVC and other children come to the centre for different activities (sporting, career guidance, indigenous games, life skills). Games not only help to socialise children but also give them an opportunity to realise their potential and talent.”

OVC caregiver

Every day after school, children from Siyandhani come to the only drop-in centre at the village, while others meet at play grounds in the rest of the villages for games and other activities. Children are provided with playing and educational materials, including paper and pens. With supervision and guidance from Vongani facilitators, they play freely and creatively. Children also participate in conventional sports as well as indigenous games. While attending games, children are offered career guidance, life-skills assistance, and assistance with their homework. In addition, games help in keeping children away from drugs and other social ills, including teenage pregnancies.

Needy children are identified when they come to play. After playing, they share ideas and sometimes the children open up and speak about their problems. Those identified with serious struggles are referred for psychosocial support or to the social worker. Games not only help to socialise children by creating a sense of belonging and relieving stress, but also give children an opportunity to realise their potential and talent. Some children are now receiving bursaries for higher education due to their success in games.



Children's Support Groups

“Support groups provide forums to discuss and learn more about HIV issues and fight stigma and discrimination. The groups also assist in grieving and mourning for those who have lost their loved ones. They are facilitated by the OVC coordinator and the VS&L facilitator, along with support from a field-worker who also attends to children at the drop-in centre.”

OVC/HBC coordinator

Vongani has helped establish 10 support groups for OVC in need of psychosocial and emotional support. These groups meet twice a week. Children's support groups provide a forum to discuss and learn more about HIV issues and fight stigma and discrimination. During meetings, support is provided for those who are grieving and mourning after losing a parent. Vongani caregivers provide both individual and group counselling. Should the children have dropped out of school, they are encouraged to go back to school.



Community Sensitization

“We address the issue of HIV/AIDS since children become orphans/vulnerable because of this virus. We also teach them about stigma and discrimination which is attached to HIV/AIDS since some community members aren't accepting of the orphans due to the fact that they believe that the children might have the virus since their parents have passed away because of the virus.”

OVC/HBC coordinator

To protect the rights of children orphaned and made vulnerable by HIV/AIDS, Vongani conducts awareness campaigns at the community, school, and family level. The community benefits from outreach activities when community members are educated about such diseases as tuberculosis and HIV/AIDS-related conditions. They also teach them about stigma and discrimination.

Vongani forms partnerships and linkages with government departments to leverage services. The Department of Social Services sends a social worker to Vongani offices every Friday, thereby bringing services close to the village.

Vongani also uses participatory education theatre (PET) to raise issues of social protection, difficulties in accessing essential services, and stigma and discrimination. PET also serves as a vehicle for HIV prevention messages aimed at adolescent youth. Children and youth participate closely in developing the PET script.



Partnerships and Linkages

By working collaboratively with government departments and other stakeholders, Vongani has come to appreciate and has taken advantage of the power of partnerships. For example, Vongani works with a variety of stakeholders to raise awareness in communities and local schools about the possibility of children (especially young girls) being lured or abducted and taken into the big cities for prostitution, particularly for the 2010 world soccer tournament to be held in South Africa.

“We invited all community and government stakeholders to help us to fight abduction of children. We organised two campaigns, which focused on both high and primary schools. The support was wonderful; we also contacted SABC who took us through the air to explain much about this vision. It assisted us also in mobilising people to attend awareness campaigns. We think the campaign was very helpful because children are now well-informed about the dangerous men who are abducting children to prepare for prostitutes by promising jobs and money.”

Advocacy facilitator

Vongani has had a long working relationship with schools, particularly because the project initially focused on school drop-outs. Since the OVC project commenced, Vongani has been reaching out to schools and informing them about the OVC project. In addition, teachers have been of great assistance in observing and identifying vulnerable children.

“In all schools, there are teachers who serve as liaison educators who check on students’ progress. They speak with kids and observe. They then inform Vongani carers when they do the school awareness campaigns. Appropriate referrals to social worker, counselling, and for legal aid are done depending on the need.”

Advocacy facilitator

Vongani also has very good relationship with community stakeholders, including social groups and traditional healers. To curb domestic violence, Vongani works with the community policing forum. The community trusts caregivers from Vongani, allowing them into their households to assess their needs, to educate them on topical issues, and to care for the sick. They attend community meetings and provide support and feedback. They allow children to come to the centre and playgrounds for psychosocial support and games.

“At the village level, it’s more so the level of support that the community provides to Vongani. They attend meetings, give support and allow people to come to utilise the services provided, and provide feedback on services. Vongani also works with pre-schools with whom they ask for time to talk to the children, play with them, and observe.”

OVC/HBC coordinator

Despite working in resource-disadvantaged communities, occasionally Vongani is able to leverage material goods from the community, including food, clothes, and seedlings.

Local leaders are the custodians of the community and the gatekeepers of the villages from which Vongani operates. Vongani works with local leaders to mobilise the community to form VS&L groups. When group members experience repayment problems, local leaders arbitrate to ensure the continuation of these groups. The leaders attend awareness campaigns and lend support and authority to the functions. They also refer needy children and guardians to Vongani.

“To obtain identity documents, Vongani collaborates with chief councils in the community to refer needy children and guardians to the social worker, who visits Vongani every Friday. In turn, the social worker refers the children and guardian to the Department of Home Affairs.”

OVC volunteer

It is through the chief that Vongani acquired the sporting grounds for the children and the land for the construction of the office building and the bakery.

BENEFICIARIES

Orphans and vulnerable children are the primary beneficiaries of the project. Vongani also serves other children and youth. As of July 2007, Vongani was serving approximately 1,250 children, including 156 identified OVC. Children who leave the project often do so after finishing school or after relocating to areas that fall outside those that Vongani services.

OVC are identified through home visits and when they come to the drop-in centre to play. When Vongani conducts school awareness campaigns, they inform the children about their project and invite them to the centre. Also, some of the parents that have been trained in and have formed VS&L groups are living with OVC. They talk about OVC during VS&L group meetings, identify OVC, and consider solutions to issues affecting OVC using resources from within community. Other identification methods include discovery of OVC when Vongani caregivers go to villages to recruit for games. Home-based caregivers also observe and identify needy children while they care for their parents. Teachers and other members of the community who have better insights into the children's circumstances refer needy children to Vongani.

“Orphans and vulnerable children are the first beneficiaries, and then children as a whole, since we are not only accommodating OVC. Foster parents are also beneficiaries in the sense that, at times, they ask for food parcels and we provide them for them. Community members can also be looked at as beneficiaries, since we also do door-to-door activities where we educate them on human rights and how to deal with orphans in order to get past the stigma and pertaining issues.”

OVC/HBC coordinator

Foster parents are also beneficiaries as they receive training on how to utilise their grants better and are provided with food parcels when possible. They also learn to become better parents. After parents get foster care grants, Vongani tries to educate foster parents on how to manage the money. Community members benefit from the door-to-door activities when they are educated on human rights and on how to deal with orphans without stigmatizing and discriminating. Vongani interventions with children and youth have eased conflicts in the community as Vongani removes children from the streets and encourages them to return to schools.

SERVICES PROVIDED



The services discussed below are provided by Vongani caregivers in all four villages where the project operates.



Economic Strengthening

Through home visits and community awareness campaigns, Vongani has been influential in improving the economic security of OVC families. The project teaches guardians to use their foster care grants better and encourages them to get involved in “Vukuzenzele.”¹ Furthermore, Vongani has mobilised members of the community to join VS&L groups. At the time of fieldwork, 35 such groups were operational. During the AI workshops, participants reported observing changes in the community as result of VS&L groups. The following discusses this:

“VS&L contributes to availability of financial resources to meet children’s needs when saved money is either shared out or advanced to those who apply. In addition, due to training and social networks, money is used more wisely. Those with disposable income are able to plan and implement income generating activities.”

VS&L facilitator

Some guardians have started food gardens, which contribute towards savings, better and adequate nutrition, and income generation in cases of surplus harvest. Members of the community value Vongani as it has created jobs. In addition, Vongani notifies the community about vacant positions. Due to the experience they gain at Vongani, Vongani volunteers are preferred candidates for government positions.

“I think Vongani has done well in terms of job creation; particularly for those that do not have further education, since now they can earn a living out of the jobs that have been created (e.g. bakery, home-based care, lay counsellors) [and] they can pay school fees.”

Beneficiary



Psychosocial Support

Vongani caregivers provide psychosocial support through home visits, during after-school activities, and at children’s support groups. Individual and group counselling is provided. In addition, sports events, such as football tournaments, and drama competitions are organised. Such events allow children to showcase their talents and abilities and consequently boost their self-esteem.

“To prove that they act as guardians, they are taking children to the trips. They teach children to respect the teachers and not to undermine them or their parents and the elders. Vongani is even doing trauma debriefing for the children.”

Beneficiary

¹ “Get up and do it for yourself” campaign.

Vongani encourages family members to give children a chance to speak to sick parents. Vongani also helps children in grieving and promotes openness about HIV and death within families so that children do not first hear about the death of a family member from neighbours or through rumours. The caregivers also refer complex cases to the social worker who visits the Vongani centre every Friday.

“One day I visited a family, a child was playing alone, lonely and fearful. After educating the family members, I invited the child to Vongani centre. The child came to the centre; we discussed, did individual counselling, and then referred him to the social worker.”

OVC/HBC coordinator



Child Protection

Vongani protects children, especially those who are in child-headed households who might feel “free,” and thus involve themselves in dangerous activities that could lead to pregnancy or substance abuse. Vongani offers children alternative recreational facilities. Children are educated about their rights during home visits and after school activities. Guardians and community members are also taught about children’s rights. To reach students, they conduct awareness campaigns at schools. With regard to domestic violence, Vongani works with the community policing forum to curb violence and protect those who are vulnerable.

“Last March, they received a letter indicating there were plans to abduct children and then prepare them sexually for the forthcoming 2010 soccer World Cup. Since OVC have meagre resources and less social networks and supervision; they were likely to be targets of this abduction strategy. Consequently, Vongani and partners decided to host anti-child abduction campaigns. The campaigns were held at Vongani centre and at Siyandhani primary school. Each campaign reaches about 750 or more children, among them OVC.”

Advocacy facilitator



Educational Support

Vongani caregivers provide educational support to all local youth. They assist children with their homework and exam preparation. After exams, they ensure that they see the children’s report forms. For those unable to pay school fees, Vongani lobbies for exemptions or bursaries. They fight against corporal punishment in schools, remove children from the streets, and urge them back to schools.

“There was a young boy who used to go to town and he was smoking dagga and glue. He did not have clothes and, after Vongani was established in 2003, he started meeting caregivers who invited him to Vongani. They gave him one social worker who helped him to go to school, bought him school clothes, and paid school funds and even some trips, they paid for him. In 2005, he started accessing grants. Now he’s in grade six.”

Beneficiary



Social Services

Due to partnership with the Department of Social Services, Vongani has secured the assistance of a social worker who visits the centre on Fridays to listen to peoples' problems and assist with grant applications for children, including OVC. This has resulted in the acceleration of the process of foster care grants and savings in transport costs for community members. OVC who are over age are receiving food parcels and are, as one AI workshop participant put it, "Living like those with parents."

"I once came upon three OVC; two were staying with the aunt and one with the grandma. I exerted my efforts and ensured I referred the children for application for social grants. There were delays in the processing but through follow-up they succeeded in securing the grants."

OVC volunteer

Vongani caregivers also provide support and counselling to parents and guardians during home visits. They offer advice, skills, and information for OVC care and support, and encouragement. Vongani has assisted foster parents who were not getting foster care grants due to lack of birth certificates and death certificates in getting the documents through referrals to social workers.



Food and Nutritional Support

The Department of Social Services assists Vongani with food parcels. Due to limited resources, food distribution is made to needy families as an emergency measure during home visits.

"During home visits, I discovered in one household three OVC without food. Fortunately, there were food parcels at the centre and I was able to supply them with food parcels. Since one of the three children was a bully, I decided to hand over the food to the grandmother and invite the children to Vongani centre to come and play and receive psychosocial support. As a result, the child no longer bullies the other children."

OVC caregiver

Other support includes nutrition education provided to guardians by the caregivers during home visits. Some guardians have started food gardens. Vongani also operates a bakery to supplement donor funding. They sell the bread and buns to the community but on rare occasions they provide the bakery products to families to support OVC or use the profit to buy the families mealie meal.



Health Care

Health care services provided by Vongani caregivers include home-based care, HIV prevention education, and appropriate referrals for OVC, their parents, and guardians.

"I think Vongani has educated me a lot, especially when it comes to social issues such as HIV/AIDS, early pregnancy, just to mention a few."

Beneficiary

The community also benefits from outreach activities when community members are educated about such diseases as tuberculosis and HIV/AIDS-related conditions.

Resources

DONORS



The land on which the Vongani office building and bakery are located was donated by the local chief. The availability of space is a likely catalyst for future expansion.

Since its inception, Vongani has received the majority of its funds, around 80%, from the Department of Health and Social Services. The department funds the home-based care activities through provision of stipends to HBC volunteers and HBC kits. Since 2005, CARE SA has provided emergency plan funds to Vongani. Emergency plan funds focus on the OVC project activities, funding mainly the salaries of the OVC field-workers and coordinator, and for transport and VS&L training activities. The method of salary payment is based on the percentage of time spent on OVC-related activities. In addition, CARE SA encourages Vongani to seek out funding from other sources. To lessen its dependence on donor funding, Vongani operates a bakery, which began as a mini-bakery using traditional stoves. The Nelson Mandela Children's Fund has provided the project with modern baking equipment.

COMMUNITY IN-KIND CONTRIBUTIONS

The local Department of Social Services supplies food parcels for the very needy, especially as they wait for their grants to be processed. The department also provides Vongani with a social worker who visits Vongani offices every Friday to assist with psychosocial problems and application for grants. Through the intervention of the local chief, Vongani has acquired space for construction and for children's edutainment activities after school. In addition, members of the community contribute material goods depending on their ability.

"People donate clothes. They also donate books. For those with bigger food gardens, they provided Vongani with seedlings for the foster care parents."

OVC/HBC coordinator

Lessons Learned

Several lessons have been learned by Vongani through the integration of economic strengthening activities and service and care provision for OVC and their families. Lessons can be drawn from both the challenges faced while implementing project activities and the innovations the project employs to achieve project goals.

PROJECT INNOVATIONS AND SUCCESSES



After school activities at Jim-Nghalalume village: Children being assisted with schoolwork at a playground by two field-workers from Vongani.

Economic Strengthening and Livelihoods

Vongani has learned that its VS&L component can work if the right focus and trust is present by both Vongani facilitators and members of the community. Through this economic component, it has been possible to influence community development and change while caring for OVC. This aspect of the project has been used to reach OVC and their parents and guardians to improve their economic safety nets. VS&L has improved the quality of lives, with those who have started such groups finding it easier to pay school fees, uniforms, and build shelter without having to go to the “Matshonisha” for loans that have exorbitant interest rates. Community members have learned it is possible and very important to invest. Some of the VS&L group members have managed to start individual or group IGAs.

“We have the other member from Nhluvuko group that has trained for IGA. She was selling snacks before she trained for IGA and she was not making a profit. After IGA training she started to grow her business, now she has build a small spaza shop at her home. She said VS&L is assisting her a lot; she managed to grow her business from snacks to buns and bread. She is next to a big supermarket, but their business is going well and having profit.”

CARE Local Links quarterly report

Vongani has started IGAs not only to supplement donor funding but to create jobs for the unemployed youth and OVC who are 18 years of age or older.

“This bakery is linked with OVC in terms of nutrition. We give them the product of the bakery at least once, but unfortunately this is not regular due to limitations. This bakery is for poverty alleviation and it is targeting orphans who are no longer age applicable according to the grant [18 years of age or older]. Therefore, most of the people who work with the bakery project are orphans; all but one.”

Project director

To encourage parents and guardians to establish food gardens despite the scarcity of water in Giyani, Vongani not only supports them during the planting process, but also advises them to use recycled water for their food gardens.

Beneficiaries as Active Participants

As a team, those who run Vongani believe strongly that communication is the only way of building a sound relationship between themselves and their beneficiaries. They hold meetings once a

month to evaluate progress and jointly devise solutions for challenges encountered. They provide regular reports to their stakeholders and use the media for their advocacy work.

“The issue of being open in our activities, being open to the community we work with, open to the government, and even being open to the traditional leaders - this level of openness actually contributed to CARE taking us up as a sub-partner.”

Project director

Empowering Community Members to Care for OVC

The community has been empowered to care for OVC through sharing of responsibilities and training. The psychosocial support training that caregivers receive is not only beneficial to the OVC but also to the caregivers themselves as they are better able to serve. After training and practising in psychosocial support, Vongani caregivers have realised that OVC need support from people they can depend upon. Some orphans suffer at home with foster parents, without knowing the right person to turn to. The training has taught Vongani caregivers how to listen better, give care, and respond to children’s needs; and helps the caregivers to deal with their own personal problems.

“Before CARE, in the case of the OVC programme, we would meet with children, provide them with different activities and visit their families at home. But we were not aware of psychosocial support and methods we could use to observe vulnerable children. I have learnt how to read the face of the children and I can tell when a child is happy or when the child is unhappy; and I have learned this from the programme. I can now identify those who are in need and those are not. I have also learned to deal with different problems of my own.”

OVC/HBC coordinator

Vongani caregivers take advantage of the psychosocial support interventions to get children back to school. They interact with the parents and guardians and give support to school drop-outs. They are able to get to the root of the problem and come up with acceptable solutions, including transferring the children to alternative schools.

Participatory Education Theatre and Indigenous Games

The Vongani drama group utilises a participatory theatre approach to raise awareness about children’s issues and rights, and disseminate messages about HIV/AIDS. In a drama competition, the group managed to take the first prize. All the children who participated were issued with certificates. The drama group has gained the recognition of the municipality, and is often invited to perform during special occasions. Vongani has also encouraged children to participate in indigenous games.

“Another part of the programme that is unique is the provision of indigenous games such as ‘Koko,’ or ‘chova.’ These games are becoming popular and they are starting to be replicated by other organisations.”

Project director

Facilitating Access and Proper Utilization of Social Services

Vongani has managed to bring a government social worker closer to the community, decreasing cost and time needed to access the social worker services. This has resulted in enhancing individual attention of difficult cases.

“Foster parents are applying for foster care grants. The process is long and may exhaust their meagre resources due to travelling to and from the departments. The challenge has been partially resolved as a social worker comes to Vongani every Friday, leading to savings in transport costs and enhanced processing of the documents.”

Advocacy facilitator, AI workshop

PROJECT CHALLENGES

Initiating and Safeguarding VS&L Groups and IGAs

Mobilising the community members to form VS&L groups and begin saving is a challenge, especially if they are misinformed or fail to understand the concept and the working of VS&L groups. The situation is further worsened when some members of the community want to start saving immediately without attending the compulsory five-day training. Another challenge faced is the lack of money to save or to repay loans, owing limited disposable incomes and a lack of viable income generating activities. As a consequence, some groups experience drop-outs or dissolution and at least two groups have referred their cases to the traditional chief (referred to as the “Induna”) for arbitration. Another challenge involves restarting of groups that share out all their savings and earnings at the end of the fiscal year without leaving any cash reserves within the group’s shared assets. IGAs require extra stocks and capital so that the activities are not merely survivalist, but have the potential for growth, replication, and fulfilment.

“We need to provide them with something that can sustain them; businesses that can sustain them. They need extra stock so that it goes beyond just survival needs and is sustainable.”

Project director

Facilitating Increased Employment/Income Earning Possibilities

Another challenge of expanding IGA opportunities includes that of extending skills beyond VS&L to include more specific training and skills that could increase employment opportunities. For example, AI workshop participants expressed a desire for a computer academy.

“Vongani should start a computer academy, whereby these young people will be able to be productive in the 21st century since nowadays, without a computer, you’re not going far.”

Beneficiary

Delayed and Misused Social Services

Processing of grants is extremely slow due to high numbers of applications and the protracted process of confirming the applicants’ details. The process is made worse when parents die before having acquired the requisite supporting documents, like identification documents and birth certificates. It is even more tragic when a single parent dies and the department demands the documents for a remaining parent in a situation where the rest of the family cannot contact that parent.

After application, regular and convenient feedback from the Department of Health and Social Services is rare, leading to family members and Vongani field-workers making frequent costly trips to the department.

Upon successful processing of grants, other problems can emerge. Some foster parents misuse the grants and, in the end, the OVC fail to benefit. Vongani is training foster parents in better management of family budgets so that the money is used for the intended purposes.

Responding to Families' Expectations

Home visits are one of the central activities of Vongani caregivers, yet they face constant challenges because some of the families expect them to provide them with food every time they visit.

"There are families that do not have food so they expect us to give them food because we visit them every time and we note the fact they do not have food down."

CARE Local Links quarterly report

Another challenge faced by the caregivers at the family level is related to child protection. Some of the families of rape victims are unwilling to report the attacks to the authorities, preferring to handle such issues at the family and community levels.

Staff and Volunteer Training and Incentives

During the AI workshop, staff and volunteers expressed the desire to wear uniforms while on duty so that they can be identified as Vongani caregivers whilst in the field. Despite performing similar activities, some volunteers do not receive stipends while those that do claim it is not enough. The lack of adequate and uniform compensation for staff and volunteers leads to a high turnover rate, as these important human resources seek greener pastures. The turnover leads to a loss of skilled staff and volunteers, necessitating constant training. Staff and volunteers require on-going training in psychosocial support and other skills. Training should be conducted to enhance adequate skills transfer to maximise the benefits of the training.

"We need training in childhood protection, psychosocial support, neighbourhood response, as well as information about HIV/AIDS, to fight stigma and discrimination".

OVC volunteer

UNMET NEEDS

Enhancing Sports and Game Opportunities

The community interest in sports has grown, thus more children want to participate. Due to an increased number of children attending games, there is need for more sporting facilities, playing materials, and equipment. In addition, there is a lack of space in the villages for children's indoor and outdoor games and other activities. Moreover, the recreation activities have led to opportunities for kids to participate in competitions, though they lack the materials/support to achieve this. Another unmet need is the funds for registration and transport services when children travel away for competitions. Children also require sports uniforms and games kits.

"As a games facilitator, we need transport for children as they go for competitions, we also need costumes and props for our drama group. Sometimes children fail to register for competitions due to lack of registration fees."

OVC caregiver

Providing Services to Youth 18 Years Old or Older

Once the OVC reach the age of 18 years, they become ineligible for grants and yet they may still be at school. This is particularly so because the trauma of orphanhood and vulnerability may have impacted negatively on school progress due to time taken off to care for siblings or a lack of funds to pay for school fees. Ineligibility for grants results in a lack of funds to pay for school fees, school uniforms, and food. Others 18 years of age or older may be heading households, yet their source of income is cut short. This increases their susceptibility to prostitution and drug abuse.

"I heard of disadvantaged families who are headed by single parents. Some children, especially the over-age, are not receiving grants. I decided to visit the Spur who donated food parcels to help these families, albeit not at regular intervals."

OVC/HBC coordinator

Regular Nutritional Support

The need for regular feeding is great, yet food provisions are limited. The Department of Social Development assists with food parcels, however these are not adequate for those in great need. In addition, the process of receiving food provision is often lengthy. It would help if Vongani had its own direct source of food; for example, if its bakery were expanded. Vongani has a borehole but lacks irrigation pipes for a gardening project, which would also help alleviate the problem.

"They come here after school and some of them don't have food at home and so it would be good if we had the option of supplying them with food at the centre. We have tried to provide food, however when we try to do so, we aren't left with enough money to do much else."

OVC/HBC coordinator

Temporary House of Shelter

All workshop participants and project leaders expressed the wish for a temporary place of safety for those that need emergency accommodation. The following iterates this need.

"One other thing ... we want to make sure, in the future, that we have a temporary residence for abused children and vulnerable children in terms of not having a place to stay. When we're busy researching their background, they will be able to have temporary residence for the time being so that they are provided with safe shelter."

Project director

The Way Forward



VS&L group members and their facilitator proudly show some of the products from their income generating activities of beadwork and embroidery.

While the project's leadership has a clear vision for its future, it is severely limited in implementing this due to lack of funds. However, the project hopes to continue meeting OVC needs in the community and if possible expand to other nearby villages.

Key to the sustainability of OVC care and support is the expansion of VS&L activities as well as an increased number of IGAs. Vongani will continue mobilising targeted areas and ensure the community understands the importance of savings and how to go about it. Vongani will also continue to support IGAs for both OVC family sustenance and economic growth purposes.

The project has very resourceful staff members and, in sustaining and improving this, management will continue to support ongoing and expanded training for its caregivers. Lobbying for volunteer incentives will continue, and volunteers will be provided with uniforms for use whilst in the field.

Vongani is highly visible in the community and is an information sharing organisation. In this regard, the leadership would like to launch a fully-fledged resource centre by expanding the existing library in terms of its capacity and space.

With regard to games and drama, beneficiaries expressed wishes for Vongani to acquire expanded playing fields and a sports centre with a swimming pool, adequate playing courts, equipment and materials, and a playing hall for the drama group. Vongani looks forward to providing regular feeding at the drop-in centre. Vongani sees itself as well-placed for expansion as it is physically located near Giyani town, it is near an airport and hospital, and the dirt road connecting it to Giyani will soon be paved.

Given Vongani's success in assisting its beneficiaries and in other areas of service provision, it is sure to continue to prosper.

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