

A Case Study

Africare South Africa

Injongo Yethu HIV/AIDS Project



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Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
CCF	community care forum
CCG	community caregivers
CF	child forum
CHH	child-headed households
DoE	Department of Education
DoH	Department of Health
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
FBO	faith based organisation
M&E	monitoring and evaluation
NGO	nongovernmental organisation
OVC	orphans and vulnerable children
SADAG	South African Depression and Anxiety Group
SCV	service corps volunteer
SDO	service delivery officer
SEGA II	Support for Economic Growth and Analysis II project
VCT	voluntary counselling and testing

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 MEASURE Evaluation, the Economic Growth and Analysis II project (SEGA II), the U.S. President’s Emergency Plan for AIDS Relief (emergency plan), and the U.S. Agency for International Development (USAID/South Africa).

The primary audience for this case study includes Africare, programme implementers in South Africa and elsewhere in Africa, as well as policy-makers and funding agencies addressing OVC needs. This case study is based upon programme document reviews; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and observations of programme activities. When designing this research, appreciative inquiry (AI) concepts were used to help focus the evaluation, and to develop and implement several data collection methods. AI was used to identify innovations and strengths (both known and unknown) in the Africare Injongo Yethu project, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

Africare is an international nongovernmental organisation (NGO) operating in South Africa and, more specifically, in the Eastern Cape, since 2002. The organisation initially focused on care and support, livelihood and nutrition (permaculture), community prevention programmes and monitoring and evaluation. In scaling up its initial project scope, Africare South Africa found inspiration in an OVC project component underway in Zimbabwe during 2002. During September 2006, the Hewu project, better known among locals as “Injongo Yethu” (meaning “our own purpose”) HIV/AIDS project was established. At the time of this case study’s data gathering, the project was still in its finalization phase, and as such, no OVC beneficiaries had yet been directly served by the project. However, vulnerable children are being reached via the organisation’s HIV/AIDS comprehensive component until the full OVC project is up and running.

The Injongo Yethu HIV/AIDS project’s goal is to reduce the psychosocial, health, and socioeconomic impacts of HIV/AIDS through the integration of four key strategies, namely the creation of a supportive environment where children can grow and develop into productive members of society, the strengthening of communities to meet the needs of OVC affected by HIV/AIDS, the support of community-based responses, and direct assistance to youth in order that they will be able to address their own needs.

“Africare is community-based; it operates at a grassroots level and is informed by the values and the norms of the community. Africare is working for them, it is comprehensive and involves the whole community – one razor, one blade.”

A caregiver

Services provided through the comprehensive HIV/AIDS component include treatment, care, and support for individuals affected by HIV/AIDS, and community mobilization around reducing stigmatization, prevention, education, and increased awareness as well as voluntary counselling and testing (VCT) uptake. HIV testing is promoted via stigma reduction, which will eventually link to the OVC component, once active. Additionally, the project has initiated the formation of forums where ward councilors and other stakeholders are trained on HIV/AIDS. These forums are also used as mechanisms to identify OVC in the community. In addition to empowering family-level caregivers, the project will offer support on the community-level and through referrals. Direct support to beneficiaries includes kids clubs where education, psychosocial support, and recreation are offered.



An appreciative inquiry participant gives feedback during a group discussion.

Africare has laid the groundwork for its OVC component through cooperation with schools and the Department of Education. One of the project's key aims is to get children back in school via in-kind support to prevent discrimination against OVC. Cost-benefit analyses are done, and a block grant concept has been tabled to assist learners with books and uniforms.

This case study attempts to capture, through an AI process, the core elements that make the Injongo Yethu HIV/AIDS project an exemplary model of care, prevention, and services. The AI methodology was pioneered to engage participants in a specific way in focusing on their own positive experiences, which leaves them with a sense of affirmation and success. It is effective in engaging both staff and community beneficiaries alike in getting the best "straight from the horse's mouth" information. It is appropriate that an innovative methodology such as AI be used to identify innovations and strengths.

Given that most of the project components were already underway, with strong links to both communities and local government, it was valuable to look at the importance that should be attached to proper groundwork and community involvement.

From case study findings, it is clear that the project excels on several levels, most notably community mobilization and community capacity building through the establishment of forums, networks, or workshops. Beneficiary, staff and key informant groups alike identified these factors as part of the project's success.

Future plans include geographical expansion, strengthening of already existing activities and services, as well as the alignment of their work with local and government departments and organisations.

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 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 NGO programme managers need more information on how to reach more OVC with services to improve their well-being.

In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of the Africare’s Injongo Yethu HIV/AIDS project and to document lessons learned that can be shared with other initiatives. USAID in South Africa commissioned this activity to gain further insight into OVC interventions receiving financial support through the 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 those involved in the Injongo Yethu 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 serve 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 (DoSD, 2005). The following year, it issued a national action plan for OVC (DoSD, 2006). Both the framework and the 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 are:

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 United States government, through the U.S. President's Emergency Plan for AIDS Relief, 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



Above: The Africare appreciative inquiry workshop in full swing.

Information gathering took place in line with the principles postulated in the AI perspective. The focus is on cooperative search for the best in people and organisations, as well as the world around. It involves a systematic investigation of what gives life to an organisation or community when it is most effective and capable. Appreciative inquiry assumes that every organisation and community has many often untapped but rich accounts of the positive. The theory links the knowledge and energy of this positive core directly to an organisation's change agenda, acting as a catalyst in the mobilization of this change in a democratic way.

“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

With this in mind, a one-day AI workshop was conducted at the Hewu hospital outside Queenstown in the Eastern Cape on July 23, 2007. Various stakeholders participated in the session, including eight service corps volunteers, in addition to 18 community members that included church leaders, educators, traditional healers, community caregivers, child protection committee members, implementing partners, peer educators, community stakeholders, service delivery officers, and future beneficiaries, most of whom were members of child care forums.

The workshop focused on probing best practices, stories and services and how the various stakeholders or participants described these key aspects. Field observations were conducted on July 24, 2007 and included visiting one of 17 food training gardens, based at wellness sites across the district. Additionally, key informant interviews were held with three senior staff members, and a comprehensive document review was conducted.

Given the period of data collection took place before the Injongo Yethu HIV/AIDS project was launched, this case study refers to both future plans as well as structures and processes already in place. In other words, the report is written in both future and present tense.

FOCAL SITE



Africare operates from offices on the Hewu hospital grounds, as well as a Queenstown-based office. Hewu hospital is a government facility situated in main road at Ekuphumleni Township. It is about 3 km from Whittlesea in the Lukhanji Local Service Area of Chris Hani District Municipality, within the Eastern Cape Province of South Africa.



The Injongo Yethu HIV/AIDS project works across the Lukhanji Health Local Service Area (sub-district) in the Chris Hani District. OVC activities are conducted throughout most of this area apart from communities in the small municipality of Inkwanca. The project is expanding clinical interventions to the Nkonkobe Local Service Area (Amathole District) and the Makana Local Service Area (Cacadu District). Due to funding constraints, Africare's OVC work in those areas will be limited to sharing the approach and lessons learned with the local AIDS councils and DoSD.



The adult HIV/AIDS prevalence rate is higher in the Eastern Cape (26.5%) and in this area (25.3%) than the national average (20.1%). Of the estimated 339,000 AIDS orphans, over 38,000 (more than 10%) were estimated to reside in the Eastern Cape. The unemployment rate in the surrounding communities is estimated to be between 80% and 90%.

Project Description

OVERVIEW AND FRAMEWORK

Africare is an international NGO operating in South Africa and, more specifically, in the Eastern Cape, since 2002. Africare offers hospital-based, Department of Health (DoH) service roll-out. The organisation initially focused on care and support, livelihood and nutrition (permaculture), community prevention programmes and monitoring and evaluation. In scaling up its initial project scope, Africare South Africa (hereafter referred to as Africare) found inspiration in an OVC project component underway in Zimbabwe during 2002, which focused on orphans and vulnerable children. During September 2006, the Hewu project, better known among locals as “Injongo Yethu” (meaning “our own purpose”) HIV/AIDS project was established. Emphasis is placed on service delivery, with both project components (comprehensive HIV/AIDS care as well as OVC) being implemented in the Emahleni/Chris Hani districts, thus including more focus on peri-urban settlements such as Whittlesea and Sada.



Above: An Africare appreciative inquiry participant draws a metaphor for Africare – in this case a mother to the community.

The Injongo Yethu HIV/AIDS project’s goal is to reduce the psychosocial, health, and socioeconomic impact of HIV/AIDS on 5,000 orphans and 15,000 caregivers through the integration of four key strategies, namely the creation of a supportive environment where children can grow and develop into productive members of society, the strengthening of communities to meet the needs of OVC affected by HIV/AIDS, the support of community-based responses, and direct assistance to youth in order that they will be able to address their own needs.

This OVC project, the last of Africare’s programmatic components to come on board, has benefited from the groundwork completed in other areas of the organisation’s outreach. This outreach includes the provision of a number of services for people living with HIV/AIDS, namely food security and nutrition; DoH service roll-outs, hospital-based, adherence, and clinic-based HIV support; VCT services; strengthening of home-based care (volunteer support to home based carers and nurses) and various support groups. The organisation also focuses on community mobilization in efforts to prevent stigmatization, promote HIV prevention, education, and increase awareness and uptake of VCT services. HIV testing is promoted via stigma reduction, which will in turn link to Africare’s OVC component.

2007 was spent building community support for the OVC project and putting the necessary structures and networks in place to ensure a smooth delivery roll-out. The project involves community stakeholders (such as traditional leaders and ward counselors) as well as government departments and faith-based organisations (FBOs). Ward forums (commonly referred to as child-care forums) are used as community training platforms, while existing community mechanisms, including ward councilors and family level caregivers, are used to identify OVC in the community.

Building from Africare’s existing service platforms, the Injongo Yethu project activities will incorporate a minimum of six services or core programme areas. These include shelter, safety and care, food security, education, health (including HIV services), psychosocial support, and legal protection and civil rights.

At the time of this case study's data gathering, the project was still in its finalization phase, and as such, no OVC beneficiaries have yet been directly serviced by the project. However, these vulnerable children are being reached via the comprehensive model's activities until the full OVC project is up and running. Raising awareness about OVC among the community has commenced. Beneficiaries will be identified through door-to-door visitation and assessments by the projects volunteers as well as other community-based organisations (CBOs) operating in the service areas. As specific individual needs are identified, beneficiaries will be provided with services or referred as per volunteer recommendations. Beneficiaries will be provided with services until the age of 18 years of age.

There are plans to offer support to primary caregivers and the community in general. This support will include referrals. Direct support to beneficiaries will comprise kids clubs, where education, psychosocial support, and recreational services will be available. Schools will be utilized to educate and reduce stigma and discrimination against OVC. Part of this will address barriers (e.g., lack of school uniforms, payment of school fees and hunger) to entry that may keep OVC out of school. It is foreseen that the home visit team from other Africare components (care and support specifically) will link with the OVC component to support.

PROJECT STAFF

The Injongo Yethu project team consists of six core staff members who oversee the project's design and implementation, in addition to ensuring rapid scale-up, sustainability, management and knowledge transfer. All staff members are assigned to a key service area and operate in conjunction with volunteers and other local implementation partners. Leadership for the OVC activities is provided by the OVC manager. This individual provides guidance and leadership to the service delivery officers (SDOs) who work with community structures, government departments, and other service providers to ensure that children are identified, referral networks are established, children are monitored, and that the community takes responsibility for as much of those processes as possible. The SDOs are each responsible for a set of services or for specific community structures. All participants (specifically project beneficiaries) described the project staff as approachable, friendly, hard working, and dedicated to what they do.

Others are attracted to the positive energy and are inspired by the hope that the organisation represents. As one new staff member put it, "I noticed the dedication and commitment of Africare staff and decided to be part of it by becoming a volunteer and a caregiver." Another said, "I noticed that the Africare people care about sick people and wanted to be part of their caregiver corps." Most of the staff members who took part in the workshop indicated that they joined as volunteers because they were inspired by Africare staff.

"The staff family that is Africare is energetic, helpful, strategic, cooperative, is professional, visionary, and patient. They have the interests of the people, more specifically the vulnerable, at heart. They are making a difference in our communities."

A beneficiary

VOLUNTEERS

Africare directly employs home-based care and service corps volunteers. Home-based care volunteers visit homes while service corps volunteers attend to people living with HIV/AIDS. During 2002, Africare initiated a service corps volunteer programme to effect community-level change and implement strategies for HIV/AIDS prevention education in Africa. This model is based on that of the Peace Corps volunteer programme in the United States, and aims to match locals as volunteers in their own communities. Service corps volunteers support OVC activities and train OVC caregivers.

OVC caregivers nicknamed "OVCGs" are employed by CBOs to form part of OVC ward forums (community care forums) and provide services and monitoring and evaluating OVC. Each forum is either at the ward level or covering a small cluster of wards. Members of the forums include a variety of local leaders, such as the ward councilor, perhaps members of the ward committee and local CBO/NGO leaders. Theoretically, government departments are also represented especially the Department of Social Development and the Department of Education, and are called upon for input when necessary (more detail about these forums is provided under the activities section).

Volunteers are recruited and selected by the community. Advertisements go out internally and clinic committees are informed of any openings that exist within the service corps.

Applicants are usually then interviewed by a panel of community stakeholders and those selected receive a stipend of R350, as well as such incentives as T-shirts and caps. All volunteers receive the same stipends. All volunteers receive a comprehensive manual especially developed for service corps volunteers and are subsequently trained on HIV/AIDS, monitoring and evaluation, interaction with community households, and other various services and are required to attend all forum trainings. OVCGs receive in-service training on issues affecting OVC, identifying and assessing OVC in the household, taking weights and heights, reviewing road-to-health cards, assessing need for grants, shelter and other interventions. They also receive basic psychosocial training to identify children in distress, along with basic supportive interventions and referral. Data collection, reporting and data management are also supported.

There are some differences in distances that volunteers have to cover, and transport is sometimes problematic. There are currently 17 volunteers attached to 17 clinics that provide ongoing support to caregivers, with two extra service corps members in two clinics. Schools that sign a memorandum of agreement with the project usually supply two educators to facilitate life skills at the school-based kids clubs.

Under the OVC project, service corps volunteers are essential in the delivery of life skills, peer education, training in psychosocial care and support, as well as monitoring and evaluation of community-based activities and OVC households. In line with the project as a whole, these volunteers are important in the supervision of home-based caregivers, psychosocial care and support, nutritional counseling, and income generating activity support services.

KEY PROJECT ACTIVITIES



Project activities are defined as outputs and outcomes that serve as vehicles for service delivery. Some of the project's activities include the following:



Community Mobilization

The project excels at building the capacity of the community. Staff took great effort and time to identify structures and networks before rolling out implementation. A combination of strong leadership and vision has resulted in a level of cooperation and mobilization that is an example to others.

Some examples of the project's successes in this regard are the multi-sectoral ward forums that unite different stakeholders and improve service planning, project coordination, and service delivery. These forums are a safety net for children. Members of the forums include a variety of local leaders and government departments. The role of forums is to look for children in need and to assure that OVC are indeed being provided with the services they require. At times, forum members intervene, such as to make minor repairs to a house to make it safe.

The project is a powerful example for community involvement and ownership at all levels. Stakeholders are trained in both general and more specific areas of service delivery. Community forums and local community members have a say in the volunteers that are recruited as service corps members.

"I can help children and the community. Africare made me realize how important I am in the community."

Africare project volunteer

"What I value most about Africare is that it showed me a way of taking care of my life, to be able to plough and stop sitting next to the house. Now I am creative with my time – I use it to survive."

Beneficiary

"The best thing is the appreciation that is shown by people when we do home visits. They don't have to tell you that they are happy to see you; their friendly reaction is encouraging and welcoming."

Volunteer

“Africare has brought the light in our community. Knowledge we didn’t have before know how to take care of OVC – they treat the community with care – we are proud to have Africare and we appreciate the good work you are doing for our children and the community.”

AI participant



Capacity Building

The project’s dedication and commitment to its skills development and training is important to educate communities about HIV/AIDS and in caring for OVC.

Among AI participant opinions, the project’s quality skills development and training came second only to groundwork done around awareness of OVC and general services rendered. Skills development and training include life skills education, peer education, vocational and livelihood training, and training around health-related community matters, such as HIV/AIDS.

Volunteers and staff are further trained extensively. Staff members undergo a formal induction programme, and other training topics include management, all areas of service delivery, and monitoring and evaluation (M&E). Staff training and development includes mentoring and support in their specific areas of content or expertise. All staff members are also required to attend forum trainings, and there are international coaching opportunities available to them. Volunteers receive a comprehensive manual developed for service corps volunteers and are trained on HIV/AIDS, M&E, interaction with households, and in the various areas of service in which they specialize.

“I have been part of this project for 29 days, and I was able to take three vulnerable children to the custody of their grandma through Africare’s help.”

Volunteer

“As a church leader, I am glad that Africare involved us as church leaders in the project/education about HIV/AIDS, a topic that was not welcomed by us members of the congregation. Now I am able to stand up proudly in public and speak about HIV/AIDS, even when I conduct funerals. Now I know everything about the communicable diseases, also how to care and support those who are sick at home and refer them to clinics. I am proud of being part of Injongo yethu’s activities. Africare has really helped us to go back to our nature of humanity. We are united as residents and care for one another as neighbours, families and parents who love all the children of our community.”

AI participant



Home Visits

Volunteers conduct home visits. These visits lead to the identification of needy households and result in either a referral or an actual service being rendered (refer to health care section for details on services provided during visits). Home-based care volunteers collect data on each household via a set of predefined monitoring tools, and these data are fed into a central database, where services can be tracked and linked to other service providers and stakeholders. The home-based care component provided in this project is not as clinically intense as the home-based care for people living with HIV/AIDS. Home-based care for OVC focuses on social needs support monitoring.

“The best thing is the appreciation that is shown by people when we do home visits. They don’t have to tell you that they are happy to see you; their friendly reaction is encouraging and welcoming.”

Volunteer



Strengthening Community Networking

Foresight and planning is evident in the way services and support structures are taking shape. In 2007, community networks were established in order for the new OVC component to run smoothly. The project has secured partnerships with various local and government stakeholders, including the government departments of health, social development, and education; FBOs; CBOs; district forums; ward councilors; traditional leaders; service providers, including the Legal Aid Board; and the South African Anxiety and Depression group and Youth for Christ. These partnerships will go along way in assisting OVC. For instance, government departments, ward counselors, and other form community-care forums advocate for additional resources from government departments and other donors, as well as monitor and evaluate beneficiaries and ensure they are indeed receiving the services they require.

BENEFICIARIES

At the time of this case study’s data gathering, the project was still in its finalization phase; and, as such, no OVC beneficiaries had yet been directly served by the project. However, these vulnerable children are being reached via the comprehensive model’s activities until the full OVC project is up and running. The project aims to assist its beneficiaries until the age of 18 years. That said, youth over 18 that do not have parents (or whose parents are ill), concern the project team and will likely be referred to support under other components of the project.

Beneficiaries will be monitored for need; however, after receiving certain services, some will leave the project. Children transferred out of the geographic area will leave the project. For example, some children are placed in children’s homes in other towns in the Eastern Cape or move to join relatives who live elsewhere.

SERVICES PROVIDED



The project excels at various levels of service delivery to beneficiaries. The following section highlights some of these services.



Health Care

Africare handles the DoH services roll-out as part of its day-to-day activities. Through partnership with clinical and community networks, the organisation delivers a comprehensive community health service package, including HIV prevention, VCT, palliative and home-based care, as well as referral to clinics.

Volunteers are trained to check health cards (also called “road to health” cards), including taking weights and heights of community members to determine their body mass indexes, and referrals when necessary. These health cards allow monitoring of target group’s health status. To increase the likelihood of higher post-natal visits to health care facilities, pregnant women in the community are habitually followed up on by home-based carers. Additionally, Africare works closely with health facilities, and these centres then serve as a referral point to link communities to further treatment and other family services.

Further to the above services geared to assist guardians of OVC as well as the community, there are plans to provide health care services to beneficiaries of the Injongo Yethu project. For instance, young children will be monitored for their routine growth and immunization status and older children (over five years of age) will be weighed periodically. All children appearing unwell will be supported in accessing a clinic. Specifically related to HIV, children of mothers that form part of Africare’s preventing mother-to-child transmission programme will be visited regularly. These visits will focus on monitoring the health of the child by ensuring Polymease chain reaction testing (to confirm HIV status) is conducted at six weeks and identifying signs of illness and taking relevant steps to assist if required. Children confirmed as HIV-positive will receive continued home-based monitoring and close connections to the clinic or HIV Wellness Centre will be fostered, especially for children on antiretroviral (ARV) drugs. Basic hygiene will also be taught in all households in need.



Food and Nutrition

Gardens are related to the clinics and the clinics’ people-living-with-HIV/AIDS activities; however, that said, there are plans underway to design and develop gardens for OVC. Food and nutrition is a priority in OVC initiatives.

In conjunction with local partner Ukuvuna, Africare has exponentially expanded emphasis on nutrition and food productions in the community through the establishment of backyard and communal food gardens. As a secondary result, some community members are able to produce vegetables as an income generating activity. Seedlings are nurtured at food gardens on clinic premises, and are then distributed to other community gardens. In answer to what keeps her motivated and what helps her carry on, one AI participant reported, “I am able to make a living through Africare by selling the vegetables and things we planted together.”

Recognizing, respecting, and preserving local wisdom and culture, staff members have successfully incorporated traditional healers in their nutrition and food programme. As such, plants in communal gardens are not only labeled in terms of nutritional value, but also in

terms of medicinal properties. There is a clear sense of community ownership and pride of the gardens located on the Hewu hospital grounds.



An ingenious and eco-friendly irrigation system at the project's food garden.

"I plough and plant vegetables in the garden and feed those who are unable to."

"Africare is always involving our communities and they also help the communities stand for themselves – they educate us on how to make backyard gardens."

"Africare has reduced poverty here because our children did not have proper nutrition but Africare has found a way to help our children to eat proper meals at least three balanced meals per day."

"Regarding nutrition, Africare teaches people to make food gardens in their yard, because people were lazy to make these gardens but now they make them with Africare's assistance."



Beneficiary



Legal and Social Services

The project addresses human rights within the context of HIV/AIDS and advocates for the rights of OVC and their caregivers. It is envisaged that the inheritance rights for girls will be a key outcome of this project activity. The project partners with local community aid organisations to offer a full range of legal and referral services.

"People were not aware of children's rights and responsibilities and also the issues around last wills and testaments – that has now changed."

Beneficiary



Psychosocial Support Services

The project offers caregiver support groups organized by CBOs and will include memory books and boxes that will assist with the creation of a continuum between parents and children that will help OVC cope with the passing of family members. In conjunction with the South African Depression and Anxiety group, the project will initiate psychosocial support programmes for community caregivers, primary caregivers of OVC, and OVC within the local communities.



Educational Support

Staff members have laid the groundwork for the project's OVC component through cooperation with schools and the Department of Education. One of the project's key aims is to get children back in school via in-kind support to prevent discrimination against OVC. Cost-benefit analyses are done, and a block grant concept has been tabled to assist learners with books and uniforms.

Resources

DONORS



Signage at Hewu Hospital's food garden indicating some of Africare's donors and partnerships.

Apart from community in-kind donations, Africare South Africa sources approximately 1% of its funds from the Hilton Foundation, 0.5% from the Rainbow World Foundation in California, 1% from the World of Hope, and 5% from the DoH (in-kind support in the form of rent). The rest of the funds are from either the U.S. emergency plan or from private donors in the United States.

COMMUNITY IN-KIND CONTRIBUTIONS



Seedlings sponsored by Africare thrive at the HEWU food garden.

Working closely with the community has ensured sustainability and ownership through the involvement of many types of local stakeholders. The community has responded in an amazing way by offering their time. The project has benefited from the support of traditional leaders, ward councilors, and FBOs. They are granted privileges to use school facilities and community halls, and FBOs are mobilizing their own feeding schemes with support from staff and volunteers.

"We may be the catalyst, but the locals will keep the programme going."

"I started in the Africare project 10 years ago, now I am running a section of it."

Africare staff

Lessons Learned

The following discusses several innovations and successes of the project, followed by a brief description of a number of project challenges, and concluding with a list of some of the unmet needs of OVC.

PROGRAMME INNOVATIONS AND SUCCESSES

The Service Corps Volunteer Model

Africare's service corps volunteer component can be described as a social movement. Individuals from local service areas are recruited and volunteerism is encouraged. The culture of Ubuntu, which is fundamentally inclusive, involving respect and concern for one's family and one's neighbors, is both capitalized upon and promoted in the Injongo Yethu project. Not only does the service corps movement heighten community buy-in, it also builds community capacity by strengthening local structures and partnerships, strengthening the local economy, addressing unemployment, and reducing poverty levels. This in turn should lead to increased sustainability of the project.



High Quality Capacity Building – Community, Staff, and Volunteer Training

Training offered to project staff, volunteers, and other stakeholders is essential in equipping individuals to meet the challenges of working in marginalized communities. Training provided is of high quality and is a sought after commodity amongst community members. During a workshop, staff indicated that joining the project has taught them a great deal. One said, “I have learned that volunteers work for the love of their community, to have good relationships and share experiences, to appreciate and be appreciated, to work hard and focus, to grow with the project and to work with different types of people.” Staff members also indicated that the difference they make through the project helps them carry on when they feel hopeless. In short, the staff have not only changed the lives of beneficiaries, they have been changed themselves.

Building Community Relationships

Time taken to get the requisite networks and community partnerships in place is certain to pay off significantly in the future for the Injongo Yethu project. Through careful and insightful planning, the project has positioned itself as a leader within the Eastern Cape Province and a model of success for similar projects throughout the country.

Food and Nutrition

From participant responses during an AI workshop, the groundbreaking work on nutrition and food gardens in the community was highly appreciated and resulted in it being one of the most frequently mentioned services.

PROGRAMME CHALLENGES

Staff and Volunteer Turnover

Most organisations that rely on volunteers face the problem of high turnover. Volunteers who are continually trained and developed tend to find employment or other opportunities elsewhere because of these newly acquired skills or experience. Staff turnover is an unavoidable part of any NGO's operations, and contingencies must be put in place. The training structure is proving very effective in meeting this challenge. Multiple individuals are trained on all the basic services, allowing for smooth handovers should resignations take place.

Misuse of Grant Money

In addition to lack of caregiver knowledge about how to manage grants, there are also instances of misuse or misspending of grants. The feeling among some interviewees was that some parents were abusing the grants system, leaving it up to the grandparents to shoulder the financial burden of raising and educating the children in the community. Ensuring that grants are used to benefit OVC is an ongoing challenge.

Distance Covered by Volunteers

Due to arbitrary municipal boundaries, volunteers have to travel large distances, often by foot, to render services such as home visits and subsequent follow-ups. Lack of transport is a major issue when considering that home visits and follow-ups need to be conducted by volunteers who often need to travel by foot. Additionally, all stipend-based volunteers receive the same amount regardless of differences in traveling distance, which sometimes causes unhappiness because volunteers spend money on transportation.

Project Expansion

The project is able to serve only a limited geographical area at present but recognizes a need within surrounding areas, but lack sufficient resources to expand there. More resources are thus needed to cover a larger geographical area.

Lack of Coordination among Area Service Providers

Although there are several organisations operating in the area, efforts to assist and uplift communities are often fragmented and uncoordinated. There are some political issues around areas of service delivery which often require skilful negotiations between local NGOs and the municipalities involved. This is because geographically close areas are, in terms of authority and accountability, controlled by different municipalities. This results in overlap of services amongst NGO's, or, in some instances, lead to a complete lack of service delivery.

UNMET NEEDS



All participants and key informant interviewees identified knowledge about how to manage grants (whether social or other) as one of the OVC caregivers' unmet needs. When asked what the project's priority needs were, participants identified additional funding for vocational training, more community-based resources for ongoing projects, and better teamwork. Additionally, more funds need to be leveraged for kids' clubs. Staff members also felt that there was a need for a more robust monitoring and registration system that serves the community, as well as the OVC project.

The Way Forward

Africare has a wealth of experience in programme implementation, service delivery, training, and prevention. Its marriage of community traditions, expertise and wisdom with proven project models, and strong management and administration skills has given the project a compelling intervention model.

Staff members have been addressing the sustainability of the Injongo Yethu project by adding certain elements of longevity to its foundations during its planning and development phases. Sustainability was not just an afterthought, but was a deliberate outcome from the onset of the project as a whole.

The community lies at the foundation of Africare’s projects and programmes. As one workshop participant explained, “Buy-in from the community is important ... they don’t want the community to be left behind, they also ask what the community wants, ask them to give their views. They always keep the community informed.” The Injongo Yethu project has turned ensuring community buy-in into to a fine art. The level of community enthusiasm is infectious; when visiting the project sites, one actually finds oneself considering becoming part of this success story, of jumping in and joining project activities. It is therefore understandable that the community has responded so positively to the project and its goals.



A workshop participant explains the importance of the Africare OVC project in the community.

This project has ambitious plans for the future. Those involved envision covering a larger geographical area. They will also focus on strengthening existing services, and aligning their work with the needs of different government departments and other local stakeholders. As one project employee stated, “We want to bring more services directly to the people,” which summarizes where Africare’s heart is centred – with the people it serves selflessly and unconditionally.

“Africare is capacitating our communities to ensure sustainability of the project. They have good working relationships with government departments, FBOs, CBOs, traditional leaders, nurses, and other community members”.

Beneficiary

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GPS Coordinates: Hewu S32° 10' 10.6", EO 26° 47' 29.9"