

A Case Study

Tswelopele

Partnerships for Reaching Orphans and Vulnerable Children in
South Africa with the Heartbeat Model of Care



A Case Study

Tswelopele

Partnerships for Reaching Orphans and Vulnerable Children in
South Africa with the Heartbeat Model of Care

Prepared by Tulane University:

**Kristin Neudorf
Tory M. Taylor
Tonya R. Thurman**

January 2011



Support for this project is provided by the United States Agency for International Development (USAID/Southern Africa) under contract No. GHS-I-00-07-00002-00 under Task Order No. GHS-I-03-07-00002-00. Enhancing Strategic Information Project (ESI) in South Africa is implemented by John Snow, Inc. in collaboration with Tulane University School of Public Health and Tropical Medicine. The views expressed in this document do not necessarily reflect those of USAID or the United States Government.

Tulane University School of Public Health and Tropical Medicine

1440 Canal Street, Suite 2200, New Orleans, La 70112

Phone: 504.988.3655

Fax: 504.988.3653

Electronic copies of this case study may also be obtained upon request via email to

ovcteam@tulane.edu

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INTRODUCTION.....	3
METHODOLOGY.....	4
Activities	4
Focal Sites	6
HEARTBEAT	7
Staffing and Training.....	7
The Heartbeat Model of Care	9
TSWELOPELE.....	11
Staffing and Resources	12
Program Overview	14
Partner Identification and Selection	17
Training.....	17
Mentoring.....	19
Supporting Service Delivery.....	20
Post-Partnership	22
LESSONS LEARNED	24
Successes.....	24
Challenges.....	26
Unmet Needs.....	27
THE WAY FORWARD.....	30
REFERENCES.....	31

ACKNOWLEDGMENTS

Foremost we would like to thank the staff at Heartbeat and the following organizations whose contributions made the compilation of this report possible: CBO Network, Manzibomvu Baptist, Qhakaza Cooperative, Sekuyasa Cooperative, Simunye Faith, Tete Heath and Support Project, Ubhaqa Development Services, and Usizolwempilo Project. We are particularly grateful to Silas Gumede, one of Heartbeat's staff, for his assistance in coordinating interviews, focus group discussions and site visits. In addition, the following individuals took time from their busy schedules to provide a wealth of information about the Heartbeat and the Tswelopele programs through their participation in key informant interviews: Ruth Mary Scott, Phetole Seodi, Isaac Ntsane, Silas Gumede, Zimphendulo Mbonambi, Londeka Jobe, Reverend Sibanda, Deputy Mayor John Siyaya, Duduzile Zikhali, Sindisiwe Dlamini, Fikelephi Zikhali, Fikile Ndlovu, L. M. Nhleko, Thulani Dlamini, Sansiwe Nmcheche, Dumbé Kombe, M. Mpiya, Z. Mtetwa, Mklinga Nmcheche, and Thuleleni Sibiya. We would also like to extend appreciation to the Care Workers who participated in the focus group discussions and provided important insight on program activities. We also acknowledge Maphiwe Ndaba and Zinle Sibambisene for translation services. Lastly, we thank USAID Southern Africa for the technical and financial support that made this activity possible.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASC	After School Center
CBO	Community-based Organization
CDF	Community Development Facilitator
CCF	Child Care Forum
CW	Care Worker
DoH	Department of Health
DSO	Department of Social Development
ESI	Enhanced Strategic Information
FBO	Faith-based Organization
HBC	Home-based Care
HIV	Human Immunodeficiency Virus
JSI	John Snow, Inc.
KZN	KwaZulu Natal
M&E	Monitoring and Evaluation
NGO	Non-governmental organization
OVC	Orphans and Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
TSPH	Tulane School of Public Health and Tropical Medicine
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The HIV and AIDS pandemic has taken its greatest toll in Sub-Saharan Africa, where 22 million people are living with HIV and AIDS – two-thirds of the world’s total infections. South Africa is one of the hardest hit countries in this region, with almost 18% of adults aged 15 to 49 years estimated to be HIV positive (UNAIDS, 2009). This staggeringly high prevalence rate, combined with limited access to health care and high levels of poverty, has had a profound effect on children and families. In South Africa an estimated 3.7 million children have lost one or both parents to AIDS, and millions more are at risk of being orphaned (UNICEF, 2009a).

The past decade has seen an increase in resource mobilization towards interventions for orphans and vulnerable children (OVC) in southern Africa, but there has been relatively little research documenting the effectiveness of these interventions. This case study aims to contribute to the knowledge base on OVC programming by documenting the activities of Heartbeat’s Tswelopele training and mentoring program, which aims to build capacity among community-based organizations (CBOs) working to improve the lives of OVC.

Since its inception in 2000, Heartbeat has reached over 8,500 children directly with OVC care and support services. Through the Tswelopele program, Heartbeat has also partnered with 61 organizations to reach an additional 38,000 children with the Heartbeat model of care services. The Heartbeat model provides children with psychosocial, material and educational support, and assistance accessing basic services throughout South Africa. Services are provided by Care Workers (CWs) during home visits and at After School Centers (ASCs), which are run by Heartbeat staff at each direct service delivery site.

Tswelopele is a training and mentoring initiative, which partners CBOs with a staff member from Heartbeat who provides training and mentoring over a period of at least two years. Training covers a number of topics related to implementing the Heartbeat model of OVC care, including children’s rights and child protection; effective OVC service delivery; sound management practices and organizational development. Mentoring visits are conducted between training sessions, and are designed to provide support to partners as they implement new program activities and strengthen management practices.

The Tswelopele program has successfully built the operational and workforce capacity of its many partner organizations, and provided much-needed credibility for fledgling organizations trying to establish themselves as OVC service providers within their communities. An ongoing challenge for Tswelopele is partner organizations’ reliance on sporadic donations and unpaid staff. While the training activities have succeeded in building the capacity of partner organizations, unmet needs remain. These needs include managing partners’ expectations of the program, addressing resource constraints, and increasing capacity building on monitoring and evaluation (M&E). Further, the program would benefit from developing linkages with government entities and other service providers.

Heartbeat's direct service delivery program receives financial support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which also provides funding to Heartbeat in support of the training component of Tswelopele. Activities in KwaZulu Natal (KZN) province, the focal site of this case study, are also funded by local businesses, including Woolworths South Africa, Murray & Roberts, and Go-Ahead.

This case study was made possible by financial support from the United States Agency for International Development (USAID) in Southern Africa, as part of the Enhancing Strategic Information (ESI) project implemented by John Snow Incorporated (JSI) in collaboration with Tulane University's School of Public Health and Tropical Medicine (TSPH). Information gathering activities for the report began in September 2010 in KZN and Gauteng provinces in South Africa, and included document review, site visits, key informant interviews and focus group discussions, both at Heartbeat headquarters and at their regional site in KZN.

INTRODUCTION

An estimated 25 million children have been orphaned by HIV and AIDS worldwide (UNICEF, 2009a). Sub-Saharan Africa remains disproportionately affected by the HIV and AIDS epidemic, representing 67% of all global infections (UNAIDS, 2009) and 80% of the world's AIDS orphans (Monasch and Boerma, 2004). These children face a myriad of challenges, including increased risk of illness, impaired cognitive and emotional development, social isolation, discrimination, physical and sexual abuse, exploitation, and trafficking (UNICEF, 2009a).

In South Africa nearly 18% of 15 to 49 year olds are HIV positive (UNAIDS, 2008) and an estimated 3.7 million children have lost one or both parents to AIDS-related illness (UNICEF, 2009b). Despite the growing number of programs that provide care and support for OVC, there is relatively little evidence documenting program effectiveness. The study detailed here is part of the ESI, funded by the USAID in South Africa. ESI supports the availability of high quality health systems information that contributes to sustainable policy planning and programmatic decision-making. TSPH works in partnership with the prime ESI funding recipient, JSI, to produce knowledge that will improve existing practices and guide future investment in OVC programming. This case study provides an in-depth look at the *Tswelopele* program, which aims to build the capacity of local CBOs to provide high quality OVC care. Tswelopele is the training and capacity building arm of Heartbeat, a South African non-government organization (NGO) that has been delivering services to OVC for more than a decade. By documenting the Tswelopele program model, activities and lessons learned, the authors hope to contribute to the growing knowledge base for OVC programming in South Africa and around the world.

Heartbeat was established in 2000 to provide care and support to OVC in South Africa. The organization provides essential services to children directly, and further aims to mobilize families and communities, working to make a sustainable impact in the lives of OVC. Heartbeat's main service delivery areas can be broadly classified as psychosocial support, educational assistance, material support and access to basic services. The majority of services are delivered by Heartbeat's trained CWs who make home visits to OVC households, and through ASCs that Heartbeat establishes in each project community. Activities include support groups, educational workshops, assistance with grant applications and obtaining identity documents, and the provision of material support. At each site, Heartbeat engages the broader community by establishing a Child Care Forum (CCF) comprised of local stakeholders who meet on a regular basis to review and address OVC issues.

In 2004, Heartbeat launched the Tswelopele training and mentoring program, which focuses on building the capacity of CBOs to support OVC in their communities by implementing the Heartbeat model of service delivery. Organizations selected as partners for the Tswelopele program receive training on a number of topics related to child rights, OVC care, and organizational management. In addition, the Tswelopele Trainer provides mentoring services to the partner directly, meeting with staff to promote and support the development of high quality management practices to improve service delivery and program sustainability.

While there is some variation in the services offered by each partner organization, home visits, psychosocial support, educational assistance, material support, and improving access to basic services are central to the Heartbeat model, and essential for successful graduation from the Tswelopele program. Organizational management is strengthened through the establishment of clearly defined roles and responsibilities for program workers, the development of a formal constitution for the organization, establishment of record keeping and reporting systems, official registration as an NGO, and assistance with funding applications. Progress assessment is routine and integral to the approach. The Tswelopele program receives funding through PEPFAR, and Tswelopele activities in KZN also receive contributions from local businesses, including Woolworths South Africa, Murray & Roberts, and Go-Ahead. These donors provide financial support to Heartbeat for training and mentoring activities but do not directly fund participating partner organizations.

This case study report describes how Tswelopele's training and mentoring activities work to facilitate implementation of the Heartbeat model for OVC care from the beginning stages of each partnership. The authors hope and expect that this synthesis of experiences, including lessons learned, will offer practical future guidance for the Heartbeat and Tswelopele programs, as well as for other OVC programs implementing or considering partnership strategies for expanding their reach.

METHODOLOGY

Information gathering for the case study began in September 2010 with a preliminary review of Heartbeat and Tswelopele's program documentation. Implementation plans, program reports, and training module materials were studied in order to gain a general understanding of both programs' organizational models, key activities and services, and to inform the development of interview guides. Site-based data collection took place in October 2010 through a series of in-depth interviews, focus group discussions and site visits. These field activities were conducted at the Heartbeat headquarter office in Pretoria, at Heartbeat's KwaJobe project site in KZN, and at multiple Tswelopele partner project locations in the uMhkhanyakude district of KZN.

Activities

In-depth interviews were semi-structured and covered topics such as Heartbeat and Tswelopele program histories, the current state of services and partnerships, interviewees' roles and major responsibilities, program successes and challenges, and plans for program development. Individuals were selected for interview based on their managerial or coordination roles and a history of intensive program involvement. Interviews were conducted in English at Heartbeat's headquarters office in Pretoria with the Manager of the Training and Mentoring Program, the KZN Regional Project Coordinator, the KZN Trainer, and the Research and Development Manager. Interviews at the KwaJobe site included the Heartbeat Social Worker, Community Development Facilitator (CDF), a CW and the Ward Councilor.

By mid-2010 Tswelopele was working with 17 CBOs in KZN, all within uMkhanyakude district. Eight of these were purposively selected as the focal partners for the case study, based on the length of their involvement with Tswelopele, and their engagement in an ongoing assessment conducted by TSPH as part of the ESI project. Participating partners include volunteer-run CBOs, three of which are faith-based organizations (FBOs). All of the organizations provide services directly to beneficiaries within their respective communities in either Jozini or uMhlabuyalingana municipalities. One partner, CBO Network, also serves as an umbrella organization for fourteen smaller local organizations. All of the partners have been in operation for less than five years, with the exception of Tete Health and Support Project, which began in 2000. Each partner organization included in the case study joined the Tswelopele program in April 2008.

In total, 14 in-depth interviews were conducted with staff members from the eight CBOs, including with Directors, Coordinators, and Treasurers. Two participants preferred to be interviewed in English; all other interviews with partner staff occurred in isiZulu with simultaneous translation. All interviews were audio-taped with participants' permission. Focus groups were convened with a total of 30 CWs at four Tswelopele partner organizations: Sekuyasa Cooperative, Tete Health and Support Project, Ubhaqa Development Services and Usizolwempilo Project. Two groups included seven participants each, while the remaining two each included eight participants. Ninety percent of focus group participants were female. All groups were facilitated in isiZulu by a native speaker trained in qualitative techniques. The discussions were audio-taped with participants' permission, translated and transcribed in English.

Box 1: TSWELOPELE PARTNERS

This case study includes information from the following Tswelopele partners operating within uMkhanyakude district of KZN:

uMhlabuyalingana Municipality

- **CBO Network:** Initiated in 2006, CBO Network is a direct service provider and umbrella organization for 10 other CBOs, providing administrative and secretarial support.
- **Manzibomvu Baptist:** A FBO that started in 2006.
- **Qakaza Cooperative:** A CBO established in 2008.
- **Sekuyasa Cooperative:** A CBO founded in 2008.
- **Tete Health and Support Project:** Established in 2000, Tete is a CBO and a member of the CBO Network.

Jozini Municipality

- **Simunye Faith:** A FBO established in 2007.
- **Ubhaqa Development Services:** A CBO initiated in 2006.
- **Usizolwempilo Project:** A CBO that started in 2006.

This case study had a geographic focus on KZN, the province with the highest HIV prevalence in South Africa with 39% of all adults age 15 to 49 estimated to be infected (UNAIDS, 2009). Following document reviews and interviews conducted at Heartbeat's headquarters office in Pretoria, fieldwork was initiated in the Jozini and uMhlabuyalingana municipalities of uMkhanyakude district, KZN. A site visit and interviews were undertaken at the Heartbeat project site in rural KwaJobe, Jozini municipality. Twelve interviews with Tswelopele partner organization representatives were held at two centralized locations in the Jozini area. Another two interviews and four CW focus groups were conducted during visits to four additional project sites in Jozini and uMhlabuyalingana municipalities.

The uMkhanyakude district is located in northeastern KZN. It is comprised of five local municipalities and a district management area administered by the iSimangaliso Wetland park authority. The district is marketed as "The Elephant Coast," and a wide variety of tourism and travel agencies operate within its borders. uMkhanyakude, with a population estimated at 610,000 in 2007 is served by five public hospitals and 52 government clinics, and is one of the poorest districts in South Africa (Day *et al*, 2009). Jozini and uMhlabuyalingana together represent approximately 57% of the total population in uMkhanyakude district (Statistics South Africa, 2001). Ninety-eight percent of district residents live in households where isiZulu is the primary language.

Three of the eight CBOs that participated in the case study are located in Jozini municipality, which borders both Swaziland and Mozambique, and covers 3,057 square kilometers, approximately one-third of the district total. The area is almost entirely rural, with six semi-formalized towns and a population estimated in 2006 at 200,000 (Statistics South Africa, 2007).

Data from the 2001 census suggest that the population in Jozini is highly disadvantaged. Only an estimated one-third of residents aged 20 or older report attending school beyond primary school, and 51% never received any formal education. Despite the presence of a main trade route to Mozambique, there is very little industry and limited development in Jozini. Unemployment rates are high, with only 10% of 15 to 65 year-olds employed (Statistics South Africa, 2007). Forty-nine percent of households are female-headed, and only about half of households report having access to a piped water source. Seventy-two percent of households use a pit latrine without ventilation, bucket latrine, or have no access to any type of toilet facility (Statistics South Africa, 2007).

Five of the eight CBOs that participated in the case study are located in uMhlabuyalingana municipality. uMhlabuyalingana covers a land area of 3,693 square kilometers, with 98% designated as non-urban and 2% comprising of small semi-urban settlements (Statistics South Africa, 2001). The total population was estimated to be 140,963 in the 2001 census count. Population demographics are similar to those of Jozini: 48% of households are headed by women, just 27% of residents aged 20 and older have completed any education beyond primary school, 54% have received no formal schooling at all, and an estimated 90% of individuals between the ages of 15 and 65 are either unemployed or not economically active. The area is also predominately rural, with sources of piped water accessible to only 33% of households in uMhlabuyalingana, and ventilated chemical or flush toilet facilities accessible to only 21% of households (Statistics South Africa, 2001).



Heartbeat was founded in 2000 by Dr. Sunette Pienaar Steyn to address the priority needs of orphaned and other highly vulnerable children in South Africa. The program provides services to children under age 18 who live with a chronically ill caregiver or without one or both parents (including in households headed by the children themselves, older siblings, grandparents, or other relatives). Heartbeat requires that beneficiaries be enrolled in school, and will work to assist children with school enrollment and eliminating barriers to attendance. Heartbeat maintains a central administrative office in Pretoria and provides

services directly to children at 15 sites in seven provinces. In December 2010, over 46,500 children had been served by Heartbeat's projects and partnerships.

Heartbeat's model of care is guided by four key principles including: children's rights, community participation, sustainable development and partnerships. The organization classifies its services and support under these main areas: 1) Children's Empowerment; 2) Education; 3) Access to Basic Services; and 4) Material Support. The organization focuses on expanding access to key services through home visiting and activities offered at ASCs. Children are also encouraged to participate in Heartbeat-sponsored support groups and educational workshops and are assisted with school fee payment and obtaining identity documents. Recognizing that community-centered care is sustainable care, Heartbeat strives to implement programming that goes beyond individual assistance to children, including community CCFs, educational workshops for caregivers, and facilitating social assistance grant applications and material support for beneficiary households. The next sections detail these major components of service delivery and describe the roles and responsibilities of key Heartbeat personnel.

"We aim for holistic service delivery through community mobilization, care for the family, and care for the child."

- Heartbeat Research and Development Manager

Staffing and Training

Heartbeat is run by a Chief Executive Officer and management team, implementing its programming with a staff of approximately 288 paid employees. The organization is largely decentralized in terms of service delivery but offers ongoing support to sites from a central administrative unit in Pretoria that houses executive staff, M&E coordinators, and trainers. At each of the program's 15 local project sites, Heartbeat employs a CDF, an ASC Coordinator (also known as a *choza*), an Administrative Officer, and CWs. Heartbeat also employs a Social Worker at five project sites in Gauteng and Free State provinces.

Heartbeat does not rely on unpaid volunteer work for any of its positions; even CWs are considered employees and receive approximately 1250 Rand (USD 175) monthly.

CWs form the majority of the Heartbeat workforce, and between three and 18 CWs are employed at each project site. CWs are responsible for delivering services to beneficiaries during home visits and at ASCs. The *choza*, or ASC Coordinator, oversees on-site activities, including coordinating after school programs and, if there is no Social Worker at the site, facilitating support groups for children and conducting educational workshops. Each site also has a designated site Administrative Officer to manage finances, compile and send reports to headquarters, and coordinate day-to-day activities at the site. The CDF plays a specialized role, serving in the capacity of *de facto* site director as well as directly implementing key program activities. The CDF is ultimately responsible for overseeing the work of all other site-based employees including CWs, conducting regular meetings and carrying out supervisory visits. The CDF is further responsible for communicating with stakeholders, both locally and at headquarters, and facilitating local engagement with the program through CCFs.

Social Workers employed by Heartbeat work directly with the children at each site, delivering services at ASCs that may include support groups, recreational activities, and structured educational workshops. The Social Worker also conducts home visits to households

requiring needs assessments or assistance beyond what CWs can readily provide. Heartbeat Social Workers may additionally work with other service providers in the area to identify and coordinate foster care placements for children following the loss of caregivers or other precipitating circumstances.



A Care Worker and her young child rest near the food garden at one of the partner sites in Jozini municipality.

Photo by Kristin Neudorf.

All Heartbeat staff members, with the exception of the CWs, have an educational attainment of high school matriculation or higher and all receive specialized training to enhance their work. CWs and other site staff are trained over a two-week period using a Heartbeat-designed and directed curriculum. In the past, the DSD has reviewed the curriculum to ensure alignment with government standards. Training involves eight to 10 day-long modules on topics such as the Heartbeat model of care; beneficiary identification; community, household and individual needs assessment; child protection; effective caregiving; psychosocial support and fostering children's participation in project activities. Financial support for training is provided through PEPFAR.

The Heartbeat Model of Care

Heartbeat's model of care is centered on the implementation of key activities for promoting children's psychosocial health, education, material support, and access to basic services. Activities take place during home visits and/or at ASCs. While community and household assessments may help to determine the specific content or scale of Heartbeat services offered at sites, the type of services delivered is largely consistent between them. The Heartbeat model prioritizes caring for OVC within their extended families and communities of origin, working with stakeholders to establish and nurture CCFs and other mechanisms for sustainable local engagement.

Home visits

Central to the program is its cadre of CWs who are responsible for conducting regular home visits. Heartbeat CWs are each responsible for an average of 10 households at any given time, and the frequency of home visits varies depending on the circumstances of the household. Program guidelines recommend that households headed by children under the age of 18 be visited as often as three times a week. It is generally recommended that children living with adult relatives are visited once per week. If the household is receiving social assistance grants, they may be visited less often, but at minimum home visits take place once a month.

Home visits provide natural opportunities for ongoing needs assessment and service delivery. During the visits, CWs engage in "life space counseling," informal psychosocial support offered during the implementation of day-to-day activities such as helping with household chores or instruction in cooking or hygiene. CWs assist children with homework, identify those who need help obtaining school uniforms or other material support, and meet with teachers to discuss children's progress.

Support Groups

Support groups for children are coordinated and facilitated by the ASC Coordinator, and are generally ongoing, and held on a weekly basis. Heartbeat has a Support Group Manual, which is used as a guideline for support group topics, but the discussions are often more free-flowing, based on what the participants feel are important issues and challenges in their own lives. The support groups typically involve between six and 12 participants, and are divided along age lines.

Educational Workshops

Heartbeat intermittently provides one-time workshops for child beneficiaries and/or their caregivers at project sites. Typically workshops are facilitated by Heartbeat Social Workers. Recent workshops for children have covered topics including nutrition, home economics, child rights and child protection, HIV and AIDS prevention, gender equality and teenage pregnancy. Parents and guardians of children enrolled in Heartbeat's programs may also participate in CW-led classes on gardening, childcare, sewing, beading, and cooking. The frequency of classes, and their duration, has varied by site, with opportunities still being developed at the more nascent sites such as KwaJobe.

After School Centers

The ASC is the focus of program activity at Heartbeat sites; at the time of this report, all 17 sites had designated structures for use as ASCs. Heartbeat rarely constructs ASC structures, instead attempting to identify a suitable existing, often previously under-utilized, buildings in the community. Structures as simple as a shipping container have been successfully converted for use as ASCs. Most Centers have running water and sanitary facilities while others, including KwaJobe, are more basic.

Children are invited to attend Heartbeat ASCs for a range of services that may include homework assistance, support groups, educational workshops and structured recreational opportunities. Specific services offered vary between sites. ASCs are open during afterschool hours and on weekends, and are attended by OVC in close proximity to the Center, as well as other children in the community. Special activities, such as soccer games or singing, may also be planned during weekends and school holidays. A central food garden supplies produce to support on-site feeding schemes and food parcel distribution for beneficiaries at five sites. Seeds for the gardens were donated by the Ministry of Agriculture.

Community Child Care Forums

“When children are removed from their communities, reintegration is a costly and difficult process. Hence, Heartbeat came up with a model to take care of children within the community. You cannot do that without community support, so we started the community Child Care Forums.”

- Tswelopele Trainer

At each new site, the CDF works to establish a CCF. As implementation progresses, the CDF coordinates project networking activities and identifies and fosters resource-building partnerships via this forum. Initially, a community meeting is called to introduce the Heartbeat program and its staff and to recruit stakeholders to the CCF. The CCF members receive one week of training at inception in management, leadership, lobbying and advocacy, children’s rights, and grant eligibility and application processes. Membership typically includes 15 to 40 individuals representing local government, schools, clinics, traditional healers, and women’s and youth groups.

The CCF will convene at least quarterly to discuss issues related to OVC in the community, including specific cases of children in need, and to identify and advocate for practical solutions to the challenges that orphaned and other vulnerable children face. CCF members network and liaise within the community to source in-kind or financial donations for OVC activities, such as food, clothing, and toys. Many CCFs have successfully lobbied to have school fees waived for OVC within in their community. Other activities that members undertake include networking with legal aid services and law enforcement to strengthen referrals in cases of child abuse; identifying children in need; and making linkages to other organizations that offer relevant training and capacity building opportunities for non-profit organizations.

Material Support

Material support is offered to Heartbeat beneficiaries via the provision of clothing (including school uniforms), blankets, toiletries, toys and school supplies. Heartbeat provides children with stationary and school uniforms when funding is available (generally on annual basis), but the program relies on intermittent donations of other materials, which may not be available to every beneficiary and are typically distributed according to need.

Access to Basic Services

Heartbeat assists beneficiaries with accessing basic services including lobbying for school and utility fee exemptions, especially for those living in child- and youth-headed households. CWs assess families' need for such assistance during home visits and contact the CDF or Social Worker at the Heartbeat site, who use their connections within the community or through the CCF to garner services for OVC. They further help obtain children's identity documents individually and/or via "ID drive" events in communities. Heartbeat's CWs and Social Worker assist caregivers in preparing and submitting social grant applications, including Child Care and Foster Care Grants.

TSWELOPELE

In 2004 Heartbeat began to complement direct service delivery by partnering with selected CBOs in a formal training and mentorship program known as *Tswelopele*. The program does not fund partner organizations directly, instead providing support through activities designed to develop capacity among participant organizations for the successful implementation of Heartbeat's model of service delivery in their own communities. In Western Cape, Free State, and Gauteng provinces, 37 organizations are official graduates of Tswelopele. As of December 2010, Tswelopele was actively working with 24 CBOs to bring effective community care and support to children in Limpopo, KZN, North West and Gauteng provinces. Notably, 17 of the 24 CBO partners are in KZN.

Tswelopele aims to build capacity among community-based organizations so they are able to implement the Heartbeat model and reach more orphans and vulnerable children.

This case study describes the key activities of the Tswelopele program and focuses on the experiences of eight CBO partners working in uMkhanyakude district of KZN. Despite variations, the eight focal partners have several commonalities including rural locales and an all-volunteer workforce serving highly disadvantaged populations. These organizations joined the Tswelopele program in April 2008, and at the time the case study activities were conducted, none had graduated from the program. Each is at a different phase of implementing the Tswelopele recommendations for organizational management and service delivery.

Following a description of the staffing and resource structure for Tswelopele and its CBO partners, subsequent sections provide an overview of the program as well as key activities in the partnership process, including: partner identification and selection, training, mentoring, support for service delivery and post-partnership efforts.

Staffing and Resources

A team of six Trainers and a Training Manager based at the central office in Pretoria work closely with Heartbeat's CBO partners as part of the Tswelopele training and mentorship program. The Trainers are assigned to work with partners based on district, and one Training Manager serves in a supervisory role. For the duration of the two-year partnership, one Trainer works with the partner organization in both a training and mentoring capacity. Tswelopele believes that this consistency is both efficient and advantageous for the program and its partners. Work is planned so that when a Trainer visits a particular area he/she can conduct a number of training sessions or mentoring visits consecutively.

All Trainers currently working for the Tswelopele program were involved with Heartbeat in other capacities prior to their recruitment into the training and mentoring program. While there are no formal educational or training requirements for Trainers beyond post-secondary education, they are required to demonstrate a good understanding of local communities in order to work effectively within the community's culture and that of the partner organization. As one Heartbeat staff member observed, "The trainers need to be gatekeepers into the communities where Heartbeat is expanding into."

Whereas Heartbeat has employed staff, both to implement direct services as well as for the Tswelopele program, each of the CBO partners relies solely on volunteers to run the organization and all of its programs. Importantly, key roles in each organization such as Directors, Coordinators, Treasurer as well as CWs are held by unpaid volunteers. Some organizations operate with less than 10 volunteers whereas others have 20 or more. These volunteers often serve a large OVC caseload, as for instance, 21 volunteers in Tete Health and Support Program provide services to as many as 800 OVC (see Table 1).

Heartbeat receives funding for the Tswelopele program from PEPFAR, which goes directly towards the administrative and salary costs associated with the program. Additional, on-going funding for the program is sourced from within South Africa, on a province-by-province basis. In KZN local businesses including the Woolworths South Africa My School Program, Murray & Roberts, and Go-Ahead fund the operating costs for some Tswelopele activities within the province, and Woolworths has also provided support through in-kind donations of food. Heartbeat has also received one-time in-kind donations from other local businesses, typically of blankets or clothing, given to Tswelopele partners for distribution to beneficiaries. At the time this case study was conducted, the majority of the CBO partners engaged in this case study relied primarily on in-kind donations from Heartbeat, local businesses and churches to support their program activities. One of the partners has received a funding grant for office space, and another had devised a funding scheme whereby the organization had taken up several small-scale business ventures, the profits of which were used to support OVC service delivery.

Table 1. CBO Capacity and Beneficiaries

	Number of Volunteers	Funding Sources Other than Heartbeat	Training Other than Tswelopele	Total Number of Children Supported*	Other Beneficiaries Beyond Heartbeat Criteria
CBO Network	38 volunteers, including Director and Coordinator	The Director's business initiatives and the affiliated church	No	300	Households affected by poverty
Manzibomvu Baptist	8 volunteers, including Coordinator	In-kind donations from the affiliated church	No	78	No
Qakaza Cooperative	10 volunteers, including Coordinator	No additional support	No	62	No
Sekuyasa Cooperative	8 volunteers, including Director, Treasurer and Coordinator	In-kind donations from local churches	HBC and Palliative Care from DoH	80	Children living with HIV
Simunye Faith	16 volunteers, including Director	In-kind donations and money from affiliated church, individuals in the community and the local Chief	No	300	No
Tete Health and Support Project	21 volunteers, including Director and Coordinator	No additional support	No	800	No
Ubhaqa Development Services	33 volunteers, including Director and Coordinator	In-kind donations from local businesses and another NGO	HBC and Palliative Care from DoH	1850	If the household has no source of income
Usizolwempilo Project	19 volunteers, including Coordinator	Financial support from an individual in the community and through a funding grant from another organization	HBC and Palliative Care from DoH	500	HBC and Palliative Care at 400 households where a household member is living with HIV and AIDS

* "Total children" includes both OVC according to Heartbeat's criteria, and any other children that the organization serves.

“It’s not just about giving people training and then leaving them. Heartbeat realized that you cannot go out and train unless there’s a mentor. You cannot separate training and mentoring.”

- Tswelopele Trainer

An organization is officially accepted into the Tswelopele training and mentoring program following an organizational assessment conducted by a Tswelopele Trainer and the Training Manager to examine governance, financial management, and sustainability. The results of the assessment are disseminated to the organization, and a formal memorandum of understanding is signed to formalize the partnership. The partner is assigned a Trainer from among Heartbeat’s Tswelopele staff, who works with the organization in an intensive training and mentorship role for two or more years. A two-year implementation plan is developed between the Tswelopele Trainer and the partner CBO consisting of three blocks of training and mentoring, delineated by phase of program development: 1) Initial Implementation; 2) Growth and Performance; and 3) Maturity and Exit. The 24-month partnership implementation plan typically includes 15 days of training and 20 mentoring visits. Additional visits may be conducted as necessary, particularly for partnerships extending beyond the two-year mark. Key activities and their expected outputs are listed in the Conceptual Framework.

The Initial Implementation phase begins with three training modules over five days, covering the Heartbeat Model, first steps in program development, and identifying OVC in the community. The mentoring visits usually take place over a period of five months following the completion of the training block, but the implementation plan is flexible to allow extra time as needed. During this time the Trainer and partner organization work to develop a

community profile and identify and register beneficiaries. Key staff are identified, and job descriptions are developed for all staff and volunteers to clarify roles and responsibilities, and establish clear leadership within the organization. Trainers also help the partner to establish a community CCF and Heartbeat often provides some material support for the organization to distribute to beneficiaries.



Care Workers gather for a meeting at their office in Jozini municipality.

Photo by Kristin Neudorf

The second implementation phase, Growth and Performance, begins with another five-day

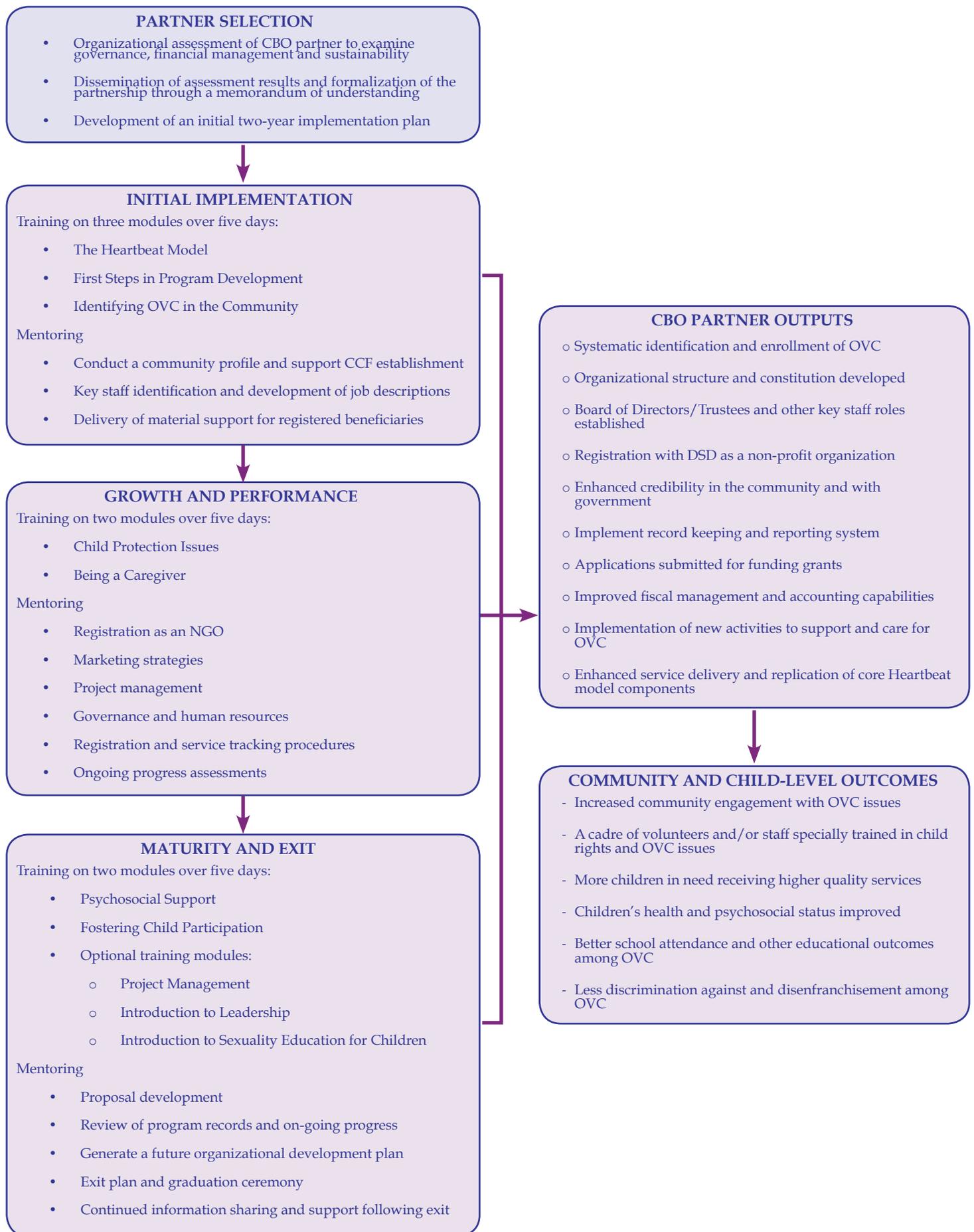
block of training covering two modules: child protection issues and standards of caregiving. Three mentoring visits, again taking place typically within five months of the training, focus on administrative development including proposal writing, marketing strategies, governance, human resources and other management concerns.

The third and final phase in a partnership implementation plan, Maturity and Exit, convenes with five days of training for CWs and other partner staff on two modules: psychosocial support and fostering child participation. Partners may also participate in a series of additional optional training modules to further enhance their capacities, such as project management, leadership, and sexuality education for children and youth. Mentoring visits continue and focus on an intensive review of the organization's progress to date, including any unmet needs and an assessment of the partner's readiness to exit the program. Proposal writing is generally a main focus of one or more mentoring visits, as partners are ready to shift their focus from implementation to future sustainability and expansion at this stage. Partners ready to operate independently of support from Heartbeat take part in a graduation ceremony with the Trainer. Ultimately, it is expected that these activities will result in increased community capacity, increased engagement in OVC care and more children in need receiving high quality services based on the Heartbeat model of care.

While Heartbeat has developed and refined a standard model for partnership activities, implementation is designed to be dynamic and responsive. Progress is jointly reviewed on an on-going basis and the implementation plan, mentoring priorities and schedule may be updated accordingly.

Conceptual Framework: Tswelopele Program

Objective: To build capacity of local organizations to provide services to OVC in their communities through training and mentoring.



Partner Identification and Selection

As Heartbeat looks to expand into a new geographic area, Tswelopele staff contact local government and community leaders first to ascertain if other organizations are already working with OVC in the area. These groups are contacted and invited to be considered as potential partners in the training and mentorship program.

Once mutual interest is established, a Tswelopele Trainer and Training Manager assess the potential partner's management, fiscal, and operational systems, to determine if the criteria for program participation are met and whether or not the organization would likely benefit from participation. Information is gathered through site visits and meetings with the organization's Board of Directors, staff and volunteers as applicable. Tswelopele uses a standard assessment tool to guide this process and ensure that assessments are fair and complete.

During this initial assessment, Tswelopele looks closely at the governance structure and fiscal or resource management of potential partners, and expects organizations to have or be willing to establish systems that are accountable and transparent.

In many cases joining Tswelopele marks the initiation of a partner's attempts to provide services beyond an informal regimen of home visiting by volunteers with little to no formal training. For instance, only three organizations engaged in this case study had ever received training outside of the Tswelopele program; training in this case came from the DoH and concentrated on home-based care (HBC) and palliative care for persons living with HIV and AIDS (see Table 1). As such, partners may at first have little in the way of structured service delivery, capacity in governance or resource accounting. Preliminary assessment, therefore, looks for readiness to establish expanded systems, and a willingness to develop them in tandem with service delivery. The results of this initial assessment are shared with the partner. Issues identified at the outset of the partnership, for example lack of a mission statement or job descriptions, will be included in the two-year partnership implementation plan and addressed systematically.

Training

Soon after Heartbeat established the Tswelopele program, it became apparent to program staff that a standardized curriculum for use in training partners would foster quality service delivery that was largely consistent from one partner to the next. Heartbeat wanted to help partners emphasize the key services it had been implementing elsewhere, and this model relied upon a basic set of organizational skills and attributes. Heartbeat engaged two local researchers with experience in curriculum development to collaborate with CWs and create a standard curriculum incorporating these essential components. The curriculum and accompanying training manual have been adapted to meet the needs of partner organizations over the years, functioning as a framework for partners' development through training.

Tswelopele Training

Standard Modules:

- Overview of the Heartbeat Model
- First Steps: Community and organization assessment, and program planning and development
- Identifying OVC
- Child Protection
- Being a Caregiver
- Psychosocial Support
- Child Participation

Optional Modules:

- Project Management and Governance
- Introduction to Leadership
- Introduction to Sexuality Education for Children and Young People

The standard training that Heartbeat offers to Tswelopele partners consists of seven modules (see box) covering organizational development topics and the basics of implementing the Heartbeat model of services for OVC in a community. Each module ranges from one to four days and partners generally receive five full days of training covering various modules at the start of each phase of the training and mentoring program. Participating organizations can also opt to take part in a longer course of training that includes two additional blocks incorporating three modules: project management, project leadership, and sexual education for children and youth. Heartbeat works with partners to determine which modules are most applicable to the organization's needs, and the training schedule is developed accordingly.

Each organization individually determines which staff and volunteers would benefit the most from attending the various training sessions. Organizations with a large number of CWs may also choose to divide them into groups, with each group attending a different training module and then sharing the information with their colleagues.

Each of the partner CBOs engaged in this case study had completed at least one block of Tswelopele training and was working towards implementing the activities and policies covered in the training. For instance, all the organizations adopted Heartbeat's criteria for identifying OVC, which includes all children who are living with a chronically ill caregiver, orphaned, or living in a child-headed or relative-headed household. However, the Tswelopele program also encourages flexibility in response to community needs and the organization's capacity. As such, some partners expand service delivery to include

impoverished children whereas others focus predominately on households with an HIV infected resident (see Table 1).

Mentoring

“After two years we have to see changes within the organization. But change doesn’t happen overnight – you need to work with them the whole way through.”

- Tswelopele Trainer

Mentoring visits typically take place once a month and provide an opportunity for the Trainer to follow up systematically with each partner organization, assessing progress on an ongoing basis and providing related guidance and support. Mentoring visits include opportunities for skill and organizational development along with discussions of any recent challenges to implementation and a review of program records.

The Trainer, working in a mentoring capacity, assists partners with aspects of organizational development including having them designate certain staff/volunteers in key positions (e.g., Director, CDF, etc), creating formal job descriptions, recruiting a Board of Directors, and establishing a constitution. The Trainer further assists them in conducting a community profile using the Strengths Weaknesses Opportunities and Threats (SWOT) approach for use in strategically identifying program priorities. Each organization is also aided in the process of forming a CCF to foster community ownership and engagement and, as needed, recruit a team of CWs that carry out home visits to beneficiary households to provide support and deliver services.

Trainers also help partners apply for status as registered non-profit organizations. Indeed, with support from the Trainer, three organizations – CBO Network, Ubhaqa Development Services and Usizolwempilo Project – have all been officially registered as non-profit organizations with the South African government. By October 2010 the Tswelopele Trainer had begun working with the other organizations to help them also obtain official registration.

As the organization begins to develop, the Trainer will educate them on potential funding opportunities and help develop proposal and grant writing skills. The Trainer further works with the organization to establish beneficiary identification, registration and service tracking procedures.



Care Workers gather under in the shade of a tree near their office in Jozini municipality.

Photo by Kristin Neudorf

Heartbeat's Tswelopele program is specifically designed to transfer to partners the skills and knowledge necessary for implementing high quality services, particularly those that reflect the Heartbeat model of care. Several aspects of the partnership model are central to moving beyond generalized organizational development to enable the establishment of Heartbeat-type activities and services at partner sites. First, training for partners is modeled after the training that Heartbeat staff themselves receive. This produces a cadre of

workers whose approach to programming is relatively standardized. Crucial aspects of key services at partner sites are likewise modeled after those at Heartbeat sites, such as food garden management and ASC activity schedules. Heartbeat additionally provides partners with occasional material support in the form of donated items such as school uniforms or soccer balls that can be distributed to beneficiaries or used at ASCs.

Partners are encouraged to think critically about which activities and services should be prioritized in their communities, and how to implement them. Tswelopele partners in KZN have been able to realize some of the services promoted by the Heartbeat model. Table 2 provides an overview of the various support services each organization offers and specifies which have been achieved as a result of support offered through the Tswelopele program.

Central to the Heartbeat model, each organization has recruited a team of CWs, many of whom have participated in Tswelopele training sessions. CWs aim to visit beneficiary households according to the Heartbeat schedule - with weekly or bi-weekly visits depending on the level of need of the household. Child-headed households are visited at least once a week, and relative-headed households at least every other week. During home visits, CW's assess the household members' needs and provide care and support however they can. Psychosocial support is commonly offered in the form of life space counseling, which may cover issues related to health and hygiene, communication and relationship building, conflict resolution and improving household cohesion. CWs also provide referrals to other community social service providers to help beneficiaries access needed services. Notably, while Heartbeat's model stresses the importance of providing CWs with a stipend, to reduce turnover and provide at least some remuneration for their time and effort, resource constraints mean that none of the partner programs profiled here are able to compensate CWs.

Heartbeat has further supported the delivery of essential services among Tswelopele partners. Food donations from Heartbeat have enabled each of these organizations to distribute food parcels to beneficiaries on one or more occasions since April 2008. All of the partner organizations have also received donations of clothing and blankets from Heartbeat for the OVC they serve, and Heartbeat has provided uniforms for Tswelopele beneficiaries and has occasionally helped to secure stationary and books as well.

Each organization has a CCF consisting of 10 or more local stakeholders who are involved in strategic planning around OVC issues in the community. The CCF indirectly supports service delivery by sourcing in-kind donations from the community, such as food, clothing, school uniforms and school supplies. In addition, CCF members liaise within the community to form linkages with other key service providers, such as legal aid or child protection services. CWs, Coordinators, Directors and other CBO affiliates can use these linkages to make effective referrals for children who require help beyond what the organization can directly provide.

Other Heartbeat-specific services have been difficult for these partners to realize in the early stages of their organizational development, with limited resources. At the time the interviews were conducted, only three organizations – Sekuyasa, Tete Health and Support Project,

and Usizolwempilo Project – were able to offer support groups for children based on the Heartbeat model. Only two organizations – Sekuyasa Cooperative and Qakaza Cooperative – had been able to implement an After School program based on the Heartbeat model, offering homework assistance regularly and life skills training several times a year; and one organization – Usizolwempilo Project – was able to provide a basic recreational program where children come in the afternoons to participate in group recreational activities such as soccer games and singing. Among the five CBO partners that did not offer support groups and/or an ASC, all indicated they had plans to implement these services, but needed to find office space that could accommodate the programming before they could proceed.

All of the partner organizations assist OVC in obtaining the identify documents needed to apply for social grants from the South African government. Each of the organizations also refers its beneficiaries to local providers for health care services. Three organizations – CBO Network, Simunye Faith and Usizolwempilo Project – also offer transportation services to clinics and hospitals at a reduced or subsidized rate. Since receiving supplementary training from the DoH, three organizations provide HBC and palliative care for adults and children living with HIV and AIDS. Community donations and relationships also help some CBOs to offer additional educational and nutritional support services. For instance, Usizolwempilo Project runs a feeding project to provide 60 OVC with a nutritious meal on weekdays. Qakaza Cooperative and Ubhaqa Development Services also provide educational assistance, paying school fees for OVC with community donations, or lobbying for fee exemption.

“In KZN, the rural setting makes a big difference. It impacts the way people do things, and the service delivery part is going to be slower. Not many organizations want to be working here, but there are loads of children in need.”

- Tswelopele Trainer

Post-Partnership

While the typical training and mentoring plan is designed to cover a two-year period, many organizations are engaged as Tswelopele partners for even longer. This is especially true for organizations whose OVC program activities were largely nascent before the onset of training and mentoring. In preparation for the post-partnership stage, the Trainer and Training Manager will conduct a final program assessment and work with staff from the partner organization to draft an exit plan. The recommendations from Tswelopele may be for the organization to carry out additional activities or make improvements to particular management processes prior to graduating (“exiting”) from the program. Additionally, once this exit has taken place, Tswelopele does not cease contact with the organization, instead the partnership continues informally as a means to facilitate information sharing and support.

Table 2: Services available through Tswelopele partners

Services that are attributable to the Tswelopele program or have received a contribution from Heartbeat are highlighted in pink.

	CCF established	Home visits	Other Psychosocial support	Educational assistance	Nutritional Support	Food Garden at Partner's site	After school program	ID documents	Material support	Access to medical care
CBO Network	Yes	Yes	No	Uniforms, books and school supplies	Food parcels	No	No	Yes	Clothing and blankets	Referrals, and transportation to clinic and hospital
Manzibomvu Baptist	Yes	Yes	No	Uniforms, books and school supplies	Food parcels	No	No	Yes	Clothing and blankets	Referrals
Qakaza Cooperative	Yes	Yes	No	School fees, uniforms, books and school supplies	Food parcels	No	Homework help and life skills training	Yes	Clothing and blankets, help with home repairs	Referrals
Sekuyasa Cooperative	Yes	Yes	Support groups	Uniforms, books and school supplies	Food parcels	No	Homework help and life skills training	Yes	Clothing and blankets	Palliative Care and referrals
Simunye Faith	Yes	Yes	No	Uniforms, books and school supplies	Food parcels	No	No	Yes	Clothing and blankets	Transportation to clinics and hospitals
Tete Health and Support Project	Yes	Yes	Support groups	Uniforms, books and school supplies	Food parcels	No	No	Yes	Clothing and blankets	Referrals
Ubhaqa Development Services	Yes	Yes	No	School fees, uniforms, school supplies	Food parcels	Yes	No	Yes	Clothing and blankets	Transportation to clinics and hospitals, Palliative Care and referrals
Usizolwempilo Project	Yes	Yes	Support groups	School uniforms	Food parcels and feeding program	Yes	Recreational program	Yes	Clothing and blankets	Palliative Care and referrals

LESSONS LEARNED

In the six years since Tswelopele was established, Heartbeat has refined its strategy for working with partners, making changes that have included the development of a standard training curriculum, the establishment of formal progress assessment procedures at key partnership junctures, and significant expansion into new districts, especially in hard-to-reach rural areas. Successes have been many, and include helping partners to increase their management and service delivery capacity and facilitating the availability of training for local community care providers who might otherwise have minimal opportunity for capacity building. The enhanced skills that the Tswelopele training provides help organizations reach a greater number of children with more and higher-quality services than before.

Ongoing challenges include helping partners continue to develop and implement effective service delivery approaches in the face of limited or uncertain funding and constrained human resource availability. Going forward, the Tswelopele program could be further enhanced through additional training opportunities for partners designed to enhance their funding prospects and program management capabilities, as well as opportunities to establish linkages with others service providers. Heartbeat may also want to employ supplemental strategies for managing and promoting the growth of this initiative. The successes, challenges and considerations for future development of the Tswelopele program are described below.

Successes

Organizational and Workforce Development

Staff from the CBOs interviewed for this case study report high levels of satisfaction with the training and mentoring, and that the skills and knowledge they acquire through participation in this program are highly relevant to their day-to-day work. Among the CBOs engaged in this case study, all of whom are working in rural areas of KZN, the training offered through Tswelopele tended to be the only training ever received. The program, then, is bringing capacity building initiatives to areas of critical need, equipping a primarily volunteer workforce with essential knowledge and skills they are unlikely to acquire through other means.

“Heartbeat has taken us from one level to the next. What you find is that a person who has seen the work that you do, they may know how you need to improve more than you know yourself. They know what else we need to do. We need them to make suggestions and to guide us on how we can become big organizations.”

- Care Worker

Several partners noted that before beginning the training and mentoring program, staff roles and responsibilities at their organizations were not clearly defined. Respondents stated that they and their organizations function more effectively after working with the Trainer to develop a community profile, constitution, and job descriptions, among other things. Furthermore,

“The training has been very valuable. In particular the job descriptions, which have given everyone a clearer sense of their responsibilities. It has made the organization much more efficient.”

**- Coordinator,
Tswelopele Partner CBO**

CBOs striving to establish a resource base find that the management and budgetary capacity they achieve through Tswelopele is a very valuable precursor to the program’s economic development. These aspects of organizational development were mentioned by a number of partners as “the best thing” that Heartbeat had done for them.

Partners’ newly acquired capabilities may be reflected in ways that include the initiation of new activities and services, improved management, monitoring and accounting capabilities, in addition to the availability of a better-trained and qualified workforce. Indeed, CWs also commented on their improved caregiving ability as a result of the Tswelopele training. They noted the value of enacting a more structured format for home visiting that included application of practical skills such as needs assessments, conflict mediation and life space counseling. The Tswelopele initiative is building the capacity of community level service providers to provide higher quality services and enhancing their prospects for sustained care.

“Heartbeat introduced a more hands-on method of operating. For example, record keeping. [The Trainer] would come all the time to look at records and really be a pain in the neck, but it got us to the point where we could just pull out a file and all the information would be ready.”

- Coordinator, Tswelopele Partner CBO

Increased Credibility of Fledging Organizations

Establishing trust with the local community is an ongoing challenge, as many community members are skeptical that program enrollment with small local CBOs will bring substantive assistance. Heartbeat is well known and highly regarded among the KZN communities visited for this report. This often means that joining Tswelopele confers status and credibility to the partner through the affiliation with Heartbeat. Organizations that may have experienced difficulty enrolling children in need, often because of caregiver suspicion about the motives and/or effectiveness of a new or unfamiliar entity, are suddenly able to expand

“Before partnering with Heartbeat we didn’t get a lot of recognition. Now that we’re associated with Heartbeat we’re better recognized and people are more likely to register their children with us.”

- Care Worker

enrollment as a result of their partnership with Heartbeat. Many partners indicated that they had enrolled every child in the service area who was eligible for services. Moreover, the initial material support that Heartbeat provides to Tswelopele partners for distribution to beneficiaries helped convince struggling families that the partner was dedicated to helping them.

The organizational development components of the Tswelopele initiative also helped to enhance partners' credibility. Nearly all organizations participating in this case study reported that Heartbeat had provided substantial assistance towards registration with DSD as a non-profit organization. While the process of attaining official registration was often long and arduous, those who had received registration indicated that it enhanced their ability to receive funding and support from government, private sector and individual donors. Acquiring registered non-profit status, developing an organizational profile including a mission statement, and enacting transparent fiscal systems can increase community perception of the organization as a trusted service provider, increase program enrollment, and attract potential donors.

Challenges

Reliance on Donations and Unpaid Staff

Tswelopele partners in KZN overwhelmingly report having access to few material resources and even fewer sources of financial support. They typically rely on intermittent in-kind donations of food, clothing, and occasionally money and other resources to carry out their program activities. Heartbeat by contrast is well established with multiple sources of continuous funding. It provides services on a large scale and is relatively better able to implement an array of activities in accordance with the model of care promoted. The capacity building and skills-transfer aims of the Tswelopele program suggest that these discrepancies are somewhat intrinsic. However, several partner organizations noted the difficulty inherent in trying to implement new services, or even conduct preliminary assessment activities, in the total absence of funding.

The conflicting staffing structures between Heartbeat and their Tswelopele partners also make the idealized model of care difficult to realize. Heartbeat has a well-developed workforce of educated workers, most fulfilling specialized roles and all of whom are paid staff. Heartbeat encourages Tswelopele partners to designate individuals

“Volunteering and helping the children without money is really challenging. Thank God winter has passed. I’ve seen children walking to school without shoes or a jersey and I know I can’t give him one.”

- Care Worker

“The problem with this model is its very expensive for the CBO, because it requires you to pay more people. Heartbeat does not believe that people should have to work as volunteers. Sometimes it’s really hard for organizations. Getting resources is always going to be a challenge.”

- Tswelopele Trainer

in key staff positions, such as Director, ASC Coordinator and CDF; however, all the CBO partners engaged in this study rely solely on volunteers to fulfill these roles, in contrast to employed Heartbeat personnel who undertake these responsibilities. Correspondingly, while the Heartbeat model highlights the importance of providing CWs with a stipend to maintain motivation, this level of support is not possible among Tswelopele partners. Lack of remuneration naturally affects the consistency, availability and quality of service provision. It also has the potential to limit the value of the initial training investment, as turn-over may be high among even the most dedicated team members when paid opportunities become available.

Unmet Needs

Managing Expectations

Given that the Tswelopele model is based on capacity building without a significant resource transfer component, new training and sensitization activities aimed at managing both partner and beneficiaries' expectations might be particularly helpful. Tswelopele Trainers and other Heartbeat staff reported that partners often expect Heartbeat to provide more material assistance than is commonly provided. This is particularly true at the start of partnerships, before the training and mentorship functions may be fully understood by participant organizations. Similarly, challenges arose for Tswelopele partners among their beneficiaries when material support provided from Heartbeat was intermittent and/or insufficient to reach every child in need.

While the initial delivery of material support is highly valued by both the partners and beneficiaries, in the absence of any sensitization or preparedness, such provision may contribute to expectations that neither Tswelopele partners nor Heartbeat can consistently meet. Availability and expected distribution of resources should be explicitly addressed at the start of all Tswelopele partnerships. Tswelopele partners may also benefit from training and opportunities that help them transfer such understanding to their beneficiaries.

It may be useful to hold project start-up workshops with the broader community and among beneficiaries to ensure that they are aware of project activities, beneficiary selection criteria, available resources, and constraints. These factors could be integrated within existing CCF establishment and OVC identification efforts. Such activities may also serve to stimulate interest in the CBOs initiatives, lending opportunity for additional volunteer enrollment and partnerships.

“One of our challenges is that we don't receive stipends. It would be good if Heartbeat could provide something for the Care Workers.”

- Care Worker

Strategically Addressing Resource Constraints

The program has a number of partners who could benefit from lower-resource approaches to implementing service delivery. While Tswelopele does not fund organizations directly, the capacity building that is the cornerstone of the program can be put to immediate practical use by organizations that are already sufficiently resourced. In general, the need

for services exceeds partner organizations' current capacity to provide them, and while the training and mentoring that Heartbeat delivers is a unique and effective approach to improving technical capacity, the training itself fails to fully address the challenges of programs facing severe resource challenges. While partners are encouraged to replicate the Heartbeat model of service delivery as faithfully as possible, nascent programs and those with very limited resources require flexibility in the approach.

Heartbeat could consider developing an adapted model of care that includes provisions and suggestions for very small and newly initiated organizations and for those facing a sudden drop in funding or other resources. Moreover, while Trainers provide Tswelopele partners with mentoring that can enhance funding prospects, a more strategic effort could be made towards this goal. Tswelopele could incorporate an additional training module focused specifically on soliciting funding and preparing grant applications. These skill-building activities could be complemented with concerted efforts to link partners with funding sources, perhaps even incorporating award attainment as an expected output for graduation.

“Resources are always a challenge, and staff turnover [at the CBOs] is a major challenge, because they are always looking for opportunities where they can get a regular salary.”

- Tswelopele Trainer

Developing Linkages with Government Entities

Tswelopele partners could benefit from increased linkages with DSD and other government entities. Collaboration between partner programs and the government would support existing program activities and facilitate cross-sector strategies to increase the number of services offered and strengthen referral systems within the community. Several program initiatives already in place, such as identity document drives and assistance with Child and Foster Care Grant applications, seem particularly well-positioned for improving linkages with government services. In addition, several partners reported significant difficulty attempting to access government-sponsored services with or on behalf of beneficiaries. Heightened collaboration between DSD, either through joint training opportunities, coalition building, or simply information sharing, could have a mitigating effect.

Diversifying Training Opportunities

Heartbeat generally runs its training sessions for partners directly, by having the Trainer deliver the training sessions to participants. While this approach has the advantage of furthering the individual partnership, and aids the Trainer in gaining a full understanding of the partner's needs and progress, it may be useful to consider providing partners with some training opportunities through external affiliates. Information sessions or facilitated discussions with other social service providers, clinicians, teachers or HIV educators would expand the scope of topics in the training repertoire and allow participants to think critically about multi-sector and coordinated approaches to service delivery. In addition, it would allow partners to benefit from knowledge and skills transfer incorporating a variety of teaching styles, and to offer unqualified feedback on training sessions, something they may be reluctant to do when the Trainer is also their primary contact at Heartbeat.

“We’d also like to be trained on how to help children who have finished school. We try to encourage them to study and to do well, which will help them do well and help their family in the long run. It would be very helpful for representatives from the schools to come, so that the children can see that there is hope for the future, if they work hard.”

- Care Worker

Capacity Building on Monitoring and Evaluation

Tswelopele partners have an unmet need for sensitization and capacity building around M&E. CWs are introduced to Heartbeat standard forms and given basic instruction in how to log and count beneficiaries served each month. While adherence to these guidelines appears to be high, CWs reported that the point of monitoring was simply to fulfill what they saw as a monthly obligation to Heartbeat. The burden of collecting this information can be high, especially for those with low literacy and without access to postal services, photocopying equipment, and the like. Principles of data use and dissemination could be more fully communicated to partners through training. Such efforts would likely also improve reporting accuracy and timeliness, particularly if coupled with skill-building exercises and practice.

Increasing Access to Tswelopele Trainers

While Heartbeat has six full-time Trainers, the growing number of Tswelopele sites makes regular contact with each one a challenge. Many of the new sites are located a great distance from Heartbeat’s headquarters office in Pretoria, where the Trainers and other staff members are based. This necessitates long periods of overnight travel in which many hours are spent driving between project sites rather than delivering training and mentoring services. Adding more Trainers to the program would enable Heartbeat to assign fewer sites to each, and/or to add new sites as partners are identified. In addition, having Trainers based within the Provincial sites could help to expand available contact and support of Tswelopele partners. Notably, the eight partners profiled for this report had all exceeded two years of participation at the time of information gathering; and Heartbeat will need to carefully manage the program’s growth *vis a vis* staffing and other resources.

“We want as much training and mentoring as possible. Sometimes we have to wait a long time between visits [from the Trainer]. The problem is that people in the rural areas are different than in the cities – it takes longer for things to take hold here.”

- Care Worker

Improving Name Recognition for “Tswelopele”

“Tswelopele” is a term that is familiar to Heartbeat administrators and staff but virtually unknown among the partners. In developing outreach to potential partners and especially as the program considers marketing its brand of training and mentorship to government and other industries for wide-scale replication, Heartbeat may wish to promote name recognition of this unique program. This could include developing a logo and/or accompanying publication materials and promoting the training and mentorship program as an entity related to but separate from Heartbeat’s direct service delivery.

THE WAY FORWARD

All Tswelopele Trainers and other key staff members were certified as Assessors in 2010 by South Africa’s Sector Education and Training Authority. Certification supports the consistent application of national standards for assessment in disciplines involving teaching or training, and its certified staff positions Heartbeat/Tswelopele as a highly qualified promoter of model OVC service delivery. The organization expects to maintain universal certification among its employees. Heartbeat is also in the final stages of accreditation with the South African Qualifications Authority, following which all training sessions conducted under its auspices will be recognized and transferrable between member associations, including the government.

Heartbeat plans to develop new Tswelopele partnerships, especially in rural areas and those underserved by other programs, maintaining a broad national reach. Tswelopele will continue to operate as the training and mentorship wing of the organization, refining its approach to the successful replication of Heartbeat-model programming in communities served by partner organizations. Heartbeat is actively exploring possibilities for promoting and outsourcing its training and mentorship model, in South Africa and elsewhere. Outsourcing would not only expand Tswelopele’s reach but could also represent opportunities for revenue generation, increasing the program’s sustainability and providing additional funding to support program activities already in place.

REFERENCES

Day C, Barron P, Monticelli F, and Sello, E. (2009). *District Health Barometer 2007/2008*. Health Systems Trust.

<http://www.hst.org.za/publications/850>

Retrieved 30 November 2010.

Monasch R, and Boerma T. (2004). *Orphanhood and childcare patterns in sub-Saharan African analysis of national surveys from 40 countries*. AIDS, 18:2, S55-S65.

Statistics South Africa. (2001). *Census Interactive Tables*.

<http://www.statssa.gov.za/publications/statsdownload.asp?PPN=Report-03-02-08&SCH=3585>

Retrieved 05 December 2010.

Statistics South Africa. (2007). *Community Survey*.

http://www.statssa.gov.za/community_new/content.asp

Retrieved 30 November 2010.

UNAIDS. (2008). *South Africa Country Situation*.

<http://www.unaids.org/en/regionscountries/countries/southafrica/>

Retrieved 05 December 2010.

UNAIDS. (2009). *East and Southern Africa Fact Sheet*.

<http://www.unaids.org/en/regionscountries/regions/easternandsouthernafrika/>

Retrieved 30 November 2010.

UNICEF. (2009a). *Progress Report for Children Affected by HIV/AIDS*.

http://www.childinfo.org/files/2009_OVC_Progress_Report_FINAL_opt3.pdf

Retrieved 30 November 2010.

UNICEF. (2009b). *Country Fact Sheets*.

http://www.unicef.org/publications/index_52513.html

Retrieved 30 November 2010.