

*A Case Study*

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# Masakhane Women's Organisation





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# Masakhane Women's Organisation

*With Support from Management Sciences for Health*

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*Cover photo by Shanya Pillay*

# Acronyms

AIDS	acquired immune deficiency syndrome
AI	appreciative inquiry
ARV	antiretroviral
CBO	community-based organization
DoH	Department of Health.
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
HBC	Home Based Care
MWO	Masakhane Women's Organisation
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
USAID	U.S. Agency for International Development

# Executive Summary

Recognising the needs of orphans and vulnerable children (OVC) in South Africa is key to providing services and activities which will foster the best possible outcomes for needy children. There are numerous models and practices that have been established and implemented in various organisations across the country, all of which endeavour to provide safe and nurturing environments for OVC. This case study looks one of these organisations, the Masakhane Women's Organisation's (MWO), and discusses the approaches it uses to care for OVC.

Acknowledging and recognising those practices which provide quality outcomes for OVC is imperative in the drive toward reducing the number of OVC in the country and to provide improved quality of lives. This case study is one of 32 OVC programme case studies researched and written by Khulisa Management Services with support from MEASURE Evaluation, SEGA II, the President's Emergency Plan for AIDS Relief (emergency plan), and the U.S. Agency for International Development (USAID) in South Africa to document what works well.

In uncovering some of these good practices, research into MWO was carried out, using the appreciative inquiry methodology. This methodology focuses on the positive responses to an organisation. Research included key informant interviews with key staff, a five-hour workshop with beneficiaries and staff of the organisation as well observations at the site level.

MWO is a nonprofit organisation that aims to build and develop community capacity to reduce poverty and improve the quality of life for those infected and affected by HIV/AIDS, especially children and youth. MWO focus on: providing high quality home based care for OVC and their families; care and support to needy community members; ensuring children's rights are taken care of; and among other things, ensuring that children are provided with the necessary love, support and skills to become self-sustaining adults. Services offered by MWO include health care, food and nutritional support, and HIV/AIDS awareness education.

In trying to meet the needs of OVC and to expand their outreach, MWO has identified many unmet needs. Most notably the need for sporting, recreational, and play equipment, and a shelter facility for homeless children were identified.

MWO has achieved many successes since its inception. Perhaps one of their greatest achievements is the way it approaches HIV/AIDS in the community. MWO holds HIV/AIDS awareness programmes to which the community is invited. This has in itself encouraged people to speak openly about sensitive issues such as HIV/AIDS. In moving forward and in the hope of expanding their services to more OVC in the community, MWO hope to, in the near future, liaise with other organisations and NGOs in the similar line of work to both learn from, and teach others, how to provide the best possible outcomes for OVC.



# 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 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 Masakhane Women’s Organisation (MWO) 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 MWO; 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 document review; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and, observations of programme activities. The programmatic approach is described in depth — including approaches to beneficiary selection, key programme activities, services delivered, and unmet needs. Programme innovations and challenges also are detailed.

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

# Orphans and Vulnerable Children in South Africa

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

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

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

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

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

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

# Methodology

## INFORMATION GATHERING

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Appreciative inquiry (AI), an approach that focuses on positive aspects of situations under study, was adopted when designing this research and the data collection tools used. AI was chosen as the overarching approach because it is a process that inquires into and identifies “the best” in an organisation and its work. In other words, applying AI in evaluation and research is to inquire about the best of what is done – in contrast to traditional evaluations and research where the subjects are judged on aspects of the organisation that are not working well.

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

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

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For this case study, AI was used to identify strengths (both known and unknown) in MWO, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

Research into MWO was conducted in three ways at the MWO office during August 2007. First, the researchers completed two key informant interviews, one with the project director and the other with a caregiver coordinator. They were interviewed at length on various aspects of the project’s services, activities, challenges, successes, and, among other things, the model adopted. The researchers then held a five hour appreciative inquiry workshop with staff members and project beneficiaries. Participants included guardians, OVC, educators from the community, and, among others, care workers and volunteers. The AI workshop allowed staff and beneficiaries to express their positive experiences with the project. It also afforded them an opportunity to give thanks to the project. Lastly, the researchers conducted observations at the project site, which included the project’s vegetable garden, drop-in centre, and the play area for children.

## FOCAL SITE

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MWO is based in Hlokozi, which is situated in the Ixopo sub district within the Ubuhlebezwe Local Municipality in Kwa-Zulu Natal. The Ubuhlebezwe Municipality is 162 744 Ha with a population of 122 860. A large percentage of the adult population is unemployed. Sugar cane farming and forestry are the dominant agricultural activities in this area, and subsistence agriculture includes growing maize, beans, potatoes, and madumbes (a vegetable similar to potatoes). About 83% of households do not have any monthly income. It is estimated that one out of every five people in the Ubuhlebezwe area are HIV-positive.

# Programme Description

## OVERVIEW AND FRAMEWORK

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*A child playing at the project site after school.*

Masakhane is a Zulu word that means “building each other.” As such, MWO focuses on building and developing communities to reduce poverty and improve the quality of life of people in need.

MWO was first started in 1997 as a funeral club in Hlokozi, within the Ixopo subdistrict of Kwa Zulu Natal, to assist community members with burial services.

Over the years, its members realised that death results in additional problems that negatively impact others in the community, especially children who lose one or both parents. These orphans are not only left with the emotional consequences of death and bereavement

but often with added responsibilities, such as looking after siblings, finding food for the family, etc. By 2002, MWO had ceased to function as a funeral club and was focusing on being a social and emotional ‘haven’ for OVC in their communities.

MWO has the following objectives:

1. to provide home-based care (HBC) to those who are sick (this also includes training of family and community members on how to care for and support those who are sick);
2. to provide community care and support to OVC who are in need;
3. to provide advocacy for children, especially with regards to schooling needs and accessing of child care and foster care grants;
4. to provide stimulation and early childhood development for children staying with very old or very young family members; and
5. to teach children self-sustaining income generating activities

In achieving its objectives, MWO engages in numerous activities, some of which include monitoring, home visits and, among others, educating and engaging children at their drop-in centre. MWO caregivers and volunteers are also provided with basic skills on monitoring and evaluation, report writing and data storage. This training is done through funds received from the Department of Health (DoH).

## PROGRAMME VOLUNTEERS

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There are six volunteers in total. Volunteers do not receive remuneration; however, both salaried staff and volunteers have their transport costs paid for and are given uniforms to wear.

## PROGRAMME STAFF

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The organisation is run by an executive committee, a project manager, an emergency plan coordinator, child care workers, and volunteers. There are 10 care workers in total. The executive committee work on attaining funding and resources from donors and community members. The project manager sees to the day-to-day running of the centre and ensures that all staff report to work and that they carry out their work to a very high standard. The emergency plan coordinator ensures that emergency plan standards are adhered to and that money received is used in the best possible way that serves the needs of OVC. MWO's community development worker assists, where possible, in helping community members receive identity documents and access grants. Child care workers conduct home visits and they work at the drop-in centre. They also assist with meal preparation. Unlike the conventional method of staff recruitment, posts at MWO are not advertised. Rather, potential care workers approach the organisation for employment. Two important criteria are used for selection are the ability to read and write and high levels of dedication to OVC and OVC-related work.

As incentives, staff members receive a stipend of R500, which is paid by MSH. There is little doubt as to the level of dedication and commitment that care workers have to their work, more so since remuneration is limited or, in some cases, unavailable. These staff members embrace high internal motivation and affective commitment to each and every family they work with. When asked to explain why they valued the people who run MWO, staff had the following to say:

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*"They (care workers) are committed and love their work."*

*"They (care workers) are always friendly and help everybody who needs help."*

*"They (care workers) help all the children and the community."*

*"They (care workers) are free with people and keep their secrets."*

**MWO staff**

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Staff also receive training. Programme implementation is done by both paid and unpaid staff members who are trained to deliver services. Training is provided to both care workers and volunteers and is funded by DoSD. Training ranges over a two week period. It includes basics of how to care for sick people, how to pick up triggers of infectious diseases, nutrition, hygiene, and sanitation. They are also trained on how to conduct home-based care, which includes communication skills, maintaining confidentiality and how to initiate contact with potential OVC and needy families.

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*"I attended workshops which were organised by MWO. Through these workshops, I have been able to identify people that needed to be helped. These people would include those who are unemployed or who do not have any food to eat. I praise MWO for the networking services. They are unique in that they do involve everyone in the best possible way. I can't even explain in a few words how they open doors that were closed. I had a difficult time and went to MWO and they help you and keep things confidential. MWO works with love and commitment."*

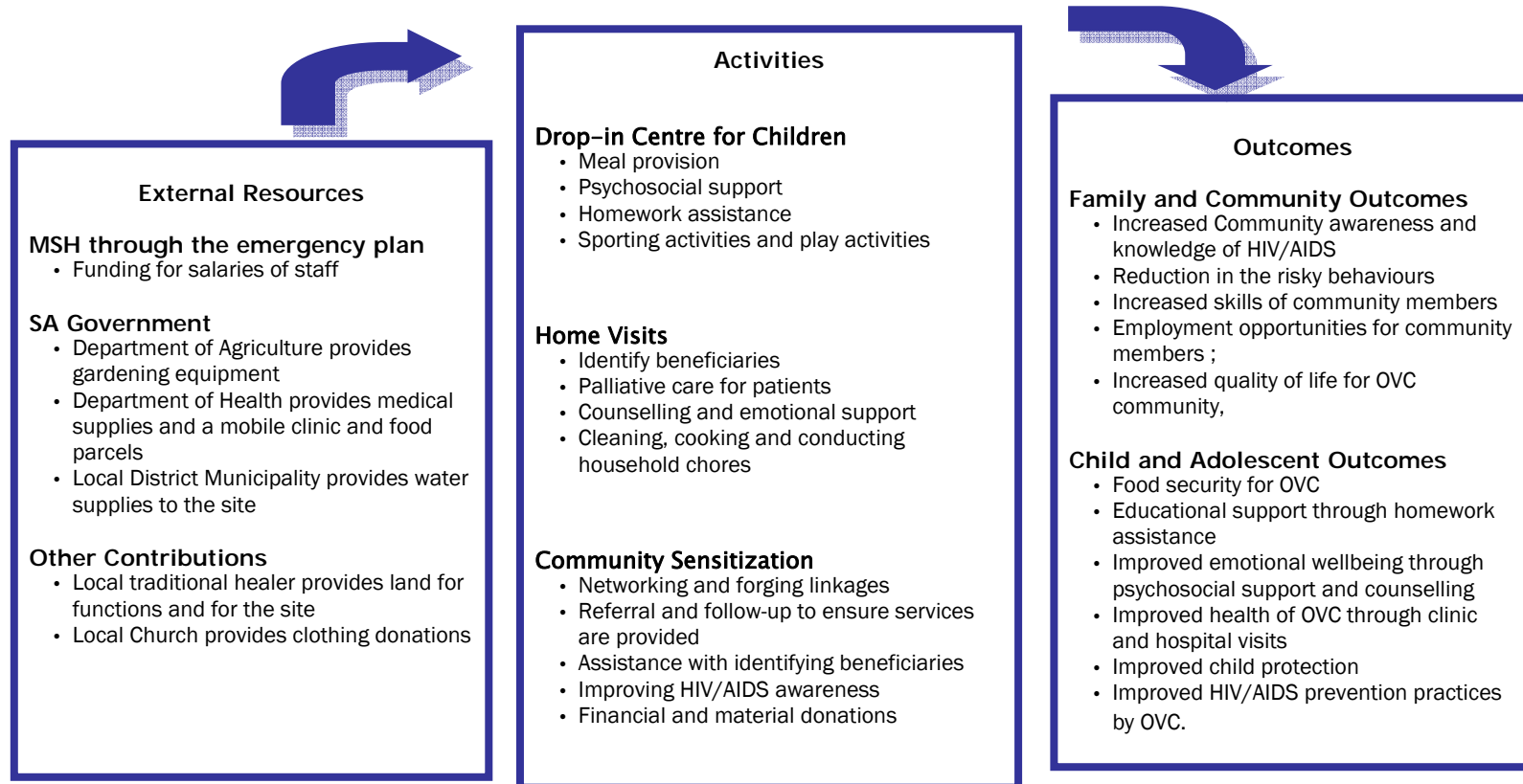
**Community development worker speaks of his experience with the project.**

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# Masakhane Women's Organisation

Masakhane Women's Organisation is focused on building and developing community capacity to reduce poverty and improve the quality of life for people in need, especially for those who are infected and or affected by HIV/AIDS.

The OVC programme goals are: to provide home based care to those who are sick; to provide community care and support to those who are in need; to provide advocacy for children with regard to grant acquisition; and to teach children self sustaining, income generating activities.



## KEY PROGRAMME ACTIVITIES



### Drop-in Centre for Children



*Children enjoy a meal at the project site after play.*

The drop-in centre is open between 7 a.m. and 4 p.m., seven days a week. Currently, 118 OVC attend the centre, where each child is provided three nutritious meals a day. The children who attend are those who are identified through home and community visits. The centre offers much more than only being a safe environment for children, it is an environment that provides love and support to children. As one staff member put it:

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*“They [children] have food, games, learn sport ... they interact with each other and our children are happy.”*

**Staff member**

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The centre at MWO is truly a haven for children. It allows them to interact with other children who are in a similar situation to themselves. Children play netball, soccer, and other sports. Although infrequently held, children also engage in sporting competitions within the community. They also engage in play education therapy where song and dance is used to emotionally disengage from difficult experiences associated with death and bereavement.

Children are also assisted with homework, school projects, and washing of their school uniforms. A minimum of three care workers are always on hand at the centre so children always have adult supervision.

Aside from the intellectual, physical, and material assistance (which includes daily meals for all children and uniform provision to a few children), care workers are also able to interact with OVC on an emotional level, thus partially fulfilling the need for stable adult presence in their lives.



### Home Visits

Home-based care for HIV positive people and those who are living with full blown AIDS is one of the activities carried out by MWO. Their outreach is large with about 100 families benefiting from it, eight dedicated care workers and two volunteers conduct daily visits to needy families on weekdays. They work from 8 a.m. to 4 p.m. On average, each care worker and volunteer conducts four to five visits daily. Each family is visited at least once a week. Every household that is visited has at least one person who is living with HIV/AIDS. The frequency of visits is increased when families are identified as having greater needs. Activities conducted during home visits include meal preparation for the family, completion home chores such as washing and ironing clothes, bathing sick patients, and caring for children. They also provide counselling where children are emotionally stressed and assist children with homework and other academic projects. All children who are identified through home visits are enrolled into the drop-in centre. The care workers also assist in referring children to local clinics when the children are not well, and ensure that children take their medication regularly.

Care workers and volunteers are also very meticulous when it comes to home visits, they all have personal registers where records of visits made to each family are kept. Information is recorded about financial income, number of dependants, and, among other things, health statuses of family members.

Meetings are held at the MWO offices every Wednesday, where home-based care workers discuss their monitoring activities and share what they captured at home visits. This is a way of information sharing and teasing out ideas on how to best document important information. The needs of OVC and their families are then cross-checked with those services that were provided to them (such as psychosocial support or a visit to the clinic). The information is kept on file by the OVC manager at head office. Monthly reports are compiled using this information and sent to funders.



### Community Sensitization

Over and above the positive impact the project has on OVC in the community, MWO has made remarkable strides in empowering community members through skills and training. The employment opportunities made available by the project have provided means of income for many families. The following stories illustrate this point:

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*“I went to the local clinic to offer my services as a volunteer. This is where I met someone from MWO who told me about the needs of the community. I then went to MWO in March this year and spoke to the lady in charge. Previously, I would care for the sick without using gloves. Through MWO, I am now trained in home-based care and I am now employed as one of the three care givers. I am paid by the DoH. I no longer wash sick people without wearing gloves and I even help them with their medication. Thank you, Masakhane, for helping me to be a paid health worker.”*

**Caregiver**

*“MWO organised a project that connected teachers and the project staff in a way that enhanced the beneficiary identification process. Other partners also joined and some of these included faith-based organisations, NGOs, representatives from the departments of safety and security and transport, community-based organisations, local municipality and among other partners, local traditional healers. The Women’s League was present as well as health representatives from the mobile clinic. A farmer donated a cow to be slaughtered and the departments gave different monetary contributions, as well as building material from a building contractor.*

**Participant, staff workshop**

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Furthermore, four of the local schools in the community are targeted to receive occasional talks on health issues, here; children are also spoken to about health related issues (such as tuberculosis) through awareness programmes and workshops held at schools. These visits occur every three months and children from the drop-in centre, as well as other children from the community, are invited to attend. Care workers and educators from the community all contribute to the discussion and children are encouraged to engage actively.

MWO has benefited the community in many ways. In turn, the community, even through under resourced, gives back to the project. Community members do so by volunteering their services at functions held in the community and through assisting in identifying OVC in the community.



## BENEFICIARIES

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*Participants at the appreciative inquiry workshop.*

As at August 2007, MWO had approximately 118 beneficiaries, many of whom were orphaned or vulnerable as a result of HIV/AIDS. All 118 of these children attended the drop-in centre and benefited from the home visits. Approximately 100 households were visited each month.

Beneficiaries also include children who are physically or mentally disabled, children who head households or whose parents are unemployed. Beneficiary ages range between 6 years and 20 years old, although the majority of the beneficiaries are between the ages of 6 years and 8 years. About 60% of beneficiaries are female and 40% male.

Guardians, extended family members, and other community members that look after OVC, such as neighbours, also benefit from MWO activities. Assistance to them is provided in the form of food parcels and psychosocial support during home visits and through the drop-in centre.

OVC are identified and integrated into the programme in many ways. One of the most common places that OVC are identified is through home visits typically provided to people living with HIV/AIDS (PLHA). Children who are orphaned or rendered vulnerable as a result of HIV/AIDS are then integrated into the programme. Once identified, beneficiaries are offered available services and are included in the centre's activities.

Teachers from schools identify those children that they feel are in need of special attention and then refer them to MWO. Policemen in the community refer potential OVC to the project as does the local church. In some cases, children refer themselves to the project if they have no other place to go to. Beneficiaries are cared for up to the age of 18 years. That said, should a young person be over the age of 18 years and still be attending high school, then special concessions are made. Children leave the programme once they have turned 18 years (if they are not still in high school) or if a guardian or family member is able to look after them.

## SERVICES PROVIDED



MWO offers many services which include educational support, psychosocial support, child protection and, among other things, health care.



### **Food and Nutritional Support**

Approximately 118 children visit the drop-in centre daily, where their nutritional needs met through the provision of three square meals. Breakfast is served in the mornings at 7 a.m.; lunch is served at noon, and supper at 3 p.m. Care workers who prepare the meals ensure that the meals are nutritious. Food is prepared daily to ensure health standard adherence. Once a year, about 50 households are provided with food parcels with enough food to sustain a family of four for a month. Funding for this is received from DoH. These food parcels are distributed during home visits. There is also a basic gardening project whereby children are taught, at the drop-in centre, how to grow vegetables. The idea is that they will use these skills to grow vegetables at their homes, and the vegetables would then be used to prepare meals for the family.



### **Educational Support**

Children are provided educational support through homework assistance provided by care workers both at home visits and at the centre. Also, school uniforms are provided to a select few who are unable to afford their own.



### **Psychosocial Support**

Children receive emotional support from care workers. They speak to them about their problems and see them as friends. Care workers provide informal counselling to children both during home visits and at the drop-in centre.



### **Child Protection**

Child protection is critical for staff at MWO. Physical and sexual abuse is rife in the areas the organisation serves, and children are often left with little to no assistance. Child protection services are funded by MSH and protection is offered in one of two ways. The first is through local policemen who work closely with the project to reduce abusive activities. Should a case of abuse be reported, a policeman visits the family or child affected, conducts an investigation, and, if necessary, opens a case. Follow-up visits to victims are conducted on a regular basis. The second makes use of contact between traditional healers and members of the community who quite often use them as the first point of contact when in need of spiritual and physical healing.



### **Health Care**

A mobile clinic funded by DoH visits the community twice a month. Care workers take sick children to the clinic to obtain medication, or visit a nurse or doctor. Care workers make monthly trips to the local hospital for children who require antiretroviral (ARV) therapy, as the local clinic does not provide this. Children are also spoken to about health-related issues (such as tuberculosis) through awareness programmes and workshops held at schools.



## **HIV/AIDS Prevention Education**

MWO acknowledges the value in improving HIV/AIDS awareness in the community, thus awareness programmes and workshops involving community members are held on a regular basis. Volunteers and care workers visit children at their homes and at four local schools to discuss the dangers associated with HIV/AIDS. Four workshops are held a year at schools in collaboration with MWO to talk about condom use, sexual abstinence and other health related issues. These sessions occur both during home visits and at the drop-in centre.

# Resources

## DONORS

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*A beneficiary plays at the organisation's site after school.*

MWO receives funding and resources from many government departments, faith-based organisations, and community organisations. MWO receives approximately 20% of its funding from the emergency plan. The Department of Agriculture provides tools for gardening as a means of promoting income-generating activities such as the gardening project. Gardening skills are taught to children at the drop-in centre, which contributes to economic strengthening. The Masaissonke District Municipality provides free water to the project site and DoH provides medical-related supplies, which include medication, condoms, and nutritious food. The DoH also provides food parcels and a mobile clinic. Management Sciences for Health (MSH) provides funding for care workers and pays the salaries of the MWO's manager and security guards.

## IN-KIND CONTRIBUTIONS

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The local traditional healer provides land for functions and the Dutch Reform Church donates clothing to MWO. Teachers and other community members assist with identifying beneficiaries.

# Lessons Learned



Participants at the AI workshop

MWO acknowledges the importance of caring for OVC in the community. More importantly, the MWO realises that in caring for the OVC and other needy community members, the community is able to respect the work done by the project and, as a result, begins to take ownership in the project's work. Using community resources and mobilising the community offers many benefits to increasing MWOs outreach. Some of MWO's challenges, unmet needs, and successes are discussed.

## PROGRAMME INNOVATIONS AND SUCCESSES

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### Actively Engaging Schools in Identifying OVC

Involving teachers in identifying beneficiaries has proven to be most helpful. In starting up this initiative, care workers from MWO went to local schools and briefed teachers on how this should be done. Because of this success, a teacher from one of the local schools decided to host a special day for children to feel loved and cared for. This is his story:

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*"We organised a special day where we even gave children clothes. For some of them, it was their first time to wear a pair of shoes or even have a cup of tea and eat meat. This was very special for them. Those who kept their sad stories to themselves were even willing to share them and speak out willingly. After that we had to appoint a special teacher to take the role of identifying the OVC at the school for Masakhane and the numbers are growing. Every year since then we have a Back to School Day organized by Masakhane to give the uniform to the children. I really want to thank Masakhane for the changes in the lives of the children at my school. They look clean daily, they are fed with good food and they are happy."*

**Care worker**

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### Reducing HIV/AIDS Related Stigma

Perhaps one of the greatest achievements made by MWO is related to the way in which the project approaches HIV/AIDS in the community. MWO holds numerous HIV/AIDS awareness programmes to which the community is invited. People are able to openly discuss issues about HIV which is often seen as taboo.

During special days, such as World AIDS Day, MWO conducts door-to-door visits and educates families about HIV/AIDS; and, at the same time, identifies those families and children who are in need of food. Making people aware of HIV/AIDS and getting them to accept it is imperative in reducing infection rates. Knowledge around both HIV/AIDS and other sexually transmitted diseases encourages people to take precautions and engage in safe sexual practices. Engaging OVC in these programmes and therefore increasing their awareness has been an important goal for the staff of MWO.

Over and above this, programmes such as these assist in reducing stigma by getting people to open up and communicate with others. A community member describes his experience:

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*"As an infected person with HIV, I learnt, through HIV programmes, that not only Masakhane cares – I've also learnt that other people and organizations also work with sick people. This gave me more confidence to speak out about my status in public without shame. Thank you Masakhane."*

**Community member**

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## UNMET NEEDS

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In providing holistic care for OVC in the community, MWO has identified some of their unmet needs. Numerous unmet needs were discussed during both the key informant interviews and the AI workshop. Some of these are discussed briefly below.

### **Sports Uniforms**

MWO maintains that engaging children in different sporting activities allows children to heal emotionally and to be physically fit. The children from MWO have become particularly good at various sports and, as such, are often invited to participate in competitions. Unfortunately, because they don't have uniforms, the children are not allowed to participate in these competitions. Meeting this need will not only allow these children to participate competitions but also, on a deeper level, it will increase their self-confidence and foster a sense of belonging.

### **Lack of Toys and Recreational Equipment**

MWO also needs toys and sporting equipment for the children at the drop-in centre. Children do not have enough toys to go around and the sporting equipment (such as balls and bats) are few in number.

### **Shelter Facilities**

While the organisation is able to care for OVC through the drop-in centre, some OVC have no place to go to at night or they live in abusive homes where they are neglected. MWO maintains that what is needed is a shelter or boarding house for OVC such as these. Safe havens for OVC are needed.

### **Income Generating Activities**

Because of high poverty levels, a means of self sustenance within the community is essential. Also, by being able to provide children with skills (such as computer, sewing, or cooking skills) children would be more marketable and would therefore increase their chances of entering the job market.

### **Lack of Clothing**

Because of the high rates of poverty, OVC do not have enough clothing, which is especially problematic during the winter months. MWO would like to encourage the community to assist in this regard, as better clothing would improve the quality of life for children. Wearing torn or old clothes sometimes leads to children being stigmatised as "poor," resulting in bullying within schools and the community.

## PROGRAMME CHALLENGES

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### **Limited Professional Resources**

The organisation has a very small office space to carry out their administration functions and if they expand their outreach, which they hope to do in the future, they will require a larger working area. MWO is also understaffed and they require more people to assist with running the project. Furthermore, MWO strongly believes that children need to be empowered with the necessary technological skills so as to be more marketable when seeking employment. Unfortunately, funding is a problem and MWO has been unable to purchase a fax machine and computers.

### **Support for Volunteers and Staff**

Working with people who are affected or infected by HIV/AIDS, especially children, is very challenging and emotionally taxing, especially when coping with a death and bereavement. Given this, care workers are often left discouraged and frustrated in their work, and a means of fostering increased motivation is essential, especially since volunteers are not remunerated for their efforts.

### **Lack of Community Involvement**

Reducing the impact that HIV/AIDS has on the community requires effort from not only people working for MWO but also from the community at large. While they have been successful in mobilizing community donations and other types of contributions to the project, they cite that much more is needed to effectively meet the needs of OVC. Staff members at MWO suggest that more involvement from traditional leaders, other NGOs, community councillors, and the local chiefs will help mobilize the community towards lessening the impact of HIV/AIDS. In other words, they would like for these members to assist in attaining donations and in providing advise and emotional support to members of the community, especially focussing on OVC.

# The Way Forward



MWO truly embraces the spirit of working together. Improving the lives of children in the community and providing them opportunities to develop into fully functional, educated adults is the organisation's highest priority. In working towards this, MWO has many plans and ideas which it hopes to take further. Some of these are discussed below.

MWO realises the importance in empowering people with skills that allow them to generate their own income. To this end, MWO has plans to establish a chicken project, which would be most beneficial to unemployed members of the community. People from the community would be trained on chicken rearing and on project management. The chicken and eggs produced would be sold for a profit. Some of the profits would be used to pay salaries and the rest would be reinvested into the project.

MWO also hopes to start a tourist shop to sell African arts and crafts, which would also target unemployed members of the community. This shop would offer many benefits for the project and expand its outreach. Firstly, this shop would provide employment for some community workers, the profits generated would be used to fund some of the project's activities, and the shop itself would pose as a marketing tool attracting external donors and funders. Plans to establish this shop have been prioritised for early 2008.

MWO has begun a vegetable garden project that is still in its early stages. MWO would like to push more funds into this project and develop it further as an income-generating activity for needy community members.

MWO hopes to renovate its property to include more play areas for the children in the crèche (which is a facility where very young children can attend daily and engage in play activities) so that the environment is not only safe and caring but also entertaining for the children.

Information dissemination and skills transfer in OVC-related work is essential for MWO. The organisation wishes to liaise with other organisations and NGOs in the similar line of work, both to learn from and to teach others on how to provide the best possible outcomes for OVC.



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