

A Case Study

Winterveldt HIV/AIDS Project's OVC Component



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With Support from Management Sciences for Health

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Cover photo by Anzél Schönfeldt.



The Winterveldt HIV/AIDS Project team.

Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
HBC	home-based care
HIV	human immunodeficiency virus
HWSETA	Health and Welfare Sector Education Training Authority
IEC	information education and communication
MSH	Management Sciences for Health
NGO	non-governmental organisation
NPO	nonprofit organisation
OVC	orphans and vulnerable children

Executive Summary



The Winterveldt HIV/AIDS Project is a nonprofit organisation (NPO) established in 1998 to ensure access to care, treatment, and support services for patients and orphans and vulnerable children (OVC) infected and affected by HIV/AIDS and other chronic illnesses within the Winterveldt sub-district. Winterveldt forms part of the Odi District within the North West Province of South Africa. The project's main scope of work is the provision of home-based care (HBC) services with a limited amount of direct services for OVC. The OVC component was formalised in 2006 when funds were received from the U.S. President's Emergency Plan for AIDS Relief/U.S. Agency for International Development (USAID).

The Winterveldt HIV/AIDS Project seeks to strengthen community mobilisation; create an enabling environment for the prevention of HIV/AIDS; encourage treatment readiness, compliance, and adherence; and provide care and support to all those infected and affected by HIV/AIDS.

Beneficiaries of the organisation's OVC component (referred to as the OVC project) include children 17 years of age or younger who are orphans or are made vulnerable by HIV/AIDS and other factors, such as extreme poverty.

As of July 2007, the OVC component was serving approximately 635 beneficiaries. Children are identified by volunteers during HBC activities or are referred to the OVC component of the project, predominantly by community members.

Several activities take place in providing services to OVC, including community sensitization, home visits, and networking within the communities served. Key services that result from these activities comprise food and nutritional support, child protection, health care, psychosocial support, economic strengthening, HIV prevention education, shelter interventions, and educational support.

Caregivers (volunteers) are trained in community mobilisation, sensitisation, networking, and advocacy for community-led care for OVC. The OVC project draws on resources and contributions from donors, staff, community volunteers, and other community members to address the needs of OVC. There is a deliberate focus on forging partnerships with government departments and other local nongovernmental organisations and community-based organisations in order to promote sustainability for project initiatives.

The Winterveldt HIV/AIDS Project is a small organisation with a big heart that impacts its community in a powerful way. It tackles issues faced by OVC on a daily basis and is a shining example of what is possible with limited funding; creative mobilisation of community resources; and a lot of dedication, commitment, and hard work. Future plans include geographical expansion, strengthening of existing activities and services, and increased fundraising efforts. In addition to plans for the future, a number of the project's innovations, successes, lessons learned, and best practices are detailed in this case study, as well as a few of the challenges.

This case study is a celebration of the Winterveldt HIV/AIDS Project's OVC component in positively assisting OVC in the Winterveldt area of South Africa.

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 organisations (NGOs) 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 OVC component of the Winterveldt HIV/AIDS 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 the OVC component of the Winterveldt HIV/AIDS 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.

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



Lending a hand in the AI workshop.

When designing this research, appreciative inquiry (AI) concepts were used to provide focus and to develop and implement several data collection methods. AI was chosen as the overarching approach because it is a process that inquires into and identifies “the best” in a project and its work, in contrast to traditional evaluations and research where subjects are judged on aspects of the programme that are not working well. AI was used to identify strengths in the OVC component of Winterveldt HIV/AIDS Project (hereafter referred to as the OVC project), and to identify and make explicit areas of innovation, in the hopes that such innovation can be replicated elsewhere.

“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

Data collection for this case study commenced on July 26, 2007, with a key informant interview with the project coordinator for the Winterveldt HIV/AIDS Project. Observations of project activities and collection of project documents were conducted on the same day. Observations included visiting three OVC beneficiary households in the project’s service area:

a youth-headed household of five children, which was assisted by the project in securing a supply of monthly groceries, valued at R300, from a local supermarket;

a granny-headed household in which the household head is not a South African citizen, and her two grandchildren (the project was helping family members access legal documents); and

another granny-headed household that had received groceries from the project during December 2006 (with help from the project, foster care grants for some of the children were obtained).



Participants in the AI group interview.

An AI group interview was conducted on July 27, 2007, at the project’s secondary site (Site B) in Winterveldt. Participants included 17 project staff members, guardians, caregivers, OVC beneficiaries, an educator, and three other children from a local secondary school.

FOCAL SITE

The Winterveldt Project operates in the Winterveldt, which forms part of the Odi District in the North West Province. The North West Province is one of the poorest provinces in the country, with a provincial gross geographical product of R3,964 per person, which is well below the national average (R6,498). The province's estimated unemployment rate (38%) is slightly higher than the average national rate. Additionally, it is estimated that approximately 30% of the adult population is illiterate, the highest figure among all South African provinces. According to South Africa's census data (2001), the HIV infection rate in the North West increased alarmingly from 6.7% to 22.9% between 1994 and 2000.

The Odi district is one of 18 districts in the North West Province, was previously a part of Bophuthatswana, and is divided into four sub-districts: Winterveldt, Mabopane, Jericho-Maboloka, and Ga-Rankuwa. The Winterveldt HIV/AIDS Project operates mainly in the Winterveldt sub-district. Winterveldt itself is a semi-urban area, situated about 40 km outside of Pretoria, and is home to approximately 398,000 people. The socio-economic status of this sub-district is poor, characterised by impoverished, unskilled, and unemployed people. Informal settlements are rapidly increasing the demand for health and welfare services.

The government actively attempts to address lagging service delivery in Winterveldt. According to municipal press releases, local government connected 1,000 households with electricity and constructed a multi-purpose centre in Winterveldt during the latter half of 2006. Winterveldt also has two government health facilities – Kgabo Health Centre and Dube Clinic – both offering 24-hour comprehensive services. New street lights were erected along Winterveldt's main road during 2007. Despite all these efforts by the government and local NGOs, the majority of Winterveldt residents still remain without access to proper infrastructure and service delivery.



Above: Two site-visit locations, Winterveldt HIV/AIDS Project Site B (Container offices and Avenue) and Winterveldt HIV/AIDS Project Site A Office (Headquarters).

Project Description

OVERVIEW AND FRAMEWORK

The Winterveldt HIV/AIDS Project was established in 1998 as a non-profit organisation (NPO). The project aims to provide quality care, counselling, and support services to terminally ill patients, OVC' and all those infected and affected by HIV/AIDS and other chronic illnesses in order to reduce the impact of HIV/AIDS in the Winterveldt community.

The organisation's main focus has been on home-based care (HBC) with a limited focus on direct services for OVC. The organisation's overall programmatic goals are to:

- create an enabling environment for HIV/AIDS treatment readiness, compliance, and adherence;
- strengthen care and support of all those infected and affected by HIV/AIDS; and
- strengthen community mobilisation in the struggle against HIV/AIDS, and involve more men and youth in community initiatives.

During 2006, the OVC care component was formalised when the Winterveldt HIV/AIDS project received emergency plan funding. The purpose of the component is to enhance capacity to respond effectively and efficiently to OVC 17 years of age or younger within its service area. Key principles of the project's OVC strategy are similar to their overall aims and include:

- customisation of all inputs to effectively respond to the social needs of the community;
- assurance of full community participation and ownership; and
- promotion of partnerships and networks with all community, district, and provincial stakeholders.

The project engages in several activities, namely community sensitization, HIV/AIDS treatment care and support, home visits, and networking. As a result of these services, OVC are able to access numerous services from the project. These are food and nutritional support, child protection, health care, psychosocial support, HIV prevention education, shelter interventions, and educational support.

The project mobilises community members and trains volunteer caregivers to support OVC. Training is critical to maximise services provided to children, offer psychological support, and improve understanding of OVC developmental needs. Caregivers are empowered by this training to provide better care and reduce stigma and discrimination against OVC.

Home-based care is the backbone of the project. Registered households are visited two to three times a week by the volunteer caregivers to ensure that they adhere to treatment. Other services such as cleaning, cooking, bathing, and assistance with exercise are also provided. The volunteer caregivers take responsibility for building support systems within neighbourhoods by identifying key caregivers in homes and empowering them to take care of their loved ones in the absence of the volunteer caregivers. Door-to-door campaigns are regularly conducted to identify new beneficiaries and refer community members to other relevant institutions when required.

The project actively networks with local government and NGOs that are mainly OVC-focused. Partnerships with government ensure OVC are able to access important assistance with school fee exemptions, social welfare grants, and nutritional support whilst NGOs provide valuable best practice information that the project can emulate in their own work. Networks also heighten the likelihood that the project will remain sustainable in future by creating a sense of cooperation and community ownership.

PROGRAMME STAFF



Project staff gather at headquarters (Site A) before going into the community.

The Winterveldt HIV/AIDS Project is run by six full-time members of staff, namely a project manager (responsible for the overall running of the organisation), a deputy chair person (supports the project manager in his duties), an administrator (in charge of all administrative duties pertaining to the project, including correspondence), a deputy administrator (supports the administrator), a field manager (oversees all HBC activities and is responsible for coordinating the volunteers), and a treasurer (in charge of financing). Important work carried out by staff members encompass organising community sensitization campaigns, supporting and monitoring the work of volunteers conducting home visits, and training peer educators. Staff members

have been known to join the volunteers in conducting home visits and providing services to the community particularly when there is a lull in office duties.

What makes this project unique is that staff members did not receive a salary or monetary stipend before the emergency plan began funding the project in 2006. This has resulted in an organisation that is firmly planted in grassroots-volunteerism and has a passion for the communities which it serves. Staff members as of July 2007 received a monthly stipend of R500, in addition to any transport money required for carrying out project objectives.

Posts are advertised by the project manager at schools, clinics, supermarkets, and other public places. Successful applicants undergo interviews and selection is determined by skills and fit. Training and mentoring is provided to all staff members to assist them in carrying out their duties. Training topics include HIV/AIDS prevention and care, Health and Welfare Sector Education Training Authority (HWSETA) training, field skills training, and basic administration and management skills training.

"They provide whatever there is, in an appropriate manner, and are always in their office when one needs them. May the government see to it that they [the project] are well cared for. We as the community will highly appreciate that."

Beneficiary, commenting on Winterveldt staff members

"The Winterveldt HIV/AIDS project assisted my family in many occasions. They assisted my late daughter, who contracted HIV. They started by taking her to the clinic for treatment. As her illness got worse, they offered HBC and palliative care. She did not get better so they negotiated with Madidi Hospice for her intake; unfortunately she died. The project assisted with her burial by contacting and interacting with Royal Funeral to bury her, as I did not have money to bury her. After the death of my daughter, they assisted my granddaughter to acquire a birth certificate and, later, took her to the office of social development to apply for a social grant. Now she is accessing the social grant. The Winterveldt HIV/AIDS Project is doing a very good job in the area of Winterveldt."

Guardian

PROGRAMME VOLUNTEERS



A Winterveldt HIV/AIDS project staff member in action.

Dedicated caregivers (the term caregiver is used by the organisation interchangeably with volunteer),¹ are trained and supported to provide services to OVC and their families. On a daily basis, the caregivers record their activities and services provided to the children. Registration tools are utilised to ascertain specific information about OVC, including current health, educational status, and household information.

Seven full-time and two part-time caregivers specifically trained to conduct household visits are imperative to the project's success. Typically, caregivers approach the project and request volunteer work. Each caregiver undergoes an interview to ensure skills and abilities fit to the needs of the project.

In similar fashion to the staff, caregivers are provided with training. Staff approach the Department of Health and request training on particular topics as and when required, but training typically includes caring for orphans. In addition to training, the project provides at least one meal a day for the caregivers.

Each caregiver is responsible for 40 OVC on average, although the actual number can vary considerably, particularly if many children have been identified as requiring assistance. Each OVC is visited on about five times a month, unless a child is receiving a particular service that requires more visitations. Caregivers are also required to keep meticulous records of in-kind contributions received and distributed to OVC (see in-kind-contributions section for more detail).

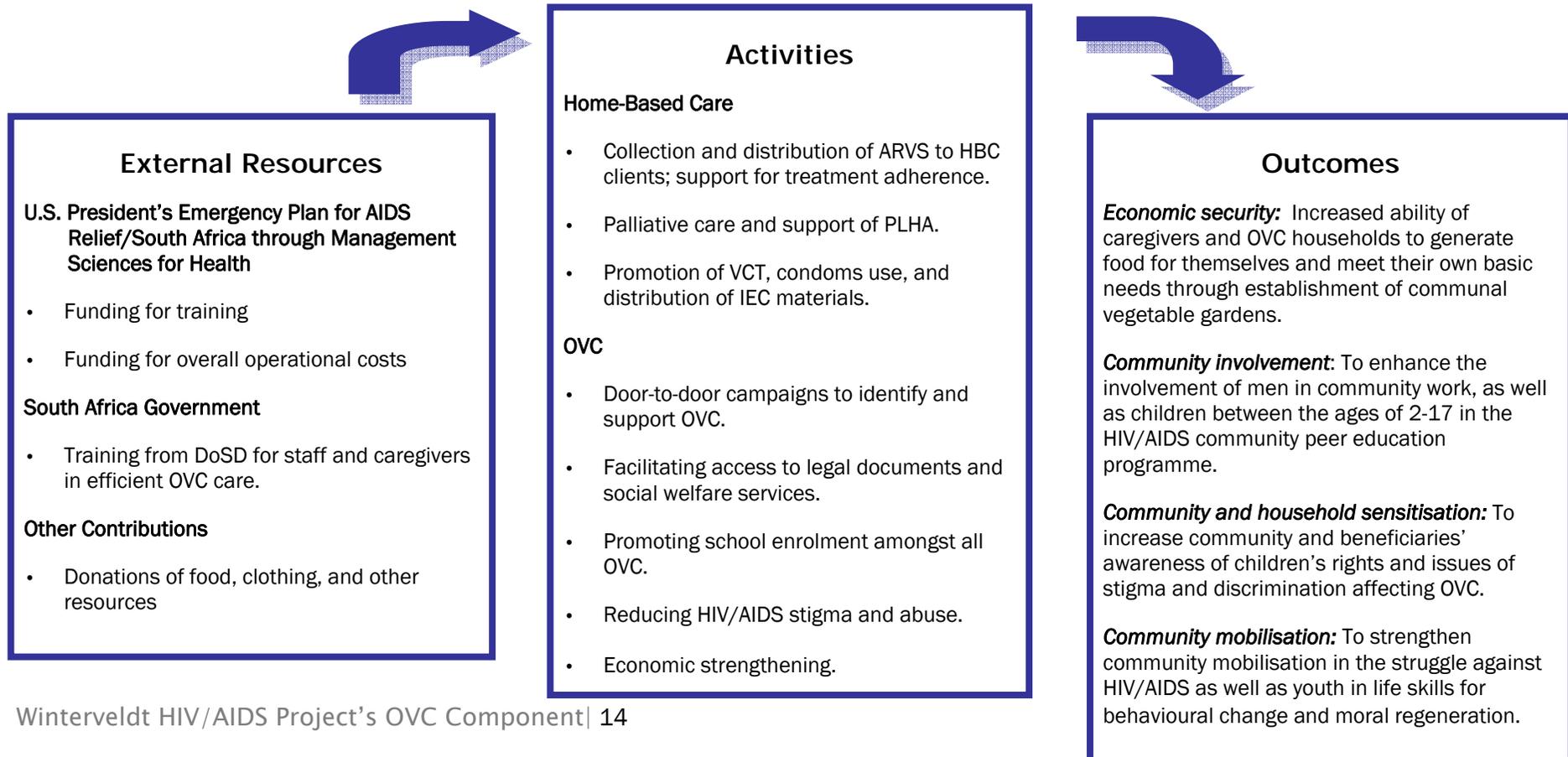
¹ Volunteer/home-based carers and caregivers refer to individuals who are either volunteers or staff of the Winterveldt HIV/AIDS Project and should not be confused with guardians or foster parents who take care of OVC and often have informal or legal custody of these children.

Winterveldt HIV/AIDS Project

Winterveldt HIV/AIDS Project's mission is to provide quality care, counselling, and support services to the community of Winterveldt in order to reduce the impact of and resulting vulnerability to the HIV/AIDS pandemic. The project as of July 2007 had served 373 OVC and trained 90 youth peer educators.

Programme Goals

- To create an enabling environment for HIV/AIDS treatment readiness, compliance and adherence.
- To strengthen care and support of all those infected and affected by HIV/AIDS.
- To strengthen community mobilisation in the struggle against HIV/AIDS and involve more men and youth in community initiatives.



KEY PROGRAMME ACTIVITIES



Programme activities are defined as outputs and outcomes that serve as vehicles for service delivery. A comprehensive portfolio of project activities follows:



Community Sensitisation

The project encourages the wider community to support all initiatives aimed at OVC care within the community. Sensitisation and mobilisation around HIV/AIDS and OVC issues are particularly emphasised; staff and caregivers receive training on these topics, and regular community meetings and awareness campaigns focus on them.

Focus group discussions, workshops, and awareness campaigns are regularly conducted to provide age-appropriate HIV/AIDS prevention education to children. Such education allows children an opportunity to develop healthy living attitudes and behaviours. It also lays an early foundation for minimising HIV/AIDS risk in adulthood. A total of 90 children have been trained to become peer educators, be involved in group discussions, and to provide one-on-one counselling to their peers. Peer educators also participate in the distribution of condoms and information, education, and communication (IEC) materials.

Men are mobilised on HIV/AIDS issues, HBC, voluntary counselling and testing, prevention of mother-to-child transmission, and reproductive health, while youth are mobilised and taught life skills for behavioural change and moral regeneration. The project focuses on educating men about treating women with respect and practicing safe sex. According to the project manager, this is an important aspect of the project, given that men are the cornerstone of the community and it is thus important to capacitate them in this regard to fight the HIV/AIDS pandemic. Life skills topics of discussion comprise gardening skills, HIV prevention, and, for the men, condom usage. The project arranges these campaigns.



Home Visits

Regular home visits are conducted by caregivers. Home visits allow the caregivers to identify sick people in the community and refer them to a clinic for health assessments. Those who are in need of treatment are assisted in collecting their medication from clinics and ensuring they adhere to treatment. Caregivers verify clients' treatment cards during each visit to ensure that there are no defaults. Counselling is offered and disclosure of one's status (especially to family members) is encouraged.

To provide such comprehensive HBC services efficiently, the project keeps a stock of HBC kits. Each kit contains medication for minor ailments, toiletries (for bathing clients), and cleaning materials, which are used when cleaning clients' homes. Food parcels and other materials are also distributed during home visits. Other material support includes clothing and blankets. Materials are distributed on a need basis with child-headed households taking priority, followed by other needy households. In particular, OVC waiting for approval of support grants will receive food parcels.

Home visits provide caregivers with an opportunity to empower other members of the household to take care of their loved ones in the absence of the project caregivers. They are also used to identify children or community members with problems and those who might need referrals to other institutions. Caregivers and other community members can refer children. For example, cases of child abuse are referred to social workers or police for intervention.



The project aims to involve children in decision-making processes that affect OVC.

Further to this, palliative care is provided to clients through home visits. Clients are assisted in keeping their environment clean and with their bathing, washing clothes, and cooking. The caregivers establish a support system within a household by identifying a key individual (usually a guardian or foster parent) in the home who will be responsible for continuing the care of the family as a whole.

The project's primary concern is to expand treatment, care, and support for community members, which it does by ensuring that clients adhere to their HIV/AIDS treatment, assisting with the collection of medication from clinics, and supplying nutritious food to those who require it. Through counselling, the project also prepares and assists clients not yet on treatment. All these important services are provided by caregivers during home visits.



Networking

Networking with other organisations within the Winterveldt opens up a range of avenues for additional support for OVC. For instance, the caregivers arrange individual meetings with teachers, health workers, and DoSD officials to mobilise general support for OVC in the community, as well as to advocate for the support of specific individual needs for OVC. Networking is beneficial in that it has, on numerous occasions, assisted OVC in accessing much-needed grants, as well as assured the successful placement of children with family members. The project's social worker is instrumental in this, in that she works with DoSD and the families requiring assistance and ensures OVC get the services they require. As well as grants, OVC are assisted with accessing housing or temporary accommodation as required. Caregivers liaise with the local government ward councillors to achieve this.

"We assist orphans by visiting them in their homes and counselling them. We also go to the school principals and talk on behalf of those who cannot afford to pay for school fees."

Caregiver, AI workshop

"I have full knowledge about HIV/AIDS, on how to handle a person with this dreadful disease as well as how it can be contracted – it is not by kissing or sharing food but by having unprotected sex."

OVC beneficiary

The project has established links with local NGOs and hospices, which help avoid duplication of services in the Winterveldt area and allow for sharing of information and experiences. These institutions include St. Peters Mandlenkosi, Mercy Aids Project, Makanyane Folang Health Project, Winterveldt Youth Development Association, and Phumlani for the aged. Referral systems have been established with health facilities, local schools, the Department of Home Affairs, DoSD, and the Legal Aid Board. The Health Systems Trust has provided information and workshops on the prevention and treatment of TB and HIV. The Department of Health provides HIV education and management courses. These courses are for the home-based carers and assist them in doing their jobs better.

Other partners include local businesses, including funeral parlours. The project works hand-in-hand with the Royal Funeral Palace to assist those who cannot afford to bury their loved ones. The project also works with the Kgoba Clinic to provide care to OVC by putting an agreement in place for the care of OVC. The project informs the clinic approximately a day in advance about the number of OVC that will arrive for treatment and care. The clinic in turn ensures the children are provided for upon arrival.

BENEFICIARIES

The beneficiaries of the OVC component of the project are orphans and other children 17 years of age or younger who are vulnerable due to HIV/AIDS and other issues. The vulnerable children include those who are living in extreme poverty, those living with terminally ill parents, children whose parents have abandoned them (typically to go to big cities and never return), and babies abandoned by their teenage mothers. Some of the children have been abandoned by their mothers when they remarry and leave the children with their grandparents. Children of disabled parents are considered vulnerable as in most cases the parents are unable to look after them. In addition to this, many children are identified by caregivers during home visits to administer HBC services.



A granny-headed household in Winterveldt.

The caregivers identify most of the OVC beneficiaries during home visits and during door-to-door campaigns. Community meetings provide opportunities to discuss and address issues experienced by OVC. They also serve to improve links between the children and the communities. Focus group discussions and semi-structured questionnaires are sometimes used to source information about broader problems affecting OVC from community members.

During the period between June 2006 and June 2007, the project directly serviced a total of 549² OVC. Services offered include nutrition, food parcels, shelter, meals, vocational training, access to formal education, referral for antiretroviral therapy, and in obtaining legal documentation, such as identity documents and birth certificates.

Making a Difference for Vulnerable Families



Sam is a 25-year-old man living with four younger siblings. Sam and Margaret,* his 21 year old sister, are together looking after their three younger siblings, aged between 10 and 13 years. Their mother died in November 2006 after a long illness, leaving a sick infant. Although Sam and Margaret cared for the infant, she also passed away shortly after their mother's death. The project has helped Sam's family since January 2007 by securing a supply of monthly groceries for the family from a local supermarket. Neither Sam nor Margaret are formally employed, although on occasion they secure part-time employment. They really appreciate what the project has done for them because their siblings never go to school or bed without food. Sam remarks: "We now live like all other people."*

**Not their real names.*

² As detailed in the Winterveldt HIV/AIDS Project OVC Narrative Report June 2006 to June 2007.

SERVICES PROVIDED



The Winterveldt HIV/AIDS Project offers a variety of services, including food and nutritional support, child protection, educational support, health care, economic strengthening, HIV prevention education, and psychosocial support. The following discusses these services in detail.



Food and Nutritional Support

When available, OVC receive nutritious food parcels that include items such as maize meal, beans, tinned fish, cooking oil, and peanut butter. Instant fortified porridge is provided to the very ill and malnourished children. The project lobbied a local clinic to provide free milk formula to mothers who are HIV-positive and are unable to breastfeed. OVC also receive vegetables from the projects two vegetable gardens, one on-site and the other at the local clinic. From June 2006 to June 2007, 53 OVC have received food and nutritional support and 47 food parcels.



The project provided Christmas groceries to these children during 2006.



Child Protection

During home visits, caregivers are trained to identify signs of neglect or abuse and to report such suspicions to the project office. The project works hand-in-hand with police and social workers when cases of exploitation and abuse are discovered. The caregivers also assist the children with birth registrations and identity documents and, if required, accompany them to the local Department of Home Affairs office. Between June 2006 and June 2007, 120 OVC benefited from this service.



Health Care

Between June 2006 and June 2007, 53 OVC received health-care support through the project. They are provided with this service during home visits, when caregivers conduct health assessments of OVC and refer them to clinics if necessary. Children are assisted with transport to health centres when necessary. Those who need antiretroviral therapy are helped in accessing this treatment and in taking their medication.

Aside from palliative care provided via home visits (see below), the Winterveldt HIV/AIDS Project has been very innovative in its approach to encouraging the local men to visit the local clinics for care and treatment. After discovering that local men were failing to access health care due to feelings of embarrassment in consulting with clinics nurses from their communities, the project established a Saturday clinic for men. Male nurses from different areas run the clinic and treat the patients. This assures confidentiality and reduces feelings of embarrassment among the men. This initiative has resulted in an increase in men using the clinic facilities and accessing HIV/AIDS treatment, care, and support.



Psychosocial Support

The Winterveldt HIV/AIDS project caregivers provide counselling to children and their guardians in their homes. They offer emotional



A project staff member with one of the wheelchairs used to transport beneficiaries to clinics.

support, life skills education, and other activities, including drumming and play. They also encourage them to participate in community events to help them feel accepted by their communities. Caregivers play the musical instruments with the children, as well as participate in dancing. These activities are also seen as important in building trust between the caregiver and child. Fifty children received emotional and life skills support between June 2006 and June 2007.



Educational Support

Most of the OVC registered by the project are in school. The project advocates on their behalf for the waiver of school fees or pays schools fees, and buys school uniforms for some of the children. During the period from June 2006 to June 2007, the project assisted 35 children with educational access.



HIV Prevention Education

The project arranges focus group discussions, workshops, and awareness campaigns to educate children and the wider community about HIV/AIDS prevention. Further to this, the project focuses on educating men about practicing safe sex. Men are also educated about and encouraged to use condoms. As part of this service, the project has set up 37 condom distribution points. Each point is accessible to the public in that they are placed near supermarkets, pay phones, and other such public locales.



Economic Strengthening

OVC, particularly the older children, are encouraged and supported to generate an income from selling vegetables grown in their own gardens. When children reach the age of 18, they are assisted in accessing vocational training or in pursuing tertiary education. Training in gardening skills is a popular skill that is taught to the children. A community member teaches the gardening skills to the children on a voluntary basis. Following training, OVC are encouraged to start their own vegetable gardens. These skills are important in that the children use them to provide their families with fresh vegetables and to generate money from selling surpluses.



Teaching materials the project uses to guide community members in OVC care are displayed.

They are also urged to participate in any other community income-generating projects periodically run by NGOs and faith-based organisations in the area. Eighteen OVC have benefited from the provision of income-generating skills between June 2006 and June 2007.

In short, it is evident that these services are well received by the community. As an AI workshop beneficiary expressed it, "The most special thing about the project is their services cater to the community."

"The project helps the orphans and they refer the people to the clinics, they collect medicine from the clinic for those who have TB and HIV and can't go themselves."

Beneficiary, AI workshop

Resources

The project draws on resources and contributions from donors, staff, community volunteers and community members in addressing the needs of OVC and other people infected and affected by HIV/AIDS.

DONORS

The project receives 100% of its funds for the OVC component from the emergency plan through Management Sciences for Health (MSH). MSH provides continuous support to the project in the form of training for caregivers on psychosocial aspects of working with orphans, understanding their particular developmental needs, and support requirements.

COMMUNITY IN-KIND CONTRIBUTIONS

Materials are sourced from the community and distributed to OVC households. The project receives contributions from individuals, government, and businesses in the community. Examples include clothing, shoes, food, cleaning materials, toiletries, and wheelchairs. The community is also a good source of information; caregivers and staff sometimes approach local leaders and other prominent people in the community for information pertaining to OVC.



Porridge from DoH is ready to be delivered to local OVC.



The project involves youth in group discussions and distribution of educational materials.



Networking with local business, such as this supermarket, the project has managed to assist OVC households with groceries and other household items.



Lessons Learned



AI participants hard at work.

"I have learnt that if you want assistance, consult the Winterveldt HIV/AIDS project and they will provide you with services that suit your needs".

Community member, AI workshop

Since the project expanded its activities when it was awarded emergency plan funding in 2006, its staff has shown remarkable dedication in working with the community. This has resulted in valuable insights into working with orphans and vulnerable children in often difficult economic circumstances. The project has earned itself the respect and appreciation of the community and has enjoyed a number of successes. Comments from beneficiaries, community members, and partner organisations are evidence of the positive impact that the program has had on the lives of OVC. The road to success has by no means been an easy one, however. Winterveldt HIV/AIDS project staff, caregivers, and community members identified several challenges and unmet needs.

PROGRAMME INNOVATIONS AND SUCCESSES

Strong Leadership

Management has provided continuous support and strong leadership to the programme. Some members are from the local government ward committee or are prominent community members. Collectively they bring invaluable experience to help the project focus on its mission and vision.

Establishment of Good Relationships with Other Community Stakeholders

Partnerships and linkages have been critical to the success of the project. The project has made a true effort to develop very good relations with other local stakeholders such as government bodies, local businesses, schools, health facilities, and other community-based organisations. These efforts have reaped significant rewards: The project's sometimes informal cooperative agreements widen the community's referral networks and assist the project in accessing additional resources for the beneficiaries.

Career Opportunities for Volunteers

The project improves caregivers' skills by providing them with valuable experience and training. As a result, it becomes easier for them to find employment in formal business sectors. In an area where skills and employment are quite limited, this is a truly invaluable contribution to the upliftment of

Praise from Partners

"Kgabo Health Centre has been collaborating with Winterveldt HIV/AIDS Project since 2002 as one of the most important CBOs in the health area. The project is regarded as the model of modern-day community-based projects because it has exceeded everybody's expectations. It has grown in leaps and bounds and one can not imagine Winterveldt without this project. Their tireless efforts have been hailed as the personification of the Patient Rights Charter and the Batho-Pele Principles. They are indeed an extended arm of the government. The management team and staff at Kgabo clinic take pride in the relationship they have established with Winterveldt HIV/AIDS Project. The project experiences many problems and challenges but these would never deter them from executing their duties. They do not have vehicles, they sometimes use wheelbarrows or wheelchairs to ferry patients to the clinic. They are the true ambassadors of African Renaissance and the spirit of Ubuntu."

Staff member, Kgabo Health Center

community.

Due in part to on-the-job experience and training provided, two project volunteers have managed to secure employment as ward councillors and another is working for a local clinic.

Enhancing Male Participation in OVC Care

Great importance is placed on capacitating men and involving them in the projects via sensitization campaigns and the like. Involving men has had positive spin-offs. For example, according to Winterveldt's project manager, the education local men have received has positively impacted them, and negative lifestyles appear to be changing for the better as a result.

PROGRAMME CHALLENGES

Accessing Social Grants

Lack of legal documents has been a major problem identified in Winterveldt. Since the initiation of the OVC project, the caregivers have been instrumental in ensuring that OVC have legal documents and are assisted in accessing social grants. Community members who attempt to access social grants for children without assistance from the project often experience problems and are seldom successful. The project has ensured that the process of approving social grants has improved at DoSD, but it is still not quick enough. Some applicants wait for more than three months to have their applications approved.

Another issue regarding legal documents and social grants is accessing them for non-South African citizens, as a large number of Winterveldt residents come from outside the country. One particular difficulty in this regard is in assisting foreign-born grandmothers to access foster care grants for their orphaned South African grandchildren. The DoSD advises these individuals to go to their respective embassies for assistance, but this is difficult as these people do not have the financial resources to travel to urban areas where their embassies are situated.

In addition, accessing grants and social services for abandoned children is particularly challenging. Most abandoned children do not have any parents/guardians' supporting legal documents and accessing social services becomes an enormous challenge. The project is involved in advocating on behalf of these children for citizenship from Department of Home Affairs, but it is still a very difficult endeavour.

Expanding Community Contributions

There is great demand for children's services within the community of Winterveldt, but insufficient funds to facilitate implementation of the work. Raising additional funds and getting donations from larger corporations outside Winterveldt has been difficult for the project.

The project receives and appreciates assistance from community members, but staff members feel that it is not enough. The caregivers are dedicated but could do much more with better support from the communities themselves. The caregivers sometimes go out into the communities to ask for materials such as clothing, food, and manpower.

Volunteer Incentives and Support

The project provides at least one meal a day for the caregivers yet frequently runs out of food supplies. The late payments of stipends in addition to the lack of income-generating activities in the community wreaks havoc on staff morale as they face the stress of how to feed themselves and their families, in addition to dealing with other families' problems.

UNMET NEEDS

Recreational Opportunities for Children

There are never enough materials for all the beneficiaries in the communities. This is largely due to insufficient funding available, as well as limited income-generating opportunities for community members over and above the gardening skills that are provided. Recreational materials including toys, sports equipment, bicycles, television sets, TV games, and any other age-appropriate games for the children have been at the top of the “materials needed” list for some time.

Material Needs

OVC still require basic items including food, clothing, school uniforms, educational stationary, and bedding.

The Way Forward



Participants at the AI workshop.

Staff members are looking to expand the project to allow OVC to access services in geographical areas outside where the project operates. Further to this, there are plans to expand the project and provide OVC with a centre.

Geographical expansion will see the project broaden its reach within the Winterveldt and surrounding communities, with increased engagement of local stakeholders, government departments, and NGOs. Knowing that challenges inevitably lie ahead, the dedicated staff and volunteers are committed to building and strengthening both the project itself and the communities that it serves.

In achieving the above, the project is looking towards sourcing additional funders, whether from larger donors such as the emergency plan or through the development of various income-generating projects within the community, such as introducing a chicken business (buying and selling chicken for profit).

Regardless of what staff members choose to do in the future, one thing is certain, the project has successfully made the lives of OVC better and will continue to do so in the future.

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