A Case Study

Isibindi
King Williams Town

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Cover photo by Shanya Pillay.

Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
HIV	human immunodeficiency virus
KWT	King Williams Town
KWTCYCC	King Williams Town Child and Youth Care Centre
NACCW	National Association of Child Care Workers
NGO	Nongovernmental Organisation
OVC	orphans and vulnerable children
PLHA	people living with hiv/aids
USAID	U.S. Agency for International Development

Executive Summary

Child care workers of the Isibindi King Williams Town project open a meeting in prayer and song before conducting home visits.

Child- and youth-care work has become an emerging discipline within South Africa. Due to the HIV/AIDS pandemic, much emphasis has been placed on child- and youth-care work, both nationally and internationally. Many organisations involved in child- and youth-care work use different programme models. The aim of this study is to present, in the form of a case study, the best aspects of a particular organisation, the Isibindi King Williams Town (KWT) project, which provides services to children and youth who are rendered vulnerable as a result of HIV/AIDS.

This orphans and vulnerable children (OVC) case study is one of a series of 32 case studies documenting OVC interventions in South Africa. It 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 study documents Isibindi KWT OVC programme and lessons learned that can be shared with other OVC initiatives. It is based upon programme document review, 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 Isibindi KWT's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

The Isibindi KWT project is a nonprofit community-based organisation that provides services to needy children and youth within the Amahlati municipality in the Eastern Cape. The project deploys trained community-based child- and youth-care workers within a pioneering team outreach programme that provides developmental support to children and families who are affected by the HIV/AIDS pandemic[1]. Its overall goal is to provide safe and caring communities for children and youth at risk.

To achieve this goal, the project provides a host of comprehensive services including, but not limited to, nutritional interventions, psychosocial support, educational support, access to health care, and economic strengthening.

The project's achievements are remarkable. Despite limited resources, the project has positively impacted the lives of many within the community. For example, project staff members believe that they have, through awareness and information sharing campaigns, successfully reduced the stigma associated with HIV/AIDS within the community, something which is fundamental to the management of the HIV/AIDS crisis. By employing and training local people, Isibindi KWT is truly a community-based organisation that has the best interests of the community at heart.

As an organisation which is open to change and welcomes innovation, Isibindi KWT is continually fine-tuning their practices and processes to provide the best possible outcomes for both the project and the community. The project has made an extraordinary contribution to the reversal of the negative impact of HIV/AIDS among orphaned and vulnerable children and the community at large.

[1] Isibindi Model of Care For Vulnerable Children And Youth, NACCW: 05/04

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 the number of 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 Isibindi King Williams Town (KWT) project 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 Isibindi KWT project, 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

Isibindi KWT staff members gather at an appreciative inquiry workshop.

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

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

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

Data were collected over a two-day period during September 2007 at the Isibindi KWT project site. Information was gathered from consultations held with Isibindi staff and beneficiaries. Four staff members were interviewed at length about the project's model, staff, beneficiaries, community outreach, and successes and challenges. Twenty-five participants (including project staff, beneficiaries, guardians, and community members involved with the project) attended the AI workshop. Participants relayed their responses in the form of stories that described their positive experiences with the project. Observations were also conducted in three of the five villages in which Isibindi provides services. This included three home visits and conversations with numerous beneficiaries and community members. A complete document review and conceptual background was also conducted from documentation (policies and procedures, budgets, proposals, and marketing material) made available to the researchers by the project.

FOCAL SITE

The Isibindi KWT project is situated in Amahlathi, within the Amathole District Municipality in the Eastern Cape. Amatole has the second largest population in the Eastern Cape and has the third highest population density in the Eastern Cape. The Amatole district is poor, with about 67% of its people living in poverty[2]. The project is situated in King Williams Town and its focus is on children and families made vulnerable as a result of HIV/AIDS. The project currently provides services to five villages which include the Tyu Tyu, Lukhanwisweni, Motel, Ramnyiba and Ezibleni villages.

2 Eastern Cape Department of Social Development: Socio-Economic & Demographic Profile: Amatole District Municipality: 2007

Programme Description

Overview and Framework

A child care worker (right) stands with a grandmother and her orphaned grandson.

The National Association of Child Care Workers (NACCW) is a professional child and youth care association. Given the effect of HIV/AIDS crisis in South Africa, child and youth care workers have been deployed to communities in large numbers to deal with this issue. The NACCW has developed a model called the Isibindi model, which aims at providing safe and caring environments for OVC in needy communities. The NACCW, with the support of donor funding, has piloted, replicated and established best practice sites using the Isibindi model throughout South Africa. As of September 2007, projects using the Isibindi model operated in seven of the nine provinces. This acclaimed model is described as, "innovative, professional, and highly relevant to children infected and affected by HIV and AIDS."[3] The model's key focus is to provide developmental support to children and families rendered vulnerable as a result of HIV/AIDS. Child headed households are considered a priority.

The Isibindi model adopts a holistic, community-focused approach. Some essential elements of the model include:

- focus on emotional support to children and youth as they prepare to adjust to an environment in the absence of either one or both parents;
- training of child- and youth-care workers to promote the experience of mastery, independence, and generosity as a means to a healthy development for children and youth;
- capacity building for child- and youth-care workers; and
- recognition of resource potential within communities, such as religious, social, corporate, and educational institutions.

Using the Isibindi model of the NACCW, the Isibindi KWT project is situated at the King Williams Town Child and Youth Care Centre (KWTCYCC), an organisation working with children and youth, which operates independently of the Isibindi KWT project. Historically, under the apartheid regime, the KWTCYCC only catered to white children and youth. In 1996, under political democracy, non-white children and youth were permitted to join this centre. In 2005, the NACCW decided to establish and house the KWT Isibindi project at the KWTCYCC.

Isibindi KWT has made remarkable strides in providing safe and caring communities for OVC within the Amahlathi Municipality. This is done through various strength-based methodologies (focusing on positive rather than negative experiences) which promote family preservation. Some of these methods include individual and community visits, social support activities, and basic counselling sessions provided by child care workers. Over and above its provision of safety and care, the project also helps children and youth develop general life skills (through training and education) that subsequently increase their ability to function 'normally' in their living

[3] Isibindi Model Of Care For Vulnerable Children And Youth, NACCW: 05/04

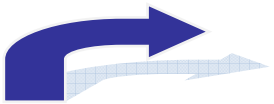
environment. The project's focus on the community is exemplary; child and youth care workers are sourced locally, trained, and then provided employment in a community where unemployment rates are unusually high.

The emphasis on community development runs throughout the various activities which the project carries out. Isibindi KWT provides holistic services that afford routine to the lives of many who have been negatively impacted by trauma, illness and death through HIV/AIDS. Children and youth are provided the love and care necessary for healthy development, lives are changed, homes are rebuilt and the community is empowered with skills that can assist in reversing the negative consequences of poverty.

ISIBINDI KWT

Programme Goal

To create safe and caring communities for vulnerable children, and youth at risk through a developmental child and youth care work response



External Resources

SA Government and Other Donors:

- U.S. President's Emergency Plan for AIDS Rrelief through USAID/SA
- National Association of Child and Youth Care Workers
- King Williams Town Child and Youth Care Centre

- SA Government Departments
  - Department of Social Development: providing social workers, grant assistance, training for child care workers
  - Department of Health: provision of medication, HIV/AIDS related training and workshops, provision of clinic

Key Programme Activities

Community Capacity building
- Skills development and training for community members and volunteers

Home Visits
- Daily visits by child care workers to OVC and their families

Community Sensitisation
- Awareness campaigns in the community
- Linking with local authorities

Outcomes

Child and Adolescent Outcomes:
- Education: Provision of home work assistance, improved grades, health and nutrition information
- Healthcare: Management of HIV/AIDS related illness, provision of ARVs, reduced illness, prevention of infectious disease
- Food and Nutrition: Better quality of life and improved health and wellbeing
- Psychosocial Support:: Increased self efficacy and confidence, death and bereavement management, decrease in impact of trauma

Family and Community Outcomes:
- Economic strengthening: accessing grants leading to decreased poverty rates
- Employment: provision of employment for unemployed community members
- Enhanced community capacity: building the capacity of the community
- Hope: Repairing broken homes and restoring dignity, pride and respect in the community

PROGRAMME STAFF

A child care worker 'cementing' a floor with cow dung at a home of a family.

The project's administrative staff consists of a manager, two supervisors, a coordinator, and a mentor. There are 21 child care workers who work across the four villages. All staff work eight hours a day and receive stipends of varying amounts. Staff members are recruited through advertising in the community. Short-listed applicants are interviewed and appointments are made accordingly. Before deployment to sites, all staff receives accredited training in various modules and upon completion of training, staff are awarded certificates.

The project's staff includes a team of highly skilled, dedicated individuals who are very committed to improving the lives of needy children in the community. When asked to describe the project's staff, beneficiaries spoke of people who are humble, giving, empathetic and enthusiastic. The staff of Isibindi KWT truly embraces the spirit of family through selfless effort and unparalleled devotion to the children of the community. A community member had the following to say:

"The child care workers are so committed – they go the extra mile – this is a very unique programme. They don't have transport and they walk in any climate – the don't complain – they work on public holidays, mornings, late at night – they face challenges but they are able to get through them."

Community member

VOLUNTEERS

In 2008, there were six volunteers working for the project across all four villages. They typically worked two to three hours per day and did not receive any monetary compensation. As an incentive, volunteers also receive all training that is offered to staff. They carry out the same functions and duties of staff however; to a lesser degree (they do not work 8 hour days). The project's manager reports that the volunteers are admired and commended for their efforts by the community, especially since they do not receive stipends. They are intrinsically motivated.

"We let orphans know that everything is going to be fine, we teach them their rights…we take away the darkness and give them hope for a brighter future."

Volunteer

KEY PROGRAMME ACTIVITIES

Isibindi KWT provides services to OVC through various activities. These key activities are presented below.

Community Capacity Building

The project goes above and beyond delivering services for OVC in the community. The effects or spin offs of this capacity building means that community members have an increased opportunity to finding employment. Skills are taught to unemployed people in the community and the project subsequently provides employment to them. The project excels in both the development and establishment of a workforce in a setting where unemployment rates are unusually high. Both volunteers and project staff train over a two year period on four 12- module courses that focus on child- and youth-care work. They do not receive any reimbursement for this training but the positive outcome of this training means that these individuals become skilled and have a strong opportunity at entering the employment sector. Other courses are also taught, including restorative consulting, eco-therapy, development, creativity, HIV/AIDS, caring for care givers, monitoring and evaluation, case management, finance and budgeting, permaculture and leadership. Upon completion, trainees are assessed by accredited NACCW trainers and are awarded certificates. The training is accredited by the South African Training Authority. Trainees become accredited child care workers.

A mentor employed by the project describes her experience:

"I started working here in 2005 as a mentor. I learnt how to focus on developing the community and those who are unemployed. I've been trained on how to function in a supervisory capacity and how to interact and deal with people at different levels. I am skilled!"

Mentor

Home Visits

Care workers (which include a small number of volunteers, Isibindi KWT staff members and those who have received intensive training) are assigned by the project's coordinator to families who are either infected or affected by HIV/AIDS. They become part of the family and the relationship shared is one that is quite intimate. They visit their families daily, for up to three hours at a time, where they carry out a host of activities. A developmental plan is designed for each family, according to their needs, and is followed rigorously by both care workers and family members. The overall objective of home visits is to provide families with the necessary skills to help them create functional, sustainable homes that provide a safe and caring environment for children.

The care workers' approach to families is based on family preservation and their intervention facilitates emotional support to homes that have been broken by trauma as a result of HIV/AIDS. They help children and youth deal responsibly with the emotional, material and economic

hazards that they face as they watch their parents become progressively ill or die.[4] Child care workers are often referred to as mothers, fathers, brothers, and/or sisters by families.

Child care workers help maintain the home in a remarkable way. They cook, wash and iron school uniforms, walk miles carrying water and bath the younger children. They are also educators to the children. Children are taught skills which increase their competency and independence. Home visits target different activities on different days to achieve this. Some activities include counselling sessions, homework assistance, play activity, learning how to cook and bake, nutritional lessons, gardening techniques and making memory boxes.

Child care workers try to make each day special. Expressions of peace, friendship, light, and hope were frequently made during the workshop. Children are made to feel special, loved, and important. The following story, told by the project's manager, illustrates the lengths to which care workers go in creating extraordinary experiences for children:

"It was a child's birthday and the child had never had a birthday party before. In making this day special, the care giver made a birthday cake out of mud for the child — they sang happy birthday for the child. I was touched when I heard this, so I managed to get some money; we bought the child a cake and had a party. The child was beyond himself."

Project manager

A grandmother speaks of her experiences with the project:

"A mother from Isibindi came to my house and told me about Isibindi. She helped me apply for a grant for my grandchildren and she gave us food parcels while we were waiting for my grant and pension. She even showed them how to wash their uniforms, something I thought they were too young to do as the youngest is only eight years old. Now they are able to do things for themselves and are disciplined. Even my 14- year-old is helping with household chores. Towards Christmas, she brought us food goodies, toys, and blankets… Halala[5] *Isibind."*

A beneficiary's grandmother

Indeed, child care workers serve well in linking children and their guardians to essential and basic services. For example, child care workers assist children with regard to health care by accompanying them to clinics and through referrals to hospitals if needed. Child care workers also teach children about cooking, healthy eating and about nutrition during home visits. With regard to educational services, child care workers assist children with their home work. These service provisions, and others, are discussed in greater detail later in this report.

[4] Isibindi Model of Care For Vulnerable Children and Youth, NACCW: 05/04.

[5] Halala is a Xhosa word which expresses thanks.

Community Sensitisation

The project makes a concerted effort to sensitise and mobilise the community to become involved in developing and improving the conditions of the community. It works closely with local churches, traditional leaders, traditional healers and schools in mobilising the community towards positive action against HIV/AIDS. In sensitising the community, the project works in two ways. Firstly, the project supports local initiatives with regard to awareness campaigns and secondly, the project networks with local authorities and community members to get them to join the project. For example, the following stories illustrate how people from the community are recruited to join the project and how the project in turn supports local initiatives:

"We have a large community. Isibindi acts as a link between us and the community. They work with us when we develop our awareness programmes. They open doors that have been closed. They stay close to the community and know the community very well. We held an awareness programme at the local town hall. This programme meant so much to the community and many people attended. The programme removed so much of the stigma associated with HIV'/AIDS. I remember of one man who was HIV positive and now he is able to talk about his status openly. He takes his medication and is now confident and happy."

Care worker

"I teach a group of children traditional dance, sewing and gardening skills to keep them busy and away from streets. Isibindi came to my home and introduced their services to me and asked me to work with them. Now, they invite me and the children to join their activities when they have projects."

Traditional healer

"I work at the local primary school as a health teacher. I have a good relationship with the care workers from this project. Recently, there was child who was withdrawn and who was experiencing lots of difficulty in her personal life. Because of the relationship I have with the project, I found it easy to work with a care worker and we successfully resolved the matter, together."

Teacher

"I have been working with the project since 2005. This was my calling from God. I come to motivate people; I work closely with everyone in the community as well as with Isibindi. The presence of Isibindi is excellent and supportive."

Pastor

The project's initiatives are all community-based. Achieving one of the goals of the Isibindi model, the project promotes the importance of community involvement and the community has in turn recognised that their survival requires them, as a community, to take responsibility for what happens to needy children.[6]

[6] Isibindi: Creating Circles of Care: A Rural Response to the AIDS Orphan Crisis: 02/05.

BENEFICIARIES

"I have no parents — I stay with my grandmother. At Isibindi I found a mother that I can talk to about some of the things I cannot say to my grandmother. I am happy I have someone to share my problems with."

Beneficiary

As of September 2007, the project provided services to 98 children within five villages. Other vulnerable households also received services, such as food parcels, from the project; however, with regard to direct child support, 98 children as of September 2007 were receiving support from the project. HIV/AIDS is a criterion for acceptance into the programme; a child must either be infected or at risk or rendered vulnerable as a result of losing one or both parents to HIV/AIDS. Children must also be under 18 years of age. If a child is needy but does not fit the above criteria and is denied programme entry, then the project refers him or her to other organisations or programmes.

Identification of OVC largely occurs through referrals. The local school provides the project on a monthly basis with a list of children that they see as needy. OVC are also identified through referrals made by the local clinic, the community, the church and through self-referrals. The project then sends care workers to assess the situation. Community events and programmes held by the project market the project and in this way, the community comes to know of the project and the various ways in which they can receive services from it.

Typically, beneficiaries exit the programme once they turn 18. Although a beneficiary is no longer a part of the programme after turning 18, care workers still visit these youth to ensure that they are coping. Beneficiaries are also removed from the programme if they receive grants or are placed with a responsible caregiver or guardian. Even in these situations, care workers gradually reduce their visits so as to ensure that the child is well adjusted to his or her new environment.

SERVICES PROVIDED     

Through the activities discussed above, Isibindi offers OVC a range of services including food and nutritional support, psychosocial support, economic strengthening, general health care, and education and vocational skills. These services are discussed below.

Food and Nutritional Support

To ensure healthy childhood development, the project provides food and nutritional support. Children and youth are taught about healthy eating and nutritional benefits. They are also taught about food hygiene and food preparation during home visits. Food parcels are made available to nearly 100 families, but due to financial constraints, food parcels are distributed on an irregular basis. Children and youth are also taught how to cultivate vegetable gardens.

Psychosocial Support

Because of the high HIV/AIDS prevalence in the community, many children and youth have to deal with the emotional impact of having lost one or both parents. Child and youth care workers provide psychosocial support to children using various activities. Some of these include making memory boxes, engaging in grief work, identifying needs and personal feelings and behaviour management

In the past, desperation and fear crippled this community. The project has made huge advances, not only in building skills in the community but also providing them with hope and 'emotional healing'. Feelings of optimism, normality and hope are now spreading. A volunteer expressed the following:

"I like Isibindi very much — I've learnt about true self awareness which has changed my life. My family and I can use this to transfer knowledge and power to the community."

Volunteer

The provision of training has had an extraordinary impact on the community's development as a whole. People who were previously unemployed now use their skills to give back to the community. Working for the project provides them with an income, which enables them to sustain their households and create safe environments for their own children. As they become even more skilled, they are also able to find other jobs outside the community, which creates more opportunities for others in the community to receive training and employment.

Health Care

Child- and youth-care workers accompany children to clinics when they require medical assistance or general health checks. Each child's immunisation status is also checked and referrals to the local clinic are made where necessary. Child- and youth-care workers ensure that treatment, such as antiretroviral (ARV) therapy, is secured.

 Educational Support

Child- and youth-care workers assist children daily with school homework and projects. The care workers also serve an advocacy role for school visits. In cases where families are poverty stricken, the project works with the local school to arrange school fee exemptions. In a few cases, uniforms are also provided to children who cannot afford them.

 Economic Strengthening

Due to high levels of unemployment in the community, the sole source of money for many families is received in the form of grants. Because no other income is made, the project understands that access to grants is important for the survival of many families. Families are assisted with accessing birth certificates and identity documents, which are necessary to apply for and access government grants. Networking resources are also made available to children (clothing, food, games, and bursaries).

Resources

DONORS

Isibindi KWT receives some funding through the U.S. President's Emergency Plan for AIDS Relief through USAID/South Africa, as well as support from the National Association of Child and Youth Care Workers. Locally, resources are received from the Department of Social Development through the provision of social workers and training programmes offered to child care workers. The Department of Health provides medication and medical assistance through a mobile clinic.

Lessons Learned

A very successful vegetable garden grown by one of the families who receives services from the project. They grow enough cabbages for themselves and to sell to the community.

The emotional effects of child and youth care work are significant. Because of their long working hours and constant involvement with trauma, a means of fostering organisational commitment and intrinsic motivation is essential. The project has learnt that promoting a sense of ownership for child care workers helps them stay motivated. As such, child care workers are consulted on project decisions, they have frequent meetings to discuss successes and challenges, and they provide constructive feedback to their leaders. This team effort has proven to be extremely successful, with staff realising that the project would not be possible without them. External motivation is increased by constantly reminding staff that over and above the assistance they provide to the community, the project is also a resource to them from the training they receive.

Programme Innovations and Successes

Reducing HIV/AIDS related stigma

A large part of the battle towards reducing HIV/AIDS infection is creating an environment in which people living with HIV/AIDS are able to feel accepted within their community. The stigma associated with HIV/AIDS results in people living behind closed doors; they are not willing to receive medical intervention and treatment due to the threat of being 'found out' by the community. Their children are discriminated against, and they feel isolated and become frustrated. Realising the huge impact that stigma plays in the proliferation of HIV/AIDS, Isibindi knew that a means of reversing the negative images associated with HIV/AIDS was a necessity. The following story, told by a child care worker, illustrates an intervention with extraordinary outcomes:

"I want to tell you about a Xhosa song which speaks about a tree covered in thorns — this tree takes my mother, father, and friends. It is a song about HIV, this song is about removing the roots of this tree, it's about moving beyond HIV."

"We wanted to shed light on the darkness that HIV/AIDS has plagued our community with. We had a Candle Light Day. It was a sad day at first as we lit candles for all those that we had lost to HIV but after that, it was the happiest day for the community and the proudest day in my life. People started to speak about HIV and they started to speak about our project. They began to realise that it is not the end of the world and that HIV positive people can live a long and prosperous life. Candle Light Day showed me what it was to be proud and showed me what it was to love…"

Care worker, Isibindi KWT project

Staff of the project all speak proudly of this event and reported that many people approached them after the event for assistance. This has really helped reduce the stigma attached to HIV/AIDS.

Daily Home Visits By Dedicated Child Care Workers

A beneficiary speaks about his experience with the project:

"The care giver from Isibindi visited my grandparent's house. He taught us about children's rights and how to make a vegetable garden. There are nine children and we use to fight and hate one another. Our grandparents used to shout at us and chase us away. Now we are a happy family because of Isibindi. We no longer fight, we respect one another. Our grandparents have no reason to shout at us, they now enjoy our company. I really thank Isibindi for bringing us together."

Beneficiary

Home visitation is a highly successful component of the project. It remains true to the project's vision of family preservation and community development. These visits serve as a one-stop-shop for a host of services. Emotionally, children are engaged in activities such as making memory boxes and counselling. They find 'friends' in their child care workers. They are taught life skills such as cooking and gardening and are able to maintain a household in the absence of guardianship. They receive assistance with schoolwork in their homes, play educational games with their child care worker and learn how to manage money that they receive. Homes that were once not conducive for childhood development have now become places of safety, peace and predictability.

Establishing relationships with beneficiaries

In a community where many parents have become ill and/or passed away, countless children are left with feelings of isolation, abandonment and loneliness. Ensuring that they develop a sense of belonging and value is paramount to healthy childhood development. As a lesson, the project has realised that child care workers must remain with the families to which they have been assigned. Assigning more than one child care worker per family dilutes the strength of the relationship between child care workers and families. Family development becomes sluggish and the time taken to gain the trust of the child care workers is lengthened. In acknowledgement of this, the project makes certain that child care workers remain true to their families, providing both consistency and predictability of visits. In cases where the assigned child care worker can no longer work with the family, disengagement occurs gradually.

Promoting Community Ownership

The community's support is critical to ensuring that the project's initiatives are successful. As reported by the project's manager, "their high level of participation in making this project successful shows that they recognise Isibindi as their own."

It is the community's project, and as a result, they make concerted efforts to make certain that the project delivers the best possible outcomes. The community has a voice of its own and is serious about its development. Community members, spiritual healers, village leaders and local teachers consult regularly with project staff at community meetings and forums. They put forward recommendations, and decisions are made accordingly. They want to heal the community and reduce the level of poverty, and this vision is shared with the project. Isibindi KWT is the community; they are intimately tied to together and the community extends itself to work with staff to increase the project's outreach. Trying to separate the two into different components would be impossible. The following dialogue illustrates the reciprocal relationship shared between the community and the project.

"As an active member in my ward, Isibindi came to my house in 2005 to introduce their services, they asked me to recruit those who have passed matric and who were interested to work as care givers. . I wrote their contact numbers and they were called for an interview. I help to identify and refer OVC to them. They also help me when I call them with the community problems."

Community leader

The emotional effects of child- and youth-care work are significant. Because of their long working hours and constant involvement with trauma, a means of fostering organisational commitment and intrinsic motivation is essential. The project has learnt that promoting a sense of ownership for child care workers helps them stay motivated. As such, child care workers are consulted on project decisions, they have frequent meetings to discuss successes and challenges, and they provide constructive feedback to their leaders. This team effort has proven to be extremely successful, with staff realising that the project would not be possible without them. External motivation is increased by constantly reminding staff that over and above the assistance they provide to the community, the project is also a resource to them from the training they receive.

PROGRAMME CHALLENGES

Volunteer Incentives

Due to financial restraints, only some volunteers receive stipends. In order to keep staff motivated and committed to continuing the high quality of services currently being delivered by staff, stipends should be made available to all.

Food Security

One significant challenge is ensuring that food parcels are available to be distributed on a regular basis. At the moment, the project relies on external NGOs to provide food parcels, which occurs on an infrequent basis. Because approaching families in need is a sensitive task, staff report that bringing food as an icebreaker, incentive or motivator makes visitation, especially initial visits, easier.

Transport

In emergency health situations (when a child is in need of immediate medical attention), care workers need to transport children to the hospital, which is approximately 50 km away. This is a challenge as the project has no vehicle. Child care workers have to walk to their sites and this becomes difficult in poor weather conditions. If the project had its own vehicle, less time would be spent walking to sites and more time spent on providing much needs services to the community.

Age Cohort Served

Children are provided quality services by the project and their lives improve substantially. However, a challenge arises when a child has to exit the programme once he/she reaches the age of 18. These beneficiaries are left with little opportunity to attend tertiary intuitions due to financial constraints. They become despondent and frustrated. A structure needs to be put in place that can assure beneficiaries who have left the project are provided opportunities to develop further into productive members of the community. Bursaries and tertiary education funds would greatly assist with this.

UNMET NEEDS

Income Generating Activities

The high rate of poverty within the villages that the project services are largely due to unemployment. There is great need for households to find a means of generating an income. This is essential to developing the community and reducing overall poverty. Although provided by the project in a small capacity, more effort and finances need to be channelled into enhancing income generating activities.

School Uniforms

School uniforms are costly and some families are unable to purchase them for their children. Children who do not attend school wearing their full uniforms are teased and victimised by other students, often being labelled as 'poor'. In some cases, teachers deny entry to children into school if they do not wear their full uniforms. School uniforms have been provided to very few children. There is a great need for this and much more funding is required to be able to provide children with uniforms in those cases where parents are unable to purchase uniforms.

Enhanced Social Services for Economic Strengthening

Accessing grants can be arduous and applications can take up to six months to be processed. A quick, efficient system needs to be put in place.

Efficient Health Care

Access to ARV treatment for children is limited as the nearest clinic is 40km away. This results not only in limiting regular access to treatment but also increases transport costs on the part of the project.

The Way Forward

"People are unique, and even though they face challenges, they are strong and carry on trying to develop further and make something of themselves – we will continue to serve them."

Project manager

Isibindi KWT is an exceptional project which truly embraces a culture of development. With limited resources, the project has positively impacted the community in a most remarkable manner. True to its developmental approach, the project is constantly looking at new innovative ways in which to extend its outreach to creating safe and caring environments for children and youth at risk.

In doing so, the project invests in the human resource contingent available at the community level. They aim to develop their staff even further. Initially, training was focussed on adhering to ethical standards. Having mastered this, training in the future will also encompass ways in which to develop staff into professionals who will lead the way in child and youth care work.

Organisational development and fine tuning organisational processes is also seen as key to the project's development. Project staff report that in becoming better service providers and to scale up, they need to focus on time management and ensure that assessments, such as performance appraisals, are completed on time so as develop their staff professionally

In the very near future, the project aims to establish its safe park, which will afford children access to a secure, supervised environment that stimulates them emotionally, physically, and educationally.

Whatever the future holds for Isibindi KWT, success is a certainty. Isibindi KWT is an extraordinary project that ultimately ensures children and youth at risk are provided the best possible care in a well resourced, developed community.

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