

A Case Study

World Vision South Africa Networks of Hope Project



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Table of Contents

ACKNOWLEDGEMENTS 4

ACRONYMS 5

EXECUTIVE SUMMARY 6

INTRODUCTION 8

ORPHANS AND VULNERABLE CHILDREN IN SOUTH AFRICA 9

METHODOLOGY..... 10

PROJECT DESCRIPTION 12

RESOURCES 25

LESSONS LEARNED 26

THE WAY FORWARD 29

REFERENCES AND BIBLIOGRAPHY 30

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Cover photo by Maleemisa Ntsala.

Acronyms

ADP	area development programme
AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
CARIS	Christian AIDS Resource and Information Service
CCC	Community Care Coalition
CHH	child-headed household
COH	Channels of Hope
DoE	Department of Education
DoH	Department of Health
DoSD	Department of Social Development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
FBO	faith-based organisation
HIV	human immunodeficiency virus
M&E	monitoring and evaluation
ME&R	monitoring, evaluation, and research
NGO	nongovernmental organisation
NOH	Networks of Hope
OVC	orphans and vulnerable children
PLWA	people living with HIV/AIDS
SA	South Africa
WVSA	World Vision South Africa
USAID	U.S. Agency for International Development

Executive Summary

Despite the magnitude and negative consequences of 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 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 U.S. Agency for International Development (USAID)/South Africa.

World Vision is an international Christian relief development and advocacy organisation working to promote the well-being of all people. In achieving its directive, World Vision implements various programmes and projects in countries around the globe including South Africa. The Networks of Hope (NOH) is one such project. NOH is specifically geared towards improving the resilience and quality of life among OVC. It is child focused and predominantly community driven. This case study describes the ways in which the NOH project aims assist OVC in the South African provinces of Limpopo, Eastern Cape, and the Free State.

A unique methodology known as appreciative inquiry (AI) was used to gather information. Data were collected through key informant interviews, observations of activities and services, and a full day’s AI workshop. Participants of the workshop included staff, beneficiaries, volunteers, community members, and other stakeholders. The workshop was divided into two groups – beneficiaries and community members, and staff and volunteers. Each group was questioned about their positive experiences with regard to the project. The majority of responses were elicited in story form to gain greater insight into individuals’ positive experiences with the project. Where pertinent, these stories are narrated within this case study to illustrate the operations and innovative approaches of the NOH project in servicing OVC.

The NOH project is implemented by six area development programmes (ADPs), two in each of the three provinces where the project operates. While this case study discusses information pertaining to all six sites, specific data were gathered from the Kodumela Enable ADP in Limpopo Province and, as such, the majority of the examples used within the case study refer to this locale.

The project is child-focused and community-driven in that it focuses on; (i) mobilising and enhancing community led responses to protect and care for OVC; (ii) strengthening the capacity of OVC and household members to care of themselves; and (iii) creating an enabling environment for OVC through Community Care Coalitions (CCCs), community-based groups that have banded together to help improve the lives of OVC in whatever ways they are capable of. A community-based approach to helping OVC enables large numbers of children to access the numerous services being offered by the project. These include food and nutritional support; child protection interventions; shelter interventions; general health care services, including support for antiretroviral treatment; psychosocial support; HIV prevention education; economic strengthening; general education; and vocational training.

The provision of services is made possible by a strong component of project staff and volunteers. These individuals deliver services to beneficiaries via several key activities. These activities comprise home visits, capacity building, community care coalitions, and drop-in and resource centres.

The NOH project has had several successes. In the case of the Kodumela Enable ADP, these comprise promoting entrepreneurial skills amongst its beneficiaries and the positive effect the NOH community driven model has had on assisting OVC.

In addition to what works well, some project challenges and unmet needs of OVC are also briefly examined. Challenges experienced by Kodumela Enable ADP are volunteer turnover, jealousy among communities of service provision, stigma and discrimination of OVC, and a lack of transportation for home visitors. The unmet needs of OVC Kodumela Enable ADP entail the need to care for caregivers, age limitations for OVC receiving services, and a lack of economic security for OVC in general. In addressing the economic issues experienced by OVC, the project has plans to scale up its economic strengthening service.

The Networks of Hope is an extraordinary project. This case study is a tribute to the programme's achievements to date in meeting its strategic objective of improving the resilience and quality of life amongst 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 World Vision South Africa’s Networks of Hope project (NOH) 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 Network of Hope project, OVC programme and project 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 project document review; project 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, appreciative inquiry (AI) concepts were used to help focus the evaluation, and to develop and implement several data collection methods. AI was chosen as the overarching approach because it is a process that inquires into and identifies “the best” in an organisation and its work. This is in contrast to traditional evaluations and research where subjects are judged on aspects of the project that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in World Vision South Africa (WVSA) Networks of Hope project and to identify and make explicit areas of good performance, in the hopes that such performance is replicated.

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

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

Data collection took place during August and September 2007. Two key informant interviews were held at WVSA headquarters in Johannesburg with the NOH national HIV/AIDS manager and with the monitoring and evaluation (M&E) officer. Site visits were conducted in Limpopo province at Kodumela Enable area development programme (ADP) — one of six NOH project sites. During the site visit, a one-day AI workshop of two groups was held with various stakeholders in the project, including staff members, volunteers, beneficiaries, guardians, a local school teacher, and Community Care Coalition (CCC) members. In addition, a variety of key programme activities were observed or visited, including visits to three drop-in-centres and several beneficiary households (including a granny-headed household of four children and a youth-headed household); and a visit to a resource centre where children access drama classes and are assisted with their homework.

FOCAL SITE

WVSA launched the NOH project during October 2006 in three of South Africa's provinces – Limpopo, the Free State, and the Eastern Cape. In each province, two ADPs (which had been established for some years) were used to implement the NOH project; thus, a total of six ADPs are the main NOH project locations. These locations are Thushalushaka, Khauhelo, Thaba Nchu, Mpofu, Umzimvubu, and Kodumela Enable. While this case study discusses information pertaining to all six ADPs, specific data were gathered from Kodumela Enable in Limpopo Province as an example of a typical NOH site. Therefore, examples within this report refer to this locale.

Kodumela Enable ADP services 10 rural villages in Sekororo Tribal Authority, Maruleng Municipality, in Limpopo Province. The area is arid and predominantly rural, with most people residing in arid rural areas. Unemployment in Maruleng Municipality is high, with most depending on social grants for income.

The HIV prevalence rates in the municipality and the province are also high. According to the National Department of Health, in 2005 the HIV rate among antenatal clinic attendees in Limpopo was 21.5%.

Project Description

OVERVIEW AND FRAMEWORK

Established in 1967, WWSA is the South African partner of World Vision International – an international Christian relief and development organisation operating in 98 countries and headquartered in the United States. WWSA's core areas of focus are HIV and AIDS, food security, education, economic development, water, sanitation and basic family healthcare, and advocacy.

In December of 2000, World Vision International launched the Hope Initiative, a global effort focused on reducing the impact of AIDS in high-prevalence and high-risk countries. World Vision International emphasises three mechanisms for implementing the Hope Initiative:

1. **Channels of Hope (COH):** Sensitising churches and the faith community to confront, and change negative attitudes around people living with HIV/AIDS (PLWA) and, in doing so, mobilising them to respond in positive ways.
2. **Community Care Coalitions (CCC):** Mobilising groups and individuals from various institutions that provide direct or indirect support to OVC into coalitions. CCCs are capacitated to scale up actions already underway to impact larger numbers of OVC.
3. **Life skills training:** Providing information and strategies to enable children to make healthy life choices and avoid acquiring HIV.

WWSA's implementation of the Hope Initiative was launched in 2001 and aims to reduce the impact of HIV & AIDS on children, their families, and communities. The WWSA NOH project, started in 2006, is premised on the COH and CCC mechanisms and is geared towards improving the quality of life and resilience of OVC.

Supported by the emergency plan, WWSA NOH goals are to:

- mobilise and enhance community- led responses to protect and care for OVC;
- strengthen the capacity of OVC and household members to care of themselves; and
- create an enabling environment for OVC through CCCs.

The WWSA NOH project operates in Limpopo, Free State, and Eastern Cape provinces through six ADPs (two ADPs per province), each of which offer services to OVC: Services are provided by way of activities including CCCs, home visits, drop-in and resource centres, and capacity-building activities. The services beneficiaries can access comprise:

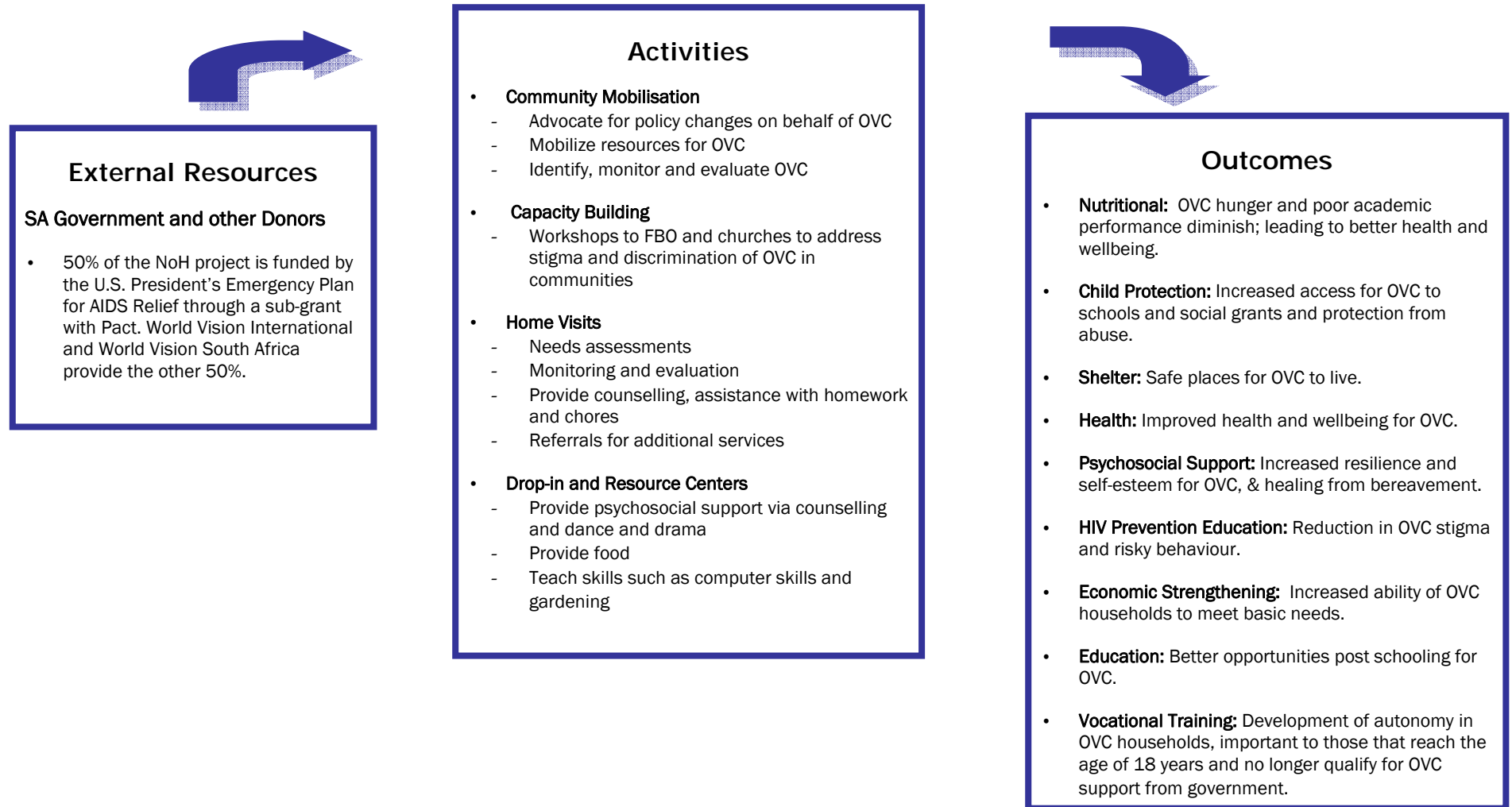
- food and nutritional support;
- child protection;
- support for shelter;
- psychosocial support;
- HIV prevention education;
- general health care services including support for antiretroviral treatment;
- economic strengthening;
- general education; and
- vocational training.

World Vision South Africa – Networks of Hope Programme

Project Goals

The NoH programme is a child focused and community centred initiative set up by WWSA to improve the quality of life and resilience of OVC

- To mobilise and strengthen community-led response to protect and care for OVC.
- To strengthen capacity of OVC and household members to care for themselves.
- To create an enabling environment through CCCs.

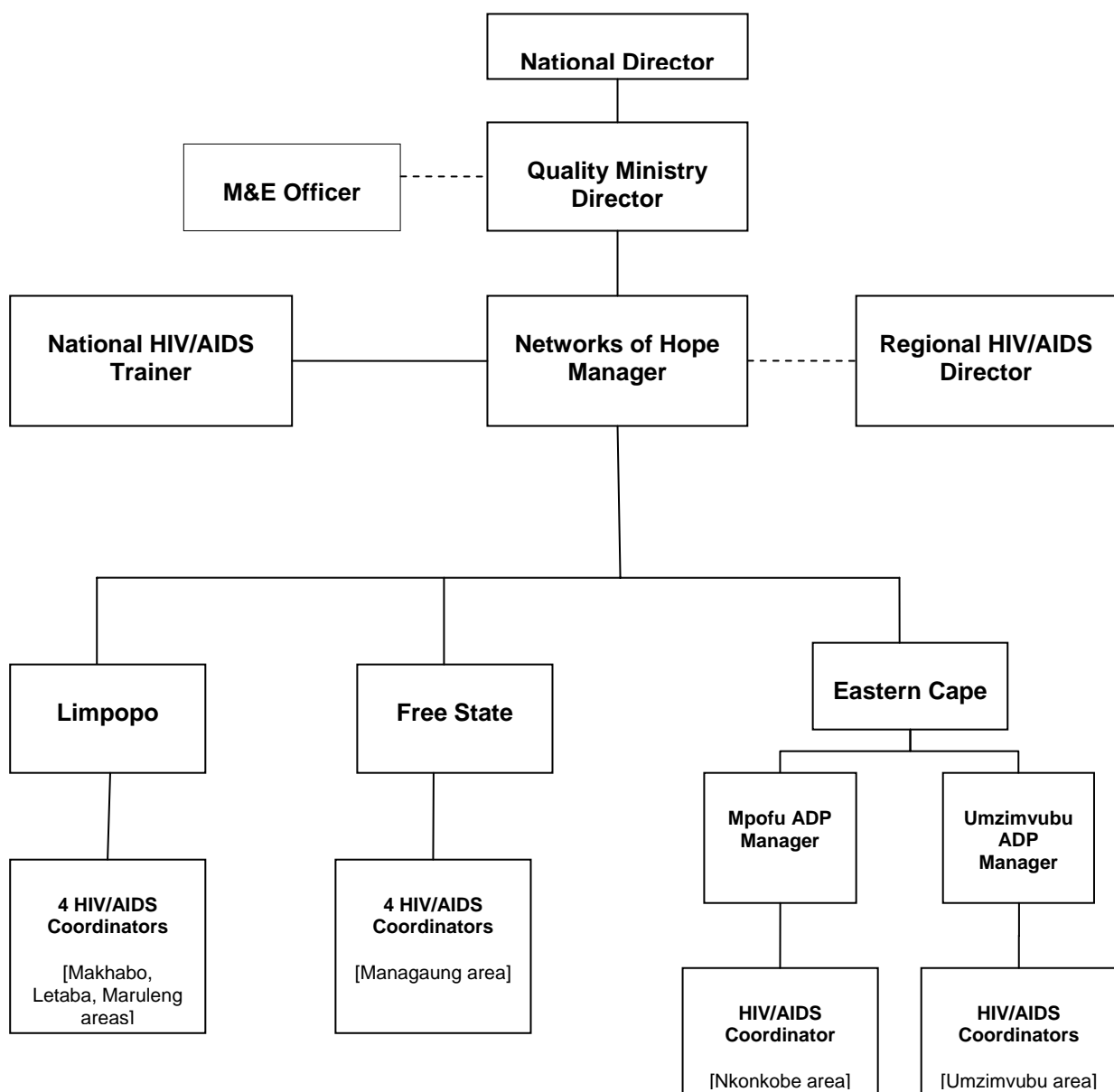


PROJECT STAFF

Highly skilled, passionate, and motivated individuals operate the NOH project from WWSA headquarters in Johannesburg and in the six provincial-based ADPs.

The following organogram illustrates the staffing structure of the NOH project, followed by a description of the roles and responsibilities between staff at the headquarters and ADPs.

Networks of Hope Project Staffing Structure



ADP staff members are in direct contact with the community. The ADP managers are predominantly responsible for the hands-on day-to-day management of the project with technical support from the national office.

Typically, the recruitment of ADP staff involves advertising, interviews, and, finally, selection. Employees are provided with comprehensive training on the Hope Initiative, monitoring and evaluation, HIV/AIDS prevention and care, and, among other subject matter, basic financial and HR training. Each ADP also receives a step-by-step tool kit to equip the site to start, expand and enhance its HIV/AIDS responses.

VOLUNTEERS



Volunteers gather at the Kodumela Enable ADP drop-in-centre.

Volunteers are an essential component of the NOH project. There are two categories of volunteers – those who run the drop-in-centres and those who visit OVC in their homes and render in-home services. The latter are referred to as “home visitors.” The CCCs (also volunteers) in conjunction with the ADPs determine who works in the homes and who works in the drop-in-centres, but it is also dependent on time available to serve.

Volunteers are nominated by CCCs. Following this, a panel interview is conducted by WWSA ADP staff, community members and occasionally representatives from government departments to determine fit. Typically, individuals already

cares for OVC or participating in ADP activities are chosen to be volunteers. Local teachers, nurses, and community members with an interest in assisting children in their communities are also generally chosen as volunteers. A prerequisite for the position is the ability to read and write. That said, a positive attitude and willingness to learn and give of one’s time are the most important attributes. All volunteers are subjected to a background check before commencing work. Once appointed, volunteers are expected to comply with the World Vision child protection policy. The policy includes guidelines on screening and selection, guidelines on conducting/reporting background checks, visits to World Vision projects, communication about children, reporting procedures for alleged sexual misconduct, statement of responsibility for the protection of children, establishment of a child protection committee, and WWSA action in the event of allegations of child abuse by a member of the public in an ADP or project.

To minimize on travel costs, home visitors are encouraged to provide services to OVC that live in close proximity to them. They are provided with training, mentoring, and psychosocial support to assist them in effectively supporting OVC. Training subject matter includes palliative care, community home-based care, basic and advance HIV and AIDS information, tuberculosis (TB), voluntary counselling and testing (VCT), and psychosocial support. Many home visitors are also CCC members and, as a result, are frequently updated on any issues arising within the communities that would affect their work with the OVC. Each home visitor is responsible and expected to visit approximately nine OVC (individuals) at least once a month; however, OVC are on average visited twice a month.

Those that run the drop-in-centres are responsible for providing children with skills play therapy (i.e., drawing and painting) as well as basic training on life skills by providing information and strategies to enable children to make healthy life choices and avoid acquiring HIV. In addition to this, they provide meals to the children and provide a safe place where children feel comfortable and protected.

Home visitors do not receive a fixed financial remuneration for their efforts, although some volunteers working in the drop-in/resource centres receive some remuneration, with the amount varying by site and determined by the number of volunteers and availability of funds. That said,

volunteers are reimbursed with transport costs for monthly meetings, the amount of which differs from ADP to ADP but typically ranges from about R15 to R40 per trip. In addition to this, they receive stipends in the form of food parcels, T-shirts, bags, and materials required to fulfil their functions.

CCC members are also volunteers consisting of representatives from local government departments, churches, faith-based organisations (FBOs), political leaders, PLWA, and, in some instances, OVC. The NOH project provides extensive training and mentoring to each CCC. Subject matter is based on specific challenges CCCs identify. For example, if access to child grants is a major challenge, the CCC will receive training on how to speed up this process and ensure that children are able to access this service. Generally, however, training comprises topics such as home based care, palliative care, peer support groups, prevention strategies for adolescents, organisational capacity building, M&E systems, data quality and control and assessment of children's needs.

The following quotes from community members are testament to commitment and care of the home visitors' work:

"They don't hold secrets. They tell the community anything and everything. We ask them a lot of questions and we get clear answers. I trust them for transparency."

Community member

"They are hard workers and are working hand-in-hand with the community."

Community member

"They serve all the people in the community regardless of religion, or organization."

Community member

BENEFICIARIES

Orphans and vulnerable children aged 17 years or younger and living in communities affected HIV/AIDS are the primary beneficiaries of the NOH project. WWSA defines vulnerable children as:

- children between birth and 17 years of age that have lost one or both parents to HIV&AIDS;
- children orphaned or made more vulnerable because of HIV&AIDS;
- children living with HIV&AIDS;
- those whose parents live with HIV&AIDS;
- those living in households that have adopted orphans or with other children who are physically or mentally disabled;
- those living without adequate adult support (i.e. households with chronically ill parents, households that have experienced a recent death from chronic illness, households headed by one parent or households headed by a child);
- those living outside of family care (i.e. in residential care or on the streets); or
- children who are marginalized, stigmatized, or discriminated against.

All the children in the project are selected on the basis mentioned above, but they have not been categorized or counted with these breakdowns in mind.

Orphans are categorised into three different groups according to their economic situations, with group 1 consisting of not-so-poor households and group 3 the poorest. Group 3 tends to receive services first, since orphans in this group are the most vulnerable.

CCCs are involved in defining vulnerability through consultation with the community, reviewing of emergency plan and WWSA OVC definitions, and agreeing on criteria applicable to their area. Children are typically referred to the NOH project by CCCs or others, such as teachers. Once identified, a home visitor assesses each child on general health, education, and household data. These data are then used to categorize OVC into the above mentioned groups and to determine services required.

Every effort is made to keep children in the project. Drop out mainly occurs because of death, migration, or when children reach a level where they can generate their own income. Guardians/parents are required to complete and sign deregistration forms if they decide their child should no longer be served by the project.

Although the law dictates that youths 18 years of age or older are no longer considered to be OVC, WWSA continues to assist over-18 year olds by linking them with sponsors for bursaries to allow them to continue their education. Vocational training, focusing on developing entrepreneurial skills, is offered to OVC who are unable to pursue tertiary education or choose not to do so.

According to the NOH national HIV/AIDS manger, approximately 49,000 OVC as of September 2007 were benefiting from the project. With support from the emergency plan through Pact of South Africa (SA), beneficiaries are provided with three or more primary services or one or two supplementary support services.

KEY PROJECT ACTIVITIES



The following section discusses several NOH activities in detail. All NOH activities are monitored monthly in keeping with World Vision's Learning through Evaluation with Accountability and Planning (LEAP) design, monitoring, and evaluation process.



Community Mobilization

"The best thing is that the project doesn't work alone but involves the community to guide us." These words, from a Kodumela Enable ADP CCC member, illustrate an important feature of the NOH design – community mobilisation.

Communities are mobilised to form CCCs, consisting of representatives from local government departments, churches, FBOs, political leaders, PLWA, and, in some instances, OVC. NOH staff organise the formation of the CCC, and membership is secured through volunteering, nomination, and election at community meetings. Once formed and trained, CCCs monitor OVCs' general well-being, advocate for policy changes, and mobilise resources such as food, toys, books, stationery, and clothing, on behalf of children. CCCs focus on meeting the needs of OVC that have been identified through the NOH project.

"We believe the community is in the best position to identify and solve their own problems. We give support to communities to identify and solve their problems."

NoH staff member

In addition to the content training the project provides, described previously, CCC members are trained and encouraged to establish the CCC as an independent nonprofit organization, access funds in their own right, and provide services independent to the ADPs.

CCCs are valued for the constructive impact they make to the lives of OVC as they are able to identify and appropriately respond to their needs. A member of a CCC from Kodumela Enable ADP expressed the following sentiments:

"I joined CCC this year and have already done a lot in the lives of OVC. Since I joined I have helped a lot of children go to school, get social grants and have food on the table. I have also contributed in improving the lives of the sick children in the community."

CCC member

Community mobilisation also includes NOH staff-building partnerships with other community members such as teachers, pastors, and clinic and hospital staff. These relationships are important for identifying, referring, and providing much-needed services to OVC. For example, teachers are instrumental in identifying and referring OVC.

By mobilising the community and its resources, the NOH project facilitates the full participation of the local populace in caring for the OVC living in their communities.



Capacity Building

Consistent with the COH mechanism of the larger Hope Initiative, local churches and FBOs are WWSA's primary partners for the NOH project and capacity building of these partners is a major focus area.

Workshops are conducted with local church and FBO leaders. The workshops follow the World Vision COH model which is specifically designed to mobilise faith communities to address issues surrounding HIV/AIDS stigma within communities. The curriculum covers basic facts, counselling, prevention strategies, community mobilisation, and care and support interventions. These workshops equip the leaders with information to educate their members and congregations about HIV/AIDS subject matter, including dispelling negative attitudes toward OVC.

Meetings are used as a platform to encourage the inclusion and acceptance of people infected and affected by HIV/AIDS, especially OVC.

Churches and FBOs are also assisted in developing action plans to assist OVC. NOH facilitate linkages to local, district, and national sources for assistance in implementing these action plans.



Home Visits

Home visits are the essential activity for identifying, assisting and monitoring OVC. Visits are performed by home visitors. Depending on the number of OVC a home visitor has, their condition and other such dynamics, children are visited on average twice a month. On average, each home visitor oversees nine OVC.

During the initial visit, home visitors conduct family assessments, record signs of any abuse (and take appropriate steps to intervene), and ensure children have adequate food, clothing, shelter, and access to government services and schools. At subsequent visits, details of care provided and changes in the child/family situation are recorded, thereby identifying gaps and challenges and enabling WWSA to monitor and evaluate service delivery. Home visitors also offer spiritual (religious) and psychosocial counselling.

Typically during visits, children are offered psychosocial support, assistance with homework and household chores, and support in solving any problems or issues that have arisen since the last visit. In cases where the home visitor cannot meet the OVC needs, the CCC or ADP is approached for further guidance and, if applicable, referrals are made for additional services.

The following two stories from Kodumela Enable demonstrate the importance of home visits in identifying and responding to the specific needs of OVC:

"I remember last year in one family where the parents died leaving seven children behind. One of the children was only 12 years old and so ill she could not go to school. The home visitor kept going to the house and helping them out. They took the child to the clinic where she was admitted into hospital for three weeks. The hospital is quite far from the village but the home visitor used to go to the hospital to check on her. After she got discharged from the hospital, she was home for a week before she could go back to school. There was nobody at home to look after her when the other children were in school. The home visitor went there literally every day to help her and the other children. She made sure that all the children had food to eat. She cleaned their house and made sure the ill one was taking her medication properly. The child is well now and back at school, and still the home visitor makes sure that the children are alright."

Community member

“There was a child 15 years old in grade 6 and I was curious why he was in such a low grade. I went to the school and found out that the boy was not concentrating and his work was below average. I then went to the boy’s home and spoke with his family about the situation. I found that the father was working on a farm and not returning home and the mother could not work due to illness. Two of his three sisters also worked on farms. This meant that the boy did not often see his family. This made the boy feel distressed. I decided that the child should be registered into the project. I registered him and his younger sister as vulnerable. Since joining the programme, the boy has done much better with his school work. I have visited the school and heard from his teachers that he is doing better. This identification was a success because of the continued visits I did with this family. I went back to this family a lot which helped with identifying the problems and then solving them.”

Home visitor



Drop-in and Resource Centres

Drop-in and resource centres are another mechanism used by NOH to provide services to OVC. Drop-in centres offer OVC a safe environment where they can meet, sing, dance, learn, and play with other children. They also provide psychosocial help (via group counselling) and nutritional support through one or more cooked meals a day (generally before and after school). Some centres offer meals seven days a week. Resource centres allow children to learn important skills such as how to use a computer.

“At the drop-in centres, the children do drama, learn about computers, and play.”

Community member

Most drop-in centres have vegetable gardens, the produce of which is used to feed the children. Some drop-in centres take this one step further by providing OVC with a “door sized” plot, as well as seeds, tools, and training to grow their own vegetables at home.

Kodumela Enable has established several drop-in-centres in the villages where it operates. Each centre is run by a small team of dedicated volunteers – most of whom (save for cooks in some centres) do not receive a stipend. Typically, each centre caters for OVC attending either of the two schools in the area.

In addition to its drop-in-centres, Kodumela Enable has established a centre for disabled children run by volunteers. This centre provides a safe and nurturing space for these children to learn and play. It has also proved to be an important development in educating the community about mental disabilities about which there is much misunderstanding.

“The children are taught activities in the afternoon at the centres and this is important. They are taught computer skills, drawing, drama, poems, life skills and HIV/AIDS awareness. They also get to recite poems, tell stories, read, and play sports. This is important because learning skills such as using a computer can reduce shyness. It gives the children a sense of support and skills in preparing them for the outside world.”

NOH Limpopo regional coordinator

The above concisely describes the success of drop-in-centres in impacting the lives of OVC for the better. Aside from providing educational activities, centres allow volunteers to monitor children and ensure they are being provided for.

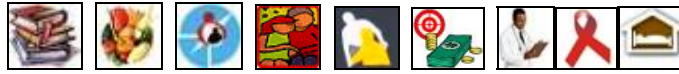
All the six ADPs currently involved in the NOH project have resource centers. Centres are updated monthly with new information. They are linked to the Christian AIDS Resource and Information Service (CARIS), a Web-based provider that offers support and keeps each resource centre updated on new publications.

Recently, a resource centre equipped with a small library and computers was established on the grounds of the Kodumela Enable ADP. The centre, run by a local school teacher who volunteers her afternoons, encourages children to learn basic computer skills, read, and participate in various activities such as dance and drama.



A beneficiary learns basic computer skills at the Kodumela/Enable ADP Resource Centre.

SERVICES PROVIDED



Through WWSA's NOH project, OVC can access a wide range of services, including food and nutritional support; child protection; support for shelter; general health care services including support for antiretroviral treatment, psychosocial support, and HIV prevention education; economic strengthening; general education and vocational training; and shelter interventions. These are described below:



Educational Support

The NOH project provides basic stationery (i.e., pens and pencils) and school uniforms to the neediest OVC. Home visitors also support beneficiaries by helping them with their homework (at drop-in-centres and resource centres) and liaising with teachers in monitoring school performance.

Over and above this, NOH staff network and negotiate with local businesses to provide bursaries for those beneficiaries that reach 18 years of age and are no longer able to access government support. This effort has benefited several youth [see inset].

"There is one OVC that we helped who is now attending the University of Kwa-Zulu Natal and studying medicine. We identified him during a visit to his house. When asked what he wanted to be when he grew up, he told us 'a doctor.' Someone working for Eskom [South African electricity public utility] wanted to support a boy through school and university and I advocated for this child and I am proud of this because he now attends university and is becoming a doctor."

Regional coordinator for Limpopo



Food and Nutritional Support

The NOH project offers a variety of food and nutritional support services to OVC so as to minimise the known negative effects of poor food intake such as poor academic performance and negative behaviour.

Depending on the results of the initial family assessment, OVC are offered the opportunity to establish their own small vegetable gardens, access to one or more daily meals from the drop-in-centres, and/or for the most needy during emergency situations, food parcels.

"The feeding scheme is the most important contribution. As a teacher I used to see young children going to school and stealing from other children's lunch boxes because they were hungry. I realized that if everyone had the same food then no one would want to steal other children's food. From this experience, I wanted to start a centre to bring OVC together to share and help them grow and be happy."

Regional coordinator for Limpopo

For the vegetable gardens, children are supplied with seeds, training, and support to start their own "door-sized" vegetable gardens or small orchards of mango trees at their own homes. These gardens aim to reduce hunger and malnutrition in homes where food is scarce. Children also benefit from harvest produced by community gardens run by the centres through free regular donations from the gardens to households in need.

Kodumela Enable ADP also offers additional nutritional support by supplying OVC with chickens and goats. This is common in other ADPs as well. A mother of three NOH beneficiaries discusses the positive difference this has made to her family:

"I had six children but two of them and their father died. The project started helping us after the death of my husband and the home visitors came to check on us. Three of my children are going to school and the programme gave them two chickens each. The chickens are now laying eggs. The children get something to eat in the morning before they go to school and during short breaks they come home and I quickly fry eggs for them to eat."

Mother of beneficiary



Child Protection

CCCs and home visitors are trained on children's rights and World Vision's child protection policy. Home visitors identify children being abused and inform social workers and the police to intervene. Further to assisting children to access legal documentation, several ADPs advocate for the eradication of child abuse by mobilising faith communities to address issues surrounding HIV/AIDS stigma within communities.



Psychosocial Support

"While checking a student's work, a teacher who monitors OVC asked me to visit a particular child. The teacher told me that while at school this child isolates herself from the other children. I visited the home of the child and found that the child was living with her aunt. I asked the aunt why she thought the child would isolate herself from her peers. The aunt told me that the child's mother passed away recently. The child was integrated into the project and provided with psychosocial support. While the aunt was getting a foster grant for the child she was living on a farm away from the child and was not buying her food and clothes. By continuing to visit and monitor the child the situation has improved."

Kodumela Enable ADP home visitor

The above story highlights the important role that home visits play in assisting OVC with emotional stress. Through repeated visits, home visitors can monitor children experiencing emotional distress and, where applicable, provide one-on-one counselling. Home visitors also become confidants for OVC, providing children with a space to report problems, specifically relating to abuse. During times of bereavement or family illness, children are further offered spiritual support from local pastors identified by WVSA. Other sources of psychosocial support include, the recreational opportunities offered at resource and drop-in centres as well as the group counselling.



Vocational Training

In addition to the above mentioned services, the NOH project offers vocational training (specifically on establishing and maintaining vegetable gardens and basic business skills); Furthermore, computer skills provided at the resource centres also qualify as vocational skills training.



Economic Strengthening

The project strives to enhance economic strengthening (via social grants and the provision of livestock, produce of which is used to generate a small income) amongst OVC, especially those close to or over the age of 18, as they are no longer eligible for OVC-related government support.

OVC are encouraged to sell the excess produce from the vegetable gardens, mango trees, and livestock, giving them a much-needed cash boost. Selling excess production also helps OVC to develop entrepreneurial and economic skills that they can fall back on when they lose their right to government services at age 18 years.

In addition to the above, home visitors also support children in obtaining identity documents and birth certificates required to access schools and social grants. A Kodumela Enable community member discusses the positive impact this services had made to OVC through the following story:

“A mother of five children died. There was no father. The family was very poor and did not have enough food to eat. The children were identified by the volunteers and registered as orphans (in NOH) last year. The volunteers took the children to the social workers and they helped them with birth certificates. Three of the five children are now receiving foster care grants. The children are doing very well and the volunteers keep visiting them. These grants helped because the oldest passed Matric last year and today has a temporary job in a local store.”

Community member



General Healthcare Services

Health care support is provided to OVC via referrals to health care providers such as clinics. Health assessments are conducted by home visitors whom then refer a child for services. If required, volunteers will fetch a child's medication on his or her behalf. Those on antiretroviral (ARV) treatment are educated about their medication including usage and about side effects, and monitored and supported in adhering to treatment.



HIV Prevention Education

Those that run the drop-in-centres are responsible for providing children with basic training on life skills. This includes the provision of information and strategies to enable children to make healthy life choices and avoid acquiring HIV.



Shelter Interventions

OVC receive advice on improving their living environments to prevent outbreaks of disease. Further to this, those who require it are helped in applying for a government Reconstruction and Development Programme house.

Resources

DONORS

Fifty percent of the NOH project is funded by the emergency plan, through a subgrant with Pact. World Vision United States and other World Vision entities provide the other half of funding.

IN-KIND CONTRIBUTIONS

World Vision runs a gifts-in-kind (GIK) programme. GIK are typical from corporate donors and involve a company's first-quality, excess inventory, donated to assist those in need. In 2002, World Vision procured, processed, and shipped more than \$173 million worth of products. Commonly needed GIK items include:

- pharmaceuticals and medical supplies
- clothing, shoes and personal care items
- blankets, bedding, and textiles
- school supplies and educational materials
- sporting goods, primarily soccer balls
- books (educational, children's, and bibles)
- seeds and tools for agricultural development

In South Africa, the NOH project receives small quantities of T-shirts and school materials, including bags, uniforms, and stationery. In addition, seedlings, fruit trees, chickens, and other agricultural materials are provided to assist OVC who raise or grow their own food. In special cases, medical care is provided, including surgery. All materials are distributed to CCCs, which in turn allocates them to OVC households.

ADPs also receive contributions from individuals, local government, or businesses, which are then directly distributed to OVC or handed over to CCCs to distribute. Such contributions have included clothing, shoes, toys, livestock (such as goats and chickens), and food. In the case of Kodumela Enable, donations have included five computers and printers (for its resource centre), 500 reading books, and a double bed set for a child-headed household. In the case of government in Limpopo Province, the Department of Social Development partners with Kodumela Enable to supplement funding for drop-in-centre activities and school uniforms. The Department of Health assists in health related activities such as support for antiretroviral treatment.

Lessons Learned

The following section details several exciting innovations and successes to come out of Kodumela Enable ADP. Some project challenges and unmet needs of OVC are also briefly examined.

PROJECT INNOVATIONS AND SUCCESSES

Promoting Entrepreneurial Skills

Children, particularly those from child-headed households, are provided with goats and chickens to supplement their protein intake and to generate an income by selling excess eggs and goats milk for a profit. They also breed their animals [see inset] for future consumption and sale. This initiative teaches OVC to be more entrepreneurial and self sufficient, vital skills for those OVC who graduate from WWSA support after they reach the age of 18.

Community Driven Model

The CCC programme ensures the community take ownership for the OVC. WWSA is not directly caring for the OVC but guiding and supporting the community to perform this function. The NOH project has managed to mobilise the communities and their resources (predominantly through CCCs and home visitors) to reach out, assist and monitor beneficiaries more regularly. Involving the community promotes and encourages grass root involvement in caring for OVC and also ensures long term sustainability of the project. This is important given funding for projects such as this are never guaranteed.

A child-headed household of four children were provided with goats and chickens, which the children bred. The older children plan to use the goats to pay for their tertiary education.

The eldest child sells excess eggs to her community. The profit generated has allowed the children to buy goods and furniture for the household.

AI workshop participant

PROJECT CHALLENGES

Volunteer Turnover

As is common among most volunteer-dependent projects, high turnover of volunteers hampers project delivery and efficiency. WVSA recognises this and is working to address the issue by improving incentives for volunteers.

Jealousy of Service Provision

The people in the villages that Kodumela Enable ADP provides services to are many and resources such as uniforms, food parcels and seeds, and tools for vegetable gardens are limited. As a result, goods are allocated to households according to need with the neediest receiving support first. This system, however, causes tension among neighbours and communities as well as among beneficiaries, as some households believe goods are being misappropriated and that particular individuals are being favoured. A member of staff from Kodumela Enable ADP explains this challenge:

"There is too much noise about the project in the community. Some people do not like it. On Friday I went to buy school uniforms for 22 children. One lady who is a guardian and my neighbour came to my house after I had distributed the uniforms. She said, 'Why are you discriminating against my children and not giving them uniforms?' We classify the orphans into three different groups according to their economic situations and her household is in group 1, comprised of not-so-poor households. I tried to explain this to her, but she did not listen or want to understand."

Staff member

Stigma and Discrimination

Stigma toward those infected and affected by HIV/AIDS has resulted in some parents/guardians preventing their children from accessing services and support from drop-in-centres or other areas where OVC can receive support. Fear of association with the epidemic [see inset] prevents needy children from accessing assistance.

The Channels of Hope workshops address this challenge. These workshops enable community members to develop action plans on how to address stigma and discrimination in their communities by getting all stakeholders involved in decision making.

"Stigma is a challenge. People do not want others to know about the cause of death due to HIV/AIDS stigma. This is because they fear some will point fingers and say that a person died because of bewitchment."

NOH home visitor

Lack of Transportation for Home Visitors

Some ADPs cover large geographic areas and home visitors lack adequate transportation to deliver services in the timeframe that is planned. This can result in delays in delivery some activities and services. In addressing this, WVSA are formally introducing remuneration for all home visitors in the new financial year. It is hoped that this will sufficiently cover transport needs as well as provide a little extra to meet their basic needs. WVSA ensure that all sites have transport available.

UNMET NEEDS

Care for Caregivers

Several volunteers articulated the difficulties they experience in dealing with aspects of their work, particularly in cases of child abuse. As such, provision of “debriefing counselling” was suggested as a solution to this need.

Age Limitation for OVC

By law, OVC who reach 18 years of age no longer qualify for government social grants, except where there is proof that the child will continue to attend school, in which case the grant can be extended to the age of 21. However, obtaining this extension is a lengthy procedure which can sometimes take years to process. Without financial or material support, these OVC may not reach their full potential and some may be compelled to turn to theft and other means to support themselves. Although the NOH project attempts to help OVC over the age of 18, there is a sense that more could be done at a national (government) level to address their needs.

Lack of Economic Security for OVC

Whilst the project provides livestock and mango trees to some for economic opportunities, there is recognition that more OVC require such services to promote self-sustenance and address the food insecurity they face.

The Way Forward

WVSA plans to expand and improve certain elements of its NOH project namely, economic strengthening for beneficiaries, scaling up economic support and mentoring CCCs in aspects of care. According to the national HIV/AIDS manager, these plans have already been documented and are due to be implemented in the 2008 financial year.

With regard to beneficiaries there are plans to facilitate economic strengthening of households through the provision of mango trees. Whilst some OVC have received trees, this initiative will be expanded to include more children. The expectation is that the trees will eventually produce enough fruit for children to be able to sell at a profit.

There are also plans to purchase and provide more OVC with school uniforms.

To improve on the care provided to OVC, the NOH project aims to provide rigorous mentoring to CCCs and home visitors. By capacitating these groups, the project will be able to concentrate on establishing more CCCs and employing more home visitors.

According to the national HIV/AIDS manager, within the next two years the project hopes to provide services to many more OVC and establish as well as train more CCCs. Given the success of the project to date, these targets are not unrealistic.



A beneficiary's mango tree is planted within the grounds of her house. The circular wall protects the tree from goats.

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