A Case Study

Child Welfare South Africa Asibavikele

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Cover photo by Rebecca Pursell: Asibavikele volunteers in their uniforms.

Acronyms

AIDS	acquired immune deficiency syndrome
AI	appreciative inquiry
ARV	antiretroviral
ART	antiretroviral treatment
CBO	community-based organisation
CCCF	community child care forum
CWSA	Child Welfare South Africa
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
FCG	foster care grant
NGO	nongovernmental organisation
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
USAID	U.S. Agency for International Development

Executive Summary

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. Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Child Welfare South Africa — Asibavikele OVC programme and to document lessons learned that can be shared with other initiatives. This OVC case study, one of 32 case studies documenting OVC interventions in South Africa, was researched and written by Khulisa Management Services with technical support from MEASURE Evaluation and with funding from the U.S. President's Emergency Plan for AIDS Relief (emergency plan) and U.S. Agency for International Development (USAID/South Africa).

This case study is based upon 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, we used appreciative inquiry (AI) concepts 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 CWSA Asibavikele OVC programme, and to identify and make explicit areas of good performance, in the hope that such performance is continued or replicated.

Data for this case study were collected in July 2007 through key informant interviews with programme managers, review of documentation relating to the Asibavikele programme and a workshop with participants consisting of a mix of programme beneficiaries, staff and volunteers. The workshop utilised the methodology of AI, which attempts to tease out positive aspects of programmes and is strength-focused. An observation of how home visits are conducted was also done.

Child Welfare South Africa (CWSA) seeks to promote a safe and secure environment for children by educating the general public (including children), educators, and learners to watch for signs within their communities which may indicate that a child is being abused, neglected or is in danger of such. Ideally CWSA tries to reach such children before they experience any of these adverse events. In trying to achieve its goals CWSA has formed partnerships with over 160 local level organisations. These member organisations with the help of volunteers carry out on the ground implementation of OVC programmes, one of which is the Asibavikele programme: The general practices captured in this case study refer to CWSA as a whole, however the specific experiences herein, are drawn from the CWSA Asibavikele programme staff and volunteers.

Asibavikele volunteers undergo training on HIV/AIDS, psychosocial counselling, and child abuse and neglect before they begin walking the streets of their communities under the CWSA banner. The volunteers are closely supervised by social workers and meet regularly to share experiences and best practices. The volunteers assist with various aspects of the Asibavikele programme from site management to home visits with children to providing temporary shelter for children.

Through its volunteers Asibavikele is able to provide a range of services. These include child protection, provision of shelter, ensuring food security, and psychosocial and educational support. South Africa is one of the few African countries that offer social welfare services. Some such state-subsidised poverty alleviation measures include school fee waivers for households living in poverty and the provision of social grants to vulnerable children and families. Asibavikele volunteers facilitate beneficiary access to such services by for instance, informing a school head about the living circumstances of OVC so that families can be granted exemption from school fees. They also assist children and guardians who are eligible to apply for social grants. Working relationships have been established with government departments, which prove valuable in navigating the grant application process.

Though children are the primary targets they are not the only beneficiaries, guardians and families are also assisted by volunteers of the Asibavikele programme. Such assistance is aimed at ensuring the future safety and well-being of the child. With an estimated national HIV prevalence rate of 12%, the number of individuals and families requiring assistance continues to grow. Services provided to households infected and affected by HIV/AIDS include care for those suffering or affected by HIV/AIDS in form of facilitating access to antiretroviral treatment and psychosocial counselling on disclosure and positive living. Where possible, people are also assisted in securing employment.

The Asibavikele programme strength lies in its volunteers. The volunteers have direct access to communities and enable the organisation to extend the reach of its services. The use of volunteers who come from the community in which they work can be regarded as a good practice as it builds the capacity of communities to respond to OVC. The regular feedback supervisory sessions are another good practice which enables volunteers to share what works and what does not. These sessions happen on a one-on-one basis or in groups, they also serve as problem solving platforms for challenges encountered.

Like most nonprofit programmes, Asibavikele has its fair share of challenges. These include lack of skilled personnel such as social workers, monitoring and evaluation staff, and financial administrators. This has resulted in high case loads for available staff with some tasks being placed on hold. Lack of finances and infrastructure has also proved a constraint.

Among the lessons learnt by the organisation is the need to respond to a child's needs depending on individual circumstances as opposed to a "one size fits all" approach with the response being as comprehensive as possible. Involving the community in its activities has also proved to be a winning formula for Asibavikele. Community leaders are approached to facilitate entry into a new area, school heads and doctors are encouraged to give appropriate assistance to those who need it, and community members carry out the work of the organisation.

Going forward, CWSA plans to expand the Asibavikele programme to more sites, include more services in the programme such as hospice care, build organisational monitoring and evaluation skills, and accredit the material used train volunteers. Ultimately, those involved hope to have a South Africa in which all children are safe and secure such that the healthy development of children is enhanced and promoted. The Asibavikele programme does commendable work with the resources that it is able to mobilise and can serve as a guide for others which may wish to do similar work.

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 Child Welfare South Africa — Asibavikele OVC programme 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 Child Welfare South Africa — Asibavikele OVC programme, 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

Workshop participants identifying important best practice themes during the AI workshop.

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 an organisation and its work. In other words, applying AI in evaluation and research is to inquire about the best of what is done. This differs significantly from traditional evaluations and research where the subjects are judged on aspects of the programme that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the Hope Worldwide OVC programme, 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

For this case study, AI was used to identify strengths (both known and unknown) in CWSA's Asibavikele OVC programme, and to identify and make explicit areas of good performance, so as to inform innovative best practice interventions that can be adapted and replicated by other OVC programmes.

Data collection for the Asibavikele case study was carried out during July 2007. Two key informant interviews were conducted, one with the current and one with the former national programme manager for HIV/AIDS. A one-day workshop was held at which 10 of the participants were volunteers, five were beneficiaries, three were staff members, and one was a single parent. Site visits were also conducted, including an observation of how Child Welfare South Africa staff and volunteers typically conduct their home visits. The lessons learned and experiences presented in this report are derived from these discussions and observations. Data collection also included review of documentation relating to the Asibavikele programme and CWSA as a whole.

Focal Site

The fieldwork for this study was conducted in and around Actonville, a township of the Ekhuruleni metro in the Eastern part of Gauteng province. Actonville is located in close proximity to informal housing settlements, which are where the Asibavikele volunteers from the Actonville Child Welfare Society are most active.

Housing in the area of Actonville comprises small houses, interspersed with shacks made from various materials. Unemployment rates in such settlements are usually high, with occasional piece-work being the main means of obtaining an income. There appeared to be little room for food gardens, and food security is said to be a major problem in the area. Common to most informal settlements in South Africa, there are high levels of crime, alcohol abuse, and HIV

prevalence, often accompanied by high rates of single or double orphanhood. For this reason, there is a great need for services to care for and protect OVC.

Programme Description

Overview and Framework

The National Council for Child and Family Welfare emerged in 1924 to serve as the coordinator and national representative body for child welfare societies throughout South Africa. These societies were set up in response to the high infant mortality rate and to address child poverty. In 1998, its name changed from National Council for Child and Family Welfare to Child Welfare South Africa (CWSA) as part of its transformation process. Integral to its transformation were a restructuring process, adoption of a new constitution, new membership regulations and a new spirit of unity amongst the various member organisations. CWSA, together with its member organisations, is the largest child protection and family welfare organisation in South Africa. It has extensive reach within the communities, this is credited to the large number of volunteers it has on board. As of 2005, CWSA overall had 6951 volunteers and 2231 staff members. Staff and volunteers provided services to 1 530 065 people, being a child focused organisation, 75% of those served were children.

CWSA is an umbrella body and currently has more than 169 developed member organisations (welfare societies) with 55 more in development. Members of these local-level child welfare societies receive varying levels of support, and it is the individual child welfare societies that are tasked with implementing CWSA's OVC programmes.

CWSA seeks to:

- mobilise and facilitate community involvement in the identification and care of OVC;
- sensitise communities to the rights of children; and
- establish foster care and safe homes.

Standard operating policies and procedures are in place to guide activities nation-wide, also available are training manuals developed by CWSA for use by its members and others who may need them. Individual societies have some flexibility in determining the services offered, depending on the resources available locally as well as the specific mode of service delivery. CWSA has four inter-connected national programmes that provide a framework for the work it undertakes. These are:

- *Child Protection,* which includes early childhood development, a 24 hours community-based service programme for children, and addressing commercial sexual exploitation of children;
- *HIV/AIDS and the Care of Children,* which focuses on legislation and policy issues affecting this vulnerable group and implementation of programmes that facilitate community based care for OVC;

Most of the Asibavikele volunteers are driven by the sheer scale of need in their communities.

"Seeing neighbours suffer made me feel sad and helpless. I knew they needed help but that they didn't know how to get it. I joined the project to get the information to help the community.

CWSA volunteer

I went to visit a client who had lost her daughter due to HIV. I assisted the granny by informing her of the procedure for getting the foster care grant and the documents necessary. While the granny was awaiting the grant, I was able to provide the granny and the children with food parcels."

Volunteer

- *Organisational Development, Capacity Building and Transformation,* which seeks to capacitate CWSA and its member organisations to render effective services, practice sound governance, and ensure that constitutional requirements are met; and
- *Advocacy, Lobbying and Policy Development*, which includes work on parliamentary and justice submissions, the children's bill, lobbying for specific rights, and trafficking concerns.

CWSAs two main OVC programmes are encompassed within the Child Protection and the HIV/AIDS and the Care of Children programmes, namely the Isolabantwana (*eye on the child*), which is their child protection programme and Asibavikele (let us protect them) respectively. Both are national community-based programmes, the specific programme implemented at a given site is dependent on needs of the community in which the site is located. Thus, one or both programmes can be present at a site in conjunction with other OVC programmes. This case study focuses on the activities, services and experiences of the Asibavikele programme at the Actonville site (hereafter referred to as Asibavikele/the programme).

The overall goal of the HIV/AIDS and Care of the Children programmes under which Asibavikele falls is to facilitate the establishment of and strengthening of community-based structures for the care and support of orphans and vulnerable children affected by HIV/AIDS in under or un-serviced communities through the infrastructure of child welfare.

The Asibavikele OVC programme in 2007 was being implemented at 21 sites across all nine provinces of South Africa by CSWA member organisations. It is driven and coordinated by CWSA nationally. Asibavikele is standardised across the different implementing sites in terms of approach, policies, training curricula, and standard operating procedures.

The Asibavikele programme trains members of the community to identify vulnerable children (such as those who have been orphaned or who are living in child-headed households) and raises community awareness about children affected by HIV/AIDS. The programme builds on relationships with the community to encourage referrals of vulnerable children. Care plans for the children are then developed to decide on the best interventions.

"Whatever the child needs, we will respond."

National programme manager for child protection

Asibavikele was designed in response to an overwhelming increase in the number of orphans and HIV-affected families presenting to CWSA. Asibavikele makes extensive use of volunteers who are regarded as are the eyes and ears in the communities and are trusted by those they serve. Members of their communities easily confide in them and refer potential cases to them. The use of trained community-based volunteers allows for social workers to focus on those cases that require their expertise. This is an attempt to ease the social workers' overwhelming case loads without compromising the services offered to the community.

A wide range of services are provided through Asibavikele. These include the facilitation of access to government grants by assisting guardians to obtain required legal documentation (i.e. identification documents and birth/death certificates), removal of children from homes identified as harmful to their well-being, placement of children in safe environments, and psychosocial care to OVC, guardians and volunteers. The programme also facilitates access to treatment for those who may need to commence antiretroviral treatment (ART).

PROGRAMME STAFF

The Asibavikele staff are a mix of social workers, area managers, and programme coordinators, core administrative staff are based at the head office of CWSA. The staffing levels vary from site to site depending on the scale of need and the demographics of the target area. The team at the Actonville site consists of an area manager, a social worker, and volunteers. The area manager is responsible for networking, establishing safe houses and other required structures, and for supporting the provincial coordinators in managing and coordinating programmes at site level. Social workers are among other things responsible for local management of programmes, as well as training, supervising and supporting community volunteers. They are also aware of local resources such as training manuals and social grants that available in their areas. All staff undergo a rigorous selection process which is standard, but can be altered slightly depending on the situation in the area of recruitment.

"The social workers and area managers raise community awareness by speaking with churches, community leaders and encouraging people to come forward and volunteer. Set criteria about selection has been developed (age limit for instance — encourage older people due to HIV/AIDS issue). People with life experience and those that are caring are selected. Screening takes place (set form used). Potential volunteers fill out an application. The area manager and social workers conduct the interviews (sometimes a long standing volunteer is also involved in the selection process)."

National programme manager for child protection

"CWSA has structured policies regarding recruitment and selection. Advertise (website, newspapers, in areas that are remote, local newspapers). Have Labour Net person in HR Follow usual procedures – advertise, shortlist, interview. They encourage employees from within CWSA to apply."

National programme manager for HIV/AIDS

VOLUNTEERS

The volunteers are affectionately referred to as the backbone of the organisation, without them the extensive reach that the organisation achieves would not be possible, each Asibavikele site has 25 to 30 volunteers (this totals up to more than 4500 volunteers). The volunteers are the eyes and ears of the organisation, observing situations in their communities on an ongoing basis. Volunteers are easily distinguished as they go about their work by the bright yellow T-shirt they wear as a uniform. They can be categorised into three distinct groups: elected volunteers, community volunteers, and safe house caregivers.

Elected volunteers are selected from a broad group of volunteers; their main role is to represent all other volunteers at the project team level. They are responsible for local management, administrations, monitoring, supervision of other volunteers, and fund raising. In time, they also manage projects at site level.

Community volunteers concentrate on providing special protection of children. They are responsible for identification and registration of OVC, home visits to children and their parents/caregivers, and community education. They also assist with referrals to required services such as clinics for medical treatment and the Department of Social Development (DoSD) for social grants.

Safe house caregivers' main role is in special protection of children, they provide community-based care and temporary shelter to OVC. These volunteers receive special training in child protection to enable them deliver these services.

"I was an Asibavikele volunteer and now I am a house mother for one of the Thokomala Homes. When I was a volunteer, I helped a woman who was alone with three children. She was unemployed and they had no food. I referred her to the social worker who was able to assist her in getting the child support grant and food parcels."

Workshop participant

"As an Asibavikele volunteer, I inform many HIV+ people with children about the disability grants. I advise them how to get those grants."

Asibavikele volunteer

"The people in the community are aware of the project. They go to the volunteers themselves because they respect them and trust them to help them."

Asibavikele volunteer

All volunteers are trained in various areas, which include but are not limited to the following: children's rights, social issues that affect children, bereavement of children, preserving memories of children, communicating with children, social security, home visits and HIV/AIDS. The training is split into two modules, module one focuses on HIV/AIDS and the care of children. Module two on community based care and support. Training is conducted by CWSA provincial co-ordinators and area managers along with social workers or auxiliary workers. DoSD is supportive of the training and aspects of the training and manuals have been incorporated into the Child Care Forum Training Manual developed through the department. The training is currently not accredited, but funds are being sought to take it through the process. Once trained, the volunteers are regarded as respectable and knowledgeable members of their communities. The training is delivered in bi-monthly training workshops.

The psychosocial counselling training that volunteers receive not only equips them to provide psychosocial support to OVC but also inadvertently enables them to receive emotional support and professional development.

"The training and supervision is also good because it is like getting counselling yourself".

Asibavikele volunteer

Volunteers receive a monthly stipend of R300. In addition volunteers are provided with the necessary equipment to carry out their tasks. This includes, bright yellow T-shirt, a golf shirt, windbreakers, walking shoes, umbrella, a first aid kit and stationery pack. The bright yellow T-shirts they wear as uniforms make them easily recognisable and they are frequently approached in the community through referral by other people who have received assistance from them.

As members of the communities in which they work, volunteers are able to provide culturally appropriate assistance on what can be considered a 24-hour basis as they are available to children in crisis at all times and people can approach them when in need regardless of the time of day. Cases that they may not personally identify are reported to them by concerned individuals. The volunteers are able to handle most cases they come across but bring difficult cases and issues to their superiors so that they can be assisted by a qualified social worker. This eases the burden on social workers, alleviating the high numbers of cases allocated to them. Evaluation meetings are held every six months with volunteers. The meetings serve as platforms for the identification of challenges and success in the previous six months.

"As an Asibavikele volunteer, I have been trained in many things. These trainings have allowed me to counsel a family member who is HIV-positive. He took my advice and now he is doing very well. Also children in the community recognise me as someone who helps them. That is very rewarding."

Volunteer

Volunteer selection and recruitment is very stringent. This ensures that a high standard of service is maintained. Upon completion of the stipulated training, a formal graduation is held before volunteers begin working in communities. The graduation and the awarding of certificates is very important to volunteers, it serves as a verification of the skills obtained when volunteers seek employment. This practice acknowledges the value of volunteerism and a formal graduation introduces volunteers to the community.

The training that volunteers receive makes them lay experts in areas such as child protection and HIV, enhancing their feelings of self-worth and enabling them to make a valuable contribution to their communities. The volunteers instil confidence and are often regarded as people to whom one can turn in matters relating to the health and safety of children. The volunteers are truly the unsung heroes of the organisation.

Child Welfare South Africa Asibavikele Programme

Child Welfare South Africa is a not-for-profit organisation that is driven by a strong partnership between social workers and community-based volunteers. It seeks to ensure a safe and caring environment for children

Programme Goals

To facilitate and strengthen community based structures for the care and support of orphans and other children affected by HIV/AIDS in under serviced communities through the infrastructure of CWSA and its member organisations.

External Resources

CWSA

- Fundraising initiatives by staff and volunteers
- Donations from the community

SA Government

- Funding through the Department of Social development

Donors

- U.S. President's Emergency Plan for AIDS Relief
- Private organisations and companies, e.g. Thokamela safe houses are funded by Uniliver

Activities

Capacity Building

- Community sensitisation
- Staff and volunteer training
- Assisting with securing employment
- Publications
- Training manuals
- Policy and practice guidelines

Home Visits

- Door to door campaigns
- Identification of OVC
- Prevention and early intervention
- Information from community members
- Needs assessments

Referrals

- Refer for child support and foster care grants
- Refer to health facilities for antiretroviral treatment

Child and Adolescent Outcomes

- Removal from unsafe environments and subsequent placement in safe houses
- Increased access to education
- Reduced food insecurity
- Emotional well-being

Family and Community Outcomes

- Better health status of people living with HIV/AIDS
- Increased openness of HIV status
- Improved economic situation
- Increased level of trust and confidence in volunteers
- Increased volunteers' standing in the community

KEY PROGRAMME ACTIVITIES    

The Asibavikele programme carries out a wide range of activities through which it is able to render services to OVC either directly or indirectly benefit to orphaned or vulnerable children.

 Capacity Building

For the programme, delivering of services to OVC is closely linked to the level of cooperation and buy-in received from the community, thus significant effort is put into building capacity of communities, volunteers, and organisations with which CWSA works.

CWSA, through the Asibavikele programme, trains community members to identify and refer vulnerable children in need of support and assistance. This is done through community-based sensitisations activities where community members are educated on aspects of child abuse, what to look out for to identify child abuse, what can be done to prevent it, and general HIV/AIDS issues. These sensitisations activities are held on a quarterly basis, they are planned and implemented by volunteers with support and guidance from social workers. Community sensitisation activities also demystify HIV/AIDS and inform people of services that are available to them

Volunteer capacity building serves to empower volunteers so that they have the necessary skills needed to effectively deliver service to OVC. Volunteers are primarily trained to carry out CWSA related activities, with time their skill level and therefore their suitability for other forms of formal employment increase. Thus, significant numbers of volunteers leave the programme because they have secured formal employment with government departments or with other notprofit organisations. Though the departure of volunteers leave gaps within Asibavikele it creates stability in the community through the existence of regular incomes. It also opens up opportunities for more people to be trained as volunteers.

As part of its capacity building activities, CWSA has published numerous documents which guide staff and implementing partners in various operational areas. The publications range from standard operating procedures and polices to educative material on OVC. This ensures a level of uniformity in the knowledge imparted to those trained and also in the way in which the CWSA programmes, including the Asibavikele programme are run across the various sites. Included on its list of publications are HIV/AIDS & The Care of Children — Policy and Practice Guidelines (2003), AIDS — A Family Disease (Initial Guidelines) (1993), Child Abuse and Neglect (1992), as well as several Asibavikele training manuals.

 Community Child Care Forums

Child care forums are at times developed in which people within a community are trained to identify children in need and to develop strategies to assist them. By its nature, Asibavikele is a type of child care forum. Community child care forum (CCCF) members are trained to be on the lookout for vulnerable children or those who may be at risk of abuse or neglect within their communities. Specific areas in which they are trained include HIV/AIDS and the care of children, social issues that affect children, food security and nutrition, and bereavement counselling. The training is done by social workers and staff within CWSA. The Asibavikele programme has facilitated the formation of 80 CCCF in different communities where it is present. The CCCFs meet one a week. Through them, services such as psychosocial support, food and nutritional support ,educational support, and facilitation of access to social grants are delivered to identified OVC.

Home Visits

Home visits form a major part of the work performed by Asibavikele volunteers. Once OVC are identified, volunteers check on them at least once a month, those faced with more severe circumstances are visited more regularly. The researchers were informed that on average each OVC was visited at least three times in the first quarter of 2007/8 across 19 Asibavikele sites, with each site reaching about 330 children. It is through these visits that OVC needs are recognised and basic education regarding HIV/AIDS. During home visits, volunteers are able to conduct needs assessments for their target group, provide one-on-one counselling in an environment where clients are likely to be more comfortable and open up to the volunteers.

"My brother had cancer and my family was visited by volunteers that counselled us. This motivated me to join as I wanted to do the same thing and make a difference."

Volunteer

"I was first visited by a volunteer. When I told her my story of how I needed help, she offered to help. I joined the project because I saw how they have helped me with my child. The things that I couldn't do for her, she now gets: food, education, and a place to stay. This project really worked for me and my daughter."

Single mother

Volunteers also educate OVC and their parents/caregiver about social grants available to them. Some of the needs identified by staff and volunteers require support beyond their capacity, the resources available and their realm of control. In these instances, beneficiaries are given whatever assistance is possible and are then referred to the appropriate service, for instance, the Department of Social Development for grants, the Department of Home Affairs for legal documents such as birth and death certificates, and medical facilities for ART and other healthcare services.

In addition to identifying OVC and delivering services to them, home visits also spur some members of the community into volunteering their time to the programme. Some community members who have been assisted by Asibavikele volunteers have been impressed by the quality of the service they received that they have been inspired to join the organisation.

Referrals

Some of the needs identified by staff and volunteers require support beyond the capacity of volunteers and the resources available. In these instances, beneficiaries are given whatever assistance is possible from Asibavikele and are then referred to appropriate services such as the DoSD for grants, the Department of Home Affairs for legal documents such as birth and death certificates, and medical facilities for ART and other healthcare services. Referrals are done by volunteers, those relating specifically to child abuse are done by social workers.

Asibavikele operates with three levels of referrals. The first level occurs when volunteers walk the community, going door-to-door, to identify OVC. The second level of referrals occurs when OVC are referred from external organisations and institutions, such as schools or clinics, to Asibavikele. The third level is when an Asibavikele or an Isolabantwana volunteer refers a child to a social worker within the CWSA member organisations for services. Referrals to social workers are mostly in instances where a child is seen to be at risk of child abuse, neglect, or exploitation.

Referrals are done as is needed by volunteers and staff. At the start of the programme, community profiles are drawn up identifying all services and key role players in the community. This list assists the volunteers in making referrals, social worker are also key to this process.

"We have 169 community child welfare member organisations; a community-based response to OVC. The programme trains members within the community to identify vulnerable children (i.e. children who have been orphaned or who are living in child headed households). The programme builds on relationships with the community to encourage referrals of vulnerable children. Care plans for the children are then developed to decide on the best interventions to assist. The programme raises community awareness about children affected by HIV"

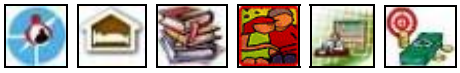
National programme manager for child protection

Beneficiaries

Asibevikele strives to ensure that children who are at risk are removed from abusive situations. An individualised approach is used for each child; services rendered are determined by the context and needs of the child. Over the period October 2006 to March 2007, a total of 10 462 OVC were reached by the organisation, 8 043 of who received at least three direct services which included among other things psychosocial support, educational assistance, economic support, food and/or food parcels, and child protection services. Supplemental direct services, which entails rendering one or two of the above mentioned services, were given to 2 419 OVC.

OVC served are mostly identified through door-to-door visits when volunteers walk the communities. At times OVC are referred by community members who are aware of the help that can be sourced through Asibavikele and also by external organisations and institutions, such as schools or clinics.

Children are not the only beneficiaries of Asibavikele. The programme also targets parents, guardians and general members of the community for various educational activities and campaigns. This demonstrates the commitment of Asibavikele to ensuring the child is viewed holistically and their recognition of the important role of the family and community in the development of children. When Asibavikele social workers and volunteers encounter parents, guardians or others who exhibit potential symptoms of AIDS, they encourage them to go for HIV testing, counsel them on disclosure, and encourage them to seek appropriate medical care. Volunteers have often accompanied patients to clinics so that they can speak on behalf of patients to doctors and possibly expedite initiation of required treatment such as ART for the person concerned. It is well recognised within Asibavikele that healthy caregivers can better care for the children and provide a safe environment for them. Thus, well-being of parents and guardians is monitored as staff and volunteers go about their work. Parents and guardians are at times even assisted with securing employment so that dependency on social grants can be reduced.

SERVICES PROVIDED 

Asibavikele provides a child-centred model of OVC care. The main goal of Asibavikele has been described as ensuring that "no child would go hungry, that all children would go to school, get access to health facilities, have shelter, counselling and trauma debriefing, would have relevant documentation and most importantly caring and loving caregivers." This was reiterated by the CWSA national programme manager for child protection.

"CWSA's roots are in child protection and thus, it trains its volunteers to identify child abuse. Many volunteers work after hours. They are mandated to remove children from abusive situations (through a FORM 4 - emergency form to remove children from bad situations). Volunteers in this programme are mandated by the courts when social workers are not available."

National programme manager for child protection

Through CWSA, Asibavikele seeks to deliver a comprehensive range of services to its beneficiaries such that their needs are met in a comprehensive manner. Following is a discussion of the services delivered to Asibavikele beneficiaries.

Child Protection

Protecting the welfare of children is at the core of Asibavikele, activities and services are aimed at prevention and early intervention. Through their work within communities, social workers and volunteers are able to identify children at risk and ideally intervene before harm comes to a child. Community members are instrumental in assisting the Asibavikele programme as they point out vulnerable children to Asibavikele staff and volunteers. Some of the volunteers who work on the Isolabantwana programme are mandated by law to remove children from homes where the children are perceived to be at risk of abuse and/or neglect. Volunteers often encounter OVC who are being taken care of by either extended families or by people in the community. Asibavikele assists these people with the court process for making such foster care relationships legal thereby enabling them to access foster care grants. In the period September 2006 to March 2007, CWSA reports that 1, 879 OVC were reached with child protection interventions which include birth registration, inheritance issues and obtaining identity documents.

Shelter and Care

Children who have lost parents or whose parents are ill due to HIV are often left in situations which may not offer a safe environment. One response to this had been the provision of safe houses called Thokomala Homes, which were initially designed and are funded by Unilever. These are homes where up to six OVC reside and are taken care of by a foster mother. The children are also enrolled in school, including preschools, and grants are given to the foster mother for each child. Foster care families are also recruited to serve as guardians for OVC. Thus far, six Thokomala homes have been set up, three in Gauteng, two in the Eastern Cape and one in the Free State provinces of South Africa. Some of these homes have been set up in areas where the Asibavikele programme is operational such that the two initiatives run concurrently and complement each other. Asibavikele identifies and refers the OVC to the homes.

"I told them my story about how I didn't have a place to stay with my six-year-old daughter. A Thokomala house was built here in Wattville where needy children can stay. My daughter now stays there in a healthy environment, safe, and warm; and also attends preschool now. I visit her once or twice a week. I am very happy about the reward I got from the project."

Single mother

Educational support

In South Africa, as in most African countries, a good education is the surest way to a self sufficient and secure life. However, for children who have been orphaned by HIV or have parents or guardians suffering the ravages of the illness, a good education may be beyond their financial means. The sickness or death of a parent leaves many children in situations where they are unable to afford school fees, no matter how small, that are required by schools. Asibavikele tries to ensure that lack of finances does not prevent children from attending school. To this end, volunteers facilitate access to education by negotiating school fee exemptions for vulnerable children. CWSA states in its 2006 annual report that 1418 OVC received support that increased their access to education.

Psychosocial support

The effects of HIV/AIDS on children can be devastating. Children often witness the decline of their parent's health and eventual death. Many OVC struggle to understand such loss and experience difficulty forming positive relationships with other caregivers. Children may also blame themselves for their parent's death and believe they are being punished. If such emotional and psychological trauma are not addressed they can have long lasting effects which may lead to changes in behaviour and negatively impact their socialisation.

"The idea of memory boxing is for the volunteers and social workers to work with families who may have a sick family member or recently lost a family member. Memory boxing helps the child to understand their roots and prepares them for death of a loved one. It focuses on things that had meaning to the family, creating family memories."

National programme coordinator for HIV/AIDS

Thus CWSA social workers and Asibavikele volunteers strive to meet the psychosocial needs of OVC and their parents/guardians/caregivers. Psychosocial support is given in the form of disclosure counselling, bereavement counselling and succession planning. In the period between October 2006 and March 2007, a total of 3572 OVC were reached with psychosocial support by CWSA. Counselling is also provided to staff and volunteers who, given the scale of the task at hand, often need an outlet to de-stress and prevent burnout.

Food and Nutritional Support

Food parcels or shopping vouchers are provided to vulnerable families in cases when emergency relief is required. This is on an ad hoc basis and availability of food parcels is dependent on donations. For instance, Asibavikele has specifically sourced funding to provide food parcels to the Northern Cape and Mpumalanga provinces. The families receiving this food do so on set dates from specific sites. Where possible, Asibavikele volunteers refer community members to churches and other organisations that provide meals and other types of nutritional support.

Legal/Social Services

Although DoSD provides social grants, a number of those who are eligible for these grants do not access them for reasons which include lack of awareness, bureaucratic processes involved, lack of identity documents or birth and/or death certificates to access the grants, and lack of finances to travel to the government offices. Staff and volunteers thus strive to facilitate access to such grants and helps applicants acquire the necessary documentation.

Volunteers also assist families to become registered as foster parents. This formalises the placement of children with the identified individual or relative through a legal process and requires careful consideration of the suitability of applicants. It is sanctioned by the court and once the application has been approved, foster parents can receive a foster care grant, which is paid monthly to be used for the care of the foster child. The maximum number of children that can be cared for by one foster parent is six.

Resources

Workshop participants draw depictions of what they could do with increased funding.

Donors

The success of the programme is influenced by the time, skills, and resources available to the programme, which has considerable impact on the numbers of beneficiaries reached and the quality of the services provided. CWSA finances most of its activities through funds received from various donor organisations. The U.S. government (through the emergency plan) funds 19 of the 21 Asibavikele sites where CWSA operates; the Global Fund to Fight AIDS, Tuberculosis and Malaria has committed to funding future Asibavikele sites throughout the country. Other funders include NGOs such as the Nelson Mandela Children's Fund and corporations such as Unilever and ABSA. Funding and in-kind assistance are also provided by government departments such as DoSD, Department of Health, and the Department of Home Affairs.

Community In-Kind Contributions

The community plays a very important role in the activities of Asibavikele. The community supports the programme through donations, but their primary contribution is their time. It is from the community that volunteers emerge and it is members of the community who refer potential clients to Asibavikele. Furthermore, the programme is implemented by community members within the community and local leaders support the work of volunteers by organising community meetings.

Though community members play a significant role in Asibavikele, the level of community involvement varies within communities depending on what resources they have at hand. The resources mobilised by the community for the project have in some instances been used to generate income for the project. This contributes to ensuring long term sustainability of the programme. An example of this is when one community made graduation gowns for the volunteers, these were later hired out to raise funds. In other instances, the community initiates fundraising activities without prompting from the Asibavikele programme. Examples of community initiatives are community collections where people donate cash or material good they can spare and morning teas where cakes and sandwiches are sold to community members. Other communities have written funding proposals and received additional funding from larger donors such as DoSD, Department of Health, and the Nelson Mandela Children's Fund.

"I was motivated by a high rate of people with HIV/AIDS. Some of them are rejected by their family members. I thought by joining the project, I could explain to them that the more you give support to someone who is ill, the more that person feels better."

Social worker, Actonville Child Welfare

"Seeing neighbours suffer made me feel sad and helpless. I knew they needed help but that they didn't know how to get it. I joined the project to get the information to help the community."

Asibavikele volunteer

Lessons Learned

Although CWSA has been in operation for a long time, the Asibavikele programme only began in 2005 and is thus still in its infancy and in the process of being expanded nationally. The initial implementation years have generated an invaluable wealth of knowledge on what does and does not work. The programme is able to reflect and review the model in order that future sites avoid past mistakes.

Programme Innovations and Successes

Community Ownership and Participation

Working together with the community as a team has gone a long way towards helping the programme achieve some of its goals. By capacitating community members in sensitisations activities and involving local leaders to gain access to communities, Asibavikele has fostered a sense of ownership and responsibility for OVC. Community members use skills taught to them to identify and care for vulnerable children. It is from the community that dedicated volunteers emerge, this not only lightens the case load off social workers but also ensure that service to an area are locally relevant. Volunteers' knowledge of community needs and concerns has proved invaluable in ensuring that the project responds appropriately to the needs of OVC. The stipend provided barely covers transport costs and yet they are highly visible within their communities, diligently identifying new children, providing counselling and other services. Soliciting help from people within the communities proved to be an approach which ensures that services are delivered by people who are motivated, care about their communities and are accessible to those in need at all times.

Volunteer Training

The training that is given to volunteers has elevated their level of knowledge of HIV/AIDS, social grants, psychosocial support and child protection issues from rudimentary to that of lay experts. The volunteers are now looked upon as people who can be relied upon to provide help by members of their communities and this has encouraged self referrals as people are confident in the capabilities of the volunteers serving them. Through implementation of the Asibavikele project it has been realised that the best way to conduct training is from the bottom up. Those who do hands-on implementation need appropriate training so that the correct focus is maintained; thus, training is best done at site-level with the people who do the actual work within the communities.

> *"They've shown us how to approach people in the community and about the respect that we must show the people. They've also trained us on how to interview clients and to inform them about what we can do for them."*
>
> **Asibavikele volunteer**

Regular Supervision

Though Asibavikele volunteers mostly carry out their work with a free hand, it is recognised that regular supervisory sessions between volunteers and staff or social workers are key to ensuring that the standard of services rendered are maintained at a high level. Supervision sessions can either be done one-on-one or in a group setting and they provide a platform to identify gaps, address challenges and to improve the implementation of Asibavikele. Group supervision is held bi-weekly and it is through these are individual supervison needs are identified and planned. These forums also provide opportunities to share implementation strategies that work.

Comprehensive Package of Services

One outstanding feature of Asibavikele is the holistic nature in which services are provided. Each child that is brought to their attention faces a unique set of circumstances, thus the response is unique to each child. Some of the services provided incude PSS, educations asupport, food and nutirional support and facilitations of acces to leagal services. Being in the position to provide or

refer a wide range of services means that each child has their needs met as comprehensively as possible. When CWSA Asibavikele staff and volunteers are uable to provide the required service a referral to the appropriate service provider is made. This has led to the development of cordial relationships with some government departments which are helpful when it comes to precessing requests made by programme clients.

Programme Monitoring

In order to ensure uniformity of information collected by the organisation, a standard form is used that includes the data required to report on the emergency plan. However, the information collected extends beyond the emergency plan-required reporting standards. The additional information is used to monitor other areas of CWSA operations. Over time, the data collection form has evolved from one that required a fair amount of writing to one that is a more quantitative in orientation. The use of pictures instead of words makes the form easier to complete by volunteers with low levels of literacy. This makes the data collection process less time-consuming, simpler, and considerably easier for staff and volunteers working at site-level. Because the literacy level among volunteers tends to be low, the previous narrative forms appeared daunting and were often incorrectly completed, if at all. Among the data captured are number of OVC reached, number of volunteers trained, and the number of home visits conducted. Monitoring activities include monthly progress reports submitted by social workers; annual surveys with beneficiaries, the community, and volunteers; and site visits to monitor the quality of service. In October 2006, CWSA held its first annual review workshop where best practices and experiences were shared. Problem areas were identified and strategies to address these were formulated, and a second review was conducted in September 2007.

Programme Challenges

Staff Workload and Skills Shortage

The scale of need withinth ecommunities where Asibavikele operates is often far greater than can be addressed with available resources to the extent that social workers are overburdened with cases and some important activities, such as monitoring and evaluation, have been put on hold.

"They currently are over-burdened with the two CWSA programmes. Those staff that are focused on one of the programmes run successful programmes. This is why CWSA employs HIV/AIDS coordinators. They need to specialise."

National programme manager for child protection

"A volunteer evaluation has been conducted – CWSA is currently looking to employ an M&E officer to assist with writing reports/analysing the data from the 'masses of data' CWSA currently has."

National programme manager for HIV/AIDS

The lack of skilled labour to conduct activities at all levels has also been a challenge for the project as a whole. Programme coordinators have at times had to split their time between Aibavikele and other programmes run by CWSA. Financial management and overall strategic planning have also suffered.

Volunteer Support and Retention

More resources are required to support the activities of the project especially with regard to volunteer stipends, which in the case of Actonville are much lower that what the government pays its volunteers working in the same area. Most volunteers join Asibavikele as they wish to do something about the escalating HIV/AIDS crisis visible in their communities. These volunteers are motivated by genuine desire to alleviate some of this suffering. Some of the volunteers are themselves HIV-positive and are on treatment, thereby acting as positive role models to parents and caregivers. The volunteers receive a small stipend to cover their transport costs. However,

the need to earn an income and to cover living costs at times results in volunteers leaving Asibavikele to take up paid work. This represents a loss of knowledge and skills that have been acquired over a period of time.

The skills gained through training have helped some volunteers' secure formal employment with government departments and other organisations. While this is a testament to the success of the programme, volunteer turnover remains a challenge to the work of Asibavikele as they tend to leave the programme for greener pastures. Most volunteers indicate in the exit interview that the reason they are leaving is due to having secured a paying job. The departure of volunteers is bitter sweet. On the positive side it implies increased economic stability of the volunteer concerned but leaves a gap in terms of the reach that could have been achieved by that volunteer and the knowledge that they have attained.

The challenge faced in retaining volunteers highlights the need train volunteers, and staff, on a continual basis This will ensure that the knowledge gaps in new volunteers are filled and that skills taught to all volunteers are relevant to the issues prevalent in their areas since the dynamics in target areas are constantly changing as are possible responses to problems. Those trained would include social workers employed by CWSA, the volunteers involved in implementation and the general public whose awareness of child protection issues is trying to be raised by the project.

Limited Financial Resources

Limited finances are a constraint for Asibavikele. The lack of financial resources has in some instances undermined the level of trust and satisfaction the children and care givers derive from the project. Food insecurity is a daily reality for many of the people that staff and volunteers come into contact with, clients often expect volunteers to address the lack of food in the homes. Thus, people often are frustrated with volunteers when this is not the case. Limited finances have also contributed to volunteer turnover as the stipends given to volunteers in most cases can barely cover their transportation costs.

Infrastructural Resources

Linked to the limited of financial resources is the lack of infrastructural resources available to the organisation.and staff with which they can do their work. Some of the member child welfare societies have office space which, though not luxurious, is comfortable and conducive to work from, whilst other sites are located in makeshift temporary structures which can be borne in the short term but in the long term could negatively affect productivity.

UNMET NEEDS

As with most programmes working with OVC, Asibavikele is heavily reliant on sustainable and adequate funding to be able to achieve its programme goals. Being a nonprofit organisation, it has wide range of unmet needs, most of which are tied in to insufficient funding.

Material Needs of OVC

OVC come with a high level of material need that is not easily provided for within families. Many times, OVC are absorbed into and taken care of by individuals and families who themselves are living in poverty. There is thus a need to explore new or alternative ways to respond to such needs and may require collaboration with other organisations.

> *"Material assistance is the biggest problem. People need food."*
>
> **National programme manager for child protection**

Great value is attached to tangible forms of assistance in communities afflicted by poverty. The programme does not have sufficient resources to source and provide food parcels or grocery vouchers to all OVC. The provision of food and nutritional support is crucial for OVC. Asibavikele needs to consider ways of leveraging nutritional support for its beneficiaries.

Psychosocial Support

There is a need for increased recognition of the need to support people living with HIV/AIDS through continued community sensitisation on HIV and related issues.

"People in the community need ongoing education about HIV and the possibility of leading a healthy life despite their status."

Workshop participant

This support will assist people living with AIDS (PLWA) to feel comfortable to disclose their status and access facilities available to them such as free ART and disability grants. This will help improve the quality of life of PLWA and consequently delay the age at which children are being orphaned by HIV/AIDS. Linked to increased psychosocial support is the need for long-term palliative care of PLWA, possibly through hospices, as the disease progresses to AIDS.

As at July 2007, three staff members were trained as master trainers in psychosocial care while, an additional 20 staff members received general training. Focus is now being placed on scaling up training for volunteers in this area so that it can be delivered to OVC, their parents/guardians/caregivers, and the general communities. .

Skilled Staff and Volunteers

The aspect of skilled volunteers was highlighted as an unmet need. Despite the army of volunteers, professional skilled staff is required to assist with higher level operational issues of the project such as financial management. There is also a need for people who are capable of supervising, managing and empowering volunteers. This is essential for carrying out the various field and office-based activities through which OVC are served. As at July 2007, Asibavikele lacked personnel to carry out monitoring and evaluation activities. Asibavikele are endeavouring to address this by hiring a person dedicated to monitoring and evaluation.

"One of the biggest problems is lack of skilled manpower. We need people to supervise, manage, and capacitate volunteers There is a need for skills training for child welfare staff and social workers. After university, we go out into the field and don't study again but we need additional training as well."

National programme manager for child protection

The Way Forward

Despite the numerous challenges that have been faced by CWSA as a whole and the Asibavikele programme, activities have been successfully carried out and ways in which the improvements can be made are continually being considered. Some of these were shared with the researchers at the time of data collection and are highlighted below.

Expansion of the Asibavikele Programme

Moving forward, growth and expansion of the programme emerged as one of the key wishes from those who attended the AI workshops. The envisioned expansion will take place through increased numbers of staff at all levels, increased number of sites at which activities are conducted and expansion of services to include a hospice. Funding has already been secured from the Global Fund to Fight AIDS, Tuberculosis and Malaria to cover the cost of expanding Asibavikele to 42 new sites. Emergency plan funding has also been earmarked to support more sites such that a total of 38 sites will be funded by the emergency plan.

Expanding the programme will necessitate increased capacity from those charged with the responsibility of managing and implementing the programme. This will require greater skill and capacity in financial, administrative and technical skills. In order for Asibavikele to expand nationally without compromising the services provided to OVC, close attention needs to be given to skills and knowledge among staff and volunteers. There is a need for ongoing training as new ideas and interventions emerge.

Sustainability Plan

Childrens welfare societies are being encouraged to include funding requests in documentation and proposals they submit to government. Likewise, CWSA will also include funding requests to all levels of government (national, provincial and district) which it interacts with, this works towards a continual inflow of funds to run and manage progammes such as Asibavikele.

Improved Monitoring and Evaluation

With the planned expansion and a larger pool of donors, Asibavikele will need to become more stringent and consistent in its monitoring and evaluation activities. It is clear that staff have extensive experience in collecting and recording information. The challenge is to ensure that the data collected are used in a relevant and meaningful manner to inform the improvement of interventions. At the time of data collection, plans were on the ground to hire a full-time person to carry out monitoring and eveluation; this person has since been employed to upgrade and improve the system that was in place. Additional monitoring and evaluation training will be provided to all provincial co-ordintors to assist them in complying with reporting requirements. Furthermore, a national database to house OVC information is presently being established.

Training Material

CWSA has a wealth of organisational knowledge of what works in the field of OVC care and also the areas of skill in which staff and volunteers need to be trained. Thus plans are underway to have its volunteer training course accredited by the Skills Education Training Authority. In addition, the current training manuals are undergoing review, in servce manuls and books for volunteers are also to be devloped. This will positively affect programmes such as Asibavikele.

Those spoken to also expressed a number of ideas for which they would like to garner funding. These resulted from expericnces and unmet needs within their communities, most of which relate to HIV/AIDS. In many instances, parents or guardians of OVC may be living with AIDS. It is therefore hoped that through the activities of Asibavikele, more PLWHA will live fulfilled and empowered lives. This will delay orphanhood as well as empower community members. The idea that stigma and discrimination diminish and that greater numbers of people have access to ART also came through very strongly in the AI workshop. Reduced stigma will also result in HIV

being viewed like any other chronic disease, reducing the social isolation and exclusion experienced by OVC and their families.

Some members also expressed the desire to see job creation and income generating activities bearing fruit and becoming sustainable. Below are some of the wishes that came out of the AI workshop.

"Asibavikele is going to be a much bigger project, community recognition will be stronger, and they're going to help more people than we currently do."

Beneficiary

"I see that the number of volunteers will have increased three fold; a community unified by the work of the volunteers; and the job creation projects bearing fruit. All people infected and affected by HIV will be living a decent and empowered lifestyle."

Area manager

"I would like to see a healthier community, free from insufficient knowledge about HIV. There must be a better approach to sex practices and an increased understanding of HIV as a disease. Thus, HIV will be treated like all other diseases and this will eliminate the stigma and discrimination."

Volunteer

When visiting the Asibavikele programme, it is clear that the Asibavikele programme is achieving great things and is making a meaningful difference to the lives of OVC. This can be attributed to the application of a child-centred model that forms the basis of CWSA's work across South Africa. Asibavikele itself represents an extension of the core tasks and activities undertaken by child welfare organisations nationally. CWSA has not diverged from its primary focus areas. It has chosen to offer a programme using established and existing skills and knowledge in new and dynamic ways to improve the lives of OVC. This is one of the cornerstones of success of the Asibavikele model of OVC care.

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