

*A Case Study*

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# Motswadibe Home-Based Care





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*With Support from CARE South Africa-Lesotho*



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*Cover photo by Peter Njaramba: Children walk home after school. In the background are the beautiful mountains that border the study site.*

# Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
CBO	community-based organization
DICEP	Dilokong Centre for Cerebral Palsy
DoH	Department of Health
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
EU	European Union
HBC	home-based care
HIV	human immunodeficiency virus
IGA	income-generating activities
OVC	orphans and vulnerable children
PET	participatory education theatre
PLHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PSS	psychosocial support
RDP	Reconstruction and Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VS&L	Voluntary Savings and Loan

# Executive Summary

With an estimated 5.5 million people living with HIV in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Motswadibe (named after a mountain in the area – the mountain’s name means “mysterious” in Sepedi) Home-Base Care OVC programme and to document lessons learned that can be shared with other initiatives. This OVC case study was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the U.S. President’s Emergency Plan for AIDS Relief (emergency plan) and U.S. Agency for International Development (USAID)/South Africa.

This case study is based upon programme document reviews; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and observations of programme activities. When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. AI was used to identify strengths (both known and unknown) in the Motswadibe OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

Motswadibe is situated in the scenic landscape of Fetakgomo, a local municipality within Sekhukhune District in Limpopo Province. Motswadibe operates in wards 11 and 13 of the municipality. The organisation covers nine villages comprising 2,500 households with a population of about 15,000. Motswadibe was started in 2003 to address increasing health needs, particularly those related to the HIV/AIDS pandemic within the community. A social welfare programme was started to provide social services and strengthen the capacities of communities and individuals to address not only health and care needs of people living with HIV/AIDS (PLHA), but also to support the needs of families and communities affected by the virus.

In 2006, Motswadibe entered into partnership with CARE SA Local Links for OVC Support project. Local Links is funded by the U.S. government under the emergency plan. The main purpose of the partnership is to build the capacity of Motswadibe to provide innovative OVC-focused services in line with the objectives of Local Links project.

In agreement with the CARE SA Local Links partnership objectives, the OVC programme goals are to:

- economically empower families and communities caring for OVC;
- provide a range of innovative and accessible services to OVC and their families; and
- promote advocacy efforts for OVC and PLHA.

To realize OVC programme goals, CARE SA provides technical and financial resources to Motswadibe. CARE SA has trained Motswadibe staff on voluntary savings and loan (VS&L) concepts, OVC care and advocacy, and has provided funds, mainly for caregiver stipends and training. Motswadibe performs several key activities including the facilitation of VS&L groups, a process that is intended to economically empower families caring for OVC. OVC are provided with services mainly through home visits. Community sensitization is achieved by holding awareness campaigns and forming partnerships with government departments and other social service providers. The community is mobilised to take care of the vulnerable children and orphans, particularly those whose parents have died of HIV/AIDS.



Motswadibe provides a range of services to about 211 OVC. Motswadibe facilitates the process of accessing government grants and refers those who need housing to the ward councillor. Caregivers also provide emotional and spiritual support to OVC and their families including the use of memory boxes. Motswadibe has succeeded in mobilizing members of the community to form a total of 30 VS&L groups serving 152 adults and 466 children, including OVC. Motswadibe caregivers also visit patients at home and assist with basic nursing care and patient referrals. They provide health education, and HIV awareness and prevention. In addition, the caregivers identify families in need of social support. The caregivers observe the children's physical and emotional condition and check their school progress. Motswadibe assists children with their homework, and, occasionally, the payment of school fees and the provision of uniforms. Caregivers promote children's rights and safety during home visits, informing the children of their rights and raising community awareness on important topics such as child abuse, drugs, and violence.

Rather than collect and distribute material goods from the community, the organisation mobilises the community to take care of orphans and vulnerable children, particularly those whose parents died of HIV/AIDS. Motswadibe makes the community aware of the holistic needs as well as the well-being of PLHA and OVC in the community. OVC beneficiaries are involved in organisation activities, which entails participating in dramas on lifestyles and cultural dances. Motswadibe works with tribal leaders. For instance the local chief has donated land for Motswadibe to construct the organisations premises.

Several lessons have been learned. Through the provision of care and support at the household and community level Motswadibe has succeeded in increasing the community's knowledge of HIV and AIDS. This has resulted in a reduction of stigma and discrimination of OVC and PLHA at the household and community level. VS&L groups have enabled community development and change while caring for OVC. Partnerships, particularly at the local level have been very useful in the mutual provision of services to OVC. Motswadibe has learned that memory box activities do not require a high level of skills, and that these activities contribute immensely to psychosocial support for OVC and the family.

Challenges faced include the general capacity constraint of Motswadibe. Other constraints include inadequate funds and trained staff and volunteers. Lack of funds hampers the organisation's efforts to construct their own premises or establish a drop-in centre. Another challenge is the high turnover of caregivers due to low stipends. Motswadibe also require more VS&L facilitators in order to reach and mobilise as many members of the community as possible. Unfortunately men have not bought into the VS&L process. Furthermore, the shortage of steady income leads to irregular contributions at VS&L groups with subsequent drop-out of some members. In addition to these challenges, some families have not started talking openly about HIV/AIDS and they hide the sick from the caregivers.

Unmet needs include a lack of after-school activities. This denies the children and their caregivers the advantages of having children come together and getting involved in games and group discussions. Staff and volunteers also require transport and umbrellas to protect them from extreme weather when conducting home visits. In addition; beneficiaries suffer from a lack of regular supplies of basic services like food parcels and the delayed processing of applications for social services.

The construction of an office building, the establishment of drop-in centre, and the capacity building of staff rank high on the organisation's priority list. With regard to service delivery, the integrated approach of caring for patients and OVC is working well and Motswadibe is committed to making home visiting for its caregivers more comfortable through the provision of uniforms, transport allowances and umbrellas. Motswadibe plans to focus on expanding the mobilization of the community to form additional VS&L groups.

Expansion of Motswadibe activities will not only serve the OVC well but will also create more opportunities for vulnerable youth who are over 18 years of age to participate in caring for the younger OVC. As one beneficiary put it, “I would love to work here.”

# Introduction

*“The pandemic is leaving too many children to grow up alone, grow up too fast, or not grow up at all. Simply put, AIDS is wreaking havoc on children.”*

**Former United Nations Secretary-General Kofi Annan**

Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. There is urgent need to learn more about how to improve the effectiveness, quality, and reach of efforts designed to address the needs of OVC, as well as to replicate programmatic approaches that work well in the African context. Governments, donors, and nongovernment 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 Motswadibe Home-Base Care 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 Motswadibe Home-Base Care OVC Programme, 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.



A group of four women (three of whom are depicted above) started Itshepeng VS&L group in June 2006. They meet monthly to save and lend money. Each member saves R100 and the interest payable on loaned money is 20%. Group members consider the rate very low compared to the 50% interest charged by local money lenders. Typically group members select one of their own to serve as treasurer. Internal lending, as opposed to lending to outsiders, is considered safe as the group members know each other’s circumstances well and have long-standing friendships that act as a catalyst during loan repayment.

Since they started the group, they have shared contributions and profits twice. One member used the proceeds to defray building costs for her house, another used the money to buy stocks for her business, and a third bought a dress-making machine. Group members collectively have 15 children aged 6 months to 13 years of age. These children benefit indirectly through their parents success in VS&L.

*“Motswadibe helps us a lot. They take our families to the head office and they show us how to facilitate a VSL group.”*

**Itshepeng VS&L group member**

# 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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*AI workshop participants narrate the lessons learned from participating in the workshop. Programme service providers and beneficiaries listen to the narratives.*

Data collection for the Motswadibe case study took place during September 2007. Khulisa researchers first conducted key informant interviews with a CARE South Africa – Lesotho (hereafter referred to as CARE SA) economic empowerment coordinator and the CARE SA Local Links OVC Support project manager at their offices in Johannesburg. The researchers also reviewed Local Links project documents.

At Fetakgomo, researchers jointly interviewed the project manager and the project coordinator of Motswadibe. A five-hour-long appreciative inquiry (AI) workshop with 15 participants was also facilitated at the projects site. The workshop had two breakaway groups: a group of service providers comprising three staff members, three volunteers, a nurse, a social worker, the tribal chief, and a facilitator from a collaborating organisation, loveLife; and a group of beneficiaries made up of two OVC beneficiaries and three guardians.

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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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Observations took place at the offices of Motswadibe and at Ga-Phasha village. Activities observed at the Motswadibe offices included an informal meeting of a voluntary savings and loan (VS&L) group (Itshepeng VS&L group) and the distribution of food parcels to OVC guardians and parents. The researchers were shown a video of children performing songs and drama during their school holidays. At the village, a home visit to a child-headed household was observed.

Of the 32 OVC programmes studied by Khulisa, five of them, including Motswadibe, are CARE SA sub-partners. After completing data collection with Motswadibe and all the other sub-partners, an AI workshop was conducted with seven CARE SA programme managers and staff at their head office in Johannesburg. Khulisa facilitators not only gathered more data but had the opportunity to share with managers and staff findings and observations from sub-partners.

In designing this research, appreciative inquiry (AI) concepts were used 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 inquire about the best of what is done. This differs significantly from traditional evaluations

and research where the subjects are judged on aspects of the programme that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the Motswadibe OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

The AI workshops proved to be excellent forums for learning about Motswadibe, its activities and partners. Workshop participants reported feeling informed and encouraged in their mission to care for and support OVC, as illustrated by the following comments:

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*“I like the way we all came together-the clinic, tribal authority, and loveLife to learn about Motswadibe.”*

*“It felt good in the workshop. It has educated us. I was also encouraged we have voted and seen door-to-door activity is important.”*

*“This workshop has helped me to know about Motswadibe and their partners. And also the work they are doing is important.”*

**AI workshop participants**

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## FOCAL SITE

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Motswadibe is situated in the scenic landscape of Fetakgomo, a local municipality within the Sekhukhune District of Limpopo Province, South Africa. Fetakgomo is an economically-deprived municipality that relies heavily on public sector employment, remittances by workers outside the municipality, and government grants. Approximately 86% of households in Fetakgomo live below the poverty threshold, with income that is insufficient to provide an adequate standard of living. A significant part of the economy is dominated by large mining companies whose headquarters and procurement base are outside the municipality. Mineral deposits include platinum and chromium.

The municipality's total population is about 97,110, comprised of about 17,334 households. Children 17 years of age or younger comprise 47% of the total population. The majority of the population in Fetakgomo is female (55, 6%) with the highest population concentration found in Ward 5 (16, 54%), Ward 11 (12, 81%), and Ward 1 (13, 7%).

The villages consist mainly of tribal land that is predominantly utilised for residential and subsistence farming purposes. Lack of fences in the farming areas results in farm animals wandering on the main roads posing danger to motorists. Homes and shelter are largely constructed using the available natural material in the area.

The provincial government is responsible for providing affordable Reconstruction and Development Programme (RDP) housing to the community. Fetakgomo Municipality only assists in compiling housing waiting lists with assistance from ward councillors and ward committees. Within the villages where Motswadibe operates, around 50 vulnerable families are on waiting lists for houses that are under construction. Approximately 80 families have already acquired RDP houses.

Due to the underdevelopment of the area, most youth drop out of school in order to seek jobs with nearby mines. There are high rates of teenage pregnancies and HIV/AIDS and other sexually transmitted disease infections. There is no hospital within the Fetakgomo local municipal area, although the municipality has a health centre and 11 clinics supported by a mobile clinic service team.

Motswadibe operates in Wards 11 and 13 of the municipality, covering nine villages, or about 2,500 households with a target population of 15,000. Motswadibe was initiated to augment the local government health services and was given operating space at a local clinic – Phasha clinic. Motswadibe has since moved to nearby rented premises next to the clinic.

# Programme Description

## OVERVIEW AND FRAMEWORK

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*A project staff member visits a child-headed household to check on a sick client, who heads the household. There are five members in the household, including two children awaiting foster care grants.*

Motswadibe (named after a local mountain, a word that means “mysterious” in Sepedi) was established in 2003 to address increasing health needs, particularly those related to the HIV/AIDS pandemic. In consultation with a social worker and with funding from the Department of Health (DoH), Motswadibe established a home-based care (HBC) programme to care and support the chronically ill, including people living with HIV/AIDS (PLHA). The local clinic (Phasha) offered the organisation temporary office space. Meetings were held with the local chief, community members, and school representatives to introduce the Motswadibe vision. Volunteer caregivers were recruited and workshops were held to orient caregivers in the provision of HBC.

Recognizing the value of comprehensive care for those infected and affected by HIV/AIDS, Motswadibe started a social welfare programme. The programme is geared to provide social services and strengthen the capacities of communities and individuals to address not only health and care needs of PLHA, but also to support the needs of families and communities affected by the virus.

Increasing demands on Motswadibe resulted in numerous challenges including inadequate operating space, lack of administrative capacity, and caregivers who were not properly trained and skilled to identify and care for PLHA and OVC. The European Union came to their aid and Motswadibe managed to form a board of directors and build the skills of their management staff. They also rented and equipped an office next to the Phasha clinic.

In 2006, Motswadibe entered into partnership with CARE SA Local Links for OVC Support project, an initiative funded by the U.S. government under the emergency plan. The main purpose of the Local Links partnership is to build the capacity of Motswadibe to provide innovative OVC-focused services in line with the objectives of the Local Links project. In agreement with the Local Links partnership objectives, Motswadibe’s OVC programme goals are to:

- economically empower families and communities caring for OVC by initiating and running VS&L groups and income generating activities;
- provide a range of innovative and accessible services to OVC and their families; and
- promote advocacy efforts for OVC and PLHA.

To realize OVC programme goals, CARE SA through its Local Links for OVC Support project provides technical and financial resources to Motswadibe. CARE SA trains Motswadibe staff on VS&L, OVC care, and advocating at the community level. In addition to this, CARE SA provides funds for caregiver stipends and training. Subject matter includes psychosocial support.

Motswadibe’s key activities include mobilizing and training the community members to establish and run VS&L groups. The volunteer caregivers visit homes to care for and support OVC, their families and the community. Community sensitization for OVC is achieved by holding awareness campaigns and forming partnerships with government departments and other social service providers.



Motswadibe raises interest in saving by encouraging the community to attend VS&L training, in an effort to mobilise the community to care for OVC, particularly those who have lost parents to HIV/AIDS. Programme activities and outcomes at the OVC, youth, family, and community level are summarized below.

## PROGRAMME STAFF

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Motswadibe is run by a board of directors and a project manager. The project manager is assisted by a coordinator, a finance officer, an administrator, and a security person. The project manager and coordinator facilitate weekly reporting and discussion meetings, including monthly sessions with volunteers to develop group and individual work plans among other deliberations. The two are also involved in fundraising by writing proposals and conducting annual mapping of households to quantify number of households per village.

Apart from technical training provided to volunteers (discussed below), staff are trained by CARE SA in financial management, administration, and office management. Staff and volunteers are described as being dedicated to their jobs and having the “know-how” to work effectively with people.

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*“The caring that we provide is superior – we work eight hours a day. We keep things very confidential. We also hold lovely campaigns which serve the community very well. We also wear uniforms which makes us identifiable.”*

**Project manager**

*They work in very mysterious yet wonderful ways – for example, if you are not at home, they will come again and again until they find you and if you are scared to or feel ashamed to talk to them about it, then they will host an awareness campaign that you can learn from – this also helps others in the same situation.*

**Beneficiary, AI workshop participant**

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## VOLUNTEERS

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Motswadibe has 22 volunteers, referred to as caregivers. Caregivers are involved in HBC and OVC care. All caregivers are female with 14 of them are 36 years of age or older. Volunteers are recruited after self-referrals or from advertisements, as illustrated by the following comment:

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*“We talk to the community and then people come up to us and volunteer. We are introduced to the community to the tribal office (chief and Induna) – we then tell the community that we need volunteers for HBC.”*

**Project manager**

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DoH and DoSD provide training for caregivers and staff in HBC, prevention of mother-to-child transmission (PMTCT), and directly observed therapy short-course (DOTS). The departments also provide caregivers with training on issues involving suicide and depression. Khomanani has trained caregivers in community action while CARE SA provides training in VS&L and participatory education theatre (PET). CARE SA also supports training in psychosocial support. A private mining company, Angloplat, supported first aid training.

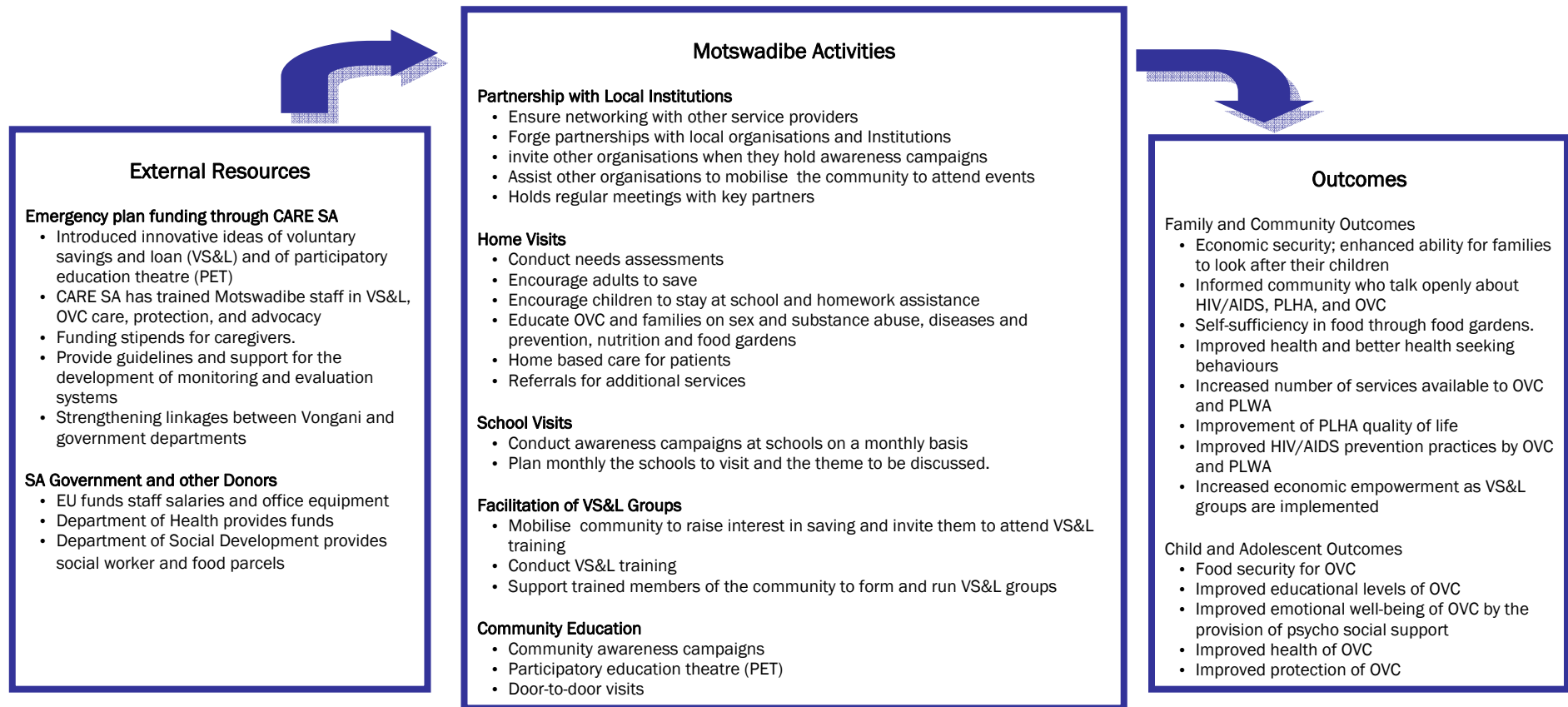
The 22 caregivers report directly to the coordinator and they generally meet on a weekly and monthly basis to report on their activities and plan forthcoming duties. Motswadibe now has a

dedicated VS&L facilitator who doubles as caregiver. Only 13 caregivers receive stipends supported by DoH and CARE SA. The rest do not get any stipends due to lack of funds. Other caregivers receive uniforms, training, and certificates as incentives. Motswadibe also provides caregivers with plenty of encouragement and moral support as it continues to seek stipends from potential benefactors.

# Motswadibe Home-Based Care

Motswadibe provides care and support for OVC and PLHA and strengthens the capacities of communities and individuals to address not only health and the care needs of people living with HIV but also the support needs of families and communities affected by the virus. It works to reduce stigma, increase awareness of HIV and support the orphans and vulnerable children affected by the impact of the pandemic. Working in partnership with CARE SA Local Links project, Motswadibe provides focused services to 211 OVC in nine villages in Fetakgomo Municipality

- Strengthen economic coping mechanisms of families and communities caring for OVC through the establishment of VS&L groups and income generating activities,
- Provide a range of innovative and accessible services to OVC and their families by strengthening partnerships with various government services and training for OVC caregivers.
- Promote advocacy efforts that are sensitive to the needs and rights of OVC and PLWHA through community and school awareness campaigns



## KEY PROGRAMME ACTIVITIES



Motswadibe performs several activities in its quest to assist the community in general and OVC and PLHA in particular. In providing OVC care and support, Motswadibe works hand in hand with CARE SA Local Links to facilitate the formation of VS&L groups, a process that is intended to economically empower families caring for OVC. OVC are provided with services mainly through home visits. Advocacy for the rights of OVC is achieved through awareness campaigns and partnerships with government departments and other social service providers.

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*“I love how the project looks and seeks for you – they will find you if you need help.”*

**Beneficiary, AI workshop participant**

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### Partnership with Local Institutions

To support OVC and PLHA, Motswadibe networks with other service providers. It forges partnerships with government departments, the tribal authority, police services, clinics, crèches, schools, and other NGOs such as loveLife. Typically initiation of partnerships begins when Motswadibe approaches potential partners operating in the area and establishes relationships. At other times partners are referred to Motswadibe and formal or informal agreements to work together are sealed.

After an OVC needs assessment is conducted, Motswadibe refers OVC and PLHA to appropriate partners for all services that are beyond the organisation’s scope. For example, caregivers refer HBC patients to the clinic and social services for additional care.

An important partnership Motswadibe has established is with the local social worker. Teachers and principals from schools refer OVC to the social worker if they suspect cases of abuse against children. Furthermore, caregivers liaise with the social worker to assist with grants or legal documentation applications for children. Motswadibe’s caregivers also work jointly with the social worker during child protection and anti-stigma campaigns within the communities.

Motswadibe invites local organisations to attend their awareness campaigns. On other occasions, Motswadibe utilizes its close presence in the community to assist the clinic or other organisations mobilise the community to attend local events hosted by its partners. To maintain these partnerships, Motswadibe holds regular meetings with its key partners. For example, Motswadibe meets with the local clinic and the ward committee<sup>1</sup> on a monthly basis. A caregiver explains:

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*“We at Motswadibe are working with the social worker and nurses together. They have become our friends because we are cooperating. We also do have meetings with them every month at the clinic. At the meetings, we discuss problems encountered while caring for the sick at their homes. We also discuss with the social worker about OVC.”*

**Caregiver**

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<sup>1</sup> The purpose of the ward committee is to advise and assist the ward councilor with organizing, consultation, spreading information and encouraging participation from residents in the ward. All stakeholders are well represented in the ward committee including women and disabled people.

Further to the above, Motswadibe seeks and obtains support from tribal leaders in all programme areas. The organisation works with tribal leaders when holding awareness campaigns and while preparing applications for legal documents. The local chief has donated land for Motswadibe to construct its own premises. Motswadibe also works with ward councillors and ward committees to provide services to the community; for example, if there is a need for houses, ward councillors attempt to provide RDP houses. Emergency shelters are also offered. The police service provides safety for awareness campaigns, and also actively participates in safety campaigns organised by Motswadibe.

Motswadibe promotes and supports mutual collaboration between the different components of care including government structures such as Phasha clinic, local schools, the social worker, the DoH, DoSD, loveLife and other NGOs, faith-based organisations (FBOs), and community-based organisations (CBOs). These organisations and institutions assist Motswadibe with providing care and support to OVC, their families and communities. Motswadibe also regards these collaborate efforts, as a resourceful asset that contributes to these organisations and institutions meeting their own, independent goals. The following comment from the local social worker illustrates this point succinctly:

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*“Motswadibe plays an important role in the community. They are able to identify OVC. They are closer to the community. They make our job easy. Most of the information that we get is from Motswadibe. We are proud of them. They even guide us to households. They are based in Phasha. They also refer children to the social worker.”*

**Social worker, AI workshop participant**

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## Home Visits

Motswadibe undertakes an annual mapping of households, which is then used in making home visits. Together, the project manager and project coordinator visit villages to quantify the number of households per village, to get to know the community, and to establish community needs. Using this knowledge, caregivers dedicate one day a week to conduct door-to-door visits where they identify households and individuals in need. Particular household and individual circumstances are noted during such visits, including the identification of HBC patients and OVC. Health facilities also refer patients to Motswadibe.

Each patient is visited about three times a week. Patients are provided with care and support, and, if applicable, are referred for clinic and social services. Tuberculosis patients however, are visited daily, to track their medicine intake. Caregivers visit, on average, five patients a day. However, the time spent per patient depends on a patient's condition. As they care for the patients, the caregivers also encounter vulnerable children in these households. There are households with referred OVC and without an ill caregiver that are also visited.

In providing care and support to OVC, caregivers visit homes after school hours. During these visits, caregivers observe children's health and hygiene, and provide psychosocial support to those that require it through memory box therapy and basic counselling. They inquire into the children's progress at school and assist with homework.

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*“One day I was on the street playing sport with my friends – some volunteers visited me and asked me where my parents were. I told them they were dead. They also asked me if my siblings were going to school. I said no because we had no uniforms and no money. I also told them that we had no food and it was difficult to survive. They came back after that and gave us money for school meals and started giving us food parcels from social services. I am so happy now and I thank them very much – all my siblings are still in school now.”*

**Beneficiary, AI workshop participant**

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## School Visits

On a monthly basis, Motswadibe conducts awareness campaigns at local schools. Both staff and caregivers give talks on particular themes, typically on important topics that affect youth. For example, issues surrounding drugs is one such topic.

During their monthly planning meetings, caregivers decide on which school to visit that month and the appropriate topic to be discussed during the visit. Permission to visit schools is sought from school principals. Caregivers raise learners' awareness on several topical issues including children's rights and abuse, violence, drugs, and diseases including HIV and tuberculosis. By liaising with teachers, caregivers also get an opportunity to identify and follow-up on OVC. The following story told by a staff member illustrates this point.

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*"We do school visits. We ask the principal for permission to go to a school. We decide on a monthly basis how many schools we wish to visit. We provide health talks (the entire Motswadibe team). Other times, only a few caregivers go. More staff members participate during big events or special days (e.g., Children's Protection Week). We raise awareness on abuse, TB, violence, drugs depending on the theme for the trip."*

Project manager

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## Facilitation of Voluntary Savings and Loan Groups

Motswadibe empowers families economically through the VS&L activities. In 2007, 30 VS&L groups are functional, benefiting 152 adults and 466 children. Staff and caregivers mobilise the community to attend a five-day training course on how to establish and operate VS&L groups. Trained members are then invited to form their own VS&L groups. A VS&L group has about four to six members, who meet monthly for saving and internal lending. Most VS&L members are unemployed women and youth caring for children, including OVC.

VS&L groups not only empower their members economically but also provide them with an opportunity to discuss issues related to caring for OVC. They share ways of coping with death, dealing with adolescent OVC, and how to better access and utilise social services. The following excerpt describes the process for establishing VS&L groups:

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*"We raise awareness in the community and then we arrange for training — we then identify a venue. Training is generally five days long. After training, they form groups of a minimum of four members per group. They then decide on savings (they save between R20 and R100 per month). Interest is around 20% per month. Of the 22 groups, only one is a youth group (the other groups are all mixed). We go to communities for training and for supervision."*

Project manager

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## Community Education

Through regular community awareness campaigns at strategic sites, Motswadibe makes the community aware of the physical, emotional, educational and spiritual needs of OVC. The community mobilise to care for the vulnerable children and orphans, particularly those whose parents died of HIV/AIDS. During these awareness campaigns, the community is taught how to access health and social services such as procedures for accessing grants and or birth certificates.

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*“We mobilise the community and teach them about looking after the OVC, the aged, better parenting, and taking care of mentally retarded, sick, etc. We teach them about social services and about pension fund.”*

**Project manager**

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Caregivers promote healthy lifestyles in the community, and distribute condoms, along with information, education, and communication materials. Caregivers also identify the nutrition status of individuals in the community and assess the number of families with poor food supply and security. At a household level, they offer the community advice on nutrition and food safety and preparation. They provide advice regarding malnutrition and obesity. Motswadibe also teaches the community to plant sustainable food gardens for nutrition and extra income.

Motswadibe fights discrimination and stigmatisation of PLHA and their children. They teach children PET activities, although only a few caregivers are trained in PET. By performing PET, children participate in campaign meetings raising awareness of their plight and relaying messages of HIV/AIDS and teenage pregnancy to the community through songs, drama, and traditional games, including Mpepeswane and Kiba<sup>2</sup> dances.

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*“Motswadibe has a good collaboration with the community. If they hold events, we get lots of people from different and far places. The old and the young attend. This is a proof they are really reaching out to the community.”*

**loveLife facilitator, AI workshop**

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## **BENEFICIARIES**

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OVC are typically identified by caregivers during home visits. OVC are also identified when caregivers visit schools. Local teachers and principals also refer OVC to Motswadibe and the local social worker, particularly in suspected cases of abuse. OVC are also referred to Motswadibe by community members, the tribal authority, and clinics. In rare circumstances, children approach Motswadibe caregivers when they see them conducting home visits in villages. Criteria for OVC identification include children who have lost one or both parents, especially to HIV/AIDS. Vulnerable children comprise those whose parents are sick or those that are part of families that lack food or money.

When Motswadibe started in 2003, it was caring for 343 OVC beneficiaries. This number gradually decreased as OVC were referred to other programmes or received grants or subsidies from other organisations or government and, as a result, ceased to be Motswadibe beneficiaries. In the 2007 fiscal year, the organisation served 211 OVC beneficiaries across the nine villages. The majority of these children were vulnerable. Most of the orphans dropped out of the programme once they start receiving foster care grants. Vulnerable children generally leave the programme once they turn 18 years of age.

Chronically ill patients and the disabled are also beneficiaries of Motswadibe’s activities. All chronically ill patients benefit from Motswadibe’s activities, irrespective of whether they are living with HIV or not. The caregivers visit patients at home and provide them with basic nursing care through the HBC programme. In 2007, 218 patients were cared for under the HBC programme. During the provision of such services, caregivers educate family members on the care of

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<sup>2</sup> A male Pedi traditional dance performed with flute, singing, drumming and circle dancing. The folk dance and storytelling are used to encourage a more positive lifestyle. The dance also carries cultural messages from generation to generation.

patients. Caregivers also identify TB patients and those with mental health problems and support their health seeking practices and treatment adherence. In addition to this, caregivers' conduct follow-ups with members of the community known to have come into contact with tuberculosis patients, as well as trace treatment defaulters to ascertain whether treatment is required. Motswadibe's project manager and project coordinator define their beneficiaries in the following way:

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*“Our beneficiaries are patients (bathing, cooking etc), orphans, the community (sustainability to gardening and health awareness, caring for the sick) and the vulnerable children. We care for 218 patients and 211 children. We cover about 2166 households for patients and OVC.”*

**Project manager**

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Further to the above, the community benefits from the organisation's activities, particularly those concerned with promoting healthy lifestyles and distributing condoms and information.



## SERVICES PROVIDED



Motswadibe makes its services known to its beneficiaries via house visits, campaigns, board signs, and outreach activities. Beneficiaries can access several services from Motswadibe. These comprise child protection, educational support, food and nutritional support, health care, economic strengthening, psychosocial support, shelter interventions, and social services. The following section discusses these services.

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*“They provide many, many services which help in many ways and in all areas of life.”*

**Beneficiary, AI workshop participant**

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### Child Protection

During home visits, caregivers promote children’s rights and safety. Caregivers and the social worker jointly conduct child protection and anti-stigma campaigns within communities. They inform children of their rights and encourage them to disclose cases of discrimination. Furthermore, caregivers raise awareness among the community on key topics including child abuse, drugs, and violence. For abandoned OVC, Motswadibe helps track down close relatives and link them with the children. As captured in the following comment from a beneficiary, child protection activities also involve taking children off the streets and encouraging them to refocus their energies in such activities as song and dance. Children are referred to a partner organisation, loveLife, for these activities.

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*“They take the children off the street and encourage them to use their energy in dance and song. Children are happy and enjoy participating in these activities. They refer the children to loveLife for the activities.”*

**Beneficiary, AI workshop participant**

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### Educational Support

Motswadibe improves OVC access to education. It does this by providing educational support to promote OVC school attendance and enhance performance.

Caregivers assist children with their homework and, on rare occasions, Motswadibe obtains school fee exemptions and provides school uniforms to children in need. It also assists in furthering the education for orphans by referring them to institutions of higher education for bursaries. Currently, 110 OVC are benefiting from improved access to education. The following comments shed light on these activities:

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*“At home, we ask children if they are struggling with homework and assist where possible. If children are not going to school, we ask why.”*

**Project manager**

*“The proudest moment for me was when my siblings were dressed in school uniforms for the first time and went to school.”*

**Beneficiary, AI workshop participant**

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## Food and Nutritional Support

Caregivers identify families with poor food supply and security after which Motswadibe provides emergency relief through the provision of food parcels. Caregivers also teach the community to plant food gardens at their homes to assist with nutritional intake. In some cases, gardens help households generate extra income through selling some of the harvest. Caregivers also provide advice on nutrition and on food safety and preparation to communities and families. About 100 OVC are benefiting from nutritional assistance. The following comments illustrate the importance of this service:

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*“Food parcels are sent to us. We received 50 food parcels last month. Food parcels are received on average between two and four times a year. A parcel includes matches, food, candles, soap, groceries, Vaseline, 25 kg of meal. Food parcels are distributed to families who have a monthly income below R200.”*

**Project manager**

*“I was at home living with no help. One day, a women from Motswadibe came to visit me; it was one of volunteers. She came in and gave me love, support, and food. Before this, I was hungry. Now, we get food parcels and my family and I can eat.”*

**Beneficiary, AI workshop participant**

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## Health Care

Motswadibe caregivers visit chronically ill patients at home and assist them by providing basic nursing care. Further to this, caregivers refer clients for clinical management of opportunistic infections and pain management to community health centres. They identify mental health and TB patients in the community, and support health seeking practices and treatment adherence. They also trace TB treatment defaulters and follow up with family members who have come into contact with TB patients. They also monitor the well-being of OVC in these households, promoting health seeking behaviours, as conveyed in the following story:

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*“I am the mother of a sick son. We were sitting at home, my son was very ill, and I was taking care of him. We had no help and life was difficult. Then, Motswadibe HBC came to visit me at home – they took my child to the hospital. There was a strike at the time, so they gave him some medication.”*

**Beneficiary, AI workshop participant**

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During home visits, caregivers teach family members basic nursing care and emergency measures, and supervise medication, including anti-retroviral treatment and treatment for TB. They promote healthy lifestyles in the community and at schools, and distribute condom and information, education, and communication materials. They provide health education and HIV awareness and prevention. They encourage parents and guardians to provide appropriate health care for their children, including immunizations. The following comment illustrates this:

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*“Motswadibe also encourages parents to take children for polio immunisation. Even when parents are unable to take children to the clinic, they request the assistance of caregivers.”*

**Staff member, AI workshop participant**

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## Economic Strengthening

Motswadibe has succeeded in mobilizing communities to form a total of 30 VS&L groups serving 152 adults and 466 children, including OVC. VS&L groups that have been operating for a year have shared proceeds, and their members have seen the importance of participating in VS&L groups. The proceeds are used to buy basic necessities including food, clothing, and similar needs.

Motswadibe educates and supervises foster care parents on the use of grants and assists those who have not joined VS&L groups in opening new bank accounts. The following comments illustrate the benefits arising from economic strengthening:

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*“I am proud when I can buy my children clothes and when they are dressed well and not sick. This makes me feel proud to be a mother of lovely children.”*

**Beneficiary, AI workshop participant**

*“They also showed me how to open a bank account, so now I even save some of the money for when they want to study after they finish school.”*

**Beneficiary, AI workshop participant**

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## Psychosocial Support

As Motswadibe reported in a quarterly report, a total of 70 OVC were benefiting from psychosocial support, predominantly provided via home visits. Caregivers provide emotional and spiritual support to OVC and their families. They provide bereavement counselling to families and educate families of OVC on the use of memory boxes. In this family psychosocial activity, Motswadibe caregivers act as memory facilitators during home visits and encourage families to recount and preserve in memory boxes the stories and souvenirs of deceased parents, description of the family tree, and the wishes of the departed.

For clients requiring professional psychosocial services, caregivers facilitate referrals to formal counselling service providers. Caregivers identify families in need of social support and meet with vulnerable children. The caregivers observe the children’s physical and emotional condition and check how they are progressing at their school. A beneficiary explains:

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*“If someone dies, then the project provides moral services, psychosocial support, counselling, and spiritual healing.”*

**Beneficiary, AI workshop participant**

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## Shelter

For OVC and families without shelter, Motswadibe caregivers refer them to the ward councillors for intervention. Emergency shelters are also offered if applicable, and they are enrolled on a list of those awaiting RDP houses. The caregivers follow up to ensure the vulnerable families are duly allocated houses once the construction is completed.

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*“Motswadibe brought change in the community. They help vulnerable children apply for RDP houses. Around 50 vulnerable families are waiting for RDP houses that are under construction. About 80 have acquired RDP houses.”*

**Social worker, AI workshop participant**

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### **Social Services**

Motswadibe facilitates the process of accessing government grants where applicable. Common applications include those for foster care grants, child support grants, and disability grants, depending upon the circumstances. Caregivers identify those that are eligible for grants during their home visits. Problems encountered while facilitating the process of grant acquisition include family disputes and a lack of birth and death certificates.

Motswadibe ensures children acquire birth certificates to apply for the grants. This is achieved through the assistance of caregivers whom take application documents to the social worker who in turn assists with the application with the relevant government department. After the documents are obtained, grants are applied for at the Department of Social Security. A grandmother (gogo) narrated the following story in regard to this assistance:

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*“A volunteer came and asked me, ‘gogo, how are you managing?’ I told her that I was not managing and she said that I must go find a social worker at the Pasha clinic who would help me. The social worker is very positive. She came and gave me love and support and understanding – she even would visit me at home. She gave me food parcels for my children, they also helped me with getting all the documents for getting social grants for my children.”*

**Beneficiary, AI workshop participant**

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# Resources

## DONORS

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The main source of funds for Motswadibe is the European Union (EU), which supports nearly 54% of Motswadibe's operating budget. This funding covers costs mainly for equipment and payment of salaries.

DoH and DoSD provide the second largest donation, 23% of Motswadibe's budget. Apart from providing training for caregivers, DoH and DoSD help with stipends for 10 caregivers and equip caregivers with HBC kits.

Since 2006, CARE SA has been channelling emergency plan funds to Motswadibe, providing about 13% of Motswadibe's budget. These funds finance OVC programme activities and stipends for caregivers, transportation, and VS&L training activities.

In 2006, CARE SA contracted with Motswadibe as the lead organisation in a consortium of four CBOs. Motswadibe supervised and managed the grants to the other CBOs. In 2007, the leadership role was transferred to one of the other CBOs to allow its staff to experience leadership roles and to learn more about financial management.

## COMMUNITY IN-KIND CONTRIBUTIONS

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*At Motswadibe offices, guardians receive food parcels that are donated by DoSD. A parcel includes matches, food, candles, soaps, groceries, Vaseline, and 25 kg maize meal.*

Rather than collect and distribute material goods from the community, Motswadibe mobilises the community to take care of orphans and vulnerable children, particularly those whose parents have died of HIV/AIDS. In addition, the community supports Motswadibe activities.

In every village, the local chiefs are the gatekeepers for Motswadibe. Staff and caregivers approach and introduce Motswadibe to chiefs when they hold events in the villages. They also invite the chiefs to awareness campaigns. Chiefs provide caregivers with letters for opening bank accounts in the community. The chief of Ga-Phasha village has donated land for the construction of offices and a drop-in centre for OVC. Furthermore, and prior to

Motswadibe purchasing its own computer, the project used a computer donated by a church.

In-kind contributions include food parcels from DoSD and training of caregivers by DoH, Khomanani, and Angloplat, a local mining company.

# Lessons Learned

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*“We excel at the home-based care. Caring for OVC and patients is something that we do very well.”*

**Project manager**

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Several lessons have been learned since Motswadibe initiated its HBC programme and, subsequently, its OVC programme. Lessons learned include the innovations the organisation employs to achieve programme goals, its successes, and the challenges faced while implementing programme activities. The integration of economic strengthening activities with services and care for OVC and their families provide further opportunities for learning.

## PROGRAMME INNOVATIONS AND SUCCESSES

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### **Beneficiary Involvement**

Caregivers encourage beneficiaries to be involved in their own care and support. They do this by encouraging beneficiaries to actively participate in dramas on lifestyles, cultural dances, and events to eliminate crime and stigma surrounding HIV/AIDS. OVC are helped with their school homework. OVC eagerly attend counselling workshops on family violence and coping with adolescent and puberty challenges.

### **Family-Centred Approach**

As HIV and AIDS impacts heavily on households that have high rates of poverty, low levels of education, and poor access to health and social services, Motswadibe intervenes with home-based care using a network of volunteers that are based in the villages. Motswadibe provides support not only to OVC and PLHA, but also to their families. It provides support at the household level and links beneficiaries to care and support at community and institutional level.

### **Community-Centred Approach**

Motswadibe has succeeded in reducing the stigma and inadequate knowledge surrounding HIV and AIDS and enhanced the community's acceptance of those infected and affected by HIV and AIDS. Its community health education and promotion activities, and the promotion of the rights of PLHA and OVC, have resulted in a better access for OVC and PLHA to care and support. PLHA and OVC now openly discuss HIV and AIDS.

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*“The project removes stigma so that you are free to be who you are and not feel bad about it – this makes me happy.”*

**Beneficiary, AI workshop participant**

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### **Economic Strengthening and Livelihood**

Through its VS&L component, Motswadibe has influenced community development and change while caring for OVC. Community members have learned about savings and loans. VS&L has improved the quality of lives, of those who have started such groups, particularly because they find it easier to cater for family basic needs without having to resort to borrowing loans with exorbitant interest rates. Some VS&L members have started individual or group Income generating activities (IGAs). This is exemplified in the following comment:

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*“Since we started the VS&L group, we have shared contributions and profits twice. One member used the proceeds to defray building costs for her house, another used the money to buy stocks for her business, and a third bought a dress-making machine.”*

**Itshepeng VS&L group member**

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### **Partnerships and Linkages**

Since its inception, Motswadibe has worked collaboratively with other partners to effectively cater to beneficiary needs. Motswadibe seeks out partnerships and promotes referral linkages with other like-minded organisations and institutions. With time, Motswadibe has learned to appreciate the benefits arising from such partnerships as partners offer complementary special skill sets and resources. These local level partnerships have been very useful in providing complementary services to OVC.

CARE SA also utilised the advantages of partnership while contracting with Motswadibe and other small organisations in the region. As it was difficult to draw up contracts with individual CBOs, CARE SA decided to combine several organisations together into a consortium. One organisation is nominated as the lead organisation that signs the contract with CARE SA. The position of lead organisation rotates among members of the consortium to give each member CBO an opportunity to learn and practice leadership roles, as well as financial management. The following story summarises this point:

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*“All organisations have benefited from the consortium through peer support. It has helped them to grow and develop because this set up has bred an atmosphere of [healthy] competition between the organisations. Motswadibe has written a good proposal this year as a result of the consortium’s support.”*

**AI workshop participant**

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### **Memory Boxes**

The level of trauma, grief, and day-to-day stress experienced by children affected by HIV/AIDS is considerably higher in resource-limited communities. Memory box activities assist families in coping with disease, death, and grief, and to plan for children’s futures. Motswadibe caregivers act as memory facilitators during home visits, encouraging families to recount and preserve the stories, wishes, and souvenirs of deceased parents, and to document the family tree. Motswadibe has found such activities do not require high level of skills, although they contribute immensely in encouraging OVC to come to terms with their bereavement, supporting openness among affected families, creating and preserving family memories, and building the emotional strength of OVC.

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*“They helped turn my home into a happy environment. They also help us with getting grants and they provide psychosocial support.”*

**Beneficiary, AI workshop participant**

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## PROGRAMME CHALLENGES

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Caregivers meet with their coordinator to discuss the week's activities. Such meetings also serve to review each caregiver's weekly plan.

### Limited Resources

Motswadibe is a new, small-scale CBO that is still developing. The delivery of OVC care and support services is somewhat limited by a shortage of available resources, including funds and trained staff and volunteers.

Lack of finances to pay for stipends, has reportedly resulted in the high drop-out rates. Funding constraints also hamper the organisation's efforts to construct its own office premises. At its inception, Motswadibe was housed in the local clinic; but a shortage of space at the clinic forced the organisation to seek alternative premises. Currently, the organisation rents a small office at a facility for children suffering from cerebral palsy and mental retardation. The project manager elaborates:

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*"We want to own our own building. We also need a car. We need stipends increased. We need more caregivers, but only if there is a stipend. We need a [telephone] landline and a fax. We need water to do vegetable gardens. We need more computers. We want a drop-in centre in one of the villages. We need building funds to do this as we do have space available in Mpasha – the traditional leader gave us this land."*

**Project manager**

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The number of the caregivers is low given the geographical spread of the villages and the number of households per village. While caregivers are residents in the villages that they serve, transport problems are experienced when they need to travel to the head office for weekly and monthly meetings. Lack of transport is also a handicap for the VS&L facilitators and the coordinators, who are required to visit all villages according to schedule.

### Voluntary Savings and Loan Accountability

That OVC and families are benefiting from VS&L groups is not in doubt. However, Motswadibe requires more VS&L facilitators in order to reach and mobilise as many community members as possible. The situation is made worse due to a lack of transport for the VS&L facilitators to travel to the villages. More facilitators will be instrumental in expanding VS&L activities and ensure quality control. Since the start of the VS&L campaign by Motswadibe, one group dissolved because the members were unclear about what was expected of them at the time of joining. Lack of faith in VS&L groups by men has limited their involvement. Motswadibe depends on CARE SA-funded VS&L field-workers/coordinators to do community mobilisation for VS&L group formation. This is the difference between Motswadibe and other organisations. In the latter, VS&L group formation has become part and parcel of the duties of all staff members who are doing fieldwork, and hence they are able to form more groups. Perhaps if Motswadibe can make VS&L part and parcel of its mission and vision, and encourage staff to understand the integrated roles that they can play, VS&L activities in all villages served by Motswadibe can improve.



Furthermore, due to a shortage of steady income, irregular contributions are paid to groups and this contributes to drop-outs. A caregiver tells the following story:

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*“Loans are repaid with 20% interest. VS&L is really helping the communities [since loans from other sources are more expensive]. However, contributions are not regular at VS&L groups. Also members do drop out.”*

**Caregiver, AI workshop participant**

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### **HIV/AIDS Stigma and Problems of Identification and Serving Beneficiaries**

While Motswadibe educated the community about HIV/AIDS, the meaning of vulnerability and orphanhood, and its work, some caregivers still experience difficulties in identifying potential beneficiaries. Some hide the sick from caregivers or the community deny caregivers information about those infected and affected. Some try to discourage volunteers who care for the sick and the OVC. However, caregivers respond by providing more education regarding HIV, stigma and discrimination. With campaigns and awareness-raising, communities in the districts are progressively recognizing the important role that Motswadibe plays in the care of those infected and affected by HIV/AIDS.

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*One challenge is that the community denies caregivers information about their neighbours. Another challenge is that people try to discourage you, saying you should not be handling sick people. However, we are not discouraged despite what they say*

**Caregiver, AI workshop participant**

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### **Staff and Volunteer Training and Incentives**

Staff and volunteers need more training. While most staff and caregivers are trained in HBC and PMTCT, only a few are trained in OVC care and support. During the AI workshop for managers and staff, participants expressed the need for training in psychosocial support and PET. Furthermore, programme monitoring is a challenge, owing to the multiplicity of monitoring and evaluation forms and the limited literacy of caregivers. Staff members are under strain because they have to prepare reports accounting on their activities to multiple donors, but lack the skills to do so.

Not all caregivers receive stipends; and even among those who do receive a stipend, the amount received is considered to be insignificant. Other unmet needs for staff and volunteers include transportation and umbrellas. The programme manager and coordinator concede that the current stipends are not enough.

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*“Caregivers’ stipends are too little (R500 is not enough) and only 12 of the 22 get a stipend. They work eight hours a day, five days a week. There is encouragement given to the caregivers by the Department of Social Development and by Motswadibe management. No counselling is given, however. Transport is also a problem for them – some of them walk 5 km on foot to get here. We need umbrellas for caregivers.”*

**Project manager**

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## UNMET NEEDS

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### Group Recreational Opportunities

Given limited funding, Motswadibe has not been able to establish a drop-in centre. It does not have adequate recreational equipment for children to use, and the only time the project is able to bring OVC together as a group is during school holidays. Without additional funds, Motswadibe is unable to implement IGA activities, despite having received IGA training by CARE SA.

While school is in progress, Motswadibe only identifies and supports individual OVC at their households. This denies the children and the caregivers the advantages of having children come together for games and group discussions. Provision of psychosocial support, career guidance and life-skills, and assistance with homework are curtailed as these activities are only done on an individual basis by a limited number of caregivers. Loneliness of OVC at home can drive them to engage in drugs or other risky behaviours. Given funding, Motswadibe would like to establish a drop-in centre.

While the main reason for not conducting after school activities is the lack of a drop-in centre, a lack of adequate open spaces in the village is a related difficulty. Providing more open spaces for children's after school activities would be helpful.

### Regular Supply of Basic Services

While Motswadibe provides basic services to OVC and their families, there is still need for more food parcels to serve the many families in need. School funds and uniforms are also inadequate, as Motswadibe is unable to provide these educational benefits to all deserving individuals. A caregiver reported the following:

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*"Some children have no money to buy school uniforms. If Motswadibe had money, they would be assisting children with school uniforms. They would also be assisting with school funds."*

**Caregiver, AI workshop participant**

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### Delayed Processing of Social Services

Although the processing of foster care grants is faster due to intervention by social workers, the processing still takes about three months. With regard to housing applications, around 50 vulnerable families are waiting for RDP houses that are under construction.

# The Way Forward



*A young boy performs a traditional dance to attentive spectators.*

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*“Motswadibe must become stronger and larger so that they can reach out to many others who are in need.”*

**Beneficiary, AI workshop participant**

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While Motswadibe has several priorities, the construction of its own office building, the establishment of a drop-in centre for OVC, and capacity building of staff are the highest priorities. Fulfilment of these priorities is expected to increase organisational performance and enhance effectiveness of OVC care and support.

Motswadibe has already acquired land for construction of offices. Construction of premises would increase its operating space and enable the introduction of a variety of activities for OVC and youth. For example, a drop-in centre could provide a venue where OVC can come for meals and receive assistance with homework, psychosocial support, career planning, and be taught PET.

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*“We need a drop-in centre so that we can teach PET, assist with homework, and provide meals and psychosocial support. We will also provide spiritual healing at this centre. We want ... accreditation so that we can train the children skills, such as sewing and computers.”*

**Project manager**

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In an effort to improve volunteer stipends and compensation for staff, Motswadibe will continue seeking out donors and benefactors through proposals and partnerships with relevant institutions.

Maintenance of the current partnerships and the establishment of new partnerships is seen as a means to enhancing the development of Motswadibe and enabling the organisation to better serve more OVC in even more villages.

Expansion of Motswadibe activities will not only serve the OVC well but will also create more opportunities for vulnerable youth who are over 18 years of age to participate in caring for the younger OVC. As one beneficiary put it, “I would love to work here.”

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