A Case Study

HOPE *worldwide* South Africa OVC Programmes

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Cover photo by Peter Njaramba: Jubilant learners celebrate the end of school for the week and the distribution of take-home food.

Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ANCHOR	Africa Network for Children Orphaned and at Risk
ART	antiretroviral therapy
CBO	community-based organization
CCCF	community child-care forum
emergency plan	U.S. President's Emergency Plan for AIDS Relief
EU	European Union
HIV	human immunodeficiency virus
IGA	income-generating activities
HQ	headquarters
HWWSA	Hope *worldwide* South Africa
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
PSS	psychosocial support
ROSI	Regional OVC-organisation Support Initiative
Soweto	South West Township
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

Executive Summary

With an estimated 5.5 million people living with HIV in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Hope Worldwide OVC Programme and to document lessons learned that can be shared with other initiatives. 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 U.S. President's Emergency Plan for AIDS Relief (emergency plan), and U.S. Agency for International Development (USAID/South Africa).

This case study is based upon programme document review; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members in workshops; and observations of programme activities. Data collection for this case study took place in August 2007 at the HOPE *worldwide* South Africa (HWWSA) headquarters in Sundowner and at three Soweto-based sites, Jabavu and Zola clinics. Data collection activities included a key informant interview with programme managers, in depth interviews with staff and beneficiaries, and workshops with beneficiaries, staff and volunteers.

When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. The workshops were thus modelled along the lines of AI to elicit positive aspects of the HWWSA OVC programmes. AI was used to identify innovations and strengths (both known and unknown) and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated by other OVC programme implementers.

Hope *worldwide*, as the name implies, has programme activities spread across various regions of the world. HOPE *worldwide's* work in South Africa began in 1991 as a benevolent arm of the Churches of Christ. In 1993 it began HIV/AIDS programmes at clinics in Soweto and at Chris Hani Baragwanath Hospital, also located in Soweto. Operations first began at clinics in and Chris Hani Baragwanath Hospital in the South West Township (Soweto) of Johannesburg, and have since spread to other parts of the country. It is active in a total of 74 sites across the country, 16 in the Eastern Cape, 34 in Gauteng, 12 Kwa-Zulu Natal, and 13 in the Western Cape. As of August 2007, the HWWSA OVC programme consisted off three integrated synergistic programmes. This case study describes these programmes. The programmes are referred to as the HWWSA OVC programme within this report.

The OVC programmatic activities and services are primarily aimed at meeting the needs of children. Over the period October 2007 to March 2007, 7231 OVC were reached by the programme. Of these 7035 received psychosocial support (PSS), 5339 received food parcels or meals, and 5076 received general educational support. Over the course of implementation, the programme has realised that focusing only on children without looking at the needs of their guardians and caregivers does not ensure the long-term safety of OVC. Thus parents and care givers are also assisted in different ways such as psychosocial support, which helps them to come to terms with HIV or to cope with the passing of a loved one. Support groups are the main avenue of service delivery to adults.

Key services provided include psychosocial support to both children and adults, educational support to children, food and nutritional support to children and their families. Assistance is also give in obtaining legal documentation required to access social grants, and referrals are

undertaken for those services that the programme is unable to provide. The OVC programme has adopted innovative approaches to ensure the quality of its services.

The programme works through community members in conducting advocacy, mobilisation and outreach activities. The programme also tries to address the issue of long term sustainability through activities such as vocational training and skills building.

The programme also views the children it serves not only as beneficiaries but also as participants in service delivery, and they are encouraged to actively participate in deciding what services (or how services) should be rendered to them.

Numerous partnerships have also been formed to support service delivery – with individuals, school, government departments as well as private companies.

Even with the best of planning, a number of challenges face programme implementation, including inadequate financial, infrastructural and human resources; implementation preferences from donor organisations; and differing political affiliations in communities. The greatest challenge however, has been the limited support from government for OVC over the age of 18 who despite still being legally defined as children are ineligible for support grants. Staff and volunteers also highlighted several unmet needs most of which related to the lack of financial resources - specifically the need to support OVC over the age of 18, food security and shelter. Also highlighted were the need for age appropriate encouragement, support, and life skill preparation for adolescents.

As a faith-based organisation, HWWSA is entirely dependent on donors and the spirit of goodwill from individuals and organisations for its operating funds. The emergency plan, in providing 70% of funding, was the biggest donor in 2008. Rotary International and Tiger Brands (a South African company) were also key donors. Programme implementation is undertaken by salaried staff and volunteers, all of whom undergo training and security checks before being hired.

Going forward, there are plans to expand services to include antiretroviral (ARV) treatment of children with HIV and hospice care for terminally ill – all of which require increased level of funding. Also expressed was the wish to have increased educational support for OVC, as well as capacity building for staff and volunteers. More immediate were plans to have older OVC engage in income generating activities that could help them to become economically self-sufficient. All these activities require high levels of good monitoring and evaluation (M&E). Thus, there are plans to strengthen M&E systems and to improve tracking and follow-up of OVC on a more individualised basis using JHPIEGO's Child Support Index.

The programme does commendable work in supporting the needs of OVC and their caregivers. Because this is emotionally and physically draining for those working on the ground, the programme provides debriefing sessions for its volunteers and staff to prevent burn-out. All in all, the programme does exceptional work which with continued support can grow from strength to strength.

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 HOPE *worldwide* OVC programmes 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 HOPE *worldwide* OVC programme members, 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.

Adult support group members doing physical exercises during one of their meetings

We observed an adult support group (mostly grannies and a few grandpas too) that meets at Zola Clinic, the largest health facility in Soweto after Baragwanath Hospital.

The support group starts their activities with prayers and physical exercises, after which they hold discussions and sharing about their circumstances and those of their children.

There were many tears shed while we were there. The group members comfort each other and offer advice. The HWW facilitator also participates and offers group counselling to members.

Then the 'topic of the day' is facilitated by the HWW facilitator. These include topics such as parenting, HIV, adherence to ARVs, counselling,, and income generating activities (IGA).

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

Appreciative inquiry workshop participants comprising programme staff and volunteers listen attentively as facilitators explain the agenda for the day. A total of 20 programme staff and volunteers participated.

Information Gathering

Data collection activities for this case study were conducted at the headquarters in Sundowner and at three sites in Soweto during August 2007. Data collection began with a key informant interview with HOPE *worldwide* chief executive officer for Africa and HOPE *worldwide* South Africa (HWWSA) operations director at their headquarters in Sundowner, Johannesburg. In addition, we obtained key programme documents for review from the head office.

Interviews were followed by two appreciative inquiry (AI) workshops with 20 programme staff and volunteers. The workshops were conducted at HWWSA offices at Jabavu Clinic in Soweto. The office serves as the operational base for the Soweto region. To ease workshop facilitation and data recording, the group was divided into two smaller groups of 10 participants each, comprising a mix of staff and volunteers. Data from programme beneficiaries were collected the following day through two in-depth interviews, one with three guardians, and the other with three OVC beneficiaries. Programme activities observed were at Jabavu and Zola Clinics, both of which are in Soweto. Observations at the Jabavu Clinic grounds included office operations, records keeping, unloading of a truckload of food and food stores. At Zola Clinic, we observed a support group meeting.

Finally, we visited Thusanang Primary School, one of the schools HWWSA works with. The school has a nutrition, health, and safety committee that is involved in identification and looking after OVC. The school has total population of 465 pupils, of which 60 orphans and 168 vulnerable children.

When designing this research, we used AI concepts 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 a programme and its work. In other words, applying AI in evaluation and research is to inquire about the best of what is done. This differs significantly from traditional evaluations and research where the subjects are judged on aspects of the programme that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the HWWSA OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

> *"Appreciative Inquiry is about the co-evolutionary search for the best in people, their organizations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives "life" to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. AI involves, in a central way, the art and practice of asking questions that strengthen a system's capacity to apprehend, anticipate, and heighten positive potential."*
>
> David Cooperrider, Case Western Reserve University, co-founder of appreciative inquiry

The AI workshops proved to be excellent forums for learning about HWWSA's OVC programmes, its activities, and partners. Workshop participants also reported having learned about their programme through the workshops, as the interactions served as debriefing sessions. The following quotes illustrate these points:

> *"For me, I learned about what is happening on the ground -- I learned about the challenges field-workers are facing on the ground. I know the impact of not being able to debrief, the psychological effect one goes through due to overwork. This workshop was like a debriefing session."*
>
> AI workshop participant

> *"I was so impressed about how we focused on the positives, since many times we deal with the negatives. It was nice to laugh and think of the better things about the organisation. You come from the workshop overwhelmed."*
>
> AI workshop participant

FOCAL SITE

HOPE *worldwide*, as the name implies, has programme activities spread across various regions of the world. HOPE *worldwide*'s work in South Africa began in 1991 as a benevolent arm of the Churches of Christ. In 1993, it began HIV/AIDS programmes at clinics in Soweto and at Chris Hani Baragwanath Hospital, also located in Soweto. These activities quickly spread out to other areas of the country. The programme works with OVC in four provinces in South Africa: Eastern Cape, Gauteng, Kwa-Zulu Natal and Western Cape. In Gauteng, province, HWWSA is active in Soweto, Alexander, Diepsloot all of which are townships and in Randburg a suburb in the north of Johannesburg.

All operational areas for HWWSA are urban and semi-urban high density townships where the housing is a mix of stone and mortar. The focal site for this case study was Soweto, a name which is derived from the term "southwestern townships." Soweto, 15 kilometres southwest of Johannesburg in Gauteng Province of South Africa, is a cluster of periurban townships. Currently HWWSA operates in 20 sites at Soweto with the main office at Jabavu Clinic. There are numerous informal settlements in Soweto comprising shacks made of scavenged materials. The exact population of the township is hard to estimate due to the ebb and flow of population including illegal immigrants, but studies and the census estimate the population to be just over one million. Unemployment and food insecurity are common place and crime levels, including child abuse are rife.

HIV/AIDS is a major health concern across the country. In Gauteng province, 32.4% of pregnant women who attended public antenatal clinics in 2005 were HIV positive. Anecdotal evidence suggests that the effects of HIV and AIDS are felt deeply in Soweto with most families being affected by HIV/AIDS either through living with infected family members and relatives, or having a relative or friend who has succumbed to AIDS. Orphans and vulnerable children are mostly taken care of by their grandmothers. Thus the need for services to alleviate the effect of HIV and more importantly to reduce the spread of the virus are greatly needed. HWWSA activities are in response to these needs.

Programme Description

A staff member at Jabavu Clinic, refurbished with Rotary International assistance.

Overview and Framework

To achieve its vision of bringing hope to vulnerable people affected by HIV and AIDS, HWWSA began in 1993 to train service providers in basic AIDS support and prevention. It also mobilised community resources and trained community volunteers as lay counsellors. Adult support groups for people living with HIV/AIDS (PLHA) were developed in local health facilities, who at one point conducted outreach activities which highlighted the problem of OVC. In 2001, HWWSA commenced a community mobilization programme to track and support OVC. The OVC programme is now active in 75 sites across the country, including 34 in Gauteng Province, 16 in the Eastern Cape, and 12 in Kwa Zulu Natal Province.

The main goals of the HWWSA OVC programme are to intervene for the child on multiple levels by:

- increasing care and support services to OVC;
- strengthening the capacity of families/caregivers to care and support OVC;
- strengthening capacity of communities to care for OVC; and
- strengthening the capacity of child servicing organisations to care to OVC.

To realize programme goals, HWWSA utilizes an approach that integrates and acknowledges both technical OVC service delivery and organisational capacity development. Moreover, HWWSA adheres to the principles of community-based responses, empowerment and skills transfer, child participation, and the greater involvement of PLHA.

As at August 2007, the HWWSA OVC programme consisted off three integrated synergistic programmes. First is the local South African programme through which services are directly delivered to OVC. Second is the Africa Network for Children Orphaned and at Risk (ANCHOR), which is a unique public-private partnership operating in six sub-Saharan countries and was set up to scale-up existing community OVC care and support programmes in Africa. Third is the Regional OVC-organisation Support Initiative (ROSI), a regional programme targeting OVC programmes to increase their reach, quality, and effectiveness of the OVC care. It is through these three programmes that HWWSA is able to reach and care for OVC in South Africa. This case study documents all three of these programmes, from hereon referred as the HWWSA OVC programme.

Comprehensive care and support services are offered to children through kids' clubs, counselling, structured group therapy/play therapy, and support groups. Physical support is provided through nutrition programmes, and resource mobilization for material goods and shelter. At the family level, psychosocial support is offered through support groups, family counselling and education work; physical support is offered in the form of food parcels, shelter improvement, and income generation; families are assisted in accessing official documentation and social services.

Sensitization and mobilization is done at the community level. Community child-care forums (CCCFs) are established and empowered; and other child-serving organisations are trained and mentored. At the system level, partnerships are forged with both local and international public and private entities, as well as with and the national government. This facilitates resource mobilisation and service delivery. The main inputs, activities, and intended outcomes of the programme are summarised in the illustration on page 15.

PROGRAMME STAFF

HWWSA is led by a board of directors comprised of executive and non-executive members. The executive directors are full-time employees of HWWSA and report to the non-executive directors, who are independently appointed by HWWSA. At the operational level, the workings of the organisation are kept in line by a chief executive officer and three directors — for finance, operations, and strategic development divisions. The operations director is involved with operations in existing programmes and sites. The strategic development manager identifies strategic partners and new programmes, and also helps to further develop existing partners and programmes.

The HWWSA OVC programme is headed by a focus area manager and is assisted by an assistant national manager. The assistant national manager oversees coordinators at all sites across the four provinces where the OVC programme is implemented. Each site is administered by a site Manager who deals with three OVC programmatic areas that HWWSA works in. At the site level, each programmatic area has a coordinator in charge of OVC field-workers, who are salaried employees of HWWSA. The field-workers are assigned to one of three programme components: family approach, school programmes, or CCCFs. For the 34 sites in Gauteng Province, there are three family approach field-workers, four field-workers for the school programmes, and a field-worker involved in CCCFs. ANCHOR has three staff members who do all three types of programmatic approaches. The number of staff employed at each site is dependent upon monetary resources and the geographical scope the area.

VOLUNTEERS

Like many other not-for-profit organisations, HWWSA has no end of people who want to volunteer their services, and often they send people away because they have enough volunteers. Volunteers mainly come from support groups facilitated by HWWSA and schools where prevention programmes have been conducted. Others are ordinary members of the community or come from large organisations such as Rotary International. Some volunteer agencies place school leavers with HWWSA so that they can gain experience for later employment.

Volunteers are categorised into four main types, namely community volunteers, academic volunteers, church volunteers and corporate volunteers. Community volunteers are either former clients that received care and support or general members of the community that are referred to HWWSA by other volunteers. All community volunteers are trained and work in all OVC programmatic areas. Academic volunteers are university students from either South African or international universities, students who want to gain practical experience but at the same time bring highly specialised technical skills that benefit both staff and community volunteers. They Join HWWSA as interns or researchers and stay on for a specific length of time. Church volunteers come from local churches and they mostly help run weekend activities at kids' clubs and they also help organise donations from their communities. Corporate volunteers come in either periodically or as a one-time activity. They provide monetary or in-kind donations, which are in most cases channelled directly to OVC. At times, in-kind donations are in the form of specialised technical skills directed to staff and volunteers.

Staff at Gauteng are assisted by 12 volunteers who receive no pay. The concept of volunteerism and expected code of conduct is clearly explained so that remuneration is not expected. When funds are available, a small stipend is given to some of the volunteers. Stipends are sustained for as long as resources are available or until the volunteer can be taken on as a member of staff. On occasion, volunteers are given food parcels. To show appreciation for their hard work, an annual party is held for all volunteers.

Volunteering serves as a capacity-building process, most volunteers are trained in the basics of HIV prevention and transmission, counselling, home based care and child care. Skills learnt

through volunteering at times lead to fulltime employment within the programme or with other organisations in similar work. Some fully paid staff members moved up the ranks, having started as volunteers. Volunteers tend to be dedicated and committed to their work to the extent that they have been known to use their own resources to help children.

The level of dedication and commitment shown by programme staff and volunteers is commendable, especially since they often face discrimination and stigma from members of the public who assume that everyone working at HWWSA is HIV-positive. They often go the extra mile by working on weekends to run activities like kids' clubs. Staff and volunteers deliver direct services to OVC as well as to their caregivers through kids' clubs, home visits, or through facilitation of support groups. They are appreciated by both the children and their caregivers, as depicted by the appreciative sentiments expressed below.

"Caregivers face so much stigma in the communities. I admire their perseverance and dedication with overcoming that irrespective of how they get treated by the people in the community."

HWWSA key informant

"Our facilitators are our friends, ever-smiling. They are very good to us. During the school holidays they take our kids to attend extra classes. The kids are happy. Now my grand son has a cooking certificate. He cooks nice meals for us. Whether the staff have stayed with us for long or are new they are very respectful to us. They never shout-"that is why we do not want to miss these Friday sessions. I know once I come here I leave a happy person-stress-free. They are very nice. The age difference between facilitators is not a problem at all. They are able to give good messages. My grand daughter also tells me they are nice, supportive and make them happy."

HWWSA adult support group member

" All the staff show us that we are not alone-please may they keep this up. They give us hope that even when we pass on our kids will continue getting support. I was not discriminated against. By just looking at me-they did not complain. They gave me love and I was encouraged."

HWWSA adult support group member

Hope *worldwide* OVC Programme

Hope *worldwide* South Africa works with OVC in the 32 sites across four provinces in South Africa: Eastern Cape, Kwa-Zulu Natal, Western Cape and Gauteng. In its 2007 semi annual report, HWWSA reported to Pact that between October 2006 and March 2007 it had served a total of 7231 OVC, 5218 of whom had been supported directly with at least three services. Direct supplementary support, which entailed OVC receiving only one two of the direct services, was given to 2013

Programme Goals

- Increasing care and support services to OVC;
- Strengthening the capacity of families/caregivers to care and support OVC;
- Strengthening capacity of communities to care for OVC; and
- Strengthening the capacity of child servicing Organisations to care to OVC.

External Resources

U.S. President's Emergency Plan for AIDS Relief track 1 funds
- Funds Africa Network for Children Orphaned and at Risk (ANCHOR)

Pact
- Channels USAID/emergency plan funds to local South African programme

SIDA
- Funds Regional OVC-organisation Support Initiative (ROSI),

SA Government
- Financial Support
- In-kind support in the form of infrastructure

Private Companies and other organisations
- Material and Financial Assistance e.g food parcels, transportation
- Technical Assistance e.g. Training, Baking Lessons

Hope Worldwide Activities

Play Groups/After School Activities
- Kids clubs
- OVC holiday camps
- Psychosocial support

Support Groups
- Adult support group
- Children support group
- Psychosocial support
- Parenting Lessons
- Income generation activities

Community Child Care Forums
- OVC identification
- Safe guarding interests of OVC and other children

Partnerships to broaden resource base with
- Religious organisations
- Community based organisations
- Government departments
- Public and Private companies

Community Mobilisation Initiatives
- Raising awareness about OVC, HIV/AIDS

Capacity Building
- Individual Skills training for income generation
- Community capacity building
- Regional OVC-organisation Support Initiative
- Organisation capacity building

Outcomes

Family and Community Outcomes
- Increased HIV/AIDS and OVC awareness
- Increase in peoples' interest in helping OVC
- Empowered child-headed households.
- Skilled parents/guardians leading to happier families
- Improved health seeking practices

Child and Adolescent Outcomes
- Increased responsibility and participation by OVC
- Psychosocial Support-increased resilience and emotional stability
- Food Security
  - oVegetable gardens
  - oFood leveraged from companies
- Economic Strengthening
  - oSocial grants Accessed
  - oIncome generating activities started
- Improved OVC academic performance
  - oAssistance with homework and holiday lessons
  - oAccess to school due to fee exemption

KEY PROGRAMME ACTIVITIES

The OVC programme provides services to its target population by facilitating various activities within the communities that engage both vulnerable children and their care givers. Efforts are made to address as many needs as are identified for each individual served, activities range from child-focused play and academic activities, to those on parenting for caregivers and further to building organisational capacity for identified partners. Detailed below are these key activities

Play Groups/After School Activities

The OVC programme tries to ensure that children spend free time away from school in a supportive environment which helps them access other services they may need. To this end, the OVC programme has set up kids' clubs where children can gather for after school activities, clubs that include assistance with home work, extra lessons, games, and recreational activities. The clubs also facilitate psychosocial support for children who are able to meet and interact with other children in similar circumstances.

The OVC programme runs over 100 kids clubs across the country, children who attend these clubs range between six and 17 years of age, with the number of children served by each club varying between 20 to 100 depending on the size of the club and the demographics of the area. Children attending the clubs are given a cooked meal or a sandwich each time they attend.

In partnership with the Tomorrow Trust programme, the OVC programme facilitates holiday camps for OVC where they are further tutored in key academic subjects. The holiday camps are held once a year depending on availability of funds. They ran over a period of two to eight days in a boarding-school manner where children are accommodated and provided with meals and learning material. In December 2007, in partnership with Nkanyiso Hope Camp, there were 100 OVC participating in holiday camps. A child beneficiary spoken to in one of the in depth-interviews expressed the sentiments below:

"The best things for me have been the Kids Club and the Tomorrow Trust Programme. At the Kids Club, I can express my feelings with other kids who understand me. It's different than talking to adults. Because of the public service strike, we really needed the extra classes of the Tomorrow Trust programme during the school holidays this year. It's good to know that there are people out there that care about our education."

Child beneficiary

Support Groups

A wide range of activities occur at adult support group meetings — from prayer for perseverance to lessons on parenting, income generation activities, physical exercise, and nutrition education. Adult support group members usually meet weekly and the meetings are open to everyone who wants to attend. Children find similar support from group activities organised for them after school and during school holidays. These support group meetings are structured sessions the children can receive therapy by interacting with a facilitator and other children in similar circumstances. Support group facilitators are either paid staff members or volunteers who have

been appropriately trained. Support groups not only provide a means to lessen the emotional and psychosocial stress that adults and children affected and/or infected by HIV/AIDS but they also provide a strong social network for members.

"The best thing for me was when we went to the camp. I was able to spend time with other children who have also lost both of their parents and we were able to talk about that and understand each other. It's much easier to talk to people who have gone through the same thing as they understand better."

Child beneficiary

Community Child-Care Forums

At times a number of CBOs and community members come together, pooling their skills and resources to form a CCCF. It is quite often the case that more than one community-based organisation is operating within an area. Realising that more can be achieved by amalgamating efforts, CCCFs have emerged as a means for communities to work together to fulfil common needs. CCCFs are a mechanism for discussing the issues of HIV/AIDS and its resulting problems, as well as proposed solutions. They generally provide educational support, safety, shelter, advocacy, food, and recreation.

CCCFs endeavour to identify children in need, mobilise the community, and provide sustainable low cost assistance to OVC and other children within their communities. They try to safeguard the interests of OVC and children within their communities in as far as the members are capable. As of September 2007, 10 CCCFs had been formed under HWWSAs OVC programme umbrella in Gauteng Province, with membership ranging form five to 30 people per CCCF, depending on the level of interest in the community. CCCFs meet at least once a month but can meet more frequently if the activity within their community is high. CCCFs began through the initiative of ANCHOR and are open to everyone from school teachers, community leaders, NGOs and OVC themselves. One staff member explained during an AI workshop:

"I am chairperson of DACCA, which is an OVC forum. There are more than 40 organisations in DACCA. The forum is useful for sharing skills, information and challenges. Together we look for possible solutions. We recently started to apply for funds to build the capacity of organisations: The community leaders are interested in seeing development-they enable the formation of CCCFs."

Staff member

Home Visits

Home visits serve as the medium through which services are delivered to both OVC and their parents/guardians or caregivers. More importantly, it is through community door to door visits that some OVC are identified. Psychosocial support is one of the services delivered through home visits; this is done either on a one-on-one basis or for the family as a whole. In instances where the required service is beyond the scope and capability of staff and volunteers, the programme links and refers the OVC to the appropriate service delivery point, such as clinics or government departments.

Partnerships

The programme has acknowledged that to reach as many children as possible it must partner with other people and organisations that have similar interests. Partnerships have been formed at different levels. They include those with communities, with religious organisations, other NGOs inside South Africa and internationally (such as ROSI), government departments and with corporate organisations.

At a community level, partnerships are formed with leaders, CBOs, and schools. Community leaders are approached before beginning operations in a new area so that they aware of what is intended for the area, they can then facilitate access to the community. A statement made by one of the staff members neatly sums up the mutually beneficial relationship that the OVC programme has established with its communities:

> *"The training that HWWSA gives facilitates beneficiary identification. We also involve OVC, parents and the community in OVC identification. The procedure that we follow is also excellent as we first go to the gatekeepers of the community like counselors and other community leaders. We show that we respect them in their own community-in turn they are willing to allow us into the community. We are able to maintain kids in our programme due to the services HWWSA provides. The children's needs are addressed holistically by interacting with the stakeholders in the area."*
>
> **Staff member**

Schools are the programmes most significant partner. It is at schools where a most OVC are identified, where advocacy on abstinence and faithfulness is conducted, where food parcels are distributed, and where OVC can be easily tracked. Children are identified with the help of educators as they are ideally suited to spot changes in their learners which could be indicative of increasing vulnerability such as drop in academic performance, poor personal hygiene and increased absenteeism. Staff or volunteers visit the schools, talk to principals about HWWSA efforts in the area, and try to enlist the school's cooperation in supporting OVC. This can be in form of waiver of school fees for children, permitting awareness activities to be conducted at the school, and enlisting educators to identify OVC in their charge.

> *"Teachers help a lot as they are networking very well with us. They have their own list of those who are vulnerable and in need. So we go to teachers for assistance in identifying OVCs in school. Teachers also help kids with homework. Members of the community also help-community workers refer kids to HWWSA."*
>
> **Staff member**

To broaden its resource base, both financially and programmatically, the programme has successfully created partnerships with a wide range of entities such as NGOs, government departments, and private businesses. It has good working relationships with several government departments that are helpful in meeting some of the OVC needs, such as the Department of Home Affairs, which is instrumental in processing of identification documents and birth certificates, and the Department of Housing for allocation of RDP houses.

Corporate companies are approached for material, financial, or in-kind contributions. Many have responded to this with donations that include financing, food, transportation for staff, school

fees, and vocational training and educational materials. Some of the companies and organizations that have made donations are Tiger Brands, South African Airways, Nestle, Hollard, ABSA, and Rotary International. Other organisations or companies, including Coca-Cola, KFC and the American School, make intermittent donations. The companies are at times involved in distributing donated items to OVC directly, in other instances this is done entirely by HWWSA. Partnerships have also been instantiated by companies or organisations that agree with the ethos of what the programme does and would like to contribute to this work.

Community Mobilisation Initiatives

These are carried in communities to raise awareness about OVC, HIV and AIDS. Through these activities, communities are enlightened as to the services available to them, signs of vulnerability in children around them, and life skills to prevent HIV contraction. At times, these sensitisation drives are conducted in partnership with other organisations, schools and government departments. Fun activities for young people, food and drinks are sometimes provided to attract the attendance of more youth.

These initiatives have also mobilised the communities to pull together and work towards meeting some of the OVC needs. In some areas the result has been the formation of CCCFs.

"We had an awareness campaign on abstinence. We went to White City community hall and organized for all schools around Soweto. Teenagers came to the campaign. The police provided protection, Rand Water supplied water, HWWSA supplied drinks and T-shirts. DJs came too to entertain the teenagers. We did door-to-door visits in White City and Mofolo — we distributed pamphlets about abstinence. There were kids at Mofolo Park and they listened to talks about abstinence. There also games and food for the kids. At the end of day, HWWSA organized transport for us to go back home."

Staff member

Capacity Building

HWWSA's OVC programme tries to address identified needs by providing long-term solutions in the form of skills training for income generation to parents and OVC. A volunteer told this story of capacity building that is being done for OVC and their parents/guardians in conjunction with Nestle, a producer of food products in South Africa.

The programme also strives to improve the capacity of CBOs to conduct their activities. These organisations usually depend on donor funds and can ill afford to hire highly qualified staff. HWWSA's OVC programme through ROSI and in partnerships with organisations such as JHPEIGO, provides training in such areas as management, monitoring and evaluation, implementation, financial management, and basic HIV/AIDS counselling and facilitation skills. Training is directed to those whose knowledge and skills need improving — from field-workers to top management. Some organisations have also received training on strategic planning and governance. One of the AI workshop participants gave an example:

"Nestle has a programme for Hope's OVCs. They train them to cook and bake. The children that go through the programme, are now training others to cook and bake. They help the grannies to cook the meals at the schools as part of the school feeding schemes. Nestle is empowering the children to cook for themselves in their homes too."

Volunteer

BENEFICIARIES

Children are the primary beneficiaries of OVC programme activities. The programme thus seeks to provide a comprehensive package of services to address OVCs physical, emotional, intellectual, and spiritual needs. Physical needs are addressed through food parcels, exercise and play groups at kids' clubs. Emotional needs are addressed through individual and family counselling. Intellectual needs are addressed through facilitation of school fee waivers and assistance with home work or extra lessons at kids clubs and holiday camps. Children are also targeted for some of the community mobilisation activities.

In its 2007 semi annual report, HWWSA's OVC programme reported to Pact, an NGO, that between October 2006 and March 2007 it had served a total of 7231 OVC through the local South African programme and ANCHOR. Of these, 5218 OVC had been supported directly with at least three services which include food and food parcels, general education, general health care (e.g., immunisation), and economic opportunity or strengthening (e.g., social grants). Direct supplementary support, which entailed OVC receiving only one or two of the direct services, was given to 2013 children.

Parents and caregivers as well as other organisations working in similar fields are also beneficiaries of HWWSA's OVC programme activities. Parents and care givers are given parenting classes to help them in child rearing and psychosocial counselling/support to help them deal with emotional repercussions of HIV/AIDS. Parents and caregivers also benefit indirectly from the programmes efforts to build the capacity of community-based organisations operating in their area.

Child beneficiaries are mainly identified through schools with the help of educators and school heads, others through community mobilisation activities where enlightened community members point out OVC. This is likely to change such that fieldworkers and volunteers can identify OVC at household level rather than relying on teachers or schools.

> *"The schools are an important source of recruitment of children because of the on-going feedback given by teachers and principals. They can see first hand when there are improvements or declines in behaviour and school marks".*
>
> Staff AI workshop participant

The registration process for children highlights the presence or absence of a parent, guardian, or care giver for the child. These adults are then invited to join support groups through which they too can be assisted.

SERVICES PROVIDED 

The children reached through HWWSA OVC programmes often have multiple needs. Thus efforts to assist them are tailored into a package of services that is as comprehensive and cross-cutting as available resources will allow. Services range from provision of food parcels, meals at kids clubs, to skills development for long-term self sufficiency and further to psychosocial counselling for emotional healing. This is demonstrated by the story told by one of the volunteers relating to two brothers who were identified through a school:

> *"After spending time with them regularly, I found out that they had been living alone with a granny until she died. They have an older brother but he is in prison. When their granny died, they had no one. The community neglected them because they viewed the boys as trouble-makers, because of their criminal, older brother. I continued to visit them and to build their trust in me … I have conducted counselling with them and have ensured that they received training in catering and gardening. They now have a garden at their shack. Since getting involved with them, I have also helped them to obtain school fee waivers, to obtain school uniforms and stationary, to obtain their ID documentation and to qualify for a proper house. They are currently on a waiting list for an RDP house. I called a meeting with people in their community … .I explained that it's not fair to judge the boys based on the actions of their brother. I begged them to help these boys."*
>
> **Volunteer**

Food and Nutritional Support

This tends to be one of the more immediate needs that most OVC have as their providers have either passed on or are too ill to work. The programme provides food parcels to OVC on a monthly basis as one of its key services. When food is available, all children that attend the kids clubs receive a meal at the club. Of 7231 children served through the local programme and ANCHOR, between October 2006 and March 2007, 74% were given food or food parcels. The researchers' visit to HWWSA coincided with a delivery of food donated by Tiger Brands, which was to be later distributed to OVC.

Psychosocial Support

Aside from the physical absence of a parent, or the pain and suffering induced by AIDS related illness, far more difficult to deal with are the emotional wounds that are brought on by HIV and AIDS. As such psychosocial counselling forms an integral part of HWWSA's OVC programme. As a faith-based organisation, HWWSA OVC programme recognises the power of prayer and its support groups for adults and children often begin with words of prayer. Some members regard the support groups as a source of strength, enabling them to carry on and not give up. Children are also offered psychosocial care through kids' clubs, where they have the opportunity to share and draw support from children in similar circumstances. Over the last semi annual reporting period (October 2006 -March 2007) 97% of OVC reached received psychosocial support (PSS).

Educational Support

In addition to OVC short term needs, HWWSA tries to ensure long-term safety and stability for children by assisting them academically. This is done through the kids' clubs where children are helped with their homework and through the Tomorrow Trust holiday camps where lessons are provided in English, mathematics, and science. Other partners such as Rotary International provide uniforms and stationary. HWWSA's OVC programme also facilitates waiver of school fees for OVC, so lack of finances is not a barrier to education. Over the last semi-annual reporting period, 5076 OVC were given education support as part of HWWSA service delivery.

Economic Strengthening

Another means to ensuring long-term safety and stability for OVC is to provide them and their care-givers with skills for running small home-based enterprises that bring in a sustainable income. In partnership with Nestle, the programme provides baking classes and also tries to secure start up capital for those who wish to pursue baking as a business.

Legal/Social Services

OVC and their families are often eligible to claim social grants from the South African Government but are unable to do so due to missing legal documentation. The OVC programme assists in obtaining the required documentation (e.g., identity documentation) and helps in applying for the relevant social grants.

Resources

Food is stored at Jabavu Hope Worldwide Offices. The food is leveraged from a leading food company and delivered in huge trucks to these stores at the Jabavu Clinic grounds.

DONORS

HWWSA has a complex funding structure, receiving support from multiple donors for its different programmes. The emergency plan is the largest funder for the OVC programme, financing more than 70% of its operations. Pact, an international non-profit organisation supported by USAID/South Africa, channels PEPFAR/South Africa funds to HWWSA to finance the South African OVC programme. Funding is also received from government departments such as the DoSD.

As mentioned earlier in this document, numerous private companies provide material and financial assistance, some on a regular basis whilst others make intermittent donations centred around events like World AIDS Day.

IN-KIND CONTRIBUTIONS

In-kind contributions are received from communities, private and public sector. Community in-kind contributions are mostly in form of time and energy vested into helping the programme carry out its operations. Communities are the base from which human resources (in form of volunteers) are drawn; communities where possible also provide material resources (in terms of food). Private entities may make their staff members available to work with OVC at events where the company is involved in service delivery for the benefit of OVC. Public sector in kind contributions may be in form of infrastructure where the programme can operate from. With the planned shift from a community- based model to a community-owned model, communities will play an even larger role in the organisation. It is envisaged that more volunteers will be brought on board with the programme field-workers taking on a facilitating role - effectively reducing the case load on field workers and allowing greater reach into communities and more personalised assistance through volunteers.

Lessons Learned

OVC beneficiaries and their guardians share life lessons in a meeting with guidance and support from an HHWWSA facilitator.

Programme Innovations and Successes

Psychosocial Support

Staff members recognise that psychosocial support (PSS) is one of their strengths and a key feature that makes the HWWSA OVC programme successful. The programme realised that to meet the needs of OVC effectively, it is necessary to address both their material and emotional needs. To this end, all staff members and volunteers receive training in psychosocial counselling and in turn are expected to address emotional needs for all children that they serve. PSS involves activities such as bereavement counselling, future planning, memory box formation and story telling. PSS is also extended to parents/guardians and caregivers through support groups and family counselling. Staff are also trained to recognise and deal with cases of child abuse thus ensuring that child protections is built into its activities.

OVC Involvement

The programme has also recognised the need to view children as not merely recipients of the various programmes but as active participants who can influence what services are rendered to them. In this way activities will be tailored in a manner that ensures relevant and appropriate services are provided to children and other community members. This is particularly important in the constantly changing world we live in today, technological advances and ease of access to dangerous substances such as drugs requires a more responsive approach to the needs of OVC. Within the HWWSA OVC programme, OVC are actively involved in leading kids clubs and referring other OVC to go to kids clubs. Some OVC over the age of 18 are trained to become members of Community Action Teams, which are involved in HIV prevention activities. Actively involving OVC over 18 also helps to circumvent the challenge of lack of support for OVC in this age group as s dictated by the current South African definition of a child.

> *"Children refer other children from within specific programmes, child participation allows them to stay- we give them space and the staff due to training enables us to be at the childrens level and able to relate to them .We allow them to decide on games they want to play. Children want to be listened to. In Durban, children are given an opportunity to serve in their community. They feel valued.*
>
> **Key informant**

HIV Positive staff members

HWWSA does not deliberately set out to employ HIV positive people, but having staff members who happen to be HIV positive has contributed towards more effective and compassionate service delivery. This is because they are aware of what others are going through and thus programmes can be specifically tailored to suit the needs of beneficiaries of who are HIV positive.

Effective Partnerships

Faced with the scale of community needs, and the numerous players working to fulfil that need, HWWSA has realised better and more strategic partnerships are the most effective way to address the growing OVC requirements.

> *"Knowing that we're just a drop in the ocean in terms of reaching OVC. There is tension between scaling-up and maintaining quality. The reality of the situation: the need is ten times greater than the supply. This is why we see the partnership paradigm as critical*
>
> **Key informant**

Partnerships have thus been formed with numerous entities ranging from the community, government, churches, and corporate companies without which the success that the programme has had could not have been possible. Efforts are continually being made to form partnerships at different levels which can help meet the needs of OVC.

> *"With regard to kids we partner with the Department of Sports and Recreation. In communities where we are not working we start by working with the Department of Sports. We use sports as an entry point and mobilize the community. The department helps in terms of reach. Another department we working with is that of Health. We are able to refer many sick children for ARVs e.g at PHRU. We also work with Department of Education as HWWSA works in several schools. Other partners include the police, they are part of CCCF and also provide law and order during functions. Community counselors are part of the gatekeepers in the community and we obtain their blessings when going to new sites. The counselor also advertise the work of HWWSA in the community. We are also working with many NGOs and FBOs. For example, we get milk from the church. We refer children to the Salvation Army's Carl Sithole Centre or to Zamukuhle in Zola. An NGO, Room to Read, provides mobile library for the children. In summary we have lots of partners as we are part of DACCA and also attend PACCA and NACCA".*
>
> **Key informant**

The programme has realised that partnerships must be done carefully as some high level partnerships can put a strain on community relations and hinder programme effectiveness.

> *"We need to be careful that high-level partnerships don't undermine community involvement. People often don't want imported products/ideas; they want to develop their own agendas. Partners must feel that they have an equal voice."*
>
> **Key informant**

PROGRAMME CHALLENGES

A number challenges have been faced in implementing the programme ranging from programmatic problems with management capacity to implementation problems of understaffing and service duplication. These are discussed in detail below.

Staffing

HWWSA's OVC programme is growing and expanding its base of operations, with this growth comes the need for more staff to carry out activities at all levels. With increased staffing, also comes the need to proportionally increase management capacity to coordinate and facilitate activities carried out by staff. Staffing levels of are below optimum resulting in overburdening of field-workers. Ideally, each field-worker should have a case load of no more than 50 children; in reality this is closer to 70 children per field-worker. This inevitably compromises on the quality of service rendered to children as a trade off between quality and quantity is likely to be made.

This is partially due to the level of financing that HWWSA OVC programme receives. As is typical of most NGOs, its financial needs are more than what is available, and this impacts both recruitment and remuneration of staff. Volunteer stipends are similarly affected, some volunteers have been known to leave the OVC programme for better paying positions. This has a negative impact on the children as they tend to form bonds with the people who work with them, the departure of people they have become close to is known to be frustrating to children.

Service Duplication

HWWSA's OVC programme is one of many programmes working with OVC in the country. As such, it is not uncommon to have more than one programme operating in a given area. This has at time proved problematic as organisations have been known to complain that HWWSA's OVC programme is stealing its clients. In some instances, organisations have gone into areas and made promises which they did not keep. As a result these communities have been reluctant to cooperate with HWWSAs OVC programme, requiring significant efforts to build trust. Some OVC have taken advantage of this duplication, moving form one programme to another.

> *"Other organisations have caused problems for us by going into the schools and making promises that they don't keep. When we arrive, we're met with scepticism and resistance. We have to work hard to build their trust. We do that by going to the school regularly, leaving our phone numbers with them and signing a Memorandum of Understanding with the school."*
>
> **Staff member**

Donor and Partnership Requirements

"In one area we made a presentation and a CCCF was formed and we started working. However, another organisation claimed that it is the one that started a CCCF first and the one started by HWWSA should be dissolved as HWWSA had stolen CCCF members from the other organisation's CCCF. After six months, Vukeya followed up the issue and realised nothing was happening with the regard to the other organisation's CCCF. They had given up. After talks between the two organisations, it was agreed that HWWSA takes over and now the CCCF is functional."

Staff member

Although financial and material assistance is most welcome, expectations can be challenging, especially when donor preferences do not match those of the recipient organisation. The funding may be inflexible in that it can only be used for specific programmes, leaving little or no flexibility to use the money in other innovative ways that are in keeping with the organisation's mission and vision. HWWSA tends to have long-term views, whereas donor organisations may have short-term views and want more immediate results.

Erroneous Beliefs

Despite the massive flow of information on HIV/AIDS that has been made available to the public through radio, television, pamphlets, posters to name but a few, their still appears to be lack of understanding or clarity surrounding the issue. This has proved to be a challenge. The government stance on HIV and AIDS has remained unclear in the minds of most ordinary South Africans, and has added to the confusion as it is unclear if HIV causes AIDS or whether a diet of garlic and beetroot will cure it.

"My daughter was pregnant in 2001. She got sick and came to the clinic where she was found to be HIV-positive. When she came back home I found her on the bed, she was crying. She informed me about the HIV+ status. I comforted her, told her she would be alright if she started treatment. She did not believe me. In 1998 I was also sick and when I went to the doctor I was also found to be HIV-positive. I went home and again talked to my daughter about HIV. I told her HIV has been with us for along time — maybe I got it during child birth. I insisted that she start taking treatment. I told her, "Look at me, I could have lived with the virus for a long time — I do not want to think about my status — I must concentrate on living as my life has to continue".

OVC guardian

Government Outlook and Processes

Processing of grants has proved to be a challenge as it takes a long time to have them processed. In some cases taking years, the researchers were told of a claim that took four years to get processed. At times these processes take even longer when the people involved are not of South African origin as depicted by the cases below.

"The kids from neighbouring countries are not receiving services. They do not have IDs and they cannot access grants. They cannot even access ARVs. However, we do provide food parcel to them".

Staff member

"Yes, we have a friend who has been in South Africa for long-they came to South Africa when the daughter was four years — now she is 18 years and still regarded as a foreigner."

Coordinator

Political Affiliations

Political affiliations have also interfered with implementation. Although the programme is non-partisan, community gatekeepers have at times barred it from operating until it is viewed as belonging to their party.

"This is an old case. One HWWSA field-worker wanted to map the community and went to the councillor first. The councillor belonged to [a party] and the HWWSA did not belong to any political party. The fieldworker was told to join IFP so as to get permission to work in the community."

Coordinator

UNMET NEEDS

The programme has numerous activities and services that it would like to deliver to OVC but cannot owing to reasons such as restrictive legislation, insufficient financial and human resources. A discussion of these unmet needs follows.

Children 18 Years and Above

According to South African legislation, a child is defined as a person below 18 years of age (Republic of South Africa, 2005), all children below this age whose parents or care givers earn less than a R 800 (in urban areas) or R 1100 (in rural areas) are eligible for the child support grant (Government of South Africa, 2007). Subject to a means test, and legal registration, care givers can also claim an additional foster care grant if they are not the biological parents of the child.

"The age limit in the definition of OVC is a problem. Some OVC who are 18 years and above may still be dependent-some may be at school as the illness could have delayed their development and progress at school. There are children who are 18 and beyond heading households".

Staff member

"Other needs are the scholarships for OVC, for example bursaries when they finish school. When they finish school, they have no resources — when they go to Umsombuvu, they are told there no funds. Maybe the money that is given to Umsombuvu fund should be given to NGOs so that OVC can access it."

Staff member

While government support for OVC has proven to be a Godsend for many underprivileged families, a major weakness of this initiative is that support falls away when children reach the age of 18, even though at this age, it is highly unlikely that they could be economically self sufficient. Withdrawing support at this age effectively limits the child's chances of completing secondary education and proceeding to a tertiary educational institution. As a result, these OVC are at greater risk for dropping out of school and engaging in illegal activities.

"They are kind of abandoned once they turn 18. They still need a lot more knowledge and guidance. Specifically, they need knowledge about life. They need career guidance and to be equipped with life-skills, and the ability to make good decisions. HWWSA needs a specific programme that targets these young adults. One thing it could do is have a support group just for them."

AI workshop participant

Cutting off support at 18 leaves many OVC without adequate support at a critical age in their lives, it could also leave them (more so the girls) open to engaging in risky sexual behaviour. There is thus an urgent need to provide on-going programmes to these children which can include scholarships to enable them continue with their education and training in income-generating activities for those who may have dropped out of school.

Adolescent Needs

The OVC programme has identified that some needs specific to adolescents are not being met within their communities. This is particularly true with regard to issues of sexuality, parenting and life skills. In some cases the need for spiritual counselling and adolescent support groups has also been identified.

"Because the children are not encouraged to discuss sexual issues and HIV, there is a generation gap between them and their caregivers (often grannies). The problem is a lack of communication between the adults and the children. The need that is not being met is the need for the children to receive good advice and guidance from the caregivers about these issues. That is not happening."

Staff member

"The children need to learn about the roles and responsibilities of parents. This would ideally postpone the age at which they become parents as well as empower those young parents with improved parenting skills. This training really needs to be culturally relevant in order for it to be effective."

AI workshop participant

Shelter

Staff and volunteers have identified OVC without adequate shelter. This has been identified as an urgent need that the organisation should address.

> *"Sometimes you find OVC are staying at other people's backyards. I wish we would address the shelter issue. When I started I would take peoples IDS and go to the DoHA to secure people RDP houses that were being built for HIV-positive people. It is better to solve the shelter needs since" Taking a child and taking them into an orphanage is not right."*
>
> **Coordinator**

Food Security

Food is most often an immediate need that children encountered by staff and volunteers. The food given to children is mostly donated by corporate organisations some of whom go a step further by assisting with delivery to the various distribution points. However, demand for food far outweighs supply, and food security issues remain unaddressed in many areas. One recommendation includes establishing food gardens which could provide food as well as generate income. Linked to food security is the need to establish sustainable income-generating activities within the communities.

Establishment of Additional Services

It was also mentioned that additional services which are currently not provided by the organisation could be established, these include: an orphanage, a drug rehabilitation programme, a career centre for young people, a support group for HIV-positive children, an ARV clinic for children where treatment could commence at a higher CD4 threshold than that currently used in government clinics.

The Way Forward

Adult support group members knit Zulu dance ceremonial skirts as part of their income-generating activities.

Looking ahead, staff and volunteers expressed a wide range of ideas on how they would like the organisation to evolve. These have been outlined below.

Increased Emphasis on Community Ownership

This is a move that is planned for the near future to shift focus from community based one to a community owned. Services and activities will then be primarily determined by the communities served with the programme playing more of a facilitation role. This is a community capacity enhancement process which will increase community participation in OVC activities thereby building a sense of ownership and aiding sustainability of the project. The community will decide what is needed (rather than the programme), and the community will determine the best approaches to meeting those needs.

Increased Funding

The activities that the programme can do are in most cases limited by the financial resources available to the organisation. A widely expressed view was that increased funding should be made available to the organisation. To this end, the programme has made applications to the Department of Social Services, corporate foundations, and foreign government agencies. Securing more funds will allow the programme to increase volunteer stipends and increase number of staff hired, including skilled staff such as psychologists, doctors, and social workers, such that referrals to overburdened government services are no longer necessary. Increased funding would improve the quality of services provided, reduce staff turnover and increase the reach of the organisation. It would also allow for food parcels to be bigger, have more variety, and be delivered at shorter intermittent periods.

Scholarships

It was also proposed that in future, more should be done to make scholarships available to beneficiaries as well as staff and volunteers who wish to advance their skills. Through partnership with ANCHOR, there are plans to make educational support available across the country for children in crisis situations. Currently there is an existing partnership with Rotary International that solicits funds to help OVC in Africa.

Income-Generating Activities

The desire to build vocational and economic strengthening was also expressed. To this end, the programme plans to replicate the vendor model, an income-generating initiative that was piloted in Ethiopia as a collaborative effort between Save the Children, Coca-Cola, and USAID. By following this model, identified OVC would be given psychosocial support, business skills, first-level inventory and other necessary support thus enabling them to earn a living. The model would be extended to include other products which could be sold by the OVC.

In conjunction with Coca-Cola and Rotarians for AIDS, the programme through ANCHOR plans to form an ANCHOR coordinating team. This team will spearhead various activities, including OVC self-sufficiency programmes such as the vendor model, where OVC are trained and supported to run small businesses. Partnerships have also been formed with organisations such as JHPEIGO which provide technical assistance.

Care for Carers

Care for OVC focuses on the child to the extent that those charged with this responsibility are often overlooked. Recognising this, the programme intends to extend it services to include care of care-givers and volunteers. This will include debriefing sessions and psychosocial support which will prevent burn out. This support will ideally be provided through partnering with master's degree-level students.

Strengthening Case Management

Care to children is currently provided mostly through group activities in kids clubs and holiday camps. Plans are underway to improve the way children are managed and monitored through use of a child status index which tracks their vulnerability status on an individual basis.

Improving Monitoring and Evaluation Processes

Through programme has systems in place to monitor activities, it was expressed that there is need to strengthen both monitoring and evaluation such that reports are better utilised to identify weaknesses and determine whether or not the organisation is achieving what it set out to do. The emphasis of monitoring and evaluation activities is also set to shift from outputs to outcomes and impact such that the long term well being of children is the is the underlying focus. This will ensure that the organisations activities stay relevant and appropriate to the situation on the ground.

> *"HWSA is currently reviewing its strategies with an intention to grow from providing services and measuring outputs to engaging communities and individuals in developmental activities that will produce tangible results but over a long period of time … this will then be followed by a process of reviewing our activities likewise as well as putting in the capacity required to ensure delivery. Communities and other stakeholders will be consulted at targeted times to give input and get their buy.*
>
> **Staff member**

With continued support from donors, well-wishers, and the communities it serves, Hope *worldwide* South Africa's OVC programme is sure to continue its good work and improve the lives of many more OVC.

References

Cooperrider, D. & Whitney, D. (2005). Appreciative Inquiry: A positive revolution in change. San Francisco: Berret-Koehler.

Department of Health. National HIV/Syphilis Antenatal Sero-Prevalence Survey in South Africa, 2005

Department of Social Development, South Africa. *Annual Report for the 2005/2006 Financial Year - Year ended 31 March 2006.* http://www.socdev.gov.za/documents/2006/ar2006.pdf

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.za/documents/d0002008/Policy-Framework_OVC_Jul2005.pdf

Hope Worldwide South Africa. 2007 Semi-Annual Progress Report. April 2007

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

Republic of South Africa, Childrens Act (Act 38 of 2005). Interpretation. http://www.info.gov.za/gazette/acts/2005/a38-05.pdf [Accessed November 2 2007]

Rogers, P J and D Fraser. *Appreciating Appreciative Inquiry*. New Directions for Evaluation 100:75-83. Winter 2003.

South African Government Services , 2007. :http://www.services.gov.za/en-za/socialservices.htm [accessed October 29 2007]

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