

A Case Study

Sekhukhune Educare Project

A Study of the Safety Nets Programme



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July 2008

SR-08-42-S3

This case study was prepared by Khulisa Management Services and made possible by support from the U.S. Agency for International Development (USAID) under the terms of Cooperative Agreement GPO-A-00-03-00003-00 and the U.S. President's Emergency Plan for AIDS Relief. The opinions expressed are those of the authors and do not necessarily reflect the views of USAID or the United States government.

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Acknowledgements

This case study would not have been possible without the contributions and assistance of a number of individuals and groups. The authors would like to thank Lucy Thornton, Woz'obona director, Welsh Ratau, the finance manager, and Peter Sekgobela, Sekhukhune Educare Project (SEP) regional manager, for their time and generosity and for enthusiastically providing details of SEP operations. All staff members and Peace Corps volunteers at SEP offices are thanked for their hospitality and contributions. We also extend our gratitude to Marata Komana, a social worker from the Department of Social Development, for her insightful account of her department's collaboration with SEP. The authors also acknowledge the information and assistance provided by Shadrack Mpela, Safety Nets facilitator. Shadrack and Anna Ratau meticulously planned and facilitated programme site visits, patiently translated discussions, and offered explanations as we observed programme activities. All participants of the appreciative inquiry workshop at SEP offices are gratefully acknowledged for their enthusiastic participation and appreciation of their project.

Khulisa Management Services wishes to acknowledge a wide variety of persons for their support to this project. Firstly, many thanks to Dr. Tonya R Thurman from the MEASURE Evaluation project at Tulane University for reviewing and commenting on each case study; Mary Pat Selvaggio, director of health and research at Khulisa Management Services for her project management and oversight as well as editing services; Stacy Langner, Khulisa Management Services knowledge management specialist for designing the case study template and editing various reports; and Margaret Zwane, Khulisa Management Services health administrative assistant for providing valuable logistical and administrative support to the research team throughout the project. Thanks also to the Support for Economic Growth and Analysis II project (SEGA II) in South Africa for supporting this project. Finally, special mention goes to the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (emergency plan) for having the foresight to document programmatic approaches of South African initiatives for serving orphans and vulnerable children in an effort to improve the wellbeing of children affected by HIV and AIDS.

Cover photo, courtesy of SEP, shows a male facilitator (and former beneficiary of SEP Safety Nets programme) for Family Maths and Science Literacy in a session with preschoolers at an ECD Centre.

Acronyms

ABET	adult basic education and training
AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
CBO	community-based organisation
CCF	child-care forum
CDW	community development worker
CHH	child-headed household
CSG	children's support group
DoA	Department of Agriculture
DoH	Department of Health
DoHA	Department of Home Affairs
DoSD	Department of Social Development
ECD	early childhood development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
EU	European Union
FMSL	family maths science and literacy
HBC	home-based care
HIV	human immunodeficiency virus
IGA	income-generating activities
KII	key informant interview
LIBSA	Limpopo Business Support Agency
NMCF	Nelson Mandela Children's Fund
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
PSS	psychosocial support
RDP	Reconstruction and Development Programme
SEP	Sekhukhune Educare Project for Children
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.

This OVC case study is one of a series of 32 case studies documenting OVC interventions in South Africa. It was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the U.S. President's Emergency Plan for AIDS Relief (emergency plan) and U.S. Agency for International Development (USAID) in South Africa. This study documents the Sekhukhune Educare Project for Children (SEP) OVC programme and lessons learned that can be shared with other OVC initiatives. It is based upon programme document review; programme site visits, including discussions with local staff, beneficiaries, and community members; and observations of programme activities. When designing this research, appreciative inquiry (AI) concepts were used to identify strengths (both known and unknown) in SEP's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

SEP is a regional office of Woz'obona Childhood Community Service Group (Woz'obona), which was developed to address gaps in early childhood development (ECD) programmes in South Africa. SEP has its offices in Jane Furse, a town in the Makhuduthamaga Local Municipality of Sekhukhune district, Limpopo Province. Apart from ECD programmes, SEP runs a Safety Nets programme aimed at caring for and supporting OVC and their families. This case study focuses on the Safety Nets programme.

SEP's Safety Nets for children programme goals are to:

- provide comprehensive services to OVC through a sustained community involvement;
- strengthen households and community capacity to care for OVC;
- engage communities in developmental and OVC issues through forum theatre; and
- build the capacity of other organisations involved in OVC care and support.

The programme currently operates in 13 villages within and around Jane Furse town. The number of OVC served from October 2006 to July 2007 was reported as 1,410. While the target beneficiaries of the Safety Nets programme are OVC, all children, youth, and communities in the 13 villages also benefit from the wide range of programme activities.

SEP builds the capacity of the community and local organisations through a variety of training, mentoring, and support activities. SEP's capacity-building activities are targeted at the communities living in areas where the Safety Nets programme is in operation and at organisations that work with OVC. Community members are mobilised and encouraged to participate in training activities on household budgeting, microfinance, and income generating activities (IGA). Other activities include workshops for students on learners' rights and HIV/AIDS and children, and the Family Maths, Science, and Literacy (FMSL) programme for guardians and children. Organisational capacity building is mainly done through training and support of organisations to enable them to competently facilitate the FMSL programme and forum theatre.

In addition, a forum theatre is facilitated in which community issues and challenges are dramatised and the audience is invited to act out solutions. Other activities include home visits to assess and deliver care and support services to OVC. A drop-in centre and children's support groups (CSGs) are run to enable children to come together for community theatre, cultural

dances, memory box activities, and assistance with homework. To facilitate referrals and leverage resources, SEP has formed partnerships with community organisations and government institutions.

SEP's Safety Nets programme uses a community- and rights-based approach to provide services targeted at OVC, relying principally on volunteers recruited from their respective communities. Following OVC needs assessments; volunteer caregivers provide a range of services to OVC and their families through homes, schools, drop-in centres, and CSGs. Caregivers provide psychosocial support (PSS) to OVC and adults, and encourage and support communities to establish vegetable gardens and other IGA. Education support is provided through homework assistance and negotiations for school fee exemptions. Caregivers also provide home-based care, disseminate information on diseases including HIV/AIDS, ensure treatment adherence, and accompany patients to hospitals. Beneficiaries are referred to a social worker to be registered for food parcels. Caregivers then assist the social worker to distribute food parcels. Beneficiaries are first referred to a social worker and then to the local municipality for shelter, Department of Home Affairs for legal documents, and to Department of Social Development for grants processing. For specialist health interventions, beneficiaries are referred to health facilities.

For the period between September 2006 and July 2007, the Nelson Mandela Children's Fund funded SEP using emergency plan/USAID funds. PACT Inc. briefly took over the funding for the months of August and September 2007 and Academy for Educational Development was slated to take over shortly thereafter. SEP is managed by the Woz'obona director, a finance manager, and SEP regional manager. The programme has 14 staff members, two of whom are Safety Nets facilitators. SEP has a total of 72 volunteers who all work with OVC. Thirty volunteers work in the theatre group. Fifty of the 72 volunteers are trained home-based caregivers. All caregivers strive to integrate home-based care services and OVC care.

Through constant reflection and action, SEP seeks to avoid disempowering the community. The programme has encouraged sustained community involvement through volunteerism and in-kind donations. SEP has learned that good a relationship with the community is a prerequisite for community involvement and ownership of the programme. Teachers' involvement in the theatre-in-schools project ensures its sustainability and growth. Adult involvement in theatre and CSGs serves as an inspiration to the children, and as an invaluable source of traditional knowledge.

The programme has faced challenges. SEP requires competent managers and project management tools to streamline its planning. SEP has found that low literacy among volunteers leads to a lack of confidence and difficulties while using data forms. Many challenges are due to poor infrastructure and limited resources. Poverty in the area persists, despite the various IGA supported by the Safety Nets programme. IGA reportedly fail due to lack of commitment, mismanagement, and the general high levels of poverty in the area. Grant processing is slow, at times taking longer than two years, which exacerbates economic insecurity. Volunteer stipends are low, which makes it difficult for SEP to retain them. The theatre group and CSGs do not have enough equipment or props, and they do not have proper meeting venues. The lack of irrigation water makes running communal vegetable gardens difficult, although poor levels of commitment by some community members add to this challenge.

SEP plans to change its model from one that is led by catering to OVC needs to one that supplies communities and neighbourhood sources of OVC care with technical assistance. Other priorities for the programme are building of its internal capacity and establishing a community theatre group in each village. In addition, all schools within the Safety Nets area of operation will have an active theatre group. Lastly, due to unprecedented expansion, SEP aims to acquire project management tools and prioritise the development of the project planning programme so as to harmonise both implementation plans and financial projections. Taken forward, the Safety Nets programme's innovations and successes will lead to an empowered community that will confidently take charge of caring and supporting its OVC.

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 Sekhukhune Educare Project for Children (SEP) Safety Nets 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 Safety Nets programme staff, 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.



Ikageng Ditshaba Theatre group in action during a theatre festival.

When SEP began the Safety Nets for Children programme, a theatre component was added. With a small group of trained volunteers, Ikageng Ditshaba (*Let’s Build a Nation*) Theatre group was established based on the ‘theatre for the oppressed’ model.

SEP has found theatre to be a powerful community mobilisation tool. SEP uses the theatre to attract community members and present them with community problems and issues in a participatory, educational and entertaining method.

Ikageng Ditshaba takes ideas from the community and has incorporated OVC issues into their activities. The group has used theatre to educate OVC about their rights, and provide them the opportunity to share their stories and discover their inner strengths to cope with their situation.

Ikageng Ditshaba has performed on numerous occasions at local and provincial levels and has won numerous accolades, including monetary awards.

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



All workshop participants vote for themes they would like to take into the future. The themes that received the most votes included increased outreach, good relationship with the community, counselling skills, and Family Maths and Science Literacy.

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 seeks out 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 SEP OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

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

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

Case study activities were conducted in Jane Furse, Sekhukhune district, during September 2007. Data collection began with key informant interviews with the Woz’obona Programme director and the SEP Safety Nets programme facilitator at the SEP regional office. Key programme documents were obtained for review. The interviews were followed by a discussion with a social worker from the Department of Social Services. A five-hour appreciative inquiry workshop was subsequently facilitated at a hall located at SEP regional office premises. The workshop had two breakaway groups, one for service providers and another for beneficiaries. The service providers group comprised two staff members and eight volunteers while the beneficiary group included six guardians and four community members. The workshops proved to be excellent forums for learning about SEP, its activities, and its partners. Workshop participants reported that the approach made them feel appreciated and resulted in a more positive future outlook for their programme. The voting process helped prioritise themes that the programme would do well to take into the future.

“I liked the positive approach – people are happier, appreciated and hopeful for the future.”

Participant, beneficiaries AI workshop

“I liked the voting – it simplified the process and made sense.”

Participant, beneficiaries AI workshop

Following the workshops researchers visited Motswakgole Early Childhood Development (ECD) Centre and a vegetable garden project in Vergelegen A village to carry out observations of activities. At Malamain village, an OVC family was visited; and at Bhana Barena ECD centre, pre-school activities (facilitated by SEP-trained teachers) were observed. At the Reconstruction and Development Programme (RDP) village, researchers went to a drop-in centre where children participate in after school activities. A children's support group facilitated by an elderly woman was observed as well as a performance by the Ikageng Ditshaba Theatre group.

FOCAL SITE

The study was conducted in Jane Furse, a town in Makhuduthamaga Local Municipality, one of the five local municipalities of Sekhukhune district in Limpopo province. According to the 2001 census, the population in the municipal area is around 280,000 people with a greater number of women than men (Local Makhuduthamaga Municipality, 2003). The population is distributed in 146 settlements with an average of 2006 people per settlement and an average household size of 5.41 people.

The age structure of the municipality's population is typical of other developing areas, with 56% of the population 19 years of age or younger. Due to this age structure, there are insufficient early learning facilities, and primary and secondary education infrastructure is inadequate (Local Makhuduthamaga Municipality, 2003). SEP was initiated to cater for the needs of early childhood education and operates within a radius of 50 km around Jane Furse township.

Most dwellings within the municipality are formal houses and traditional dwellings. Water scarcity in the region impedes agriculture and livestock farming. Unemployment is another major constraint. The majority of households are very poor with the bulk of the economically active people employed in the service sector. The populace relies heavily on state grants such as pensions or child/orphan grants, as well as remittances from family members who have migrated to other areas for work. Mines in the region attract migrant workers with specialised skills set that locals don't have. The effect of inward and outward migration is significant in the increased transmission of HIV/AIDS.

The spread and the impact of HIV/AIDS on society and economic development is a major concern in Sekhukhune. The current HIV/AIDS prevalence is 21.5% in Limpopo province (NDoH, 2005). The magnitude of HIV/AIDS prevalence means that Sekhukhune has a high number of OVC. While OVC are usually accommodated by family members, the capacity of households to care and support OVC has been stretched thin. In other situations, households have been left with no adult members, leaving the OVC to fend for themselves. To address these needs of OVC, SEP runs a Safety Nets programme in 13 villages within and around the township of Jane Furse.

Programme Description

OVERVIEW AND FRAMEWORK



Pre-school children play at Motswakgole ECD Centre, which serves 40 children 6 years old and younger, including 12 OVC.

In 1988, an ECD programme, Woz'obona Childhood Community Service Group (Woz'obona), was developed to address gaps in ECD service provision in South Africa. SEP was created in 1994 as a regional office of Woz'obona in Sekhukhune district. SEP activities are divided into two broad divisions. The education division includes ECD and adult basic education and training (ABET) programmes, among others. Under the care and development division, SEP runs the Safety Nets programme to care for and support OVC and their families. This case study focuses on SEP's Safety Nets programme.

Safety Nets was started in 2002 with funds from the Nelson Mandela Children's Fund (NMCF). Initially, the programme was run in two villages; with support from NMCF and emergency plan funds, the programme was subsequently expanded to serve 13 villages.

Safety Nets programme goals are to:

- provide comprehensive services to OVC through a sustained community involvement;
- strengthen households and community capacity to care for OVC;
- engage communities in developmental and OVC issues through forum theatre; and
- build the capacity of other organisations involved in OVC care and support.

To realise programme goals, SEP uses a community- and rights-based approach, with most services provided by volunteers. SEP works to strengthen the ability of communities to care for and support OVC through several capacity-building initiatives. SEP's capacity-building activities are targeted at the communities living in areas where the Safety Nets programme is in operation and at organisations that work with OVC. Community members are mobilised and encouraged to participate in training activities on household budgeting, microfinance, and income-generating activities (IGA). Other activities include workshops for students on learners' rights and HIV/AIDS and children, and the Family Maths, Science and Literacy (FMSL) Programme for guardians and children. Organisational capacity building is mainly done through training and support of organisations to enable them to competently facilitate FMSL programme and the forum theatre.

SEP facilitates a community forum theatre within Safety Nets areas. The theatre dramatises developmental and OVC issues and engages communities in discussions around possible solutions through entertaining theatre performance. The theatre is in the process of being introduced in schools. SEP also runs several children's support groups and a drop-in centre, where children come together for community theatre, cultural dances, memory box activities, and assistance with homework.

Volunteers conduct home visits to assess the needs of OVC and to provide services to children and families, including referrals where appropriate. Home-based care services and psychosocial support are also provided to parents and guardians of OVC.

PROGRAMME STAFF

“They [Safety Net staff] have a good approach that is humanitarian. If you tell them about children without food and clothes, they care and respond. They are committed to their work and their responses are prompt. They are self-sacrificing, giving sometimes their own clothes to the needy. They have the ability to build people. They are honest and explain to the people if they are not able to understand.”

Participant, managers and staff AI workshop

Woz’obona, and by extension SEP, are governed by a management board whose responsibility is to provide strategic direction to the entire Woz’obona, including SEP. The board sits in Johannesburg and SEP’s interests are represented through a SEP advisory committee and a SEP staff representative. SEP is managed by the Woz’obona director (who divides her time between Johannesburg and SEP offices), the national finance manager, and the SEP regional manager. SEP employs 14 staff members for the ECD and Safety Nets programmes. Of these, two are Safety Nets facilitators. One of the Safety Nets facilitators is in charge of theatre and the children’s support groups (CSGs), while the other is in charge of home-based care (HBC) and psychosocial support (PSS). Support staff members include a Safety Nets programme data capturer, who doubles as a receptionist, and a bookkeeper/administrator.

For all staff positions, SEP follows a standard recruitment process of advertising positions, short-listing applicants, and interviewing promising candidates. Some of the project staff members are former OVC beneficiaries. SEP staff are well-known and respected in their communities. Staff members support caregivers in their work through providing feedback during monthly meetings and through conducting follow-up home visits at the household level.

VOLUNTEERS

At the start of the Safety Nets programme, SEP introduced people to the programme’s intentions and requested for volunteers. Some volunteers were attracted to the programme after observing what caregivers do, while others become interested after attending information sharing sessions. In 2008, there were a total of 72 volunteers, all of whom worked with OVC. In addition, SEP had one Peace Corps volunteer who assisted with programme management at the head office.

Theatre Members

Thirty volunteers worked in the theatre group. The theatre members are drawn from all the 13 villages and are led by an art director. As a group, the theatre members conduct community performances, and individually facilitate children support groups in the facilitators’ respective villages. The Safety Nets facilitator in charge of theatre and CSGs provides support to the theatre members, providing them with play equipment, props, and transportation. Theatre members have won numerous awards, including cash awards, at theatre festivals. The cash awards are shared by the performers or are saved in the group’s bank account.

Caregivers

Fifty of the 72 volunteers (four males and 46 females) are trained home-based caregivers. Trained caregivers include at least eight of the 30 theatre members. The caregivers were

“Volunteers are always involved — they look at alternatives and see where they can help, they will go many times until they find the solution, they don’t give up easily. Volunteers give all their time, they don’t cut people short, they let them speak for as long as they wish to, and they develop a strong relationship with the family; they look forward to the visits and wait for the next visit.”

Participant, beneficiaries AI workshop

provided with a 59-day training course in HBC by Department of Health (DoH). In addition, SEP provides childcare training to the caregivers. PSS, leadership skills, family work, and memory boxes are the topics that comprise childcare training.

Caregivers are recruited and allocated work in their own villages. All those who want to volunteer are screened before they are taken on board. They are required to be highly committed, motivated, and literate so that they are able to fill in forms and write reports. Selected volunteers are offered ABET. In addition, volunteers are drawn to the programme by the respect, recognition, and the inner satisfaction achieved through the participation in the programme. Caregivers' duties include performing home visits to look after the sick and care for OVC. In addition, caregivers monitor child well-being during children's support group meetings and at the drop-in centre. Thus, all caregivers strive to integrate HBC services and OVC care.

In each village, one of the caregivers is appointed the village coordinator. The 13 coordinators oversee activities in their respective villages, liaise with Safety Nets facilitator in charge of HBC and PSS, and compile the villages' monthly reports. All caregivers and the coordinators are required to participate in monthly meetings where SEP staff give feedback and support. Caregivers fill in an OVC progress report form when they serve OVC. This form lists an OVC's name and age, initial contact date, identified services, any action plans, and dates for follow-up visits. Homework assistance data are collected by caregivers using a monthly school work assistance form. Caregivers submit completed forms to their coordinators on a monthly basis. The caregivers receive a monthly stipend of R200 each, while the village coordinators receive R400 a month.

Sekhukhune Educare Project

SEP's Safety Nets programme uses a community- and rights-based approach to provide services targeted at orphans and vulnerable children using volunteers recruited from their respective communities. In 2008, the programme operated in 13 villages within and around Jane Furse town. The number of OVC served from October 2006 to July 2007 was reported as 1,410.

Programme Goals

- Provide comprehensive services to OVC through a sustained community involvement.
- Strengthen households and community capacity to care for OVC.
- Engage communities in developmental and OVC issues through forum theatre
- Build the capacity of other organizations involved in OVC care and support

External Resources

NMCF/Pact Inc. /AED

- Provide funding for HIV/AIDS for children and Theatre programmes
- Build the capacity of SEP

South African Government Departments

- Department of Education works with SEP in OVC identification and theatre-in-schools project
- Department of Home Affairs provides legal documents
- Department of Social Development provides food parcels and grants
- Department of Agriculture provides training and funds for permaculture
- Department of Health provides training in HBC

Other Donors and Partners

- Terre des Hommes funds the drop-in centre
- Jim Joel Foundation funds ECD related activities
- LIBSA provides small business and IGA training

Activities

Capacity Building: Community

- Household budget and microfinance training
- Training on Income generating activities
- Learners Rights, HIV/AIDS and Children workshops
- Family Maths Science and Literacy Workshops
- Psychosocial support training

Capacity Building: Organisational

- Theatre training and mentoring to CBOs

Facilitation of Forum Theatre

- Community Forum Theatre: Dramatise community issues and challenges and invites audiences to act out solutions
- Theatre in schools: Assist children in schools to highlight issues around them and their communities

After School Activities

- Drop-in centre and Children's Support Groups
- Drama, cultural dance and songs
- Psychosocial support
- Homework assistance

Home Visits

- Assessments of OVC needs
- Delivery of services to OVC and families
- Home-based care for parents and guardians

Outcomes

Child and Youth Outcomes

- **Psychosocial support:** enhanced emotional and psychological well being of all children affected by HIV/AIDS
- **Education:** improved quality of education and school attendance
- **Legal/social services:** increased access to government services

Community Outcomes

- **Care and support capacity:** Increased household capacity to care for OVC
- **HIV and OVC awareness:** Reduced OVC and HIV/AIDS stigma in the community
- **Educational support:** Enabling the entire community to participate towards improved quality of education of children
- **Psychosocial support:** development of coping capacity and good relationships between adults and children

KEY PROGRAMME ACTIVITIES



Key activities of SEP's Safety Nets programme include community and organisational capacity building through a variety of training, mentoring, and support activities. In addition, SEP facilitates a forum theatre, where community issues and challenges are dramatised and the audience is invited to act out solutions. Delivery of material and support services to OVC is achieved during after-school activities and during home visits.



Community and CBO Capacity Building

SEP's capacity building activities are targeted at the communities living in areas where the Safety Nets programme is in operation and at organisations that work with OVC. Community members are mobilised and encouraged to participate in training activities on household budgeting, microfinance, and IGA. Other activities include workshops for students on learners' rights and HIV/AIDS and children, and the FMSL programme for guardians and children. Organisational capacity building is mainly done through training and support of organisations to enable them to competently facilitate FMSL programme and forum theatre.

Household Budget and Microfinance Training

Parents and guardians are trained on effective management and use of personal income. This training is especially offered to parents/guardians who have accesses government grants. The training is offered both formally during workshops and informally when caregivers visit households. During the training community members are encouraged to form small micro financing groups whereby they lend money to other community groups or individuals with the hope of earning interest.

Income Generating Activity Training

In collaboration with another organisation, the Limpopo Business Support Agency (LIBSA), SEP provides small business management and IGA training for members of the community including OVC guardians. Many small local businesses are assisted in general business plan development. With partnership with the Department of Agriculture (DoA), SEP trains individual households and communities in permaculture and then provides them with seeds, irrigation systems, manure and fencing materials in order to establish food gardens. DoA assists with training, seeds, irrigation systems, and fencing materials. Unemployed OVC parents/guardians and child-headed households (CHH) are targeted for this permaculture training and support. DoA also provides chicken to beneficiaries who are expected to rear them for the eggs' nutritional value and for income generation through the sale of surplus eggs.

Workshops on Learners' Rights and HIV/AIDS and Children

These workshops are carried out in schools and promote children's rights and responsibilities. The learners' rights workshops have been run in 11 schools with grade 6 and 7 pupils. They are facilitated by SEP staff members and run for half a day. The HIV/AIDS workshops are also conducted with grade R pupils using an accredited manual. The HIV/AIDS workshops with grade R are conducted by selected ECD teachers who have undergone five-day training from SEP facilitators. Workshops on learners' rights and HIV/AIDS and children have contributed to the reduction of HIV/AIDS and OVC stigma.

Family Maths, Science and Literacy Workshops

SEP uses the FMSL approach in ECD and Safety Nets programmes. It is used in preschools where teachers want parents to become more involved, and also for out-of-school children who have no

other educational alternatives. FMSL facilitators work with young children and their families through workshops that engage them in a series of innovative hands on activities. The workshops run for three to four days, with activities that teach basic math, science, and literacy concepts. The parents, guardians, or older siblings are shown how to work with young children, allowing the children to take the lead. This helps improve their communication skills and interest in reading, in addition to helping them to acquire basic literacy skills. A significant outcome of the FMSL workshops is development of healthy relationships between children and adults, making the approach well-suited for interventions in OVC situations.

Psychosocial Support Training

PSS training is aimed at raising awareness about the plight of OVC. The training is offered to key people in the community, including volunteer caregivers and guardians, who are in a position to influence or work with others to improve OVC lives. SEP reported holding four workshops in the two months preceding this study. Children's PSS workshops are also held as part psychosocial support provision. For these children's PSS workshops, caregivers identify OVC in need of PSS. Identified children are invited to participate and, after the workshops, the children are referred to support groups for further care. For children support groups, SEP reported having held three workshops in the two months preceding this study.

"Children are now confident. I have been watching them for the last four years. Children used to be very shy. Now they are adolescents. They walk tall. It is not about food or school. It is about how you make them feel. They are future leaders of the theatre group. It is exciting now. There is hope for Jane Furse. There is a generation who can lead the community because of the confidence they have acquired."

Participant, managers and staff AI workshop

CBO Capacity Building

SEP also tries to increase the reach of their programme activities through training and support of other CBOs to replicate these approaches. Some organisations, such as Nurturing Orphans of AIDS for Humanity (Noah), have received FMSL training and are using the FMSL programme in their after-school activities. SEP has also provided training and mentoring in theatre to nine CBOs working with OVC in Limpopo. Participants from these organisations were provided with the knowledge and skills necessary to become facilitators of Forum Theatre.



Facilitation of Forum Theatre

Forum theatre is based on the *Theatre of the Oppressed* model¹ in which drama is based on ideas derived from the community and the audience is invited to improvise a solution towards particular challenges depicted in the drama. Forum theatre, also known as participatory educational theatre, is run at the community level and, more recently, in schools, and is a key component of the Safety Nets programme. The plight of OVC is addressed using forum theatre, which dramatises developmental and OVC issues and engages communities in discussions around possible solutions through entertaining theatre performance. Theatre activities include cultural drama, dance, poetry, and storytelling.

¹ The *Theatre of the Oppressed* model was developed by a Brazilian theatre director. The model uses theatre as means of knowledge and transformation in the society. Performances are participatory; the public becomes active and "spectators" explore, show, analyse, and transform the reality in which they live.

Community Forum Theatre

SEP currently runs one community forum theatre group – Ikageng Ditshaba (*Let's Build a Nation*) – which comprises 30 lead members drawn from all the villages and led by an art director. This group was established by a small group of trained and committed volunteers. Ikageng Ditshaba has managed to incorporate OVC issues and challenges in their performances. The group has performed on numerous occasions at local and provincial levels and is planning to perform at the national level.

Theatre-in-Schools Project

Theatre is in the process of being introduced in schools. In 2008, SEP was working with 13 schools selected from the 13 villages. SEP trains one or two teachers from each of these schools to enable them work with children in theatre. The Theatre-in-Schools project assists schools to create and maintain their own theatre groups so that children have access to local theatre activities. School-going children are provided with a forum to highlight issues and challenges within their communities. They are also provided with a chance to creatively come up with solutions regarding challenges that are dramatised. As a result, children are reportedly more confident and demonstrate leadership potential. SEP aims to establish the Theatre-in-Schools programme in all schools in the 13 villages.



After-School Activities

SEP runs after-school activities through CSGs and the drop-in centre, which bring together children from different backgrounds and engage them in various activities to educate and entertain them. The forums serve as an effective mechanism for the provision of psychological, social, and emotional support to OVC. Specific activities include drama, cultural dance, memory boxes, education on children's rights and responsibilities, and assistance with homework. The Ikageng Ditshaba theatre group supports the CSGs and the drop-in centre with drama and musical instruments.

Children's Support Groups

In 2008, there were seven CSGs from the 13 villages covered by the Safety Nets programme. Based on their sizes, some villages had two CSGs while others shared a single CSG. On average, each CSG has about 40 members. The largest group has 112 members while the smallest has 35. All children are accommodated in these CSGs, irrespective of their OVC status, to prevent stigmatisation of CSG participants. Meetings generally take place three times a week after school for about two hours. The CSGs gather in playgrounds as they do not have designated buildings where they can conduct activities. Each CSG is facilitated by at least one member of the Ikageng Ditshaba theatre group. SEP's aim is to allocate two facilitators per support group.

Drop-in Centre

SEP has established one drop-in centre at the RDP village. The community in this village played a major role in the creation of the centre and a community steering committee has been appointed by the Mmashadi Childcare Forum. The committee continues to be involved in the centre's maintenance. At the centre, children are provided with meals as well as educational and recreational activities five days a week after school. As in the case of CSGs, the drop-in centre accommodates all children. The drop-in centre has become a place where OVC identification often takes place. Two volunteer caregivers are in charge of the centre. In 2008, a total of 112 children were registered at the centre. Caregivers in charge of home visits then follow up with identified OVC at their homes for further assistance. The caregivers running the centre meet with the steering committee at least once a month and then file a report to SEP. The centre is considered a pilot project and may lead to the establishment of more drop-in centres within all Safety Nets areas.

“SEP decided to start a drop-in centre at RDP. SEP approached the community. They informed them of the intended drop-in centre. They explained how it will be working. That the children will be safe, that they will be taught literacy, arts, and culture. They responded in their multitude; 160 children came. We had to accommodate all children so that by the end of the day we could identify the OVC

Participant, managers and staff AI workshop



Partnership and Linkages

SEP believes that partnerships are key to the sustainability of the Safety Nets programme, as they are a rich source of material and professional assistance. In some instances, the initiation of partnerships is either actively sought out; while at other times, organisations approach SEP. Word of honour agreements, memoranda of understanding, and formal contracts are some of the instruments used to bind these partnerships.

Local Municipality and Government Departments

SEP works with the Makhuduthamaga Local Municipality and keeps municipality officials updated on SEP’s activities. The establishment of the drop-in centre involved getting permission from the municipality to use a vacant property for the centre. OVC and families who need houses are referred, through a social worker, to the municipality. SEP also works with a host of government departments. Through the Department of Education, SEP has been able to access schools and initiate the theatre-in-schools project. DoH provides caregivers with training in HBC while the Department of Home Affairs (DoHA) processes legal documents necessary for grants application. DoSD provides social workers services, food parcels and grants to OVC and their families following referrals by SEP caregivers. DoA provides families with training and funds for Permaculture.

Child-Care Forums

Child-care forums (CCFs) are community-based structures that focus on and seek to meet the needs of OVC. Members of CCFs are volunteers and are drawn from interested community members, such as local leaders and individuals from churches, childcare centres, schools, and crèches. SEP has initiated CCFs in several of the villages where the Safety Nets programme is implemented but, unfortunately, due to a lack of dedication from members and lack of enduring structures, only one (Mmashadi Childcare Forum) was functional at the time this report was prepared. This CCF is responsible for running the drop-in centre through a community steering committee.



Home Visits

Home visits to the OVC and their families were being conducted by 42 volunteer caregivers. The OVC coordinators are responsible for allocating households to the caregivers to visit. The caregivers conduct these visits to care for and support OVC, and to provide home-based care services to chronically ill patients. In 2008, SEP had 20 caregivers dedicated to OVC care through home visits. The primary focus of caregivers dedicated to childcare is to identify OVC, assess needs, and deliver services such as psychosocial support, homework assistance, material support (e.g. food parcels from DoSD) and referral services. Another group of 22 caregivers were integrating home-based care services and OVC care. The frequency of the home visits is based on the needs of each household and ranges from once a week to five times a week.

BENEFICIARIES

While the target beneficiaries of SEP's Safety Nets programme are orphans and vulnerable children, all children and youth in the 13 villages are positively impacted. Communities in the Safety Nets area of operation are also beneficiaries due to SEP's capacity-building activities and the edutainment activities of the forum theatre. In addition, other community organisations benefit from the training and support SEP has provided.

SEP reported the number of OVC served from October 2006 to July 2007 as 1,410. OVC are identified in a number of ways. SEP volunteer caregivers visit schools and identify OVC with teachers' assistance. After getting the names of the OVC, caregivers follow up with home visits. OVC are also identified through children's support groups and the drop-in centre. When children attend these activities, those running the groups identify children requiring extra help. During theatre-in-schools activities, students come together and those in need are identified by observation. Theatre facilitators then report to SEP and the volunteers do follow-ups. Community and self-referrals are other avenues used by the Safety Nets programme to identify OVC.

OVC graduate from the programme when they reach 18 years of age, at which point they may move to another level of the programme, facilitating OVC activities by volunteering as a caregiver or theatre member. Some OVC leave the programme after adoption by other families. Others leave for further studies or when new opportunities arise.

"Children of all ages benefit. We also include youth in this. Youth however, get involved in other activities. They graduate from being OVC, they then volunteer and specialize in the different areas. They have the possibility of becoming staff members at a later stage."

Project director interview

SERVICES PROVIDED



Following identification and needs assessments, volunteer caregivers provide a range of services to both OVC and their families. The services are provided in homes, schools, drop-in centres, and CSGs and vary among families according to the level of need. For some services, volunteer caregivers are able to provide directly to OVC and their families. In other cases, caregivers refer beneficiaries to the appropriate service providers.



Food and Nutritional Support

OVC and families who are identified through home visits as needing food are referred to a social worker to be registered for food parcels. The social worker works together with caregivers to distribute parcels to the needy families. For a sustainable supply of food, SEP encourages families to cultivate vegetable gardens and to engage in poultry keeping. Specifically, SEP assists guardians to establish community gardens. Willing unemployed guardians and heads of CHH collectively work a garden, taking advantage of economy of scale, and share the produce among themselves.

“As a social worker, we deal with many things and are unable to visit homes like the caregivers. As a social worker, I cannot know who deserves food parcels. But with help of the caregivers, I was sure I was going to the right deserving persons.”

Participant, managers and staff AI workshop



Psychosocial Support

Trained volunteer caregivers offer PSS to OVC and their families. PSS is provided to individuals or groups, and occurs at the drop-in centre, children’s support groups, PSS workshops for children, and at homes. In homes, advice and counselling (spiritual and bereavement) are given to OVC and adults by volunteer caregivers. The caregivers help OVC to understand that they are never alone in their situations. The caregivers then discuss with OVC coping mechanisms and how they can support one another. At the drop-in centre and CSGs, several activities are undertaken as part of PSS including memory boxes and Journey of Life. In memory box activities, caregivers act as memory facilitators to assist children remember about their parents and to “store” these memories by preserving souvenirs (including letters, photographs and clothing items) in a box. In Journey of Life activities, caregivers draw the attention of OVC to life’s challenges, including death, loss, poverty and family breakdown. Other activities conducted at drop-in centres and CSGs as part of PSS include physical exercises, theatre, drama, song and other stimulating and recreational activities.

“She is 27 and she was suffering before she found a social worker and asked for shelter. The social worker wrote a letter to the municipality, who gave her an RDP house. When she went to the RDP house, she only had R200 grant for her child plus she had three other children to look after from her mother, who had passed away. A volunteer from SEP came and assisted with foster care grants (which is in process). She gets food parcels from the social worker. She feels hurt because the other three children had no breakfast and no uniforms for school. In her mind, she always feels deserted by her mother who died and left her with this burden. Prior to getting help from SEP, she was so stressed out. Now she is relaxed and the family is very happy. They can joke and communicate, it’s not so stressful.

She is spiritually settled and the volunteers are doing an amazing job.

When she had financial problems (transport), SEP gave her money. She appreciates what SEP did for her and now she sees that she is not the only one, this gives her hope! She also attended PSS workshop and she learnt many skills from this. She can help her sister who is an adolescent.”

Participant, beneficiary AI workshop

The children benefit from children's PSS workshops that are held. Children who are identified by caregivers as needing PSS are invited to participate and, after the workshops, the children are referred to support groups for further care. Children also benefit from the PSS training provided to community members, as reflected in the quote below:

"She is happy because of the PSS workshop. She is now confident and works through her challenges. She is now able to help others. She assists in child support (games and activities) and she feels uplifted after playing with the children."

Participant, beneficiaries AI workshop



Educational Support

SEP helps children to access schools and to obtain fee exemptions when necessary. The caregivers assist OVC with homework and conduct learners' rights workshops for the children. The aim of the learners' rights workshops is to develop the learners' understanding of their rights to remain in school. Some volunteer caregivers have organised small groups of children who come to their homes for additional help.

"I have approached children and they are now coming to my house for assistance with homework. The children are about 10 girls in grades 1-5. I usually spend about one hour [each week] assisting them with homework."

Participant, managers and staff AI workshop



Health Care

The volunteer caregivers provide healthcare interventions through referrals to services providers. Caregivers sometimes accompany extremely ill patients to clinics and hospitals. Trained caregivers provide home-based care services to chronically ill patients and supervise patients in taking their medications.

"I am helping OVC. I am also helping patients with HIV/AIDS. I try to balance my OVC and HBC. If a household has both I assist both during the same visit."

Participant, managers and staff AI workshop

"I tried to help her and informed her of many incurable diseases. I asked her if she was taking treatment. She explained that she used to but she stopped. After a brief counselling she agreed to resume treatment. Her CD4 count was below 200 and she qualified for [antiretroviral therapy] treatment. The lady had one child of her own, but was living with three other children. The oldest child is 16. I managed to visit the family at least three times a week. She has now accepted herself and she interacts with others. I managed to help since I have gone through PSS training and therefore I had the skills to help."

Participant, managers and staff AI workshop

Other health care services provided to OVC and their families include HIV prevention messages.

Workshops on HIV/AIDS are facilitated by caregivers and are held with ECD teachers for five days. The workshops are also held with parents and grade R pupils for two-and-half hours. During home visits, caregivers give advice and information about diseases including HIV/AIDS.



Economic Strengthening

Caregivers refer OVC and families to the DoHA for legal documents and to a social worker for grant applications. The caregivers follow up to ensure that documents and grants are processed in good time.

SEP also encourages and facilitates community IGA. IGA include vegetable gardening and poultry production which are made possible through SEP's partnership with DoA. The community also benefits from microfinance and household budgeting activities.

“Caregivers have the ability to negotiate and intervene with the social worker about the grants. Some social workers may not like the people, and then SEP intervenes and makes grants possible and then speeds up the process.”

Participant, beneficiaries AI workshop

“She was born in 1982. She didn't know her father. SEP had a relationship with DoA. Vulnerable children were given 18 laying chickens. They could sell eggs and buy food for the family. They saved this money. DoA gave her new seeds and she planted these seeds. She harvested many kilograms of maize and even made African beer from this. She made an income. They planted this for three years.”

Participant, beneficiaries AI workshop



Shelter

The caregivers refer those in need of shelter to a social worker and the Local Municipality. Caregivers sometimes personally approach the social worker and the Municipality or accompany the beneficiaries to appointments in order to speed up the process.

“I assisted her to get an RDP house. I approached the social worker and then went to the municipality after the social worker gave me a referral letter to the municipality.”

Participant, managers and staff AI workshop

Resources



The community played a major role in the creation of this drop-in centre at the RDP village, and continues to be involved in its maintenance and sustainability.

The project draws on resources and contributions from donors, staff, and community volunteers to address the needs of children and communities involved in the Safety Nets programme.

DONORS

SEP, through Woz'obona, receives funding for its educational programmes from the Jim Joel Foundation. Also, NMCF has funded SEP since 1998, following SEP's establishment of care and development programmes. For the period between September 2006 and July 2007, NMCF funded SEP using emergency plan/USAID funds through the Goelama project. PACT Inc. briefly took over the funding for the months of August and

September 2007. Academy for Educational Development was slated to take over the management of emergency plan funds to SEP for the 2008 fiscal year. On average, SEP receives is about 45% of its funding from the emergency plan. All emergency plan funds are allocated to the Safety Nets programme. Another source of funds is Terre des Hommes, which funds the drop-in centre.

COMMUNITY IN-KIND CONTRIBUTIONS

The government departments and the local municipality are the major in-kind contributors to the Safety Nets programme. The drop-in centre project involved getting permission from Makhuduthamaga Municipality to use a vacant property for the centre. Other resources received from the community include human resources (volunteers) and permission to use community-based infrastructure (schools and playgrounds). Donations from the private sector such as clothing and food from supermarkets are infrequent and inconsistent.

Lessons Learned



A young girl stands in front of SEP offices at Jane Furse. The girl was among the best theatre performers during a school theatre festival.

“We fail, but we fail forward. This is part of reflection. We constantly focus on sustainability. We are very innovative. We look at local and sector needs, as well as financial and household sustainability.”

Project director interview

Through an iterative process of action and reflection, SEP has managed to identify a number of challenges, successes, and innovations.

PROGRAMME INNOVATIONS AND SUCCESSES

Community-Led Activities

The programme has encouraged ongoing community involvement through volunteerism and in-kind donations. SEP has learned that a good relationship with the community is a prerequisite for community involvement and ownership of the programme. As such, the programme regularly meets with the communities and their leaders in the villages for information sharing and feedback on the programme’s activities. The communities are also involved in the programme’s planning.

“SEP has good partnership with the community. A crèche [separate from the drop in centre] was started through community sharing sessions. The community was encouraged to contribute money towards buying the zinc to roof the building and to buy equipment.”

Participant, managers and staff AI workshop

Community members lead theatre events and serve as primary support persons to children and families in need as caregivers. Teachers’ involvement in theatre-in-schools project ensures its success and growth. Adult involvement in theatre and support groups not only serves as an inspiration to the children, but also serves an invaluable source of traditional knowledge, including learning about traditional songs and dance.

In order to improve their food security, unemployed OVC guardians and heads of CHH participate in communal farming in which a group collectively works on a piece of land. As a group, they are better able to access inputs from DoA. Such inputs include seedlings, fertiliser, fences, and borehole water and pipes for irrigation.

Empowering Beneficiaries

SEP continuously looks for ways that ensure sustainability of all its programmes. Through constant reflection and action, SEP seeks to avoid disempowering the community. . SEP has learned that giving handouts to the community is not sustainable. As the following comment illustrates, SEP has instructed caregivers to empower communities, even while serving them, to avoid creating community dependency on SEP.

“SEP has told the volunteers not to do everything about the community but they should enable the community help themselves”.

Participant, managers and staff AI workshop

In empowering families within the larger community, SEP provides a range of training activities that include courses in household budgeting, microfinance, and IGA. SEP provides small business management and IGA training for members of the community including OVC guardians. It also assists many small local businesses in general business plan development. In partnership with the DoA, families and communities are trained in permaculture to enable them successfully run productive household and communal gardens.

Recognising that graduates of the Safety Nets programme are instrumental to the sustainability of the programme, SEP maintains interest in their OVC graduates, and seeks information from respective villages regarding their OVC graduates’ growth and development and their contributions to the community. Some of the project staff members are former OVC beneficiaries. After graduation, OVC who have reached age 18 may move to another level of the programme through volunteering as a caregiver or theatre member.

“She started as a beneficiary, now she is a volunteer and is able to help many others. She learnt to volunteer and to take care of her ward, as well as to become more responsible. She discovered that she is able to talk openly with others. She is skilled and realised that she is passionate about helping others “

Participant, beneficiaries AI workshop

Community Mobilization through Forum Theatre

Theatre offers an immediate and effective means of connecting community members and providing them with an opportunity to express themselves and find strength and resolution by doing so. Theatre is also particularly successful in educating OVC about their rights, and provides them with the opportunity to share their stories and create meaning through this sharing.

SEP has learned that children can speak for themselves through theatre. Theatre affords children an excellent opportunity to discover and showcase their talents. Children can sustain their own programme through enthusiastic participation. Due to theatre’s combined educational and entertainment value, SEP has recognised that theatre is a powerful tool for community mobilisation. Facilitators have found purpose in their lives and achieved fulfilment through theatre activities.

“The theatre group is a good publicity tool. Children often report that they heard about SEP through attending the theatre. This is how SEP convinced NMCF to support theatre group. NMCF was initially sceptical. But SEP convinced NMCF about the good spin-offs from the theatre activities.”

Participant, managers and staff AI workshop

“We use theatre, not food, to attract children to the programme. This will sustain the programme.”

Safety Nets facilitator interview

Improving Child-Guardian Relationship Using Family Maths, Science and Literacy

FMSL was adapted from the University of California at Berkeley and was first introduced in South Africa by the Cooperative Organisation for the Upgrade of Numeracy Training (COUNT). Woz'obona integrated ECD with FMSL to introduce young children to mathematics, science, and literacy in an interactive, fun-filled way. SEP facilitates FMSL workshops for families. FMSL provides an opportunity for learning for all, including young OVC and their parents and grandparents. Outcomes are not limited to learning only; good and respectful communication methods are illustrated and relationships are built between children and parents or guardians. Relationship-building is especially important in families with new guardians and where there are significant generational gaps between OVC and their guardians. Families learn how to teach and play with their children.

Other organisations have also adopted FMSL for their after-school activities in drop-in centres and play groups. In these after-school activities, the FMSL approach is added to other activities including traditional games, songs, stories, and dance.

Partnerships with Communities and Government Departments

SEP boasts of a good relationship with the communities within Safety Nets areas of operation. The programme partners with many community organisations and government departments and has organised two campaigns with DoHA, enabling expedited processing of documents. Partnerships have enabled the forging of linkages, allowing caregivers to refer OVC and their families to various departments for social workers services, food parcels, grants and other services.

"We have learned that the team approach is absolutely critical .A team must be motivated and committed."

Project director interview

PROGRAMME CHALLENGES

Multiplicity of Programmes and Limited Management Capacity

To address ever-increasing community needs, SEP has initiated several programmes. SEP is expanding rapidly and manages multiple projects. As a result, the programme's success is dependent on a solid business approach where planning and implementation of activities is not only evidenced-based but also efficient, effective, and sustainable. SEP has found it difficult to integrate a business model with the day-to-day developmental work, so as to achieve a sound management system. SEP requires not only project management tools to streamline its planning, but also competent managers. However, the project is currently short on management staff.

"We need more people in management who are competent and black. We head-hunt for managers."

Project director interview

Limited Volunteer Capacity

SEP has found that the performance of volunteers would be improved if they had additional skills. In particular, limited literacy among volunteers contributes to low confidence while providing services. Another drawback associated with poor literacy skills is the inability of the volunteers to cope sufficiently with the multiplicity of monitoring and evaluation forms used to capture OVC data.

There are several volunteer training needs that SEP has yet to meet. Workshop participants expressed the wish to have more workshops for volunteers. They wished the household budget workshop would be run on a quarterly basis. Another need is technical skills in counselling. Not all caregivers are trained in counselling, yet, in their work with OVC, caregivers face many situations requiring counselling skills. This is illustrated further in the following quotation:

“We need counselling skills for volunteers as we meet many problems that are not easily solved.”

Participant, managers and staff AI workshop

Volunteer Support and Retention

Other volunteer needs are related to volunteer motivation. SEP has experienced loss of volunteers due to low stipends. Volunteers’ stipends are low (starting at R 200 for caregivers to a maximum of R 400 for village coordinators). The loss of trained volunteers is acutely felt by the programme since replacement volunteers need to be trained.

Workshop participants talked of the difficulties caregivers, who are also in need, face while helping others. The participants wished for SEP to get more funds in order to increase the volunteer stipends.

“She [a volunteer] sometimes also needs to be cared for. She has little children too. She wants to get an increase in her stipend to get more money. She used her money for airtime to communicate with the people in the community [follow-ups].”

Participant, Beneficiaries AI Workshop

Another challenge involves the sustainability of CCFs that have been initiated in the villages where the Safety Nets programme is implemented. Only one (Mmashadi Childcare Forum) is currently functional. Dysfunctional CCFs are probably due to poor composition of CCF membership, lack of motivation, or lack of support and requisite linkages with relevant service providers.

Sustaining Garden Projects

Safety Nets areas have little rainfall and successful gardening is dependent on irrigation. The main challenge faced by the community is lack of water for their gardens. In some cases where boreholes exist, a lack of irrigation pipes, water pumps, and associated electrical equipment pose challenges to those wishing to engage in vegetable gardening for food and income generation.

“The problem is water. There is no transformer so that we can pump from the borehole to the JoJo tank. We were provided with seed, manure; but no water.”

Participant, managers and staff AI workshop

Another challenge is that communal vegetable gardens are not flourishing due to lack of commitment by some members; individual household gardens are doing better.

Accountability of IGA Participants

Despite the various IGA supported by the Safety Nets programme, economic security is yet to be achieved. In these communities, income generating projects are reported to fail due to lack of commitment from participants, mismanagement and the general high levels of poverty in the area. A beneficiary narrates how a poultry project established through SEP's intervention fared:

“They also helped her with poultry by giving her 18 chickens. This helped her generate an income by selling the eggs. She was a leader of those who were selling chickens and eggs. They were given a container for the chickens and food for the chickens. When they were making money, they opened an account at the bank. They were given skills and now she can even educate others in this regard. The challenge was when the secretary stole money and the project failed. The chickens stopped laying eggs, and they then sold the chickens. She got a profit and is still serving in this project [the only one out of the 10 that had originally started this project].”

Participant, beneficiaries AI workshop

UNMET NEEDS

Lack of Resources for Theatre Group and Children Support Groups

The theatre group and CSGs require more equipment and props. Limited equipment is typically only available at SEP premises and has to be transported to the CSGs when needed. Transportation requires meticulous planning so that all seven CSGs benefit. SEP also needs a car to transport equipment and facilitators.

“There are limited resources in these groups, e.g. musical instruments. Children support groups must wait for instruments to be transported to them from SEP office.”

Safety Nets facilitator interview

While CSGs meet in the open, not all groups have proper meeting venues. For some children who might wish to participate in the CSGs, the distance from school or homes to the CSG venue may be prohibitive. Younger children, such as preschoolers, may need to be accompanied by their siblings, parents, or guardians.

Delayed Processing of Grants

There is a general lack of efficient grant processing. Sometimes it may take as long as two years to process grants. So many other needs, including food, go unmet as the grants are awaited.

“She started in 2003 after the death of mother. She needed to take care of her siblings. She was 17. The father was alive. The social worker told them she could not help with food. A year later the father died, and then SEP volunteers advised them to go to the social worker to get foster care grants. It took two years to process and they only received grants this year. This was a difficult time because she didn't have food. She wanted the foster grant money for the family. There were four mouths to feed.”

Participant, beneficiaries AI workshop

The Way Forward



*A vegetable garden at Vergelegen
A village is run by 10 community
members. Crops grown include
cabbages, spinach, carrots,
beetroot, and onions.*

“We have a five year plan: SEP will become a resource centre that will be a resource for neighbourhood places of care. We want a situation where communities are given the resources to do something about all the problems in the community.”

Project director interview

As illustrated by the above comment, SEP plans to change its model from one that is led by catering directly to OVC needs to one that supplies communities and neighbourhood sources of OVC care with technical assistance. In the new model, instead of SEP delivering services to OVC as needed, SEP will favour a situation whereby the communities organize themselves to care and support OVC, with the communities only coming to SEP for assistance.

SEP plans to establish a toy library and has conducted initial investigations and gathered information about how other organisations create and use toy libraries. Options being considered include mobile libraries, lending libraries, and drop-in-and-play libraries.

Another priority for the programme is the building of its internal capacity. Volunteer caregivers are dedicated and committed, but they find it difficult to capture rendered services on the data forms. There is need to increase their literacy and knowledge management skills. Counselling skills need to be improved as well, and a dedicated counselling room is hoped to be made available at SEP premises. SEP needs to strengthen follow-ups of all children in their database to ensure OVC are receiving all the services that they need. There is also a need for the community to become more involved in the child support groups.

“We went through contraction, but now we are expanding. We had to initially retrench people on a last-in-first-out basis – we then lost some of our key people and hence, competency – we need to rebuild competency now – we now have Peace Corps volunteers to help us with regaining some of this capacity.”

Project director interview

The project aims to have a community theatre group in each village, led by the community and linked to other stakeholders such as big theatre groups and the DoSD. One of the wishes expressed by workshop participants was for SEP to expand its theatre activities to villages beyond the current 13, subject to availability of funds.

“There are people outside the 13 villages we are serving. They do not have coordinators or facilitators. SEP should increase its geographical scope.”

Participant, managers and staff AI workshop

In addition, all schools within the Safety Nets area of operation will have active theatre groups. The theatre-in-schools initiative will include training pupils in interviewing techniques and

fieldwork to collect heritage stories from their villages. These stories will be developed into performances and presented at events such as the South African National Heritage Day festival.

SEP as a programme is involved in many programmes and, in recent years, has been growing fast. As a result, it requires project management tools and needs to prioritise the development of the project planning programme so as to ensure the harmonisation of both implementation plans and financial projections.

Taken forward, the Safety Nets programme's innovations and successes will lead to an empowered community that will confidently take charge of caring and supporting its OVC.

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