

PSASA CLOSE OUT REPORT October – December 2009

Orphans and Vulnerable Children

	Male	Female	Total
Total number of OVC served	91	83	174
OVC who received primary direct support (3 or more services)	66	71	137
OVC who received supplementary direct support (2 or fewer services)	25	12	37

OVC served according to service categories

	Male	Female	Total
Clinical nutrition interventions	26	39	65
Food and/or food parcels	49	52	101
Shelter interventions	23	7	30
Child protection interventions (i.e. birth registration, identification and inheritance issues)	15	22	37
General healthcare services (i.e. immunization)	47	55	102
HIV prevention education or interventions	24	34	58
Psychosocial care	52	43	95
General education	28	38	66
Vocational training	7	3	10
Economic opportunity or economic strengthening (i.e. social grants)	30	45	75
Healthcare support specifically for antiretroviral treatment	34	44	78

Number of family members provided with HIV-related palliative care

	Male	Female	Total
	46	29	75

Basic Health Care and Support and TB/HIV care

Number of service outlets providing HIV-related care and support (including TB) (only for partners not completing the quarterly treatment form)

	Total
	14

Number of individuals provided with HIV-related care and support (including TB) (only for partners not completing the quarterly treatment form)

	Male	Female	Total
	67	96	163

Number of HIV-infected individuals provided with basic care package (subset of total provided with care and support)

	Male	Female	Total
	30	43	73

Number of family members of HIV-infected individuals or OVC provided with HIV-related care and support

	Male	Female	Total
	62	92	154

BUTHANANI AND CARING FRIENDS CHBC PROJECT

TRAINING WORKSHOP: STRENGTHENING COMMUNITY HOME BASE CARE PROJECTS

DATES: 17 – 19 NOVEMBER 2009

VENUE: CARING FRIENDS - CHURCH

NUMBER OF PARTICIPANTS: 36 CHB CARE SUPPORTERS

FACILITATORS: JESSIE, RUBIE AND NONHLANHLA

DAY I

PURPOSE OF WORKSHOP:

- IT WAS MAINLY TO STRENGTHEN THE COMMUNITY HOME BASED CARE PROJECTS AND ENABLE THEM TO SUSTAIN THEIR ACTIVITIES

Concerns were raised:

- The two projects did not want to start the workshop unless the following concerns were raised
 - Why is it that the contract with DOH was not approved? They were informed that the Department of Health did not have funding for now and should re-apply in February 2010.

- The care supporters expressed tiredness of volunteering work. It was clarified that they signed an agreement as volunteers and their constitution states that they are volunteers. They themselves can change that if they wish so.
- Care supporters expressed disgruntlement since they are not receiving stipend. All care supporters were reminded that some organizations/Donors provided for stipends others do not.

HOUSE RULES

These were agreed by participants as;

- Punctuality
- All cell phones on silent/vibration
- Active participation required
- Respect each other
- All care supporters to wear uniforms during the training period
- Care supporters to raise hands when one wants to speak

The questionnaire and checklist was administered to the group and the following were the responses from care supporters;

- Palliative care services were mentioned as bathing bedridden clients, helping the sick OVCs and terminally ill, referring clients to clinic, collecting medications on behalf of clients, giving power meal to clients, wound dressings, giving health education and family planning, psychological support and counselling, cleaning clients' houses when they are bedridden and terminally ill, psychological support, spiritual counselling
- OVC activities were listed as follows; assist the OVCs to get legal documents such as IDs, birth certificates, refer children to social worker for assistance for educational assistance such as school fees exemption, give food parcels, facilitate the children to get health services such as immunisation, teach them on life skills, refer them for counselling and economic grants, child protection, general education, HIV prevention, vocational training, child abuse, psychosocial support, shelter, sex education and adherence to medication
- Both Caring Friends and Buthanani CHBC project is a registered NPO, they had an exhibit of the constitution;
 - Caring Friends did not know the contents of their constitution but Buthanani knew because they usually recap on the contents of their constitution
 - Buthanani Board members are involved in the amendments of the constitution while Caring friends Board members amend but does not involve care supporters
- Both projects had the code of conduct and all care supporters understood the code of conduct
- Both projects had a mission and vision statement for the project
- They both hold a 6 hour long weekly meetings and they write the minutes of any matters discussed. The trainings done within projects takes one hour long once a week and the training register is the same as that of meetings
- The care supporters had a 10 days palliative care training and the topics covered were;
 - Communication skills
 - Hygiene
 - PMTCT
 - Qualities of a good care supporter/ coordinator
 - HIV
 - VCT
 - Adherence to medication
 - TB
 - Patients rights

- OVC training was done for 3 days and care supporters could remember the following topics;
 - Children's needs
 - Stages of development
 - Psychosocial support
 - Road map
 - Child abuse
 - Wheel model
 - Memory box
 - Bereavement counselling
 - Children's rights
- On networking partners, Caring Friends reported the following as their networking partners though they did not have the services directory;
 - Hospitals and clinics
 - Social services
 - Love Life
 - Steve Tshwete
 - Churches
 - Agriculture
 - Home Affairs
 - Anglo Mine
 - PSA SA
 - Schools
- Buthanani reported the following as their networking partners and had a services directory
 - SAPS
 - Home affairs
 - PSA SA
 - Social Services
 - Community
 - DOH
 - SASSA
- Services directory was not available at Caring friends and this was introduced to the group. Buthanani had it but it was incomplete and they were urged to complete it
- The visitor's book was available but it was not usually given to the visitors regularly.
- Buthanani did not have a map of the catchment area and Caring Friends had it but their map had to be updated
- Clients referral file was available and an exhibit was there at Buthanani and Caring Friends did not have it.
- Both projects did not know the total population in their areas. They were encouraged to seek this information so that it will help them on planning resources and personnel.
- The project stated that they have the following challenges;
 - Medical supplies are inadequate
 - Mode of transport to transport clients to hospital/clinic not always available as they use wheel chairs, and use the 4 crutches they have.
 - There are OVCs who do not have decent accommodation
 - Others are not receiving children's grants
- Submission of monthly reports;
 - They are up to date with their reports.
 - Only 2 other care supporters are confident and able to complete the monthly report.
 - The rest of the care supporters expressed their eager to learn how to fill in the monthly coordinator's form.
 - Other monitoring and evaluation tools were clear to them and had no difficulties

- The filing of the records is not up to the expected standard
- The care supporters had a request if they could have 2 care supporters exchanged and visit Kromdraai and learn from them as well
- Errors: It was reported that the project manager checks the M/E tools and advise care supporters to do the corrections identified. Anything written wrongly is erased. However, no records of the errors is available
- Review of the clients and OVC files; Clients forms were completed well. However, the OVC files had the registration form only. They were all taught on the monthly care supporter format and the OVC care plan.
- Support visit was done to 1 client, 1 orphan and a support visit checklist was used to assess the care supporter's intervention. All requirements on the checklist were met. However, care supporters were focusing on giving food parcels and leaving some of the other OVC services. They were urged to focus on psychosocial support and children's needs, other services and not just food parcels
- Recapping of M/E tools was done and clarifications mode. Care supporters were urged to record actual time spent with client/OVC properly

DAY 2

The following areas were covered;

- Revision of the constitution with special focus on the services rendered by the project to community, the objectives, financial issues, organogram, responsibilities of each one on the organogram; the following similarities and differences were found;

Buthanani	Caring Friends
Has a board with 7 members	Has a board with 6 members
Buthanani holds 3 meetings with its board per year	No meetings are held between the board and Caring friends (Only CEO and secretary know)
The coordinator, project manager and administrator structure is there and not yet implemented	The structure is not there at all
Roles and responsibilities of executive staff is not understood	Roles and responsibilities of executive staff and board is not understood
The objectives in the constitution were for the OVC program, palliative care program and crime and prevention program. The crime and prevention program objectives were not being implemented	The objectives in their constitution were for OVC program, palliative care program and peer education program. They expressed that integration of peer education and other programs is not working for Caring Friends
Code of conduct was detailed and the care supporters knew the contents	Code of conduct was detailed and the care supporters knew the contents

- PSA SA SOP on coordinator's spot checks
 - The project was advised to have a time table for spot checks
 - The coordinator's spot checks checklist was presented to care supporters and all agreed that it was comprehensive. They also agreed that they were going to use it
- Networking and referrals
 - Both projects were networking very well with their partners but documentation

was not done at times

- The M/E tools were revised for both palliative care and OVC, areas of difficulty were clarified accordingly
- The Error log book structure and outline was taught. The care supporters were encouraged to open their own error log book so that they will ensure quality data collected at project level

DAY 3

The following areas were covered;

- The strategic plan was introduced to them since they were not aware of it
- An example of a strategic plan was drafted through brainstorming
- Importance of report writing, filing and submission on time was overemphasised
- A basic outline of proposal writing was taught
- An example of proposal writing was carried out by care supporters in groups
- A discussion was held on setting out the 2010 goals and targets, the barriers against achieving the set goals were discussed as well as the possible solutions to each identified barrier

RECOMMENDATIONS

- The project had to review its constitution and ensure that all care supporters know the contents of the constitution and are bound by them
- The board members roles and responsibilities must be made clear to care supporters and this has to be enhanced by active participation of board members
- The care supporters were urged to have the outline of the palliative care 10 days training and the 3 days OVC training outline so that they can do all the recappings during their weekly meetings
- The coordinator was advised to draft the services directory and have the name of organisation, the contact person and contact telephone. One copy was to be filed while the other copy was to be put on the wall as a chart for everyone to use
- The project administrator was advised to seek to have their map of the catchment area revised
- The project coordinator and manager were encouraged to open their own error log book
- The executive committee was tasked to see to it that they meet with care supporters and draft a strategic plan for 2010 and present it to their board. They were also tasked to communicate to the board that the project has to write proposals seeking for donations in cash and materials and map the way forward
- The coordinator was tasked to open an error log book and record all the errors and recommendations to be done to ensure data quality at project level

COROMANDEL CHBC PROJECT

TRAINING WORKSHOP: STRENGTHENING COMMUNITY HOME BASE CARE PROJECTS

DATES: 3 DECEMBER 2009

VENUE: COROMANDEL

NUMBER OF PARTICIPANTS: 23 CHB CARE SUPPORTERS

FACILITATORS: LILLIAN AND NOMASWAZI

PURPOSE OF WORKSHOP:

- IT WAS MAINLY TO STRENGTHHEN THE COMMUNITY HOME BASED CARE PROJECTS AND ENABLE THEM TO SUSTAIN THEIR ACTIVITIES

HOUSE RULES

These were agreed by participants as;

- Punctuality
- All cell phones on silent/vibration
- Active participation required
- Good listening skills
- All care supporters to wear uniforms during the training period
- Care supporters to raise hands when one wants to speak

DAY 3

The following areas were covered;

- The strategic plan was introduced to them since they were not aware of it
- An example of a strategic plan was drafted through brainstorming
- Importance of report writing, filing and submission on time was overemphasised
- A basic outline of proposal writing was taught
- An example of proposal writing was carried out by care supporters in groups
- A discussion was held on setting out the 2010 goals and targets, the barriers against achieving the set goals were discussed as well as the possible solutions to each identified barrier

RECOMMENDATIONS

- The project coordinator and manager were encouraged to open their own error log book
- The executive committee was tasked to see to it that they meet with care supporters and draft a strategic plan for 2010 and present it to their board. They were also tasked to communicate to the board that the project as to write proposals seeking for donations in cash and materials and map the way forward
- The coordinator was tasked to open an error log book and record all the errors and recommendations to be done to ensure data quality at project level

GAMANOKE CHBC PROJECT

TRAINING WORKSHOP: STRENGTHENING COMMUNITY HOME BASE CARE PROJECTS

DATES: 23 - 26 NOVEMBER 2009

VENUE: GAMANOKE TRAINING CENTRE

NUMBER OF PARTICIPANTS: 15 CHBC PROJECTS

FACILITATORS: LILIAN AND NOMASWAZI

DAY I

PURPOSE OF WORKSHOP:

- IT WAS MAINLY TO STRENGTHHEN THE COMMUNITY HOME BASED CARE PROJECTS AND ENABLE THEM TO SUSTAIN THEIR ACTIVITIES

HOUSE RULES

These were agreed by participants as;

- Punctuality
- All cell phones on silent/vibration
- Active participation required
- To have fun during training

The questionnaire and checklist was administered to the group and the following were the responses from care supporters;

- Palliative care services were mentioned as visiting and bathing the sick people at their homes, educating and refer the sick to the clinic, perform such duties as cleaning their houses and cooking for the sick if they are staying alone and bedridden, help clients collect their medications, ensuring that clients take their medications as prescribed and they adhere to their medications, and educating the clients on prevention
- OVC activities were listed as follows; assess whether the OVCs are attending school, if so ensure that they do their home work, facilitate and refer the children to social worker for social grants, assess their shelter, check whether they have birth certificates and IDs, train children on life skills, psychosocial skills, nutrition and provide them with food parcels if they have.
- Gamanoke CHBC project is a registered NPO, they had an exhibit of the code of conduct, constitution
- The care supporters had a 10 days palliative care training and some of the topics covered were;
 - Death and bereavement counselling
 - Palliative care services
 - STIs, PMTCT, TB and HIV/AIDS
 - Health and positive living
 - Family planning
 - Nutrition and balanced diet
 - Condom use
 - The reproductive system of male and female
 - Hygiene
- They were given sex education since this was identified as a weakness
- OVC training was done for 3 days and care supporters could remember the following topics;
 - Caring for an OVC
 - Rights and responsibilities of children
 - Support groups
 - Memory box
 - Roadmap of my life
 - Psychological support
- In the last 3 months, the care supporters had a quality assurance training, stress and debriefing and HIV/AIDS, Auxiliary training level 1, 2 and 3
- On networking partners, the following were reported as their networking partners though they did not have the services directory;
 - Hospitals and clinics
 - Social services
 - CDWs
 - Tribal elders
 - Municipality
 - Churches
 - Teachers
 - PSA SA
- Services directory was not available and this was introduced to the group
- The visitor's book was available.
- Clients referral file was available and an exhibit was there, the referrals done were

filed

- The project had a map but they knew the total population of the community from their own census. They were encouraged to seek this information so that it will help them on planning resources and personnel. The care supporters agreed that they need to review their map for their catchment area
- The project stated that they have the following challenges;
 - TB defaulter rate is high- they were urged to strengthen their link with the clinic
 - Lack of medical supplies- liaise with DOH
 - Clinic is far and no mobile clinics- urged to talk to the councillors and chiefs
 - Malnutrition among babies and pregnant mothers not accessing ARVs- they were urged to hold meetings with the clinics to understand what is going on
- Submission of monthly reports; they are up to date and do not have any problems in compiling the monthly report. Other monitoring and evaluation tools were clear to them and had no difficulties
- Error log book; It was reported that the project manager checks the M/E forms and advise care supporters to do the corrections identified. Anything written wrongly is erased using tipex. However, no records of the errors is available
- Review of the clients and OVC files; Clients forms were completed well. Ian.
- Support visit was done to 2 clients and a support visit checklist was used to assess the care supporter's intervention. All requirements on the checklist were met.

DAY 2

The following areas were covered;

- Revision of the constitution with special focus on the services rendered by the project to community, the objectives, financial issues, organogram, responsibilities of each one on the organogram
- On membership;
 - This was clearly written and understood
- Code of conduct;
 - All care supporters were aware of the contents of the code of conduct
- PSA SA SOP on coordinator's spot checks
 - The project was advised to have a time table for spot checks
 - The coordinator's spot checks was presented to care supporters and all agreed that it was comprehensive. They also agreed that they were going to use it
- Networking and referrals
 - Good networking system
- The M/E tools were revised for both palliative care and OVC, areas of difficulty were clarified accordingly
- The Error log book structure and outline was taught. The care supporters were encouraged to open their own error log book so that they will ensure quality data collected at project level

DAY 3

The following areas were covered;

- The strategic plan was introduced to them since they were not aware of it
- An example of a strategic plan was drafted through brainstorming
- Importance of report writing, filing and submission on time was overemphasised
- A basic outline of proposal writing was taught
- An example of proposal writing was carried out by care supporters in groups
- A discussion was held on setting out the 2010 goals and targets, the barriers against achieving the set goals were discussed as well as the possible solutions to each

identified barrier

RECOMMENDATIONS

- The project had to review its constitution and ensure that all care supporters know the contents of the constitution and are bound by them
- The board members roles and responsibilities must be made clear to care supporters and this has to be enhanced by active participation of board members
- The care supporters were urged to have the outline of the palliative care 10 days training and the 3 days OVC training outline so that they can do all the recapings during their weekly meetings
- The coordinator was advised to draft the services directory and have the name of organisation, the contact person and contact telephone. One copy was to be filed while the other copy was to be put on the wall as a chart for everyone to use
- The project coordinator and manager were encouraged to open their own error log book
- The executive committee was tasked to see to it that they meet with care supporters and draft a strategic plan for 2010 and present it to their board. They were also tasked to communicate to the board that the project as to write proposals seeking for donations in cash and materials and map the way forward

MASIBONISANE CHBC PROJECT

TRAINING WORKSHOP: STRENGTHENING COMMUNITY HOME BASE CARE PROJECTS

DATES: 3 DECEMBER 2009

VENUE: MASIBONISANE HALL

NUMBER OF PARTICIPANTS: 23 CHB CARE SUPPORTERS

FACILITATORS: RUBIE AND NONHLANHLA

PURPOSE OF WORKSHOP:

- IT WAS MAINLY TO STRENGTHEN THE COMMUNITY HOME BASED CARE PROJECTS AND ENABLE THEM TO SUSTAIN THEIR ACTIVITIES

HOUSE RULES

These were agreed by participants as;

- Punctuality
- All cell phones on silent/vibration
- Active participation required
- Good listening skills
- All care supporters to wear uniforms during the training period
- Care supporters to raise hands when one wants to speak

DAY 3

The following areas were covered;

- The strategic plan was introduced to them since they were not aware of it
- An example of a strategic plan was drafted through brainstorming
- Importance of report writing, filing and submission on time was overemphasised
- A basic outline of proposal writing was taught
- An example of proposal writing was carried out by care supporters in groups
- A discussion was held on setting out the 2010 goals and targets, the barriers against

achieving the set goals were discussed as well as the possible solutions to each identified barrier

RECOMMENDATIONS

- The project coordinator and manager were encouraged to open their own error log book
- The executive committee was tasked to see to it that they meet with care supporters and draft a strategic plan for 2010 and present it to their board. They were also tasked to communicate to the board that the project as to write proposals seeking for donations in cash and materials and map the way forward
- The coordinator was tasked to open an error log book and record all the errors and recommendations to be done to ensure data quality at project level

MATIBIDI A, PHIRING AND KGAUTSWANE CHBC PROJECT

TRAINING WORKSHOP: STRENGTHENING COMMUNITY HOME BASE CARE PROJECTS

DATES: 24 - 26 NOVEMBER 2009

VENUE: CARING FRIENDS - CHURCH

NUMBER OF PARTICIPANTS: 70 CHB CARE SUPPORTERS

FACILITATORS: JESSIE, RUBIE AND NONHLANHLA

DAY I

PURPOSE OF WORKSHOP:

- IT WAS MAINLY TO STRENGTHHEN THE COMMUNITY HOME BASED CARE PROJECTS AND ENABLE THEM TO SUSTAIN THEIR ACTIVITIES

Concerns were raised:

- The three projects wanted to start the workshop with the following concerns were raised
 - The issue of stipends to care supporters- The care supporters were referred back to DOH and Social services
 - Food for the weekly meetings – They were informed that the contract came to an end.
 - Promotional vacancies for care supporters – The care supporters were informed that some of them from other projects were taken up by DOH and Social Services
 - Poor communication for the scheduled trainings – Issues with cancellations of trainings by PSA SA were clarified that this was due to delay in the arrival of funds from grant donors
 - UGM has to train volunteers on financial management – They were informed that this training and the following governance training was focusing on financial management and accounting and will still be done.
 - The care supporters had financial constraints and this was going to affect sending of reports- They were informed that some of the reports which were compiled were to be handed to PSA SA staff during visits and trainings

HOUSE RULES

These were agreed by participants as;

- Punctuality
- All cell phones on silent/vibration
- Active participation required
- Respect each other
- Care supporters to raise hands when one wants to speak

The questionnaire and checklist was administered to the group and the following were the responses from care supporters;

- Palliative care services were mentioned as bathing bedridden clients, helping the sick OVCs and terminally ill, referring clients to clinic, collecting medications on behalf of clients, giving power meal to clients, wound dressings, giving health education and family planning, psychological support and counselling , cleaning clients' houses when they are bedridden and terminally ill, psychological support, spiritual counselling
- OVC activities were listed as follows; assist the OVCs to get legal documents such as IDs, birth certificates, refer children to social worker for assistance for educational assistance such as school fees exemption, give food parcels, facilitate the children to get health services such as immunisation, teach them on life skills, refer them for counselling and economic grants, child protection, general education, HIV prevention, vocational training, child abuse, psychosocial support, shelter, sex education and adherence to medication
- Matibidi a, Phiring and Kgautswane CHBC project are registered NPOs, they had an exhibit of the constitution;
 - Matibidi A and Phiring did not know the contents of their constitution
 - Kgautswane care supporters were knowledgeable on their constitution
 - Board members are involved in the amendments of the constitution while Caring friends Board members amend but does not involve care supporters
- All the three projects had the code of conduct and all care supporters understood the code of conduct
- All the three projects had a mission and vision statement for the project
- They all hold a 6 hour long weekly meetings and they write the minutes of any matters discussed. The trainings done within projects takes one hour long once a week and the training register is the same as that of meetings
- The care supporters had a 10 days palliative care training and some of the topics covered were;
 - Communication skills
 - Hygiene
 - PMTCT
 - Qualities of a good care supporter/ coordinator
 - HIV
 - VCT
 - Adherence to medication
 - TB
 - Patients rights
 - Bed bathing
 - Spiritual, psychological and social counselling
- OVC training was done for 3 days and care supporters could remember the following topics;
 - Children's needs
 - Stages of development
 - Psychosocial support
 - Road map
 - Child abuse
 - Wheel model
 - Memory box
 - Bereavement counselling

- Children's rights
- On networking partners, Matibidi A, Phiring and Kgautswane reported the following as their networking partners though they did not have the services directory;
 - Hospitals and clinics
 - Social services
 - DOSS
 - SASSA
 - SAPS
 - Churches
 - Chiefs
 - Municipality
 - Traditional healers
 - Agriculture
 - Home Affairs
 - Anglo Mine
 - PSA SA
 - Schools
- Services directory was available at the two projects and Phiring did not have. They were taught on the structure and use of the services directory
- The visitor's book was available
- Clients referral file was available at all the three projects.
- Matibidi A had about 10 000 people and Kgautswane had about 7000 while Phiring did not know. They were encouraged to seek specific information so that it will help them on planning resources and personnel.
- Kgautswane project stated that they have the following challenges;
 - Meeting place for the care supporters-they were urged to talk to chiefs/councillors and seek funding to rent a bigger premise
 - Kgautswane is far from home affairs office, they have invited the department for home affairs to come and service the OVCs but the department did not turn up. They said they can only come if they have more than 10 clients- they were urged to hold meetings with department of Home affairs.
 - IDs applied for the children are not coming back.
 - Pay day for pensioners is too demanding for care supporters since the pensioners complain that if care supporters are not there to help them count their money, they get short money – Communicate the issue to appropriate officials
 - Inadequate medical supplies – Phios was to assist the projects to get gloves from the army depot in the province
 - Inadequate water supplies at the Drop Inn centre
 - No salaries/stipends for care supporters
- The following were challenges for Matibidi A;
 - No umbrellas for care supporters to use when its raining- seek for donations from shops
 - No toner for their photocopier- urged to write proposals seeking for donations
 - Inadequate medical supplies – communicate with the clinic so that it orders gloves including their orders
 - Some orphans do not have decent accommodation, they were urged to talk to chiefs, councillors department of housing
 - No place for the Drop Inn centre and they are expecting something from the RDP houses where they were referred by the chief
- The challenges for Phiring;
 - Phiring meeting place is leaking when it rains- they were urged to pay up to date rental and talk to the owner to repair it
 - Clients from Phiring catchment area go to Lebowang clinic since there is transport availability. They want mobile clinics to come to Phiring since clients

do not always have transport money- they were urged to talk to chief/councillors DOH-FHI mobile clinic works in this area.

- Clients who are on crutches are falling evrytime they use crutches- refer them back to the rehabilitation department
- Submission of monthly reports;
 - They are up to date with their reports.
 - Other monitoring and evaluation tools were clear to them and had no difficulties
 - The filing of the records is not up to the expected standard
- Error log book; It was reported that the project manager checks the M/E tools and advise care supporters to do the corrections identified. Anything written wrongly is erased. However, no records of the errors is available
- Review of the clients and OVC files; Clients forms were completed well.
- Support visits was done to 1 client, 1 orphan and a support visit checklist was used to assess the care supporter's intervention. All requirements on the checklist were met. However, care supporters were focusing on giving food parcels and leaving the other OVC services. They were urged to focus on psychosocial support and children's needs, other services and not just food parcels
- Recapping of M/E tools was done and clarifications done. Care supporters were urged to record actual time spent with client/OVC properly

DAY 2

The following areas were covered;

- Revision of the constitution with special focus on the services rendered by the project to community, the objectives, financial issues, organogram, responsibilities of each one on the organogram; the following similarities and differences were found;

MATIBIDI A	PHIRING A	KGAUTSWANE
8 members of their board	7 members of their board	7 members of their board
Executive staff include the project coordinator, manager and administrator	Executive staff includes project manager, coordinator and finance officer	Executive staff includes project manager, coordinator and finance officer
Have a tender committee	Have a tender committee	Have a tender committee

- PSA SA SOP on coordinator's spot checks
 - The project was advised to have a time table for spot checks
 - The coordinator's spot checks checklist was presented to care supporters and all agreed that it was comprehensive. They also agreed that they were going to use it
- Networking and referrals
 - Both projects were networking very well with their partners but documentation was not done at times
- The M/E tools were revised for both palliative care and OVC, areas of difficulty were clarified accordingly
- The Error log book structure and outline was taught. The care supporters were encouraged to open their own error log book so that they will ensure quality data collected at project level

DAY 3

The following areas were covered;

- The strategic plan was introduced to them since they were not aware of it
- An example of a strategic plan was drafted through brainstorming
- Importance of report writing, filing and submission on time was overemphasised
- A basic outline of proposal writing was taught
- An example of proposal writing was carried out by care supporters in groups
- A discussion was held on setting out the 2010 goals and targets, the barriers against achieving the set goals were discussed as well as the possible solutions to each identified barrier

RECOMMENDATIONS

- The projects had to review its constitution and ensure that all care supporters know the contents of the constitution and are bound by them
- The coordinator was advised to draft the services directory and have the name of organisation, the contact person and contact telephone. One copy was to be filed while the other copy was to be put on the wall as a chart for everyone to use
- The project coordinator and manager were encouraged to open their own error log book
- The executive committee was tasked to see to it that they meet with care supporters and draft a strategic plan for 2010 and present it to their board. They were also tasked to communicate to the board that the project as to write proposals seeking for donations in cash and materials and map the way forward
- The coordinator was tasked to open an error log book and record all the errors and recommendations to be done to ensure data quality at project level

SENZOKHUHLE CHBC PROJECT

TRAINING WORKSHOP: STRENGTHENING COMMUNITY HOME BASE CARE PROJECTS

DATES: 10 – 12 NOVEMBER 2009

VENUE: CHURCH

NUMBER OF PARTICIPANTS: 20 CHB CARE SUPPORTERS

FACILITATORS: JESSIE, RUBIE AND NONHLANHLA

DAY I

PURPOSE OF WORKSHOP:

- IT WAS MAINLY TO STRENGTHEN THE COMMUNITY HOME BASED CARE PROJECTS AND ENABLE THEM TO SUSTAIN THEIR ACTIVITIES

HOUSE RULES

These were agreed by participants as;

- Punctuality
- All cell phones on silent/vibration
- Active participation required
- Good listening skills
- All care supporters to wear uniforms during the training period
- Care supporters to raise hands when one wants to speak

The questionnaire and checklist was administered to the group and the following were the

responses from care supporters;

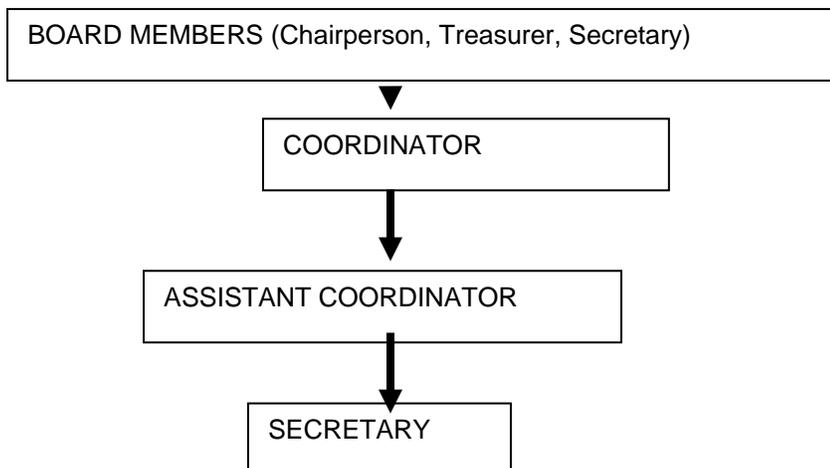
- Palliative care services were mentioned as bathing bedridden clients, helping the sick OVCs and terminally ill, referring clients to clinic, collecting medications on behalf of clients, giving power meal to clients, wound dressings, giving health education and family planning, psychological support and counselling , cleaning clients' houses when they are bedridden and terminally ill
- OVC activities were listed as follows; assist the OVCs to get legal documents such as IDs, birth certificates, refer children to social worker for assistance for educational assistance such as school fees exemption, give food parcels, facilitate the children to get health services such as immunisation, teach them on life skills, refer them for counselling and economic grants
- Senzokuhle CHBC project is a registered NPO, they had an exhibit of the constitution but did not have the following;
 - No code of conduct
 - They hold weekly meetings but they do not write the minutes of any matters discussed
- The care supporters had a 10 days palliative care training and some of the topics covered were;
 - Communication skills
 - Home visits
 - Death and bereavement counselling
 - Qualities of a good care supporter/ coordinator
 - Opportunistic Infections
 - Senzokuhle only stated the few topics and admitted that they were not recapping on all the topics trained during the 10 day period
- OVC training was done for 3 days and care supporters could remember the following topics;
 - Children's needs
 - Stages of development
 - Senzokuhle was only able to mention the above two topics and this meant that they recapping was not done on all topics
- On networking partners, the following were reported as their networking partners though they did not have the services directory;
 - Hospitals and clinics
 - Social services
 - CDWs
 - Municipality
 - Churches
 - Teachers
 - Agriculture
 - Home Affairs
 - Sassol
 - FHI
 - PSA SA
 - Schools
- Services directory was not available and this was introduced to the group
- The visitor's book was available but it was not usually given to the visitors regularly.
- They do not have a map of the catchment area
- Clients referral file was available and an exhibit was there, the referrals done were filed
- The project had a map but they did not know the total population of the community they service. They were encouraged to seek this information so that it will help them on planning resources and personnel. The care supporters agreed that they need to review their map for their catchment area
- The project stated that they have the following challenges;

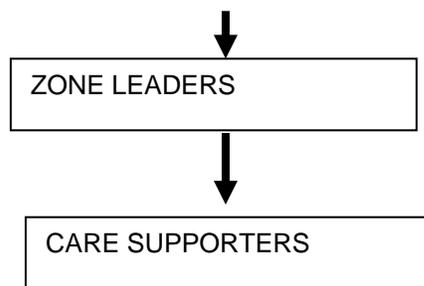
- Medical supplies are inadequate
- Mode of transport to transport clients to hospital/clinic- not sufficient they also use wheel chairs, and use the 4 crutches they have.
- There are OVCs who do not have decent accommodation
- Others are not receiving children's grants
- Submission of monthly reports;
 - They are up to date with their reports.
 - Only 2 other care supporters are confident and able to complete the monthly report.
 - The rest of the care supporters expressed their eager to learn how to fill in the monthly coordinator's form.
 - Other monitoring and evaluation tools were clear to them and had no difficulties
 - The filing of the records is not up to the expected standard
 - The care supporters had a request if they could have 2 care supporters exchanged and visit Kromdraai and learn from them as well
- Error log book; It was reported that the project manager checks the M/E tools and advise care supporters to do the corrections identified. Anything written wrongly is erased. However, no records of the errors is available
- Review of the clients and OVC files; Clients forms were completed well. However, the OVC files had the registration form only. They were all taught on the monthly care supporter forma and the OVC care plan.
- Support visit was done to 1 client, 1 orphan and a support visit checklist was used to assess the care supporter's intervention. All requirements on the checklist were met. However, care supporters were focusing on giving food parcels and leaving the other OVC services. They were urged to focus on psychosocial support and children's needs, other services and not just food parcels
- Recapping of M/E tools was done and clarifications done. Care supporters were urged to record actual time spent with client/OVC properly.

DAY 2

The following areas were covered;

- Revision of the constitution with special focus on the services rendered by the project to community, the objectives, financial issues, organogram, responsibilities of each one on the organogram
 - Senzokuhle's organogram is as below;





- The group does not understand the roles and responsibilities of board members. They reported that there are only 2 board members that are active
- On membership;
 - The project's executive members' list was incomplete according to the requirements of DOH
- Constitution objectives
 - The objectives they had mainly focused on OVC and there were none to do with palliative care. The project was advised to review the objectives and add on more.
- Code of conduct;
 - The project did not have a code of conduct. They were encouraged to draft one and agree on it.
- PSA SA SOP on coordinator's spot checks
 - The project was advised to have a time table for spot checks
 - The coordinator's spot check was presented to care supporters and all agreed that it was comprehensive. They also agreed that they were going to use it
- Networking and referrals
 - The referral of abused children was not documented anywhere although care supporters admitted that these were captured by police if approved
 - There was no proper follow up of these abused children
 - The care supporters were advised to agree on accountability of abused children (SAPS and Care supporters)
- The M/E tools were revised for both palliative care and OVC, areas of difficulty were clarified accordingly
- The Error log book structure and outline was taught. The care supporters were encouraged to open their own error log book so that they will ensure quality data collected at project level

DAY 3

The following areas were covered;

- The strategic plan was introduced to them since they were not aware of it
- An example of a strategic plan was drafted through brainstorming
- Importance of report writing, filing and submission on time was overemphasised
- A basic outline of proposal writing was taught
- An example of proposal writing was carried out by care supporters in groups
- A discussion was held on setting out the 2010 goals and targets, the barriers against achieving the set goals were discussed as well as the possible solutions to each identified barrier

RECOMMENDATIONS

- The project had to review its constitution and ensure that all care supporters know the contents of the constitution and are bound by them
- The board members roles and responsibilities must be made clear to care supporters

and this has to be enhanced by active participation of board members

- The care supporters were urged to have the outline of the palliative care 10 days training and the 3 days OVC training outline so that they can do all the recappings during their weekly meetings
- The coordinator was advised to draft the services directory and have the name of organisation, the contact person and contact telephone. One copy was to be filed while the other copy was to be put on the wall as a chart for everyone to use
- The project administrator was advised to seek to have their map of the catchment area revised
- The project coordinator and manager were encouraged to open their own error log book
- The executive committee was tasked to see to it that they meet with care supporters and draft a strategic plan for 2010 and present it to their board. They were also tasked to communicate to the board that the project as to write proposals seeking for donations in cash and materials and map the way forward
- The coordinator was tasked to open an error log book and record all the errors and recommendations to be done to ensure data quality at project level

SIYAQUBEKA CHBC PROJECT

TRAINING WORKSHOP: STRENGTHENING COMMUNITY HOME BASE CARE PROJECTS

DATES: 03 – 05 NOVEMBER 2009

VENUE: SILOBELA CLINIC

NUMBER OF PARTICIPANTS: 20 CHBC PROJECTS

FACILITATORS: JESSIE, LILIAN, RUBIE, NONHLANHLA AND NOMASWAZI

DAY I

PURPOSE OF WORKSHOP:

- IT WAS MAINLY TO STRENGTHEN THE COMMUNITY HOME BASED CARE PROJECTS AND ENABLE THEM TO SUSTAIN THEIR ACTIVITIES

HOUSE RULES

These were agreed by participants as;

- Punctuality
- All cell phones on silent/vibration
- Active participation required
- To have fun during training

The questionnaire and checklist was administered to the group and the following were the responses from care supporters;

- Palliative care services were mentioned as visiting the sick people at their homes, refer the sick to the clinic, perform such duties as cleaning their houses and cooking for the sick if they are staying alone and bedridden, help clients collect their medications, ensuring that clients take their medications as prescribed and they adhere to their medications, and educating the clients on prevention
- OVC activities were listed as follows; assess whether the OVCs are attending school, if so ensure that they do their home work, facilitate and refer the children to social

worker for social grants, assess their shelter, check whether they have birth certificates and IDs, train children on life skills, psychosocial skills, nutrition and provide them with food parcels if they have.

- Siyaqubeka CHBC project is a registered NPO, they had an exhibit of the code of conduct, constitution
- The care supporters had a 10 days palliative care training and some of the topics covered were;
 - Death and bereavement counselling
 - Palliative care services
 - STIs, PMTCT, TB and HIV/AIDS
 - Health and positive living
 - Family planning
 - Nutrition and balanced diet
 - Condom use
 - The reproductive system of male and female
 - Hygiene
- OVC training was done for 3 days and care supporters could remember the following topics;
 - Caring for an OVC
 - Rights and responsibilities of children
 - Support groups
 - Memory box
 - Roadmap of my life
 - Psychological support
- In the last 3 months, the care supporters had a quality assurance training, stress and debriefing and HIV/AIDS
- On networking partners, the following were reported as their networking partners though they did not have the services directory;
 - Hospitals and clinics
 - Social services
 - CDWs
 - Municipality
 - Churches
 - Teachers
 - Highveld Anglican Board of responsibilities
 - Broadreach
 - Lovelife
 - PSA SA
 - Empumalanga map
- Services directory was not available and this was introduced to the group
- The visitor's book was available.
- Clients referral file was available and an exhibit was there, the referrals done were filed
- The project had a map but they did not know the total population of the community they service. They were encouraged to seek this information so that it will help them on planning resources and personnel. The care supporters agreed that they need to review their map for their catchment area
- The project stated that they have the following challenges;
 - Mode of transport to transport clients to hospital/clinic- were not sufficient they also use wheel burrows. They would prefer wheelchairs
 - Stigma; families are still hiding clients from care supporters and not disclosing their status
 - Family members are pushing all the responsibilities of taking care of the sick ones to care supporters
 - Clients who are being serviced with palliative care, some of them stopped

working and therefore do not have an income to purchase food

- Submission of monthly reports; they are up to date and do not have any problems in compiling the monthly report. Other monitoring and evaluation tools were clear to them and had no difficulties
- Error log book; It was reported that the project manager checks the M/E forms and advise care supporters to do the corrections identified. Anything written wrongly is erased using tipex. However, no records of the errors is available
- Review of the clients and OVC files; Clients forms were completed well. However, the OVC files had the registration form only. They were all taught on the monthly care supporter forma and the OVC care plan.
- Support visit was done to 2 clients and a support visit checklist was used to assess the care supporter's intervention. All requirements on the checklist were met.

DAY 2

The following areas were covered;

- Revision of the constitution with special focus on the services rendered by the project to community, the objectives, financial issues, organogram, responsibilities of each one on the organogram
 - The project was given property and materials by Department of Social Services, all the equipment was taken back including paper work and they do not have proof of any of the Drop Inn equipment
 - The drop Inn centre is not functioning because the funding stopped but the social worker wants to use the Siyaqubeka CHBC NPO number for funding
 - Wayforward: The care supporters were advised to hold a meeting with the social worker and to document all the proceedings
- On membership;
 - Members roles and responsibilities including the board members were not clear to the care supporters
 - The project's executive members' list was incomplete according to the requirements of DOH
- Code of conduct;
 - All care supporters were aware of the contents of the code of conduct
- PSA SA SOP on coordinator's spot checks
 - The project was advised to have a time table for spot checks
 - The coordinator's spot checks was presented to care supporters and all agreed that it was comprehensive. They also agreed that they were going to use it
- Networking and referrals
 - The referral of abused children was not documented anywhere although care supporters admitted that these were captured by police if approved
 - There was no proper follow up of these abused children
 - The care supporters were advised to agree on accountability of abused children (SAPS and Care supporters)
- The M/E tools were revised for both palliative care and OVC, areas of difficulty were clarified accordingly
- The Error log book structure and outline was taught. The care supporters were encouraged to open their own error log book so that they will ensure quality data collected at project level

DAY 3

The following areas were covered;

- The strategic plan was introduced to them since they were not aware of it
- An example of a strategic plan was drafted through brainstorming

- Importance of report writing, filing and submission on time was overemphasised
- A basic outline of proposal writing was taught
- An example of proposal writing was carried out by care supporters in groups
- A discussion was held on setting out the 2010 goals and targets, the barriers against achieving the set goals were discussed as well as the possible solutions to each identified barrier

RECOMMENDATIONS

- The project had to review its constitution and ensure that all care supporters know the contents of the constitution and are bound by them
- The board members roles and responsibilities must be made clear to care supporters and this has to be enhanced by active participation of board members
- The care supporters were urged to have the outline of the palliative care 10 days training and the 3 days OVC training outline so that they can do all the recapings during their weekly meetings
- The coordinator was advised to draft the services directory and have the name of organisation, the contact person and contact telephone. One copy was to be filed while the other copy was to be put on the wall as a chart for everyone to use
- The project administrator was advised to seek to have their map of the catchment area revised
- The project coordinator and manager were encouraged to open their own error log book
- The executive committee was tasked to see to it that they meet with care supporters and draft a strategic plan for 2010 and present it to their board. They were also tasked to communicate to the board that the project as to write proposals seeking for donations in cash and materials and map the way forward

THANDANANI CHBC PROJECT

TRAINING WORKSHOP: STRENGTHENING COMMUNITY HOME BASE CARE PROJECTS

DATES: 10 – 12 NOVEMBER 2009

VENUE: CHURCH

NUMBER OF PARTICIPANTS: 20 CHB CARE SUPPORTERS

FACILITATORS: NOMASWAZI AND LILLIAN

DAY I

PURPOSE OF WORKSHOP:

- IT WAS MAINLY TO STRENGTHEN THE COMMUNITY HOME BASED CARE PROJECTS AND ENABLE THEM TO SUSTAIN THEIR ACTIVITIES

HOUSE RULES

These were agreed by participants as;

- Punctuality
- All cell phones on silent/vibration
- Active participation required
- Good listening skills
- All care supporters to wear uniforms during the training period
- Care supporters to raise hands when one wants to speak

The questionnaire and checklist was administered to the group and the following were the responses from care supporters;

- Palliative care services were mentioned as bathing bedridden clients, helping the sick OVCs and terminally ill, referring clients to clinic, collecting medications on behalf of clients, giving power meal to clients, wound dressings, giving health education and family planning, psychological support and counselling , cleaning clients' houses when they are bedridden and terminally ill
- OVC activities were listed as follows; assist the OVCs to get legal documents such as IDs, birth certificates, refer children to social worker for assistance for educational assistance such as school fees exemption, give food parcels, facilitate the children to get health services such as immunisation, teach them on life skills, refer them for counselling and economic grants
- Thandanani CHBC project is a registered NPO, they had an exhibit of the constitution but did not have the following;
 - No code of conduct
 - They hold weekly meetings but they do not write the minutes of any matters discussed
- The care supporters had a 10 days palliative care training and some of the topics covered were;
 - Communication skills
 - Home visits
 - Death and bereavement counselling
 - Qualities of a good care supporter/ coordinator
 - Opportunistic Infections
 - Thandanani only stated the few topics and admitted that they were not recapping on all the topics trained during the 10 day period
- OVC training was done for 3 days and care supporters could remember the following topics;
 - Children's needs
 - Stages of development
 - Thananani was only able to mention the above two topics and this meant that they recapping was not done on all topics
- On networking partners, the following were reported as their networking partners though they did not have the services directory;
 - Hospitals and clinics
 - Social services
 - CDWs
 - Municipality
 - Churches
 - Teachers
 - Home Affairs
 - PSA SA
 - Schools
- Services directory was not available and this was introduced to the group
- The visitor's book was available but it was not usually given to the visitors regularly.
- They have a map of the catchment area
- Clients referral file was available and an exhibit was there, the referrals done were filed
- The project had a map but they did not know the total population of the community they service. They were encouraged to seek this information so that it will help them on planning resources and personnel. The care supporters agreed that they need to review their map for their catchment area
- The project stated that they have the following challenges;
 - Medical supplies are inadequate
 - Mode of transport to transport clients to hospital/clinic- not sufficient they also

- use wheel chairs, and use the 4 crutches they have.
 - There are OVCs who do not have decent accommodation
 - Others are not receiving children's grants
- Submission of monthly reports;
 - They are up to date with their reports.
 - Only 2 other care supporters are confident and able to complete the monthly report.
 - The rest of the care supporters expressed their eager to learn how to fill in the monthly coordinator's form.
 - Other monitoring and evaluation tools were clear to them and had no difficulties
 - The filing of the records is not up to the expected standard
- Error log book; It was reported that the project manager checks the M/E tools and advise care supporters to do the corrections identified. Anything written wrongly is erased. However, no records of the errors is available
- Review of the clients and OVC files; Clients forms were completed well. However, the OVC files had the registration form only. They were all taught on the monthly care supporter forma and the OVC care plan.
- Support visit was done to 1 client, 1 orphan and a support visit checklist was used to assess the care supporter's intervention. All requirements on the checklist were met. However, care supporters were focusing on giving food parcels and leaving the other OVC services. They were urged to focus on psychosocial support and children's needs, other services and not just food parcels
- Recapping of M/E tools was done and clarifications done. Care supporters were urged to record actual time spent with client/OVC properly

DAY 2

The following areas were covered;

- Revision of the constitution with special focus on the services rendered by the project to community, the objectives, financial issues, organogram, responsibilities of each one on the organogram
 - The group does not understand the roles and responsibilities of board members. They reported that there were only 2 board members that are active
- On membership;
 - The project's executive members' list was incomplete according to the requirements of DOH
- Constitution objectives
 - The objectives they had mainly focused on OVC and there were none to do with palliative care. The project was advised to review the objectives and add on the objecti
- Code of conduct;
 - The project did not have a code of conduct. They were encouraged to draft one and agree on it.
- PSA SA SOP on coordinator's spot checks
 - The project was advised to have a time table for spot checks
 - The coordinator's spot checks was presented to care supporters and all agreed that it was comprehensive. They also agreed that they were going to use it
- Networking and referrals
 - The referral of abused children was not documented anywhere although care supporters admitted that these were captured by police if approved
 - There was no proper follow up of these abused children

- The care supporters were advised to agree on accountability of abused children (SAPS and Care supporters)
- The M/E tools were revised for both palliative care and OVC, areas of difficulty were clarified accordingly
- The Error log book structure and outline was taught. The care supporters were encouraged to open their own error log book so that they will ensure quality data collected at project level

DAY 3

The following areas were covered;

- The strategic plan was introduced to them since they were not aware of it
- An example of a strategic plan was drafted through brainstorming
- Importance of report writing, filing and submission on time was overemphasised
- A basic outline of proposal writing was taught
- An example of proposal writing was carried out by care supporters in groups
- A discussion was held on setting out the 2010 goals and targets, the barriers against achieving the set goals were discussed as well as the possible solutions to each identified barrier

RECOMMENDATIONS

- The project had to review its constitution and ensure that all care supporters know the contents of the constitution and are bound by them
- The board members roles and responsibilities must be made clear to care supporters and this has to be enhanced by active participation of board members
- The care supporters were urged to have the outline of the palliative care 10 days training and the 3 days OVC training outline so that they can do all the recappings during their weekly meetings
- The coordinator was advised to draft the services directory and have the name of organisation, the contact person and contact telephone. One copy was to be filed while the other copy was to be put on the wall as a chart for everyone to use
- The project administrator was advised to seek to have their map of the catchment area revised
- The project coordinator and manager were encouraged to open their own error log book
- The executive committee was tasked to see to it that they meet with care supporters and draft a strategic plan for 2010 and present it to their board. They were also tasked to communicate to the board that the project as to write proposals seeking for donations in cash and materials and map the way forward
- The coordinator was tasked to open an error log book and record all the errors and recommendations to be done to ensure data quality at project level

TJAKASTAAD AND KROMDRAAI CHBC PROJECT

TRAINING WORKSHOP: STRENGTHENING COMMUNITY HOME BASE CARE PROJECTS

DATES: 17 - 19 NOVEMBER 2009

VENUE: KROMDRAAI RESOURCE CENTRE

NUMBER OF PARTICIPANTS: 36 CHBC PROJECTS

FACILITATORS: LILIAN AND NOMASWAZI

DAY I

PURPOSE OF WORKSHOP:

- IT WAS MAINLY TO STRENGTHEN THE COMMUNITY HOME BASED CARE PROJECTS AND ENABLE THEM TO SUSTAIN THEIR ACTIVITIES

HOUSE RULES

These were agreed by participants as;

- Punctuality
- All cell phones on silent/vibration
- Active participation required
- To have fun during training

The questionnaire and checklist was administered to the group and the following were the responses from care supporters;

- Palliative care services were mentioned as spiritual, psychological and social care, visiting and bathing the sick people at their homes, educating and refer the sick to the clinic, perform such duties as cleaning their houses and cooking for the sick if they are staying alone and bedridden, help clients collect their medications, ensuring that clients take their medications as prescribed and they adhere to their medications, and educating the clients on prevention
- OVC activities were listed as follows; sex education, psychosocial support, assess whether the OVCs are attending school, if so ensure that they do their home work, facilitate and refer the children to social worker for social grants, assess their shelter, check whether they have birth certificates and IDs, train children on life skills, psychosocial skills, nutrition and provide them with food parcels if they have.
- Both tjakastaad and Kromdraai CHBC project are registered NPOs, they had an exhibit of the code of conduct, constitution
- The care supporters had a 10 days palliative care training and some of the topics covered were;
 - Death and bereavement counselling
 - Palliative care services
 - STIs, PMTCT, TB and HIV/AIDS
 - Health and positive living
 - Family planning
 - Nutrition and balanced diet
 - Condom use
 - The reproductive system of male and female
 - Hygiene
- OVC training was done for 3 days and care supporters could remember the following topics;
 - Caring for an OVC
 - Rights and responsibilities of children
 - Support groups
 - Memory box
 - Roadmap of my life
 - Psychological support
- In the last 3 months, the care supporters had a quality assurance training, stress and debriefing and HIV/AIDS,
- On networking partners, the following were reported as their networking partners though they did not have the services directory;
 - Hospitals and clinics
 - Social services
 - CDWs
 - Tribal elders
 - Municipality

- Churches
- Teachers
- PSA SA
- Services directory was available
- The visitor's book was available.
- Clients referral file was available and an exhibit was there, the referrals done were filed
- The projects had their own maps but the one for Kromdraai did not have boundaries and zones
- The project stated that they have the following challenges;
 - Referrals for older people to get IDs
 - Late qualifications of OVCs to get grant (16 – 18 years old)
 - Immigrants from Swaziland do not have IDs and cannot write matric
 - Lack of food in homes of clients and clients default their uptake of medication
 - Lack of psychosocial support from families as they take their ARVs. Stigma is an issue and clients end up staying in the street
 - Not wanting to reveal rape/abuse cases within families
 - Drop Inn centre not working due to lack of food, OVCs are suffering
- Submission of monthly reports; they are up to date and do not have any problems in compiling the monthly report. Other monitoring and evaluation tools were clear to them and had no difficulties
- Error log book; It was reported that the project manager checks the M/E forms and advise care supporters to do the corrections identified. Anything written wrongly is erased using tipex. However, no records of the errors is available
- Review of the clients and OVC files; Clients forms were completed well. lan.
- Support visit was done to 2 clients and a support visit checklist was used to assess the care supporter's intervention. All requirements on the checklist were met.

DAY 2

The following areas were covered;

- Revision of the constitution with special focus on the services rendered by the project to community, the objectives, financial issues, organogram, responsibilities of each one on the organogram
- On membership;
 - This was clearly written and understood
- Code of conduct;
 - All care supporters were aware of the contents of the code of conduct
 - They write it together as a group and revise weekly
 - Members sign on the code of conduct to agree on the contents
- PSA SA SOP on coordinator's spot checks
 - The project was advised to have a time table for spot checks
 - The coordinator's spot checks was presented to care supporters and all agreed that it was comprehensive. They also agreed that they were going to use it
- Networking and referrals
 - Good networking system
- The M/E tools were revised for both palliative care and OVC, areas of difficulty were clarified accordingly
- The Error log book structure and outline was taught. The care supporters were encouraged to open their own error log book so that they will ensure quality data collected at project level

DAY 3

The following areas were covered;

- The strategic plan was introduced to them since they were not aware of it
- An example of a strategic plan was drafted through brainstorming
- Importance of report writing, filing and submission on time was overemphasised
- A basic outline of proposal writing was taught
- An example of proposal writing was carried out by care supporters in groups
- A discussion was held on setting out the 2010 goals and targets, the barriers against achieving the set goals were discussed as well as the possible solutions to each identified barrier

RECOMMENDATIONS

- The project had to review its constitution and ensure that all care supporters know the contents of the constitution and are bound by them
- The board members roles and responsibilities must be made clear to care supporters and this has to be enhanced by active participation of board members
- The project coordinator and manager were encouraged to open their own error log book
- The executive committee was tasked to see to it that they meet with care supporters and draft a strategic plan for 2010 and present it to their board. They were also tasked to communicate to the board that the project has to write proposals seeking for donations in cash and materials and map the way forward