

A Case Study

Zimeleni Home-Based Care OVC Project



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With Support from Management Sciences for Health

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Cover photo by Shanya Pillay

Acronyms

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organization
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
HBC	home-based care
MSH	Management Sciences for Health
NPO	nonprofit organisation
OVC	orphans and vulnerable children
SAPS	South African Police Services
PMTCT	prevention of mother-to-child transmission
USAID	U.S. Agency for International Development

Executive Summary

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

Msukaligwa Local Municipality located in the Limpopo Province of South Africa is an area characterised by numerous social problems, including a high HIV/AIDS prevalence rate and many orphaned and vulnerable children requiring assistance. In attending to the needs of these children, seven passionate and determined women called a community meeting to launch their vision, which would become Zimeleni Home-Based Care, a registered nonprofit organisation. This case study is a tribute to Zimeleni Home-Based Care’s OVC project’s extraordinary contribution to the lives of OVC living in Msukaligwa.

A unique method known as appreciate inquiry was used to gather information at the organisation’s site during September 2007. A group informant interview, observations of activities and services offered, and a full-day workshop were conducted to gather information about the OVC project. Staff, beneficiaries, volunteers, community members, and stakeholders were questioned about their positive experiences with Zimeleni Home-Based Care’s OVC project. The same process (save for observations) was repeated with partner Management Sciences for Health (MSH) to gain a greater understanding of the role MSH plays in capacitating Zimeleni Home-Based Care’s OVC project. The majority of responses, from both groups, were elicited in story form to gain insight into individuals’ constructive experiences with the project. Where pertinent, stories are illustrated within this case study to demonstrate the excellence of the project’s work in caring for OVC.

Zimeleni Home-Based Care aims to provide fundamental care services to people who are infected and affected with HIV/AIDS, particularly OVC. A number of services are provided to OVC, including child protection, psychosocial support, educational support, food and nutritional support, HIV prevention education, and referrals for additional services. The activities comprise community mobilisation, community capacity building, and home visits.

A dedicated and determined staff component assures that the project runs professionally. Such characteristics are revered and a prerequisite for employment. Staff members believe that these very traits have led to such a well-functioning organisation and OVC project.

Zimeleni Home-Based Care’s OVC project has had many successes since its inception. Some successes include establishing a project that is community owned and one that has managed to bridge the gap between the government and the communities it works with.

In addition to successes, several challenges and unmet needs of OVC are also briefly examined. Challenges entail delayed government services and funding concerns. Unmet needs of OVC comprise a lack of support for tertiary education and transport.

Principally, this case study is a tribute to Zimeleni Home-Based Care’s OVC project in its achievements with assisting OVC.

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 Zimeleni Home-Based Care OVC project and to document lessons learned that can be shared with other initiatives. The U.S. Agency for International Development (USAID) in South Africa commissioned this activity, to gain further insight into OVC interventions receiving financial support through the 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 Zimeleni Home-Based Care OVC project, OVC programme implementers across South Africa and other countries in sub-Saharan Africa, as well as policy-makers and donors addressing OVC needs. It is intended that information about programmatic approaches and lessons learned from implementation will help donors, policy-makers, and programme managers to make informed decisions for allocating scarce resources for OVC and thus better serve 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.

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

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

“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

Fieldwork was conducted over two consecutive days during September 2007 at Zimeleni HBC site in Mpumalanga Province. Data collection techniques included consultation with key stakeholders, workshops, and observations. On the first day, a group interview was conducted with the organisation’s coordinator, secretary, and administrator. Questions focused on the project’s model, staff and volunteers, beneficiaries, community ownership, project challenges, successes, and plans for the future. On the second day, an AI workshop was held. In attendance were four beneficiaries, three guardians, six members of staff, three members of the South African Police Services (SAPS), a nurse, the local ward counsellor, two Zimeleni HBC board members, a social worker, and two members of local NGOs. All participants had current or past dealings with Zimeleni HBC’s OVC project and, as such, were asked questions about their best experiences with the project. Answers were elicited in story form to gain a greater understanding of individual experience and good practice. In total, 20 participants were in attendance and the workshop lasted half a day. In addition, the research team observed a number of services and activities that the project offers. These included a vegetable garden where produce is used to feed local OVC or sold for profit, a drop-in centre where a number of activities and services are offered to children, and a craft centre where beadwork is taught to the elderly. Field-workers were also treated to a visit to the sewing club, where several grannies sew school uniforms for OVC.

Interviews and an AI workshop were also held with project staff at Management Sciences for Health (MSH) offices in Johannesburg. Information gathered provides an understanding of the role MSH plays in helping Zimeleni HBC’s OVC project to reach its goals and objectives.

FOCAL SITE



Participants attend an AI workshop.

Zimeleni HBC is located in the Sheepmoor area. Sheepmoor is located in the Msukaligwa Local Municipality, Gert Sibande District, within the Mpumalanga Province. The population reside in urban areas and informal settlements, settings with serious public health concerns. For example, the majority of residents do not have adequate sanitary, water, or refuse removal services. Further to this, there is inaccessibility to some sections of the settlements due to poor or nonexistent roads. Poverty exacerbates these problems.

The HIV/AIDS prevalence rate in and around Msukaligwa Local Municipality is high. This elevated infection rate coupled with the lack of service delivery to the community and its children has led to, and continues to contribute to, the large number of OVC in the area. To address the needs of the people, the project offers a number of services to affected and infected orphans, child-headed households, individuals, and families in Sheepmoor and in other nearby locations, such as Zaandspruit, Vaallvaal, Skitam, and Shefgral areas.

Project Description

OVERVIEW AND FRAMEWORK



Zimeleni HBC's coordinator visits with one of the youngest beneficiaries.

Seven determined women called a community meeting in 1999 to introduce their newly-formed action group, Zimeleni HBC. The group pledged to reduce poverty, educate the local populace about HIV/AIDS, and care for the sick. Particular emphasis was placed on caring for OVC, a population group recognized as neglected. Since this point, the organisation has expanded its scope of work to include an array of services and activities geared toward improving the lives of OVC. In 2002 Zimeleni HBC was registered as a nonprofit organisation (NPO). The name, Zimeleni, meaning “to stand on one’s own,” was chosen by the community

The project model adopts a community-focused and community-owned approach. This is demonstrated in the following core values, which outline several commitments to the community, namely:

- the project is committed to ensuring that people who live with HIV/AIDS are involved in the running of the project;
- the project is committed to ensuring that management embark on outreach programmes such as routine visits to families and awareness campaigns; and
- the project is committed to ensuring that the local community guides service delivery, monitoring, and evaluation.

The organisation’s mission statement is concise and to the point. It aims to provide fundamental care services to people who are infected or affected with HIV/AIDS, particularly OVC. For the purposes of this report, emphasis is placed on those services and activities that benefit OVC. As such, and in attending to its mission statement, three key objectives are outlined. These are to:

1. provide support to HIV and AIDS affected or infected individuals, orphans, child-headed families, and vulnerable children;
2. create awareness around HIV/AIDS and other related illnesses; and
3. provide assistance through food parcels and material support to OVC.

The project engages in a range of activities, some of which include counselling sessions, feeding schemes, and awareness campaigns. In realizing both the above mentioned objectives as well as these activities, several services that support OVC are provided. These are:

- child protection;
- psychosocial support;
- economic strengthening;
- educational support;
- vocational training;
- food and nutritional support;
- HIV prevention education and; and
- referrals for additional services such as health care.

Funding is critical to the project’s growth and sustainability. Aside from historical support from local government, MSH supports Zimeleni HBC under its Integrated Primary Health Care Project (IPHC). IPHC is funded by the United States government under the emergency plan/South Africa

initiative. As of September 2007, the OVC project was 100% emergency plan/South Africa funded, through USAID on contract to MSH IPHC. The Department of Social Development covers expenses incurred from the organisation's crèche, as well as provides toys and food when there is a need. In addition to funding, MSH provides mentoring, technical assistance in areas of reporting and financial management, and training in such key areas as monitoring and evaluation.

The sheer determination of a small group of woman has led to a professionally run NPO that makes a constructive difference for many on a daily basis. Management ardently believes that effective service delivery is only attainable with loyal and passionate human resources. As such, these traits are a prerequisite for employment. Fortunately, the project has managed to attract and retain such individuals.

PROJECT STAFF

As of September 2007, there were 25 caregivers. The recruitment process is rigorous; there is an initial period of advertisement (through word of mouth), short-listing of candidates, and subsequent selection and appointment. Due to the nature of the work, certain character traits, such as passion and resilience, are favoured amongst candidates.

Each employee receives training in a variety of areas by several service providers. The length of the training varies. For instance, the Department of Labour provides instruction in gardening, finance, and HIV/AIDS; and the Department of Health offers lessons in social care work and counselling. Training periods range from once of day training to several weeks.

VOLUNTEERS

Over and above training, volunteers also receive produce from the project's vegetable garden and uniforms as incentives.

Individuals from the community can become members of the organisation and subsequently the OVC project, but only if they follow procedure. According to its constitution, a person wishing to become a member of Zimeleni HBC must approach the management committee for approval. Once approved, the member is allowed to attend general meetings and exercise a member's right to help determine policy of the organisation. In other words, this membership means that community members can input and contribute to what happens within the project. They provide a voice on behalf of the community.

Those that run the OVC project are described as exceedingly passionate, determined, and generous. These attributes are appreciated by the community. For example, in response to the question, "What you like about the people who run the OVC project?" posed during the AI workshop, responses included the following:

"What makes them successful is that they are brave, they do not give up to obstacles."

"They do not get discouraged at all."

"They involve people and work with them."

"They are dedicated and committed to their project."

"They do not work to get paid but with love for children and to help people."

"They have endurance and patience, which makes them successful."

Beneficiary AI workshop participants

Zimeleni Home-Based Care OVC Project

To provide fundamental care services to people who are infected or affected with HIV/AIDS, particularly OVC

Objectives

1. To provide support to HIV and AIDS affected or infected individuals, orphans, child-headed families, and vulnerable children.
2. To create awareness around HIV/AIDS and other related illnesses.
3. To provide assistance through food parcels and material support to OVC.

External Resources

- Zimeleni's HBC project is 100% emergency plan-funded through USAID, on contract to MSH IPHC
- Local community donations

Activities

Community Capacity Building

- Encourage grannies that take care of OVC to learn new skills and develop income generating activities (e.g., the sewing club for grannies makes school uniforms for OVC)
- Educate community about OVC

Community Mobilisation

- Negotiate with schools to lower OVC school fees
- Develop referral systems to assist OVC
- Increase resource base by working with OVC
- Establish mobile clinic once a month for community

Home Visits

- Identify OVC
- Provide HBC to patients (OVC guardians)
- Provide psychosocial support
- Provide assistance with homework
- Assist OVC in applying for legal documentation and grants
- Monitor well-being of child

Outcomes

Child and Adolescent Outcomes:

- Educational support – uniform provision leads to a reduction in OVC stigma and increased school attendance
- Food and nutrition – improved health and well-being
- Psychosocial support – healing from parent's death or other psychological problems
- Referral to SAPS and crisis centre protects the child
- Healthcare referrals – accessing essential services such as VCT and ARVs, which leads to improved health

Family and Community Outcomes:

- HIV Prevention education – informed, enlightened, and empowered community leads to a reduction stigma of OVC and PLHA
- Economic strengthening/vocational training – empowerment and ability of guardians to care for OVC

KEY PROJECT ACTIVITIES



Services are offered to OVC through several activities. These are detailed below.



Community Capacity Building

“I am proud of Zimeleni because I have a place to work and do my handwork. I earn an income selling my handwork because of Zimeleni.”

Grandmother

Staff, volunteers, the community, and beneficiaries reported feelings of pride and happiness toward the skills development initiatives on offer. The project offers a number of skill-building opportunities. Individuals, particularly elderly grannies who care for OVC, are encouraged to join the various skills-development programmes on offer. These include, but are not limited to, beadwork, sewing, and cooking courses. These courses are sponsored by the Department of Social Development. Some of their work is sold to community members and others are used to beautify the Zimeleni HBC offices. On completion of training and pending demand, several individuals work for the OVC project. A small proportion of the profits from sales go to these individuals and the remaining money is used by for food.

Further to professional development, capacity building empowers by promoting feelings of optimism and hope among a populace that live with a multitude of social ills. Capacity building also educates the community about the realities faced by OVC. Two grannies expressed the following:

“We are at home in this centre. We do our handwork and sell everything for profit. We work while we talk about our problems, sharing everything as grandmothers. I am really proud of Zimeleni.”

Grandmother

“I am proud of Zimeleni. I came here to work in 1999, cooking for the children who were attending crèche. Before I came here, I had no love for children because I was miserable with my own problems. Children used to irritate me, especially when they asked for something I could not give them. I used to abuse them verbally. Now, because of Zimeleni, I love children. I have patience as I cook and feed them. I arrive every day and cook and feed them with love before they go to school.”

Grandmother

The project has made remarkable progress with its capacity-building initiatives. It empowers and promotes self efficacy. Most importantly, the benefits filter down to OVC.



Community Mobilisation

Mobilising the community is a key activity in attending to the project's approach to community ownership. From day-one, Zimeleni HBC acknowledged and capitalised on the power of the community, when the founding members called a community meeting to launch the organisation. As stated above, the name, Zimeleni, meaning "to stand on one's own," was chosen by the community. Since this point, diverse groups within the community have partnered with Zimeleni HBCs OVC project in varying capacities. For instance, local NGOs offer skills, teachers and principals are willing to enter into negotiations to lower school fees for OVC, SAPS responds to cases of abuse and at times provides transport to and from school, and pastors provide baptism certificates to help children secure social grants. These relationships are formed in numerous ways. For example, given the high standard of work noted, many other organisations approach the centre to find out how they can be a part of the project. The project also works hard at approaching other organisations to increase its networks and, as a result, engage other parties who assist with funding and resources. Further to this, community members are continually consulted and included in decisions that affect them. This approach has led to an organisation and project that is community-owned, as the local populace continue to take responsibility in addressing many of the issues experienced by local OVC.

Aside from the above, mobilising the community is vital in linking the community with local government. For example, once a month the Department of Health brings a mobile clinic to the organisation's site, allowing the community to access goods such as surgical gloves and condoms. In addition to this, the department utilizes the project's established links with the community for various campaigns. A departmental representative describes how the project assured the success of a recent prevention of mother-to-child transmission (PMTCT) campaign by using its links with the community:

"I contacted the Zimeleni coordinator and asked her to mobilise the community to come in for testing; 108 people came in to get tested. We tested 13 pregnant women of which three were [HIV-]positive, and we gave these Nevarapine [antiretroviral therapy], so we helped so many lives. This was an excellent partnership with high success."

Department of Health representative



Home Visits

Ill guardians are cared for during home visits through the provision of HBC services. OVC also benefit from this service, as they are integrated into the project through both door-to-door campaigns and home visits conducted by volunteers and caregivers. Once a beneficiary, a child is offered assistance during visits with homework, psychosocial support, and support in applying for legal documentation and grants. Caregivers monitor children during visits and refer a child for additional services, if required.

BENEFICIARIES



Staff and beneficiaries take part in the AI workshop.

Children benefit from the activities and services offered. That said, members of the community, specifically the elderly, also benefit. As of September 2007, 413 OVC, 45 grannies, and 32 disabled children had benefited from Zimeleni HBC. Recipients, predominantly OVC, reported that the services and activities offered by the project makes a constructive difference to their lives. Reasons cited for this include that the support is relevant, holistic, and in line with the child's and community's needs.

There are many ways in which children are integrated into the Zimeleni OVC project. A child can be referred by an educator, a community member, or a health institution. With regard to the latter, project staff members encourage the development of referral networks between the community and health institutions, to help identify and reach child-headed households and OVC. Children also can refer themselves, but typically it is the volunteers who identify and refer most OVC. Most notably, vulnerable children are integrated into the project through door-to-door campaigns and through home visits by volunteers and caregivers.

Beneficiaries feel a real sense of ownership and connection (both physically and emotionally) with the project and its people. This is principally because many different individuals profit from the project's initiatives. For example, the elderly learn new skills; working parents/guardians utilise the organisations crèche at a reduced price; communities gain knowledge of important socioeconomic issues surrounding HIV/AIDS through prevention education campaigns; and those who are orphaned and vulnerable are able to access support from various services.

Very few OVC have dropped out of the project voluntarily. Youth who turn 18 years of age are, by law, no longer considered to be OVC and leave. That said, project staff and volunteers continue to monitor and support this older population group, particularly if these individuals are completing their schooling. Where possible, and pending an open position, some are invited to become caregivers themselves. This not only empowers the individual, it fosters hope amongst other OVC for a brighter future.

SERVICES PROVIDED



A child can access a number of services, several of which are discussed below.



Child protection

Recognising that OVC are at risk of abuse, relevant initiatives have been developed and put in place to protect children. This includes partnering with the SAPS and campaigning for the rights of the child. SAPS plays a fundamental role in protecting children within Msukaligwa Local Municipality. For instance, if cases of abuse are suspected, the police are contacted to intervene. This partnership has proved to be invaluable in that it stopped a number of child abusers. A member of the SAPS articulates one such example:

“One day the coordinator called me about a 14 year old girl who was raped by her step-father. We opened a case and the step-father was arrested. This made me feel so proud. I helped Zimeleni HBC with all the paper work. I am very proud of them because they have made such a difference. This is also a victim support centre.”

SAPS representative

The SAPS and other organisations and civil action groups campaign against child abuse and for the rights of the child; and partner with the project. A staff member describes how such campaigning has educated children about their rights and led to the prosecution of a number of perpetrators:

“Last year, we campaigned during 16 days of activism to fight against violence and child abuse. We used flyers and we spoke at schools. The participation was very high. During April this year, an OVC reported a case of rape and we opened a case and arrested the suspect. This was an outcome of the information children received at the campaign, because people realized that it is ok to come forward”.

Staff member

The above substantiates the importance of protecting the child through networking with the police and by campaigning. Such initiatives also send out a strong message to the community that abuse of children will not be tolerated.



Food and Nutritional Support

Beneficiaries, staff members, and the community singled out the provision of food as one of the most essential services offered by the OVC project. The project runs a feeding scheme in the morning and afternoon. All children who attend the drop-in centre benefit from this, which amounts to 413 children. This allows children access to a nutritious meal before and after school. This service has obvious benefits for the child, particularly in the areas of learning and development. The organization also has a vegetable garden and gives some of its produce to OVC to supplement nutrition, while selling excess produce for income. Some of this produce is

also distributed with food parcels. This in itself promotes an element of self-sufficiency among those involved.

“The feeding scheme is amazing here. This is not just good, but excellent, because OVC can rely and depend on it.”

Staff member



Educational Support

Whenever possible, the OVC project offers educational support to those OVC who need it. Distributing school uniforms is one area of support that is greatly appreciated by the community, especially its children. This is specifically because providing school uniforms to OVC can lessen OVC stigma. It also decreases psychological distress that would be experienced by a child singled out as being different, simply because he or she did not have the same uniform worn by other school-aged children. The OVC project accesses uniforms via donations from the community or the sewing club. Further to this, and in certain cases, project staff members negotiate with school principals and other educators for reduced school fees for OVC. Children are also offered assistance with their homework during both home visits and at the centre.

“I am proud of Zimeleni. I do not know my mother and family, so Zimeleni is my mother and father. My grandmother who we stayed with passed away. I go to school. I wear a uniform, just like other children.”

Beneficiary



Psychosocial Support

Many OVC suffer from abuse, the loss of one or both parents, and stigma from their peers and from others in the community. In attending to this, the project offers support that is accessible through play (drama, singing, and sports), assistance with homework, and counselling. This support is offered at home visits and at the drop-in centre. With regard to the latter, caregivers (volunteers) are trained to offer counselling to the community, but specifically OVC. Counselling involves prompting an individual to share his or her stories, with the aim of helping the individual take ownership of problems, as well as taking part in a healing process. This particular approach is a Ugandan model that the project has modified to suit the rural South African context. Staff members reported that, to date, this approach to healing has worked extraordinarily well. Over and above this, once a month representatives from the Department of Health visit the site to supplement psychosocial services. These visits usually focus on disseminating information about various health issues, such as mental health. This assists in training staff on how to provide the best possible care to vulnerable children.



HIV Prevention Education

In attending to the objective of creating awareness of issues surrounding HIV/AIDS and related illnesses, staff arrange and run several campaigns and workshops within the community. These workshops occur at local schools and within other community settings. According to the project's director, these programmes and campaigns happen at least monthly, although no set time is allocated. Realizing that community leaders are highly respected within rural South Africa, the project has capitalised on this by using these individuals in campaigns and workshops. This is important as it increases the probability that the community will accept the messages delivered by community leaders, such as local pastors. It is hoped that such education may have far reaching effects in the future, such as reducing risky behaviour, and, in doing so, lessening the number of future orphans. Although these forms of awareness largely target adults, they indirectly affects OVC as their parents are less likely to engage in unsafe practices.

COMMUNITY IN-KIND CONTRIBUTIONS

Traditional leaders, schools, the church, local government, NGOs and the police are all involved in the project, albeit in different ways. Schools, subject to negotiation, allow OVC to pay reduced school fees; government departments and traditional leaders support campaigns and provide other support; pastors assist families with burials; NGOs offer professional expertise; and cases of abuse are referred to the police. Caregivers also play an important role by monitoring and evaluating OVC service delivery by attending formal and informal meetings held within the community. While formal meetings include other staff members, volunteers and staff also meet informally with school principals, educators, and other members of community. Utilizing such local networks and resources means the project is able to reach, assist, and monitor its beneficiaries more regularly.

Lessons Learned

The following summarizes a number of successes and innovations that the project has achieved since its inception. Project challenges and a few of the unmet needs of OVC and their guardians are also briefly discussed.

PROJECT INNOVATIONS AND SUCCESSES

Community Ownership

The passion and determination of those who run the organisation have led to the development of a successful OVC project that offers several important services to OVC. Hard work and commitment, among other traits, have secured an organisation and project that the community, beneficiaries, and staff members are incredibly proud of. This pride is succinctly illustrated by a staff member in the following words:

"I am proud of this project; it says a lot about from where we started. This was an empty space with trees and grass and, today, when I look at this place, it is amazing – with buildings and infrastructure. The women ... were so hard working. Our crèche was in a small room and now, through their energy, this place has grown and expanded. We had our problems initially, but we have moved beyond them."

Staff member

Community-Owned Approach

Regular consultation with the community has assured that the organisation and its projects are both community-owned and driven. Using local networks and resources enables the project to reach, assist, and monitor beneficiaries more regularly. Getting to this stage has been the result of scrupulous planning, mobilisation, and sensitisation of the community. This approach has affected the local populace in that they are more likely to listen to identify and refer children in need, offer support, and educate them about important issues such as HIV/AIDS and accessing government services.

Involving the community has led to the local populace taking a participatory role in helping OVC. This increases the probability that OVC will be cared for by their community even if Zimeleni HBC were unable to continue the OVC project. The community was even involved in coming up with Zimeleni's name. Through the community's knowledge and through its considerations and suggestions to the project, the needs of the community, and especially of the community's children, are being addressed through first-hand information.

Bridging the Gap between Government and the Community

Local government capitalises on the good relations the project has with the communities it serves. By doing so, various departments are able to reach the populace to provide support in key areas of service delivery, particularly in the areas of health and child protection.

PROJECT CHALLENGES

Delayed Government Services

Government departments, particularly the Department of Home Affairs, do not respond rapidly enough in delivering essential services required by OVC. For example, it was reported that there is a significant delay from the time a child applies for important documents, such as birth certificates and identity documents, to their delivery. Given such documentation is a prerequisite for accessing grants, the delay puts unnecessary pressure on the project to provide for the child in the interim.

Funding Concerns

Since early 2007, funding for stipends has ceased. Other sources of funding have also dried up. This has resulted in Zimeleni HBC being 100% dependent on MSH to run its OVC project

UNMET NEEDS

Support for Tertiary Education

Once an OVC reaches the age of 18 years, by law the youth is no longer considered to be a child and, as such, no longer qualifies for services. Staff members recognise this as a weakness, especially for children who turn 18 and are still completing their schooling or want to embark on tertiary education.

Transport

Because the project's geographical scope includes many farms and rural areas, which are not within close proximity to each other, adequate transportation is essential. Without adequate transport, it is expensive and at times impossible to reach new OVC or to monitor those who are already part of the project. A vehicle is needed to transport sick individuals to the hospital.

From a positive viewpoint, the project is continually looking for innovative ways, on a limited budget, to address the challenges and unmet needs it faces.

The Way Forward



A staff member shows an item of clothing made for a youth beneficiary.

Zimeleni HBC is committed to easing the difficulties experienced by OVC within Msukaligwa Local Municipality. Pending funding, it aims to do this by continuing to fine tune the project to continue achieving excellence and through expansion of the services offered. The passion and commitment of the staff will, of course, continue to play a central role in the continued success of this project.

The organisation is working toward building a multi-purpose centre that the community, particularly the children, can utilize. Staff members envision a building where one can access several services, from psychosocial support to computer skills training. This centre would be for the community, but particularly the youth.

In addition to the physical expansion, the organisation plans to add other elements to services, including an HIV support group. The target populace for this will be HIV-positive persons. The group will afford those experiencing difficulty in coping with their status a safe space and place to talk about their experiences, meet other infected and affected persons, and learn to cope in one's daily life. The overarching aim of this initiative is to empower the community.

Staff members plan to continue to support those OVC who reach the age of 18 years of, particularly in the area of further education. In the words of one staff member, "They need to be empowered to deal with life and adulthood." In attending to this, staff members aim to provide recreational programmes, psychosocial support, and such job skills training as interviewing proficiency. Over and above this, it is hoped that Zimeleni HBC's OVC project will be able to help OVC to become self-sufficient.

Whatever the future holds for the project, one thing is certain – it will continue to prosper. With limited resources, the organisation has, since 1999, managed to make a constructive difference to the lives of the communities it provides services to, especially OVC. Given the extraordinary resilience, commitment, and passion from those who run the organisation and its OVC project, continued success is projected for the future.

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