A Case Study

Senzakwenzeke

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Senzakwenzeke

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July 2008 SR-08-42-S4

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 Gcinekile Zulu, Senzakwenzeke's project manager, for her time, warmth, and generosity. The authors would also like to thank Lindiwe Mthwethwa, M&E officer; and Syabonga Soko, financial officer, for taking the time to show us the positive effect Senzakwenzeke has made to the lives of OVC and the communities of Nkandla. To all the participants who attended the appreciative inquiry workshop, thank you for travelling vast distances on a cold and rainy day to share some of your most amazing experiences with us.

Khulisa Management Services wishes to acknowledge a wide variety of persons for their support to this project. Firstly, many thanks also 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 by Beverley Sebastian

Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
CCF	child-care forum
CHH	child headed household
emergency plan	U.S. President's Emergency Plan for AIDS Relief
GIS	geographic information systems
M&E	monitoring and evaluation
NPO	nonprofit organisation
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
SAPS	South African Police Services
SEGA II	Support for Economic Growth and Analysis II
USAID	U.S. Agency for International Development

Executive Summary

Despite the magnitude and negative consequences in the growing number of orphans and vulnerable children (OVC) in South Africa there is insufficient documentation on "what works" to improve the well being of these children affected by HIV/AIDS. In an attempt to fill these knowledge gaps, this case study is one of the 32 OVC programme case studies that have been researched and written by Khulisa Management Services with support from the MEASURE Evaluation, the Support for Economic Growth and Analysis II project (SEGA II), the U.S. President's Emergency Plan for AIDS Relief (emergency plan), and the U.S. Agency for International Development (USAID)/South Africa.

Nkandla is a rural area characterised by poor infrastructure, illiteracy, unemployment, poverty and a high HIV/AIDS prevalence rate. This high rate has led to a large number of OVC living in Nkandla. To address the needs of these OVC, the community established the area's first home grown nonprofit organisation (NPO), Senzakwenzeke. This case study is a celebration of Senzakwenzeke's achievements in providing quality services to OVC living in Nkandla.

A unique method known as appreciate inquiry (AI) was used to gather information over three consecutive days during August 2007. Staff, beneficiaries, volunteers, community members, and stakeholders were asked questions about their positive experiences with Senzakwenzeke. The responses were elicited in story form to gain a greater understanding of individuals' positive experiences with the organisation.

Senzakwenzeke was established in response to a community call to assist the large number of children (mostly orphans) being admitted into the local hospital for malnutrition and HIV-related illnesses. Before the organisation was launched, a year was spent mobilizing and sensitizing the community. In doing so, it managed to attain buy-in from the community, and establish a sense of community ownership.

Senzakwenzeke is community-centred and child-focused, and the services and activities it offers reflect this. A child can access psychosocial support, educational assistance, child protection, legal and social assistance, food and nutritional support, and referrals for additional assistance including health care. The provision of services is made possible through several activities the organisation engages in. These comprise community mobilization, community capacity building and home visits.

Since this report is focused on Senzakwenzeke's innovations, successes and lessons learned the emphasis is on what makes the organisation work at its best. Successes entail the establishment of thriving community vegetable gardens, shifting the negative perception of OVC to the positive and establishing an organisation that is in the true sense community owned.

The organisation has and continues to deal with several challenges. These include, but are not limited to, difficulties experienced with working in a rural context and high volunteer turnover. Further to challenges, several unmet needs of OVC and their guardians have been identified by Senzakwenzeke and are examined within this report. These are food and nutritional support, services for OVC over the age of 18 years, and psychosocial support for guardians of OVC.

Without the dedication, passion, and hard work of the organisations staff and the volunteers they have managed to attract and retain, services would not have reached the 924 OVC that the organisation has supported since its inception to August 2007.

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 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 Senzakwenzeke 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 Senzakwenzeke, OVC programme implementers across South Africa and other countries in sub-Saharan Africa, as well as policy-makers and donors addressing OVC needs. It is intended that information about programmatic approaches and lessons learned from implementation, will help donors, policy-makers, and programme managers to make informed decisions for allocating scarce resources for OVC and thus better serving OVC needs.

The development of these case studies was based on programme document review; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and, observations of programme activities. The programmatic approach is described in depth — including approaches to beneficiary selection, key programme activities, services delivered, and unmet needs. Programme innovations and challenges also are detailed.

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

Orphans and Vulnerable Children in South Africa

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

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

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

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

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

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

Methodology

Information Gathering

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 Senzakwenzeke 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

Fieldwork was conducted in Nkandla August 6–8, 2007, by two researchers, one of whom was an isiZulu speaker, an essential proficiency given the prominence of the language spoken in that area. Information was gathered by conducting two key informant interviews with the organisation's project manager and monitoring and evaluation officer, a half-day of observations and a full-day appreciative inquiry (AI) workshop. In total 18 participants attended the workshop. Of this number, three were staff members, eight volunteers, one counsellor, the head of a child-headed household (beneficiary), one traditional healer, and four educators.

Focal Site

Nkandla municipality is one of six local municipalities within the rural Uthungulu District 28 of KwaZulu-Natal. It has a population of about 129,513 people spread over a relatively large and mountainous area. The area is characterised by poor infrastructure and a large proportion of the population is illiterate. Most live in abject poverty brought on and exacerbated by the high level of unemployment which, according to Senzakwenzeke's project manager, is approximately 82%. Because of limited employment opportunities, many people (a large proportion being male) migrate to bigger cities and towns, a trend that has led to the emergence of a large proportion of female-headed households.

The HIV/AIDS prevalence in Nkandla is high. While there are no statistics available that can be reliably used to determine the rate of HIV/AIDS infection, it is estimated that one in four people are infected with the virus. This high infection rate, coupled with the lack of service delivery to the community and its children, has led, and continues to contribute, to the large number of OVC living in Nkandla.

Programme Description

Overview and Framework

Senzakwenzeke's offices are located in the same building as the local udokotela (doctor).

In 2001, the communities of Nkandla noticed an alarming number of children (particularly orphans) being admitted into the local hospital because of malnutrition and HIV related illnesses, and that this number was increasing rapidly. Concerned, local doctors called a meeting to discuss the problem and find a workable solution for the children. In attendance were traditional leaders, nurses, parents, community health workers, school learners, government department representatives, business owners, local doctors and community members. It was at this gathering that the question about why children were not healing was asked. The solution was Senzakwenzeke, which in September 2001 was proudly registered as the Nkandla's first nonprofit organisation (NPO).

Senzakwenzeke, an isiZulu word that means "we make it happen," is the first NPO to come out of Nkandla. The organisation's administrative hub consists of one small room behind the local doctor's surgery. Nkandla's municipal office is situated across the road from Senzakwenzeke's office. Other government departments, such as the Department of Education, are located close by. Senzakwenzeke provides services in a 60-kilometer radius to OVC in three wards (4, 5, and 7) overlapping the traditional areas of Mahlayizeni, KwaMpungose, and the local village around Nkandla hospital.

From its beginnings, Senzakwenzeke has understood that community ownership, mobilisation, and sensitisation are imperative ingredients for effective service delivery to OVC. This understanding is what makes the programme so successful. Realizing that traditional leaders are a vital link in reaching the people, Senzakwenzeke spent 2002 mobilizing the community. This was done through community meetings and door-to-door campaigns, to educate leaders and the community about OVC policies, and the role and importance leaders play in communicating these key issues.

Senzakwenzeke's mission statement is to the point. It aims "to contribute towards the mitigation of the impact of HIV/AIDS in Nkandla with particular focus on the needs of the children." Reflected in this mission statement are two key objectives:

1. to establish a follow-up and support care system for HIV/AIDS orphans and vulnerable children; and

2. to establish child-care committees/forums (CCFs) to provide holistic support to HIV/AIDS impacted children.

Senzakwekenzeke addresses these objectives through the provision of the following services:

- educational support;
- nutritional support;
- psychosocial support;
- health promotion and access to health care;
- legal assistance; and

- child protection (including referrals for shelter).

The central vision of the organisation is to conduct activities that will have a positive impact on the children of Nkandla to alleviate the impact of HIV/AIDS in this population. Senzakwenzeke's core activities are based on psychosocial support and counselling, establishing CCFs, and ensuring access to legal documents and social grants. Whilst Senzakwenzeke has an administrative base, most activities are carried out by supervisors and caregivers (volunteers) who live in their areas. Weekly meetings with supervisors at the office ensure that effective service delivery is monitored and evaluated continuously.

Without strong leadership and dedicated individuals, helping OVC in Nkandla would not be possible. This is because Nkandla is rural and the populace is sparsely spread over a relatively large and mountainous area. Effective service delivery is only attainable with dependable human resources. The organisation has attracted passionate, driven and committed volunteers and staff. In addition to this, the community assists by identifying and monitoring OVC and where applicable, communicating with the organisation about those in need. Because Senzakwenzeke has placed community mobilisation and sensitization at the centre of its work, Nkandla has embraced the organisation and feels a real sense of ownership in meeting its objective of making a positive difference to the lives of OVC.

SENZAKWENZEKE

To contribute towards the mitigation of the impact of HIV/AIDS in Nkandla with a particular focus on the needs of the children

Goals

- To establish a follow-up and support care system for HIV/AIDS orphans and vulnerable children
- To establish child-care committees/forums for the holistic support of HIV/AIDS impacted children

External Resources

South Africa Government and other Donors:

- USAID under the supervision of the Nelson Mandela Children's Fund
- SA government departments
  - Department of Agriculture provides fences and water for food gardens
  - Department of Health educates traditional healers and counsellors on HIV issues
- Local community donations

Activities

- **Community Mobilisation**
  - Facilitates the development of child-care forums
  - Mobilize traditional leaders to choose volunteers
  - Establish and maintain relationships with schools to assist in the identification and monitoring of OVC
- **Community Capacity Building**
  - Community awareness campaigns
  - Educate traditional healers on HIV./AIDS subject matter
- **Home Visits**
  - Conduct needs assessments
  - Provide psychosocial support via counselling
  - Provide home work assistance
  - Provide food and nutritional support
  - Referrals for additional services

Outcomes

Child and Adolescent Outcomes:

- Healthcare: referral leads to accessing essential services such as antiretrovirals, and this leads to better health status
- Food and nutrition: improved health and well-being
- Psychosocial support: healing from parent's death
- Referral to crisis centre and SAPS – child protection

Family and Community Outcomes:

- Education: Reducing HIV and OVC stigma
- Legal/social services: accessing grants leads to ability to look after families
- Education leads to informed, enlightened and empowered community (this leads to a reduction in stigma toward OVC and people living with HIV/AIDS)

KEY PROGRAMME ACTIVITIES   

Community Mobilisation

From the onset, Senzakwenzeke sought to involve community stakeholders to ensure buy-in from the people of Nkandla. Mobilisation activities comprise facilitating the development of CCFs and liaising with school principals and teachers, business leaders, hospital staff, and, most importantly, traditional leaders to reach and care for OVC.

'Senzakwenzeke has the support from the community because they work with them. They accept everyone including us. We are a family.

Caregiver (Volunteer)

Traditional leaders are highly respected in Nkandla, which is why their involvement and approval is essential for the OVC programme to work. The relationship between Senzakwenzeke and the leaders is a reciprocal one. Leaders invite staff to community meetings and in return they are consulted in the recruitment of volunteers. Each volunteer provides services to OVC in the communities in which they live (volunteer responsibilities are discussed in greater detail below). Attending community meetings keeps Senzakwenzeke updated on developments or problems experienced by OVC. Utilizing traditional leaders to recruit volunteers has two distinct advantages. First, it reduces the risk of volunteer turnover since leaders ensure that the right people from their areas are referred to Senzakwenzeke for the job. Additionally, it increases the probability that the community will accept volunteers into their homes given leaders have selected them as service providers. These advantages ensure that more OVC are reached and their needs addressed, which is Senzakwenzeke's ultimate aim.

One of the most important relationships Senzakwenzeke fosters is with school principals and educators. These interactions are important in reaching and assisting OVC. Educators are trained to identify OVC in the classroom and on the playground, and to refer those in need for additional services. Referrals include, but are not limited to, directing cases of abuse to Senzakwenzeke's crisis centre or the South African Police Services (SAPS).

Schools provide further assistance by providing classrooms for temporary Department of Home Affairs offices from time to time. Senzakwenzeke facilitates this process. From these temporary offices, OVC are able to apply for and acquire important legal documentation, such as birth certificates and other identification documents, prerequisites for accessing schools and grants. The community also benefits from such relationships. For example, community members only have to travel to the local school, as opposed to a neighbouring town, to apply for legal documentation and grants.

In addition to the above, Senzakwenzeke facilitates the development of CCFs. Training on management of such forums is provided by Senzakwenzeke. CCFs serve dual purposes: they prevent duplication of effort among NPOs in the communities; and they assist children in need after-hours, as members typically reside in communities that have a high prevalence of OVC. In 2007, Senzakwenzeke had four functioning CCFs consisting of eight members each. Each forum typically meets once a month. Members include educators, traditional leaders and healers, nurses, members of the community, representation from SAPS, social workers. and employees from government.

Aside from service delivery, mobilizing the community and its resources ensures that the community takes a participatory role in improving the lives of Nkandla's OVC. By taking ownership, there is more likelihood that OVC will be cared for by their communities if Senzakwenzeke were to shut its doors.

Community Capacity Building

Senzakwenzeke builds capacity in the community through educational activities to reduce OVC stigma. Through such initiatives the organisation has managed to change some practices among traditional healers in assisting people living with HIV/AIDS (PLHA).

Education is spread via door-to-door visits and by training key individuals, such as local counsellors and traditional healers, on HIV and AIDS subject matter. As of August 2007, approximately 40 traditional healers had been trained using the Department of Health's introduction to HIV/AIDS, a one-week course. The training has had a domino effect, as the information learned has been passed on to the community. For example, during the AI workshop, a traditional healer spoke about how the training he received has improved his relationship with medical doctors, the lives of his patients, the community, and OVC:

"When the people come to us they do not know that they have AIDS. They describe their symptoms as headaches, aching feet, etc. There were all sorts of different complaints from different people. You don't think it's the same sickness because they are not telling the same story. Senzakwenzeke helped me to know about these symptoms so that I now refer those to the doctor and clinics to get their treatment."

Traditional healer, Nkandla

The above demonstrates one of Senzakwenzeke's most extraordinary achievements – using traditional healers to change risky healing practices, liaise with medical doctors and educate the community about HIV/AIDS. For many South Africans, particularly in rural areas such as Nkandla, traditional healers are the first port of call for healing and wellbeing. Senzakwenzeke has acknowledged and capitalised on the crucial role traditional healers' play within their communities to help strengthen the response to HIV/AIDS.

They also aim to improve health practices and strengthen working relationships between healers and the medical community. The following iterates this point:

"We, the traditional healers, examine the patient by throwing the bones. If the treatment requires it, the healer will treat the patient by cutting the skin to let a little blood out. They then put medicine into the wounds. Before the training, we did not use surgical gloves. We would take the medicine and put it directly into the wound. Because of the education we received from Senzakwenzeke, we now use surgical gloves to do this. We encourage our patients to bring new equipment [needles and razors] when they come for a consultation. If they do not have new equipment, we have our own that we use. They are new and we do not rewash them as we did previously.

"We encourage our clients to take care of themselves concerning their sexual partners. In our culture, we are allowed to have more than one wife. We ask them to protect their partners and go for the HIV test. We tell them that if they are positive they will be supported by us, the clinics, and the communities. Before there was a stigma that the traditional healers were against condoms but this is not the case. Senzakwenzeke allowed us to speak in public and helped us meet with the doctors and let the facts be known. We now coordinate with the hospitals and the doctors freely. We share the knowledge and are no longer treated as outsiders in the medical profession. We are united and we refer to the hospitals and the doctor. Senzakwenzeke helped us unite with the medical profession."

Traditional healer, Nkandla

Another important achievement resulting from the provision of training for traditional healers is the shift in the way OVC are perceived. Healers reportedly disseminate the information they learn during courses about the need to reduce stigma to the communities in which they live and work. For example, in response to the question about what the best thing Senzakwenzeke has done for the community, the local counsellor talked about how the organisation has helped shift OVC stigma from the negative to the positive:

"Before there was a stigma about orphans and they were categorized into types. For example, community orphans were those whose parents died of natural causes, HIV orphans had lost parents to HIV and orphans of guns had parents who died from guns shot wounds. The children are now seen as the same. This is through Senzakwenzeke's education. Now the children in the community are united."

Local counsellor

The above substantiates the importance of strengthening the community through capacity-building efforts. Eliminating stigma has afforded OVC the freedom to be children and the space to ask for assistance. Education may have far reaching effects in the future, such as reducing risky behaviour and in doing so, lessening the number of future orphans

Home Visits

OVC are visited on average twice a month, during which they and their guardians are offered services.

Once an OVC has been identified, a caregiver (volunteer) visits the child's primary guardian, and together they fill out a needs assessment form. The document asks for particular information to establish whether a child is an orphan, vulnerable, or both and what services are required. It is at this first meeting that the caregiver begins to develop a relationship with a child and his/her guardians. Follow-up visits incorporate the provision of counselling to children and their guardians and encouraging participation in activities such as watering the vegetable gardens (detailed below) with their caregiver (volunteer). The produce from gardens is used by the caregivers to support their families directly and is supplied to OVC to supplement their nutritional intake. If required, referrals are made to other agencies for skills and vocational development and training (e.g. brick making), health care, and grant assistance.

BENEFICIARIES

One of Senzakwenzeke's beneficiaries, the head of a child-headed household who takes care of his two brothers.

Primary- and secondary-school aged OVC benefit from this programme.

There is a rigid process in place for identifying and integrating OVC into the programme. Identification occurs through door-to-door visits or from community referrals. Once an OVC is recognized, a caregiver (volunteer) visits the child's primary guardian, and together they fill out a needs assessment form (to assist volunteers, Senzakwenzeke have transcribed the form into the local language, isiZulu). This form solicits information to establish whether a child is an orphan, vulnerable, or both and the services required. With regard to the latter, particular questions are asked to ascertain whether a child has a birth certificate, identity document, or grant. The answers provide an indication of the services required. All services are available to beneficiaries, but uptake varies according to individual need. All OVC, regardless of the services they access, are visited by volunteers twice a month. Once the form is completed, it is presented to the organisation's monitoring and evaluation officer who, in turn, enters the information into a database. This database tracks, among other things, services delivered and where the child is based in relation to the office. Location is determined using geographic information system (GIS) coordinates.

> *"Senzakwenzeke came to my house because they were doing the house visits. They asked me questions which I answered and after this visit I became a part of the programme."*
>
> **Head of a child-headed household**

South African law dictates that once children reach 18 years of age, they are no longer considered to be OVC. Once this age, they are not eligible for government services such as grants. Senzakwenzeke continues to support this population group where it can. One of the fundamental reasons cited for this is that, due to circumstances, some are unable to complete school until they are 21 years of age or older, and require support to complete their schooling. Few OVC have left the programme, but those that have left have done so because of migration.

Volunteers and the community benefit from education, skills development, and produce from food gardens. Seeds, tools, and training are provided to volunteers to establish food gardens. The vegetables produced are given to OVC living in close proximity to the gardens but volunteers also use the food to feed their families.

Beneficiaries reported that the services provided by Senzakwenzeke have made a positive difference to their lives. A testament to the positive effect the organisation has made can be seen in its numbers. Since its inception, as of August 2007 the organisation had provided services to 924 OVC. Of this number, 439 are females and 485 males.

SERVICES PROVIDED    

A child can access a number of services. These include psychosocial support, child protection, legal and social services, and food and nutritional support. The following section discusses these services in-depth.

Psychosocial Support

> *"Photos of the dead are seen as diseased. The orphans are not told about their parents' deaths because death is not talked about."*
>
> **Caregiver**

In rural Nkandla, children have traditionally been expected to respect their elders and not to have opinions of their own. This has had a negative effect on the child, especially during periods of death and bereavement. Typically children who lose their parents move in with a relative or a community member and are never told that their parents have died. To address issues like these, Senzakwenzeke introduced memory box workshops. Utilizing boxes, the workshops help families affected by HIV/AIDS to record their stories. This process promotes psychological healing and builds resilience for orphans and soon-to-be orphaned children. The workshops are run at five day camps during school holidays. Senzakwenzeke mobilizes the funds for the camps and the Sinomlando Centre for Oral History and Memory Work in Africa from the School of Religion and Theology based at the University of Natal, Petermaritzburg branch runs the programme. Caregivers invite OVC they identify as requiring this therapy to the camps.

Senzakwenzeke had to do a lot of ground work before the community would allow memory boxing because, as one caregiver put it, "The box in our culture is seen as a coffin, so it was a challenge to change this impression into a positive idea." This challenge was resolved and a new conceptual understanding of death and bereavement has been the result. Senzakwenzeke's project manager describes the psychological healing that happens at the camp:

> *"It's hectic when a child needs to cry — it's a one-week healing process. The children are taken away from their homes because the psychosocial support aspect must not be done near their homes because of its sensitive nature. Among other topics, the child's family tree is discussed. The fourth day is generally terrible as the child cries. We follow up with the children to monitor their progress. The child's history is written up after the camp. This information is confidential. This tool is working. After a year or so you see a different child."*
>
> **Senzakwenzeke project manager**

The camps and the memory box therapy came across in both the AI workshop and the key informant interviews as a successful and excellent initiative. For example, in response to the question about one's proudest moment in the programme, Senzakwenzeke's Financial Officer, responded with the following story:

> *"Last year, the first OVC group went to a camp in St. Lucia. Most of the children who went did not know what had happened to their parents and that they had died. One particular granny was stressed about her grandchild, because she did not know how to tell the child about his parent's death. The psychosocial support at the camps through the memory box exercises allowed this child to talk about loosing his parents. When the child went back to the granny and told her that he knew about his parent's death, the granny cried because she was unsure how to tell her grandson. By telling the granny what he knew, this boy brought the granny relief from her burden of not knowing how to address the issue. The granny was thankful for Senzakwenzeke's help, and this made me feel proud because I was part of helping this child and granny to heal through my work with the child at the camp."*
>
> **Senzakwenzeke financial officer**

As of August 2007, Senzakwenzeke had held four memory box camps for approximately 20 children. Staff, caregivers, and facilitators from the university conduct follow-ups on those that attended the camps.

 Legal and Social Services

The organisation helps OVC and their guardians and parents access identity papers, such as birth certificates, and other identity documents through the Department of Home Affairs. This is done with the help of caregivers (volunteers), who periodically conduct home visits and door-to-door campaigns to identify those requiring assistance and to refer them to the relevant government department. Psychosocial support is also provided from trained caregivers during their regular home visits. Senzakwenzeke's dedication in assisting OVC with applying for grants and documents came across strongly in the AI workshop. For instance, Senzakwenzeke's financial officer told the following story:

"There was a time that many children needed grants but they did not have the documents to apply for them. Some did not even know their birthdays and ages. I went to the children's grannies to find out their ages but they did not know. I visited the schools to see when the children started school and tried to guess their age by working on the assumption that they started school at the normal age. For some children, we could not find out much information so we had to go to the hospitals to dig for their records. This challenge was resolved by talking to the children's families, schools, hospitals, and the community. I really persevered and dug for information and the children did get grants eventually. The schools have since developed a form to record all children's information in the event that they one day need grants."

Senzakwenzeke financial officer

Apart from being a tool for legal recognition, documentation enables children to access schools and social grants. From September 2001 to October 2006, Senzakwenzeke helped 140 children receive identity documents and 33 children receive birth certificates.

 Child Protection

Senzakwenzeke facilitates the development of CCFs. These forums serve dual purposes: they prevent duplication of effort among NPOs in the communities; and they assist children in need after-hours. Children are referred to CCFs or approach CCFs on their own accord. As members of CCFs are located in the communities where OVC reside, children know which homes to approach for support. Abused children are referred to the crisis centre, which is located at the hospital. This centre has a dedicated police officer, a doctor and counsellors who can help children 24 hours a day.

 Food and Nutritional Support

Since August 2006, Senzakwenzeke have established 50 gardens, each providing produce for OVC. The gardens are located on caregivers' properties within the communities of Nkandla. The vegetables produced are given to OVC and used by the supervisors and caregivers to feed their families. Senzakwenzeke provides training, seeds, and tools for the development of these gardens.

"Child care forums are critical because if a child is stranded and the Senzakwenzeke office is closed, they know where to go."

Senzakwenzeke project manager

Resources

Donors

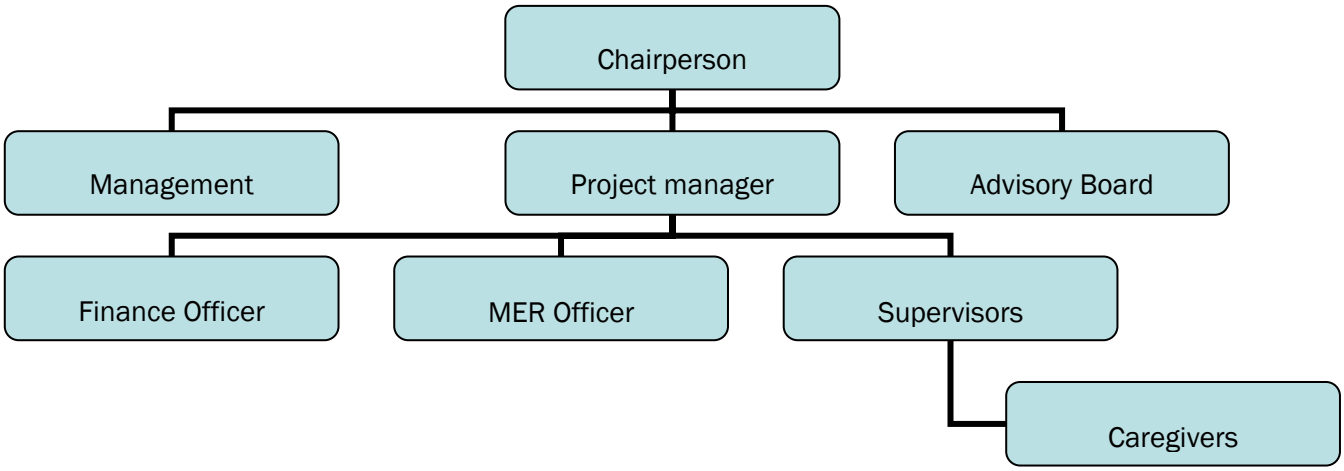
Senzakwenzeke's funding is provided by the emergency plan under the supervision of the Nelson Mandela Children's Fund. In addition to this, the Department of Arts and Culture provides funding to cover the costs of camps and the Department of Agriculture provides fences and water for food gardens.

Programme Staff

From left: Senzakwenzeke's financial officer, project manager and monitoring and evaluation officer.

Senzakwenzeke in August 2007 had three skilled full-time staff members namely; a monitoring and evaluation officer, a financial officer, and a project manager. The organisation acts strategically when employing new staff, looking for skills-fit and education (such as computer literacy). In keeping with the organization's home-grown status, only individuals from the area are recruited.

The organisation's structure is as follows:



The community recognizes the staff as passionate, dedicated, and hard working. Clear evidence of this can be seen through some of the responses to the question posed in the AI workshop: "What do you like about the people who run Senzakwenzeke?" Some responses follow.

'"he people from Senzakwenzeke are trustworthy. They have patience."

Educator

"They do follow ups with the network' (the network refers to the Department of Home Affairs, teachers, guardians/parents and the community)."

Educator

"They have the patience and love what they do. They are committed."

Traditional healer

"The people work together with everybody and do not discriminate. Everybody is treated the same. If they do not find anyone at a particular house that has been referred to them, they go back until they do. They follow up."

Counsellor

"They love everybody, even me."

Head of a child- headed household

VOLUNTEERS

A supervisor (centre) and her caregivers displaying their goods, a banner for the 2010 World Cup.

According to Senzakwenzeke's project manager, "Volunteers are the strong point of this programme." This is because they are responsible for identifying, supporting and monitoring OVC in the areas that they live.

Volunteers are recruited from the communities on the recommendation of traditional leaders. They must be age-appropriate (over 21), passionate and energetic, available, and, most importantly, from Nkandla. Once the leaders are satisfied with their selection, they refer the candidates to Senzakwenzeke for interviews and selection. Some volunteers are offered positions because of their education and background, such as nurses who failed to find employment at the local hospital, and retired nurses who want to continue working.

Volunteers are in two categories — supervisors and caregivers. Each caregiver has the responsibility of looking after 10 to 15 households. Supervisors manage a number of caregivers and report progress to Senzakwenzeke. Progress reports are presented and discussed at a weekly monitoring and evaluation meeting at the office. It is for these reasons (report writing and travel) that supervisors receive a higher stipend of R800 compared to caregivers, who receive R300 a month.

Apart from stipends, training is an incentive for volunteers, particularly as courses are nationally recognized and volunteers receive certificates. Every caregiver receives training, to help them complete their duties. Content includes rights of the child, decision-making skills, and how to offer psychosocial support to children. Courses are nationally recognized and volunteers receive

certificates. Gardening skills training and the produce from vegetable gardens are also viewed as incentives.

In many cases, supervisors and their caregivers have become friends. For some, the opportunity to learn new skills has resulted from such friendships. For example, one particular supervisor has taught the two caregivers she manages to embroider. Together, the three women have made 2010 banners for the upcoming World Cup. This business venture takes the supervisor to the Rand Easter Show in Johannesburg to sell the goods.

The volunteers are truly the backbone of the programme and achieving its goals and this is recognized by all. Senzakwenzeke's project manager sums this up succinctly: "These are the most dedicated people."

COMMUNITY IN-KIND CONTRIBUTIONS

Over and above human resources, the community provides a number of services and goods to assist the organisation in reaching its goals. Community in-kind contributions include the following:

- Local taxis are used to transport children to camps. This is an important service given that children become more vulnerable if they have to walk long distances. The taxi industry has taken an active interest in the programme and, during financially difficult periods, provided services for free. By establishing such a firm relationship, Senzakwenzeke is able to keep in regular contact with children being transported and spend less time agonizing over the safety of the children.
- The community hall is used for fundraising activities.
- The local Catholic Church, through Sizanani, assists OVC referred by Senzakwenzeke by providing food parcels and shelter for emergency cases.
- The local doctors donate food and trophies for sports days and other such events.
- Families' and volunteers' back yards are used to grow vegetables for OVC.
- Small donations from the community go toward monthly bills during difficult periods. Donation money is also used to purchase school uniforms for OVC.

Contributions have helped the organisation expand its available services and sustain those available through difficult periods, and in doing so enable it to continue reaching its goals and objectives in assisting OVC.

Lessons Learned

Since its inception, Senzakwenzeke as an organisation has learnt a great deal. Some lessons have been difficult but all have proved valuable. The following section details a few of the organisation's past and present challenges, as well as some innovations and successes since its begining in 2001. Although the organisation faces a number of challenges, the passion, drive, and energy of the staff, volunteers, and community is such that a positive outcome is inevitable.

Programme Innovations and Successes

Community Ownership

"When we see the car we feel it is ours." The car in question is the blue double cab 4x4 that Senzakwezeke uses to reach the areas in which it works. That the community feels the car belongs to them illustrates a strong component that makes the programme work — it is based on community ownership and participation. Reaching this stage has been the result of meticulous planning, community mobilisation, sensitization of the community every step of the way and giving leadership roles to communtiy members (e.g., traditional leaders approve volunteers).

> *"They go door-to-door and treat everybody the same. The visiting has made the residents united."*
>
> **Caregiver**

Traditional leaders, healers, schools, clinics, the police and the hospital are all involved in the programme, albeit in different ways. Educators monitor their classrooms for potential OVC, traditional healers give their stamp of approval on volunteers, and cases of abuse are referred to the police and crisis centre. The organisation also works closely with the Catholic Church through the Sizanani Centre. Partnerships are based on food aid, paying for tertiary education, and skills training (such as brick making and catering).

Professional members of the community are involved in the organisation's governance. Community members that sit on the management committee and advisory board include, among others, a doctor, other medical and health professionals, and traditional leaders.

Employing caregivers to work in the areas where they reside is an important ingredient to the delivery of quality service and community ownership of the OVC programme. As well as providing services and monitoring beneficiaries, visits also educate the community about OVC. This education has united communities in a common goal to assist OVC though monitoring and referring OVC and establishing CCFs.

In short, Senzakwezeke has managed to build an OVC programme that is in the true sense community-owned, and, to a large extent, managed. Using local networks and resources means the organisation is able to reach, assist and monitor beneficiaries more regularly.

Volunteer Led Vegetable Gardens

From the provision of seeds, tools and training provided, a number of gardens have been established producing vegetables to aid better nutrition for OVC and their families. Gardens not only serve as an incentive for volunteers, they empower them directly to assist OVC and they are hence an opportunity for community contribution and ownership.

GIS Database

Oxfam donated a number of GIS instruments to the organisation. These are used to map OVC location and monitor services provided. All information gathered is mapped in the organisation's

database. This system enables staff to provide information about the exact location and services provided to each OVC to donors. It is also a used to store information electronically rather than rely on a paper based system.

Child Participation

An important innovation reported by beneficiaries, community members, and staff, is the shift in the way children are perceived and treated in Nkandla. In the words of one educator:

> *"Senzakwenzeke has helped us to communicate, listen, and respect the children through the training they have provided to us. The communication barrier has now been broken and we are learning from the children."*
>
> **Educator**

Beneficiaries are involved in decisions that affect their lives. Children are consulted about whom they would like their guardians to be. This has been positively received by OVC who feel a sense of empowerment and autonomy from the process. It has also impressed the community and led to a shift in the way children are perceived. For example, according to the community counsellor:

> *"In our culture, we don't listen to children because traditionally they are supposed to know nothing. We are the ones that are experienced. When Sezakwenzeke called me to their workshops, I watched how they listen to the children telling their stories. It made me feel proud because the attitudes of the adults are changing. Children are starting to be listened to."*
>
> **Community counsellor**

In a deep rural area such as Nkandla, there have been long-held beliefs about what a child should or should not say, do, feel, and express. Senzakwenzeke has managed painstakingly to reach the community and change these perceptions. Today, the children of Nkandla have a voice, are heard and, most importantly, assisted.

The above details only some of the many successes that Senzakwenzeke has achieved since its beginnings. Judging from its accomplishments to date, there is little doubt that the future holds many more programme innovations geared to improving the lives of Nkandla's OVC.

CHALLENGES

A Gap in Funding

One of the biggest challenges the organisation has faced was when it had a nine-month gap in funding in 2003. Senzakwenzeke's project manager discusses the situation:

> *"We had no money. There were no stipends, either. We did not close the office. We wrote proposal after proposal to try and find money. We lost staff but some stayed. We persevere by negotiating our rent, electricity, and venues for workshops. We closed the phone and used our cell phones. We shared everything and looked for short cuts and encouraged the community to face the reality. We were successful because we looked for solutions and spoke with the community about the reality of the situation."*
>
> **Senzakwenzeke's project manager**

This challenge was resolved when the organisation secured funding. Although there was a loss of community confidence, the effects could have been much worse. Transparency and staff resilience kept the organisation going until it secured more funding.

Difficulty of Working in a Rural Context

A challenge the organisation continually faces is the difficulty in trying to run a complex programme in a rural South African setting. There are periods when the petrol pumps are dry, which means staff cannot visit the areas they need to visit, banks are not always open, and receipts (required by donors) of expenditure are not always provided by local businesses. At times, the office is unable to write reports because of power cuts.

Volunteer Turnover

Because Senzakwenzeke provides training that is nationally recognized, many caregivers leave the organisation for other NPOs, organisations, and government departments. During June 2007, seven caregivers accepted offers of employment at the local hospital. One of the reasons cited for this is that stipends are low, compared with what other organisations and government offer for similar work.

UNMET NEEDS

Sufficient Food and Nutritional support

While produce from vegetable gardens is acknowledged as an important source of nutirition for OVC, it is not enough. This is especially true for children who are not attending school as they miss out on a daily nutritious meal. Furthermore, because many OVC are being cared for by guardians who are impoverished and have other dependents, there is not always enough to go around. Food parcels were suggested as the solution to curbing this unmet need.

Services for OVC over Age 18

Programme staff and the community cited that OVC, particularly those of child-headed households, become more vulnerable when they turn 18 years of age. Once they reach this age, government grants are no longer available. If an 18-year-old cannot secure employement (a probability given the unemployment rate in Nkandla), the household loses out on essential income and becomes more vulnerable. The general consensous was that government should provide services to OVC over 18 years of age to prevent futher vulnerability and risky behaviour associated with poverty.

Psychosoical Support for Guardians

Guardians, especially grannies, need psychosocial support because they feel overloaded and, at times, unsure how to discipline the children in their care. In the words of the monitoring and evaluation officer, “Gogos (grannies) need training on parental skills because they complain about not getting respect.” To ensure guardians are able to cope with parenting OVC, it was suggested that they are offered counselling and support over and above what they receive during home visits.

“This thing really kills them, I really respect them and the resilience they have.”

Senzakwenzeke project manager, on the resilience of guardians

The above are just some of the many unmet needs of OVC and their guardians. On a positive note, Senzakwenzeke continually looks for ways and means to change the programme to address these issues.

The Way Forward

To be sure its community-centred, child-focused organisation is the best fit for Nkandla, Senzakwenzeke has been closely monitoring its progress. As of August 2007, the programme has had a positive effect on the lives of OVC and the communities of Nkandla. Since October 2007, Senzakwenzeke has been expanding its scope to other wards of Nkandla. To ensure service delivery, a number of caregivers were being employed and trained.

In addition to its physical expansion, the organisation plans to add other elements to its services and activities, such as a granny programme. This programme would aim at assisting grannies who are caring for OVC, assisting them specifically in the area of child rearing and counselling. Staff and the community report that this is a service that is sorely lacking as grannies are overloaded and under pressure.

To expand the programme and add new services, finances are required. In addressing this, Senzakwenzeke as of August 2007 was investigating the feasibility of farming indigenous chickens. The idea is to provide large franchises with local chicken. There will be a logo and short narrative on each package about Senzakwenzeke and what it does for Nkandla's children.

Regarding plans that Senzakwenzeke has for the future, it is evident that the project is an essential and important part of Nkandla. The passion of all stakeholders involved, from programme staff to the beneficiaries themselves, is a good indication that this organisation will continue to assist positively the lives of OVC in Nkandla.

"We regret nothing from the past, but the past is building us."

Senzakwenzeke project manager

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