

*A Case Study*

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# Ikhwezi Lomso

## Child and Family Welfare





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## Child and Family Welfare

*With Support from Management Sciences for Health*

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*Cover photo by Gareth Rossiter: Participants at the AI workshop have a tea break outside the Ikhwezi Lomso Centre*

# Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
CBO	community-based organisation
CCF	child-care forum
DoA	Department of Agriculture
DoHA	Department of Home Affairs
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
HBC	home-based care
HIV	human immunodeficiency virus
IDP	integrated development plan
MSH	Management Sciences for Health
NDA	National Development Agency
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
PSS	psychosocial support
RDP	reconstruction and development programme
SGB	school governing body
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

# Executive Summary

Of South Africa's more than 18 million children, about 3.8 million children have lost one or both parents (21% of all children). More than 668,000 children have lost both parents, and some 122,000 children are estimated to be living in child-headed households (*Child Gauge 2007/2008, The Children's Institute, University of Cape Town*). Despite the growing number of orphans and vulnerable children (OVC), there is insufficient documentation on what works to improve the well being of these children affected by HIV/AIDS. With more information, policy-makers and programme managers can make better informed decisions about their allocation of scarce resources.

This case study is one of the 32 OVC programme case studies that have been researched and written by Khulisa Management Services under commission from the U.S. President's Emergency Plan for AIDS Relief (emergency plan) through the U.S. Agency for International Development (USAID)/South Africa. This study documents Ikhwezi Lomso Child and Family Welfare Society's OVC programme and lessons learned that can be shared with other OVC initiatives. It is based upon programme document review and programme site visits, including discussions with local staff, 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 Ikhwezi Lomso Child and Family Welfare Society's programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

*Ikhwezi Lomso* means "tomorrow's bright morning star" in Xhosa (a South African language). The programme was started in 2000 by a group of concerned health and development professionals to address the health, social and economic needs of those affected by the HIV/AIDS pandemic and to battle the stigma associated with the disease. The programme has sought to ensure openness and the wide participation of all groups in the community in facing the challenges that the pandemic poses to the general society including orphans and vulnerable children. The programme was established as a project of the Local AIDS Council, a multi-sectoral body that promotes coordinated efforts against HIV/AIDS at the local level in South Africa.

Ikhwezi Lomso Child and Family Welfare Society is situated in the Nkondlo tribal area, which lies in the fringes of Ngcobob town. Ngcobob is a moderate sized town in the Chris Hani Municipal District in the Eastern Cape Province in South Africa. Sometimes referred to as AmaQwathi, the Nkondlo tribal area comprises 16 rural villages over an area of some 2500 square kilometres. This is an area that is reportedly characterized by high levels of unemployment, urban migration and poverty. These factors seemingly combine to predispose orphans and vulnerable children in the area to situations of neglect, abuse, stigmatisation and other socio-economic hardships. Ikhwezi Lomso was therefore set up to address the burgeoning problems of HIV, high numbers of orphans and vulnerable children, and stigma in this community.

Ikhwezi Lomso has adopted a community-based integrated care approach that allows for compassionate caring of orphans and vulnerable children by people familiar to them within their familiar residential areas. This approach translates into three core programme areas — care for orphans and vulnerable children; home-based care (HBC), and poverty reduction. The OVC programme began in 2000 as a result of findings from the HBC programme, which started a few months earlier. HBC workers deployed by the programme to attend to sick and terminally ill members of community discovered a growing number of OVC during their home visits. Hence, the programme decided to commence a programme dedicated to reaching OVC. The OVC programme focuses on delivering quality services to children in need. As of April 2008, the programme was reaching 1116 OVC.



Ikhwezi Lomso's OVC programme goals are to:

- produce a cadre of trained child community caregivers for the provision of quality service to the communities they serve;
- ensure that all children in need of care in the served administrative areas receive quality care within their home and community environment;
- ensure that all identified children are linked to services they require; and
- ensure that schools and health care service delivery units are sensitive to children's issues.

In order to achieve these goals, Ikhwezi Lomso's OVC programme has the following main components – child-care forums (CCFs), feeding project (soup kitchen), food gardening, and home visits. The CCFs are a group of key stakeholders such as teachers, traditional leaders and other community members who convene with the main aim of discussing and solving challenges that face OVC in their community.

Home visiting is also a key component of Ikhwezi Lomso's OVC programme. These visits are provided by 57 volunteers or child carers. The child carers are the main “hands and feet” of the OVC programme. They visit each OVC household and assist them in various areas, such as school work, accessing social grants, and referrals to relevant government departments.

Through the above activities, Ikhwezi Lomso provides a range of services to OVC. Food and nutritional support is provided via the feeding project, food gardens, and food parcel distribution. CCFs and volunteers identify and refer OVC in abusive conditions thereby providing child protection services. They also accompany sick OVC to clinics and provide counselling and emotional support to OVC and their households. Economic strengthening support comes in the form of assisting OVC and their families with accessing social grants and training OVC in income generating activities such as food gardening. The programme also negotiates school fees exemption and provides free uniforms to OVC.

Ikhwezi Lomso has experienced a number of successes. These include building strong partnerships with schools, traditional leaders and government departments in order to mobilise more support for OVC; and working openly against stigmatisation and discrimination through active community sensitisation. The programme is also thriving in fostering the personal development of staff and volunteers through training them in marketable skills such as child care.

The programme is also experiencing a number of challenges. These include lack of adequate incentives for staff and volunteers to reduce turnover, lack of a means of transport to access the difficult terrain in its service area, and inadequate resources to complete and furnish the nearly-built multi-purpose centre. This centre, if completed, will provide much needed office space for staff and volunteers, meeting spaces, and facilities for training.

Unmet needs of OVC and their families include need to improve access to social grants and more training in income-generating activities to alleviate poverty. There is also a need for more consistent food parcel delivery and expansion of nutritional programmes (feeding project and food gardens) to improve food security. The programme's leadership also rues the inability to secure more foster arrangements for OVC who have no guardians. There is also a need to provide quality after-school centres for OVC and to secure more funds to assist older OVC to pursue tertiary education.

As far as the way forward is concerned, Ikhwezi Lomso has plans for a better future. These include expanding its nutrition programme, diversifying its donor base to achieve stronger financial security, and continued collaboration with government to improve service delivery to OVC and their families.

# Introduction

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*“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**

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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 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 Ikhwezi Lomso Child and Family Welfare Society’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 Ikhwezi Lomso Child and Family Welfare Society, OVC programme implementers across South Africa and other countries in sub-Saharan Africa, as well as policy-makers and donors addressing OVC needs. It is intended that information about programmatic approaches and lessons learned from implementation, will help donors, policy-makers, and programme managers to make informed decisions for allocating scarce resources for OVC and thus better serving OVC needs.

The development of these case studies was based on programme document review; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and, observations of programme activities. The programmatic approach is described in depth – including approaches to beneficiary selection, key programme activities, services delivered, and unmet needs. Programme innovations and challenges also are detailed.

It is our hope that this case study will stimulate the emergence of improved approaches and more comprehensive coverage in international efforts to support OVC in resource-constrained environments across South Africa and throughout the world.

# Orphans and Vulnerable Children in South Africa

With an estimated 5.5 million people living with HIV in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. Of South Africa's 18 million children, nearly 21% (about 3.8 million children) have lost one or both parents. More than 668,000 children have lost both parents, while 122,000 children are estimated to live in child-headed households (Proudlock P, Dutschke M, Jamieson L et al., 2008).

Whereas most OVC live with and are cared for by a grandparent or a great-grandparent, others are forced to assume caregiver and provider roles. Without adequate protection and care, these OVC are more susceptible to child labour and to sexual and other forms of exploitation, increasing their risk of acquiring HIV infection.

In 2005, the South African Government, through the Department of Social Development (DoSD), issued a blueprint for OVC care in the form of a policy framework for OVC. The following year, it issued a national action plan for OVC. Both the framework and action plan provide a clear path for addressing the social impacts of HIV and AIDS and for providing services to OVC, with a priority on family and community care, and with institutional care viewed as a last resort. The six key strategies of the action plan include:

1. strengthen the capacity of families to care for OVC
2. mobilize community-based responses for care, support, and protection of OVC
3. ensure that legislation, policy, and programmes are in place to protect the most vulnerable children
4. ensure access to essential services for OVC
5. increase awareness and advocacy regarding OVC issues
6. engage the business community to support OVC actively

In recent years, political will and donor support have intensified South Africa's response to the HIV/AIDS epidemic and the growing numbers of OVC. The South African government instituted guidelines and dedicated resources to create and promote a supportive environment in which OVC are holistically cared for, supported, and protected to grow and develop to their full potential. Government policies and services also care for the needs of vulnerable children more broadly through such efforts as the provision of free health care for children under age five, free primary school education and social grants for guardians.

The U.S. government, through the emergency plan, complements the efforts and policies of the South African government. As one of the largest donor efforts supporting OVC in South Africa, the emergency plan provides financial and technical support to 168 OVC programmes in South Africa. Emergency plan partners focus on innovative ways to scale up OVC services to meet the enormous needs of OVC in South Africa. Programme initiatives involve integrating systemic interventions; training of volunteers, caregivers, and community-based organisations; and delivery of essential services, among other things. Emphasis is given to improving the quality of OVC programme interventions, strengthening coordination of care and introducing innovative new initiatives focusing on reaching especially vulnerable children.

# Methodology

## INFORMATION GATHERING

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*Child care workers document the stories of guardians about their experiences of the support that Ikhwezi Lomso provides for them and their children.*

When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. Appreciative inquiry was chosen as the overarching approach because it is a process that inquires into and identifies “the best” in an organisation and its work. In other words, applying AI in evaluation and research is to seek out 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 the Ikhwezi Lomso OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

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*“Appreciative inquiry is about the co-evolutionary search for the best in people, their organisations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives “life” to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. AI involves, in a central way, the art and practice of asking questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential”.*

**David Cooperrider, Case Western Reserve University, co-founder of appreciative inquiry**

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The AI approach was rewarding in expected and surprising ways. Participants reported that they found the emotional telling of and listening to intense and wonderful stories moving, informative and cathartic. Researchers made an effort to turn interviews into probing conversations through which it was possible to extract an understanding of the qualitative issues and add value by getting participants to think about things in a new way.

Primary information was gathered over two days in the Nkondlo administrative area outside Ngcobo in late July 2007. Researchers conducted a series of interviews with programme and project managers and in an AI workshop with beneficiaries, guardians, teachers, caregivers, policemen, youth volunteers, social workers and officials from the department of Agriculture. Stories and interviews were transcribed and analysed to identify themes. A review of documents from the programme, including strategies, proposals, and reports provided additional insight. Time scheduled for observations of the Ikhwezi Lomso programme at work was curtailed by a breakdown in our vehicle, which served as a fitting reminder of the serious constraints faced by those working in deep rural areas with limited resources.

## FOCAL SITE

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Ikhwezi Lomso is situated in the Nkondlo tribal area which lies on the fringes of Ngcobob town. Sometimes referred to as the AmaQwathi tribal area, it stretches to the east of the rural town of Ngcobob in the Eastern Cape Province. This middle-sized town is the commercial and administrative centre for the area. The municipal district forms part of the greater Chris Hani District Municipality. It comprises 16 wards covering 2500 square kilometres which are the villages of the tribal area.

The area is reportedly characterised by high levels of unemployment, resulting in large portions of the population, mainly working-age men, migrating to urban areas to find employment. Among those that remain, there are high numbers of pensioners and children. Pensions and child support grants are thus a main source of income for many households. Subsistence farming of cattle and goats occurs to a certain extent, but vegetable crop production is limited by lack of capital, irrigation infrastructure, and skills. These conditions reportedly combine to predispose orphans and vulnerable children in the area to situations of neglect, abuse, stigmatisation and other socio-economic hardships. Ikhwezi Lomso was therefore set up to address the burgeoning problems of HIV and the resultant high numbers of orphans and vulnerable children in this community.

# Programme Description

## OVERVIEW AND FRAMEWORK

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*The Ikhwezi Lomso Child and Family Welfare Programme seeks to provide care for OVC in the deep rural villages of the Nkondlo administrative area.*

In 2000, Dr Bongiwe Yose-Xasa, a medical practitioner in the Ngcobobo district, gathered around her a group of like-minded passionate people and together they began formulating a plan to address the burgeoning problems of HIV, high numbers of orphans and vulnerable children, and stigma in their community. Hence Ikhwezi Lomso, which is Xhosa for “tomorrow’s bright morning star” was started.

Because its founders were aware of the critical importance of community buy-in and participation, Ikhwezi Lomso Child and Family Welfare was conceptualised as a programme of the Local AIDS Council. The council is the local manifestation of the Provincial AIDS Council, and is set up as a multi-stakeholder forum to ensure that all sectors are involved in finding solutions to

the pandemic. The efforts to ensure a multi-stakeholder approach to the OVC programme appear to have paid dividends. Although there are some challenges in this area, there seems to be a high level of participation and support from all the government departments. Government officials were enthusiastic participants in the AI workshop and offered positive comments.

After consulting closely with traditional leaders in the area, a team of volunteers were identified and trained by Dr Yose and the retired nurses to provide home-based care, to care for OVC, to develop and to run poverty reduction projects including vegetable gardens and poultry. As of July 2007, the programme was managed by a programme coordinator who was assisted by seven field coordinators. These field coordinators in turn were overseeing the activities of 97 volunteers. These volunteers are the “hands and feet” of the programme, because they are the ones who often establish and maintain relationships with, and provide services directly to, OVC. There is also a governing body that monitors and advises all programmes and activities of Ikhwezi Lomso.

Ikhwezi Lomso has adopted a community-based integrated care approach that promotes integration of public health and social services on a local level. This approach is based upon and driven by community health needs and is tailored to health beliefs, preferences and societal values of that community and assures community participation. Ikhwezi Lomso believes that this strategy allows for compassionate caring of orphans and vulnerable children by people familiar to them within their familiar residential areas. The community-based integrated care approach translates into three core programme areas – care for orphans and vulnerable children; home based care; and poverty reduction.

The OVC programme focuses on delivering quality services to children in need. The home based care programme is centred on providing palliative care to sick members of community mostly those who are terminally ill from AIDS and related illnesses. The poverty reduction programme involves training members of community in income-generating activities such as food gardening and small scale chicken farming. There is considerable overlap between these three programmes and OVC benefit from them in various ways. For instance, all OVC receive home visits from child care volunteers who work in the OVC programme. However, sick OVC may be attended to by the volunteers from Home based care programme. Also, some OVC have been trained to run food

gardens through the poverty reduction programme. This report, however, focuses on the OVC programme with reference to the other programmes where necessary.

The OVC programme began in 2000, shortly after the take off of the home-based care programme. While conducting their home visits, HBC workers discovered that there were a large number of OVC who needed care. Hence, the OVC programme was born. As of April 2008, the programme was reaching 11116 OVC.

Ikhwezi Lomso OVC programme goals are to:

- produce a cadre of trained child community caregivers for the provision of quality service to the communities they serve;
- ensure that all children in need of care in the served administrative areas receive quality care within their home and community environment;
- ensure that all identified children are linked to services they require; and
- ensure that schools, health care service delivery units sensitive to children's issues.

In order to achieve these goals, Ikhwezi Lomso's OVC programme has the following main components – CCFs, feeding project, food gardening, and home visits. The CCFs are a group of key stakeholders such as teachers, traditional leaders, members of school governing boards (SGBs), and other community members. CCFs convene monthly with the main aim of discussing and solving challenges that face OVC in their community. Ikhwezi Lomso is responsible for establishing CCFs and is actively represented at their meetings by its staff and volunteers. As of April 2008, one CCF had been established by Ikhwezi Lomso. The composition of this CCF is mostly teachers and SGB members drawn from eight schools in Nkondlo. The CCF is headed by a school principal.

It is worthy of note that Ikhwezi Lomso works closely with schools because it believes that it is through schools that OVC could best be identified and supported. Thus, in addition to the CCF, the programme has also established food gardens at two schools. OVC are trained by the Department of Agriculture (DoA) to cultivate these gardens while Ikhwezi Lomso provides seedlings and other farming materials. Volunteers who work in Ikhwezi Lomso's poverty reduction programme also visit these gardens to provide technical assistance. Ikhwezi Lomso also runs a feeding programme at four schools which provides food once a day at lunch-time to OVC in these schools. Food parcels are occasionally delivered to OVC who are in dire need.

Home visiting is also a key component of Ikhwezi Lomso's OVC programme. These visits are provided by 57 child carers. The child carers are the main "hands and feet" of the OVC programme. They visit each OVC household and assist them in various areas such as home work assistance, accessing social grants, and referrals to relevant services such as identification documents. Child carers also educate OVC and their families about HIV/AIDS. Although not directly responsible for the OVC programme, the HBC workers also "keep an eye" on OVC while in the discharge of their main duty – providing palliative care for the sick, including ill OVC or their parents or guardians.

Through the above activities, Ikhwezi Lomso provides a range of services to OVC. Food and nutritional support is provided via the feeding project, food gardens, and food parcel distribution. CCFs and volunteers identify and refer OVC in abusive conditions, thereby providing child protection services. They also accompany sick OVC to clinics and provide counselling and emotional support to OVC and their households. Economic strengthening support comes in the form of assisting OVC and their families with accessing social grants and training OVC in income-generating activities such as food gardening. The programme also negotiates school fees exemption and provides free uniforms to OVC.

In addition to the above key activities and services, Ikhwezi Lomso is involved in linking OVC and their families with government departments, with whom it has a rapport, in order to expedite service delivery. These government departments include Department of Health, Department of Social Development (DoSD), Department of Education, DoA, and Department of Home Affairs

(DoHA). Usually Ikhwezi Lomso's volunteers refer or accompany OVC to these departments when necessary. For instance, OVC are referred to the DoSD for food parcels and social grants. Those who do not have identification documents are referred to DoHA.

In terms of resources, Ikhwezi Lomso has a reasonably balanced portfolio of grants from South African and international sources. The OVC programme is partly supported via an emergency plan grant managed by Management Sciences for Health (MSH). This grant supports all services to OVC except food and nutrition (the feeding project, which is funded by the National Children's Home project of the Methodist Church). The National Development Agency (NDA) provides a grant which covers the HBC programme. There are also occasional donations of clothing, food and other items from individuals and local businesses in the community.

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*“What I value most about this project is that they put the needs of the community first and fight the abuse of the children. The most extraordinary thing is their ability to meet the children's needs providing food, education, clothing, and security. They know how to help, communicate, refer and share their tasks with other partners.”*

**Municipality Project Coordinator**

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## PROGRAMME STAFF

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The entire programme is headed by a coordinator who is assisted by seven field coordinators: four for the HBC programme, two for the OVC programme, and one for the poverty reduction programme. The field coordinators supervise the activities of volunteers in their various programmes. Ikhwezi Lomso also has a governing body that oversees the programmes' work including monitoring programme implementation and ensuring financial accountability. The governing body has nine members from the community, mostly school teachers, who have volunteered their time to serve on the body. They meet on a monthly basis with the programme coordinator and field coordinators in attendance.

Many members of staff have come through the ranks of the volunteers while some have been appointed through standard recruitment procedures. Staff members meet for regular assessments during which all the programme coordinators present progress reports. Problems are addressed collectively and plans for the future are developed based on ongoing programme work and strategies to address the challenges. Thus these meetings help to ensure an integrated approach across the three separate programmes.

## VOLUNTEERS

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The foot soldiers of the OVC programme are the child carers. These child carers are volunteers drawn from the 16 villages that the programme serves. Initially they were identified through a process conducted by the local chiefs, others have presented themselves. All child carers receive ongoing training in areas such as stages of childhood development, HIV and rights of children, nutrition, and child abuse. This training is in-house and is conducted mostly by the programmes' staff. Some of Ikhwezi Lomso's staff and volunteers have also attended additional once-off courses in topics such as financial management and project management.

As of April 2008, there were 57 Child carers who worked within the OVC programme. They performed home visits daily and offered various forms of assistance to OVC such as counselling, home work assistance, and referrals to relevant government departments. They were being paid a small stipend through the MSH/emergency plan grant. There were another 30 volunteers who worked in the HBC programme as home-based carers. Although not directly responsible for the OVC programme, they visited many homes in the community on a regular basis and were thus in a position where they could also contribute to the OVC programme. Thus, in addition to providing palliative care for the sick, they also "keep an eye" on OVC and, in fact, identify new OVC in the households they visit. Another 10 Volunteers worked on the food garden and poultry projects, providing technical assistance to members of community including OVC and their families who were involved in these projects.

# Ikhwezi Lomso Family and Child Welfare

Ikhwezi Lomso (Tomorrow's Bright Morning Star) provides a comprehensive range of services to support OVC and PLHA. Its primary objective is to ensure that OVC in Ngcobo Local Service Area are cared for comprehensively in their own communities without stigma.

## OVC Programme Goals

- To produce a cadre of trained child community caregivers for the provision of quality service to the communities they serve.
- To ensure that all children in need of care in the served administrative areas receive quality care within their home and community environment
- To ensure that all identified children are linked to services they require.
- To ensure that schools, health care service delivery units sensitive to children's issues

### External Resources

#### MSH

- Has selected a range of OVC community projects in impoverished rural areas of Eastern Cape and KwaZulu Natal as their portfolio.
- Manages an emergency plan grant to Ikhwezi Lomso.
- Provides technical support for grant management.
- Provides guidelines and support for the development of Monitoring and Evaluation systems.

#### SA Government and other Donors

- National Children's Home project of the Methodist Church funds the feeding projects
- Various government departments provide technical support and partnerships with Ikhwezi Lomso
- The National Development Agency provides a grant. For the HBC programme
- Local community donors provide support with capital, food, transport and other resources.



### Key Activities

- Child Care Forum
- Home visits
- Networking
- Community sensitisation
- Food gardens and feeding projects



### Child and Adolescent Outcomes

- Food and Nutrition: Improved growth and development of OVC through nutritional support viz soup kitchens, food gardens and food parcel distribution
- Education: Increased attendance and improved performance of OVC at school, improved self esteem through school fees exemption, homework assistance and access to uniforms
- Psychosocial and Child Protection: Improved psychological wellbeing of OVC, mitigation of child abuse, improved social and emotional coping capacity of OVC.
- Health: Improved health care of OVC through referrals.

### Family and Community Outcomes

- Increased community support for OVC and participation of community in structures, reduction in stigmatisation of OVC
- Improved household economic and social security
- Improved coping capacity of parents and guardians

## KEY PROGRAMME ACTIVITIES



Ikhwezi Lomso is involved in a variety of key programme activities through which it delivers services to OVC and their families. These activities include CCF, food gardens, feeding projects, home visits, community sensitisation, and building partnerships.

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*"I value working together with Ikhwezi Lomso. They are good at referring the community and taking them to the different departments relevant for their problems. They care for the poor families, they look after orphans, educate people about HIV/AIDS, fight poverty, plough and run poultry projects."*

**Municipality project coordinator**

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### Child Care Forums

The establishment of CCFs is an integral part of Ikhwezi Lomso's community-based integrated approach to OVC care, which aims at harnessing the involvement of key stakeholders in the community. These forums are designed to ensure that all stakeholders discuss and offer tangible solutions to the challenges facing OVC in their communities. As of April 2008, Ikhwezi Lomso had established one CCF whose membership is drawn from five schools in the Nkondlo area. These selected schools are those either benefiting from Ikhwezi Lomso's feeding or food garden projects. Membership includes teachers, SGB members, community volunteers, and traditional leaders. The head of this CCF is a school principal. There are 67 individuals in this CCF who meet together with Ikhwezi Lomso's staff on a monthly basis.



### Home visits

All volunteers visit OVC and their families at home. The child carers perform this activity most frequently, visiting about three to five homes each day. They perform a range of services during these visits including assisting OVC with homework, counselling, and referrals to relevant government departments. Volunteers in the HBC programme may also identify new OVC during their home visits to sick members of community. For OVC who have food gardens at home, volunteers from the poverty reduction programme visit them regularly to monitor and advice on the progress of the growing crops.



### Networking

From the outset, the programme has seen that the issues they address are the responsibility of the broader society. The programme has thus sought to forge strong relationships with provincial and local government, government departments, faith-based organisations, traditional leaders, local businesses and schools.

Specifically, partnerships with schools are a key part of Ikhwezi Lomso's OVC programme. The feeding and food garden projects are run in several schools in the Nkondlo area. Teachers help to identify OVC in their schools and link them with the programme. Members of the CCF are

drawn mostly from schools and provide vital information on the challenges facing these children and how they can be solved.

In order to ensure that beneficiaries and their guardians are able to access the services they require, Ikhwezi Lomso networks with officials from government departments, the municipality, as well as with law enforcement officials. Child carers accompany beneficiaries and guardians to the relevant departments and later ensure that services are delivered by conducting follow-ups on each case. For instance, child carers assist OVC and their guardians in applying for social grants with the DoSD. Children identified to be in abusive situations are referred to police or social workers.

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*“The partnership between municipality, other departments, donors, board members, community, and presence of the volunteers makes the pillar of Ikhwezi Lomso. Without their joint services this project would not exist.”*

**Project coordinator, Ikhwezi Lomso**

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The DoA has a more formal partnership with Ikhwezi Lomso through its Youth in Agriculture and Rural Development (YARD) project. This project aims mainly to promote and develop excellence in agriculture among youth and to create an awareness of the need to improve agricultural productions in order to ensure food security and economic stability in South Africa. Thus, staff from the DoA provide training to OVC and their families in growing food gardens. As of July 2007, 72 OVC have been trained by the DoA in running food gardens. This has resulted in the establishment of food gardens in 50 OVC households in the Nkondlo area. The success of this partnership is captured in the following statement by a representative of the DoA who attended the AI workshop:

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*“We are proud to be partners with Ikhwezi Lomso as together we encourage and teach the children/youth to plough the vegetable gardens including the disabled. We work together at schools and also within the community helping them to keep their gardens green...”*

*“What made us join this project is because the members (Ikhwezi Lomso’s staff) are dedicated to encourage and help the children/youth to plough their gardens. Our earliest positive experience with this project was having the same vision to keep the poverty away from our rural areas. We stay enthusiastic and inspired as we see their gardens green and encouraging.”*

**DoA representative**

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As previously mentioned, Ikhwezi Lomso’s partnership with traditional leaders at the outset led to the recruitment of the first group of volunteers who kick started the programme. This partnership continues today as Ikhwezi Lomso appreciates the important role which these traditional leaders play in enlisting and sustaining the support and participation of communities in Ikhwezi Lomso’s programmes.



### **Food Gardens and Feeding Projects**

In these very poor rural communities where Ikhwezi Lomso works, meeting the basic nutritional needs of the children has taken precedence over everything else. Ikhwezi Lomso has established food gardens in two schools. These two gardens are irrigated by bore holes which were also funded by the programme. Ikhwezi Lomso also supplies seedlings, fertiliser and other materials needed for the cultivation of these gardens.

Vegetables from these school gardens are used to provide food to run soup kitchens (see below) to feed OVC in a number of schools. Excess harvest from the gardens is sometimes sold by school teachers and the funds re-invested into the maintenance of the gardens. Also, as previously mentioned, staff from the DoA provide additional technical assistance to these garden projects through training of OVC in food garden cultivation. This has resulted in the growing of 50 food gardens by OVC in their homes. There are twelve volunteers specifically dedicated to the food garden project as part of Ikhwezi Lomso's poverty reduction programme. These volunteers supervise children in gardening activities either at home or in the two schools that have food gardens.

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*"I am able to attend school because of this project. I also know how to help myself and others because they have taught me how to plough and look after my garden. Sometimes I produce enough to sell for profit."*

**OVC Beneficiary**

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Ikhwezi Lomso also runs soup kitchens in four schools in the Nkondlo area. There are two teachers per school who are responsible for the day to day running of these kitchens. They do most of the cooking but are occasionally assisted by OVC relatives/guardians, child carers, and volunteers from the poverty reduction programme. Only OVC who are not on social grants are eligible to benefit from this activity. They visit the kitchen at lunch-time each week day to receive their meals. There are approximately 50 OVC per school who are benefiting from this project. Funding of the soup kitchens comes from National Children's Home (NCH), a project of the Methodist Church in South Africa.

Ikhwezi Lomso provides food parcels to OVC occasionally. For instance, in December 2007, five child-headed households identified by child carers to be in acute need of food where given food parcels donated by the NCH.



### **Community Sensitisation**

Ikhwezi Lomso has also sought through a variety of public education strategies to raise awareness about HIV and its effects on children and communities. These campaigns have involved public education forums at churches, schools and community meetings to raise awareness. These campaigns typically occur once a month and as available resources will allow. Child carers and other volunteers also often seize the opportunity of home visits to educate and engage community members in discussions about HIV/AIDS issues such as discrimination and stigmatisation of people living with HIV/AIDS (PLHA) and OVC.

## BENEFICIARIES

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As of April 2008, Ikhwezi Lomso's OVC programme was reaching 1116 OVC, with a fairly equal distribution of males to females. Out of this number, eight were known to be HIV-positive and seven were living in child-headed households. More than two-thirds the numbers of children being reached are orphans – children under 18 who have lost one or both parents to HIV/AIDS. The remainder are vulnerable children – those affected by HIV through the illness of a parent or principle caretaker.

OVC are usually identified through home visits, by teachers in the participating schools, or through referrals from the community. Assessments are made of the neediest of these children so that they can be registered for the feeding project and receive meals daily through the soup kitchen. Though the HBC programme is separate from the OVC programme, home-based carers are well-placed to identify vulnerable children and they are frequently the first point of referral from members of the community.

### **A beneficiary shares his story**

*“As an orphan in a child-headed household Ikhwezi Lomso is my parent. It helped me to communicate with other people...”*

*“I got help from this project because I am an orphan with no one to turn to being the eldest of the children left alone. I became the parent for them. Ikhwezi Lomso discovered me helpless when working in the community at Nkondlo.*

*“I am now going to school and feel safe from temptation. We always have something to eat. They feed us nutritious food. This project keeps me happy.*

*“I value that they care for us. They excel in caring for us orphans. They really know how to give care to those in need. They always care for us and ensure that our needs are always met.*

*“I have learnt to look after others and to be humble.”*

## SERVICES PROVIDED



Ikhwezi Lomso provides a range of services to OVC including food and nutritional support, protection; health care, psychosocial support, economic strengthening and educational support. These services are discussed below. The impact that these services are making in the lives of beneficiaries is captured in the following statement by an OVC:

*“As orphan in a child-headed household, Ikhwezi Lomso is my parent. It helped me to communicate with other people. I am able to attend school because of this project. I also know how to help myself and others because they have taught me how to plough and look after my garden sometimes I produce enough to sell for profit.”*

**OVC beneficiary**



### **Nutritional Support**

Food security and the nutritional support for the most vulnerable is a priority for Ikhwezi Lomso. As of April 2008, there were about 200 children who were fed every day at the soup kitchens in five schools. These soup kitchens were funded through NCH of the Methodist Church in South Africa. Some of the food is prepared from vegetables grown in food gardens. Ikhwezi Lomso has established two of such gardens in two schools and provides seedlings and other materials for their upkeep. In addition, the programme supports 50 home gardens, which provide food for OVC families and in some instances produce surplus for income. The home gardens are supported by 10 volunteers who visit these households on a regular basis to advise them on food cultivation practices.

Food parcels are donated occasionally to OVC in dire need. In December 2007, five child-headed households received emergency food parcels from Ikhwezi Lomso via a donation from NCH.

*“Ikhwezi Lomso is doing a wonderful job because what they have in our community and schools. Without something in our stomachs nothing we can do, but Ikhwezi Lomso managed to give our children soup kitchens and fresh vegetables from the garden.”*

**CCF member, Ikhwezi Lomso**



### **Child protection**

The 87 volunteers working on the HBC programme and OVC programme keep regular contact with the OVC who are registered with Ikhwezi Lomso. Any cases of abuse are reported to the police, Social Welfare and traditional authorities for action.



### **General Education**

Child carers assist OVC with their homework during home visits. These child carers have also successfully negotiated for school fees exemptions for OVC. Ikhwezi Lomso also provides OVC with free school uniforms when and if available.

*“Going to school and being safe from temptation and being able to have something to eat because of this project keeps me happy.”*

**Beneficiary, Ikhwezi Lomso**



### **Economic strengthening**

Ikhwezi Lomso runs a poverty reduction programme to deal with the stranglehold of poverty in the communities it serves. This programme is run by a field coordinator who oversees the activities of 10 volunteers. The aim of the programme is to equip community members with the skills to embark on income generating activities –specifically, food gardening and poultry keeping. Although this programme is not specifically targeted at OVC or their families, they do in fact benefit from the programme. As previously mentioned, more than 70 OVC have been trained to cultivate food gardens which has resulted in 50 home gardens belonging to OVC households. The produce from these gardens are mostly for personal consumption, but when in excess are sold to generate extra income.

Child carers also assist OVC and their families in applying for social grants. These grants often form the main source of income for many impoverished OVC families.



### **Health Care**

Ikhwezi Lomso, through its OVC and HBC volunteers and through the teachers in schools, keeps a regular check on all the OVC. Health needs are referred to government clinics and hospitals. In many cases either a volunteer or staff member will accompany sick OVC to a health facility. There are eight OVC beneficiaries who are known to be HIV-positive. Child carers refer or accompany these children to the antiretroviral clinic when necessary.



### **Psychosocial Support**

OVC are provided with psychosocial support in the home and school by the OVC Child carers and HBC volunteers. Through their regular visits to homes, these volunteers are able to develop meaningful relationships with OVC who may have few stable adult figures in their lives and sometimes come to regard them as members of their family. Volunteers also provide counselling and emotional support to OVC and/or their guardians during these visits.

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*“I am happy to know Ikhwezi Lomso is there to guide me out of darkness when I do not know what to do. I respect them because they make our family problems theirs and help us.”*

**Guardian, Ikhwezi Lomso**

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# Resources

## DONORS

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Ikhwezi Lomso has a reasonably balanced portfolio of grants from South African and foreign sources. The programme receives a grant from the emergency plan, a grant that is managed by MSH. This grant covers virtually all aspects of the OVC programme including stipends for volunteers. However, Ikhwezi Lomso's feeding programme is funded through the NCH project of the Methodist Church in South Africa. Ikhwezi Lomso also receives a grant from NDA that covers its Home-Based Care programme.

## COMMUNITY IN-KIND CONTRIBUTIONS

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Members of the community and beneficiaries themselves contribute to the programme by working either in home gardens or at one of the number of food gardens at schools. Many provide voluntary services for long periods without receiving a stipend. In addition, neighbours of OVC families contribute food when they have anything to spare and when the need is most urgent.

There are occasional donations of clothing, food and other items from individuals and local businesses. However, the reportedly high levels of poverty in the area mean that few people have the capacity to give.

# Lessons Learned

## PROGRAMME INNOVATIONS AND SUCCESSES

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*Lungiswa Mngqenge, programme co-ordinator, considers some of the challenges and successes with a colleague during the AI workshop.*

### Fostering Personal Development

Those interviewed remarked on the growth of all who have been involved in the programme. Ikhwezi Lomso has provided a catalyst for personal growth. Staff, volunteers, and beneficiaries spoke of how the programme has taught them to stand on their own feet and to help other people. For example, by selling produce from food gardens, some OVC and their families have been able to augment their means of income significantly rather than relying solely on government grants.

### Challenging Stigma and Changing Attitudes and Behaviour

The programme recognised the need to challenge the pervasive stigma that once existed in the communities in the AmaQwathi tribal area. Through its campaigns, HIV education and the ongoing work in home-based care and with OVC, the programme has taken an important stand, working openly against stigma and discrimination. The reported results have been some significant changes in attitudes from the community at large.

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*"We have seen a lot of change in our community over the last couple of years. Previously people hid their sick members of family because they were ashamed as the result of the negative attitudes people had towards those who were HIV-positive. Now people are much more open, the caregivers care for the sick and we all take care of the orphans. Before it was our tradition at funerals that only men spoke. Now the women speak at funerals as well. This is a big change for us."*

**AI workshop participant who works in the gardening project**

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### Strong Partnerships with Schools

The programme has successfully partnered with schools, establishing food gardens at a number of them. These gardening projects provide training grounds in cultivation for children and produce food to feed the most vulnerable children. The soup kitchens are also run through schools in the communities.

In addition, the schools have provided the base for mobilising various sectors of the community through the CCFs. The members of the CCFs, mostly school teachers, have regular contact with OVC and are acutely aware of the issues facing them. They are thus able to contribute meaningfully to efforts that aim to improve the quality of life of OVC and are in fact doing so via the CCF. The collaboration between the schools and Ikhwezi Lomso is strong and provides a dependable network for the OVC.

### **Working Closely with Traditional Leaders**

Before embarking on any activity, Ikhwezi Lomso consults broadly with the local chiefs. The chiefs confirmed that many of their people were dying of AIDS and that the programme was sorely needed.

By working closely with traditional leaders, the programme has paved the way for real change in the area. The support of chiefs in the area has given the programme credibility and respect. Involvement of local chiefs brings attention to the plight of OVC and the work that Ikhwezi Lomso does is now seen as central rather than a marginal activity. The involvement of traditional leaders has also contributed to a reported reduction in the stigmatisation of those infected and affected by HIV.

## **PROGRAMME CHALLENGES**

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### **Sustaining Food Supplies**

Staff, volunteers, parents, and guardians all see the sustenance and expansion of the feeding project and of overall food security as a major challenge. The programme requires more funds to expand its feeding and food garden projects to more schools. As of April 2008, only OVC in five schools (out of at least 10) in the Nkondlo area had soup kitchens. And only two schools were running food gardens.

### **Infrastructure and Other Equipment**

Although the programme has nearly built an impressive multi-purpose centre, it unfortunately ran out of money and has been unable to complete it. The programme still needs to raise more money to finish the interior of the building and to furnish it. When completed, this centre will provide more office spaces for staff and volunteers and additional space for training events and meetings.

Most of the schools where the gardening and feeding projects are implemented do not have kitchens or storerooms for the soup kitchen utensils and groceries. There is a great need for containers that could be used as kitchens or dining areas for the children. There is also a need for a water pump and small tractor for the vegetable garden at the Ikhwezi Lomso Centre.

### **Transport**

The villages serviced by the project are spread out over a large area. Roads are poor and public transport is scarce. Staff and volunteers use public transport or the get lifts with teachers, professionals and business people who have cars. A strong vehicle that can withstand the tough roads will therefore assist the project work greatly.

### **Volunteer Incentives and Capacity**

Volunteers face a huge workload and some do not even receive stipends. The result is that although they are committed, volunteers leave the programme because they have an opportunity to earn money elsewhere. In addition staff and volunteers need further training in child abuse, lay counselling, auxiliary nursing and financial management to improve the quality of services they deliver to OVC.

## UNMET NEEDS

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### **Increased Economic Strengthening**

Ikhwezi Lomso has been unable to secure grants for many parents and guardians, often because government social workers are not completing reports and the DoHA is slow to issue identification documents to OVC and their families. There is a gap in the number and kinds of projects the programme is able to offer to help these parents and guardians to generate much needed income, in order to minimise reliance on government grants.

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*“In the early days of the project a woman was very sick and dying. The child had to leave the informal settlement of Ngcobo (because of the stigma attached to the mother) and move into a foster home. We approached the social worker. There was no response so we supported the child with R300 a month. We did this for three years. This is how long it took the authorities to process the application for a foster grant for the child.”*

**Volunteer, Ikhwezi Lomso**

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### **Improved Food Security**

The programme is still not able to meet the nutritional needs of OVC adequately. The lack of a stable income is the key reason that food security remains a critical issue for vulnerable households in the villages of the Nkondlo area. There is a shortage of food parcels for many needy households. The programme is only able to supply once-off food parcels to such families in emergency circumstances.

### **Recreational Activities for Children**

The programme has identified a need to run quality after-care centres for the children. This centre will afford OVC the opportunity to access extra-mural classes, assistance with their school work and to participate in recreational activities.

### **Alternative Placements for Children**

Adequate systems for securing fostering arrangements are not in place, and the programme is often unable to find adequate parenting solutions for OVC. There has only been one adoption case over the years.

### **Advanced Educational Opportunities for OVC**

Ikhwezi Lomso believes a bursary programme for vocational and tertiary education would enable the programme to provide concrete support for youth, especially those over the age of 18 years, to help break the poverty cycle in the community.

# The Way Forward

Ikhwezi Lomso has plans for a better future. These include expanding its food garden and feeding projects; diversifying its donor base to achieve stronger financial security; and continued collaboration with government to improve service delivery to OVC and their families. These plans are discussed in detail below.



## From “Food Garden” to “Nutrition Programme”

Ikhwezi Lomso has sought to start its long term development by concentrating on the essentials. In the very poor community in which it works, it has made food security and nutrition a priority. Now it would like to further develop its food garden initiatives so that it has a large model garden at its centre. It is hoped that many more home gardens will become productive enough to produce food for households and generate an income. Ikhwezi Lomso has a large fenced plot attached to its centre that will one day serve as the main food production centre. The programme is waiting for promised funds to purchase a pump to get water from a perennial stream below. It is hoped that this will result in a surplus and that income can be generated from selling the extra produce.

## Greater Financial Security for Sustainability

Ikhwezi Lomso sees the need to pursue other donors in government, local and foreign foundations and trusts, and the private sector so that it is able to broaden and diversify its funding base. In addition, it sees the way forward as ensuring a greater level of financial self dependence through developing and running successful income-generating operations.

## Continued Collaboration with Government to Improve Service Delivery

Ikhwezi Lomso will continue to work collaboratively with government, to hold it accountable when this is needed, and to advocate for resources for OVC. In addition, it will continue to encourage other professionals (particularly social workers) to devote more time and energy to working with Ikhwezi Lomso to find long term solutions for the challenge of meeting the needs of OVC. Through mainstreaming the work they do, Ikhwezi Lomso is trying to ensure that OVC, home-based care, and poverty reduction for vulnerable people are also on the agenda of local government. The programme works collaboratively with municipality on poverty relief projects and has ensured that the issue of care for PLHA and OVC is part of the local government’s integrated development plan.

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*“In order to ensure sustainability, the project will be incorporated into the municipal integrated development plan (IDP), coordinated action for OVC in the Department of Social Development, children with special needs in the Department of Education, and Maternal & Child Health division of the Department of Health.”*

**Community-Based Integrated Care for OVCs – A Planning Document of Ikhwezi Lomso**

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