NACOSA OVC COMMUNITY SYSTEMS STRENGTHENING MODEL CASE STUDY

The Networking HIV & AIDS Community of Southern Africa – NACOSA – was a principal recipient in the Global Fund Phase II Grant in South Africa from October 2013 to March 2016. One component of this grant was the Orphans and Vulnerable Children Community Systems Strengthening programme to improve the wellbeing of OVC within a strong family/household and community context and to strengthen the community systems that support OVC and their families.

This case study explores how links with clinics, schools and other key stakeholders were built through the Global Fund OVC Programme via normal programme delivery but also through the Child Care Forums, support to KwaZulu-Natal War Rooms and via the Circles of Support intervention. Both the challenges and successes of building a community system around OVC are highlighted.

BACKGROUND

The community systems strengthening model offered NACOSA is based on:

- Creating an enabling environment & advocacy
- Community networks, linkages & partnerships
- Resources & capacity building
- Community activities and services
- Organisational and leadership strengthening
- Monitoring, evaluation and planning

Working through these mechanisms, the community systems strengthening model ensures that quality services are available for OVC and ultimately results in improved health and well-being outcomes for OVC and their families.

Three key objectives formed the focus of NACOSA's OVC community systems strengthening programme under the Global Fund Phase II Grant:

1. To create an enabling environment for OVC community networks and linkages
2. To provide resources and capacity building to OVC organisations for community activities and service delivery
3. To deliver packages of care to OVC and households through OVC care organisations

"I started a child care forum because I saw that every house has a problem." – Child Care Worker

social development
Department:
Social Development
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NRASD
National Religious Association for Social Development
The Global Fund
NACOSA

METHOD

Data for this case study were obtained from a variety of sources, including:

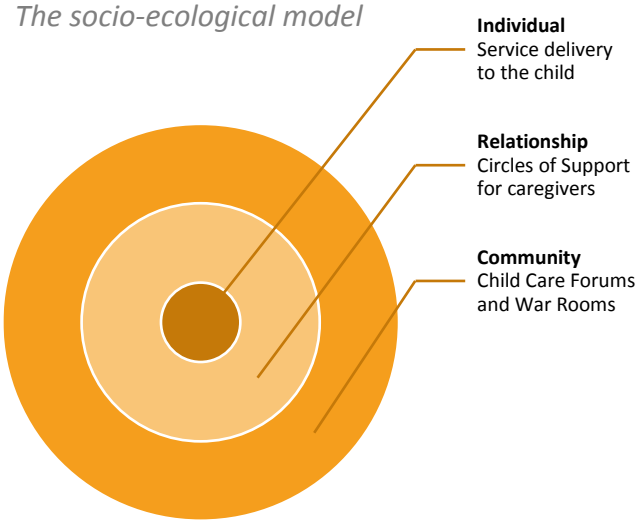
- A telephonic interview with the NACOSA National OVC Manager.
- A site visit to Khayelisha Care, a NACOSA Sub-Recipient (SR) in KZN, where an interview with the director of the organisation and a focus group with 4 care workers were conducted.
- Programme documents, including Synergos NACOSA Evaluation report, Circles of Support Training Guide, Resource Pack for Care workers: Topics for Support Groups with Primary Caregivers, and NACCA Learning Material for Facilitators Involved in the Establishment of Child Care Forums.

Face-to-face interviews were transcribed verbatim and extensive notes take during telephonic interviews. The transcripts and notes were read for themes that were pertinent to the issue of community systems strengthening.

COMMUNITY SYSTEMS STRENGTHENING WITHIN THE GLOBAL FUND PROGRAMME

NACOSA's community systems strengthening model aims at building capacity at three different levels to strengthen the systems to support children and families. These levels are based on the socio-ecological model, which acknowledges that children operate within multiple inter-connected spheres (see figure below). These spheres or levels correspond with sites for intervention for OVC programmes aimed at protecting children and building structures to support them.

The socio-ecological model



At the individual level this relates to **service delivery** to the child - the psychosocial support, nutritional support, material support and HCT as well as the trained child and youth care workers (CYCW) who ensured referral to other services and community resources, such as access to social grants. This includes the capacity building of CYCW to deliver effective services, and of organisation to run an effective programme and have a strong governance system so that individual service delivery to the child is enhanced.

At the household or relationship level, care workers run the **circles of support** programme. CYCW facilitate weekly meetings with caregivers for 8 weeks to discuss the key issues relating to the welfare of the OVC for whom they are caring. This aims at up-skilling households in caring for OVC and thereby strengthening the system directly surrounding the child.

At the community level, SRs participate in or initiate **child care forums** (CCFs) in their respective communities. CCFs are aimed at coordinating the provision of effective child care services in communities. CCFs strengthen the community system around the OVC and their family and fall under the community circle in the socio-ecological model. This mechanism of enhancing and strengthening community systems acknowledges that CBOs cannot create a system to support children and families themselves, through usual programme delivery and that there needs to be a linkage to existing government systems and involvement of other stakeholders.

Linked to CFFs at the community level are **war rooms**. The War Rooms have been a particular forte of the community systems strengthening approach in KwaZulu-Natal. The War Rooms are attended by a large number of stakeholders including the local Department of Social Development, Ward Counsellors, Traditional Leaders (Izinduna), Community Caregivers, teachers, representatives from the local Department of Health and home affairs, where critical matters including HIV/AIDS and TB, poverty, crime, and issues affecting women and children are tackled.

Issues raised at the community (sub-district or ward) level through child care forums, could be taken a step further to the district to the **Local AIDS Councils** and **consultative forums**, as well as to the national and provincial levels through **Provincial AIDS Councils** and national forums, including the South African national AIDS Council (**SANAC**) and the National Action Committee for Children Affected by HIV and AIDS (**NACCA**).

CHALLENGES AND SUCCESSES

"When NACOSA came in to community systems strengthening, we saw that some CCFs were functional and others weren't. We looked at why this was the case so that service delivery would work well" said OVC National Manager Menaka Jayakody. NACOSA identified a key weakness in CCFs was poor infrastructure and secretariat support and therefore in strengthening CCFs, NACOSA identified that Community Based Organisations needed to become the hosts. Where CCFs were existing, NACOSA SRs would help host meetings and where they did not exist or were not functional, they would facilitate the process of getting the CCF up and running.

The implementation of CCFs and War Rooms varied from organisation to organisation or community to community. "It was important to feed into existing structures" said Jayakody, "if no structure was in place, it would have to be initiated by the CBO." If there was an existing structure, for example a War Room, there might not have been a childrens component and therefore the care workers would need to bring the children's sector perspective to this already existing structure. This would have most likely happened as a linkage from the CCF to the War Room, according to Jayakody; however, they could take place at the Ward or community level, depending on the distribution of NACOSA SRs in the area.

Issues could also be taken a step further from the local community- or ward-level CFFs or War Rooms to the sub-district level Local AIDS Council. Local AIDS Councils would also have a children's component and the issues from CCFs and War Rooms would brought to Local AIDS Councils, often presented together by multiple child care forums operating in a particular sub-district. If there were issues that were common in a district then that would be highlighted at a district consultative meeting. Run by NACOSA and attended by NGOs and CBOs, NACOSA and government officials at a district level, the purpose of these meetings was to get the relevant district officials to talk about and resolve relevant district issues. If issues were of provincial relevance they would be taken to the Provincial AIDS Councils on which NACOSA provincial managers sit. In turn, if these were seen to be an overarching problem across several provinces they could be taken to SANAC or NACCA.

CHILD CARE FORUMS (CCF)

The CCF model was first piloted in 2002 in the township of Nelmapius, 34km east of Pretoria. A process of community meetings, identification of key stakeholders, widespread publicising through pamphlets and posters and election of CFF members from the community was run to obtain community buy-in and participation in the setting up of the CFF and identification of needs in the community. Community members reported problems to the team which were followed up through an action plan and progress reported back to the community. This was thought to be a successful process to obtain stakeholders and communities cooperation to find solutions and address needs of OVC and showed that CFFs can be implemented successfully.

The implementation of these programmes were not without challenges.

"Circles of support were easier to understand [for CBOs] as they link to direct services. They could see the child and family link." – Menaka Jayakody

It requires a good advocacy or networking organisation, however, to see how they fit into the bigger sub district or district level in terms of **Child Care Forums** and **War Rooms**. CBOs initially struggled to get government departments on board and existing relationships were sometimes antagonistic. This meant that they experienced initial resistance from stakeholders and struggled to get representatives to attend sessions and fulfil appointments and obligations. The high turnover of staff at government stakeholders, meant that care workers struggled to develop relationships.

However, Jayakody identified these as "initial teething issues". Once the structures were in place, had developed a constitution and starting taking place regularly they were stable and generally championed by local stakeholders. However, they did require motivation to keep them going.

Organisations that did not have a good community footprint would have struggled to implement CCFs. Not being community-based but simply rendering services to the community or running a siloed programme on their own meant that organisations who didn't have community linkages with wards, DSD, other service providers faced greater challenges in participating in or putting these structures in place.

"Programmes that are able to develop partnerships or referral relationships with other service or care agencies are the most successful. In relation to CFFs, the building of partnerships is vital as much of the work of the forum is to facilitate and ensure that OVC receive the services they need." – NACOSA Child Care Forum Manual

"It is important to get people to see themselves as part of a system and the difference between outreach versus working with the community and leaving a sustainable footprint" said Jayakody. As this differed across organisations and not all had strong existing community systems, NACOSA had to look at how to support those who were not strong enough. NACOSA therefore supported organisations to identify existing systems and how SRs could join them.

KHAYELISHA CARE: A CSS SUCCESS STORY

Tugela Ferry, a small rural town on the northern bank of the Tugela River in central KwaZulu-Natal is home to Khayelisha Care Project. Roughly 200 kilometres from Durban, situated in typically mountainous terrain in the Umzinyathi District Municipality, Tugela Ferry's location contributes to its isolation from the surrounding areas. Despite its relative geographical remoteness, as the seat of the local municipality Msinga (although it is one of the poorest municipalities in South Africa), Tugela Ferry has more services than surrounding towns.

CIRCLES OF SUPPORT

A Circle of Support is a group of people who come together around a person and explore ways (through thinking, talking and taking action) of enabling that person to reach their highest potential, to link that person up with others and to link everyone involved with each other. Circles of Support are a widely used concept in the area of care and support for vulnerable groups or those who are otherwise excluded from society. While Circles of Support are commonly used in the process of reintegrating offenders into society and in working with persons with disabilities, they can also be used (and are used in the case of the Global Fund OVC Programme) to provide support to caregivers of OVC. Caregivers of OVC can be isolated in communities without adequate support or a safe place to share and work through the challenges they are faced with.

In the case of the Global Fund OVC Programme, educational support groups for OVC caregivers were held at the community level to strengthen the immediate circle of support surrounding the OVC. NACOSA Sub-recipient organisations (SRs) hosted closed groups facilitated by Child and Youth Care Workers (CYCW) and attended by 15 – 20 primary caregivers (parents, parents, foster parents, grandparents or other family members primarily responsible for the care of the child) of OVC in the programme. Circles of Support provide a space for caregivers to discuss household, childcare and community challenges and identify solutions to these challenges. The aim was to create dialogue amongst caregivers and stakeholders to empower them to support and protect children and improve children's well-being.

Circles of Support consists of 6 sessions ranging from 120 – 180 minutes each and could cover some of the following broad topics:

- Improving relationships with your child and teenager
- Positive Parenting
- Developing resilience and a positive self-esteem of your child/family values
- Helping my child/teenager understand the female and male anatomy and the reproductive health system
- Sexual Reproductive Health: Teenage pregnancy and contraception
- HIV, AIDS and TB

CHILD CARE FORUMS

Child Care Forums (CCFs) are a model of care and support for OVC, supported by the Department of Social Development (DSD). CCFs are groups or networks operating within local communities where OVC can be linked with essential services to ensure care and support to OVC households. A CCF is a collective of capacitated community members who identify orphans and other vulnerable children and their families and ensure their access to essential services.

These structures are at the frontline of the response to childcare in the context of HIV/AIDS. CCFs are positioned to ensure that children's rights are promoted and respected through mobilising and encouraging communities and service organisations. For example, that births are registered, that they receive food, have access to social grants, attend school, receive health care, are supported and cared for and have a place to live.

In a functioning child care system, CCFs are a place to discuss cases one organisation cannot handle by themselves. For example, if there were issues around social workers or service backlogs. CFFs provide better coordination so cases do not get lost.

Some of the main functions of a CCF are to:

- Assess the situation in the community: Identify OVC and their needs, conduct an assessment of their needs as well as available community resources
- Mobilise the community: Increase awareness of the plight of OVC, identify and facilitate appropriate services, network with service providers and render advocacy on behalf of OVC
- Strengthen the caregiving and coping capacities of families: Refer children and families to relevant agencies, assist with obtaining social grants, conduct home visits and provide additional forms of care and support.

As part of their training, care workers learnt to facilitate CCFs in their respective communities, to train forum members of children's rights and identifying OVC, as well as getting service providers to render services to children and families in need. CCF training for care workers included children's rights, vulnerable children & identifying children at risk, understanding the role of a CCF, data collection and record keeping, management and networking and building of partnerships.

The town is home to offices of DSD, SASSA, Home Affairs and SAPS. The town is particularly unique due to the presence of the Church of Scotland Hospital (COSH), a regional hospital which has connections to Yale University and others that bring in medical students and staff from abroad for various lengths of stay. The presence of COSH and influx of doctors and medical professionals from abroad is related to another issue in the community - the high rate of HIV and TB. The area is where the outbreak of multi-drug resistant and extremely drug resistant strains of TB were first identified in 2006.

Umzinyathi district, KwaZulu-Natal

Despite these challenging circumstances, community systems strengthening has been particularly strong at the Khayelisha Care Project. An interview with the founder and director of Khayelisha Care, Elzeth, and a focus group with care workers at the organisation revealed that Khayelisha Care's strength in coordination and networking was due to a number of coinciding factors. This includes factors unique to the local culture, community dynamics, the character or ethos of the people, the organisation itself and the elements of the Global Fund OVC Programme that have acted to strengthen the position of the organisation and care workers in the local community.

"This community is socially cohesive. You don't find people who are totally isolated with no resources. The idea of the clan is very strong here. Just by virtue of your surname, you have a group that you belong to." – Elzeth

Elzeth identified this as something unique to this largely rural area as compared to more urbanised communities. While child-headed households exist, the strong sense of belonging in the community means that such children always have somewhere where they belong, "It's a wonderful thing".

Khayelisha Care Director Elzeth with some of the OVC programme staff

Secondly, there is a long history of cooperation between organisations, government departments and individuals rendering services in this relatively small community. Elzeth explained, "the Church of Scotland hospital started off as a mission hospital meaning that doctors were really interested in doing the best for the community. That remained an ethos for a long time…that people that worked there worked not just for a job and money. Because of that ethos there has been a long history of wanting to serve the community….this is part of the reason why it is easy for people in management positions to work together." There is therefore a strong helping ethos amongst people in the community.

This ethos of many community members is congruent with the vision and mission of the organisation, which is 'love, hope and a future for every child'. The work of Khayelisha Care is mission driven. "People really believe that and this is what sustains people – looking at what can they do and how they can make a difference. There are stories after stories about how people go above and beyond the work and the expectations set by Khayelisha Care because they are so much a part of the community. They are aware of every child in their community and do what they can even if this is beyond the guidelines of the grant."

Choosing the right people + support from NACOSA = effective care workers

This ethos amongst people in the community was harnessed by Khayelisha Care. In identifying care workers for the OVC programme, Elzeth explained that they recruited people who were already being used by their community as a resource for children in need. By asking families where they went when they needed support, they were then able to approach community members who held this helping ethos to work for them. "We recruited the right people", Elzeth said, "this is a big secret, it really worked well. We got gold". Although, she acknowledged that the willingness and the heart to do the work is not enough as the support is needed in order to be effective.

"We were so effective because we were doing what we wanted to do and we got so much support from NACOSA." – Elzeth, Khayelisha Care

Teething challenges

The care workers identified teething challenges in developing the necessary relationship with various stakeholders that they needed in order to perform their roles within the community. Due to a perceived lack of trust, care workers felt that they were undermined by other service providers. It was due to the training they received, that they were able to develop confidence and awareness of their role and rights within the community and, in turn, develop their capacity to approach, develop relationships with and ensure service provision from other stakeholders.

Earning community trust and respect

Through the provision of services to OVC and their households as part of the Global Fund OVC Programme through NACOSA, the care workers strengthened their profile in the community and that of the organisation. The training built their capacity and strengthened their interaction with other role players. Elzeth noted this increased confidence in the care workers as a result of the training and day-to-day programme delivery. "It gave them stature and a profile…they've become so prominent for what they do". They are now called upon by DSD, teachers and others in cases of crisis in the community. "These things gave us a name in the community that we find problems and we solve those problems", one of the care workers reported, "they call us because they know we will know what to do. There has been real change and the [DSD] social workers are quite impressed with

our work. If we report something we get support from different organisations."

"At first, it was hard because they don't trust us… They undermined us because they don't know us. Luckily… we got training and now we know our work. If we go to the clinics we will know that it is our right, it is the children's right and it is the community rights [to these services]. We don't go there to beg for their service. Now it is easy to work with them… They now respect us because we know our work." – Care Worker

A synergistic relationship exists between the care workers and other service providers. For example, the care workers help to ensure that the clinic is able to meet their HCT targets by bringing large numbers to be tested. The clinic in turn helps the care workers by providing the facilities and testing. A similar relationship exists with the local schools. As the schools are aware of the work the care workers do, they contact the care workers when there is a child with no uniform or they learn about problematic circumstances at a child's home.

"I have a wonderful relationship with the DSD social workers in this area. In the clinic we are welcome. We have a clinic head letter that we write to the clinic. It serves as a referral. We have a beautiful relationship with the Ward Counsellor, he is very supportive and when we report something we get an immediate response." – Care Worker

Circles of support

The care workers were particularly proud of the Circles of Support programme, which had taken on a life of its own at Khayelisha Care, sparking enormous interest among community members. While Elzeth explained that the implementation initially took time, through the training of the care workers and development of topics guided by the manuals, they realised "it was dynamite".

One care worker spoke about how she started a circle of support with 12 grandmothers who were the primary caregivers for OVC in the local community. By the last of the 8 sessions, she had 80 grandmothers attending, including DSD social workers, the local Ward Counsellor and representatives from other government departments. The Department of Agriculture had come on board, providing vegetables and resources to start a communal garden, and the Department of Health came to check participants' blood pressure and sugar. The programme was so well-received that the grandmothers decided to continue holding these sessions as a pensioners group and the model of support groups was replicated by DSD across the local Msinga municipality.

Elzeth reiterated the success with the circles of support, noting that "there was more trust…they could actually bring more help to the specific needs of the family because the focus was on the adults and resources for the adults as a resource for the child…they really found value in that." In another community served by one of the OVC care workers, caregivers showed interest in learning about parenting issues and parenting skills and through this the care workers developed parenting classes to initiate though the CCFs.

"Through the circles of support, we also learnt that there must be close contact between the child, the child's primary caregiver and the important people in the child's life, like their teacher." – Elzeth

Elzeth required that care workers visited each child's school at least once a quarter to follow up with the child's progress at school, emotional wellbeing, how the child is doing socially and their physical appearance with the principal or teacher.

Take it to the War Rooms

War Rooms have been particularly effective in the communities served by Khayelisha Care. War Rooms, taking place per Ward, had been meeting regularly before Khayelisha Care became involved; however, the care workers were not involved in the War Rooms and the War Rooms did not deal with children's rights issues. The care workers were successful in bringing children's issues onto the agenda of the War Room. "They don't talk about the children, they talked about farming and

grannies. So we go there and speak on behalf of children", the care workers said.

While at first, the War Rooms were dependent on the care workers bringing cases that needed attention, they gradually saw that other stakeholders started bringing child cases for discussion. The care workers felt this was dependent on stakeholders trust in them and seeing that they were component and genuinely invested in the well-being of the children in their respective Wards.

The effectiveness of the War Rooms was that they were able to feedback on each and every case. It resulted in community stakeholders working as a team to address cases. "The wholewar room will go there to assess the situation, whatever the need is, we all go. The counsellor is very helpful and DSD will bring something to help" one of the care workers explained.

"They help us to intervene and make it easy to make referrals because at the war room we meet with different government departments. If we intervene in your house and you do not have an ID, Home Affairs department is there, teachers are there, and clinics are there and even the community. So it makes things easy because we go with them door to door to assess. Everyone knows their role." – Care worker

In other War Rooms, they have invited students to be a part of it as students sometimes knowledge of challenges faced by other students. "I remember thinking that this was an interesting model to use" said Elzeth.

Child Care Forums: "I saw that every house has a problem"

Unlike the War Rooms, CCFs were not functional in the Wards when these were introduced as part of the Global Fund OVC Programme. The Khayelisha care workers were instrumental in setting up child care forums in their community, through the War Rooms. "I went to the War Room and I told them that we need to start a Child Care Forum where we go to every house and assess and intervene", said one of the Khayelisha care workers. Through the War Room, she set up a CCF for the community in which she was working. Gathering together a small group of members, they went to every single house in the area to assess what was going on, what services were needed and to advise residents of where to obtain support. "They kept on bringing so many issues to the War Room" said Elzeth, "that the War Room has become an extension of the Child Care Forum."

WAR ROOMS

"War Rooms are defined as integrated service delivery structure comprised of government, municipality, Community Based Organisations, private businesses and other stakeholders at ward level. Operation Sukuma Sakhe war rooms are comprised of officials from various sector departments. The different regions within the department must ensure that they have a representative attending war rooms respectively. Needs of vulnerable households are identified by community development workers and households are profiled accordingly. Such information is discussed at war rooms and allocated to relevant officials/departments. Each department then has to coordinate the implementation of the task taking the sense of urgency into consideration." – Operation Sukuma Sakhe Guidelines, Department of Human Settlements

The Office of the Premier in KZN led a campaign to establish War Rooms across the province in 2011 in order to develop Ward community partnership as part of operation Sukuma Sakhe. Each of KZN's 828 wards is supposed to have a functioning War Room where community stakeholders can come together to tackle critical matters including HIV/AIDS and TB, poverty, crime, and issues affecting women and children.

A story from the War Room

A 15-year old boy, Xolani, who was living with his grandmother and uncle was brought to the attention of the care worker at a war room meeting by the ward counsellor. While other people living in this remote area had been removed due to a lack of resources, the boy and his family were still living there with no electricity, water, roads or schools nearby. The family did not have enough money to move their home closer to these much-needed resources. While the ward counsellor knew of the family, nobody knew of their exact location.

The care worker walked over the mountains until she located the family. Taking her findings back to the war room, war room representatives visited the family together and managed to relocate them to an area closer to services. “The community as a whole, everybody contributed with what they had… a bag of cement, a sheet of tile.” We built him a house, you can go there and see that house… a two-roomed house.” Upon finding that Xolani was ill, the care worker took him to the clinic where he tested HIV positive. “He is now on ARVS and he is doing well”.

Khayelisha Care OVC Care workers

LESSONS LEARNED

Elzeth and the Khayelisha Care care workers shared a number of lessons learned in networking and strengthening partnerships as part of the Global Fund OVC Programme. In order to gain access to other service providers, care workers took the approach of identifying gatekeepers. “We normally talk to the operations manager. The one who is in charge of running the clinic. They are the ones who introduced us to the whole staff so that if they are not at work, the others will know us.”

The care workers also identified that it is important to not push communities but to educate them and give them time to process information, for example of children’s rights.

Elzeth explained the importance in building a strong community network and response is to identify those people who are used by the community in an informal or formal capacity as a resource. To ask, “who is the person at the school that they will go to if they need something? Who is the person at the clinic that they feel they can access and they will be helped?“ By identifying such people, Elzeth felt that they have “buttons we can push to easily activate the help that will easily cooperate with the people… sometimes it’s not the person in charge but somebody else in the structure.”

This case study was compiled by Creative Consulting and Development Works (developmentworks.co.za) for NACOSA and NRASD, monitored by the Department for Social Development.

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