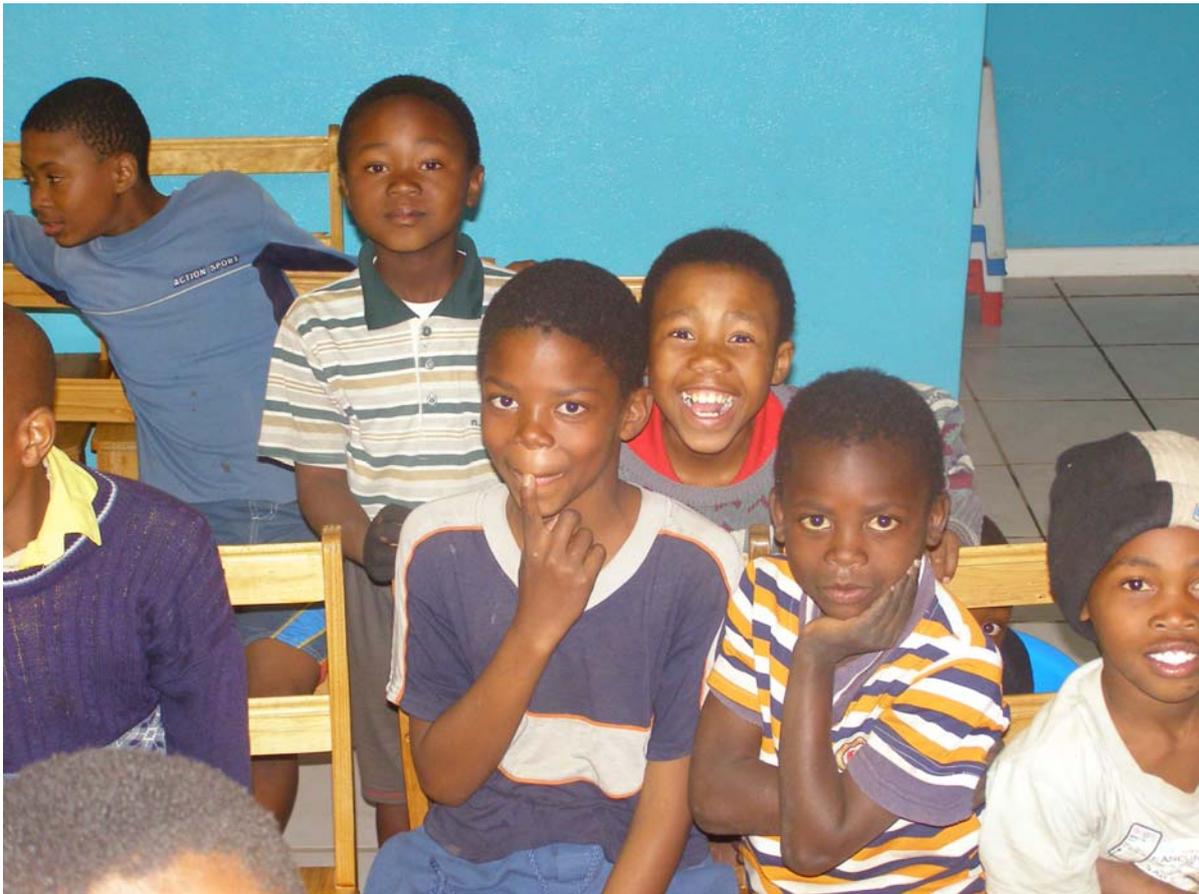


A Case Study

Inkwanca Home-Based Care Programme



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With Support from Management Sciences for Health

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Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organisation
DOTS	direct observed therapy short course
ECD	early childhood development
emergency plan	U.S. President's Emergency Plan for AIDS Relief
EU	European Union
MSH	Management Sciences for Health
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
TB	tuberculosis
USAID	U.S. Agency for International Development

Executive Summary

This study documents Inkwanca Home-Based Care Programme and lessons learned that can be shared with other orphans and vulnerable children (OVC) initiatives. It is based upon programme document reviews; programme site visits, including discussions with local staff, beneficiaries, and community members; and observations of programme activities. When designing this research, appreciative inquiry (AI) concepts were used to identify strengths (both known and unknown) in Inkwanca Home Based Care Programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

The Inkwanca Home-Based Care Programme was established in 2002 by Sophie Manxala and a team of volunteers. They did this because they saw the urgent need to start a programme to address some of the many social problems affecting the community, particularly those resulting from the ravages of HIV and AIDS. These volunteers started out in a small room where they set up a soup kitchen to provide food for OVC and the neglected elderly. For the team, this was the start of a process of developing their vision.

The little soup kitchen and the community mobilisation action of the founding team at Inkwanca started to draw attention. During these early days, strong and abiding relationships were developed between the Inkwanca team and the Molteno Hospital, the local Christian Women's Trust and Christian Outreach, and provincial and district branches of government departments, including the Department of Health and Department of Social Development. Discussions with government department authorities at the local and provincial level proved valuable, as soon the Inkwanca team was developing and submitting proposals to the Department of Health and Department of Social Development for support.

At the same time, the team sought to raise funds through other domestic sources and to appeal for support from foreign governments and other organisations. As a result, Inkwanca received generous and extremely valuable financial contributions from the U.S. Agency for International Development (USAID) through Management Sciences for Health (MSH), and from the European Union (EU). That said, the proportion of domestic government and community inputs is in excess of 70% of the annual expenditure of the programme.

A short while into its development, the Christian Women's Trust bought a building for Inkwanca for all its planned activities. The centre was established and very rapidly a range of services was added, starting with an office, kitchen and meeting spaces. A preschool and aftercare facilities followed. A safe house and a range of sewing, weaving, craft, and artwork projects were introduced to provide employment and generate income for the project.

Core to the vision and mission of the programme is the care for the needy. The OVC programme predominates as the major focus of the work of Inkwanca. The two critical strategic and operating features of the programme are the centre and home visits. The programme reaches out to mobilise communities starting with door-to-door campaigns and developing the home-base care services and community participation that forms the core of its work from this.

Like other successful OVC projects, Inkwanca has established a flourishing home base for its programme. The multi-purpose centre is a base from which all the key activities of the programme are run and coordinated.

The core operation outside the centre is performed by a team of competent caregivers that divide their time between the OVC beneficiaries and the sick. The team of caregivers and the neighbourhood structures act as the eyes and ears for the vulnerable children and others in the community.

A key factor that is likely to be contributing most significantly to the impact and success of the project is the level of community mobilisation that the programme has managed. All of the town's townships have been divided into workable zones. The centre relates effectively to community structures called neighbourhood watches. These are street committees of concerned community members on the constant look out for children and families in crisis.

Through the collaboration with the centre, members of the community have developed confidence in the reliable services it offers. This confidence has been developed because the community perceives that the programme is making a difference and that it is worthwhile participating. The impact that this involvement is having on attitudes and stigmatisation is invaluable.

The leadership of the programme comprises an exceptional group of home-grown men and women who all have a similar vision and passion for the work they are doing. They lead by example. It is also noteworthy that the centre's volunteer community is representative of a typical community comprising youth, adults, and the elderly who all work together.

A key feature of Inkwanca that was observed during fieldwork was the quality of volunteers and staff. The in-house training is superb and characterised by professional and occupational mentoring services from staff including trained social workers and a retired nursing professional.

From its early days of operating a soup kitchen, the programme has not stopped growing steadily. It now stands as a shining example of a healthy and vibrant civil society organisation that attracts the best of staff and volunteers known in the community for their commitment and passion.

Inkwanca is growing and consolidating with a clear vision for the future. For instance, there are comprehensible objectives to develop services for the children, programmes for youth, and economic projects to stimulate the local economy, put food on people's tables, and produce a level of economic self dependence. There are also pressures to support the development of replica programmes in neighbouring towns.

Inkwanca is a remarkably positive expression of the power of civil society at its best as it works with government and others to make a difference. There is clear evidence that the community of Molteno owns this programme and that there is an outstanding depth of community pride and participation that gives the programme health and a vibrancy that is tangible.

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 Inkwanca Home-Based Care Programme 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 U.S. 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 Inkwanca Home Based-Care Programme, 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



In an AI workshop, a pastor listens and documents a grandmother's experiences about the centre's support of her orphaned grandchildren, while a child beneficiary nearby relates her own stories to a caregiver.

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 project that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the Inkwanca Home-Based Care 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

Fieldwork took place over two and a half days in Molteno in late July 2007. Data collection consisted of a series of key informant interviews with programme and project managers, staff, and volunteers and in an AI workshop with beneficiaries, guardians, teachers, caregivers, policemen, volunteers, social workers, and nurses from the community. Following this, observations of the Inkwanca programme at work were conducted and a review of programmatic documentation including strategies, proposals and reports.

“It was so enriching listening to the stories of those grannies. We have never asked them to tell their stories before and to hear them talk so warmly about the centre is very encouraging. It has reminded me that we have touched their lives and this place is indeed a place of support and encouragement for them. I can sleep well tonight.”

Inkwanca director

FOCAL SITE

The Government's Integrated District Development Plan for Molteno in 2006 provides information on Molteno. Molteno is a small town in the Karoo in the northern part of the Eastern Cape Province of South Africa. It is situated in the Stormberg mountain range, approximately 80 kilometres north of Queenstown, off the national road. The district municipality carries the name Inkwanca, an isiXhosa word meaning "cold," which describes the low temperatures the area experiences.

The town was established in 1874 after significant population growth in the area due to the establishment of coal mines on farms in the area. For years, the town flourished as a result of the income derived from coal. The railroad north, developed before the end of the 19th century, ensured that Molteno was on the economic map. The decline in the area came as coal mines closed, after higher quality coal was discovered in other parts of the country and mines and power stations were set up in these parts.

This town and the neighbouring communities are now some of the poorest in the country. About 31,300 people out of a population of 34,000 are urbanised, living in the town and surrounding townships. Only 9.7% of this population are employed. The public and agricultural sectors provide the mainstay of this employment. Cattle-farming is the chief agricultural activity and there are some local economic development projects.

Despite its current economic depression, the town has a rich history as evidenced in its architecture and in famous pharmaceutical and food product brands that hail from Molteno.

Even though there are high levels of poverty and few employment opportunities, rural towns in South Africa have expanded significantly over the last decade. There are declining numbers of people employed on farms and the migration to the towns has been the result.

The challenges that these communities face to develop the local economy and to address social, educational, health and other issues to ensure development are significant. The potential to progress is strong. The manageable scale of the challenges and the levels of community commitment should make collaboration with programmes like Inkwanca very attractive. Children and youth are vital for future economic growth, and how they are cared for is a key indicator of the health of the community.



"I love coaching soccer. I am good at soccer and this way I can do something valuable for the young children. I remember the day of the launch when the children in the soccer team were given their kit. They were thrilled. It showed them that we care for them and are concerned about them.

"When I started coaching soccer, it was difficult because we had to start from scratch as the children knew nothing about the game. I was keen to help to keep the children off the streets and I find it easy working with the team at the centre because everyone is working towards one goal towards changing people's lives in Molteno.

"There is a child that is the solid defender of our team. He might be small, but he is tough. He is the middle of seven children. All the children are cared for by their grandparents because both parents have died. This boy is 14 years old and lives in Dennekruijn. When we first met him his attendance at school was sporadic. He lived off the streets, did bits of piece work for some money and probably stole.

"I tried to convince him that there was a better way to live his life. He responded well to my suggestions. But it was not all plain sailing for him. There are many negative influences in our community and children are always tempted. I recruited him to play in the team and the other 'buddies' persuaded him to stick at it. (We often find ourselves being counsellors for the children, they bring their problems to us and we try to solve them, this is also why the soccer is so important.)

"The match against the primary school in Sterkstroom sticks out in my memory. Even though we lost 1-0, I had a sense that we were making real progress. The match was a great success because the children were well prepared and from our experience we were able to analyse our mistakes and rectify them in the future.

"And [this boy] was our ace defender.

"For myself, I now know my potential and more about who I am. I have learnt about how I need to be helpful to others to feel fulfilled. I have learnt about what is possible when good minds work together."

Soccer coach

Programme Description



The director of Inkwanca explains how human care and support are at the heart of the work of the centre, as she shows the neatly furnished dormitory room that serves as a safe haven for children and women who are at risk or caught in abusive domestic situations and are referred for protection and care.

OVERVIEW AND FRAMEWORK

The Inkwanca programme is often referred to as “the centre” in our reporting of our research and in the telling of the stories we heard. We have chosen to do this because that was the shorthand that all seemed to use when talking about their programme. In addition the term “the centre” symbolises the essence of the programme model.

The founding team of Inkwanca spent almost a year collecting information and consulting broadly, getting a clear picture of what was needed before they started the programme. In the initial stages, through an intensive process of door-to-door home visits, information was gleaned to gauge the scale of the problems and the type of services that were most needed. They refined their vision for the programme, while mobilising other

volunteers and the community at large to support them. They began by offering basic services of feeding and care. This sparked a new energy and others started to embrace the vision of the programme. The process of mobilising the community to take charge of its destiny had begun.

Inkwanca understands that the community itself is a key resource. The model seeks to support work in the community with an integrated set of services to meet the basic needs of OVC and the sick and indigent.

Like other successful OVC projects, Inkwanca has established a flourishing base for its programme. “The Centre” is a multi-purpose base from which all the key activities of the programme are run and co-ordinated. The Centre works closely with schools in the area to monitor the progress of OVC.

Core to the vision and mission of the programme is care for the needy. The OVC programme predominates as the major focus of the work of Inkwanca. The four legs of the programme are the multipurpose centre, coordinating structures for child protection and care, home visits, and community partnership and networking.

The strong leadership of the programme has attracted volunteers and staff who share a common vision and passion. Those that were interviewed during fieldwork pointed out that, without this leadership and commitment, the programme would not work.

The core operation in the field is performed by a team of competent volunteer health caregivers who divide their time between OVC beneficiaries and the sick. The centre is the base from which they operate. In addition, this team is responsible for the community mobilisation work of the programme. They do this through door-to-door work and through “open space” campaigns involving community education dealing with health and other social issues. They also co-ordinate structures in the community that support their work and help meet the needs of beneficiaries. The team of caregivers and the neighbourhood structures act as the eyes and ears for the vulnerable children and others in the community.

Inkwanca places the mobilisation of community at the centre of its work. For Inkwanca, there is no programme unless it is owned by the community. This is because the challenges are so large that no small group can carry the burden alone.

PROGRAM STAFF

The programme is governed by a board that comprises mostly professionals and business people in the Molteno community. The director is responsible to this board for the execution of the activities of the programme and for the appointment of and management of staff and volunteers. There are four senior managers in positions supporting the director. There is also a resident nurse and two social workers.

There is a staff member to head up each of the functioning units of Inkwanca. These units include home-based care, food production, weaving, gardening and sewing income generating projects, youth development, and the aftercare and day care facilities. In addition, there are five finance and administration staff members who support the work of the finance manager. A centre manager oversees the work of a logistics officer and a driver.

Staff and volunteers attend training in their field when this is available. In addition, junior members are mentored by senior and professional staff members. Inkwanca has an excellent on-the-job training programme for its volunteers and staff.

VOLUNTEERS

There are a large number of volunteers who work as the foot soldiers in the programme. They are referred to by different names depending on their function. Some volunteers are health caregivers working in the home visit programme providing care for the sick and OVC. The caregivers are paid a small stipend and receive some incentives such as uniforms. Inkwanca interestingly has more male caregivers than women, an unusual feature.

Volunteers who grow vegetables for OVC also receive small stipends when funds are available. Youth volunteers are generally involved in the aftercare programme, supporting art sessions, helping with homework or coaching cricket and soccer. They provide role models for the OVC.

Volunteers who work in the kitchen receive a small stipend from the funds for this from the Department of Social Development. The case is generally that if there is an allowance for stipends in the contract with a donor or government department then these volunteers receive a small stipend.

The programme was visited at a time when there had been a serious cash flow because of late payments of grants. Staff had not been paid and volunteers had not received stipends but everyone continued to work.

“When I saw the people from Inkwanca washing sick people and cleaning their houses this gave me courage. I joined the centre (as a volunteer). Now, my grandchild attends the day care centre. The staff members care for our kids, keep them clean and educate them and then bring them home safely... They are dedicated people.”

Guardian volunteer

This story is told by one of the many talented youth working in Inkwanca who started as a volunteer and now is employed.

“I am a voluntary fashion designer working in this project since it began. We design and produce all kinds of clothes that we sell to the community. We specialize in making school clothes for the OVC who need them and others who can afford to pay for these school clothes.

“I remember when the centre was officially launched. We distributed a lot of school clothes to our community members. The government officials were there to appreciate what the centre was doing in our community. We exhibited our designs to the audience to show them what we are busy doing to satisfy community needs. I felt so proud to show these off and from the fact that we sell clothes and make money for our centre.

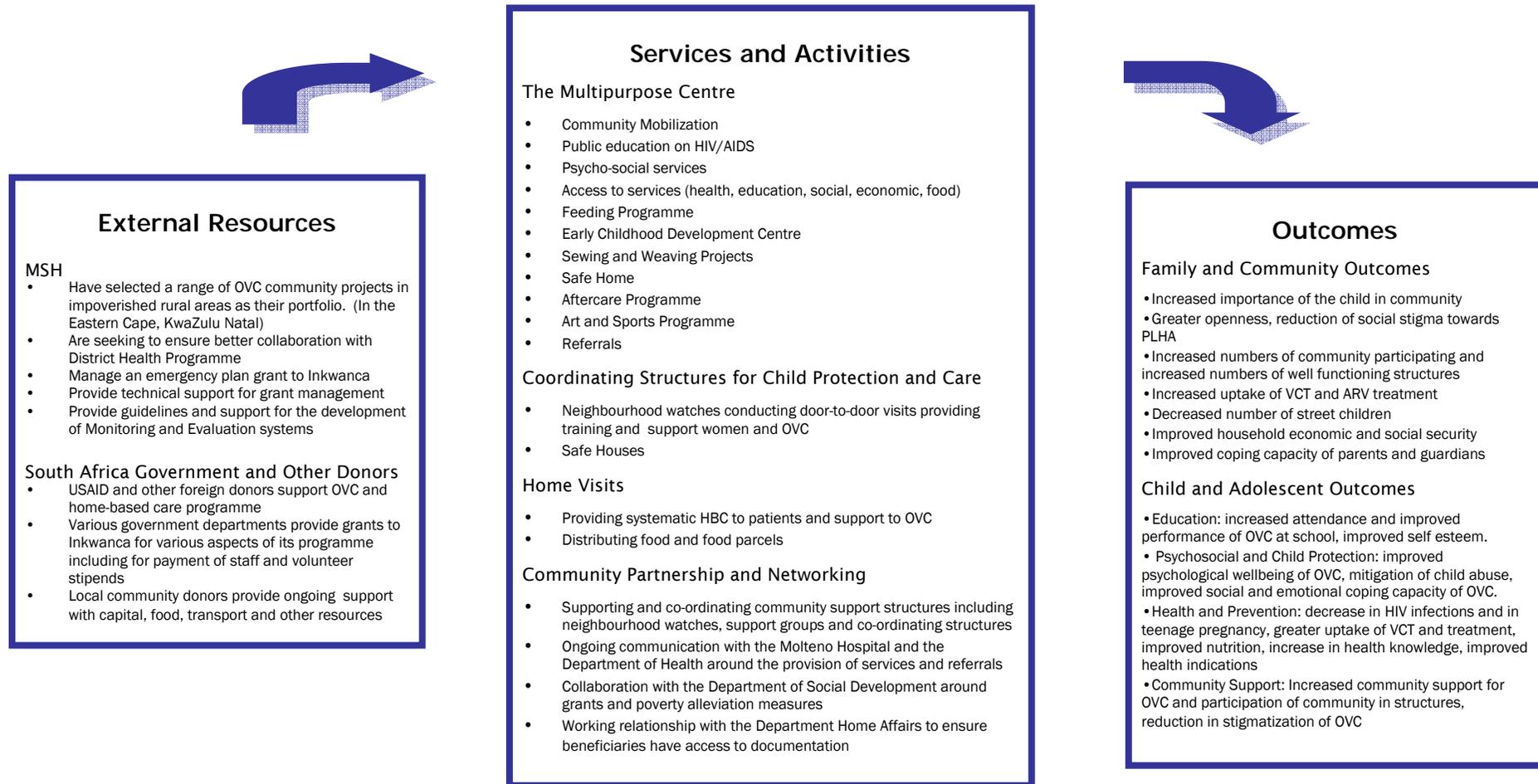
“I joined the centre because I wanted to do something concrete and creative for my community and the sewing project gave me an opportunity to do this. It was difficult for me in the beginning as I was alone, but as time went by we grew. Now we have a whole team of clothing makers. Last year we made R45 000 profit for Inkwanca.”

Inkwanca Home-Based Care Programme

Inkwanca Home-Based Care Programme provides a comprehensive range of services to support OVC and PLHA in Molteno, its townships and the surrounding towns of the northern part of the Eastern Cape, South Africa

Programme Goals

- To provide care and support for OVC and PLHA.
- To work with government and other service providers to ensure improvement of services to the beneficiaries.
- To provide support to others in neighbouring towns and government to provide similar care and support in other communities.



External Resources

MSH

- Have selected a range of OVC community projects in impoverished rural areas as their portfolio. (In the Eastern Cape, KwaZulu Natal)
- Are seeking to ensure better collaboration with District Health Programme
- Manage an emergency plan grant to Inkwanca
- Provide technical support for grant management
- Provide guidelines and support for the development of Monitoring and Evaluation systems

South Africa Government and Other Donors

- USAID and other foreign donors support OVC and home-based care programme
- Various government departments provide grants to Inkwanca for various aspects of its programme including for payment of staff and volunteer stipends
- Local community donors provide ongoing support with capital, food, transport and other resources

Services and Activities

The Multipurpose Centre

- Community Mobilization
- Public education on HIV/AIDS
- Psycho-social services
- Access to services (health, education, social, economic, food)
- Feeding Programme
- Early Childhood Development Centre
- Sewing and Weaving Projects
- Safe Home
- Aftercare Programme
- Art and Sports Programme
- Referrals

Coordinating Structures for Child Protection and Care

- Neighbourhood watches conducting door-to-door visits providing training and support women and OVC
- Safe Houses

Home Visits

- Providing systematic HBC to patients and support to OVC
- Distributing food and food parcels

Community Partnership and Networking

- Supporting and co-ordinating community support structures including neighbourhood watches, support groups and co-ordinating structures
- Ongoing communication with the Molteno Hospital and the Department of Health around the provision of services and referrals
- Collaboration with the Department of Social Development around grants and poverty alleviation measures
- Working relationship with the Department Home Affairs to ensure beneficiaries have access to documentation

Outcomes

Family and Community Outcomes

- Increased importance of the child in community
- Greater openness, reduction of social stigma towards PLHA
- Increased numbers of community participating and increased numbers of well functioning structures
- Increased uptake of VCT and ARV treatment
- Decreased number of street children
- Improved household economic and social security
- Improved coping capacity of parents and guardians

Child and Adolescent Outcomes

- Education: increased attendance and improved performance of OVC at school, improved self esteem.
- Psychosocial and Child Protection: improved psychological wellbeing of OVC, mitigation of child abuse, improved social and emotional coping capacity of OVC.
- Health and Prevention: decrease in HIV infections and in teenage pregnancy, greater uptake of VCT and treatment, improved nutrition, increase in health knowledge, improved health indications
- Community Support: Increased community support for OVC and participation of community in structures, reduction in stigmatization of OVC

KEY PROGRAMME ACTIVITIES



Multipurpose Centre

The multipurpose centre is the home for Inkwanca, its OVC, guardians, staff, and volunteers. There is a range of services that are offered here, and it is from this centre that the work in the community is coordinated.

This centre provides preventive, rehabilitative, protective, caring, and curative services to Molteno's needy community. The management committee through its administrative component runs the centre, which in turn oversees the volunteers and gives general assistance. The centre hosts the safe house (temporary refuge for abused women and children), a preschool, aftercare, a youth volunteer programme (to coach sports, etc.), a soup kitchen and food garden, an income generating project, outreach to the community (home visits to OVC and PLHA), and community education and networking.

Through the collaboration with the centre, members of the community have developed trust in the reliable services it offers. Confidence has been developed that things are being done and that it is worthwhile to participate. The impact that this involvement has on attitudes and stigmatisation is reported by all to be remarkable. The discussion that the programme generates in the community is invaluable.

It is also noteworthy that "the community" at the centre represents all the age groups that make up a typical population. There are preschoolers, primary school children, adolescents, youth, adults and the elderly. All have a role and play their part.

This level of mobilisation has been achieved through community education and the consistent delivery of high quality service. The Centre is engaged in a range of community education activities to develop knowledge and awareness of HIV/AIDS and other social issues that affect the community. This education seeks to serve to mobilise the community for the cause of Inkwanca and to bring about change in behaviour and a reduction of stigmatisation.

There is ongoing vocational training and education of volunteers in a range of occupations from caregiving to clothing production. Members of the community are developing new skills that make them marketable. They also receive employment experience that is invaluable.



Child Protection Week: Leading the Way to the World without AIDS

During Child Protection Week, we held a campaign at Joe Slovo High School with the Grade 8 and 9 learners. We teamed up with the caregivers from the local Nceduluntu clinic. (Other schools were on strike so we did not manage to reach them.)

During the campaign, we motivated those who are not yet engaged in sexual activities to abstain so as to stay negative. We sought to persuade those who were sexually involved to go for VCT and to use condoms. We demonstrated condoms, spoke of children's rights and responsibilities, dealt with substance abuse and drug trafficking, and had discussion about sexual and child abuse.

Then there was a day of door-to-door work. We reached 102 residents from Molteno and Sterkstroom on that day and spoke to them of the importance of disclosure and abstinence and the impact of HIV/AIDS on our community. We informed them about the services of government departments and collected information on OVC. Inkwanca local municipality and the Chris Hani district hosted a candle light memorial.



Coordinating Structures for Child Protection and Care

All of the town's townships have been divided into zones. The centre relates to community structures called neighbourhood watches. These are volunteer street committees of concerned community members on the constant look out for children and families in crisis. The fresh perspective presented through the neighbourhood watches is that these communities see children, youth, the elderly, women, and men as assets so important that they deserve special attention.

These neighbourhood watches in Molteno are not focussed on crime prevention. These are the street committee structures of concerned adults who keep a watch out for the real asset of the Molteno community, the children! They report to caregivers on progress and to the police about critical situations and keep a watch that children are fed, clothed and cared for. There are currently at least 16 safe houses in each location where vulnerable children and women can go for support. The 16 neighbourhood watches meet regularly and sometimes conduct door-to-door interviews to identify needy families. These door-to-door campaigns also enables the caregivers to give education about the dangers of substance abuse, child protection, prevention of crime and women abuse, discrimination, and stigmatisation of victims.

A key factor contributing to the impact and success of the Inkwanca is the level of community mobilisation that the programme has managed to achieve. This mobilisation has been achieved through door-to-door visits, "open space" public education campaigns, and ongoing work in schools. The centre is doing door-to-door campaigns by means of volunteers to be able to identify the needy people.



Home Visits

The team of caregivers (volunteers) work in each of the 16 designated zones in those homes for which they are responsible. The health care workers are volunteers who run the home visit programme. They are sometimes referred to as caregivers. They provide care for the sick and OVC, and are supported and mentored by Inkwanca staff consisting of a resident professional nurse, two trained social workers, and a seasoned supervisor. The process of care and referral is rigorous; they report to the group for debriefings each day. Inkwanca sees the efforts of this team as core to their work and ensures that the quality of care is high. The community gives testimony to this both in the stories they tell and in the fact that Inkwanca has become the first point of referral.



Community Partnerships and Networking

The presence of neighbourhood watches in Molteno is a powerful illustration of the extent of community networking. That there is broad support for their work is evidence of the co-ordination and collaboration that takes place. There is an active referral system and formal linkages between Inkwanca and the following formal service providers:

- Nceduluntu, Nomonde and Stomberg Clinics
- Molteno Hospital
- Molteno Local Municipality
- Department of Social Development
- Department of Justice
- South African Police Service
- Department of Home Affairs

Other community members such as the Christian Women’s Forum, Community Policing Forum, Child Protection Forum, and Molteno Farmers provide additional referrals and ongoing material support for the programme in cash, goods, and other in kind support. The centre has developed a close relationship with Molteno hospital which is an accredited antiretroviral (ARV) therapy site.

Linked to the neighbourhood watch zones, there are open-air campaigns and door-to-door visits which are run with Child Protection Forum, Police Forum, and other government agencies. This really does have an impact. The centre has become of big use to the community because we have referred the different target groups for placement after they have been serviced at the centre. The number of the identified and reported victims indicates that crime does have an impact in the communities.

The most interesting Inkwanca networking is its links to communities outside of Molteno that wish to replicate the programme. Senior Inkwanca staff are constantly being asked to visit aspirant programmes to provide advice and even funding.

BENEFICIARIES

Inkwanca’s OVC can best be described in their age cohorts. There are services that the programme offers that are general and specific to each.

They all live in homes in the townships around Molteno. Some 50% of the OVC who are served through the programme are fostered by guardians who are not related to them biologically. The Inkwanca director noted, “Usually we would work with the Department of Social Development to identify appropriate guardians.” These children are cared for in the home through an effective placement system and through ongoing care provided by the team of volunteer caregivers.



Children at the early childhood development centre celebrate a birthday.

“We keep an OVC register. Entries are made by caregivers and the social workers and updates are made at the aftercare. For a child to be classified as an OVC, the parent could be sick, or both or one parent is dead. In our community, three out of five fathers are absent, have gone to work in the cities. The OVC are most often looked after by the grandmothers or aunts. There are some child headed households. We provide these homes with extra support including regular food parcels.”

Caregiver supervisor

Preschoolers are cared for at home with the support of caregivers, food parcels, and health services. As soon as the children are old enough, they can attend the day care centre. Some are now accommodated at an early childhood development facility at the centre, where they receive education, health care, and nutrition.

Primary OVC are supported in their homes through the home-based visits. As with OVC in secondary school; there is ongoing contact with the schools to check on progress and to facilitate solving of problems. These children make use of the aftercare facility after school where they are helped with homework, can access extramural activities and are also fed.

Adolescents are supported in their families and attend the after care programme. In addition to the feeding programme, there are art and sports activities for young OVC.

The programme pays particular attention to youth. There is a very active youth team engaged in such activities as art and music. Team members are also involved in substantial volunteer work for the programme, including educating their peers. Youth are involved in coaching sports, teaching art, running the aftercare, and some income activities. Inkwanca is seeking to access vocational training for them.

SERVICES PROVIDED



Through the key activities described previously, the programme provides an array of services to OVC or their guardians, including food and nutritional support, shelter interventions, economic strengthening, general health, education, child protection, and psychosocial support. These services are summarized below.

“Our OVC programme starts with the caregivers doing their door-to-door work and home visits. They bring back reports to daily meetings and we deal with matters here. We assess the needs for ID books and those who were eligible for grants. We pull in our social workers on cases where they are needed. We also work hand in hand with the schools and motivate parents and guardians to send their children to school. We generally visit the schools at least three times a month to check on the progress of our children.”

Caregiver supervisor



Food and Nutritional support

The centre runs a well developed feeding programme. Up to 250 children are fed at the aftercare centre every week day. Food is supplied by government, donors, and local individuals and groups. Inkwanca originally began as a feeding programme. A soup kitchen was established in a small room to feed street children and needy destitute people in 2002 [see inset].



“I realized that the Molteno Hospital was in a big crisis because of a the unmanageable intake of people with social problems, abuse, abandoned children, and neglected people living with HIV and AIDS, as well as women who were victims of family violence”.

“Soon after we had started the soup kitchen, the Christian Women Trust bought us a building that was big enough for us as we were operating from a very small room from No.1 Robinson Road.”

Director of Inkwanca



*Volunteers prepare food in the soup kitchen.
Below: The vegetable garden.*

Today this has been transformed into a comprehensive feeding programme with a well equipped kitchen, and a staff component of four women to prepare food daily. The food is served to children in the day care centre and provided to children attending aftercare every afternoon. The numbers fed are normally around 50 but sometimes this can be more that 200 children. The women are volunteers and are paid stipends from a grant from the Department of Social Development.

The centre runs a large irrigated vegetable garden on a piece of land attached to the hospital. There is approximately one hectare under irrigation. The irrigation system was provided by the Department of Agriculture. The produce is used in the kitchen, at the hospital, and distributed to needy families. The gardening project is also supported by the Department of Social Development.

On Mondays, Wednesdays, and Fridays, the kitchen prepares and distributes food through a meals-on-wheels programme. The meals are provided to needy children and bed-ridden people in the local townships. The centre does not have a vehicle and relies on transport from members of Christian Outreach, a local faith-based organisation in Molteno; and on farmers in the surrounding area.



Shelter Interventions

The centre has a dormitory room that is available for women and children at risk of abuse. Referrals usually come from the police or the Inkwanca community neighbourhood watches. The dormitory is part of the centre complex and has 12 beds. The safe house is supervised at night by the programme director or a deputy when she is unavailable.



Economic Strengthening

The income generating project helps people gain employment skills training while at the same time generating income that contributes to the sustainability of the centre. The team and Inkwanca are immensely proud of the fact that this project produces a surplus income that is often used to purchase consumables for the programme when times are tough.

Sewing Project

There are four volunteers working in this income generating project which is managed by a young fashion designer. The team produce trousers, shirts, tunics, skirts for OVC and a range of designed garments for sale to the community (such as school uniforms).

Weaving Project

People with disabilities are provided with an opportunity to develop their skills by becoming part of the weaving project. A team have been trained in weaving and currently produce good quality carpet weaves and basket ware. There is a great sense of pride amongst this team because they have been able to produce goods to support themselves and the centre. Rather than being people living on the margins they have been integrated into the Inkwanca family.



People working at income generating projects.

The centre also helps OVC and their guardians or parents access important identity documents such as birth certificates through the Department of Home Affairs. These documents are prerequisites for obtaining the much needed social grants (disability, child support, foster) from the government. The programme also assists parents and guardians to apply for and process these grants. The centre employs two social workers to advise caregivers and manage cases.



Child Protection

The community of Molteno have neighbourhood watches to ensure child protection. Cases of child abuse are reported to the centre or police. There are at least 16 safe houses of supportive parents in each location where children can be placed for protection. The centre runs a safe house that can accommodate up to 12 children and women from abusive domestic situations. Inkwanca also runs community education to train children and adults about children's rights.



Health Care

The centre has it's a dedicated professional nurse that provides services and trains volunteer health caregivers. These carers are trained to provide a range of health care services to households. OVC are checked regularly by these workers and when they attend aftercare or day-care they are attended to by the professional nurse when required. The centre also has a very good and close working relationship with the health department, its clinics, and the hospital, which facilitates regular referrals of cases between these partners.



Psychosocial Support

Early Childhood Development and Care

The programme's day care facility was set up in 2007. In 2008, it served 30 children, most of whom were OVC. Some were HIV-positive and five of those were taking ARV therapy. Three teachers, trained in basic early childhood development and child care provided instruction and support to the children. In addition, there was a resident nurse at the centre.

Aftercare

The centre has two caregivers that run a daily programme for children from the ages of seven to 17 years. The attendance rate fluctuates between about 80 to 240 children. The aftercare centre keeps an OVC register to document those served and attendance (in order to follow up with OVCs who stop attending). The basic needs of the children are assessed at the centre; this includes determining if children have school uniforms, books, and other needs. The aftercare programme is used to provide OVC with services including those from the social worker and the professional nurse.

In addition to educational activities and assistance with homework, aftercare also offers sporting activities and art classes, predominantly for older adolescents. These programmes teach children different skills. They also provide an opportunity for the youth volunteers who run these programmes to get to know the children and identify and provide counselling to those who need it. These youth volunteers are role models to the children.

The centre offers an aftercare service for up to 250 children. As part of the service arts and crafts classes and sports (cricket, soccer, and rugby) are offered. The centre uses these activities to provide counselling and other psychosocial services to children and youth.



General Education

There are currently negotiations taking place between Inkwanca and local schools to waive school fees for OVC and provide support for these children at their schools. If fees are waived, it encourages guardians and parents to send their children to school and keeps abreast of the children's progress through regular visits to the schools. The programme has a clothing production unit which produces school clothes, enabling the programme to provide most of the OVC with much-valued school uniforms.

Resources



Up to 254 children attend the centre and are fed and provided with basic aftercare facilities and services daily. Here, a volunteer youth member helps with the design of a picture the children at the aftercare session.

DONORS

Inkwanca has, from the outset, sought to attract resources from a variety of sources so as to create a balance of income to ensure sustainability. Its work in this area has paid dividends. Inkwanca receives generous and extremely valuable financial contributions from USAID through MSH, and a contribution from the European Union; but the proportion of domestic government and community inputs is in excess of 70% of the annual expenditure of the programme.

The programme has seen the attracting of domestic government funds as critical. These resources are derived from local taxes. Without strong cooperation with government, the programme's impact would be greatly diminished.

Discussions with government departments at the local and provincial level in the early days must have given the strong impression that this group meant business. Soon the Inkwanca team was developing proposals to the Department of Health and Department of Social Development for support. At the same time, the team sought to raise funds through other domestic sources and to appeal for support from foreign governments and other organisations.

An important partnership was formed in these early days between the centre and Christian women and members of the farming fraternity, who have provided significant support to the programme almost since its inception. A short while into its development, the Christian Women Trust bought a building for Inkwanca for all its planned activities. These ongoing and deep relationships have been invaluable to the programme.

A firm link has been kept with Molteno Hospital and its officials as a key partner. (This is a logical partnership. While the hospital offers a professional health referral service, the centre offers all its services of home-based care and support at the community level.) An impressive vegetable gardening project of the centre is located in a field owned by the hospital and is another concrete piece of evidence of this productive relationship.

The importance of local resources and support cannot be overemphasised. In hard times (when the project is waiting for grant payments) it has been a combination of loyal support from local benefactors and the small income that is being derived from income generating projects that has kept things afloat. In general, Inkwanca seems to manage the combination of government and donor funds and contracts with a level of ease. However, cash flow problems from late payments of grants have resulted in untold stress and hardship for staff, volunteers and beneficiaries.

Management was of the view that the ideal budget for the project would be around R 3 million a year to cover the costs of all the planned activities. The current annual income is R1,6 million. The figure does not include in kind contributions and the R45 000 generated through income projects. Most of the money is being spent on consumables. Capital is needed to expand the capacity for income generating projects.

COMMUNITY IN-KIND CONTRIBUTIONS

The Inkwanca model requires community mobilisation, participation, and contributions to succeed. Inkwanca's strength is derived from being deeply rooted within the community it serves. The levels of voluntarism are impressive.

The Inkwanca team report on the deep satisfaction they feel when, in lean times, they know that they can depend on the local community for support. For example, a farmer delivers vegetables; a member of the community hands the project some cash; and someone brings a parcel of second-hand clothes, sport equipment, or the like. The team has a deep understanding of the critical contribution that the local community is making to the sustainability of the programme.

Lessons Learned

Inkwanca is a remarkably positive expression of the power of civil society at its best working with government and others to make the difference. There is clear evidence that the community of Molteno owns this programme and that there is an outstanding depth of community pride and participation that gives the programme health and a vibrancy that is tangible.

Community mobilisation for participation and ownership is a fundamental anchor of the Inkwanca model. When the project began, the initial team of volunteers consulted widely in the community. This was followed by intensive door-to-door work to mobilize and educate people and to identify those that most needed services.

As evidenced by the neighbourhood watches, the support for the work of Inkwanca is now deeply rooted in the communities where it operates. Few organisations doing OVC work can claim the support of working street committee structures to support their work.

PROGRAMME INNOVATIONS AND SUCCESSES

Visionary Leadership

The leadership of the programme comprises an exceptional group of home-grown men and women who all have a similar passion for the work they are doing. They lead by example and through personal discipline. They have a clear vision of where they are going and are slowly moving in that direction and drawing others into sharing the vision. From the stories told by the Inkwanca team, government, other partners linked to the programme, and beneficiaries and their guardians it is clear that there is great confidence in Inkwanca.

The leadership and members of the Inkwanca family all demonstrate attributes of passion, vision, humility, and discipline. These attributes are recognised by members of the community who told their stories of their experiences.

Quality People

Management reported that it requires a certain type of person to work in this kind of programme. “You just have to have the passion for working like this in your community,” an Inkwanca manager says. In the first instance, there is little in the form of financial reward and then there is the work dealing with the pain of death and the sick and orphans that takes a huge spiritual toll on those who are on the front line.

Inkwanca managers reported that, in fact, the nature of the work has served as a screening device. They say if you do not have what it takes, you will not stay around for long. So the programme takes on volunteers as it has the capacity to train and mentor, and those that continue end up becoming part of the team.

The result is that those who stick it out are deeply committed and display a commitment to their work that translates into the kind of quality services that people in the community notice. These are not officials just doing a job, but people who have chosen to do what they are doing so that they can bring about a difference in their communities. Many also spoke of the satisfaction they felt when they knew that they were contributing to saving a life or giving a child an opportunity.

Broad Participation

Inkwanca has very broad support for its work both from the community and beyond. The evidence for this comes from the level of co-operation the programme has with government and

civil society organisations. Further evidence can be presented in the range of contributions it receives from the local community in cash and in kind.

Ensuring High Quality Services

The key to the provision of high quality services in Inkwanca lies in the process of identification, training and mentoring of staff and volunteers. The programme is blessed with the services of dedicated seasoned professionals.

It is suggested that the learning that happens through practical application with the support of these professionals through mentoring is of much more value than any learning achieved through a classroom-based course. Although all the caregivers have received a direct observed therapy short course (DOTS) in tuberculosis (TB) and a course in home-based care, learning through doing is reported to be most valuable.

By ensuring that the staff and volunteers are committed and passionate about their work, and that they are supported technically through hands on support from nursing, social work and other professionals, the programme has been able to attain a high standard of service delivery. Many remarked that they were very proud that such a programme exists in Molteno. It has attracted the attention of members of the community at-large, government, and others.

“I observed the project members providing meals-on-wheels in the community and have watched the orphans and vulnerable children playing soccer and cricket, making music and dancing and being happy. They are proud of this project. I am so inspired by the way the staff and volunteers do their work with a good strong spirit and with dedication.”

Matron of the Molteno Hospital, from AI workshop

Mobilising Government Resources and Government Services

From the outset, the programme has always understood the importance of ensuring a good working relationship with government. Even though this relationship is sometimes adversarial, it is always respectful. The programme has successfully negotiated a number of grant contracts with the Department of Health and Social Services to cover the costs of part of the services it renders. These contributions from the provincial government have become critical to the programme.

In addition the programme works very closely with these and other government departments such as the Department of Home Affairs to ensure that the necessary services are delivered to its beneficiaries. Inkwanca has been very successful in maintaining good working relationships with these various government departments at the local district and provincial level. Now they are often requested to speak at provincial and national workshops and meetings to explain how this works

Perhaps this relationship between Inkwanca and government shows the way forward. It certainly highlights what can happen when there is a healthy relationship between government and civil society. It is not possible for government to be all things to all people. This way government is able to tap into the energy that a civil society organisation like this is able to generate.

PROGRAMME CHALLENGES

Developing the Aftercare Programme

Inkwanca staff and volunteers use the aftercare programme to develop the potential of the children and youth they serve. However, they are handicapped by insufficient educational resources and the need for more training for the aftercare supervisors. A computer centre and other teaching and learning educational resources would be most valuable assets towards transforming the programme from a good programme to a great programme.

Supporting Vulnerable Youth

Inkwanca has realised it needs to ensure that through its programmes it is meeting the needs of vulnerable youth. Some of them are running households. They require mentoring and psychosocial support to reach their potential. A range of services and opportunities are needed to enrich the work the programme is currently undertaking.

Career Pathing for Youth

The programme is firmly committed to transforming lives. Its staff members have a good understanding of the factors that drive poverty and the repercussions of poverty within their community. The programme has seen the need to assist youth with access to educational and vocational training opportunities, and to income generating projects. This requires additional organisational skills, knowledge, and resources.

Financial Sustainability

Late payments of grants has destabilised Inkwanca. Cash flow problems mean that operations are curtailed, households go hungry, and morale of staff and volunteers is affected. The programme is seeking to diversify and increase its funding sources and will need to develop mechanisms to ensure that it has reserves to aid it in lean times.

Leadership Development

While there is sound leadership at various levels of the programme, there are a few critical individuals in leadership positions. Succession plans are always difficult to formulate but Inkwanca should consider developing such a plan as well as continuing to invest in training and development for its more junior leadership.

Managing Outreach

The programme will remain under pressure to assist with the development of capacity of other projects in neighbouring towns and further a field. It needs some assistance to help it balance this external demand with its own internal requirements. One option would be to offer work experience to managers of programmes who wish to replicate some of Inkwanca's programmes.

UNMET NEEDS

Health Care

The services of a doctor would greatly enhance the quality of the programme's health care services. The team feels that these services will further enhance the skills and capacity of the care-givers providing home-based care.

Food and Nutritional Support

Food security is a key issue for vulnerable households in the Molteno community. There is a constant shortage of food parcels for needy households.

Child Protection

A 24-hour placement service (a "place of safety") is needed. This will require a facility and staffing.

Education

There is an ongoing need to support the costs of providing OVC with school uniforms so that they feel free to attend school and are not ostracised by others. Although there is an active aftercare programme, the programme does not have the resources to enhance the quality of this programme. Computers and other educational resources are needed.

Vocational Training

The programme managers would like to greatly enhance vocational training for youth. Currently, financial and other resources (to pay fees or access bursaries) to expand this programme are limited.

Legal and Social Services

Accessing social development grants is taking too long for orphans and other vulnerable children – up to two years, in many cases. This creates a serious hardship in some households.

Parents and Guardians

Parents and guardians would benefit greatly from training in parenting skills, which in turn would further enhance community cohesion and development.

The Way Forward

ENSURING SUSTAINABILITY

At the time of writing this case study, the programme was experiencing a long period without receipt of donor grants. The critical situation had placed a heavy burden of responsibility on the management of the programme to ensure that the morale of those working in the project is sustained and basic services could continue.



It has been a very cold winter and the perspective is bleak. There is confidence however that spring is on its way as members of the Inkwanca team prepare the ground of the vegetable garden for the warmer weather and the summer rains. This faith and hope is the result of working as a community and comes with the satisfaction of producing food to feed the children and those in need.

The situation presented the stark reality of the vulnerability of programmes when faced with the vagaries of bureaucratic processes out of their control. They spoke with pride of the fact that some of their income generating activities were providing cash for some basics and that the local supporters in the community were always faithful and supported where they could.

There are three strategies for the way forward in this critical area of finance and cash flow. One is to continue to pressure funding partners to understand the importance of consistent cash flows particularly when dealing with feeding children (and others) and maintaining staff salaries. The second is to diversify funding sources as much as possible. The third is to strengthen economic projects that produce an alternative or supplementary income for households and the programme, thus reducing dependence on external funding.

A SITE FOR TRAINING

There are repeated requests to the programme director and the programme team to provide advice and assistance in supporting projects in neighbouring towns, to support government departments with their strategies to support OVC, and to provide input for other provincial and national projects. Also the on-the-job training that the programme provides to its volunteers and staff has been found to be of immeasurable value. There are no institutions providing training for managing OVC programmes and institutional learning is not likely to be appropriate.

The idea of using Inkwanca as a training site where people from neighbouring projects (and afar) could send staff or volunteers on internships to learn about the model for home-based care, community mobilisation strategies, technical know how around income projects, OVC practices and youth programme management. Supervisors and volunteers would need to be trained to provide mentoring and supervise interns so that the benefits of the learning method can be maximised.

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