A Case Study

Hands @ Work

Masoyi Home-Based Care

OVC Programme

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Masoyi Home-Based Care OVC Programme

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Acronyms

ACTS	AIDS care, treatment, and support
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
CCC	child-care committee
DoSD	Department of Social Development
ECD	early childhood development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
GOLD	Generation of Leaders Discovered
GRIP	Greater Nelspruit Rape Intervention Programme
HBC	home-based care
K2	Khayalethu 2
M&E	monitoring and evaluation
OVC	orphans and vulnerable children
PLWHA	people living with HIV/AIDS
PSG	Project Support Group
USAID	U.S. Agency for International Development

Executive Summary

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

Masoyi Home-Based Care began offering services in 1998 in response to increasing numbers of people who were HIV infected and families that were affected by the illness and death of loved ones. Soon after the emergence of Masoyi Home-Based Care, it became clear that children were experiencing many problems as a result of illness and death within their family. This led to the birth of the Orphan Care Programme.

Today, this programme reaches out to OVC and provides spiritual, emotional, and physical support to children. Some such services include assistance with obtaining birth documents, daily feeding, food parcels, early childhood development programmes run from multi-care centres, assistance with homework for older children and the running of leadership and peer support programmes with vulnerable youth.

As the Orphan Care Programme expanded, it developed into a holistic programme offering comprehensive services to OVC and caregivers. Staff within the Orphan Care Programme began to see potential to implement the programme across the continent. The desire to replicate the model in other parts of Africa saw the emergence of Hands @ Work. Hands @ Work regards itself as an independent movement that is implementing the Masoyi model in other parts of Africa.

This case study was conducted in Masoyi and took place over three consecutive days. Activities included document review and interviews with the founder of Hands @ Work, the project manager of Masoyi Home-Based Care, and the training co-ordinator. A day was allocated for observations of programme activities in the community. These included visits to two community care centres, visits to community food gardens, observations of visits to home-based care patients, vocational skills training, feeding and life skills games, and activities facilitated by international volunteers.

This Orphan Care Programme was selected for study because it is a mature programme that has been recognised as a best practice both locally and internationally. Hands @ Work partners with Masoyi Home-Based Care and provides mentoring and support to the organisation. Masoyi Home-Based Care has strong links with other organisations in the field. Aspects of the orphans and vulnerable children(OVC) programme are being adapted and replicated in the Democratic Republic of Congo, Malawi, Mozambique, Nigeria, Zambia, and Swaziland.

This case study was conducted with the intention of identifying innovations and areas of excellence within the programme. It documents best practice elements within the programme that can be replicated by other OVC programmes. While the report provides considerable detail into the various aspects of the programme, it has highlighted and discussed the best practice elements in greater detail. One such element is the creation of a community-based model that provides holistic services to OVC. It is strongly rooted in the values of community ownership and empowerment. The project has been successful in creating an environment that fosters growth, personal development and a sense of belonging among staff, volunteers and beneficiaries. The programme has realised cultural and attitudinal shifts among community members to OVC and

has succeeded in providing extensive and comprehensive services to OVC that far exceed donor requirements.

Introduction

"The pandemic is leaving too many children to grow up alone, grow up too fast, or not grow up at all. Simply put, AIDS is wreaking havoc on children."

Former United Nations Secretary-General Kofi Annan

Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. There is urgent need to learn more about how to improve the effectiveness, quality, and reach of efforts designed to address the needs of OVC, as well as to replicate programmatic approaches that work well in the African context. Governments, donors, and nongovernmental organisation (NGO) programme managers need more information on how to reach more OVC with services to improve their well-being.

In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Hands @ Work Masoyi Home-Based Care and to document lessons learned that can be shared with other initiatives. The U.S. Agency for International Development (USAID) in South Africa commissioned this activity to gain further insight into OVC interventions receiving financial support through the President's Emergency Plan for AIDS Relief (emergency plan). This OVC case study, one of a series of case studies documenting OVC interventions in South Africa, was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the emergency plan and USAID/South Africa.

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

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

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

Orphans and Vulnerable Children in South Africa

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

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

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

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

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

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

Methodology

Information Gathering

Workshop participants complete appreciative inquiry interviews.

When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. Appreciative Inquiry was chosen as the overarching approach, because it is a process that inquires into and identifies "the best" in an organisation and its work. In other words, applying AI in evaluation and research is to seek out the best of what is done, in contrast to traditional evaluations and research where the subjects are judged on aspects of the programme that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the Hands @ Work and Masoyi Home-Based Care OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

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

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

Case study activities were conducted in Masoyi from July 11 to July 13, 2007. Interviews were conducted with the founder and chief executive officer of Hands@Work, the project manager of Masoyi Home-Based Care's OVC Programme and the OVC care training coordinator. An appreciative inquiry workshop was held with beneficiaries, community members, project partners, volunteers, and programme staff. Project activities were observed July 12-13, 2007. Activities observed included morning gatherings of home-based care (HBC) workers, home visits to identified patients, activities for OVC at early childhood development (ECD) centres, vocational skills training for OVC, and primary care givers tending community gardens located at two community care centres. Field visits concentrated on two community outreach centres, the Lula Centre and Khayalethu 2 (K2).

FOCAL SITE

Masoyi is a small tribal area consisting of six villages located within the Nsikazi District in Mpumalanga. Masoyi is approximately 30 minutes from White River, a small town that is in close proximity to the Kruger National Park. The area has a population of approximately 220 000 people, of which 32% are believed to be HIV positive (Smook, 2003). Prior to the advent of democracy, Masoyi was within a former homeland area created by the Apartheid regime. Homelands were largely rural, under-resourced areas and were isolated from economic opportunity. For this reason, the area is characterised by low levels of infrastructure and high levels of unemployment. Members of the community often travel far to find work in surrounding towns. Others live away from home and remit wages to their families. This dislocation of families has contributed to the high numbers of people infected with HIV/AIDS. The area is not far from Mozambique and Swaziland and experiences movement of people between countries.

As the incidence of HIV/AIDS increases, there are a growing number of granny and child-headed households emerging. Increasing numbers of households are afflicted by poverty due to loss of breadwinners to HIV/AIDS and families are absorbing the costs of caring for the sick.

Programme Description

Overview and Framework

Children gather at the Lula Centre during playtime.

Masoyi Home-Based Care came into being in 1998 when it began providing home-based care to the sick and dying in the Masoyi area. It began as an initiative under the Africa School of Missions, a Christian teaching college based in Masoyi. The school site remains the project headquarters for Hands @ Work. Since then, it has expanded rapidly into a multi-layered and holistic project providing multiple services and activities.

Subsequent to the emergence of Masoyi Home-Based Care, the Hands @ Work movement was established as a vehicle through which the Masoyi model could be replicated across the continent. Hands @ Work is a South African NGO that provides comprehensive care and support services to OVC and their families through a network of associated community based organisations. Masoyi Home-Based Care is an anchor partner of Hands @ Work in Africa.

The Masoyi model lends itself towards mobilizing new community initiatives in resource-poor settings. The model builds on the foundation of home based care and local community ownership by mobilizing the local church to accept the biblical mandate to look after the sick and dying in their communities and to care for the orphans. Hands at Work helps to establish, encourage and build capacity in CBO's that are formed out of local churches accepting the mandate and then assists in the implementation of the Masoyi Community Intervention Model by which to fulfill it.

The Masoyi model of care and support has been replicated across seven countries and informed the design of 30 projects. The model has been adapted and replicated in Malawi, Mozambique, Nigeria, Swaziland, Zambia and the Democratic Republic of Congo (DRC). The Masoyi Home-Based Care project was recognised and awarded as a Best Practice Model by USAID in 2000.

"Masoyi Home-Based Care has the vision of improving the lives of the sick and OVC. Most of these people are the victims of disrespect in the community. Some of these people are rejected by their families but Masoyi is there for them."

Social worker

The primary principle that guides the functions of the Orphan Care Programme is the belief that working with vulnerable children needs to begin with home-based care being provided to sick and dying family members. Home-based care provides the means through which staff and volunteers can enter people's homes, build trust, develop confidence, and render health care to the sick.

Through the creation of the Lula and Khayalethu 2 (K2) care centres, the Orphan Care Programme aims to uplift the quality of life of the most vulnerable OVC and their families through providing support structures, building resilience and cultivating coping mechanisms in the family

and by rebuilding lives through the love, hope and joy of Jesus Christ. The faith and inspiration created by the life and works of Jesus Christ is a central tenet of the work of the Masoyi Home-Based Care Project and the Hands @ Work movement.

The Orphan Care Programme provides integrated and holistic services to both OVC and primary caregivers through community care centres. These centres are located at the centre of the community, and act as a contact point for anyone infected or affected by HIV/AIDS to obtain care and support services with caregivers and families are directed at helping caregivers come to terms with the changes in their family environment and understanding the emotional needs and difficulties OVC experience. The programme provides weekly feeding, orphan care, educational assistance, psychosocial support, leadership programmes for orphans and vulnerable children and youth, community gardens and assistance with the construction of homes for orphans and caregivers in the Masoyi area.

Masoyi Home-Based Care is heavily dependent on Hands @ Work for assistance with organisational development, capacity building, monitoring and evaluation (M&E), and proposal and report writing. The founder of Hands @ Work recognises that sharing best practices is not only about success, it is also about sharing the things that have not worked well and ideas about what may work better. This perspective echoes the humility and graciousness of the staff of Masoyi Home-Based Care. Apparent in every interaction with staff and community members was the yearning to know more and the openness to hearing and considering new ideas and perspectives. This demonstrates a real commitment to developing communities, to reviewing programmes and to privileging the needs of others, above their own. The 'servanthood' approach is one that runs throughout the work of the project. It is one of the many cornerstones of success in this project.

"The Masoyi model of community ownership has shown me that community is the most powerful tool along with love that can produce positive results in Africa and across the globe."

Volunteer

PROGRAMME STAFF

The characteristics, commitment, and faith of programme staff are major ingredients to the programme staff's effectiveness. There are strong and positive relationships among staff that cross racial boundaries. Belief in God acts as a major source of motivation and guidance for staff on a day-to-day basis. The Orphan Care Programme has dedicated staff who coordinate specific interventions, such as the Generation of Leaders Discovered (GOLD) peer education programme and the Better Choices and Young Mothers Programme. There is also an overall project manager who is responsible for the day-to-day running of the project. Due to the lack of capacity within its steering committee, overall decision-making and accountability rests with Hands @ Work staff. This is recognised as a challenge that is being addressed through training and capacity building for the steering committee.

"They fight against poverty, HIV, and ignorance. They love justice and people who are different to them. They are transparent. They do not work for money but follow their hearts. They do not only train us. The way they live encourages us so that we could live the same way in the future."

Youth Programme Coordinator

VOLUNTEERS

The Orphan Care Programme recruits both local and international volunteers to assist in the provision of services to OVC. International volunteers are recruited from churches worldwide. Masoyi Home-Based Care has 101 regular local volunteers, who receive a small stipend for their work. These volunteers are involved in programme management, field supervision, education, nutrition, social work, and home care. Their willingness and perseverance illustrate the value attached to their work. Some volunteers shared that they had joined the programme because they had a relative who had been helped, and they saw how the project had brought positive changes in their family. This demonstrates the success of Masoyi Home-Based Care in establishing credibility among the community. Volunteers are provided with extensive training on HIV/AIDS, children's rights, child protection, and in the specific programme area in which they work. These volunteers have been mobilised through ongoing community activities and consultation. This quote explains this further:

"The majority of the Masoyi staff are volunteers. This is very important because it shows that we all want to be here to serve others. When people are passionate about what they do and work for an organisation that they want to work for success will occur."

Workshop participant

The Masoyi model recognises the important role that international organisations and volunteers can play in helping the project achieve success. Hands @ Work has a network of relationships with churches across the world. Each year, many international volunteers come to Masoyi to visit and to assist in the delivery of services. International volunteers support programme staff and volunteers in the development of programmes and services. Many of these volunteers return to Masoyi after their first visit. In the words of the chief executive officer of Hands @ Work, "The international volunteer policy-makes use of a scaffold approach. The volunteers provide the builders with a platform to support the building process. Once it is built, you take the support structure away. The international volunteers will never be leaders themselves but will remain as a resource to the community."

This openness and flexibility to outside individuals and organisations is a large part of this programme's success story. Through harnessing external ideas and opportunities, the programme has been able to adapt and incorporate new ways of doing things. This has ensured that the programme is responsive to community needs and can continue to evolve as a best practice for other projects working in similar focus areas. Similarly, the inclusiveness and belonging that is felt by programme staff is shared by international volunteers.

"All of the community members identify and propose what is best for their community and Hands @ Work is willing to support them. As a person from outside Masoyi, it is irresponsible for me to come to Masoyi and tell them what they need to do. The Masoyi model recognises this but they also identify that I can provide the support for the people of Masoyi and the programmes the community would like to run. Hands @ Work recognises the importance of connecting a global community and recognises that we can all learn from each other."

International volunteer

Hands @ Work – Masoyi Home-Based Care OVC Programme

The Mission of the Hands @ Work movement is, through a relationship with the local church in Africa, to challenge, encourage , develop and support the ministry of servanthood among those in need in their community through the replication of the Masoyi Community Intervention Model

Programme Goals

To develop Hands @ Work in Africa to be able to expand to reach the goal of supporting 100 000 OVC by 2010
To provide care and support to OVC through providing at least 3 of the essential components of care

External Resources

SA Government and other Donors:

- ABSA
- Glaxo Smith Kline
- KuW
- Project Support Group
- U.S. President's Emergency Plan for AIDS Relief
- Donations for individuals and churches both within South Africa and abroad

Services and Activities

- Psychosocial support
  - Peace Building Camps
  - Play therapy
  - Counselling
  - GOLD Peer Education Programme
  - Better Choices
  - Young Mothers Programme
  - Support groups for Primary Care Givers
- Food and Nutritional Support
  - Food gardens
  - Food parcels
  - Feeding during week days at care centres
- Educational support
  - Early Childhood Development
  - Winrock Ambassador Scholarship Programme for Young Girls
  - Assistance with homework
  - Forward Education
- Child protection
  - Formation of CCCs
  - Referral to GRIP
- Economic Strengthening
  - Facilitation of grant/document applications
  - Vocational Skills Training
- Health care
  - Home-Based Care
  - Referral to ACTS clinic
  - De-worming and multivitamins

Family and Community Outcomes

- Legal/social services: assistance with documents ensures access to school and grants. Access to grants ensures improved living circumstances
- Education leads to empowered community and healthy children who are less vulnerable to abuse and neglect
- PRIMARY CARE GIVERS able to access support to cope with new role and provide appropriate support to OVC

Child Outcomes

- Education: Improved school attendance and performance
- Healthcare: Home visits prolong life and assist with succession planning
- Food and nutrition: improved participation by PRIMARY CARE GIVERS and enhanced cognitive functioning, stronger immune systems
- Psychosocial support: healing from parent's death, youth empowered to make responsible choices.
- Child Protection: Partnership with GRIP ensures children who have been sexually abused receive assistance and legal process is initiated

KEY PROGRAMME ACTIVITIES

Community Capacity Building

The Masoyi model seeks to help communities absorb the responsibility of caring for community members and children affected by HIV/AIDS. The central tenet under which capacity building takes place is the formation of community committees and the training of volunteers. The Orphan Care Programme attaches a great deal of significance to the ongoing development and growth of the community. The community forms the basis of project and its members play a central role in the governance of the organisation, identifying areas of need, and assisting with the mobilisation of resources.

Vocational skills training is an important capacity-building activity in Masoyi. Community members who are trained in building and construction skills can become part of the building team. This team is involved in construction and repairs, and members are trained to work independently. Building-team members are recruited from the broader community. The team has been responsible for the construction of new offices within the community. Team members are able to work independently and can read and interpret building plans. The intention of the project is to enable participants to start their own initiative and to become economically self-sufficient. The building team is also used by the programme to assist in the construction of toilets for children and provides assistance in basic household maintenance to vulnerable households. Some tasks include repairing broken windows, locks and door handles — all of which may make children and families vulnerable.

The programme also assists and supports care givers to respond to the needs of OVC. This plays a powerful role in assisting extended family members to respond to the emotional needs of OVC. The Orphan Care Programme addresses this through facilitating support groups for care givers. The support group focuses on helping care givers respond to grief and prepare to receive a new child into their families. These groups have helped to normalise grief, increase understanding and overcome stigma associated with OVC. A full training programme has been developed in preparing primary care givers for their new role as guardians. During 2007, 1225 primary care givers participated in the training programme. The programme focuses on self awareness, parenting skills, child development, responding to the emotional needs of OVC, bereavement and human rights. This training programme is vital in developing the capacity of primary care givers and communities to absorb the burden of caring for OVC. It aims to help primary care givers understand how children deal with grief and the impact of bereavement on children if they do not receive support or assistance.

The integrated nature of the Masoyi model places significant emphasis upon ensuring that the home environment is stable and that staff and volunteers have regular contact with primary care givers caring for children who are registered in the Orphan Care Programme. The project works to develop the capacity of families to care for OVC in order that children can remain in the community and are not subject to multiple changes soon after the loss of their parent. Work with primary caregivers has also involved dismantling misperceptions and stereotypes about people living with HIV/AIDS (PLWHA) and OVC. Support groups for caregivers are run by Masoyi Home-Based Care and community-based activities provide further support.

"Seeing the children coming to the centre each day shows us that they really like what we are doing. They feel they are not different from other children because we give them love."

Care centre coordinator

The recognition of the Orphan Care Programme as a best practice provides a powerful vehicle for the project to positively influence and support organisations doing similar work across the continent. Masoyi Home-Based Care provides mentoring to other organisations and extends the opportunity for individuals to visit the project and observe its work. Champions and community members are invited to come listen and observe the way the programme runs. The project has found experiential teaching and learning to be more powerful than classroom-based learning. Similarly, the rotation of staff between country projects and villages within Masoyi demonstrates a commitment to sharing knowledge and information. In the words of a staff member involved in the youth programme:

"The project is successful because they work through local leadership. They build capacity in local leaders and partnerships are based on relationships. The project provides the support needed by local projects to ensure they have the skills needed to run the project. The project ensures they share information and ideas with others through its strong networks with other OVC organisations working in surrounding communities."

Staff Member

Home Visits

HBC forms the cornerstone of the Orphan Care Programme. HBC acts as an entry point through which volunteers and staff are able to develop relationships with family members and children. Many times, OVC beneficiaries are identified by HBC volunteers doing patient visits. HBC visits often serve as the entry point into the programme for children and then form part of the ongoing support provided.

Community volunteers, child protection committee members, and programme staff visit OVC in their homes to follow up on their needs, to monitor their well-being and to bring food parcels to eligible families. The child-headed household coordinator, who was himself a beneficiary, also visits these homes to check that children have food and to follow up on what is happening at school, and find out if they have any particular needs. This information is recorded and feedback is provided in weekly and monthly meetings with other coordinators. Similarly, caregivers are visited by coordinators to provide support and assistance in absorbing their role as guardians.

Visits to HBC patients are not restricted to patients who are sick from HIV/AIDS but include patients with other health-related problems. Over a period of time, the shift in the burden of disease and the escalation of HIV infections means that the HBC programme predominantly supports and assists people with HIV and HIV-related infections. Masoyi HBC had 48 volunteers working in HBC during 2007. HBC volunteers are required to visit their patients at least twice a week. In many instances, volunteers visit homes more frequently and provide additional support and assistance to children and their families. Feedback on patients is provided in a weekly meeting and priority patients are identified for visits by a nurse each week. On Thursdays, a nurse visits the critically-ill patients. A vehicle is also available for the project to take patients to a clinic or hospital if necessary.

Community Mobilisation

Strengthening community networking forms a very important part of the Masoyi model. The model of intervention is based on strong community participation and extensive community involvement at multiple different levels. Before Masoyi Home-Based Care initiates any work within communities, consultation and needs assessment is carried out thoroughly with community leaders. Community representatives are identified and work begins in cooperation with community members. The community is involved through meetings that are held in

conjunction with the representatives. Community mobilisation continues throughout the project. It provides a vehicle through which other people can become involved and ensures that the project is able to situate its services and activities in the area of highest need.

The Programme also places emphasis upon mobilising community stakeholders to become involved in supporting and protecting OVC. An educator who sits on the steering committee of Masoyi Home-Based Care said, "I felt proud when I was chosen to represent my school on the steering committee for Masoyi Home-Based Care. I was able to identify the children in my school. I took their details to the Masoyi Coordinators. I knew that the children were going to be helped". This quote illustrates the levels of trust and confidence placed in the project. These levels of trust and recognition were evident throughout the community visit, and emerged as a common theme during conversations with community members.

The programme regards collaboration and consultation with community members as very important. Masoyi staff members regard the mobilisation of community members as crucial to ensuring the long-term sustainability of the project. Community mobilisation takes place through the creation community-led Child Protection Committees and community representation on the steering committee. The level of mobilisation that has taken place at community level is also evident in the number of staff and volunteers who come from Masoyi and the number of beneficiaries who wish to continue their involvement with the programme beyond the age of 18 years.

Community Care Centres

Community care centres are the central point from which services are provided to OVC in Masoyi. There are two centres. These are the Lula Centre and Khayalethu 2 (K2). Early childhood development activities are provided at these centres by teachers who are employed by Masoyi HBC. These care centres act as day care centres in the morning and after care centres in the afternoon during weekdays. Recreational and vocational programmes are run from the Lula Centre on Saturdays. The Care Centres target OVC and their families specifically. They form the primary means of contact with OVC and are the mechanism through which many services are delivered. Some such services include ECD, de-worming, after-care, recreational activities, and nutritional support.

The community care centres are centrally located and are within easy access of children and community members. The Masoyi Orphan Care Programme requires that primary care givers are involved in the project on an ongoing basis and have regular contact with staff at the community care centre. Food gardens are located at both centres. These gardens are tended to by primary caregivers or community members on a daily basis. It is very clear that the gardens are flourishing and provide healthy, fresh produce. The primary care givers express great pride in maintaining the gardens and showing the produce that the garden yields. The produce is used for the children's meals and primary care givers have the opportunity to take some produce for themselves. This intervention has ensured that care givers are in contact with the centre and reinforces the central role that the care centre plays in the life of the community.

Women cultivate a garden at Khayalethu 2 Community Care Centre.

The ECD programme provides a foundation for the development of young OVC and enables staff to address their needs from an early age. Similarly, older children attend the care centres after school to receive assistance with homework and to participate in extra-curricular activities. The children are transported from their school to the centre in the afternoons. This ensures that the children attend the after school programme regularly and that they are safe moving between the school and the centres.

This was made possible by the recent donation of vehicles to the project. The centres are staffed by ECD staff and child minders during the week and programme leaders and volunteers over the weekends. There are 13 volunteers involved in the educational support programmes facilitated by the OVC programme. A care centre coordinator is present at each site, who is responsible for the overall coordination of activities.

Activities at both sites take place in small wooden houses that have been donated by KuW, a German funder who provides support to the Orphan Care Programme. These wooden houses are utilised as classrooms at both centres. At the Lula Centre, a second wooden house/Wendy house will be used specifically for sick children. Many of these children are sick with AIDS and require careful monitoring.

Partnerships

Masoyi HBC, in cooperation with Hands @ Work, has been able to develop strong partnerships within South Africa and internationally. These partnerships are instrumental to developing a holistic model of OVC care and ensuring the continued expansion of the Masoyi model on the continent.

Within South Africa, Masoyi HBC has developed partnerships with multiple role-players. Some such partnerships include the Greater Nelspruit Rape Intervention Programme (GRIP); AIDS care, treatment, and support (ACTS) clinic; and local government departments. These partnerships play an important role in mobilising resources and extending services available to OVC.

The ACTS clinic has played a very important role in the work of Masoyi HBC from the outset. This clinic is located in close geographical proximity to the community and is able to see priority patients sooner than public health care facilities. The clinic supports the work of Masoyi HBC by making its facilities available to the project and by assisting in the administration of health care for the broader community. The clinic also has the capacity to provide and supervise the administration of antiretroviral therapy (ART). The ACTS clinic also makes a nurse available to do home visits to patients with very serious medical needs who can not be adequately attended to by the HBC team. The clinic also avails its facilities for use by the Orphan Care Programme. A support group for guardians is run by Masoyi Home-Based Care. This group meets at the ACTS clinic. A nurse from this clinic also visits the care centres to monitor the health status of the children. Similarly, support groups focussing on adherence to paediatric antiretroviral (ARV) therapy are also run by the ACTS clinic and attended by Masoyi Home-Based Care patients.

Government stakeholders, educators, clinicians, and representatives from the police are invited to participate in community activities. Good relationships with officials in government departments have assisted in mobilising resources for the programme. An example provided during the workshop was the Department of Education making bursaries available for promising OVC so that they could further their education beyond secondary school. This is a vital aspect of the programme and was a priority need identified by both staff and beneficiaries during our visit to the project.

The partnership with GRIP has enabled the Orphan Care Programme to identify and refer children who have been sexually assaulted for specialist assistance. This includes legal and medical assistance. The strength of this partnership is evidenced in what a GRIP representative had to say about the project: “I don’t know much about what they do to be successful, but what I can say is they are really going forward.” Education and awareness initiatives that focus on HIV/AIDS and children’s rights are run in the schools by GRIP and youth who are enrolled in the programme.

The partnership with the ACTS clinic was instrumental to the expansion of HBC services in Masoyi. It has provided advanced medical care to home-based care patients, assisted in the roll-out of ARV therapy and hosted support groups for primary care givers. The Hands @ Work

movement has developed strong relationships with churches and organisations internationally. These relationships have assisted in mobilising resources and recruiting volunteers who are able to come to South Africa and support the work of Hands @ Work and Masoyi Home-Based Care. Some such volunteers have assisted in the introduction of new programmes and activities within the Orphan Care Programme.

BENEFICIARIES

The Orphan Care Programme works specifically with OVC and care givers. Beneficiaries become part of the programme through referrals from schools, clinics, HBC workers, police, and other community stakeholders. In 2007, the Orphan Care Programme served 2156 children through assistance with food, uniforms, and school materials. Each child receives at least three direct services through the Orphan Care Programme. As the care centres are the primary means of delivering services to OVC, all children attending the care centres receive the same basic package of services. These include educational support, nutritional support, health care, and home visits.

Once the children have been identified, child care workers conduct a thorough assessment. This assessment is done during a home visit, where the volunteer is tasked with collecting very specific information. The assessment looks specifically at different criteria for vulnerability and the needs of each child. This information relates to living conditions of the child, whether the child receives a grant, details of family members and any other important information. The assessment is used to determine whether the child meets the beneficiary criteria and the urgent needs of the household. In order to participate in the programme, children need to have a parent who is sick or a parent who has passed away.

Children who participate in the programme vary in age from birth to 20 years of age. The programme places considerable importance upon the delivery of services to children six years of age and younger. The development gains of working with this group are seen as a major investment in securing the long-term well-being of OVC. For this reason, a considerable amount of resources are channelled into services for children 6 years old or younger. In the words of the chief executive officer of Hands @ Work, "If children do not have the necessary development in place by this age [six years old], they will be playing catch-up for the rest of their lives." This principle has informed many of the activities and services provided to beneficiaries. OVC six years old and younger attend a care centre each weekday and participate in early childhood development activities.

"Seeing the children coming to the centre each day shows us that they really like what we are doing. They feel they are not different from other children because we give them love."

Care centre coordinator

As the overall goal of the OVC programme is to allow children to become productive adults, there is no formal exit point at the age of 18 years. Children tend to remain in the programme until they are 20 years of age. In certain instances, beneficiaries may become involved in the delivery of activities and services. In this instance, they are no longer classified as a beneficiary.

"The project provided me with food and life skills. They helped me to develop into a stronger person, not just to survive."

Beneficiary

SERVICES PROVIDED

Food and Nutritional Support

Food and nutritional support form an important part of the Orphan Care Programme. The children attending the community care centres receive lunch each week day. School going children are transported from their schools to the centre where they eat lunch before beginning their homework. Children are only eligible for food assistance or meals if they are attending school, which encourages the children to continue to attend school. Meals provided to the beneficiaries are planned by a nutritionist. This ensures that the children receive one meal a day. Each care centre has a community garden on the property that is tended to by primary care givers. Produce from the community gardens is used for the children's meals. Primary care givers also receive produce from the garden as an incentive for their involvement. Identified children are also eligible for food parcels that are distributed monthly in weekly cycles. This is currently on hold due to funding delays.

Children at the Khayalethu 2 Community Care Centre eat lunch.

"They saw that children were hungry. The bought seed and allowed the grannies and children to plough. By creating community gardens, the children can get fresh and healthy food. The children in Masoyi are growing healthy now."

Care centre teacher

Child Protection

The project places great emphasis upon all activities related to child protection. This is because of the multiple vulnerabilities that OVC experience. Active child protection committees work in the community to identify children in need of assistance. Once identified, a home visit may be conducted by a child protection committee. During this visit, an assessment takes place that determines their degree of vulnerability. The home visits provide a vital entry point during which staff and volunteers can find out what the parent would like to happen after their death and what relatives or support structures will be available to the children. The children also know that the changes that will happen have taken their parent's wishes into account. This is vital to ensuring a smoother transition for children during a very difficult time.

The vulnerability of OVC to sexual abuse is widely acknowledged by project staff and volunteers. The Orphan Care Programme addresses this issue through formalising relationships with NGOs in the sector. One such organisation is GRIP. Children who are identified as abused are referred to GRIP for support and medical assistance.

Health Care

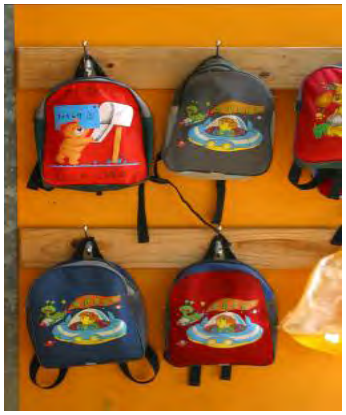
Health care services are offered to all children enrolled in the OVC programme.

Teachers working at the care centres take the children's temperatures daily and are able to call a registered nurse from the clinic should an emergency arise. Some of the children attending the care centres are HIV positive and are taking ARVs. Teachers at the care centres have received

training in adherence to ARVs. At K2, a separate Wendy House has been allocated specifically for children who are HIV-positive so that they may be able to sleep undisturbed and receive extra medical attention when necessary. Care centre staff report that they know the HIV status of most children.

Identified OVC are assisted with multivitamins, and children are de-wormed twice a year. As reported by the CEO of Hands @ Work, children with intestinal worms lose up to 30% of their nutritional intake to worms. In many instances, the only meal that children get is at the care centres. This means that a considerable proportion of nutritional intake is lost to intestinal worms. For this reason, de-worming is a very important component of the health services provided to beneficiaries. It is clear that children appear healthy and well-nourished. The existence of health care support through the ACTS clinic is an important resource for the benefit of children and primary caregivers.

Educational Support



Children's school bags are stored at the Lula Centre.

The provision of educational support to beneficiaries takes place at multiple levels. The design and delivery of these services to OVC is a major strength of the Orphan Care Programme. Children six years old or younger attend the early childhood development programme that is run from two community care centres during the week. Children enrolled in school are assisted with uniform and school so that they not marginalised based on their appearance. One beneficiary shared by saying, "We feel proud because no one discriminates against us because of our clothing. Through Masoyi Orphan Care Programme, no child goes hungry, naked or does not go to school because their parents have died."

The Ambassadors Girls Scholarship Programme, overseen by Winrock International, is an important educational support programme implemented by Masoyi HBC. The scholarship programme targets young girls at the primary school level. The programme provides assistance with school supplies, school fees and teaches girls how to mitigate the impact of HIV/AIDS on their lives, and encourages scholars to attend school regularly, study hard, and stay focused and healthy.

The Forward Education Programme is directed at youth leaders who have performed well and require assistance and support to continue to tertiary level. These students receive life skills and leadership training and are assisted to re-write any supplementary matric examinations to improve their results prior to applying to tertiary institutions. Through perseverance, the Mpumalanga Department of Education has agreed to fund the tertiary education of identified students.

"When the children come from school, they get food here at the centre. You can not tell if they do not have parents or not because they are well taken care of."

Care centre coordinator

Psychosocial Support

Psychosocial support is a crucial intervention that is offered at many different levels as part of the Orphan Care Programme run by Masoyi Home-Based Care. Play therapy and counselling

forms an important part of the Orphan Care Programme. Psychosocial support services provided through the Orphan Care Programme aim to help children understand loss and develop resilience so that children can cope with the changes brought on by the loss of a parent or family member. Some such activities include peace building, kids' camps and the use of the memory box techniques. Psychosocial support also takes place in an informal context through peer mentoring and leadership programmes. Two major areas of success are GOLD peer education and the Winrock Ambassador Girls Scholarship Programme for young girls. These two programmes are focused on developing relationship and life skills among vulnerable youth.

The GOLD programme utilises trained students to impart information and participate in raising awareness within schools. This has proved to be a powerful vehicle through which students; teachers and community stakeholders can participate in HIV/AIDS related activities. Peer educators are also able to mentor younger students. Trained peer educators demonstrate improved decision-making and relationship skills and greater self-confidence. Peer educators trained through the GOLD programme mentor girls who have been selected as part of the Ambassadors Girls Scholarship Programme. This cooperation, sharing of information and strengthening support structures is a feature that runs through all aspects of the Orphan Care Programme. Both programmes have made significant contributions to improving relationship and negotiation skills in young girls, who, as a result of their orphan status, are at high risk for abuse and exploitation.

The Better Choices Programme forms part of the life skills and psycho-social support provided to OVC. This programme targets youth in the broader community by providing information about HIV/AIDS while helping youth to make positive decisions about their future. The Better Choices programme also teaches abstinence and faithfulness. Better Choices targets youth and is taught by trained youth and volunteers.

The Young Mothers Programme targets girls who have become pregnant and need to return to school. It provides support to young mothers through teaching the girls about how to look after and develop relationships with their new baby. This assists by developing coping skills and protects young girls from becoming pregnant again. The Programme is led by a young mother who is able to share her experiences and provide valuable individual support to participants.

Vocational Skills Training

Vocational skills training is central to the work of Masoyi Home-Based Care. Beneficiaries are provided with training in hairdressing, beadwork and sewing. This skills training is offered by community members. Programme staff place significant value on the teaching of vocational skills as it is seen as a means of income-generation for beneficiaries and volunteers. Some of their products are available for purchase at the K2 Care centre. The teaching and training of community members in building and construction skills is another very important vocational skills initiative. The initiative was begun by an international volunteer who trained interested community members in building and construction skills. Through this training and support, Masoyi Home-Based Care has introduced and incorporated a full time building team as part of Masoyi Home-Based Care.

Children attend Vocational Skills at K2 on a Saturday.

One of the major areas of vulnerability experienced by orphans is their reliance on other families for the use of ablution facilities. This is exacerbated when children have to be outside in the dark with little protection. For this reason, the construction of toilets is an important part of the building team's work.

Throughout our visit to Masoyi, it was emphasised that any initiative will only be successful if it addresses and provides general relationship and life skills to beneficiaries. Participants of the building training programme receive training in relationship skills, financial management, time management and future planning. This is directed at broadening their world view so that they can see a future for themselves beyond their life today. Through skills development, the project hopes to develop people who will remain in Masoyi and develop others.

Legal and Social Services

The Orphan Care Programme assists children and families with obtaining birth and death documents. This process relies on the cooperation of DoSD and the Department of Home Affairs. Children require birth documents to register at school and to access social security. Social workers will assist children to obtain birth documents. This will assist government to fulfil its obligations to OVC as outlined in DoSD's national strategic plan for OVC. Assisting children to obtain these documents and thereby access social security will ensure exemption from school fees and increased economic security for families. Assisting children to obtain birth documents will also ensure that they are able to write final exit examinations at secondary level.

Shelter

The building team in Masoyi assists in the construction of homes for OVC and conducting basic repairs for households. This ensures the OVC are living in a secure environment. The OVC programme does not provide residential care. It focuses on keeping children in their own community. This is line with their commitment to capacitating communities to care for their own children.

Resources

Donors

Currently, the majority of funding for the project is provided by international donors. The emergency plan provides considerable support to educational activities run by the Orphan Care Programme. The Project Support Group (PSG) also funds specific aspects of the programme. PSG channels funding from the Netherlands and Scandinavian countries. Financial Assistance is also provided by Glaxo-Smith Kline, a pharmaceutical company. Although Masoyi Home-Based Care implements the Orphan Care Programme and is registered as a separate organisation, funding is still predominantly channelled through Hands @ Work. The project seeks to diversify its funding sources so that it is less reliant on a smaller number of donors for the majority of funding. This strategy seeks to curtail the risk that the project would face if existing funding streams were delayed, reduced, or withdrawn.

Community In-Kind Contributions

One of the greatest ways of assessing the level of community participation and consultation is the extent to which the community contributes in-kind donations to the project. These contributions include the giving of time (volunteering) and the contribution of resources to the project. One of the greatest contributions given to the programme was the allocation of land by the chief to the Orphan Care Programme. This land was allocated at a reduced cost through negotiations between, the project manager of Masoyi Home-Based Care and the chief. This land is now the site of the K2 Care Centre and the soon to be completed project offices. Similarly, The Lula Care Centre is hosted by a local church. Both centres are located at central points in the community, making them easily accessible to community members.

Some financial assistance is also provided by individuals, churches, and NGOs abroad through appeals. Ad hoc donations are also received from the corporate sector. For example, in 2007 ABSA/Barclays Bank donated two mini-bus taxis to the project to transport children between the care centres and community activities. The Wendy Houses at Lula Care Centre and K2 were also funded by KuW, a German company. These wooden houses are used as classrooms for the children and care rooms for children who are sick.

"Through working with Masoyi Home-Based Care, I have learnt that a child is a gift from God. We have to love them. When I see a child starving, I must give what I have."

Traditional leader

Lessons Learned

Children play at the Lula Multi-Care Centre.

The Orphan Care Programme has evolved and expanded with the increasing numbers of OVC in Masoyi. Through this expansion, the programme has been able to identify the most successful ways of doing things. This has been driven by the imperative of providing children and primary care givers with holistic comprehensive services in the context of limited resources. The programme has been successful in harnessing existing knowledge and resources within Masoyi and abroad. It has also faced challenges of retaining staff and volunteers in a sector where the emotional burden is heavy. Despite this, it has done well at fostering teamwork, cooperation and openness among staff. This section will highlight the innovations and successes of the programme and will touch on some of the challenges it faces.

Promoting Community Ownership

The community are involved right from the outset in defining needs and activities. In the words of one programme staff member:

> *"We never do a handover of the project, because the project belongs to the community from the outset. We are just empowering the community through skills training and capacity building."*
>
> Staff Member

Partnerships with other community organisations and structures must be based on a solid foundation of trust and collaboration. This is facilitated through the creation of structures which allow for the ongoing participation of community members in the programme. This ensures that community members are involved in decision-making and take some responsibility for the programme. It is vital to involve community members in identifying priority needs and considering the most appropriate means of responding to such needs. In a context where needs are vast and resources are limited, the most crucial needs, as recognised by community members, are addressed first. In instances where projects are designed by external organisations and stakeholders without considering local needs, it is unlikely that the project will achieve community ownership. When community ownership exists, there is also greater prognosis for long-term sustainability as community members have recognised the need for OVC care exists and the impact of the programme upon children within Masoyi.

Recruiting Volunteers from Abroad

Through its network of relationships with churches abroad, Masoyi Home-Based Care has benefited from the assistance and support of international volunteers who come to Masoyi and assist with establishing new programmes. Masoyi provides a test-bed for volunteers to learn about the Masoyi Model and how to replicate aspects of the model in other Hands @ Work projects on the continent. The international volunteers bring new ideas and extend the capacity of the OVC programme to reach out to an escalating number of OVC in Masoyi.

Active Participation of Beneficiaries

One of the cornerstone's of success in this programme is the incorporation of beneficiaries into the programme as volunteers or programme staff. This is regarded as a very important part of the programme model as it recognises that beneficiaries have experience in accessing services, know the shortcomings and can bring ideas about how the programme could address these shortcomings. Beneficiaries also shared that they had learnt how to handle their difficulties as an OVC and care for others through participation in the programme.

The coordinator, who looks after child-headed households, was himself an OVC receiving services through Masoyi. He says, "Masoyi has given me an opportunity to serve and to give back. It has given me ownership and confidence." He feels a strong sense of belonging and connectedness to the programme. This also demonstrates that community members identify with programme objectives and are able to identify the positive impact of the programme in their community. Beneficiaries also participate in Peer Education Initiatives that are run in local schools focussing on HIV/AIDS.

Programme Innovations and Successes

The Orphan Care Programme has demonstrated innovation and success in many areas of OVC programming. This has been acknowledged by USAID and other organisations working in the field.

Teamwork and Relationships among Staff and Volunteers

Relationships among staff members and the commitment to transparency and justice have contributed to the emergence of strong, committed and passionate staff and volunteers. This is echoed through the commitment to living the Christian values of servanthood. Prayer and worship forms an important part of staff activities. It is clear that teamwork forms a major part of the work of the Masoyi Orphan Care Programme. This teamwork extends to its relationships with other stakeholders. Feedback in the workshop affirmed that people identified deeply with the work of the programme, its values and its goals. Staff shared that they felt management did not see the colour of people's skin and that:

> *"They see me as a whole person, and do not only appreciate me for the work I do. I know they care about my boy."*
>
> Staff member

Teamwork and commitment has also been fostered through ongoing appreciation of volunteers and through a commitment to mutual decision-making. There is a commitment to consultation before making decisions. This consultation includes all role players. Each person involved in the programme is considered as an individual, with ideas that are as important as any one else's. There is an environment of openness that has been fostered over time that also transcends to relationships with the broader community. The programme shows a strong commitment to equality.

Engagement with Traditional Leadership

The project engages community stakeholders in the governance of the project. It has recognised the importance of ensuring steering committee members come from the community. The steering committee does not consist of major business people. Most steering committee members come from Masoyi. The sister of the chief forms part of the committee. It is very significant that the project has secured the approval and participation of the traditional

leadership in the project. This demonstrates a respect for community processes and structures and the importance of working in context.

Stakeholder Partnerships

The creation of strong partnerships with local and international churches, organisations such as GRIP, ACTS clinic, and government departments have enabled the OVC programme to extend its reach and to provide more holistic services to beneficiaries. It has ensured that resources are optimally used and that Masoyi Home-Based Care continues to focus on its own mandate while continuing to benefit from the work of others. It is clear that other organisations also see the benefit of working with the Orphan Care Programme and recognise the synergy that such partnerships provide. The Orphan Care Programme has been able to ensure that its partners respond to the needs of OVC and continue to deliver high quality care, protection and support to OVC in Masoyi.

Flexible and Organic Model of OVC Care

One of the central keys to the success of the Masoyi Orphan Care Programme has been its commitment to working at community level and to adapting its model to new and emerging community needs. The community identifies their own needs and Masoyi will help them to meet such needs. The focus on capacity-building is evident through the employment of volunteers and staff from the surrounding community. This ensures skills transfer. As the programme has evolved, it has grown organically and been able to integrate community needs. While Hands @ Work has recognised the Masoyi model as a one for replication, it also recognises that any intervention needs to be context specific. This has resulted in the emergence of a model that is holistic, child-centred and future-focused. Services have moved beyond meeting basic needs for shelter and food, to ensuring the holistic development of people who can have meaningful relationships and have their best chance at success, despite their family circumstances.

Supporting Replication of the Model

Masoyi Home-Based Care has pioneered a model of OVC Care that is multi-dimensional, holistic and is able to respond and adapt to the multiple needs of OVC and communities. Masoyi Home-Based Care, in collaboration with Hands @ Work, supports the ongoing replication of this Model of OVC Care through mentoring organisations working with OVC. Hands @ Work has developed a mentoring programme for OVC organisations that spans 18 months and covers important aspects such as programme management, monitoring and evaluation and how to access and implement services provided for in the national strategic framework. Such services span the DoSD, Department of Education, and Department of Health. Masoyi Home-Based Care continues to support the replication of the model through hosting other organisations and international volunteers to introduce and prepare individuals to implement similar programmes in other organisations and countries.

Hands @ Work has developed a set of criteria to be applied to assess the match between the ethos and vision of other organisations with the values and principles of Hands @ Work. This has ensured that the model is implemented with the overall goal of reaching 100 000 OVC by 2010.

"I learnt that through my own life other children can have a future. I realised that I was not the only one in this situation and it helped me to cope."

Beneficiary

Commitment to Empowerment

The commitment to Ubuntu and empowerment of children and caregivers is a major focus of the Orphan Care Programme. The programme helps the community to develop and improve themselves.

Training with community members, primary care givers, and other stakeholders has ensured that people are aware that, if support and assistance is not provided to OVC, then children mourning the loss of their parents may suffer other consequences of bereavement, such as the development of anti-social behaviours, teenage pregnancy, rape, and violence. The programme has been able to provide parenting skills to primary care givers and achieved change through work with educators and community leaders. These changes have contributed to the creation of more stable, successful and integrated young people.

The Orphan Care Programme reflects the values of Ubuntu through keeping children within their community and improving the skills of primary care givers. The commitment to empowering communities is also evident through the emphasis placed upon skills development and leadership. The creation of building teams, vocational skills training and teaching of parenting skills all contribute to empowering OVC and the broader Masoyi community. Each of these initiatives develop the capacity of individuals and reduce the dependence on external programmes and initiatives for self-reliance. By training youth to make better decisions, the project contributes to strengthening the community.

OVC Database

The development of a database that collects comprehensive information about each beneficiary has contributed to ensuring that the needs of each child or family are accurately identified and appropriately addressed. The measuring system is linked to the child care centres and the feeding list. This ensures that services are not duplicated. The database has also assisted with identifying extended family and support structures for the child. The system makes it easier to report on the services provided and to track the progress of each child. Training for volunteers and child care workers places considerable emphasis upon the importance of collecting information at each visit. When interacting with programme staff, it is clear that staff have a comprehensive understanding of the living situation of each child. This database is also recognised as the most comprehensive and accurate source of data available on OVC in the area.

Programme Challenges

The challenges experienced by the Masoyi Home-Based Care Programme are not dissimilar to those faced by other organisations working with OVC in South Africa.

Volunteer Remuneration

Many organisations working with OVC rely on volunteers to conduct grassroots work with beneficiaries. Organisations are often not in a position to provide adequate remuneration to volunteers, leading to high turnover. One of the major incentives for volunteers working with Masoyi Home-Based Care is the training provided. Once volunteers are trained, however, many move on to join organisations that are able to offer more competitive incentives.

Developing the Skills and Capacity of the Steering Committee

The limited ability of the steering committee means that there is a need to develop the skills and capacity of the committee. The Masoyi model is deeply rooted in community participation and endeavours to ensure community participation at all levels. One of the ways it seeks to do this is by establishing community-based structures that feed into the overall governance of the project.

Members of the steering committee need further development in order to be able to shape the direction of the project more effectively. Strengthening the capacity of committee members also alleviates some of the burden that is being carried by the programme manager in the Orphan Care Programme.

The skills and capacity of Masoyi Home-Based Care's steering committee provides limited support to the project manager. This has come to mean that the project manager carries a large burden of responsibility and depends on assistance from Hands @ Work programme staff. The steering committee was recently elected and was being trained when this report was written. As their capacity increases, it is likely that Masoyi Home-Based Care will achieve increasing autonomy from Hands @ Work.

Lack of Reliable Long-Term Funding

The programme tries to meet the basic needs of OVC but is constrained by the unreliability of existing funding. New programmes are initiated to respond to increasing levels of need but funding is often irregular and unreliable. This is further constrained by changing donor requirements and the administrative burden associated with reporting procedures. Extensive M&E requirements from donors require the employment of skilled staff to collect and manage data. This comes at a high staffing cost.

Increasing Number of OVC

An escalating number of OVC continued to exceed the reach of Masoyi Home-Based Care's OVC programme. In relation to this, the chief executive officer of Hands@ Work had the following to say: "It is difficult to feel like your work is making a difference when the number of people who are dying continues to increase." Hands @ Work has a goal of reaching 100 000 children on the continent by 2010. This requires the project to grow at 65% a year. The growing need and the limited number of staff places increasing pressure on staff and resources.

Emotional Demands of Working with OVC

Providing meaningful and effective services to OVC is emotionally demanding. Coping skills and burn-out among staff and volunteers are two major challenges faced by the programme. Religion and faith play a central role in motivating people, yet the emotional needs of children can be overwhelming. The organisation tries to address this through prayer and support groups for staff and volunteers. Community-based committees have been set up for volunteers, allowing them to meet and support each other.

Difficulty Accessing Social Grants Due to Incomplete Documentation

Many children in South Africa do not have complete birth and identification documents. This has resulted from poor record keeping and administrative systems within previously demarcated Homeland states. Complete and accurate birth documentation is required to register a child in school, to write final matriculation examinations and to access any form of social security. This prevents children and families from accessing poverty alleviation measures from the government. The Orphan Care Programme has tried to address this through collecting information about children prior to the loss of a parent and forming strong relationships with DoSD officials. Children are placed on the feeding list until the child or family is receiving any form of social grant. The lack of capacity within government results in children having to wait up to two years to obtain documents and for grant applications to be processed. This limits the capacity of the programme to place new children on the feeding list and extend its services to newly identified OVC.

The programme is trying to address this through employing social workers and training volunteers to deal with this issue specifically. Masoyi Home-Based Care places considerable importance upon finding and working with families prior to the death of a parent. This enables volunteers to begin working to access these documents prior to the death of a parent. This also assists in

confirming information with parents that may otherwise go unrecorded after the parent has passed away.

UNMET NEEDS

Psychological Support

In order for OVC to integrate and function effectively in society, it is vital that their emotional needs are acknowledged and addressed. In many instances, people are not aware of the extent of emotional difficulty experienced by grieving children. A large emphasis has been placed upon addressing material needs, with not enough attention being given to the emotional needs of such children. In many instances, primary caregivers and extended family are not aware of the extent of emotional damage that has been done. This means that caregivers are not able to respond appropriately. When children's emotional needs are not addressed, they are at high risk of engaging in anti-social behaviour. Similarly, grannies and extended family are not equipped for the new role they need to take on. In many instances, such caregivers are of the age when they should be taken care of by their own children — but the inverse is taking place. Masoyi Home-Based Care is attempting to address this through providing training and facilitating support groups for primary care givers.

Food and Nutritional Support

The food assistance provided to beneficiaries is not sufficient to meet their needs. This is further complicated by the restrictions put in place by donors as to programmes and cost areas eligible for funding. As food and nutritional support is not easy to monitor and measure, it is often afforded less priority by donors. In instances where children have limited other means to obtain food, additional nutritional support is imperative. The young age at which people become parents has resulted in adults becoming grand parents at a young age. In many instances, grand parents are not eligible for the state old age pension and, in the context of high unemployment, have limited means to survive.

The Way Forward

Children gather at the Lula Multi-Care Centre.

The Orphan Care Programme run by Masoyi Home-Based Care will remain the test bed for new ways of doing things. It is a model that has achieved great things and is able to inform the evolution of orphan care programmes across the continent. The programme will continue to focus on developing the Masoyi model and mentoring similar organisations across the world.

The Masoyi model is reaching out to the poorest areas and is making a meaningful difference. It is clear when speaking to people that the project has brought positive changes to the lives of OVC in the Masoyi area. Hands @ Work is hoping to expand and replicate the Masoyi model in its other countries of operation. In each country, relevant aspects of the model can be adopted and implemented. The hope is to expand the number and category of services provided to beneficiaries while also expanding geographically. In the same way, Masoyi Home-Based Care hopes to continue to mentor and support younger organisations who work with OVC. This will facilitate the continued existence of a supportive network of organisations providing Home-Based and Orphan Care to vulnerable children and families. This mentoring includes the components of a successful OVC programme and what kinds of interventions realise the greatest development gains.

Hands @ Work is also hoping to begin to document the Masoyi model, its evolution and work on the continent in more detail. Until now, the focus has been on delivering services. It is hoped that they will be able to document their work. This process will allow for reflection and consideration of the growth that has taken place.

Some of the greatest achievements of the Orphan Care Programme can be attributed to the relationships it has been able to establish with international churches, community stakeholders and organisations working in the sector. This emphasis on networking has allowed for the birth of new ideas, the sharing of lessons learnt and the incorporation of new ways of doing things. This will remain an important focus area as the project moves forward. At the same time, there is a need to remain focussed and strategic about project objectives. This is especially important as Hands @ Work works to reach and support 100 000 children by 2010. The project will have to remain flexible as it seeks independence from the mentoring provided by Hands @ Work and continues to expand its work further.

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