



# USAID | SOUTH AFRICA

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GENERAL MANAGEMENT ASSISTANCE CONTRACT (GMAC)

**Contract No: 674-C-00-01-00051-00**

## **The Vukuzenzele Community Development Project**

Contract or Grantee number: 0030-0202-G-GA05

**The AIDS Consortium**

This report was produced for review by the USAID. It was prepared as a performance milestone under Mega-Tech, Inc.'s prime contract. The contents of this report address activities performed under USAID/South Africa's Strategic Objective No. 6: Increased Access to Shelter and Environmentally Sound Municipal Services

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### **Activity Summary and achievements:**

The Project, a joint venture between Aids Consortium and Servcon Housing Solutions (Pty) Ltd, aimed to promote local livelihood and economic sustainability by training unemployed Servcon clients in six localities in Gauteng and Mpumalanga provinces to assist families infected and affected by HIV to initiate Local Development Projects, form cooperatives and gain access to social and socio-economic services. The project aimed to assist Servcon clients to reintegrate into communities following the loss of their homes and their subsequent move to a right-sized RDP house. Unemployed clients would be trained to conduct Home Based Care activities for those affected by HIV/AIDS. In addition, a key component of building local development initiatives was the centre on the formation of cooperatives, including housing and construction, waste recycling. Successful achievement of project objectives will lead to five hundred and sixty families living with HIV having received effective support from project voluntary fieldworkers and having managed to increase incomes through participation in development projects and cooperatives, and through greater access to public health and social services.

The project was to ensure delivery of four tasks and report on USAID indicator “number of households receiving non-credit assistance through NGO and local Government support”. Milestones of all tasks were met, and such demonstrated success of the project.

Task 1: Identification of beneficiaries and how they benefited from the project:

70 voluntary fieldworkers who were unemployed were trained to provide home based care and provided with a stipend. Through this stipend, they managed to alleviate poverty problems and increased their involvement in the economic stream. 560 families living with HIV were taken care of by receiving home based care and food parcels.

Task 2: Training Material Development and Training

Informative training materials were developed and used during the training sessions. The number of people trained exceeded the intended by far as a result of the interest shown by the communities involved. The training is still continuing and families affected with HIV are still receiving home based care. This is a demonstration of the impact of the project.

Task 3: Family support and home visits

Each project volunteer fieldworker identified eight families for participation in the project. Support activities were conducted through weekly home visits. Such visits included bathing those suffering from HIV and who were not able to help themselves, health advice, referrals, basic guidance and training and general assistance. In addition the caregivers facilitated a process of getting social and welfare grants for the beneficiaries from the Government. 722 people were provided with adequate care. Exceeding the initial number of 560. Child-headed households, as a result of HIV, were identified and received practical support and guidance on home maintenance and how to access income through the participation in local development projects. A

fewer than intended income generation projects were set-up. This was because of lack of interest from local government and business. However negotiations are still continuing to lobby the Ekurhuleni Municipality and local business people.

#### Task 4: Project evaluation

Due to a shortfall in the Rand budget of the Grant agreement, this task was cancelled and taken over by a USAID funded consultant. The report for this evaluation is still in its draft state.

Some of the problems that the project encountered were about the stipends and flow of communication between the project management and fieldworkers.

**Contents of this report:**

- 1) Tranche 3, Milestone 11 Report (Dec. 2002);
- 2) Grant Activity Completion Report; and
- 3) Narrative Progress Report (FY2002);

Milestone 11(1) and

VUKUZENZELE PROJECT

11(2).

Fieldworkers Training and Activity Report

Training/Workshops

**Date started:** 8 July 2002

**Date finished:** 30 August 2002

**Duration:** 15 days (+ 15 days of practical assistance)

**Trainers:** Facilitators from HETIC, SABELANI LIFE SKILLS, AOG, BAMBANANI SUPPORT GROUP AND YOUTH CHANNEL GROUP.

**Areas where training took place:**

Embalenhle in SECUNDA - MPUMALANGA PROVINCE; Vosloorus, Thokoza, Buhle Park in JOHANNESBURG - GAUTENG PROVINCE; Vereeniging for Sebokeng, Lakeside, Tshepiso in VAAL – GAUTENG PROVINCE

Venues identified were accessible for the beneficiaries (fieldworkers) *there*

Local community persons were identified to provide **catering** services for the participants, during of the training.

**Training Sessions**

The facilitators went through overview training/workshop sessions from the 3 – 5 July 2002, on Home-based Care, Primary Health Care and Co-operative Development topics. Because they were from training organisations, it was not difficult for them to implement the training programme in their areas, as they started almost immediately with the fieldworkers training. ]

**Method of Training**

Training sessions were conducted on fortnightly basis, with **home-based care** module being the first. The theory was done through the first five day period, then followed by the second five-day period of practical training in the class and at identified patient's home.

The third five-day period was for **the primary health care**, and then the fourth five-day period was for carers (fieldworkers), assisted by the facilitators, started looking for patient' in their catchments areas.

The cooperative training was delayed due to new arrangement with NCASA to train facilitators.

*(develop relationship with business)*

### **Home-Based Care**

To all the fieldworkers, it was a new experience, so a carefully thought process with patience had to be run for a week on home-based care **theory**, followed up by a week of **hands-on experience (practical)** with the assistance of the facilitators. This took place on the week of the 8<sup>th</sup> to 12<sup>th</sup> July and the week of the 15<sup>th</sup> to 19<sup>th</sup> July respectively. Basically, facilitators had to identify patients for the trainees (fieldworkers) and help them on the process of home care at the patient's home for a five-day period following the theory training.

### **Primary Health Care**

This part of training was not difficult for the fieldworkers to acclimatise, because of the experience in the first two weeks of their training. All the fieldworkers already had at least one or two patients when they came for the second round of training.

### **Co-operative Development**

The Cooperative Development training was delayed because of the commitment made by Mr Patrick Chan of National Co-operative Association of South Africa (NCASA), that he will have to further train the facilitators on Co-operative Principles and Management. Further training was necessary because the facilitators were only exposed to the HIV/AIDS activism and were not clear about how to encourage communities to start **Co-operatives**.

The training had to be delayed until the 18<sup>th</sup> August. While the facilitators were waiting for the training to start, they went on to assist the field workers in identifying the patients and creating relationship with the local clinics for a two-referral. Two-way referral means that the clinic refers a patient to the fieldworker when they are discharged from the clinic and the fieldworker refers the patient to the clinic when there is a need for professional medical practitioner to assess the patient.

## **ACTIVITIES**

### **Resources**

With the current budget, there are constraints, in that when the budget was cut by 50%, activities grew instead of decreasing.

The number of beneficiaries/fieldworkers grew from 67 to 84.

Adjustments were made on the budget, with some of the budget lines redirected to the monthly fieldworkers allowance, as result the care kits were distributed late.

## **Partnerships**

There are partnerships that have been created and there are other partnerships that are in the process of being developed.

Clinics in all areas (pilot areas) are in contact with the facilitators and/or fieldworkers when there are patients that needs home-based care.

When the clinics do their door to door campaigns, they engage with the fieldworkers for assistance. This has worked positively for the fieldworkers, in that they learn other ways of engaging with the communities and getting themselves known as service providers.

## **In the Vaal**

The taxi operators are engaging with the fieldworkers on the AIDS awareness programmes.

The local council has being approached to provide a piece of land for the fieldworkers and the patients/families to start a garden project. A piece of land is currently being used for cultivation while the council discusses proper allocation of a piece of land.

A letter has been written and sent to local clinics to allow for the fieldworkers and facilitators to access the patients who need assistance (care) when they are at home.

## **In the East Rand**

The communities embrace the fieldworkers and at times refer patients to them.

Hospice in Alberton area is looking at absorbing the patients that are at a terminal stage and wish to be removed from their homes.

There is also food parcels distribution on Wednesday, every week, in the local clinic for the patients in Vosloorus.

A farmer in Rondebult is offering his farm to be used by the community for any of the activities fieldworkers wish to undertake. But this is subject to discussions.

Should discussions yield positive results, there will be a need for fundraising, though the Dept. of Agriculture has shown interest in training people on urban farming and assist with necessary material for such an activity. This will primarily benefit the community of Buhle Park.

## **In Embalenhle**

The community is working closely with the field workers.

The civic organisation is also assisting in engaging the local council to tap on the resources for the AIDS awareness programmes.

In all the areas the number of patients that have been assisted by the fieldworkers is growing by the day. The minimum number of patients was four, on average, per fieldworker, with the maximum being 11.

There have been experiences of disabling poverty in the homes of the patients and that affects the fieldworkers greatly.

Following the workshop on co-operatives, that took place at Elijah Barayi Training Centre, from the 19 to 21 August 2002, facilitated by the National Co-operative Association of South Africa (NCASA), there is interest that community has shown on co-operatives.

NCASA will be working with the facilitators and the fieldworkers in encouraging the community to start Co-operatives on an ongoing basis, hopefully even beyond the end of the VUKUZENZELE PROJECT.

PlanAid is an organisation that assists the displaced people in Gauteng Province, either forcibly removed or hit by natural disasters.

It seeks a partnership with VUKUZENZELE PROJECT, based on the commonalities in some of the programmes, e.g. the home-based care and income generation.

#### Number of Patients as Per Area

Name of Area	No. of Fieldworkers	No. of Current Patients	No. of Deceased Patients	Overall No. /P
1. Vosloorus	14	97	16	113
2. Buhle Park	23	110	20	130
3. Thokoza	8	40	7	47
3. Vaal (Sebokeng, Lakeside, Tshepiso)	20	120	18	138
5. Embalenhle	14	84	5	89
<b>TOTAL</b>	<b>79</b>	<b>451</b>	<b>66</b>	<b>516</b>

The original number of patients/households was set at 8 clients per fieldworker and overall of 560 patients/households in the proposal document, but due to the intensity of the work on fieldworkers the number was reduced to 5 per fieldworker.

That being the case there are fieldworkers that have a maximum of 13 patients.

# Grant Activity Completion Report

<b>1. Name of Organisation</b>	Aids Consortium
<b>2. Grant Activity</b>	The Vukuzenzele Community Development Project
<b>3. Briefly describe the grant objectives achievements and impact as a result of the grant activities implemented during the grant period.</b>	
<p>The Project, a joint venture between Aids Consortium and Servcon Housing Solutions (Pty) Ltd, aimed to promote local livelihood and economic sustainability by training unemployed Servcon clients in six localities in Gauteng and Mpumalanga provinces to assist families infected and affected by HIV to initiate Local Development Projects, form cooperatives and gain access to social and socio-economic services. The project aimed to assist Servcon clients to reintegrate into communities following the loss of their homes and their subsequent move to a right-sized RDP house. Unemployed clients would be trained to conduct Home Based Care activities for those affected by HIV/AIDS. In addition, a key component of building local development initiatives was the centre on the formation of cooperatives, including housing and construction, waste recycling. Successful achievement of project objectives will lead to five hundred and sixty families living with HIV having received effective support from project voluntary fieldworkers and having managed to increase incomes through participation in development projects and cooperatives, and through greater access to public health and social services.</p>	
<b>4. Briefly discuss the implementation process, including lessons learned and recommendations</b>	
<p>The project was to ensure delivery of four tasks and report on USAID indicator "number of households receiving non-credit assistance through NGO and local Government support". Milestones of all tasks were met, and such demonstrated success of the project.</p> <p><b>Task 1: Identification of beneficiaries and how they benefited from the project:</b></p> <p>70 voluntary fieldworkers who were unemployed were trained to provide home based care and provided with a stipend. Through this stipend, they managed to alleviate poverty problems and increased their involvement in the economic stream. 560 families living with HIV were taken care of by receiving home based care and food parcels.</p> <p><b>Task 2: Training Material Development and Training</b></p> <p>Informative training materials were developed and used during the training sessions. The number of people trained exceeded the intended by far as a result of the interest shown by the communities involved. The training is still continuing and families affected with HIV are still receiving home based care. This is a demonstration of the impact of the project.</p> <p><b>Task 3: Family support and home visits</b></p> <p>Each project volunteer fieldworker identified eight families for participation in the project. Support activities were conducted through weekly home visits. Such visits included bathing those suffering from HIV and who were not able to help themselves, health advice, referrals, basic guidance and training and general assistance. In addition the caregivers facilitated a process of getting social and welfare grants for the beneficiaries from the Government. 722 people were provided with adequate care. Exceeding the initial number of 560. Child-headed households, as a result of HIV, were identified and received practical support and guidance on home maintenance and how to access income through the participation in local development projects. A fewer than intended income generation projects were set-up. This was because of lack of interest from local government and business. However negotiations are still continuing to lobby the Ekurhuleni Municipality and local business people.</p> <p><b>Task 4: Project evaluation</b></p> <p>Due to a shortfall in the Rand budget of the Grant agreement, this task was cancelled and taken over by a USAID funded consultant. The report for this evaluation is still in its draft state.</p> <p>Some of the problems that the project encountered were about the stipends and flow of communication between the project management and fieldworkers.</p>	
<b>5. Public Dissemination: GMAC requires that all grant activity deliverable(s) of the grant activity (e.g., a report or survey) must be made available to the general public. Briefly discuss how the grants activities and results were made accessible to interested parties.</b>	
<p>Numerous meetings were held with concerned stakeholders, including local government and business. The final evaluation report mentioned above will be distributed to all stakeholders on Aids Consortium database.</p>	

## **VUK'UZENZELE PROJECT**

### **BRIEF PROGRESS REPORT**

**04 – 10 – 2002**

#### **Background**

##### **Introduction**

The Vuk'uzenzele Project is a partnership between The AIDS Consortium and Servcon Housing Solutions. SERVCON is organization formed by the Department of Housing and South African Banking Council. The formation of the organisation was to device means of providing alternative homes for people who are unable to pay for their mortgage bonds after other alternative modes of payment could not be of help.

The Project came about after SERVCON realized that most people who were moved from their homes financed by banks, to smaller houses, was because they are either retrenched, sick or died and children stay alone in those houses.

The United States Agency for International Development (USAID) funds the project. Funding will be provided until August 2003.

##### **The Aim**

The AIDS Consortium is not a service provider, but the project has clearly highlighted the need to address three key focal points and capacitate local CBO's to become recognised training service providers in their areas. The CBO's would then train 78 fieldworkers (unemployed SERVCON Clients), who would then provide the service to those in need and capacitate family members of the sick and the community at large on home-based care and local economic development on an ongoing basis.

##### **The Focal Points**

The Project seeks to address problems faced in three ways, namely

#### **1. The Home-Based Care Service**

This is the service that most needed by the people who do not have anyone at home who would take care of them. This service will be linked to the lobbying for access of housing, grants, food,etc.

##### **Progress**

543 chronically ill patients are being provided with an all-round\* home-based care service.

Family members of the sick are encouraged to take part during the process of providing, to develop homecare skills (skill transfer for families)

\*all-round – Counselling, Bathing the patient, Cooking for them (where necessary), Feeding, collect medication for immobile patient, directly observe treatment/therapy (DOT), directly observed treatment short-course (DOTS), etc.

The facilitators and fieldworkers work closely with the local clinics for referrals

#### **2. The Co-operative Development**

The co-operative development part of the project seeks to create an alternative to the mainstream job market for the infected and the affected (including the community at large. This will be a sustainable income-generating programme for the community.

##### **Progress**

A partnership with the National Cooperative Association of South Africa (NCASA) has been developed. NCASA has further trained the facilitators who are currently training fieldworkers and community members on cooperative principles, cooperative development and management.

There are initiatives by the communities where the fieldworkers share information about cooperative enterprises.

There is a possible input from the Department of Agriculture on urban farming.

#### **3. Primary Health Care**

This part of the project seeks to encourage communities to practice basic primary health care, to prevent avoidable infections. This will also help improve and maintain hygienic way of life.

## **Progress**

Through community outreach programmes, carers (fieldworkers) give health talks to the community, including Taxi Ranks, shopping complex, youth clubs, churches, households (including the patients' family members), etc. This is done within framework of the local clinic's activities.

## **Geographical Implementation**

The three focal points would initially be implemented in the six areas where SERVCON has clients.

These areas are: Vosloorus, Thokoza, Buhle Park – EAST RAND in GAUTENG PROVINCE; Sebokeng and Lakeside – VAAL AREA in GAUTENG PROVINCE; Embalenhle – SECUNDA in MPUMALANGA PROVINCE

For the project to run efficiently there was a need to engage community-based organisations to provide with three each to assist facilitate activities in the six areas mentioned.

Bambanani Support Group provided with six facilitators based on the vastness of the area.

Five CBO's were identified.

In the EAST RAND area, three CBO's were identified. These are:

1. Health Training and Information Centre – Vosloorus
2. Sabelani Life Skills Project – Thokoza
3. Youth Channel Group – Buhle Park

In the VAAL Area, one organisation was identified, viz.:

1. Bambanani Support Group (UNITY) – Sebokeng and Lakeside

In Embalenhle ( Mpumalanga Province), one organisation was identified to provide services as to provided by CBO's above, viz.

1. Assemblies of God Movement

These Community Based Organisations went through an overview workshop on the Home Based Care, Primary Health Care and Cooperative Development. This was done to make sure that all fieldworkers in these six areas receive the same training. They also went through training with NCASA, which it is hoped that it will be done on an on-going basis

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