

A Case Study

The Salvation Army

Matsoho A Thuso Orphans and Vulnerable Children Programme



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Cover photo by Anzél Schönfeldt: Children participating in a Kids Club session

Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CAB	community advisory board
CBO	community-based organization
CCW	community care worker
CPF	care and prevention facilitator
emergency plan	U.S. Presidents Emergency Plan for AIDS Relief
HIV	human immunodeficiency virus
IGA	income-generating activities
M&E	monitoring and evaluation
NGO	nongovernmental organisation
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
PSS	psychosocial support
REPPSI	Regional Psychosocial Support Initiative
SAWSO	Salvation Army World Service Office
TSA	The Salvation Army
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

Executive Summary

With an estimated 5.5 million people living with HIV in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of the Salvation Army Matsoho A Thuso OVC programme and to document lessons learned that can be shared with other such initiatives. This case study, one of a series documenting OVC interventions in South Africa, was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the U.S. Presidents Emergency Plan for AIDS Relief (emergency plan) and the 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 Matsoho A Thuso OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

Matsoho A Thuso (SeSotho for "helping hands") OVC programme is a national HIV/AIDS care and prevention programme run by The Salvation Army in South Africa. The programme is a holistic care and prevention model that began in November 2004 with emergency plan funding. Emergency plan funds are managed through an umbrella agreement with PACT, Inc. Programme interventions comprise HIV/AIDS prevention, home-based care for people living with HIV and AIDS (PLHA), and the care for OVC are supported by 200 volunteers drawn from local congregations. Using 60 volunteers dedicated to OVC care and support, OVC activities are conducted in 32 sites in six provinces in accordance with emergency plan OVC policy of capacitating communities to care for OVC.

Matsoho A Thuso OVC Programme goals are to:

- provide psychosocial support to OVC through weekly kids clubs at local Salvation Army halls and school campuses using child-friendly interactive methodologies;
- assist OVC to access to the government support systems and strengthen linkages and referral systems with other social service providers; and
- build community capacity to provide quality support and care for OVC.

To realize programme goals, PACT, Inc. builds the capacity of Matsoho A Thuso data collection, management, and organizational systems. Emergency plan funds are used to train volunteers, to purchase kids club play equipment, and to cover the costs associated with helping beneficiaries' access government grants or those accrued by making referrals.

The programme builds the community capacity to care and support OVC through the identification and training of community volunteers to run kids clubs and register and provide services to OVC. The volunteers are trained to engage the community in conversations, and to identify community resources that can be used to serve the OVC. In addition, the volunteers are trained on government social support systems to better assist beneficiaries to access government services.

Trained volunteers, also known as community care workers (CCWs), establish and run kids clubs in their communities. Kids clubs are open to all, allowing OVC to join without disclosing their OVC

status to the CCWs. All children are provided with psychosocial support (PSS) and spiritual care. Identified OVC are followed up through home visits. Community counselling is employed to identify the neediest OVC for additional service and to identify community resources that can be mobilised for these children. CCWs check OVC progress at home and school, and assist them with their homework, if necessary. The programme links OVC to existing community resources for the provision of school uniforms and supplies. Where required, CCWs advocate for school-fee exemptions. Referrals are made to specialised service providers such as child protection services, health care providers and social workers.

The programme has registered several successes. With the exception of the Western Cape, the programme has established kids clubs throughout the country. Because all members are encouraged to serve their communities, the programme has a pool of volunteers that can be mobilised to provide services in communities as needed and at a low cost. Volunteers are encouraged and supported to forge personal partnerships with providers for effective service delivery.

The Matsoho A Thuso OVC programme has found that the community that “houses the problem also houses the solution.” Trained volunteers stimulate conversation with the community, creating spaces to learn what communities’ concerns are with regard to health, OVC, and other issues. They help the community in making decisions and in implementing strategies to deal with OVC problems, among others. As a result, communities practise the “your child is my child” concept by taking responsibility for the OVC by donating food, time, and other resources.

Programme challenges include the lack of strong local and regional leadership to effectively campaign for and steward the programme at some of the congregational sites. More trained and transformed and committed volunteers are required. Needy children who do not fit the emergency plan definition of OVC pose challenges to volunteers, as they see it as inhumane to discriminate against them and serve only those children that contribute toward meeting site targets. There are also challenges of beneficiaries failing to cooperate with programme volunteers due to stigma and trust issues.

The demand for material needs is big but the programme has insufficient funds to provide these materials directly to OVC. Instead, the programme relies heavily on the community counselling process to mobilise resources from the community. However, changing the traditional dependency mindset of the communities is at times a challenge. Moreover, while most members of the communities are willing to assist OVC, lack of sufficient income hampers their effort to provide for OVC adequately.

The programme intends to implement a mentor and role model service to OVC. Orphans will be matched with adult mentors to serve as parental role models and be a source of inspiration, guidance, and encouragement. Other unmet needs include a lack of appropriate activities for older OVC at kids clubs, particularly for post-primary school children.

To expand care and support services, as well as improve the quality of care provided, the programme requires more trained and transformed caregivers with a passion for serving the community. The Matsoho A Thuso OVC programme plans a number of interventions including enhanced mobilisation of trained volunteers in sites and motivation of the volunteers by developing a reward system to conduct home visits, and ensure that OVC in-need receive all the services they require.

The Matsoho A Thuso OVC programme is considering using the road show concept as a cornerstone of OVC identification and needs assessment. Mobile promotional campaigns will be held at strategic sites and children, parents and guardians, programme volunteers, and government officials will be invited. OVC will be identified and service provision initiated on the spot. The three components of the programme will be strengthened through the formation of ministry teams. The care and prevention facilitators (CPFs) will closely monitor the delivery of services and assist the ministry teams.

Introduction

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

Former United Nations Secretary-General Kofi Annan

Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. There is urgent need to learn more about how to improve the effectiveness, quality, and reach of efforts designed to address the needs of OVC, as well as to replicate programmatic approaches that work well in the African context. Governments, donors and nongovernmental organisation (NGO) programme managers need more information on how to reach more OVC with services to improve their well-being.

In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Salvation Army Matsoho A Thuso 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 Salvation Army Matsoho A Thuso 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.



Children play at the Carl Sithole Centre in Soweto, Johannesburg.

Children from nearby settlements, including Chicken Farm and Nance Field Hostel, report the centre twice weekly for two hours after school.

The major objective of the club is to build self-confidence and resilience in children, particularly OVC who have specific emotional and psychological needs. Trained child care workers provide psychosocial support using child-friendly interactive approaches including singing, prayers, story telling, and drama; and traditional, modern, and gumboot dancing.

The provision of this basic psychosocial support through play therapy activities in kids clubs has helped the children to openly express themselves, increased their self-esteem and confidence, and encouraged them to explore and appreciate their own talents. This has given hope to the children and reason to anticipate the future.

Orphans and Vulnerable Children in South Africa

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

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

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

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

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



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

Methodology

INFORMATION GATHERING



AI workshop participant reports her partner's stories to attentive programme service providers and beneficiaries.

Data collection for The Salvation Army Matsoho A Thuso OVC programme case study was conducted during July 2007. Firstly, two researchers conducted two key informant interviews at The Salvation Army (TSA) headquarters in Johannesburg. In the first interview, researchers jointly interviewed the programme manager and the monitoring and evaluation (M&E) specialist. The administrator of the Carl Sithole Centre, a community and shelter facility supported by TSA, was also interviewed.

A six-hour-long appreciative inquiry (AI) workshop with 24 participants was facilitated at Carl Sithole Centre in Soweto. Workshop participants included 10 staff members and volunteers, eight children, and six guardians. The participants were paired and allowed time to interview each other and record their partner's stories. Children were paired with adults to facilitate interviews and capturing of stories. As the participants narrated their stories, themes were identified. Thereafter, popular themes that The Salvation Army Matsoho A Thuso OVC programme would do well to take into the future were selected through a voting process. Finally the future of the programme was envisioned and described by the group metaphorically. Observations were done at the Carl Sithole Centre and at the nearby Chicken Farm informal settlement and at Nance Field Hostel. At the Carl Sithole Centre, kids clubs activities and the distribution of blankets to OVC beneficiaries were observed. At the informal settlements, researchers visited several households including a child-headed household. Further away from the centre, researchers observed Mofolo Park, another site where children from nearby settlements hold their kids club. Next to the park is a Salvation Army church and Ephraim Zulu senior citizen home, also run by TSA. Finally, households in Mshenguville, an informal settlement in the Mofolo area of Soweto, were visited.

When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. Appreciative inquiry was chosen as the overarching approach because it is a process that inquires into and identifies "the best" in an organisation and its work. In other words, applying AI in evaluation and research is to inquire about the best of what is done — in contrast to traditional evaluations and research where the subjects are judged on aspects of the programme that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in The Salvation Army's Matsoho A Thuso OVC programme, and to identify and make explicit areas of good performance, in the hope that such performance is continued or replicated.

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

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

The workshops proved to be excellent forums for learning about Matsoho A Thuso OVC programme, its activities, and partners. After participating in the workshops, programme staff and caregivers reported feeling refreshed, informed, and inspired in their mission to care for and support OVC as illustrated in the following quote from a participant.

“The workshop was inspiring, motivating, encouraging, and changing – office people heard what people in the field have to say – we had fun. The way it turned out, it gave me another perspective – a learning curve for me I am going to use it for future reference.”

Participant AI workshop

FOCAL SITE

The Matsoho A Thuso OVC programme (hereafter referred to as Matsoho A Thuso) operates in 32 sites across the country. One of these sites in the South Western Townships (Soweto) is the focal point for this case study thus examples within this report pertain to this locale. Soweto is a cluster of peri-urban townships sprawling across a vast area 15 kilometres southwest of Johannesburg in the Gauteng Province of South Africa. Soweto is the most populous black urban residential area in the country, owing to the apartheid policy that saw the inner city of Johannesburg reserved for whites only. The majority of the residential buildings in Soweto comprise four-roomed “match box” houses and hostels that had been designed to shelter male migrant workers from the rural areas and neighbouring countries. Informal settlements exist in form of shacks made of corrugated iron sheets.

Although individual townships tend to have a mix of poor and wealthier residents, the perennial problems of Soweto have, since its inception, included poor housing, overcrowding, high unemployment, and poor infrastructure. These factors have been found to be determinants of HIV transmission leading to high prevalence rates. According to a National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa conducted in 2005, Gauteng, HIV prevalence was 32.4%.

Much of the programme’s activities in Soweto take place at Carl Sithole Center, within walking distances from Chicken Farm, Nance Field Hostel, Fred Clark, and Kliptown Informal settlements. Matsoho A Thuso operations in Soweto have been extended to include such areas as Senaone, Phiri and Chiawelo and Mshenguville informal settlement in the Mofolo area of Soweto.

Programme Description

OVERVIEW AND FRAMEWORK



A kids club session is held at the Carl Sithole Centre. Trained volunteers facilitate the session using child-friendly participatory approaches.

TSA is an international Christian denomination that provides spiritual support to communities and also responds to the material needs of vulnerable populations. In South Africa, the church has approximately 300 congregations (corps). Corps are distributed mainly in low-income sites in urban and peri-urban settings. It is due to TSA's presence in these communities that the needs were identified that gave rise to the Matsoho A Thuso OVC programme. Matsoho A Thuso is a national HIV/AIDS care and prevention programme run by TSA, South Africa. The programme is a holistic care and prevention model that began in November 2004 with emergency plan funding. The emergency plan funds are managed through an umbrella agreement with PACT, Inc.

Matsoho A Thuso operates in 57 communities in eight out of nine provinces (all except the Western Cape Province). The programme is supported by TSA's network of churches, with

200 active volunteers drawn from local Salvation Army congregations. The programme comprises three interventions – HIV/AIDS prevention, home-based care for people living with HIV/AIDS (PLHA), and the care for OVC. This case study focuses on activities for OVC care programme component.

Care and support activities for OVC are in accordance with emergency plan OVC policy of capacitating communities to care for OVC. The OVC component is run at 32 sites in six provinces; eight corps in Eastern Cape, three in Mpumalanga, one in the Northern Cape, five in Gauteng, eight in Limpopo, and seven in Kwa-Zulu Natal.

Matsoho A Thuso OVC programme goals are to:

1. provide psychosocial support to OVC through weekly kids clubs at local TSA halls and school campuses using child-friendly interactive methodologies;
2. assist OVC to access the government support systems and strengthen linkages and referral systems with other social service providers; and
3. build community capacity to provide quality support and care for OVC.

To realise programme goals, PACT, Inc. builds the capacity of Matsoho A Thuso data collection, management, and organisational systems. Emergency plan funds are used to train children's care workers, to equip communities with kids club play equipment, and to cover the costs associated with helping beneficiaries access government grants or make referrals to other service providers. Volunteers are trained as children's care workers. They facilitate kids clubs; identify OVC, and advocate on behalf of these children and their families by assisting them in accessing birth certificates, identity documents, and government grants. In addition, volunteers identify other resources in the community that can be mobilised on behalf of OVC, including social workers, community feeding schemes, and clothes. OVC are assisted with educational support through advocating for school fee exemption.

TSA works with a strong belief that communities have the strength and the capacity to deal with their own challenges. TSA assists communities in the process of responding effectively through the process of community counselling.

PROGRAMME STAFF

Matsoho A Thuso has 11 full-time staff members throughout the country. The programme falls under the territorial secretary for HIV/AIDS Ministries Department at TSA headquarters. The secretary spends 50% of her working time assisting the Matsoho A Thuso programme.

Matsoho A Thuso is headed up by a programme manager who reports to the secretary for HIV/AIDS. The manager is a full-time staff member responsible for general facilitation and implementation of programme activities, including coordination, planning, information sharing, and operations. At headquarters, the programme manager is assisted by an M&E manager, project accountant, and administration assistant. The M&E manager, a full time staff member, is responsible for all M&E aspects of the programme. The project accountant is responsible for all financial aspects of the project. The administration assistant is responsible for day-to-day management and coordination of the office activities and logistics.

In each region, there are care and prevention facilitators (CPFs) to assist with planning and implementation. Seven CPFs are distributed according to regional sizes (one each for Eastern Cape, Limpopo, and Mpumalanga; and two each for Kwa-Zulu Natal and Central Division). CPFs or regional managers are responsible for the supervision of the volunteer activities. They communicate with the volunteers and the congregational leaders, and organise training activities. They also receive the data from the volunteers in the field and collate them before sending the data to the territorial headquarters. CPFs report directly to the division commanders and are supervised jointly by the division commanders and the programme manager. All seven CPFs are shared among three components of the Matsoho A Thuso programme.

TSA staff are committed to addressing HIV/AIDS in a positive, supportive, and non-discriminatory manner. Staff appraisals are conducted regularly, which enables workers to be exposed to courses and workshops. A programme beneficiary heaps praises to programme staff in the following quotation:



"I value the people who run the project because they care; love kids and the community as a whole. In fact if I were to give my leader an award, I would give her a Community Builder of the Century Award because they really build us as the younger future generation."

Participant, AI workshop



VOLUNTEERS

TSA uses its network of churches and benefits from soldiers (church members) that give service in their free time. The programme is fully supported by more than 200 active volunteers from local Salvation Army Corps. Matsoho A Thuso's three components operate independently at the site level, and the 200 volunteers are dedicated to any of the three components of the programme – HIV/AIDS prevention, home-based care, and OVC care and support.

At the site level, OVC activities are facilitated by 60 volunteers, of whom 45 have been trained as CCWs. In an effort to integrate the activities of Matsoho A Thuso programme at site level, a ministry team is formed. This team includes two youth mentors, two home-based caregivers, and two CCWs with the pastor as the team leader.

Volunteers are recruited through advertisements at the church. Pastors recommend suitable candidates. Volunteers from other denominations also apply. Those that forward their names are screened. Candidates must be functionally literate. In addition, academic excellence is not vital but candidates must demonstrate assertiveness, good communication skills, passion, and a love for children. Because all members of TSA are encouraged to serve their communities, there

is a pool of people ready and willing to serve their communities as volunteers. Consequently, the programme has not experienced any shortage of volunteers and some sites maintain a waiting list of those wishing to join.

Volunteers attend five-day, project-sponsored participatory training. The curriculum for the OVC support component draws upon a wide variety of sources developed by such NGOs as Alliance, Soul City, and Access, as well as government sources such as the Department of Social Development's publications on accessing grants. The curriculum called "in support of children" covers the following topics: defining OVC, identifying OVC, the needs and challenges of OVC, psychosocial support for OVC (based on OVC Masiye Camp Model), assisting OVC and their caregivers to access government grants, and monitoring and evaluation.

Trainees conduct exercises in a community centre to practice the process of identifying OVC and running an OVC support centre programme. Each graduate exits the training with the *In Support of Children* manual and an OVC club kit, which consists of play equipment used in the implementation of psychosocial support activities. The training is experiential and assessments are conducted to ensure that graduates are properly skilled and equipped to run and manage a kids club as well as identifying OVC in the community. The regional team is brought in to help facilitate training with the Regional Psychosocial Support Initiative (REPSSI).¹ A programme staff member explains how training activities are conducted:

"REPSSI assists with psychosocial support – one training session incorporates grants, kids club, child care, etc. – experiential training OVC Masiye Camp Model is the basis for training. Trainees are invited into one centre due to limited human resources (one training event in one place – cheaper). The regional team is brought in to help facilitate training – time is the biggest constraint, not money – one training where they sit in, then when they go back to their communities where in-service training is supported by CPFs."

Project manager interview

Trained volunteers return to their communities equipped with skills to care for and support OVC. Additional supervision and follow up are provided by the CPFs on an on-going basis to ensure adequate skills transfer. A CCW's job description includes attending to new referrals at the kids clubs, filling intake forms, and keeping a database of all OVC in the programme. Other activities include regular home visits to OVC and maintaining regular contacts with guardians of OVC to monitor the conditions both at home and at school. Volunteers are also expected to refer OVC, and to discuss concerns and problems encountered during visits with a social worker. Volunteers are expected to work a couple of hours a day and fill in timesheets to account for their time. In most cases, volunteers end up working full days, since, in the absence of other jobs and economic activities, they consider their jobs as full-time.

"They have our interest at heart. They love and care for us as their own children and they always treat us with respect. The youth and child care workers are approachable. We are always free to even confide in them about issues troubling us at home and at school. Every session and program is started with prayer. Sessions are planned with us taking our needs into account."

Participant, AI workshop

Volunteers have also found their purpose in life while running the kids clubs and derive lots of satisfaction from performing their duties. In addition, working with OVC has enabled some volunteers to improve their lifestyles as exemplified in the following quote.

¹ A consortium of organisations with HIV/AIDS-related expertise was established to improve psychosocial assistance and opportunities for children affected by AIDS. REPPSI is co-ordinated by the Salvation Army Africa Regional Team.

“The first thing that made me very enthusiastic about the project is about the kids, and I was keen to help other children to preserve in their own lives. Secondly, as the fun of it, I felt happy about it; because I saw that it is important to play with other kids in the kids club. It keeps me out of the streets and smoking because I was already a smoker.”

Participant, AI workshop

Matsoho A Thuso offers incentives to volunteers. The programme organises end-of-year appreciation parties. Travel costs are reimbursed and R20 for lunch is offered if one is travelling and spends four hours on the task. A few of the volunteers get a stipend from the Department of Social Development. Other incentives provided by the programme include professional development and food parcels, especially for those that don't receive stipends. TSA also considers outstanding volunteers for promotion to permanent staff level. A volunteer talks of the reason why he joined the programme:

“The thing that made me join the project was that I was inspired by my peers... I joined it mainly to play a role to my community that they can't play only on the streets and shops. Anyway, even the food parcels and clothes that were given to us also made me join the club.”

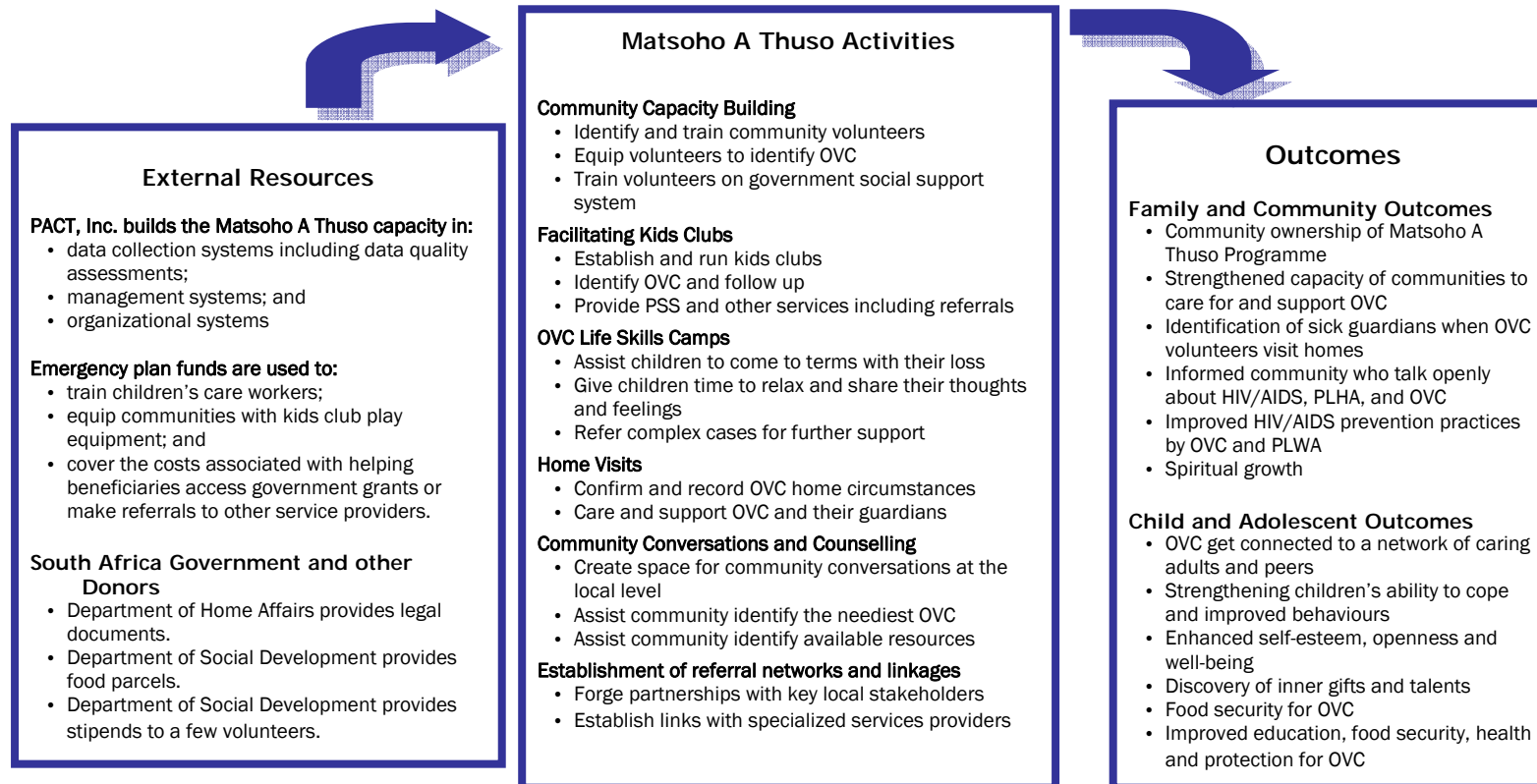
Participant, AI workshop

TSA Matsoho A Thuso OVC Programme

The programme is implemented in 8 of 9 provinces in South Africa. The OVC component is run in 32 sites in 6 provinces; 8 Corps in Eastern Cape, 3 in Mpumalanga, 1 Northern Cape, 5 in Gauteng, 8 in Limpopo and 7 in Kwa-Zulu Natal. The programme has trained 45 OVC Care Workers and served 802 OVC. Ultimately the programme targets to train 77 OVC Care Workers and serve over 3,800 children in South Africa, including 1,100 children in child-headed households. Services offered include psychosocial support, spiritual care and assistance to access government grants and referrals.

Programme Goals

1. Provide psychosocial support to OVC through weekly Kids Clubs at local TSA halls and school campus using child-friendly interactive methodologies
2. Assist OVC to access to the government support systems and strengthen linkages and referral systems with other social service providers
3. Build community capacity to provide quality support and care for OVC



KEY PROGRAMME ACTIVITIES



Key activities implemented by Matsoho A Thuso OVC component include establishment of safe kids clubs and camps, home visits, community conversation, and counselling. The programme also develops linkages for OVC to government social grant programmes.



Community Capacity Building

To respond to the needs of OVC, The Salvation Army has developed a training course for its community networks to establish and strengthen services for OVC. Community volunteers are identified and recruited from local congregations. The volunteers are then trained to become child care workers. The objectives of the training are to sensitize child care workers to the plight of OVC, help them identify OVC including child-headed households, and instruct them on how to mobilise resources in the community.

The child care workers attend a five-day experiential training course in the physical, emotional, and psychosocial needs of OVC. They are provided with practical skills to establish kids clubs and to provide basic psychosocial support through play therapy activities. The child care workers are also equipped to identify OVC and their needs using community conversations. The child care workers are trained to identify resources in the community that can be mobilised on behalf of OVC including social workers and community feeding schemes.

The trainees conduct exercises in a community centre to practice the process of identifying OVC and running an OVC support centre programme. Each graduate leaves the training with the *In Support of Children* manual and an OVC club kit, which consists of play equipment used in the implementation of psychosocial support activities. The training is experiential and assessments are conducted to ensure graduates are properly skilled and equipped to run and manage a kids club as well as identifying OVC in the community.

To enhance child care workers' competence while assisting OVC, their parents, and guardians to access government grants, the workers are trained on the process of the government social support system and how to apply for school fee exemptions. After training, the child care workers return to serve their communities, increasing community support for OVC. Community volunteers are provided with ongoing, on-site support and mentorship by Matsoho A Thuso programme staff.

In the following quotations, the programme staff and beneficiaries praise the programme's community mobilisation and capacity building activities.

"We excel in community mobilization; creating that process, interface between those that need help and those that give help. Integrate and enable community to deal with high numbers of OVC."

Project manager Interview

"The project came up with ideas, solutions, and way of finding solutions to identified situations as we know that they differ from one household to the other. The Setswana phrase says, "Bontsi bo bolaya noga." It means if there is a problem in a society, when people come together, share ideas, find solutions, interact, the work load becomes easy and can be carried."

Participant, AI workshop



Facilitating Kids Clubs

For each corps, one volunteer is trained as a child care worker to set up and run a kids club. After training, the child care workers are sent back to their communities equipped with kids clubs playing materials and a first aid kit. The child care worker establishes kids clubs at local Salvation Army Halls and school campuses in communities where TSA has a presence. Most of these sites are in rural or peri-urban areas with high poverty levels and where the majority of children are vulnerable. The support centres are called kids clubs at the community level to avoid stigmatisation of the children. Kids clubs are open to any child who wishes to join, irrespective of whether the child fits the OVC definition. In fact, the OVC status of a child is unknown at the time of joining a kids club. The kids clubs are advertised through local schools, churches, local community leaders, and through door-to-door visitations, where appropriate.

Kids clubs take place once or twice a week after school for two hours. Through the relationships built between the child care workers and the children, coupled with the input from community leaders, children who are thought to be OVC are then visited at home by the child care workers. At home, an intake form is filled out. The form asks for basic information and circumstances of a child and family. The information gathered results in confirmation of OVC status. OVC are then targeted for services according to individual need and circumstances.

OVC are provided with a comprehensive range of services based on individual need including psychosocial and emotional needs. Psychosocial support (PSS) is based on the Masiye Camp Model.² PSS is delivered mainly through play therapy where children are exposed to activities that reinforce values such as trust. Such therapy helps children express themselves, boost their self-esteem and confidence and encourage them to explore their own talents and unique gifts and capabilities. Children engage in singing, prayers, story telling, and drama; and in traditional, modern, and gumboot dancing. Each day, different topics are discussed to equip children with life skills, with topics ranging from respect to children's rights and responsibilities. The benefits enjoyed from being a member of a kids club are captured in the following story.

"What inspired me are the things that we do in the kids club, like playing sports, eating, and the camps that we normally go to. The things I value most are the programmes that teach us to resist the bad things that we can meet at the places we stay and the games that we play. They bought me soccer boots when they saw the love I had for football; and I used to play with just ordinary shoes – and I always wanted the soccer boots but I didn't know where I would get them."

Participant, AI workshop



OVC Life Skills Camps

The programme provides life skills camps to assist OVC in dealing with the loss of a loved one. These camps provide PSS through a variety of activities to assist children to come to terms with their loss. Children are divided into groups according to age and each group has two facilitators. The programme of activities on offer at camps include games, hero's book, death and mourning, letter writing, and devotions; mountain climbing and boat rowing; counselling, a candle lighting service, and story telling. The activities are designed to cover all needs ranging from physical, psychosocial, emotional, spiritual, and social needs.

² Masiye Camp Model is a Salvation Army program targeting community-based orphans and provides short life skills camp with recreational activities to support psychosocial coping of orphans with personal loss, and offering them a recreational outlet.

Children from child-headed households get time off from home where they can relax and take a break from playing adult roles. Children have the opportunity to share their thoughts and feelings. They explore their inner fears and discover their inner strengths and talents. Those with serious problems are referred for extra support and counselling to psychologists and social workers.

The camps give hope to the children and the strength to face the future. Follow-ups are conducted through frequent visitation to all after the camps. A beneficiary explains:

“We went to a camp with children (orphans) and at that camp children were given a chance to share their stories (how they felt about the loss of their parents and about how they feel now as a result of that). Then we spent a week doing activities with them, like memory book and lots of things that made them feel worth/special and at the end they shared again. I was encouraged to hear how positive the kids were, and how much they were looking forward to the future and the smiles they had on their faces.”

Participant, AI workshop



Home Visits

Once OVC are identified at kids club, CCWs are responsible for visiting OVC homes to confirm and record home circumstances. No assistance is promised during this needs identification process. Apart from gathering information and determining needs, follow-up home visits are conducted to care for and support sick guardians, to deliver material goods such as disposable nappies, and to provide emotional and education support to OVC. On each follow-up visit, facilitators check with parents and guardians on the progress of the OVC at home and at school. They make observations about the atmosphere at home, food situation, dressing, changes at the home and other relevant information. CCWs spend quality time with the OVC without the guardian or parent, if possible, to check school work and assist with homework, if necessary. They play with the child, if possible, and if the child is age-appropriate. In addition, notes on any goals that were set by the guardian or the children regarding any challenges they are facing are made. Finally, any issues that require referral are noted. Both programme staff and beneficiaries talk about home visits in the following excerpts.

“We connect with them through home visits – when kids come to kids club and needs are identified, a home visit is initiated to document the situation in home. From then on, intervention is specific to that family – e.g., does the child have a blanket, etc.”

Project manager interview

“The staff visits us at home; with each visit they educate, encourage, and advise the family on many issues. Their visits make us feel that they treat us as their own. We feel wanted and loved, the leadership makes us feel like we are one family.”

Participant, AI workshop



Community Counselling

Based on its community development experience, TSA has realised that “the community that houses the problem also houses the solution.” In other words, community members know best what their own needs are, as well as what resources already exist within their area. Through a process of community counselling, volunteers create the space for community conversations to take place. During these conversations, volunteers act as community counsellors. The counsellors are expected to have an understanding of the community in terms of beliefs, and the grieving process. In addition, they are expected to be good listeners, trustworthy, and of good

standing in the community. Above all, they should believe in the communities' capacity to change, using locally mobilised resources. Using the techniques of going door-to-door, speaking to people in the market place or at the taxi rank, or addressing community meeting, volunteers find out what people's concerns are, including OVC. The counsellors help to define strengths and weaknesses of communities to cope with suffering and loss due to HIV/AIDS. Ultimately, it is the local community that determines which of the components of the Matsoho A Thuso OVC programme should be prioritised for roll out. Should the community decide on OVC interventions, they are sensitized and assisted to identify how to positively respond to OVC. The counsellors make the community aware of support structures and available resources to assist OVC. In addition, counsellors work collaboratively with the community to identify local stakeholders who are able to contribute positively to the care and support of OVC. Community conversations and counselling are described in the following stories by staff and beneficiaries.

"We use community conversations as strategy – for example, councillor, chief, nurse, teacher discuss issues related to OVC. Community conversation leads to a process called community counselling, may lead to sponsorships for food parcels."

Project manager interview

"This is what I am proud of because it teaches people that sense of responsibility/ownership and also shows them that communities have the strength to solve their own concerns (problems) without getting someone from outside to solve. They can do anything that they put their energy into. I started volunteering for the Salvation Army while I was still at school; I used to join in when they do community conversations (door-to-door), to stir conversation with people so that we could all together with them find a solution to their concerns since then the passion grew until now."

Participant, AI workshop



Establishment of Referral Networks and Linkages

Matsoho A Thuso identifies and forges partnerships with communities and organisations that have demonstrated capacity to care, change, hope and transfer skills within the community. In order to identify needy children, partnerships are formed with key local stakeholders.

The churches, schools, community leaders, and networks refer OVC to the kids clubs. To access community resources to care for OVC, Matsoho A Thuso utilizes established networks such as women's groups, study groups, and Sunday school programmes. The programme also forms linkages and partnerships with existing specialized service providers such as social workers, the police, child protection units, and child health systems to facilitate improved access to such services. Child care workers act as advocates on behalf of the OVC and their families, assisting them to access birth certificates, identity documents and government grants. The programme also forges partnerships with public and private institutions providing paediatric antiretroviral therapy (ART) and other services for HIV-positive children. A beneficiary recognises this activity in the following quotation:

"They do follow-up until your problem is solved. They network with other institutions and organisations where you get referred to and they do follow-ups; they are patient and humble. They treat people as individuals."

Participant, AI workshop

Additional Activities at the Carl Sithole Centre

Several activities take place at the centre, including institutional care of children. Bethany Children's Home is registered as a place of safety for children from dysfunctional families. The institution has been registered as a children's home to accommodate 110 boys and girls. Some of the children cared for are orphans, abandoned, and some have been abused physically sexually and socially deprived. The programme helps children to cope and heal from life challenges through participation in sports, music and extra mural activities. To care and support for abandoned children infected with HIV/AIDS, TSA officially opened Bethesda House in August 1993 at the Carl Sithole Centre. The house can accommodate 36 children — both boys and girls.

Carl Sithole Memorial Crèche caters to 75 children from Bethesda House. Bethany Combined School accommodates grades 1-8 learners, 60% of them are from Bethany Children's Home and Bethesda House. The rest are from the community. Some are orphans and others are from needy families whose guardians and parents cannot afford to pay school fees.

Other programmes include Community Care and Support Programmes for families affected by HIV/AIDS, and wellness, voluntary counselling and treatment, and ART support centre that was opened in 2005 to complement TSA efforts along the prevention-to-care continuum. The centre offers holistic care and treatment to clients and their families through community outreach, human capacity development, and psychosocial and spiritual support.

Lancaster Community Centre was established to alleviate the psychological and emotional trauma among PLHA. PLHA are helped to deal with psychological reactions to HIV/AIDS, including intense anxiety, depression, and feelings of helplessness, isolation, anger, and, sometimes, cognitive deterioration. A PLHA support group meets twice weekly for counselling and training. The support group members are trained in beadwork, sewing, and food gardening. Fifty percent of the proceeds from these projects benefit members of PLHA support groups.

BENEFICIARIES

The primary beneficiaries of the OVC component of the Matsoho A Thuso programme are the OVC who get registered and are provided with services by CCWs, either directly or through referrals to the community and to specialized service providers. As kids clubs are open to all children irrespective of their denomination or OVC status, all children who opt to join kids clubs also benefit from the kids clubs activities. Kids clubs are important in the identification and rendering services to the OVC. OVC are also referred to the centres through extensive outreach to churches, schools, community leaders, and networks. Self-referrals also occur after kids hear about the centres from other children or adults. OVC also identified through the home-based care programme serving adults.

OVC are identified by observing children during kids clubs activities, followed by individual assessments of those who appear to be vulnerable. The programme uses the community counselling process to identify priority children to be served, as the community knows which children are really in need. Through the same process of community counselling, community resources are identified that are then used to care for the OVC. A programme staff member describes OVC in the following words:

“I like the OVC commitment to the project. They normally avail themselves for weekly sessions, trips, and whatever events are planned, even though it can be a short notice. Guardians always allow and approve of their children’s involvement in activities of our project. They always convey their gratitude for the part played by Salvation Army in supporting them and always acknowledge a change in behaviour of their children.”

Participant, AI workshop

All OVC served by Matsoho A Thuso programme receive at least two services, namely PSS and spiritual care, which are built into the programme. Additional services are then provided to OVC according to their unique needs and circumstances. Since October 2006, the programme has provided services to 802 OVC – 397 males and 405 females.

Families benefit from the programme following assistance in application of grants. Families have also reported an improved family environment following changes in behaviour of their children as a result of PSS. The community also benefit from the programme through capacity building. Volunteers from the community are trained as CCWs who in turn serve the community. Through community counselling, the community is assisted to identify resources within itself that can be used to care for and support OVC.

SERVICES PROVIDED



Services are provided by trained child care workers, who identify OVC, and assess and document their needs. While all programme sites facilitate kids clubs, the services provided vary. Some sites provide meals every week, while others focus on education. However, all OVC served by Matsoho A Thuso programme receive at least two services, namely PSS and spiritual care, which are built into the programme. Additional services are then provided to OVC, tailored according to their unique needs and circumstances. These additional services are leveraged from the community. Domestic help, including personal hygiene, home maintenance, and child care, are additional services that are provided by CCWs. When volunteers identify cases they are not equipped to deal with, referrals are made to relevant service providers, such as child protection services, health care providers, and social workers.

“We try to cover everything, especially basic needs, food, clothes, uniforms; shelter is difficult but we refer them to local government for RDP [Reconstruction and Development Programme] houses. We also negotiate with neighbours – e.g., live temporarily with gogos [grandmothers] to take them in. The community assists in meeting children’s needs holistically.”

Key informant interview



Psychosocial Support

Children who have been orphaned or who are vulnerable because they come from impoverished circumstances have very specific emotional and psychological needs. Psychosocial support assists children to construct new sets of questions which might lead to sustainable answers and solutions of issues negatively affecting their lives.

Matsoho A Thuso programme primarily provides PSS to OVC at kids clubs. All children who attend are exposed to activities that increase their self esteem and reinforce values such as trust in adults and in each other, perseverance, life skills, and acceptance of others. In addition, PSS is offered during OVC life skills camps through a variety of activities that assist the children come to terms with their loss. The programme activities include games, hero’s book, death and mourning session, letter writing, devotions, mountain climbing, boat rowing, counselling, candle lighting service, and story telling. PSS is also provided to OVC during home visits. CCW spend time with OVC and play with them, if possible and if age appropriate.

Based on the semi-annual report for fiscal year 2007, the programme had provided psychological care to 747 OVC. Beneficiaries reported psychosocial support initiatives increased the children’s ability to cope and change of behaviour and respect others. They learned to interact with others and had a boosted self-esteem, as illustrated in the following comments:

“I encouraged the grandchild to attend activities of the programme because the child was very withdrawn, but now is open, can play with other children.”

Participant, AI workshop

“I have learned that how to take care of myself as an orphan ... and we get the educational camps and the outings. I experienced that I am not the only one with a problem, the respect that I get from the project and also the help that I get and support I get from the care givers – I don’t feel like an orphan anymore.”

Participant, AI workshop



Food and Nutritional Support

In the first half of 2007, the number of OVC who benefited from food or food parcels through Matsoho A Thuso activities was 753. Instead of directly providing food to OVC, the programme employs a process known as community counselling to identify what resources already exist in the community, which are then mobilized in aid of the children. As a result, more sustainable solutions are found. Churches might start their own initiate a feeding scheme. Local businesses get persuaded to donate food. Some communities have planted their own food gardens to help them look after these children. The Department of Social Development also donates food parcels.

“There is also food supply in one of our centres (Ephraim Zulu). With the food parcels she receives from the project, she is able to see the child having something to eat.”

Participant, AI workshop



Education Support

With regard to education support, the programme helps OVC with homework, assistance with school uniforms, supplies, and applications for school fee exemptions. CCWs visits homes where they check OVC progress at home and school, check school work, and assist with homework, if necessary. The programme links OVC to existing community resources for the provision of school uniforms and supplies. To sustain OVC access to education, CCWs negotiate with schools to help OVC obtain school fee exemptions. Social workers write letters of exclusion for payment of school fees for those who cannot afford to pay. In the first half of the 2007 fiscal year, 89 OVC were provided with educational support. Matriculants are linked to other organizations for vocational training. Two beneficiaries affirm the programme’s role in educational support in the following quotations:

“They also help us with school uniforms – children didn’t have school shoes and spoke to CPFs and then they assisted with school uniforms. I would like to thank TSA for letting him join the kids club.”

Participant, AI workshop

“I like the way that our children are helped by school uniform and school exemption because I value education.”

Participant, AI workshop



Health Care

Matsoho A Thuso provides health care support to OVC through assistance to parents and guardians to obtain clinic cards, making referrals to appropriate service providers. By the end of the first half of the 2007 fiscal year, nine OVC had been provided with health care support. OVC also benefit from HIV prevention education provided at kids clubs and OVC camps. They have learned the importance of testing for HIV and positive living. OVC also benefit indirectly when their parents and guardians are care for at home through the home-based care programme. The following story illustrates how Matsoho A Thuso encourages positive living.

"I have learned that you need to be tested to know your status and get counselling before and after testing; accept; eat healthy so that I stay healthy; and learn that If I am HIV infected does not mean that this is the end of your life, you can still live longer. I need to stay stronger and happy all the time and love the sick. I should always talk to people, mix with them, and accept my status so that the community can accept me."

Participant, AI workshop



Child Protection

Children who have lost their parents are cared for by guardians from the extended family or by foster parents. Foster parents are identified and trained by the welfare department. TSA holds on-going workshops with guardians and foster care parents and dialogues with them on how they can be assisted to care for the OVC.

Kids clubs provide a safe environment for kids to play. The recreation activities enable the children to avoid dangerous activities, such as drug abuse and train surfing. Life skills are provided to enable the children cope positively and avoid teenage pregnancies. Children are taught about sex and sexuality, and are encouraged to make the right choices. CCWs intervene to keep children away from the streets, and the benefits of these protection services are evident from the following quotation.

"I always wanted to be a member of this project because of the problems I had before. I lost a son who had turned to be a street kid; even today, I am still heart broken. Now, because I am a member of this project, I send my two sons to meet with other children in the project; and when they come back, I see change in their lives."

Participant, AI workshop



Social Services

Care workers work with the parents and guardians to ensure that they access government grants. They advocate on behalf of the children and their families, assisting them to access birth certificates, identity documents, and government grants. CCWs identify which type of grant should be applied for; they assist in completing the application form and lodging it with the Department of Social Development, and then track the progress of the application. A total of 14 children benefited from child protection interventions (birth registration, identity documents, and inheritance issues) and another 25 benefited from social grants during the first half of the 2007 fiscal year. The process for application of government services are captured in the following excerpt:

"Volunteers would inform CPFs that there is a need for documents – they then go to the social worker from Salvation Army who will visit the family and write a supporting letter. Volunteers will go with parents or guardians to home affairs – linkages with government departments. During training, we give out application forms."

Participant, AI workshop

Resources

DONORS



After kids club activities at the Carl Sithole Centre, children are at times given basic supplies leveraged from other organisations and institutions. Here children are seen receiving blankets donated by The Star, a national daily newspaper.

TSA work in South Africa is supported by The Salvation Army World Service Office (SAWSO). SAWSO was created in 1977 as an independent corporation to support and strengthen TSA's efforts to work hand-in-hand with communities worldwide. For South Africa, SAWSO has received USAID funds since the late 1970s for child survival programmes. Other sources of funds have included Nelson Mandela Children's Fund, Lancaster Foundation, and Oprah's Angel Network.

Matsoho A Thuso programme is funded entirely through emergency plan funds. In the first year of operation, the programme received emergency plan funds through SAWSO and Hope Worldwide, another Christian NGO. Emergency plan funds channelled through Hope Worldwide were allocated to programme activities in Limpopo and Kwa-Zulu Natal Provinces, while SAWSO managed supplemental emergency plan grants for the other six provinces where the programme operates. After the first year, the programme has been managed through an umbrella agreement with PACT, Inc. A staff member explains:

"In the first year we were funded through [the emergency plan] — we were sub-grantee for Hope Worldwide and SAWSO in [Washington] DC — so we were reporting to two organizations. This lasted for one year, and then PACT came in and we only dealt with them."

Project manager interview

The agreement includes capacity-building assistance to strengthen programme data collection, management, and organisational systems. With regard to the OVC component, the emergency plan funds are used to cover training cost, purchase equipment for kids clubs, and defray costs associated with procuring legal documents or social grants, including travelling and postage costs.

COMMUNITY IN-KIND CONTRIBUTIONS

Matsoho A Thuso programme does not directly provide food and other basic necessities to OVC. Instead, the programme has pursued a more sustainable solution to satisfy these basic but very common needs. A process known as community counselling is employed to identify what resources already exist in the community, which are then mobilized in aid of the children. As a result churches might start their own feeding programmes or local businesses get persuaded to donate food and other material support. Some communities have implemented their own food gardens. In addition, the programme leverages material support from government departments, organisations and private businesses. In-kind contributions that have been leveraged from the community include food parcels, blankets and clothes. Other contributions include job placement and vocational training for matriculants, and sponsorship for kids' trips and parties.

"Sometimes, additional sources, e.g. Social Development, will sponsor food parcels. Donations from the public, in-kind donations, or a blanket drive, for example — not proportionately significant in line with [the emergency plan]."

Project manager interview

Lessons Learned



Children divide into age-appropriate groups to participate in a story-telling session during a kid's club meeting at the Carl Sithole Centre.

The implementation of Matsoho A Thuso programme was groundbreaking and a huge learning curve for TSA on how to attract funding for, and how to implement, a big programme successfully. Several programme innovations and successes have been recorded while implementing the OVC component of the Matsoho A Thuso programme, making TSA a role model for other organisations within the region. Inevitably, programme staff members have experienced a number of challenges. Lack of strong leadership and technical skills at the congregational level, the non-performance of some sites, and the traditional church-dependency mind-set within the communities are some of the challenges that have been met.

PROGRAMME INNOVATIONS AND SUCCESSES

Establishment of Kids Clubs Throughout the Country

With the exception of the Western Cape, Matsoho A Thuso programme has established kids clubs throughout the country. The kids clubs are overseen by trained OVC caregivers, who provide OVC with a comprehensive range of services. Services include needs assessment, psychosocial support, access to government grants for eligible OVC, school fee exemption, and referrals to other service providers. OVC care workers also facilitate access to feeding schemes and assistance with uniforms and school materials through leveraging community resources. In order to give children enough room to grieve and to come to terms with the loss of their parents, children are sent to OVC camps where they are helped to face the reality of their lives. The successes of kids clubs are poignantly captured in the following quote by a kids club facilitator.

"When I started kids club, I was not aware I loved kids; eventually I realized I am a mother to everyone. I have learnt a lot from SA, learnt to give my all, my everything, and I have taught them self esteem and self confidence and confidentiality (trust)."

Participant, AI workshop

Kids clubs offer positive and safer alternatives to children who might be forced into relationships with adults as a survival mechanism or to children who might engage in dangerous sports, such as train surfing, for lack of proper recreational activities.

Community Conversations and Counselling

Matsoho A Thuso programme staff members have learned that "the community that houses the problem also houses the solution." Community members know best what their own needs are, as well as what resources already exist within their local community. Trained volunteers stimulate conversation with people, creating space to learn what people's concerns are with regard to health issues and OVC. Each community counsellor acts as a resource person to the community on HIV/AIDS matters. They help the community in making decisions and implementing strategies to deal with OVC problems, among others. A programme staff member describes the potential in communities in the following statement.

“Strengths are in the communities – that is the lesson learnt. Don’t underestimate communities, communities do care for OVC in their care. Programmes should learn to respect community dynamics.”

Project manager interview

As a consequence of community conversation and counselling, the OVC are connected to a network of caring adults and peers who ensure they develop the skills and access the resources needed to overcome their challenges. The communities take responsibilities for these children by donating food, time, and other resources, practicing the concept of “your child is my child.”

Utilizing a Church Based Infrastructure

The Salvation Army church has a presence in many rural and peri-urban areas where service providers are in demand. TSA uses its network of churches to provide spiritual and direct material services to vulnerable populations. Because all members are encouraged to serve their communities, TSA has a pool of volunteers who can be mobilized to provide services in communities as needed and at low cost. As volunteers are community members with vested interest they are likely to continue sustaining the project with supervision and support from their pastors even after Matsoho A Thuso programme is over. The advantages of using a church based infrastructure are extolled by a programme staff member thusly:

“The Salvation Army is a church and also looking after social welfare. Each of the congregations has strong ethos that faith must be backed up by actions – as followers of Christ, we want to be His hands and feet in the world. The OVC programme is housed on the ground level. Volunteers live in those communities and have a vested interest.”

Project manager interview

The Child Care Volunteer Training and Support

Child care volunteers for the Matsoho A Thuso programme are trained using a curriculum called *In Support of Children*, which covers several topics including definition and identification of OVC, the needs and challenges of OVC, psychosocial support for OVC, assisting OVC and their care givers, access to government grants, and M&E. The five-day training is interactive and practical in nature. Assessments are done, culminating in a role-play of the process of identifying OVC in the community, as well as establishing and running a kids club. Each graduate is given a copy of *In Support of Children* and an OVC club kit, with play equipment for implementation of PSS activities. Additional and on-going support for OVC coordinators is provided by CPFs. A programme staff member describes the successes of training activities:

“One training session incorporates grants, kids club, child care etc. courses – it’s experiential training. One training event in one place because it is cheaper. Regional team brought in to help facilitat – time [is the] biggest constraint, not money. The corps plan the number of caregivers to be trained – follow a plan. such as two trainings for OVC; one training where they sit in, then when they go back – in-service training supported by CPFs.”

Project manager interview

Supporting the Initiatives of the Volunteers

The good results of the Matsoho A Thuso programme are attributable to good performance and commitment of Matsoho A Thuso programme volunteers. The volunteers come from the local community targeted for intervention. They know the community gatekeepers well and they have vested interests in the well being of their community. The volunteers are supported in their initiatives to help the community. Empowering the volunteers to provide service is equivalent to

community capacity building which will result in sustainable OVC programme. Selection of volunteers should be not solely based on academic credentials but on enthusiasm, and love for working with the children. The volunteers are encouraged and supported to forge local personal-level partnerships since such partnerships have been found to be more effective than organisational and institutional partnerships. For example, a partnership between an OVC volunteer and a supervisor at a government department is more often effective at producing results than a partnership between the Matsoho A Thuso programme manager and the departmental head. A programme staff member explains the need to support initiatives from volunteers in the following comment.

“Support the initiatives of the volunteers – the local volunteers are best placed at seeing the need and how to mobilise the community. They should also be able to tailor programme activities to children’s individual and specific needs, e.g washing clothes.”

Project manager interview

PROGRAMME CHALLENGES

Varying success at some sites

The programme lacks strong local and regional leadership at some of the congregational sites. As a result, inactive sites have been discontinued while other poorly performing sites have been clustered together. At the service level the programme requires more trained and transformed and committed volunteers to reverse the current situation where many resources are spent on inadequately performing sites. Statistics show that only 20% of the sites generate 80% of the programme targets. Failure for sites to reach targets is often due to poor performance or underreporting. This point is further elaborated through the following quotations.

“We have a lot of staff, mostly at the management level – ordinary staff. The problems arise when you challenge their work. In addition, due to lack of finance, we can’t offer them the benefits other organisations offer. However, the staff turnover is not high – some staff had been there for 15 and 20 years. Professional average turnover is two years.”

Key informant interview

“More people and we need trained (transformed) people. People with a passion for serving God practically in the community – deep involvement – committed people. In our model, this is more important – lean heavily on church structures.”

Project manager interview

Inadequate Beneficiary Identification and Registration Practices

The programme faces another challenge of motivating volunteers to follow the proper procedures for the registration of OVC and recording the assistance provided. Some of the volunteers do not properly use the kids clubs as a means of identifying OVC. In other cases, volunteers get involved in running the kids clubs but fail to make home visits. Consequently, children's home circumstances or provided services are not recorded. The challenges of programme monitoring are best captured in the following quotation by a programme staff member.

“Targets are a struggle for us. We struggle with OVC more than any other component – reporting system for OVC is more complicated, volunteer’s semi-literate and unemployed, and not used to reporting. Other components’ reporting is one page – OVC is three forms – this overwhelms volunteers in a way leading to underreporting. We have a plan to reach more OVC with services, we plan to host three road shows – “Protect the Children” in three different communities where the OVC programme is strong. All stakeholders will be invited, including government departments which will be invited to attend to applications of grants and certificates. Children will be identified and registered using a passport that will be stamped every time the beneficiary is provided with services.”

Project manager interview

Volunteerism as a Step towards Employment

In some instances, volunteers consider their positions as full-time jobs, often working full days instead of part-time. After a while, volunteers start asking to be employed permanently. The Matsoho A Thuso programme has lost volunteers after they are offered better terms by other organisations and institutions.

“We lose volunteers to employment, marketable because they are equipped well. Volunteer programmes should be flexible – not expected to have full-day volunteers, even only a couple of hours. When people don’t have jobs, they view this as a full-time job.”

Project manager interview

Many OVC and Other Needy Children

Due to limited resources as well as narrow programme definitions of OVC, not all needy children can be targeted. Volunteers often come across children in desperate circumstances yet they cannot be served for lack of resources. It becomes incumbent on volunteers to identify resources within the community that can be mobilized for these needy children.

“The need is big. However, the funds are not enough – we have more and more orphans. Even if the child is in an institution, that child will have to move on at some point.”

Key informant interview

Failure of Beneficiary to Cooperate Due to Stigma and Trust Issues-

Some of volunteers have met with parents and guardians who are reluctant to register their children and to provide their identity numbers because of fear that the organization stands to profit financially from their child's status as an OVC. The volunteers have to allay their fears and explain that The Salvation Army is a faith-based organization that is intent on facilitating access to services for the OVC.

Some members of the community often find it hard to disclose what a child’s parent died from, or what illness they are currently living with, due to the sensitivity of HIV/AIDS disease. Despite HIV/AIDS awareness efforts, some families and children living with and affected by HIV/AIDS still experience instances of stigma and discrimination. An administrator at Carl Sithole Centre illustrates this point:

“Carl Sithole Centre is well known but there is still discrimination against children, despite information that has gone out to the communities— they should know better. They are still at risk of being stigmatised and abused.”

Key informant interview

Changing the Church Dependency Mindset

Traditionally, the church has created dependency in communities by giving away material goods to the needy. Communities and programme volunteers have yet to fully acknowledge that the church cannot directly provide sustainable services to the needy and this is only possible through mobilization of community resources and forging of partnerships with government departments and local businesses. It has been a challenge making communities aware of their strengths and resources. Volunteers have not been very active establishing partnerships with local businesses and service providers as explained in the following quote.

If we cannot provide we have to identify people that can assist. Getting volunteers to think this way has been a challenge. A change of mindset is needed both for our volunteers, and for the communities-but will be gradual.

Project manager interview

UNMET NEEDS

Mentors and Role Models

Children growing up without one or both parents need to be matched with adult mentors who will serve as role models. The mentors will be a source of inspiration; guidance and encouragement to enable the OVC not only cope with their current circumstances but also to develop into competent and productive members of the community. A programme staff member was quoted as saying the following:

“Kids should be paired up with a mentor. Most of these boys grow up without fathers, [they] lack of role models.”

Project manager interview

Adolescent Needs

Kids clubs activities are central to the registration and service provision for OVC. However, the activities carried out at these clubs may not be appropriate for older OVC, particularly for post-primary school children. To maintain older youths in kids clubs, Matsoho A Thuso programme tries to give them responsibilities, an action that may not necessarily address the needs of these older OVC. A programme staff member acknowledges the unmet needs of adolescents in the following quotation:

“When kids get older, they don’t connect to the kid’s club idea. Becomes too cool for us – try and give them responsibility in the kids club to keep them.”

Project manager interview

Empowerment for Parent and Guardians to Access Government Services

While it is known that processing of government services is a lengthy process due to high numbers of applications and the protracted process of confirming the applicants' details, Matsoho A Thuso programme has found that non-assertiveness on the part of parents and guardians is also a contributory factor to the delayed processing. Parents and guardians need to be empowered to understand government systems procedures so that they can confidently confront non-cooperative government officials.

"Assertiveness – mindset – prevents caregivers from responding. Granny with two children – applied a year ago at government departments. On checking, the granny was told the file was missing, and the guy who was working with it left. Mjr Jwili phoned them. On the same day, the granny got a food parcel! The children received their grant in no time. There are too few of us to help. We need empowerment for caregivers."

Project manager interview

Income Generation Activities

Matsoho A Thuso programme is implemented in areas where a majority of the communities have low income. While the communities are willing to assist OVC, the lack of sufficient income hampers their efforts to provide adequately for these OVC. It is therefore important to empower the community economically through the establishment of income-generating activities.

"Income is an issue. Try and start incoming-generating programmes. They have to go and research what can be done in their own communities. Need to strengthen income-generating skills training so that they can meet their own needs and those of the children. Want to stop them from depending on Salvation Army as it was in the past."

Key informant interview

Basic Needs

The demand for material needs is big due to the many OVC in the community. However, the programme does not have funds allocated for such materials. Instead, the programme relies on their community counselling process to mobilize resources from the community. It is imperative for the programme to have adequate and committed volunteers who are trained in identifying and mobilizing community resources. It is also noteworthy that the community is poor and, while they have mobilized some resources for OVC, the level of mobilized resources has not matched the OVC needs. More basic necessities are needed to be distributed to fill this gap.

"We don't always have funding for physical needs – food, uniforms."

Project manager interview

The Way Forward



To expand care and support services as well as improve the quality of care provided, Matsoho A Thuso plans a number of interventions:

Increase Recruitment and Support of Volunteers

The programme requires more trained and transformed caregivers with a passion for serving the community. Additional care givers will be trained with a view of expanding the scope of care. The programme will focus on activities to motivate the volunteers including the

development of a reward system to conduct home visits, and ensure that OVC in-need receive all the services they require. In order to keep volunteers motivated, Matsoho A Thuso has introduced stipends for volunteers as a form of appreciation.

Changing the OVC Identification and Needs Assessment Strategy

Matsoho A Thuso is considering using the road-show concept as a cornerstone of OVC identification and needs assessment. Mobile promotional campaigns will be held at strategic sites and children, parents and guardians, and the programme volunteers will be invited to attend. Relationships between the volunteers and the beneficiaries will be established and the children's personal and family circumstances captured using passports.

Expand and Strengthen Available Services

At the congregation level, the programme will seek to strengthen the kids clubs and introduce vocational training where possible and appropriate. Parent and guardian forums will be established to provide a platform for sharing stories of survival and access to government services. As income at the family level is an issue, there is a need to mobilize the community and strengthen income generating skills so that communities can meet their own needs and that of the children. The following story explains the proposed change in OVC strategy:

"We need more people and we need trained (transformed) people. We need people with a passion for serving God practically in the community. We need to change our OVC strategy – using road-show concept more strategically, as the cornerstone of OVC, to identify OVC instead of just relying on schools, etc. – and caregivers will come along to the road shows so as to build those relationships on the spot, contact details captured the spot, clearly identify OVC and sustaining that relationships over the long haul. Building capacity of the caregivers as well – two facilitators will go to each division to assist implementation and mentoring for one week."

Project manager interview

In sites where all three components of the programme are in operation, a team comprising a pastor, two youth mentors, two OVC CCWs, and two home-based caregivers will be formed. A team leader will be elected to provide support and supervision for service delivery and reporting. The teams will meet on a monthly basis to share and discuss the progress and challenges encountered in the month for each programme component. This resource team of people is expected to utilize the training and experience gained to sustain the programme long after Matsoho A Thuso ceases to exist.

Augment Supervision in All Sites to Provide Quality Services

The roles of CPFs will be reviewed to include providing technical support and assisting with monitoring the quality of services. After undergoing the requisite training, the CPFs will closely monitor the delivery of services and assist the ministry teams through monitoring the quality of services, as well as integrating the three components of the programme.

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