A Case Study

CHoiCe Comprehensive Health Care Trust's OVC Programme

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With Support from CARE South Africa-Lesotho

July 2008 SR-08-42-C2

This case study was prepared by Khulisa Management Services and made possible by support from the U.S. Agency for International Development (USAID) under the terms of Cooperative Agreement GPO-A-00-03-00003-00 and the U.S. President's Emergency Plan for AIDS Relief. The opinions expressed are those of the authors and do not necessarily reflect the views of USAID or the United States government.

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Acknowledgements

This case study would not have been possible without the contributions and assistance of a number of individuals and groups. The authors would like to thank Fiona Macdonald, CHoiCe Comprehensive Health Care Trust director, and Elizabeth Mabuza, OVC project manager, for their time and generosity. Thanks also to Antoinette Schutte, training programme manager, for her time in preparing for the site visit; Nelly Mavuemba, CHoiCe Comprehensive Health Care Trust social worker, who provided accompaniment to the group therapy observations and participated invaluably in the group interview. We express our gratitude to Louise Batty, former CHoiCe Comprehensive Health Care Trust programme manager and director of Keep the Dream for providing information about the Scouts programme. To all other members of the CHoiCe Comprehensive Health Care Trust family who contributed to making the site visit possible: the volunteer caregivers, guardians, children, and members of the community who participated in the group interviews, many thanks.

Khulisa Management Services wishes to acknowledge a wide variety of persons for their support to this project. Firstly, many thanks to Dr. Tonya R Thurman from the MEASURE Evaluation project at Tulane University for reviewing and commenting on each case study; Mary Pat Selvaggio, director of health and research at Khulisa Management Services for her project management and oversight as well as editing services; Stacy Langner, Khulisa Management Services knowledge management specialist for designing the case study template and editing various reports; and Margaret Zwane, Khulisa Management Services Health administrative assistant for providing valuable logistical and administrative support to the research team throughout the project. Thanks also to the Support for Economic Growth and Analysis II project (SEGA II) in South Africa for supporting this project. Finally, special mention goes to the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (emergency plan) for having the foresight to document programmatic approaches of South African initiatives for serving OVC in an effort to improve the wellbeing of children affected by HIV and AIDS.

Cover photo by Maleemisa Ntsala.

Acronyms

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
CHH	child headed household
DoH	Department of Health
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
EU	European Union
FBO	faith-based organisation
HBC	home-based care
HIV	human immunodeficiency virus
HWSETA	Health and Welfare Sector Education Training Authority
NGO	nongovernmental organisation
OVC	orphans and vulnerable children
PHC	primary health care
PLWA	people living with HIV/AIDS
RDP	Reconstruction Development Programme
STI	sexually transmitted infection
TB DOTS	Tuberculosis Direct Observed Therapy Short Course
VS&L	voluntary savings and loaning
USAID	U.S. Agency for International Development

Executive Summary

Despite the magnitude and negative consequences of the growing number of orphans and vulnerable children (OVC) in South Africa, there is insufficient documentation on "what works" to improve the well being of these children affected by HIV/AIDS. In an attempt to fill these knowledge gaps, this case study is one of the 32 OVC programme case studies researched and written by Khulisa Management Services, with support from the MEASURE Evaluation project, Support for 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) in South Africa.

CHoiCe Comprehensive Health Care Trust was founded in 1997 (hereafter referred to as CHoiCe Trust) as a nongovernmental organisation (NGO). Located in Greater Tzaneen Municipality, in the Limpopo Province of South Africa, the organisation in 2007 worked in 113 villages within the municipality and mentors a further 49 community based organisations. Its core focus is the provision of home-based care (HBC), training and mentorship of local community-based organisations (CBOs), and care of OVC. The organisation's OVC programme began in 2003 with the introduction of Scouts, a life skills development programme that aims to broaden children's experiences with sound morals and values. The programme targets specifically but not exclusively OVC. Approximately 50% of the children in Scouts are OVC. Through Scouts, children are enabled to be active participants in their own care.

Programme staff develop lasting relationships with many other organisations within Limpopo as well as outside the province. Relationships include those with Khutso Kurhula, Greater Tzaneen Municipality, and the Tzaneen AIDS Forum. Regular meetings are organised with partners to coordinate OVC services, discuss challenges faced such as HIV/AIDS stigma; align service areas, and share success stories. Services provided particularly for OVC include health care, referrals, HIV prevention education, shelter interventions, vocational training, child protection, income generation, psychosocial support, education, and food and nutritional support. CHoiCe Trust has developed successful partnerships with both international and local donors. Ten percent of its total funds come from the emergency plan through CARE South Africa. It also receives in-kind contributions from other donors.

CHoiCe Trust's OVC programme makes considerable effort to address problems faced by OVC in the Greater Tzaneen Municipality. Challenges have been identified by both programme staff and community members and include burn out, fundraising, dealing with children over age 18, staff and volunteer turnover, workload, job insecurity and lack of succession planning.

Despite these and other challenges, CHoiCe Trust's high commitment to civil society, and especially the rural people, has yielded many successes. The trust has received many awards and much recognition for its work, which serves to strengthen its dedication and vigour. Some notable achievements and innovations include certification with Health and Welfare Sector Education Training Authority (HWSETA), career opportunities, good relations with donors, voluntary savings and loans (VS&L), the Scouts programme, community involvement and good leadership.

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 CHoiCe Trust's OVC Programme 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 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 fund and USAID/South Africa.

The primary audience for this case study includes CHoiCe Trust, 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 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 actively support OVC.

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

Themes identified by participants during a group interview.

When designing this research, appreciative inquiry (AI) concepts were used to help focus the evaluation, and to develop and implement several data collection methods. This was chosen as the overarching approach because it is a process that inquires into and identifies "the best" in an programme and its work, in contrast to traditional evaluations and research where 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 CHoiCe Trust 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 organizations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives "life" to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. AI involves, in a central way, the art and practice of asking questions that strengthen a system's capacity to apprehend, anticipate, and heighten positive potential."*
>
> **David Cooperrider, Case Western Reserve University, co-founder of appreciative inquiry**

Data collection for this case study was completed September 4-5, 2007. This comprised of structured interviews with CHoiCe Trust's Director and the OVC project manager, and two group interviews. Participants of one group interview were two staff members and six volunteer caregivers, while the other group interview included two local teachers, three guardians, six children (ages 13–16), two village chief representatives, and two community members. Collection of programme documents for review and observations of programme activities were also conducted. Programme activities observed include a group therapy session, door-size vegetable gardens, and a Scouts awareness event

Focal Site

CHoiCe Trust is a nongovernmental organisation located in greater Tzaneen Municipality, Limpopo Province. Tzaneen is the largest town in the Mopani District with a population of approximately 500,000. The municipality is situated in the south of the district and encompasses the towns of Tzaneen, Nkowankowa, Lenyenye, Letsitele and Haenertsberg. CHoiCe Trust works in 113 villages within the Greater Tzaneen Municipality.

Limpopo is the second poorest province in the country with approximately 77% of the population living below the poverty income line. About 89% of the people in Limpopo live in rural areas. Amongst the main health related concerns in Limpopo are lack of access to sufficient quantities of safe water, lack of good sanitation facilities and good waste removal systems and unsafe food preparation facilities. Although the HIV/AIDS epidemic has exacerbated the general health status of Limpopo population in recent years, its rate remains the second lowest province at 7.1% and the orphan prevalence is 94,208.

Programme Description

Overview and Framework

Scouts meet once a week to discuss certain topics or hold special events.

CHoiCe Trust was established in 1997 as a health training and development organisation. The organisation's mission is to provide "quality training, support, information, and health services based on the needs identified by and for the people of specified districts in the Limpopo Province."

The main aim of CHoiCe Trust's programmes is to empower the impoverished rural communities of Limpopo, with particular emphasis on women. It is believed that women's health initiatives can lead to empowerment and improvement of their economic status. Involvement of men is highly valued, but the priority is to make women good maternal role models in their communities. Community involvement is considered a fundamental factor for the success of the programme. To this end, the programme has managed to establish a good presence in the communities that it works.

CHoiCe Trust's goals are to:

- influence and impact local communities in all spheres of health, particularly those areas identified by the local communities and health departments
- assist communities to access health and welfare services
- raise the level of health experienced by the individual and community by introducing and supporting a framework of care, support, education and initiate facilitation that is both sustainable and self-determined
- empower children to be active participants in their own care and provide the opportunity to grow into adults who will contribute positively in their own communities

During the provision of home-based care, caregivers (volunteers) identified a number of OVC requiring assistance. To address their needs, CHoiCe Trust researched the ideal OVC programme by visiting projects around the country. Staff decided on the Scouts and Cubs model and implemented this in 2003. Whilst additional activities have been introduced to the OVC programme, the main focus remains on the identification and support of OVC through home-based-care of sick people including those living with HIV/AIDS. In 2005, CHoiCe Trust's OVC programme was awarded emergency plan financial support through Care South Africa — Lesotho to fund the OVC programme.

In caring for OVC, there is a focus on training and supporting community-based organisations (CBOs) and mobilising their voluntary caregivers to offer quality support to these children. This is a particularly useful service given most of the CBOs are informal and set up to address a perceived need within the community but pay modest attention to training caregivers that provide OVC support. The training is periodic. Subject matter is based on the needs identified by the organisations themselves. For OVC focused organisations this typically includes very specific topics such as Circles of Support, group therapy, child rights and child communication. A need to develop and work with more specific health training materials, such as prevention of mother-to-child transmission of HIV and providing antiretroviral (ARV) drugs to children, has been identified. There are plans to develop and implement training programmes detailing these subjects. In addition to this, selected CHoiCe Trust staff members provide on-site support to CBOs particularly

for HBC programmes. This mentoring programme is, however, a relatively new development that CHoiCe Trust expects to formalize over the next two years.

As of September 2007, training and mentoring was provided to 49 CBOs in the Mopani District of the province. The training is Health and Welfare Sector Education Training Authority (HWSETA)-accredited and includes home-based care (HBC), people living with HIV/AIDS (PLWHA), gender issues, wellness, and OVC care. Furthermore, with funding from Starfish, ChoiCe offers training and mentoring in governance and leadership issues to eight CBOs around the municipality. Some of the CBOs that it has helped establish are also receiving emergency plan funding. Also volunteer caregivers are assisted to form their own CBOs.

CHoiCe Trust's OVC Programme

CHoiCe Trust provides quality training, support, information, and health services based on the needs identified by and for the people of specified districts in Limpopo Province.

Programme Goals

To influence and impact local communities in all spheres of health.
To assist communities to access health and welfare services.
To enable children to become active participants in their own care.

External Resources

U.S. President's Emergency Plan for AIDS Relief through USAID, managed by CARE SA-Lesotho for:

- Funding salaries
- Funding transport
- VS&L training.
- Training master trainers in VS&L.
- Monitoring and Evaluation
- Funding for Group therapy support
- Funding for Scout activities e.g. camps

SA Government and other Donors

- Other international and local donors support OVC, HBC and Training and Monitoring
- CHoiCe Trust partner with government departments, for example DoH provides volunteer stipends.
- Local community donors provide ongoing support with food, clothing and other resources

Activities

Capacity Building

- Trains OVC focused CBOs
- Provides volunteers with accredited training

Home Based Care

- Provides palliative care to patients
- OVC assisted in accessing grants during visits

Scouts Programme

- Encourage children to be environmentally aware
- Provide HIV prevention education
- Encourage healthy lifestyles by learning new skills such as first aid skills
- Encourage healing through drama

Networking

- Coordinate OVC services within communities
- Prevent duplication of effort
- Establish referral systems
- Share success stories
- Hold regular meetings with partners.

Outcomes

Economic Security: Increasing the ability of caregivers and OVC households to meet their basic needs.

Mentoring: Developing skills amongst CBOs and enabling them to become self-sufficient and monitor other struggling CBOs.

Psychosocial Support: Increasing resilience and self-esteem, decrease stigma and discrimination and increase community support for OVC and volunteers.

Health: Empowering community members in increasing self-seeking behaviour through a network of providing care, support and related activities.

KEY PROGRAMME ACTIVITIES

In order to accomplish programme goals, staff follow an annual plan which can be amended as required, and raises funds to support various activities. These include, capacity building, the Scouts programme, group therapy, HBC, and networking.

Capacity Building

In 2004, CHoiCe Trust became accredited by HWSETA as a training organisation. To this end, the OVC programme trains both CBOs and volunteers.

CBOs across Limpopo province are trained on a variety of accredited topics. This includes but is not limited to, HBC, Tuberculosis Direct Observed Therapy Short Courses (TB DOTS), HIV/AIDS and sexually transmitted infections (STI), first aid and the provision of primary health care. OVC material focuses on circles of support, group therapy, child rights, child communication, and childhood illnesses. Training earns the CBO volunteer caregiver (volunteer caregivers volunteers) credits to become auxiliary health workers. Learners are assessed via written examinations and practical work. Many of the learners have very low levels of education or none at all, but through the programmes commitment and patience, more than 90% of the learners achieve good passing grades. In addition, as a result of the training, over 50 community caregivers have received permanent employment. The accredited course consists of 69 formal days of training.

Staff members also run a monitoring and mentoring programme for CBOs around Limpopo. The caregivers from the CBOs are trained in HBC, OVC, primary health care (PHC), first aid, etc, while the managers of the CBOs are trained in governance, administration and financial systems and processes. All CBOs are visited and mentored at their sites once a month to share in issues of accountability, assess the needs and to support them with adhering to donor reporting procedures amongst other things. Monthly meetings are held at CHoiCe Trust offices where all the CBOs report on organisational development issues and progress, share experiences and successes, submit reports, etc. A quarterly meeting is also held for the CBOs to submit reports, discuss volunteers' issues and also for networking purposes.

Volunteers are trained in the same competencies as the CBOs and are aligned to the individuals' career path. As of September 2007, over 300 caregivers had been trained.

Scouts Programme

The OVC programme started in 2003 with the introduction of Scouts, a life skills development programme that aims to broaden the children's experiences and give them sound morals and values. The programme targets specifically, but not exclusively, OVC. Approximately 50% of the children in Scouts are OVC. The Scouts are children ages 11–18, years. A Cubs programme is available for younger children, ages 7–11. On average, more than 1 200 children meet once a week at different sites throughout Greater Tzaneen as part of the Scouts Initiative to talk about issues such as environmental health, food security, and gardening. Some volunteer caregivers are trained to be Scouts leaders in their villages, and facilitate the meetings. Through fundraising, children are taken on camping and hiking trips, and learn new skills such as team building, problem solving, HIV/AIDS education, first aid, drama, and more.

"Scouts are special and unique to our OVC programme. It is a western model that is being Africanised. That makes it special."

OVC project manager

The programme offers age-appropriate skills, personal and interpersonal skills, developmental skills such as leadership, team building, self esteem and resilience promotion. The programme assists the children to grow holistically — body, soul and spirit — and become important members of their communities. Children participate in building their local communities, becoming role models for other children as well as leaders of the future.

Good behaviour is a prerequisite for joining Scouts. The children learn the Scout's and Cub's law and promise [see inset] and are bound to adhere to this code of living. Scouts have proved to be a powerful support strategy for the children, especially OVC. The programme teaches the children better ways of living and good values while they have fun. Additional beneficiaries are identified by the children who participate in Scouts. In addition the good values portrayed by Scouts in their communities attract other children to take part and stay away from the streets.

Some volunteer caregivers are trained to be Scouts Leaders in their villages and facilitate meetings. Staff expresses great pride in their work with Scouts. A story was told of a family of three girls, aged 12, 10 and eight, whose parents were murdered in front of them. The children went through a traumatic phase and programme staff struggled to help the children. They went through a number of counseling sessions to little avail. Only after they joined Scouts did they begin to fit in again within the community and participate in activities with other children. "Now they are the best in my Scouts group," said one Scouts leader during an AI group interview session. Their teachers at school have also reported an amazing improvement in their school performance.

"Scouts are excellent, as you can see that the children are proud. You can see they are special and can overcome peer pressure as they know how to behave if they are faced with bad situations. This makes them extraordinary children. We are helping them to be good citizens for tomorrow. Scouts reduce risky behaviour because as a Scout you are not meant to have sex until marriage. Scouts are taught to be friends with the opposite sex. We encourage them to be open about difficult situations and they get the help they need. Scouts. That's where I feel I am doing a good job."

OVC project manager

The Scout's Promise

On my honour I promise that I will do my best:

To do my duty to God, and my country;

To help other people at all times;

To obey the Scouts Law.

The Scout's Law

A Scout's honour is to be trusted.

A Scout is loyal.

A Scout's duty is to be useful and help others.

A Scout is a friend to all and a brother/sister to every other Scout.

A Scout is courteous

A Scout is a friend to animals

A Scout obeys orders

A Scout smiles and whistles under all difficulties

A Scout is thrifty

A Scout is clean in thought, word and deed.

Home–Based Care

Volunteer caregivers (referred to as caregivers hereafter) are in charge of 250 households each and visit every household at least once a quarter. As of September 2007, 150 volunteer caregivers had performed this function.

If there is greater need in a household, due to illness or other factors, they visit more frequently. During the home visits, caregivers attend to the sick (who include children and OVC) and make referrals for various services such as clinics and Social Welfare. Most of the services offered to OVC during these visits entail assisting the family with accessing grants and offering children assistance with their homework.

The caregivers also carry out awareness activities in TB, HIV/AIDS, voluntary counselling and testing (VCT), and other subjects. The caregivers also take the responsibility of reporting deaths in the communities. Visits to healthy homes are also conducted to give health talks and support the families socially, spiritually and emotionally. The 170 caregivers receive a R500 per month stipend from the Department of Health and Welfare. Caregivers also receive in-service training in rehabilitation skills, Scouts, social grants, wills, memory boxes, and children's rights in order to support OVC in their communities.

Networking

Programme staff develops and sustains relationships with many other organisations both within and outside of Limpopo. Examples are Khutso Kurhula, greater Tzaneen municipality, and Tzaneen Aids Forum. Regular meetings are organised and discussion topics include coordination of OVC services, HIV/AIDS stigma, demarcations of service areas, stipends for caregivers, and sharing success stories.

In addition to this, the Circles of Support (refer to Psychosocial Support section for further information) programme works with communities and trains social workers, teachers, priests, nurses, police, caregivers, relatives and others to support child-headed households (CHH) within the communities. This eases the workload for caregivers as they do not have to visit the children daily because there are other people in the community assigned to look after them.

BENEFICIARIES

Beneficiaries of the OVC programme include children, granny-headed households, guardians and relatives of children. The definition of OVC is determined by the community and it includes children who are orphaned, neglected or abandoned by their parents, poverty stricken, disabled, very ill, abused, or those with ill parents.

The children are eligible to receive services until the age of 18, but beyond this age CHoiCe Trust's OVC programme continues to support the children according to need. In many instances when they reach age 18, the children are referred to loveLife, a national HIV prevention programme for youth. Children who are in Scouts groups are encouraged to become Scout leaders in their communities when they reach age 18 years. Children from CHHs are provided with support beyond the age of 18 until they become self-sufficient. These children are encouraged to get more involved in income generating activities and volunteer work within their communities.

The children are selected and integrated into the programme through HBC. When doing home visits, the children are identified, cared for and supported by the caregivers in their own homes. The process of identifying the beneficiaries starts with inviting the potential beneficiaries to the community meetings where they are told about the OVC programme, how it works and how they can benefit from it. Other potential beneficiaries are identified through the clinics and schools. The services provided include nursing for the sick, referrals, psychosocial support, assistance with legal documents and access of grants, creating wills, food security, and material support. Sometimes the caregivers visit the homes of the children to help them with home work, cooking, washing and cooking.

Some children leave the programme due to age, while others sometimes leave for reasons such as migration, death, and lack of support. Children sometimes feel they are not getting what other children have.

The table on the following page illustrates different types of beneficiaries served by area during April through June of 2007.

Table 1. Services and Beneficiaries, April–June 2007.

Area:	shiluvane	Motupa	julesburg	mugodeni m.	mugodeni l.	nkowankowa	total
No's of new Orphans supported	74	14	27	19	17	79	230
male orphans	33	8	9	7	6	41	104
female orphans	41	6	18	12	11	40	128
Total no of orphans supported by end of quarter	514	368	284	448	628	454	2696
male orphans	239	184	148	222	271	236	1300
female orphans	275	184	136	226	357	218	1396
No of granny headed households	63	50	30	54	96	60	353
No of child headed households	11	15	9	13	24	20	92
no of potential orphans identified	17	4	19	1	38	2	81
No of ovc receiving social grants	435	191	176	344	453	322	1921
Total no ovc attending school	1329	653	412	859	1281	548	5082
male ovc attending school	613	323	207	418	612	295	2468
female ovc attending school	716	330	205	441	669	253	2614
No of ovc not attending school	46	19	22	51	24	114	276

SERVICES PROVIDED

A variety of services are provided to OVC including food and nutritional support, legal and social services, psychosocial support, HIV prevention education, health care and educational support. Over and above these services, OVC are referred for additional support if required. This includes but is not limited to referral to clinics for health care.

Food and Nutritional Support

OVC and their families are offered food and nutritional support using a variety of avenues. For example, in dire situations and according to social worker recommendations, food parcels and e-pap, a vitamin enriched porridge is distributed to severely malnourished families. The programme works together with the Department of Health and Welfare and Municipality to distribute food parcels for the children. For others diets are designed. Scouts are provided with seeds and taught how to develop and care for 'door-sized' vegetable gardens at their homes. Once the Scouts have mastered the skill of growing a vegetable garden and harvesting some vegetables they achieve a badge.

Caregivers, through support groups, are also assisted in developing communal food gardens. OVC children benefit directly from these food gardens by harvesting and utilising vegetables for meals. If there is a surplus, the vegetables are sold and funds collected to support other activities.

Legal and Social Services

Caregivers help those without legal documents to obtain them. They do this by approaching the indunas (village chiefs) and church leaders to testify about the birth and residence of the families. The caregivers also help the beneficiaries apply for social grants and ill parents/guardians draw up wills to protect dependents. They educate the guardians and parents about social grants, accompany them to the Home Affairs offices to put up applications, or advise them on where to go for specific services.

Health Care

Health care service provision is holistic. The caregivers are trained in HIV/AIDS and sexually transmitted infections (STIs), TB DOTS, HBC, first aid, PHC, and malaria detection. The caregivers are provided with treatment kits, which are refilled monthly.

HIV prevention education

The caregivers as well as the Scouts receive training in HIV/AIDS prevention. The Scouts meet once a week to discuss HIV prevention and other topics. The first aid training provided to the Scouts also focuses on HIV prevention practices.

 Shelter Interventions

Caregivers assist children with inadequate shelter by involving counsellors and the induna and applying for Reconstruction Development Program (RDP) houses on behalf of the children. While waiting for the approval of the houses, community members are always encouraged to accommodate the children in their own homes.

 Vocational Training

Vocational training is provided to the caregivers through HWSETA. This is a career path that has enabled some CHoiCe Trust caregivers to go into nursing. Scouts receive training in capacity building and leadership skills. They are taught practical skills such as how to make vegetable gardens and play equipment from ropes. They also receive training in first aid and emergencies, using a compass, mapping, cooking, and conservation.

 Educational Support

Together with the communities, the caregivers identify children who are in great need of educational support. They advocate for school fees exemption, assist with provision of school uniforms, and offer help with homework for those whose guardians or parents are not able to do so. Since early 2008, NGO Starfish has provided funding for school uniforms.

 Psychosocial Support

Circles of Support and group therapy are key mechanisms of providing psychological services. OVC and other children affected and infected by HIV/AIDS are identified through Scouts, HBC caregivers and school teachers, and are enrolled into an 11-week group therapy programme. Group therapy aims to build resilience within children in order to prepare them for the future. One teacher takes a maximum of 15 children in a group. After the children completes the 11 sessions, teachers conduct individual assessments. Children are at this stage encouraged to join Scouts particularly because counselling and peer support facilitated by the caregivers is provided during Scouts meetings. If necessary, OVC are referred for more intense therapy with other organisations. Teachers generally expressed their approval with group therapy because in addition to supporting the children they have witnessed first hand the changes it has produced in children's behaviour. Particular reference was made to the fact that through therapy children learn to manage their own emotional instabilities.

Psychosocial support is also provided to children through Circles of Support (run in local schools) and during home visits. Children that fail to heal through the psychosocial support services provided are referred to other counselling institutions. All cases of child abuse are reported to the programme and investigations are conducted with the involvement of police or social workers.

Children also offer psychosocial support to people living with HIV/AIDS via assisting in the formation of PLWA support groups in the communities. This helps individuals deal with issues around HIV/AIDS such as ARV therapy, stigma, and voluntary counselling and testing. Recently, the PLWA support groups have largely been taken over by Kutso Kurula, an organisation linked to CHoiCe Trust.

Economic Strengthening

VS&Ls are the main economic empowerment activities offered and have helped improve the lives of many within the communities. Group members are encouraged to use their money to support income generating projects through VS&Ls. Caregivers are trained on how to help the communities start their own VS&L groups. In Shiluvane, one of the villages in greater Tzaneen, all the caregivers have been trained in VS&L and about 80% of the people living in the area are members of VS&L groups. This has helped eradicate hunger and poverty in the area.

The VS&Ls focus on caregivers and vulnerable children, but also involve other members of the communities. The food gardens are a good way of saving money spent on food and also help provide extra income by selling any surpluses.

Resources

Donors

CHoiCe Trust has been very successful in its services through the support it receives from donors. CHoiCe Trust receives 10% of its total funds from the emergency plan and USAID/South Africa, through CARE South Africa. CHoiCe Trust was first awarded emergency plan/USAID South Africa funds in 2005. Ninety percent comes from other international and local donors, such as Oxfam Australia, Irish Aid, the National Lottery, Nelson Mandel's Children's Fund, National Department of Health, and local government. Food parcels, clothing, toys, and other items are also received from local donors.

Community In-Kind Contributions

CHoiCe Trust used to request donations of materials from the communities but stopped in realisation that there were other smaller organisations within the communities that required a lot more support. That said, the organisation still receives materials from the communities in a form of gifts, but does not proactively seek them out. Instead, CHoiCe Trust supports the communities by using local caterers and venues, for training and other such events.

There are no big corporate organisations around greater Tzaneen and thus the pool is very limited. They do however receive and appreciate in-kind contributions such as food parcels, clothing, and toys. The caregivers also support each other by exchanging materials such as old clothes.

Programme Staff

Staff members and caregivers at ChoiCe Trust serve OVC with commitment and dedication.

The programme employs about 15 full time staff members. A manager oversees trainers and mentors. A full time social worker is involved in supporting group therapy, psychosocial support for the caregivers, and verifying information about families identified by volunteers. Food parcels are given out as per her recommendations. Most staff members are former nurses that have a health background and hence they want to make a difference in the health of the communities. All staff members make great efforts to be professional they read a lot and frequently attend training.

Volunteers

Volunteer caregivers are identified in the communities by leaders such as councillors and chiefs. Community members can nominate and vote for volunteers, or individuals can offer to serve as volunteers. Recently there are more young people willing to volunteer since stipends became available. Traditional volunteers were older women, but there are now many young people volunteering for care work. The caregivers are in charge of 250 households each and visits each once in a quarter unless there are more visits required in cases such as illness or in other emergencies. There has recently been a recruitment drive to ensure those villages without caregivers start the volunteer process.

About 150 volunteer caregivers receive a R500 per month stipend from the Department of Health for serving 20 hours per week. Additional incentives provided for the caregivers include Christmas shopping vouchers, food parcels, T-shirts, and gifts such as stationery, umbrellas, caps, rain jackets, water bottles and towels. Each caregiver is provided with a kit for the treatment of minor ailments. The treatments kits are refilled once a month — donor funding permitting. Incentives do vary by month according to how active the caregivers are.

CHoiCe Trust is an accredited HWSETA, and as such all caregivers receive accredited training to ensure they offer high quality services. Through the training, they earn certificates for ancillary health work, which helps than find future employment. Topics included in the caregivers' training include HBC, TB DOT, first aid, lay counselling and home nursing. The older volunteer care workers are 'true' volunteers with a huge drive and presence in the community, and they are not volunteering for money. These older women have less interest in studying and as a result CHoiCe Trust will introduce dual training for the caregivers: one for the 'career-driven' and the other for 'passion-filled' volunteers. This has proved very effective; one of the older volunteers was illiterate when she started, but has learned to read and write and is now able to fill in the reporting forms.

Lessons Learned

Programme beneficiaries are supported in producing fresh vegetables from their own gardens.

Staff makes considerable effort to address problems faced by OVC in the greater Tzaneen municipality. A number of challenges have been identified by both staff and community members as having the greatest negative effect on the work they are doing. Despite of all the challenges, CHoiCe Trust's high commitment to civil society, especially in the rural areas, has yielded successes and innovations over the past 10 years. CHoiCe Trust has received awards and recognition for its work which continue to strengthen the commitment and vigour of its staff and volunteers. Some of these challenges, successes and innovations are discussed below.

Programme Innovations and Successes

Certification with HWSETA

As a health training organisation CHoiCe Trust has trained hundreds of caregivers in Limpopo in topics such as TB, HIV/AIDS, first aid, HBC, PHC and wellness. CHoiCe Trust became accredited through HWSETA. The registered caregivers earn credits to become Ancillary Health workers on completion of the training sessions.

Career Opportunities

There are many job opportunities for the caregivers particularly within the government departments due to the high quality of training that CHoiCe Trust provides, as well as the job experience they they gain while working for CHoiCe Trust. Some of the caregivers trained by CHoiCe Trust have gone into nursing. This year, CHoiCe Trust was able to employ two of its caregivers as full time staff.

Good Relations with Donors

CHoiCe Trust has developed very good realtions with all its donors. This feeds down into the communities as the donors have also become very passionate about making a difference in the lives of rural communities of Greater Tzaneen.

Voluntary Savings and Loans

VS&L is a very successful economic empowerment activity for CHoiCe Trust. All care givers in the Shiluvane area were trained in VS&L . A total of 105 VS&L trainings were conducted during 2006, and more than 80% of the people living in this area are participating in VS&L.

Good Leadership

CHoiCe Trust's board of trustees has provided invaluable support to the OVC programme. Most of the members have been involved for eight years, since CHoiCe became a trust, and have been helping the organisation focus on its mission and vision. The executive management team of comprises highly experienced individuals that bring strong leadership skills and contribute to the lasting success of the organisation.

Involving Community Leaders

Leaders in the communities take an active role in support of the programme activities. If there are activities or services to be introduced in the communities, the induna is the first to be informed. People in the communities respect the induna's opinion and will trust any project in which he is involved. When the Scouts programme was established in the communities, CHoiCe Trust approached the induna to inform him about Scouts and ask for permission to show the community the programme. The induna also takes part in events organised by CHoiCe Trust or sends a representative if he is not able to attend. Other community leaders involved in the programme activities are church leaders, school principals through group therapy, and other teachers, police, and nurses through Circles of Support.

Building Community Responsibility

The community and the children work very well with the programme and take responsibility for improving their own lives. The Scouts groups are growing very fast with more and more children registering each week in all the different sites. The Scouts are growing to be responsible members of their communities; for example, one of the Scouts groups visited a children's ward at the hospital. They do these things on their own initiative and do not expect payment. The guardians and parents join the Scouts in their meetings on occasion and have reported learning a great deal from the children.

> *"A successful programme does not work unless the community is involved, but they do need to be driven."*
>
> **Director**

The community is also involved in monitoring and reporting. For example, they take responsibility to check that guardians are not abusing the children's support grants, but that children are benefiting fully from the grants. If they notice that something is wrong in a certain household, they alert the caregivers who will then go and investigate.

Community Meetings

CHoiCe Trust, working together with the caregivers, organises regular community meetings which are held in different villages to discuss matters such as income generation opportunities or crime. Families identified by the community members as potential beneficiaries are invited to the meetings. In the meetings, CHoiCe Trust explains to them how they work and how they can help them. CHoiCe Trust will then offer training to the guardians who accept to join. The training focuses on general life skills and how to look after children.

PROGRAMME CHALLENGES

Fundraising

There is great demand for services for children in the communities, but insufficient funds to facilitate the work. Raising funds for staff salaries and core costs, as well as getting donations from larger corporations outside Limpopo has been difficult for CHoiCe Trust's OVC programme, as few of these organisations are interested in getting involved in the more rural areas. Moreover, the rapid growth of the NGO sector in the last 10 years has resulted in more organisations vying for a limited pool of funds. This puts the programme in the difficult position of competing with other organisations that have similar goals and values.

Having many donors can be good for an NGO, but this result in enormous challenges as far as reporting is concerned. Every donor has different reporting formats and submission dates, and compliance with these requirements consumes staff time and resources. An increased workload is also experienced by the director because she is involved in fundraising in addition to managing the operations of the programme on a day-to-day basis. Many organisations have a person dedicated solely to fundraising, but this is not feasible for CHoiCe Trust's OVC programme.

Assisting Children over Age 18 Years

Government defines children as those under the age of 18. Above this, children do not qualify for social grants. If there is proof that a child over age 18 is going to school, the grant can continue up to the age of 21. However, this is a very long procedure, sometimes taking two years to complete. The application process is facilitated by the social workers after following required legal procedures, which involve processing of the grant by a magistrate. The DSD provides applicants with food parcels for a period of three months while waiting for approval of the grants. Ideally, the process of foster care grants should take three months, but many times it takes far longer and children go for months without anything to eat.

Staff and Volunteer Retention

Many people join NGOs to gain experience and once they have on-the-job training, they leave for other posts, resulting in staff shortages. Volunteer turnover in particular is very high. This is in part due to the HWSETA training provided. Once trained the volunteers leave for better-paying jobs in government or with other NGOs. Of the 90 Caregivers trained in the past three years, there were 50 remaining in September 2007. On average, one caregiver resigns every month. In 2006, CHoiCe Trust lost 50% of its caregivers, who secured counseling jobs for a salary of R1000 a month with the government. In the past, staff members were faced with a challenge of failing to retain social workers, who left for better salaries with government. However, the programme has employed a full-time social worker.

Further to the above, there is a high level of burn-out among staff and the challenges are great and the work is emotionally intense. Burn out leads to staff looses. HIV/AIDS and the issues surrounding it affect the health and lives of the staff.

Workload

Staff and caregivers have a heavy workload. This results in extra hours during the week, as well as weekend overtime. The core focus of CHoiCe Trust is HBC and most employees and caregivers are doing both HBC and OVC work, and they perceive OVC support as very demanding work. The OVC project manager expressed feelings of fear that the caregivers might resign due to too much work, leaving the Scouts hanging. Some caregivers are unable to devote adequate

time to Scouts because they are doing too many other things. Although the caregivers understand and acknowledge the importance of monitoring and evaluation, they feel that the paper work is added pressure on them and demoralises them.

Community Attitudes towards Children

The children are not listened to and treated as individuals as is done with adults or guardians. Most of the services provided cover physical needs as opposed to the psychosocial needs. Children feel left out or neglected, and some feel that even the Scouts programme is not reaching out to them individually.

Limited Guardians' Empowerment

Guardians must be empowered in order to free themselves from dependence on the caregivers They lack knowledge of what to do and where to go if they need help, as well as where and how to obtain food parcels, social grants, and other necessities. In response to this unmet need, the programme has initiated training for the guardians.

UNMET NEEDS

Staff members, volunteer caregivers, and community members who participated in the interview sessions identified several unmet needs in the area of economic strengthening, education, and child protection.

Lack of Employment

Household financial problems are a serious issue, due to the high unemployment rates in the area. Most households do not have any source of income and the children are the ones who suffer most. The volunteer caregivers also struggle to make ends meet, but the introduction of R500 monthly stipends from DoH has brought a dramatic improvement in their situations.

Inadequate Schooling

The teachers are not well educated and therefore the children do not get enough stimulation from schools. This results in children sometimes not going through to matric level or not having interest of pursuing studies beyond matric level. There are many children who are not going to school and are unemployed.

Limited Child Care Skills

Dealing with children requires special skills which many guardians and caregivers lack. This is particularly as HBC has traditionally been very adult focused and children have been ignored. Specifically respondents noted that grandparents require communication skills to discuss adolescent issues including sex education with children under their care. This knowledge is lacking in the communities and a lot of work still needs to be done in this regard. To address this, CHoiCe Trust at September 2007 were training guardians and caregivers on how to treat children differently.

Shortages of Materials

The caregivers need more things to give out to the children when they do house visits. There is a great deal of poverty amongst the children and they lack many things such as toys and clothes, which they need in order to fit in with their peers. The school teachers who facilitate group therapy in schools also highlighted lack of a snack or fruit to give to the children during the after-school sessions.

The Way Forward

A happy beneficiary.

Because the core business of CHoiCe Trust is HBC, the main focus now is to strengthen the link between OVC and HBC, as well as the outreach operations. Staff members have realised that it is difficult to separate the children from HBC, and want to train the caregivers to be OVC specialists and work with the children in their own homes. Staff members have started training some of the caregivers to be OVC specialists. That said there are plans to retain general HBC caregivers as well. The Scouts programme will soon be transferred to another organisation which will provide CHoiCe Trust with the opportunity to concentrate on the link between HBC and OVC.

With recommendations from government, CHoiCe Trust will expand its new mentoring programme to provinces outside Limpopo. In the beginning, CHoiCe Trust ran a capacity building project for CBOs around Tzaneen without any additional external support to the CBOs. With the introduction of mentoring, all the CBOs are doing well and have managed to secure stipends with the DoH and in some cases funds with other donors such as the European Union (EU). Outreach operations focus on assisting more volunteer caregivers to establish their own CBOs and helping new CBOs become sustainable, effective and well-resourced organisations. Through the mentorship programme, CHoiCe Trust aims to empower the CBOs to become self-sufficient to the level where they can mentor other emerging CBOs in the communities.

The positive contribution CHoiCe Trust's OVC programme is making to the OVC of Greater Tzaneen is a good indication that the organisation will continue its good work into the future.

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