

*A Case Study*

---

# Heartbeat





*A Case Study*

---

# Heartbeat

Prepared by Khulisa Management Services:

Peter Njaramba

Tina Byenkya

Shanya Pillay

Samuel Oti

Maleemisa Ntsala



July 2008

SR-08-42-H2

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.

Khulisa Management Services  
Box 923, Parklands  
Johannesburg, South Africa 2121  
Phone: +27 (0)11-447-6464  
Fax: +27 (0)11-447-6468  
Web: [www.khulisa.com](http://www.khulisa.com)



# TABLE OF CONTENTS

ACKNOWLEDGEMENTS ..... 4

ACRONYMS ..... 5

EXECUTIVE SUMMARY ..... 6

INTRODUCTION ..... 8

ORPHANS AND VULNERABLE CHILDREN IN SOUTH AFRICA ..... 9

METHODOLOGY..... 10

PROGRAMME DESCRIPTION ..... 12

RESOURCES ..... 29

LESSONS LEARNED ..... 30

THE WAY FORWARD ..... 36

REFERENCES ..... 38

# Acknowledgements

This case study would not have been possible without the contributions and assistance of a number of individuals and groups. Firstly, the authors extend thanks to Maryke Venter, Heartbeat's general manager; and Social Worker Thabang Mathibe for their time and generosity. Appreciation is also extended to the Nellmapius site director for his efforts in preparing for the site visit, as well as to all other members of Heartbeat's family who contributed towards making the site visit possible. To all the participants who attended the appreciative inquiry workshops including the volunteer childcare workers, guardians, members of the community at large, and the children we met during the site visit, thank you for sharing your extraordinary experiences with us.

Many thanks also 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 Tina Byenkya: Children at Nellmapius Drop-in Centre*

# Acronyms

AIDS	acquired immune deficiency syndrome
AI	appreciative inquiry
ARV	antiretroviral
ASC	after school centre
CBO	community-based organisation
CCCF	community child care forum
CDF	community development facilitators
CHH	child-headed households
DIK	donations-in-kind
DoH	Department of Health
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
FBO	faith-based organisation
HIV	human immunodeficiency virus
MEC	member of executive committee
NGO	nongovernmental organisation
OVC	orphans and vulnerable children
SACIN	Sponsor a Child in Need
SEGA	Support for Economic Growth and Analysis
SETA	Sector Education Training Authority
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

# Executive Summary

This study documents Heartbeat's orphans and vulnerable children (OVC) programme model and lessons learned that can be shared with other OVC initiatives. It is based upon programme document reviews; programme site visits, including discussions with local staff, community child care forum (CCCF) members, beneficiaries, and community members; and observations of programme activities. When designing this research, appreciative inquiry (AI) concepts were used to identify strengths (both known and unknown) in Heartbeat's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

Heartbeat is a nongovernmental organisation (NGO) serving the needs of OVC in 14 communities across seven provinces of South Africa. Headquartered in Pretoria, it also has satellite offices in the communities where it operates. Heartbeat is recognised by many in South Africa as a leader in OVC care and support to the extent that the principles of Heartbeat's model have been adopted by other NGOs and the South African government. It has also been acclaimed as a best practice, and has received awards for innovation and social entrepreneurship.

Heartbeat's best practice model for OVC care and support is based on the principles of children's rights, community participation, sustainable development and partnerships. Its main programme goals are to:

- provide comprehensive and quality care for orphans and vulnerable children;
- empower communities to support orphaned and vulnerable children;
- sensitise the public to the plight of orphaned and vulnerable children; and
- train and mentor organisations working with orphans and vulnerable children.

Beneficiaries of the Heartbeat programme include children living in child-headed households, children living in relative-headed (mostly grannies / aunts) households, and, children living with parents who are terminally ill. As of March 2008, Heartbeat was reaching, either directly or indirectly, about 11,000 OVC via its programme across various communities in South Africa. Heartbeat reaches these beneficiaries through a two-pronged strategy; (i) via directly-implemented projects; and (ii) through training and mentoring other like-minded organisations to propagate Heartbeat's OVC care/support model. At community level, Heartbeat's projects are involved in mobilising communities to establish child care forums and after school centres, both of which serve as key activities via which OVC receive services. These services comprise educational support, psychosocial support, health care, child protection, and food and nutritional support. Other key activities Heartbeat is involved includes capacity building for identified community-based organisations (CBOs), faith-based organisations (FBOs), and NGOs; partnerships with government departments such as the Department of Social Development (DoSD) and the Department of Health (DoH), and local businesses; and resource mobilisation for OVC care and support.

Heartbeat's resource mobilisation activities have led to the garnering of funds from a wide variety of donors including individuals, small and big businesses, government departments, NGOs and FBOs, and international agencies. Heartbeat has come up with innovative ways to mobilise funds. For example, its Sponsor a Child in Need (SACIN) programme enables individuals to support OVC through annual contributions. In addition, Heartbeat is also a beneficiary of the MySchool campaign in which more than 1000 retail partners in South Africa enable shoppers to support schools and programmes of their choice. Heartbeat's emergency fund is sustained by financial donations from members of the public to assist children experiencing specific physical, emotional, material, medical, and other emergencies. Heartbeat's Donations-in-Kind (DIK) programme mobilises a variety of items (such as clothing, blankets, stationery, and any other items related to children needs), donated by corporate organisations or individuals on an ad hoc



basis. Funding from the U.S. President's Emergency Plan for AIDS Relief (emergency plan) through the U.S. Agency for International Development (USAID/South Africa) covers 20% of Heartbeat's total annual budget for the OVC programme.

Heartbeat is governed by a board of directors and has a full management team based at headquarters to oversee its day-to-day operations. At each project site, Heartbeat employs a team to direct the implementation of its programme in that community. Most of Heartbeat's full-time staff comprises child care workers. These individuals are the "hands and feet" of the programme in that they provide vital home visits and support and supervision to the children. Heartbeat also mobilises numerous volunteers to support various Heartbeat programmes. These volunteers work on a short term bases supporting a wide range of services and activities including tutoring children at after school centres, mentoring and coaching staff, assisting with administrative duties and even organising events such as fundraisers and outings for the children.

Vigorous resource mobilisation activities and sound financial management have contributed to Heartbeat's numerous successes. Heartbeat also fosters synergistic partnerships to deliver services to OVC. Fostering community ownership via CCCF formation, for instance, is serving to promote sustainability of Heartbeat's programme. The programme is also innovatively supporting child and community leadership participation in planning and evaluating its programmes. Through research Heartbeat seeks to measure its impact on OVC.

Heartbeat's challenges include limited staff capacity and overload. Due to the geographical spread of households, childcare workers travel long distances to reach OVC families. There are also issues with coping with the growing number of OVC; assisting OVC who graduate from the programme; and the proliferation and duplication of services to OVC by various programmes.

Among a wide range of needs, Heartbeat's stakeholders desire more training for the childcare workers to increase their technical and management skills. They also require more resources to expand recreational and educational activities for OVC; increase economic strengthening activities and access to social services for OVC and their families.

Regarding the way forward, Heartbeat plans to increase its capacity to better care for and support more OVC. It plans to establish further after school centres as well as expand on existing ones. It also aims to have a presence in all provinces of South Africa, and thereafter expand into the South African Development Community (SADC)<sup>1</sup> region. As a result of this expansion, Heartbeat aims to reach about 50 000 children in South Africa, both directly and indirectly, by 2010.

---

<sup>1</sup> SADC is an inter-governmental organisation comprising the 15 southern African countries of Angola, Botswana, Lesotho, Malawi, Mozambique, Swaziland, Tanzania, Zambia, Zimbabwe, Namibia, South Africa, Mauritius, the Democratic Republic of Congo, Madagascar and the Seychelles. The organisation aims to further socio-economic cooperation and integration as well as political and security cooperation among member states. Visit [www.sadc.int](http://www.sadc.int) for further information.

# 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 Heartbeat's 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 Heartbeat, 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.

## **Heartbeat's Sponsor a Child in Need Programme**

Apart from organisations, businesses and institutions, Heartbeat has managed to source funds from individuals through its Sponsor a Child in Need (SACIN) programme.

This programme gives individuals the opportunity to support Heartbeat's projects across South Africa. It is open to any individual who would like to sponsor Heartbeat's beneficiaries by making a contribution for a minimum period of one year.

Through this programme, Heartbeat has secured 550 individual sponsors who support close to 1000 children in child-headed households.

Heartbeat is working towards having all beneficiaries sponsored through the SACIN programme.

This individualised sponsorship programme allows Heartbeat to ensure that sustainable services reach the children in their projects.

# 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

---



Staff members, CCCF members, and guardians work together during an AI workshop.

When designing this research, appreciative inquiry (AI) concepts were used to help focus the evaluation, and to develop and implement several data collection methods. AI was 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, in contrast to 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 Heartbeat’s OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is conducted 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 commenced during July 2007. Two structured interviews were conducted with the programme’s general manager and social worker at Heartbeat’s offices in Pretoria. Observations were then conducted at the Nellmapius drop-in centre located 21 kilometres east of Pretoria. This centre provides OVC with meals, assistance with their home work and opportunities to participate in recreational activities. Two group AI interviews were also held at the Pretoria offices. One AI interview was conducted with 10 Heartbeat staff members comprising of a Choza (after school centre coordinator), a food garden coordinator, a food garden assistant, a marketing assistant, and six childcare workers. Participants of the other AI interview comprised six guardians and two community child care forum (CCCF) members. Both group interviews lasted approximately six hours.

Follow-up data collection took place in January 2008 when two additional group AI interviews were held to augment and reinforce information gathered in the initial interviews. One interview involved five child care workers, a Choza, a project administrator and a community development facilitator. The other involved two beneficiaries (one guardian and one OVC). Both interviews lasted about four hours.

## FOCAL SITE

---

Headquartered in Pretoria, Heartbeat has satellite offices in 17 townships located in seven Provinces of South Africa. Gauteng Province has the majority with offices in six townships, followed by offices in three townships in the Western Cape Province, two in the North West, Free State and Eastern Cape Provinces, and one in the Mpumalanga and Limpopo provinces.

One of Heartbeats community offices is located in Nellmapius where observations of programme activities were conducted. Nellmapius is a semi-urban settlement with an estimated population of 65 000 situated 21 kilometres east of Pretoria in the Gauteng Province. The area has basic amenities including electricity, water and roads, however only limited government services are available. For example, Nellmapius has no police station and one clinic providing limited health services to the community to the extent that most patients are referred to a clinic in Mamelodi, about 15 kilometres away. Nellmapius has three primary schools and a new high school is due to open in 2008. There is also a community library and twenty eight churches.

There are no formal business structures in Nellmapius. Most households are headed by middle aged women who engage mostly in informal trading as a means of livelihood. Nellmapius has a high unemployment rate and crime and drug abuse are highly prevalent. Whilst there are no reliable statistics, there are reportedly, a large number of OVC in Nellmapius possibly reflecting a high HIV prevalence rate in the area. Hence, Nellmapius is a strategic location as a Heartbeat project site.

### Award Winning Acclaim for Heartbeat

Heartbeat has been recognised by many in South Africa as a leader in OVC care and support. Various principles of the Heartbeat model have been adopted and replicated by government and other NGOs in the country.

Heartbeat's rights- and community-based model has received acclaim as a best practice from the South African Ministry of Social Development. In this regard, it was selected in 2002 as one of 44 pilot "Greenfields" projects in South Africa – an initiative that promotes public-private partnerships. In this case, South African businesses were encouraged to partner with NGOs working in social development to help alleviate poverty.

In 2006, at the World Economic *Forum in Africa*, Heartbeat and its founder/chief executive officer received the prestigious Schwab Foundation's Social Entrepreneur of the Year award for innovation, reach and scope, replicability, sustainability, and direct positive social impact.

# Programme Description

## OVERVIEW AND FRAMEWORK

---

Since its inception in 2000, Heartbeat has successfully mobilised fourteen communities in seven (of nine) South African provinces to establish OVC care and support programmes. Heartbeat's model for OVC care and support is based on the following principles: children's rights, community participation, sustainable development, and partnerships. The model is designed to fulfil Heartbeat's mission to alleviate the suffering of OVC by facilitating change in communities.

Heartbeat's main programme goals are to:

- provide comprehensive and quality care for orphans and vulnerable children;
- empower communities to support orphaned and vulnerable children;
- sensitise the public to the plight of orphaned and vulnerable children; and
- train and mentor organisations working with orphans and vulnerable children.

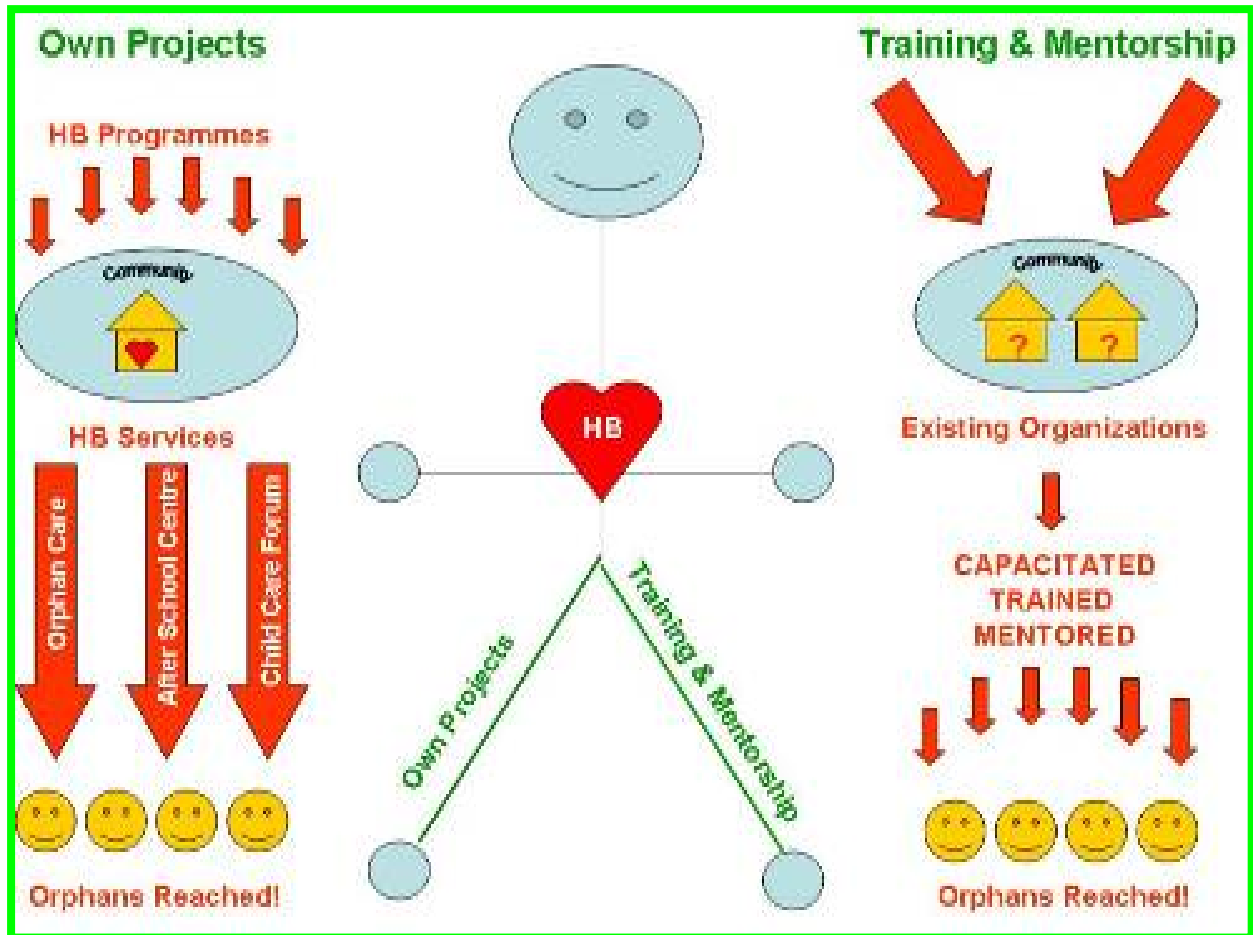
To realise programme goals, Heartbeat implements a two-pronged approach:

1. reaching children directly through Heartbeat projects based at community level (Heartbeat's headquarters establishes project sites in communities and provides these communities with financial support, and technical assistance in programme planning, implementation and monitoring); and
2. training and mentoring other community-based organisations that wish to propagate Heartbeat's OVC care/support model (this initiative – the "Tswelopele Mentorship Programme" – empowers CBOs, faith-based organisations [FBOs], and other NGOs to care for and support OVC within their communities).

At a community level, Heartbeat focuses on mobilising communities to establish support activities for OVC such as childcare forums and after school centres (ASCs). Beneficiaries of the programme include children living in child-headed households (CHH), children living in relative-headed (usually grannies) households, and children living with a parent who is terminally ill.

Heartbeat recruits, trains and formally employs childcare workers in each community to assist in ASC activities and to regularly visit OVC in their homes to provide guidance and emotional support. Childcare workers also offer other support such as assisting OVC with their homework and accompanying them to the clinic when they are ill. The community development facilitator (CDF) or social workers assist OVC in areas such as accessing government grants where applicable and getting school fee exemptions.

Volunteers also are recruited and trained to assist childcare workers in CCCFs and ASC activities.



**Figure 1:** Heartbeat's programme model shows the two approaches the programme uses to reach OVC. The first approach involves Heartbeat's own community based projects and the second is a training and mentorship programme for other organisations.

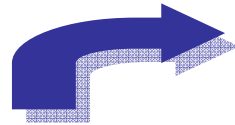


# Heartbeat

Heartbeat's OVC model is rights- and community-based. Heartbeat accomplishes its programme goals by lobbying for children's rights and by facilitating community involvement in caring for OVC. Heartbeat operates in seven provinces and plans to go into the other two provinces. By the end of 2010, it aims to reach 50 000 OVC in South Africa, as well as to reach OVC outside South Africa.

## Programme Goals

To provide care to OVC and ensure sustainability of the OVC programme.  
To develop the capacity of community structures that support OVC.  
To sensitise the public to the plight of OVC.



### External Resources

#### U.S. President's Emergency Plan for AIDS Relief funding

- Accounts for 20% of Heartbeats annual budget for the OVC programme

#### SA Government and other Donors

- Heartbeat-Tiger Brands partnership provides food parcels to children in need
- Other international and local donors support OVC and HIV/AIDS care
- Local community donors provide ongoing support with food, clothing and other resources

### Key Programme Activities

- **Community child care forums**
- **Community capacity building**
  - Poverty alleviation skills
  - Tswelopele mentorship programme
  - Ad hoc training (on request) for CBOs, FBOs and other NGOs
- **After-school centre**
  - Food provision & food gardening
  - Educational & recreational activities
  - Adult & children support groups
- **Partnership**
  - Networking with government department, corporations, CBOs & individuals
- **Home visits**
  - Needs assessment & counselling for children
- **Resource mobilization**
  - Sponsor A child In Need
  - Funding schemes
  - Donations-in kind programme
  - MySchool programme

### Outcomes

#### Child and Adolescent Outcomes:

- **Education:** Improved access to education, school attendance and academic performance
- **Healthcare:** Improved access to treatment for seriously ill children
- **Food and Nutrition:** Better quality of life and improved health and wellbeing
- **Psychosocial support:** Increased self worth, death and bereavement management, decrease in impact of trauma
- **Protection:** Children empowered to know their rights, improved access to social security & grants

#### Family and Community Outcomes:

- **Economic:** Improved access to grants leads to decreased poverty in families
- **Psychosocial support:** Development of coping capacity and good relationships for relatives and caregivers
- **Care and Support Capacity:** CBOs & other similar organisations are capacitated to better assist OVC through skills development and training



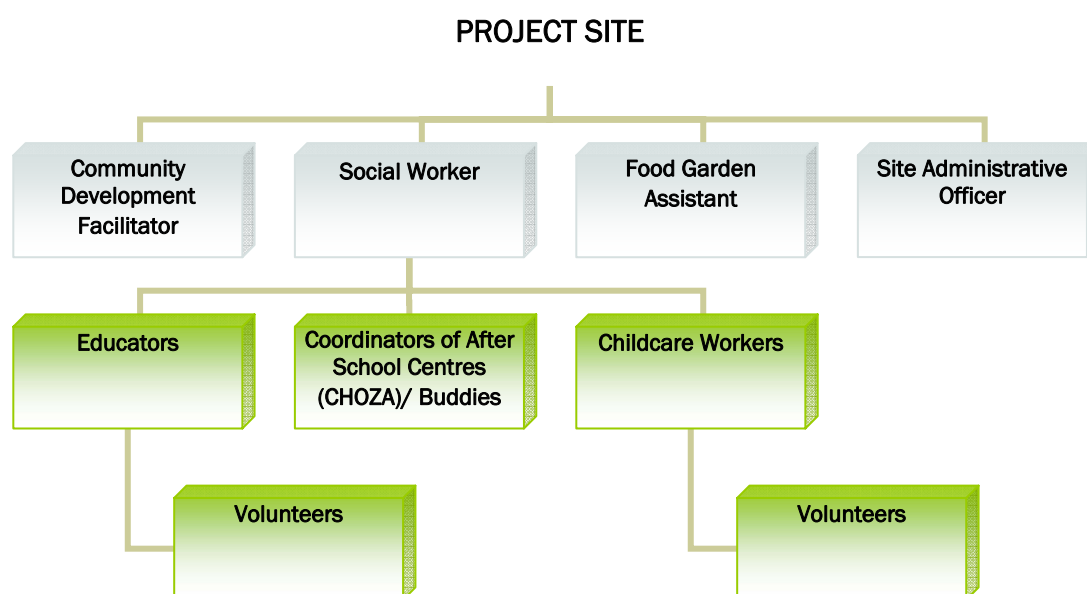
## PROGRAMME STAFF

Heartbeat is governed by a board of directors comprising the chairperson, executive-vice chairpersons, the general manager, the financial director, as well as members representing the community, civil society, government, business and FBOs. There are currently two additional members representing Heartbeat U.S.A and U.K committees respectively. These overseas committees raise awareness and funds for the programme. Heartbeat is in the process of setting up a similar committee in Australia.

Heartbeat's general manager oversees the day to day operations of the programme. The general manager is assisted by managers in finance, human resources, monitoring and evaluation, research and development, and marketing. Several operations managers who are responsible for children's empowerment, education, material support, access to basic rights, and capacity building also assist.

At each project site, Heartbeat employs a site administration officer, a CDF, a food garden assistant, and a social worker. The site administrator is mostly responsible for the administrative duties of the project. The CDF liaises with the community on OVC related issues and also lobbies on behalf of the beneficiaries for services such as the acquisition of social grants from the local governments. The food garden assistant is responsible for the sustenance (cultivation, harvest, and maintenance) of the gardens in the community where he or she is based. Each after school centre is coordinated by Chozas/buddies who are also Heartbeat employees.

### Heartbeat Organogram



Heartbeat currently employs over a 100 full-time staff, the majority consisting of childcare workers – the real “hands and feet” of the programme. These individuals provide vital home visits, support and supervision to the children.

More than 80% of Heartbeats' staff members are recruited from the communities where they work. These employees are empowered to work directly with children at the community level. The recruitment process is standard in that posts are advertised within the community after which short-listing and interviewing takes place. Some project staff are former OVC beneficiaries.

Heartbeat staff receive basic training in key areas such as counselling, financial management and life skills. Occasionally Heartbeat engages interns (local and international) to support its operations. The passion of Heartbeat staff is captured in statements such as these:

---

*"I don't do it just for the money; I do it because I love them. I am not their father just between Mondays to Fridays; I am their father in general and they know they can come to me for anything that they need. They sometimes come over to my house on weekends and we watch movies."*

**CDF, Nellmapius drop-in centre.**

*"It is excellent because I enjoy what I am doing now since I have been a food garden coordinator. I make sure that all projects have a garden for the children to have vegetables. I now have faith in myself that I can move from one position to another."*

**Staff AI workshop participant**

*"People use to not care for the orphans.... (because) If you don't have both parents it means they are taken by disease and they (people) are afraid of the disease. But Heartbeat doesn't do that kind of thing. What I'm proud of Heartbeat is that they don't discriminate, even vulnerable children they do help. The orphans come to the centre with their friends and they don't chase them away. They give everything they have to us."*

**Beneficiary AI workshop participant**

---

## **VOLUNTEERS**

---

Heartbeat coordinates a community-based volunteer corps of more than 600 people (representing mainly Heartbeat-mobilised CCCFs) that assist the programme's employees in implementing the programme. There are also volunteers that are not members of the forums but support a wide range of services and activities including tutoring in the after school centres, capacitating CCCFs, mentoring and coaching staff, assisting with administrative duties and even organising events such as fundraisers and outings for the children. These volunteers are usually available on a short term basis and the amount of time they spend in these activities depends on the particular activity they attend to. For instance, the after school tutoring lasts for about two hours a day, while mentoring and coaching of staff could span several weeks.

All volunteers receive initial formal orientation as well as training in child protection before they begin working with beneficiaries. Heartbeat does not generally provide volunteers' with incentives, but sites sometimes provide volunteers with gifts such as umbrellas, bags and t-shirts.

---

*"Normally, volunteers are short term based. They would indicate that they have a week where they would be able to run different programmes such as a computer training programme over a week or a weekend which they are able to use to play with the children or take them to the zoo."*

**Social worker**

---

## KEY PROGRAM ACTIVITIES



Heartbeat's community-based model for OVC care and support assists children in their homes and communities of origin, and is informed by a focus on protecting children's needs and rights per the constitution of South Africa. Key program activities which Heartbeat is involved are discussed in the following section.

---

*"The excellent thing about the programme is that it involves the community at large. The services are teaching both the children and community members to be responsible. It has made a difference to me by providing me with a job and opening the lines of communication from grassroots to management level."*

**Staff AI workshop participant**



### Community Child Care Forums

Heartbeat mobilises communities to form CCCFs. These consist of individuals that want to make a difference in the lives of the orphans within their communities. Depending on the size of the communities, CCCFs membership ranges from 15 to 40 members.

When entering a community, Heartbeat convenes a meeting with community stakeholders (such as representatives of schools, clinics, home based care programmes, local government, traditional healers, women's and youth organisations) to describe the need to address OVC within the respective community. Those willing to serve on the CCCF are trained in key areas including, management, leadership, lobbying and advocacy, personal assertiveness, accessing grants, and children's rights. Generally, the function of CCCFs is to identify, discuss and proffer solutions to the needs and challenges of OVC in their communities.

CCCFs meet monthly to review progress and to plan for future activities. The CDF, a full-time Heartbeat employee based in the community, represents Heartbeat in these monthly meetings. The CDF liaises with community on OVC related issues and also lobbies on behalf of the beneficiaries for services such as social grants from the local governments.

---

*"When Heartbeat came, they opened up a community-based forum to include the community in what they were doing. I was elected as one of those members. I was one of the members of a certain political organisation and I had to fight them. I saw the need of the community. What made me proud was people changed their mind and allowed Heartbeat to operate in the community. I am proud of my position as 250 children are benefiting from the programme... the community participates, and that negativity is now gone."*

**Staff AI workshop participant**



## After School Centres



*Drop-in centre at Nellmapius is housed in two former shipping containers.*

ASCs are established in most of the communities served by the project. There are 15 ASCs in 12 communities; usually one per community except for Atteridgeville, which has two, and Katlehong, which has three. These ASCs serve as drop-in facilities where children receive services. These services include assistance with home work, access to a meal, and the opportunity to partake in support groups and recreational activities (see services provided section for further details). Most centres provide the same services.

Heartbeat generally buys old buildings (houses or shipping containers) and expands and/or renovates them into ASCs. That said, Heartbeat has also built new buildings for ASCs. Heartbeat has a manual used to guide activities that are performed at ASCs.

The Nellmapius ASC project was started in 2003 by Heartbeat with funding from the Dutch Reformed Church, Lynnwood congregation. The Round Table<sup>2</sup> then funded the ASC in 2005. Since 2005, Heartbeat has remained in partnership with the church to support the activities of the centre. This ASC comprises two containers located behind a primary school and is utilised by children who are part of the Heartbeat programme. The primary school contributes space and resources. For example, the school allows Heartbeat to use some of its land for food gardens.

The Nellmapius ASC offers activities that are open to all children and not just those who go to the primary school. Heartbeat has a manual used to guide activities that are performed at ASCs and these activities are coordinated by the Choza. Eight childcare workers work at the Nellmapius centre and care for 250 children by providing them with several services such as food and nutritional support and psychosocial support.

### Food Provision and Gardens:

The Nellmapius ASC serves approximately thirty meals per day. In addition, monthly food parcels are distributed to all children that attend the ASC. OVC usually go to the ASC to collect the food parcel. However if for any reason the children or their relatives are not able to collect the parcels themselves, the childcare workers assist in delivering it to their homes. Specifically, 39 CHHs receive food parcels from the centre on a monthly basis.

Food gardens are also maintained within the premises of the ASC. The land for the garden at Nellmapius was donated by the neighbouring primary school. As at April 2008, Heartbeat had established 12 food gardens across various communities. The produce from these gardens are distributed to OVC families generally on a weekly basis with preference to CHH. These gardens make provision for both financial household income and nutritional well-being. OVC that visit the ASC are involved in the cultivation of the garden coordinated by the food garden assistant. The

---

<sup>2</sup> Round Table Southern Africa is a non-political, non-denominational association of young men between the ages of 18 and 40, embracing representatives of nearly every profession and occupation, whose objects encompass the encouragement of high ethical standards, the promotion of social intercourse and fellowship among young professional men, the quickening of individual interest in everything affecting the public welfare, and the promotion of understanding amongst peoples of different cultural, language and political backgrounds. Visit [www.roundtable.org.za](http://www.roundtable.org.za) for more information.

seeds for this garden were donated by a company, Delloitte. The food garden assistant at Nellmapius was once an OVC himself but employed by Heartbeat after he passed his Matric. He has this to say about the impact of the food garden activity:

---

*“Heartbeat had done something for me so I wanted to do something for the community, so I applied for the food garden and I got the job .... my garden has fed 88 families since it started.”*

**Food garden assistant, Nellmapius ASC**

---

### Support Groups:

Based on research on issues and challenges facing OVC (such as the grief of losing their parents), Heartbeat developed a support group programme to empower OVC and their families and to enhance their psychosocial well-being. At the Nellmapius ASC, support groups for both adults and children are facilitated by the Choza, volunteers and social worker. The children’s support groups focus on teaching life skills and creating a suitable atmosphere to discuss issues with their peers, such as HIV/AIDS, teenage pregnancy, the death of their parents, and other relevant topics. These support groups typically extend over 10 sessions held once a week. The children do dramas about their lives and how they manage the pain of orphanhood and vulnerability. A care worker narrates how the support group activities at Nellmapius ASC have succeeded in changing the lives of the beneficiaries:

---

*“I was running a support group at the centre.... Some of the children in the support group attend a high school together and one particular teacher who teaches Life Orientation wanted my number. The teacher was impressed with the support group. The teacher called me and asked if we could meet as she was teacher of two children I had helped in the support group. She told me that the way I teach the children is important because she could see a real change. She asked me to run the support group at the school.”*

**Staff AI workshop participant**

---

The adult support groups, which are also facilitated by the volunteers from Lynnwood Church, focus on issues articulated by the participants. For example, grandmothers are supported with parenting guidance and participate in debriefing sessions to enable them to cope with caring for OVC. These sessions take place once a week at the ASC.

---

*“They also guide us....like when I heard the (my) kid was positive I was crying all the time but Mpho (child care worker) came and talked to me. Within three months I was happy and the child is doing well up till today.”*

**Participant, beneficiary AI Workshop**

---

### Educational and Recreational Activities:

At the Nellmapius ASC, Childcare workers assist OVC with home work and also take the time to visit the schools which their children attend and ask about their performance. This support is yielding excellent results as captured in the following statement:

---

*“We have a great number of children passing (matric) especially since the centre began assisting the children with their homework..”*

**CDF, Nellmapius ASC**

---

OVC also participate in sports and other recreational activities at the centre. Fridays are the designated fun days and the centre attracts around 90 to 100 children on that day as they all come together to participate in various sports. The CDF of the centre minces no words when he declares:

Parties and excursions contribute to making OVC feel loved and supported just like normal children. Heartbeat volunteers take groups of children on trips or outings, typically during holidays, or host fun days for them. Previous fun days have included trips to the zoo, to movies, and youth camps, Easter bunny hunts, open days at tertiary institutions, and meals at local restaurants.

---

*“On the 16th of December, Heartbeat organised a camp where they took the children. We learned a lot at the camp....like how to survive in the bushes, how to make fire with stones, what trees we can get water from...they teach us about the stars...we learn many things*

**Beneficiary AI workshop participant**

---

All the above activities are provided at various project sites but at varying levels and frequencies. The number of OVC that access these services depends on the particular service provided as well as the location and capacity of the project site.



### **Home Visits**

Trained childcare workers visit children at their homes for the purpose of assessing the children’s needs, counselling them where required, and assisting them with homework and basic household chores. Home visits are also conducted to resolve family disputes. Depending on the type of household, the frequency of household visits varies with child-headed households visited most frequently and relative-headed households least. The table below provides an illustration of the frequency of visits per target group.

<b><u>Target Group</u></b>	<b><u>Frequency of Home visits</u></b>
Child-Headed households	Visited 3 times a week
Children living in households with a terminally ill parent	Visited once a week
Relative-Headed households (that are not yet receiving social grants)	Visited once a week
Relative-Headed households (that receive social grants)	Visited once a month

Such high frequency contact with CCHs results in Heartbeat’s childcare workers assuming the roles of parents for these children.

To enable childcare workers to provide quality care, Heartbeat has set the ideal ratio of workers to families as one for every 10 families. However, due to the large number of households in need, in effect, childcare workers may serve as many as 20 or more households.



## Capacity Building

The Heartbeat model emphasises on both empowering the OVC being served, as well as supporting the communities living with OVC. These are undertaken through a variety of capacity building activities, namely providing training in parenting and poverty alleviation for OVC and their guardians; and mentoring CBOs to deliver quality service to OVC.

---

*“Our main focus is to enter a community and build networks within the community itself so as to empower the community so that they are able to take care of the OVCs. We ultimately hope that by Heartbeat facilitating this process, we’re empowering the community to be aware of the situation of the orphans in the community. Ultimately Heartbeat would like for the people to be able to overlook the well-being and safety of these children. We are (Heartbeat) there during the day but not in the evening so then who takes care of them when we leave? This is why the community needs to be empowered.”*

**Social worker**

---

### Parenting and Poverty Alleviation Skills:

At the family or household level, grandmothers are the primary caregivers of OVC in Heartbeat programmes. However, they face many challenges in caring for OVC due to generation gap between them and the children under their care, and due to the high levels of poverty. To address these issues, Heartbeat provides parenting training to build childcare skills, and training in gardening, beading, sewing, and cooking. These skills can be used to market work. At Nellmapius, the Lynnwood Dutch Reformed Church assists Heartbeat by teaching sewing and cooking.

CHHs are also supported with training in home economics. Specifically, childcare workers teach the children basic household activities such as cooking and cleaning. These training sessions are usually on an ad hoc basis. Often childcare workers teach these skills to OVC or their guardians during home visits or during support group sessions. Other times, OVC or their guardians are specifically assembled to be trained in specific skills by volunteers from within or outside Heartbeat.

---

*“When the sewing project started, it empowered me with skills and gave me an opportunity to share knowledge with other community members. I am proud to be able to sew clothes for myself and Heartbeat children”.*

**Beneficiary AI workshop participant**

---

### Building the Capacity of CBOs, FBOS, and NGOs to Deliver OVC Care/Support:

To extend its reach beyond the communities where it directly delivers OVC services, Heartbeat developed a mentorship programme to help other CBOs with their OVC care and support initiatives.

The Tswelopele Mentorship Programme is aimed assisting organisations wishing to implement a Heartbeat model (see Figure 1) of care within their own projects. The 22-month programme consists of three training blocks involving academic learning, internships, and practical implementation support. It teaches participants about the Heartbeat model for OVC care/support, encouraging them to adapt the model for use in the context of their own communities. To maximise success, Heartbeat deploys a mentor to each organisation over the duration of their participation in the programme. This mentor supports and monitors the organisation’s efforts to implement the OVC care/support programme. As at April 2008, Heartbeat had mentored thirty organisations through this programme.



Apart from the lengthy Tswelopele Mentorship programme, Heartbeat also provides shorter ad hoc training modules, as needed and requested for, by organisations. Usually the contents of these training sessions are based on the demands of the specific organisations but generally involve selected modules from the Tswelopele Mentorship programme.



## Partnerships

To broaden its resource base, both financial and programmatic, Heartbeat successfully creates partnerships with a wide range of entities such as NGOs, government departments, corporations, CBOs and individuals providing OVC care/support. Before Heartbeat enters a community, it conducts a community profile to identify existing programmes and entities involved with children. It then approaches those involved with children (such as school management and staff) to propose partnerships, and/or linkages.

Heartbeat's efforts have resulted in a variety of partnerships that help them realize and expand services for OVC. For instance, Heartbeat is in partnership with Project Headstart for provision of early childhood development services. Heartbeat is also in partnership with an NGO called the Tomorrow Trust to run a post-secondary programme for those OVC who have completed their formal schooling. This programme involves skills development or linking the OVC with tertiary educational institutions like Community and Individual Development Association (CIDA), City Campus, and the University of South Africa (UNISA). All donations (most of which are received through Sponsor a Child in Need [SACIN]) to this programme go into a Tertiary Education Fund kept by Heartbeat. For OVC to benefit from this fund, Heartbeat takes into consideration the academic performance of the child, the amount of funds available and the availability of placement into a tertiary institution.

Heartbeat also partners with the Big Shoes Foundation to train childcare workers in basic health care. This training is provided for free to childcare workers. As at April 2008, 15 people had been trained. Heartbeat also engages partnerships with social workers from the Department of Social Development for applications and processing of legal documents and grants. Heartbeat is also in partnership with the Dutch Reformed Church (Lynnwood congregation) to support the activities of the Nellmapius ASC.

---

*"We mostly partner with schools, faith based organisations, the municipality, and other NGOs. For example, in a couple of communities, we use the grounds of the schools or churches. We had a problem at some point with the duplication of services. What would happen would be that two different NGOs would be working with the same child and providing the same services. This has showed us the need to work more closely together. We have meetings around twice a month that are attended by site managers or different programme managers who come and exchange information."*

**Social worker**

*"Heartbeat has actually made a difference in the communities and in the children's lives. Comparatively so, when you network with other organisations and you compare what you do and assess, Heartbeat is doing extremely well. Especially in terms of the children and their development, "empowerment, access of their rights and psychosocial development. As far as personal development (people moving up within organisations and growth and development) Heartbeat is doing well for its employees."*

**Social worker**

---



## Resource Mobilization

In order to successfully perform its key activities and provide services to beneficiaries, Heartbeat relies on donations from individuals, business, international donors and other organisations.



These donations, which may be in cash or kind, are largely designated funding for specific activities in specific projects. These programmes include the following:

#### Sponsorship Programmes:

The SACIN programme is a support programme that aims at empowering individuals to help relieve the suffering of orphaned and vulnerable children. The programme is open to anyone who would like to sponsor a child for an entire year. There are three options of sponsorship that interested donors can subscribe to: *bronze* (donations of ZAR 50.00 per month); *silver* (ZAR 150.00 per month) or *gold* (ZAR 200.00 or more per month). Following subscription to any of these options, Heartbeat assigns a child to the sponsor and the monthly contributions are then used to provide one or more of six layers of care to the child – material (e.g., clothing, groceries), educational (e.g., uniforms, stationery), parental (e.g., home visits), psychosocial, nutritional, or health care.

In line with Heartbeat’s child protection policy, no personal contact is allowed between the sponsor and the assigned child. However, Heartbeat encourages correspondence in the form of letters, cards and gifts which must always pass through Heartbeat’s office. Heartbeat also encourages sponsors to send gifts to the child they are sponsoring for their birthday’s, anniversaries and for holiday celebrations. Heartbeat believes that such thoughtful gestures make a huge difference in the lives of the orphans.

#### Funding Schemes:

Since the SACIN programme started in 2001, more than 1,136 children across South Africa have received sponsorship from about 854 sponsors. Heartbeat is looking to extend this programme to all the children in its programme.

Heartbeat also runs other programmes that are tailored to meet the specific needs of their beneficiaries. For instance a tertiary education fund is dedicated to providing educational support to OVC who have completed high school while an emergency fund is used to aid children in Heartbeat’s programmes who are experiencing trauma or crises in their lives. In particular, when children of CHHs die, siblings very seldom have the means to bury their brothers or sisters. Thus, Heartbeat uses money from the emergency fund to ensure that the children receive a dignified burial when they pass away.

---

*“There was a death in the community – an old woman who did not have someone to bury her. I went to Beam Africa (a local skills development project that teaches people skills such as sewing, etc.) and convinced them to partner with us. I know they gave the family R2000 to bury the child. I know this because they asked me to ask the family how much they needed. The family did not pay the funeral plan for six months and needed this amount. I felt happy to be able to help them. Some people even today remind me how much I have done for this family.”*

**Staff AI workshop participant**

---

#### Donations-in-Kind Programme:

Heartbeat’s Donations-in-Kind (DIK) Programme mobilises items (including food parcels, clothing, blankets, stationery, and any other items related to children needs) that are donated by corporate organisations or individuals on an ad hoc basis. Heartbeat welcomes all in-kind donations, no matter how small and encourages donations according to campaigns that are linked to seasonal needs and requirements – such as warm clothes in winter, stationery for the school year, etc. Some past donations have included more than 20,000 Easter eggs, Christmas gifts for children, clothing, toys, food, cabinets, files, and school stationery.

Some partners (including communities themselves) organise outings for the children (such as trips to the zoo, movies, or local restaurants) to provide exposure and stimulation.

## MySchool Programme:



Heartbeat is also a beneficiary of the MySchool campaign which recently included NGOs into its system. MySchool links more than 1,000 retail partners across South Africa enabling individuals to support schools and NGOs of their choice through day-to-day shopping. Heartbeat is one of the NGOs benefiting from the MySchool campaign and it mobilises its supporters to sign up for MySchool cards and use these cards at participating stores, thereby generating monthly financial support for Heartbeat.

## **BENEFICIARIES**

---

Heartbeat targets children that have lost one or both of their parents, often because of HIV/AIDS, or who live with seriously ill parents or guardians. Heartbeat directly reaches close to 3,600 OVC and indirectly reaches 7,400 OVC additional OVC (through organisations that participated in the Heartbeat training and mentorship programme). OVC beneficiaries of Heartbeat's direct interventions fall into three distinct categories:

- 1) Children living in relative headed households (RHH). Relatives include grandmothers, aunts or other relatives. This group comprises approximately 73% of the children served by Heartbeat.
- 2) Children living with primary caretakers who are terminally ill. Such children are regarded as potential orphans and constitute about 7% of children served by Heartbeat.
- 3) Children living in CHHs, which constitute about 20% of children served by the programme.

Heartbeat enrolls OVC based on the status of the household head (i.e., if the head is a child or a relative), or if the child is living with very ill parent/s. Beneficiaries are usually identified by self- or third-party referrals (such as community members, schools, clinics and other OVC beneficiaries). In addition, Heartbeat's childcare workers know the community well and are able to identify children in need from knowledge about sick adults or funerals. Childcare workers also identify potential OVC beneficiaries through occasional door-to-door campaigns in the communities and through visits to school. For instance, as part of the World AIDS day activities, Childcare workers across all communities where Heartbeat works visit performed door-to-door visits to raise HIV/AIDS awareness and to identify new OVC.

---

*"We focus on children, child headed households and potential orphans (where a parent is very ill) and granny-headed households."*

**General manager**

---

The average age of children in Heartbeat's programmes is 13 years with most children attending grades 6 to 12. At the Nellmapius site, there are 210 OVC registered ranging in age from two to 18 years. In principle, Heartbeat beneficiaries leave the programme once they reach 18, provided they have finished school. However, Heartbeat has learned that many OVC fall behind in school because they care for their sick parents or because they lack the financial resources or social support to attend school once they are orphaned. There are many OVC in much lower grades than their age group. In these cases, Heartbeat continues supporting children older than 18 until they leave secondary school.

---

*“At first I didn’t know anything about Heartbeat or what kind of things they were doing. I had a friend who was also an orphan and she asked me why I was always alone and don’t play with other children and I told her my situation. And she told me about what Heartbeat does. She went to the community development facilitator (Nellmapius) and told him about my condition and he approached me and talked to me. He asked me about my parents, my granny and many other things. He told me that even though I am an orphan I can live a normal life. I felt relieved.....that day I knew there were people who care about orphans and our condition. He then took all my personal details so he can provide us with what we need. I became part of Heartbeat in 2006.”*

**Beneficiary AI workshop participant**

---

## SERVICES PROVIDED



Through the key activities earlier discussed, Heartbeat is able to provide OVC and other beneficiaries with a range of services and support. These include the following:



### Educational Support



Heartbeat helps OVC access school fees exemption when necessary. School uniforms and stationery packs are also provided to those that cannot afford them (usually all OVC except those receiving foster care grants from government). Heartbeat also arranges for OVC to attend special classes during school holidays. Childcare workers also assist with homework both at the ASC and in the OVCs' homes. The educational support provided reportedly yields positive results in the academic performance and quality of life of OVC.

*Children at the Nellmapius drop-in centre are assisted with their school work.*

---

*"I remember when I was doing my grade 11 and my granny couldn't pay school fees. Since Heartbeat came to our life we are no longer paying fees. Everything other children get we get.*

**Beneficiary AI workshop participant**

---

Heartbeat is also in partnership with an NGO called Tomorrow Trust to run a post secondary programme for those OVC who have completed their formal schooling. So far, 33 OVC have benefited from this programme.



### Economic Strengthening

Heartbeat addresses poverty alleviation in two ways: (1) through assisting eligible families and beneficiaries to access social grants; and (2) through providing training in marketable skills for adults or older OVC.

Because many OVC lack the necessary documentation to access social grants from the South African government, Heartbeat assists in obtaining birth certificates and identity documents, and in applying for social grants. Heartbeat's community development facilitators also link government social workers with OVC to assist in social grant applications.

Training to alleviate poverty focuses mainly on sewing, beadwork, gardening, and cooking lessons. The sale of excess vegetables from the gardens established by Heartbeat also provides additional economic leverage to the beneficiaries and their families.

---

*"I learnt life doesn't start and end here because I don't have parents myself. If I have problems I can go to Heartbeat. They are a shoulder to cry on. They help us with many things like to get grants for the children, get ID (Identification documents) for them from home affairs."*

**Beneficiary AI workshop participant**

---



## **Psychosocial Support**

Heartbeat provides a range of psychosocial support services to its beneficiaries. These include support groups for children and adults, group therapy sessions, individual counselling during home visits (for OVC and/or their guardians) and memory work. Support groups are organised to follow 10 formal sessions where these issues are discussed.

Heartbeat also organizes weekly adult support group meetings for the grannies where debriefing sessions take place to help them cope with caring for OVC. Issues pertaining to parenting skills & accessing social grants for their wards are also discussed at these meetings.

Debriefing sessions and support groups are also extended to child care workers to help them with the stress of caring for OVC and the community.

---

*"In my opinion, what makes it different is the fact that we have a psychosocial programme while most organisations that I know of have material support, and more so tenable things but the psychosocial well being of the child isn't catered for. The higher order needs aren't taken care of. I mean completely, physically, emotionally, spiritually, we meet all levels. We're trying to see that the child is holistic and when the material is there and the support is there, we need to focus on the child. We try to do it on all levels that identify the child".*

**Social worker**

---



## **Child Protection**

Heartbeat defines "child protection" as the protection of children's rights as enshrined in the South African Constitution, the UN Convention on the Rights of the Child, and the African Charter on the Rights of the Child. Hence, Heartbeat focuses on protecting children from abuse which may be physical, sexual, emotional, or through neglect. Specifically, Heartbeat assists and supports those children who have been abused. Through support group sessions and meetings, Heartbeat also raises awareness about child protection issues among staff, children, volunteers and the communities. By doing these, Heartbeat hopes to minimize the risk of child abuse in the first place. Heartbeat ensures that children and staff are aware of the risks of child abuse and that it is clear that no instance of abuse will be tolerated. Heartbeat also assesses the risk of child abuse in the many programmes and projects that it implements and based on its child protection policy, procedures are in place to manage these risks.

---

*"Heartbeat is not and can not always be there. The children need to know how to protect themselves and how they can avoid dangerous situations and what their responsibility to their own protection is. It creates a sense of belonging. It is a sense of growth in terms of the emotional sense of a child".*

**Social worker**

---



## Food and Nutritional Support

To promote healthy nutritional intake for proper growth and development, Heartbeat provides all OVC (except those receiving foster care grants from the government) with food parcels on a regular basis. Currently, approximately 3,600 orphans receive a monthly food parcel through a partnership with Tiger Brands (a South African food company). Heartbeat works to ensure that these food parcels and groceries are as nutritionally balanced and healthy as possible.

Heartbeat also establishes community vegetable gardens which are maintained by community members and OVC themselves. Some OVC also have vegetable gardens at their own homes. These gardens act as a means for both financial income and nutritional well-being.



A vegetable garden at Nelmapius ASC is attended to by a food garden assistant, who is an employee of Heartbeat.

---

*“There was a family where two boys from a CHH were begging for food by going house to house. Since Heartbeat came into their lives, they have changed and are no longer begging. They are fat because they are getting the help they need. They are getting Morvite (a vitamin rich porridge) now.”*

**Beneficiaries AI workshop participant**

*“We have a partnership with Deloitte. Every year they have an impact day where they provide seeds for the community food garden. They volunteer at the centre. Vusi<sup>3</sup> (a beneficiary who now works for the project) is paying back the community by looking after the gardens as he was helped.”*

**Project Staff AI workshop participant**

---



## Health Care

Heartbeat assists children in accessing basic health care. Child care workers accompany children to clinics when they are sick and in need of medical assistance.

---

*“Once I was given the address of a family in need. I visited and found a granny and I explained that I am from Heartbeat. I explained about the work Heartbeat does with OVC. During my visit I heard a sound coming from the bedroom. I said to the granny, ‘What’s wrong in the bedroom?’ She told me that there was a child who had lost her parents. The child was sick. I was touched by the sounds from the child. The granny asked if I wanted to see the child. I saw that the child was very ill – she had breathing problems. She breathed like she had asthma.”*

**Project Staff AI workshop participant**

---

---

<sup>3</sup> Name changed to protect identity of subject.



# Resources

## DONORS

Heartbeat’s OVC programme is funded by a wide variety of donors and resources. Emergency plan funding has been available to Heartbeat since 2004 and this covers 20% of the programme’s total annual budget for the OVC programme.

Other financial support comes from the United Nations Children’s Fund, Save the Children (UK), Winrock, the South African government (both national and provincial levels), South African corporations (such as Old Mutual, First Rand, Deloitte, and Tiger Brands), South African children’s charities such as the Nelson Mandela Children Fund, FBOs, and individuals resident in South Africa and internationally.

## IN-KIND CONTRIBUTIONS

### Donations In-Kind

As noted in the preceding activity section, garnering in-kind donations is a substantial work of Heartbeat. Principal sources of donations come through the Sponsorship programme, DIK programme, and MySchool programme. Some past donations have included food parcels, clothing, blankets, gifts for children, toys, food, cabinets, files and school stationery.

Some partners (including communities themselves) organise outings for the children (such as trips to the zoo, movies, or local restaurants) to provide exposure and stimulation.

The table on the right also details various donations received through the DIK initiative.

### Matric Magic Campaign

Heartbeat also runs the Matric Magic campaign for OVC in secondary school (matric) to attend their matric dance. The Matric Magic campaign seeks donations of unused/outdated evening wear (dresses, shoes, suits, shirts, ties and skirts), to create a bit of ‘magic’ for Heartbeat matriculants by giving them the opportunity to find a special outfit for their big night out – the matric dance.

Heartbeat’s DIK Calendar for 2006		
Month	Campaign	Donation
Jan/Feb	Socks/Frocks/Jocks	Any new underwear & socks
March	Easter Extravaganza	Easter Eggs in any shape or size
April/May	Winter Warmth	Warm jerseys, tops, blankets, scarves and beanies for winter
June	Pap & Pasta	Packets / Boxes of dried uncooked <i>mealie</i> meal and pasta
July/Aug	Matric Magic	Old eveningwear, shoes, suits, ties, handbags, costume jewelry, make-up
Sept	Sparkling Soaps	Any soap products: Including body soap, dishwashing soap or laundry soap
Oct	Christmas Surprise	Any non-perishable treats, including sweets, lolly-pops, chips, etc.
Nov/Dec	Back to School	Any school stationery

# Lessons Learned

Through Heartbeat's innovative Orphan Care Model, Heartbeat facilitates community involvement in caring for vulnerable children. The model has led to community ownership of Heartbeat's programmes. Heartbeat's reach and scope has widened and covers seven of South Africa's nine provinces. Vigorous financial mobilisation and sound financial management have contributed to Heartbeat's success. Heartbeat also takes advantage of synergistic partnerships to deliver services to OVC. Through research studies, Heartbeat seeks to determine its impact on OVC.

Heartbeat experiences challenges including limited staff capacity and subsequent burn-out of existing staff due to overwork. Due to geographical spread of households, the programmes' Childcare workers travel long distances to reach OVC families. Communities suffer high levels OVC, and this situation is worsened by the high levels of poverty in these communities. In addition, uncoordinated proliferation of OVC programmes within communities has led to duplication of services.

## PROGRAMME INNOVATIONS AND SUCCESSES

---

Heartbeat's OVC programme is witnessing many remarkable successes and local innovations impacting positively on the lives of OVC and their carers. These include the following:

### Supporting Child Participation & Leadership Opportunities

A fundamental principle is to ensure that all Heartbeat staff, children, and communities are educated about the need for children to be involved in all decision making that affect their lives. Participation ultimately empowers children and young people to protect their own rights and to transform their world into places that support, love and guide them as they mature into responsible adults.

Examples of how this is put into practice include (i) having children participate in planning and evaluating Heartbeat programmes, and (ii) encouraging children who benefit from food gardens to work in the gardens. In addition, Heartbeat recently launched the Youth Ambassador programme comprised of selected OVC leaders from its communities. These Youth Ambassadors will be trained and mentored to confidently advocate for issues affecting their lives.

---

*"From the grassroots level, we try and get a response from the children. For example, once an activity like a support group is over, we try to have a break down session and see what they thought about it, whether they learnt anything, if there was anything they would like to change. We try to get their input on how they would prefer to run the activities. There are questionnaires that have been set up and they are children based. In terms of evaluation, children fill these questionnaires out (questions such as: do you know about all services you can get, do you know the Childcare workers, what do you like, etc). We have task groups, questionnaires, and basic interviews with the children to figure out the effectiveness and efficiency of the groups."*

Social worker

---

### Community Ownership and Sustainability

Heartbeat seeks to alleviate the suffering of OVC by facilitating change in communities. Furthermore, achieving community ownership of OVC programmes is essential for ensuring sustainability of these programmes. Hence, through the establishment of CCCFs for instance, Heartbeat has exerted effort to develop a culture of support within communities, and has harnessed available community resources for sustained OVC care and support. Also, through community resource mobilisation (e.g. DIK programmes), Heartbeat has leveraged community



buy-in for the OVC programmes which fosters ownership of these programmes within the communities where the programme operates.

---

*"I think the community likes the idea of Heartbeat. Few days ago, criminals broke into Heartbeat and took food and other things and the community got very angry and are now searching for the criminals. They (the community) are the ears and eyes of the children. They work for the good of all."*

**Beneficiary AI workshop participant**

---

## **Extensive Reach and Scope**

Since its inception in 2000, Heartbeat has mobilised communities in seven provinces to care for OVC. To further widen its reach Heartbeat has mentored like-minded organisations to implement its Orphan Care Model. Collectively, both direct and indirect projects have met the needs of over 11,000 OVC. To achieve this extensive reach and scope Heartbeat has forged close collaborations with other NGOs, the South Africa Government, private companies, CBOs, and individuals.

## **Resource Mobilisation and Accountability**

Heartbeat has successfully mobilised a wide variety of resources to support its large OVC client base and to expand its programme. Through engaging in creative campaigns to address specific needs, Heartbeat has aligned themselves with opportunities for continuous donations both small and large and from various sectors of the community. For instance, every South African citizen can make instant donations through the MySchool program; larger and longer term commitment can be made through the sponsorship programme. Heartbeat also has an entire initiative devoted to garnering in kind contributions from local businesses, community members, etc.

Because Heartbeat welcomes all donations, no matter how small, its work is supported by almost 60 entities, including big and small businesses, national and provincial government, international agencies, local children's organisations, the faith-based sector and individuals both locally and abroad. To raise funds abroad, Heartbeat has committees based in New York and the United Kingdom.

Heartbeat's successful fund raising is founded on its financial discipline, the practice of sound financial management, its financial statements are published in the public domain through the programme's Web site and annual reports. The commitment by Heartbeat to eliciting such support in a steadfast and transparent way is serving the programme to expand their reach in terms of number of OVC they can serve as well as the type of services they can offer.

## **Programme Monitoring and Evaluation**

At the end of 2006, Heartbeat's board of directors decided to create a research and development department to research all of Heartbeat's work and track local, national, and international developments in OVC, HIV/AIDS, and development.

In 2007, this department collected qualitative and quantitative data from all Heartbeat's project sites in order to perform an impact analysis of the organization's programmes. As this case study was being prepared, Heartbeat was in the final stages of preparing a report on this study.

Heartbeat also conducted OVC-related research on behalf of other organisations. In 2005, Heartbeat conducted two research studies for clients in the mining industry who wanted to better understand the general community situation, the OVC situation, and the needs of existing CBOs operating in the area.

Furthermore, Heartbeat measures the outcome of its programmes through seeking feedback and personal stories from programme beneficiaries. These help Heartbeat to assess its impact on

the lives of children participating in the programme, and also help to identify programmatic weaknesses that require attention. Heartbeat is committed to programme evaluation to ensure quality services are continually delivered to OVC.

## PROGRAMME CHALLENGES

---

### Staff Capacity and Overload

Heartbeat has lost staff in a short period of time and this includes people from senior management to the child care workers. It was reported that staff may leave to take other jobs that offer a more competitive salary and increased opportunities for advancement. The emotional challenges of conducting work with families in need may also contribute to some staff turnover.

Although Heartbeat has a standard of one child care worker per 10 families, many child care workers care for many more (up to 25 families), leading sometimes to care worker exhaustion, stress, burnout and resignation. Thus even though Heartbeat offers emotional support through the care workers' support groups for instance, this does not sufficiently resolve the issues concerning the high child care worker to OVC ratio.

Equipment shortages (computer, fax, or even electricity) also contribute to management difficulties at some sites.

Apart from increasing the total number of staff working in the programme, staff skills need further development to allow Heartbeat to continue to grow and expand its programme. Workshop participants expressed the wish for more child care worker training so that they can assume higher positions in the programme. Specifically, a request for training in computer skills was made. Such training is important since many child care workers come from very poor households with limited resources, and skills development could keep them motivated and committed to the project.

As illustrated in the following quote, Heartbeat is not able to meet this standard and many of the child care workers subsequently oversee more than 10 families.

---

*"Last year I was visiting 24 families and now I only visit 11. It was difficult because I was looking after child-headed households and visiting each one three times a week. I also had to visit granny-headed that were receiving grants once per month. Those not getting grants are visited once a week. It was too much. Last year they hired 11 child care workers. They will provide temporary relief."*

**Staff AI workshop participant**

*"We try to have skills development for our staff but we do need to do more of this so that there can be development of the organisation."*

**Social worker**

---

### Child Care Workers Travel Long Distances to Reach OVC Families

Due to geographical spread of households in some Heartbeat sites, child care workers are forced to travel long distances to visit OVC and their families. Initially, Heartbeat did not provide transport and child care workers would spend a lot of time travelling to households. Now, Heartbeat either provides child care workers with transport money or uses a Heartbeat vehicle to drop child care workers at households and later pick them up. This poses logistic problems for the site officers who often combine their administrative duties with making numerous trips and stops to pick up child care workers from different parts of the townships.

In addition, Heartbeat does not have the capacity to visit OVC who have relocated to outside of a project site. Such OVC who relocate far from project sites often end up getting dropped from the programme.

### **Growing Numbers of OVC**

Heartbeat provides both direct and indirect services to as many as 11,000 OVC since its inception. However there are large and growing numbers of OVC in the sites where Heartbeat operates. As such, the demand for Heartbeat's services is high, stretching the capacities of ASCs to the limit hence they are not able to always serve those in need even though they would certainly like to. Furthermore, as some current beneficiaries will testify, acceptance into Heartbeat's programme is often preceded by a lengthy waiting period, especially in rural areas. This diminishes Heartbeat's efforts to scale up, and suggests that a review of the internal processes for OVC enrolment could be made more efficient.

---

*"I am looking after my sister's children – two boys; nine and five years old...my sister passed away. I've been applying for Heartbeat for two years...the five-year-old was very ill...I took him to the HIV clinic and found he is positive."*

**Beneficiary AI workshop participant**

*"We have 90 child care workers, so our monthly budget is difficult to sustain. If we grow more, then we will need more child care workers, which we can not afford."*

**General manager**

*"...and that they also have many children waiting (to be helped). So I waited for two years."*

**Beneficiary AI workshop participant**

---

### **Selection Criteria and Graduation of Beneficiaries**

Heartbeat is recognizing a need to adjust their criteria for identifying and enrolling OVC to ensure that only those most in need are supported. The current criterion of serving children living in CHH, RHH, or potential orphans is sometimes problematic. Specifically, this stringent criterion assumes a level of vulnerability that may not always be true when circumstances change for the better. For example, a granny-headed household may suddenly be joined by an aunt or uncle who brings in an income, making it difficult for Heartbeat to decide whether to continue support.

Also, apart from targeted beneficiaries, there are also several other vulnerable children who do not fit Heartbeat's criteria yet who may need assistance. For example, children who are neither orphans nor potential orphans, but who are being physically abused, do not fit the criteria even though they are vulnerable. Heartbeat's own research reveals that many communities would like Heartbeat to broaden its criteria to benefit more children.

Furthermore, limited resources hinder Heartbeat from extending support to all OVC who graduate from the programme (i.e., complete secondary school). Although there is a programme (tertiary education fund) that aims to enable graduating OVC to pursue further education, only a fraction of such OVC is being supported.

---

*“When I finished my Matric I didn’t know what to do. I wanted to go to school. I went to Heartbeat to ask for help but wasn’t helped because they have many children they are helping.”*

**Beneficiary AI workshop participant**

---

### **Proliferation of OVC Programmes and Duplication of Services**

Efforts to increase accessibility of services have sometimes led to proliferation of OVC programmes and programmes and duplication of services. Emergent programmes, sometimes with limited or no capacity, may fail to deliver services that they promise to deliver. These failures have caused community members to be wary of organisations that approach them with promises to care and support OVC. In the context of such diminished trust in communities, genuine programmes like Heartbeat must work harder to engender communities’ buy-in.

---

*“I came across a granny headed household with two children. The granny did not trust me. She wanted to know why I wanted to know the situation of the children in her care. I explained that I am from Heartbeat and I work with orphan children and I want to help with food parcel and school fees. She then helped me to give the information to register the children.”*

**Staff AI workshop participant**

---

Another problem arising from the multiplicity of programmes is lack of coordination of services delivery, leading to over-representation of certain services and under-representation of others. Such unbalanced programming has led to duplication of services or lack of adequate provision of services in other areas. There is need for better coordination of services to avert this fragmented approach to service provision.

---

*“We had a problem at some point with the duplication of services. ....two different NGOs would be working with the same child and providing the same services and so now that has showed us the need to work more closely together.”*

**Social worker**

---

## UNMET NEEDS

---

### Access to More Educational and Recreational Facilities

In one of Heartbeat's research studies, children expressed the need for increased access to text books, reading materials, and more support with homework. Other activities that the children would like to see in the Heartbeat programme include increased sports and drama activities, birthday parties, and excursions.

### Infrequent Social Services

Depending on their location, some project sites were reported to receive infrequent services such as grant assistance and referrals from social workers employed by Heartbeat. This is largely due to the long distance which the Social Workers have to travel from their base in order to get to such sites and the few numbers of them who are in the employ of Heartbeat.

---

*"At this moment, one of our projects in Mpumalanga is not yet receiving all of the services; however they are currently open and working. The difference would lie in the different levels of intensity. For example, with a social worker who is based in Gauteng, the project in Mpumalanga is only able to access that service once a month as opposed to the sites in Gauteng which the social worker is able to visit once a week. The structure itself in terms of providing services is in place though, and the difference only lies in terms of frequency."*

**Social worker**

---

### Increased Economic Strengthening Activities

Poverty is rife in the communities that Heartbeat serves and yet the government's social grants system is slow to deliver, forcing some children to work at an early age to support their siblings. Furthermore, although Heartbeat offers OVC and their families training in income-generating activities such as beading, sewing, or gardening, this is not sufficient to meet all their needs. Communities are so desperate financially that Heartbeat feels the need to improve employment opportunities in its areas of operation.

# The Way Forward

Heartbeat is intent on ensuring that its activities and services continue to be effective and reach even more OVC in need. Hence, the way forward as far as Heartbeat is concerned includes expanding existing ASC operations, widening its geographic reach, and securing sustainable funding for its OVC programme. These plans are detailed below:

## Expanding Existing ASC Operations

To respond to growing numbers of OVC in the ASC, Heartbeat will physically expand existing centres, as well as establish more ASCs in order to meet the ideal distance between beneficiaries' homes and the centres (2-3 kilometres). Other services to be expanded include procurement and distribution of food parcels (nutritionally balanced), funding for uniform and exemption of school fees, and more income generation projects will be established to allow beneficiaries to become financially independent. Although Heartbeat recently secured emergency plan funding to finance these expansions, it is also in the process of devising strategies to increase human resource capacity to operate the expanded services.

---

*"We absolutely do have plans in terms of expansion. Heartbeat actually just found out that [the U.S. President's Emergency Plan for AIDS Relief] awarded them more money than they had asked for and so they now need to have a bigger reach. They need to come up with more activities on how going to get to these children. They need to re-strategise as well as increase human capacity. There is a big need to re-strategise and re-plan and realistically come up with activities that will have an impact."*

**Social worker**

---

## Expanding Geographically

Because Heartbeat's present geographical coverage in the seven provinces excludes KwaZulu-Natal and Northern Cape, it is planning to expand into Kwa-Zulu Natal province. Heartbeat's aim is to be present in all nine provinces, and then expanding outside South Africa into the SADC region. As a result of this expansion, Heartbeat aims to reach about 50,000 children, directly or indirectly, by 2010.

There are also more OVC who do not fit within Heartbeat criteria, or fall outside of Heartbeat's geographical scope of operation. To enable Heartbeat to meet the needs of these OVC, Heartbeat will seek more funding and partnerships. Heartbeat will use the increased funding to hire and train more child care workers.

---

*"We want to reach 50 000 kids by 2010 in all the provinces. We want to move beyond South Africa to the SADC region as well. We want to expand."*

**General manager**

---

## Securing Sustainable Funding

Heartbeat has received funding from over 60 donors and individuals, although the majority of these relationships are based on once off donations. Heartbeat plans to adopt a new strategy whereby the programme will create long term relationship with fewer donors, thereby contributing to greater sustainability of Heartbeat's programmes.

Heartbeat is also working towards securing sponsors for all 3,600 children in its direct OVC programme through the SACIN programme.

With all the above mechanisms in place, Heartbeat is looking to sustain, expand, and potentiate its activities and services which are evidently impacting the lives of those being reached.

# References

Cooperrider, D. & Whitney, D. *Appreciative Inquiry: A positive revolution in change*. San Francisco: Berrett-Koehler .2005

Department of Health and Welfare, Vote 7: Health. Provincial Government Strategic Plan 2003/04.

Department of Social Development, South Africa. *National Action Plan For Orphans And Other Children Made Vulnerable By HIV and AIDS South Africa*. 2006-2008.

<http://www.aidsportal.org/repos/NPA%20for%20OVC%20S.Africa%202006%20-%202008.pdf>

Department of Social Development, South Africa. *Policy framework for orphans and other children made vulnerable by HIV and AIDS in South Africa*. July 2005.

[http://www.sarpn.org.sa/documents/d0002008/Policy-Framework\\_OVC\\_Jul2005.pdf](http://www.sarpn.org.sa/documents/d0002008/Policy-Framework_OVC_Jul2005.pdf)

Department of Social Development, South Africa. *Annual Report for the 2005/2006 Financial Year - Year ended 31 March 2006*.

<http://www.socdev.gov.sa/documents/2006/ar2006.pdf>

Heartbeat. *Strategic Document 2005-2008*.

Heartbeat. *Annual Report 2006/2007*

Heartbeat. *Synopsis March 2007*

Heartbeat. *Murray & Roberts Progress Report May-June 2007*. 29 June 2007.

Proudlock P, Dutschke M, Jamieson L, Monson J & Smith C (eds). *South African Child Gauge 2007/2008*. Cape Town: Children's Institute, University of Cape Town. 2008





Heartbeat  
1st Floor, Murrayfield Center  
Cnr Rubida & Rousow Str.  
Murrayfield  
Tel: 012-803-3970  
<http://www.heartbeat.org.sa/>