
DOCKDA

DEVELOPMENT OF
COMMUNITY KNOWLEDGE
AND DIRECT ACCESS



THE GLOBAL FUND FOR
COMMUNITY FOUNDATIONS

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ABBREVIATIONS

AIDS Acquired Immune
Deficiency Syndrome

ARV Antiretroviral

CBOS Community Based
Organisations

CPF Community Police Forum

DOCKDA Development of
Community Knowledge
and Direct Access

GBV Gender Based Violence

HBC Home Based Care

HIV Human
Immunodeficiency Virus

IDP Integrated Development
Plan

NLC National Lotteries
Commission

OVC Orphans and Vulnerable
Children

RDSP Rural Development
Support Program

SAPS South African Police
Service

SGB School Governing Body

TB Tuberculosis

INTRODUCTION

2019 sees DOCKDA Rural Development Agency celebrating its 25th anniversary since its establishment in April 1994, the month in which all South Africans casted their votes in the first democratic election. It seems an opportune time for DOCKDA to reflect on the impact that the organisation has had in community philanthropy. Over the years DOCKDA's role of grant maker has changed as the support from the traditionally global North funders changed. Over time DOCKDA has had to adapt to these developments in an evolving environment while still holding on to the ethos of the organisation of promoting equality for rural communities.

The concept of #ShiftThePower was first heard by DOCKDA at the Global Summit on Community Philanthropy held in Johannesburg in December 2016. At the summit attendees and the wider global audience were challenged with the concept of #ShiftThePower, of changing the story of community philanthropy and recognizing the opportunity there is for communities to own and lead their own development. DOCKDA has approached community engagement with the Asset Based Community Development Approach and maintained that our approach has meant community based organisations are autonomous, self-reliant and self-determining.

With thanks to the support of the Global Fund for Community Foundations, DOCKDA has been able to explore the impact of organisation grant making of the past 10 years. It gives DOCKDA and its beneficiaries the opportunity to recognize and value community philanthropy, assets that lie within communities and the invaluable contribution that community-led volunteer organisations make in addressing social justice and health care in communities. It gives DOCKDA and the community-based organisations the opportunity to examine and reflect on philanthropy as being more than just a monetary contribution. DOCKDA's wish is that the findings of the research will be a resource that both DOCKDA and the community-based organisations will be able to use to give voice to community philanthropy at a local, national and global platform and highlight the impact that community volunteers make, especially in rural South Africa where resources and service delivery is still greatly lacking 25 years into democracy.



CONTEXT

Community Based Organisations (CBOs) are an important part of South Africa's civil society. Organisations who have an overall shared mission to contribute to the development of rural communities in bringing about qualitative improvements in living conditions and realisation of their human rights in a post-apartheid South Africa. Within post-apartheid South Africa stark inequalities between the wealthy and poor remain visible and rural communities in particular continue to face specific challenges in addressing unemployment, poverty and unequal access to much-needed development resources.

What sets rural CBOs in the Northern Cape apart from their counterparts in cities and other rural communities is the specific geographical landscape of this province. Although it is the largest province in South Africa, it has the lowest population density. The semi-arid landscape of the Northern Cape is home to scattered villages and homesteads, located far away from major towns and connected to each other via poorly constructed, mostly gravel roads. Many villages are small in population, often home to 30 or less households, mostly headed by women. This is due to the unequal gender division of labor within the employment sector where the major employers are the mines and government departments. With preferred male labor forces for the mines, the limited access rural women from these villages historically have to further education and training means that often their only recourse is that of domestic or seasonal work on farms. This creates an increased dependence on the welfare provided by the state in the form of social welfare grants.

At the height of the HIV/AIDS crisis in South Africa during the 1990s and early 2000s these villages once more became home to men returning to their villages after contracting HIV. Mothers and wives had to helplessly look on as men, sons and brothers began dying, doing their best to care for them within isolated conditions. Access to health care was mainly centered in the major towns and bigger villages and at the time there was no access to antiretroviral medication. It is within this crisis that women from these villages emerged as key role players in providing care, treatment and support to the chronically ill in their communities.



Within these case studies, the picture emerges of how these women under challenging conditions and with access to limited resources, became the frontline in trying to curb the spread of HIV/AIDS and making access to health care a key issue in the ongoing development of rural communities in South Africa.

Today more than 25 years into democracy, this mission to improve the lives of rural women, men and children within the Northern Cape continues as organisations continue to address emerging social crises within their villages. The Northern Cape has the highest tuberculosis infection rate in South Africa, alongside the highest teenage pregnancy rate. Many rural communities live below the poverty line and face unemployment and food insecurity. It is within this continued challenging social context that these rural CBOs, led by women, continue to work at grassroots level to intervene, build capacity and deliver much-needed services to women, men and children.

ESTABLISHING DOCKDA RURAL DEVELOPMENT AGENCY

DOCKDA Rural Development Agency was established in the early 1990s with the specific objective to support rural community organisations, both financially and through investing in the self-organisation and growth of these organisations through capacity building initiatives. The idea for the organisation originated within the organisation Catholic Welfare and Development (CWD), when Peter Templeton engaged institutions from the Netherlands to establish a delegation fund that could support rural communities. The Catholic Bishops' Conference subsequently decided to establish development agencies in each of their dioceses, this included NAMCO, DOCKDA, RDSP and KOOR (see interview with Brenda).

Tish Haynes, one of DOCKDA's first staff members and later Director, came on board in 1996. She recounts the early days of the organisation as follows:

DOCKDA adopted our constitution in 1996. We were going to work in the following areas: Diocese of Oudtshoorn Cape Town Keimoes Upington and De Aar; that is where the acronym DOCKDA came from actually. We worked in the Southern Cape, and the peri-urban areas of Cape Town. Other areas included Keimoes and Upington. We also worked in De Aar in the middle of the Karoo. This area had widespread historical poverty. Its main economic employer, the railways, closed their repair section that was in this town, which led to mass unemployment. We also worked outside Kimberley, in towns like Hopetown and Danielskuil.

Initially DOCKDA only provided grant making support to organisations in these areas. After the first two years an assessment was conducted and the Board decided that there was a further need to also develop a programme to build capacity alongside the grant-making programme. During these early years, the capacity building programme consisted of three workshops per year and partner organisations were trained in elements of governance and administration of a community-based organisation. Tish explained that at the time, the capacity building focused on training emerging community-based organisations in an understanding of governance and accountability, identifying needs and plan community interventions, developing an organisational strategic plan, and accounting for their work, both financially and through writing programme reports. This community leadership training involved both training and practical implementation and was conducted over a period of three years with participating organisations.

In 2008, RDSP started collaborating with DOCKDA. The first partnership focused on Gender Based Violence (GBV). RDSP provided the theoretical framework and training to DOCKDA's partner organisations, capacitating them to share this information with their members and community. This training included exploring what GBV is, the legislative framework and its effects on families and children. Over the years RDSP conducted various types of capacity building workshops for CBOs which included organisational skills, planning, fundraising, finance and governance training. Brenda Snyders from RDSP recounts that following the capacity building and grants, there was a shift from theoretical and organisational skills building to that of personal development and leadership training to women from the partner organisations. RDSP then implemented a certificate in Community Leadership Development for DOCKDA partners and later also a Substance Abuse Awareness and Prevention Training.

SHIFT TO THE NORTHERN CAPE PROVINCE

In the early 2000s, DOCKDA re-positioned itself to work specifically in the Northern Cape Province of South Africa. This decision emerged from a strategic planning session, where DOCKDA assessed the areas where it supported organisations. At the time DOCKDA was working in the broader Northern Cape Province, the Southern Cape and parts of the Western Cape. The decision to focus specifically on the Northern Cape was based on the acknowledgement that this province consisted of communities living in extreme poverty in relation to other communities in other provinces of South Africa. Tish Haynes remembers this shift:

During a strategic planning session, we looked at the geographical areas, where we supported organisations and communities; we looked at how resources were flowing to these areas post 2004, and we made a strategic decision. One of the 13 nodal points in South Africa, was the Northern Cape, particularly the Kuruman area. So we let go of the Southern Cape, Springbok and Cape Town; and we found that the De Aar, Hopetown and Warrenton areas were close to Kimberley for them to be better resourced. We strategized that the Kuruman area was an area for us to focus on. Thusano, was the only NGO that supported the area and ANCRA the land rights supporting organisation. We found that there was a great sadness in these communities.

The geographical demarcation of the Kuruman area has historically been defined and redefined based on the changes from past apartheid government to the new democratically elected government. Due to these demarcations, townships and villages outlying Kuruman, while were integrated into the Northern Cape, their geographical position ensures their isolation from major towns and economic activities. Due to this, unemployment was one of the major challenges these communities faced. The effects of the HIV/AIDS crisis further negatively affected these communities as many of the main breadwinners returned home ill with the disease thus further rendering village households vulnerable.

Today, these communities in the Kuruman district are still characterized by a high unemployment figure and widespread poverty. According to the 2011 Census, the John Taolo Gaetsewe District Municipality has a population of 191 539, of whom 52% are women.





The district is also one of the poorest in the Northern Cape, as over 85% of its population live below the poverty line (see Kuruman IDP of 2016/17). The unemployment rate was estimated at 29,7% in 2011. Many civil society organisations that worked in this area had to close due to a lack of funding. Today DOCKDA remains one of a handful of organisations, besides the grassroots community organisations it supports, that remains in this district of the Northern Cape.

GRANT MAKING

DOCKDA's first step in the grant making process was to identify potential eligible CBOs who would be invited to submit an application for funding. Thereafter DOCKDA would review the organisations governance structures, ability to implement the programme with the funds granted and report on the funds granted. Applications were reviewed by an allocations committee and approved by the committee. Grantees were given a 3 to 6 month timeline to implement the programmes and report back to DOCKDA. During the course of the programme implementation DOCKDA staff would attend events, do site visits and mentor and monitor the CBOs to implement and report on their programmes.

In 2007 DOCKDA issued micro grants ranging between R4,000 and R5,000. This amount increased during 2008 when DOCKDA issued 17 micro grants valued between R 4 000 and R 10,000. The entry grant amount to new partners ranged started at R 4,000. DOCKDA also began re-granting existing partners and these existing partners could access grants up to R10,000 per organisation.

In 2009 micro-grant amounts varied from between R6,000 and R10,000. Existing grantees and new grantees were funded during this year. DOCKDA increased its grant making area to that of Namaqualand, and also began supporting paralegal Advice Offices in the towns of Kommagas and Spoegevier.

In addition to grants, DOCKDA also sponsored the issuing of hygiene packs to partner organisations. The hygiene packs comprised of care items that a victim of gender based violence would need after surviving abuse such as bandages, ointments, pain medication, soap and a facecloth.

In 2010, DOCKDA aimed to increase its reach to more organisations in the Northern Cape. Staff travelled to areas to identify more community-based organisations and to introduce DOCKDA to them. DOCKDA also began providing technical assistance to prospective applicants by providing advice as to how to apply or re-apply for funding. Common reasons for not approving applicants were linked to unclear programme objectives and plans and DOCKDA provided advice on how to strengthen these areas of their proposals.

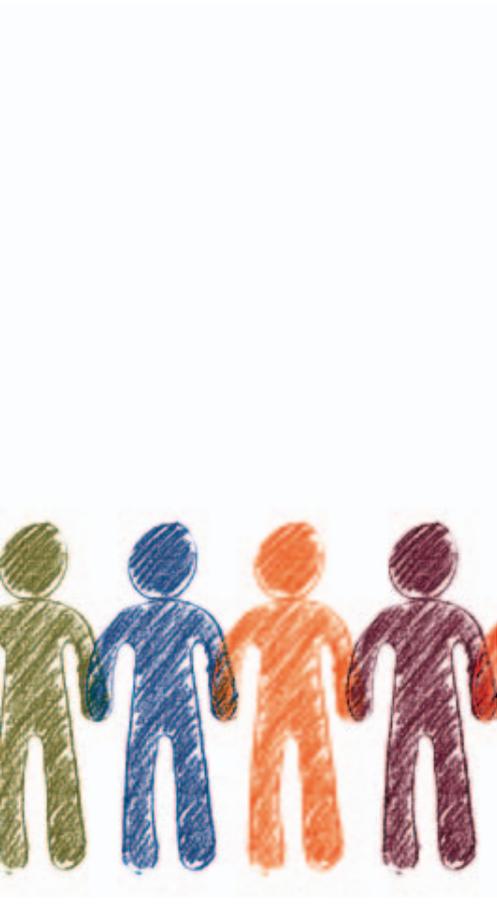
During 2010 DOCKDA increased its grant making budget to R462,000 per annum supported by Misereor. Grant making priority areas included Anti-Retroviral Awareness training, AIDS and Me training, Women's Day Celebrations and Gender Based Violence Training. Rural Development Support Program (RDSP) became part of the grants selection committee.

In 2011, DOCKDA implemented a Gender Programme whereby partner organisations would receive financial support by means of micro-grants and training over a two-year period. Micro grants were allocated to assist partner organisations to implement gender based violence awareness campaigns within their communities, with a specific emphasis on the 16-days of Activism on Violence Against Women and Children.

During 2011 DOCKDA also graduated grantee organisations to that of associate status whilst embarking on a recruitment strategy for new partners in villages not reached before. Associate status was gained following an assessment of competency and these associates were also referred to larger donors.

Aside from grant making DOCKDA also conducted quarterly site visits to partner organisations. During these site visits they received mentoring in planning, budgeting, fundraising and financial reporting.

In 2012, DOCKDA, in partnership with RDSP, received funding from the Joint Gender Fund to conduct Women's Socio-Economic Awareness Training with the partner organisations in the Northern Cape. Micro-grants to the value of R5,000 to R10,000 were given to organisations to support GBV programmes.





From 2013 onwards DOCKDA saw a shift in the funding available for micro grant making. Donors were no longer wanting to provide funds to be distributed to CBOs but were making donations in kind or sponsoring the purchase of goods and equipment which DOCKDA would then distribute to the CBOs. These items included food garden equipment, seeds and trees, water harvesting and reticulation equipment, sports equipment, stationery, packs of reusable sanitary pads and hygiene packs including latex gloves.

HOME BASED CARE

“DOCKDA perceives its work to have economic and social significance as it addresses real life issues together with the partners. In HIV and AIDS and Gender equity programmes we involve people who are directly affected by these issues. For example, people living with HIV are equal partners in programmes designed with and for their benefits. Nothing should be done for the people living with HIV without their involvement. Consequently, progress was observed in community partnerships and it will be difficult, if not impossible, to go back to old ways of doing things for the community. The current developmental trends encourage partnerships as opposed to doing things for the community. Community participation is therefore, dynamic, evolving and central to sustainable community initiatives.” (Chairperson’s report 2012)

With these words, the DOCKDA Chairperson explained DOCKDA's shift in its working with home-based care organisations. In this year, DOCKDA shifted from providing micro-grants to its partners to supporting the payment of stipends to home based care workers who staffed the community-based organisations as volunteers. DOCKDA's partner organisations in the Kuruman area are all women-led community-based organisations. Most of these organisations are historically linked to the Catholic Church. Tish Haynes remembers that in the early 1990s, when little resources were being distributed in the isolated regions of the Northern Cape that the Catholic Church, and in particular, the Bishop from Kimberley, did a lot during this time to promote and support the women from the rural areas to set up HIV community groups. This need became a priority as at the time many men and family members returned from the cities to the village sick with the effects of the HIV virus.

Although these CBOs historically were set up to respond to the HIV/AIDS crisis, one of its lasting results has been the self-organisation of rural women to contribute to the development and care of their community.



Over the years, these organisations also began diversifying their services, although providing home-based care to chronically ill persons in the community remain one of their core services.

In 2012, DOCKDA made a strategic shift in terms of its financial and technical support towards its partner organisations. It made a decision to contribute towards the remuneration of home-based care workers from their partner organisations. Home-based care workers have historically provided their care work without any formal recognition or financial support from the public health system in South Africa. Many of the women working in DOCKDA partner organisations had been working as full-time care workers in their communities for a decade without any form of remuneration. Through a partnership with the Independent Development Trust's Expanded Public Works Programme, DOCKDA was able to provide 96 care workers with a stipend for a period of 18 months. It was the first time that some of the care workers had received an income for work they had been providing for years.

Tish Haynes remembers this shift as a critical decision in DOCKDA's history:

When we started it, it was one of DOCKDA's critical decisions, where the notion of some remuneration for the work that some of the women would take, would be beneficial. We made application thinking that it would be a programme that we could sustain within DOCKDA, and as it turned out, that is where funds would be channeled to the care workers, through the organisations that were contracted; there were many more organisations who would have loved to have benefited. Unfortunately, we had to limit it to 23 organisations over a period of a few years; not all at the same time, but the amount of resources we had to put in ourselves, to manage this, meant that we used our savings.

DOCKDA's decision to focus on the remuneration of care workers was also informed by the recognition that funds were not going through to these workers. It was also informed by DOCKDA's principles of community engagement. Through engaging community care workers, they listened carefully to the needs expressed by them and instead of telling them what to do DOCKDA would see how to partner with these organisations in their areas to address the development needs of the people in their communities.

Ruth Molaolwe, DOCKDA's programme officer, considers this initiative by DOCKDA as one that had a major impact on the progress of DOCKDA's partner organisations.

Not only did home based carers receive remuneration for the first time, but this went hand in hand with training DOCKDA provided to the organisations in governance and financial sustainability. She explains:

DOCKDA did a lot for home based carers. Because lots of them did not have funding; because of DOCKDA bringing the development, most of the CBOs now have funders. Previously the organisations were only focusing on support from Social Development and Department of Health; only these two departments funded them. But DOCKDA managed to develop CBOs with training, that managed to help them to request funding from other donors. Most of the CBOs did get funding from NLC - National Lottery Commission. The CBOs appreciated the support from DOCKDA.

Today, most of DOCKDA's partner organisations remain Home-based Care organisations. At the time that DOCKDA provided these organisations with stipend support, it also continued with its capacity-building programme. In the following case studies, the stories unfold of how these organisations, initially primarily focusing on home-based care, not only managed to diversify their funding base but also began implementing an intersectional approach to providing support to their communities. Through this they developed dealing with HIV/AIDS, community health, nutrition and addressing issues of gender-based violence, substance abuse prevention, food security and income-generating projects.

PRIORITIZING GENDER

In 2008 DOCKDA adopted the objective of promoting gender equality and the empowerment of women in all its programmes. The overall aim of DOCKDA programmes became one that aims to address social injustice, patriarchy and the subjugation and marginalisation of rural women and girls. One of the first steps in realising this objective was to provide training to partner organisations in awareness and intervention strategies aimed at addressing gender-based violence affecting women and girls in rural villages.

Since 2008 DOCKDA has implemented various gender-based violence and gender equity programmes that seek to challenge and change the socio-economic factors that confront women and girls.





In partnership with their partner organisations DOCKDA conducted awareness training on the effects of Human Trafficking on young women and girls and in turn the partner organisations ran awareness campaigns within their own villages to educate communities around the threat of human trafficking and to promote safety and preventative measures to protect young women and girls.

DOCKDA also takes gender considerations into account during the implementation of its programmes. This is considered in terms of creating meeting spaces and times that will ensure that women can attend events. Through its leadership training courses women and girls are provided with a safe space to identify and strategize around how unequal cultural gender norms can be addressed.

The protection and promotion of young girls' social and health rights is critical in province that has the highest teenage pregnancy and school drop-out rate for girls between the ages of 12 and 18 in South Africa. This was indicated by the South African Demographic and Health Survey of 2016 and the annual school survey conducted by the Department of Education.

Young girls are rendered particularly vulnerable given an increase in substance abuse in the isolated rural villages, and this was highlighted in a research report conducted by DOCKDA in partnership with Tshwaranang in 2015. This study found that the increase in substance abuse amongst youth led to an increase in gender-based violence and risky sexual behavior that can result in teenage pregnancy and sexually transmitted diseases amongst youth in particular and young girls in specific.

As such, in 2015 DOCKDA began facilitating monthly Girls Clubs at Primary and Secondary Schools in the Joe Morolong District Municipality. Ruth Molaolwe, the programme officer based in Kuruman, facilitates these monthly sessions, and explains why these clubs are important:

The girl's clubs do well because there the children tell us about their challenges. I do training with the girls, where I give them the sanitary pads, I have to teach them how to use it; and (we talk about) the teenage pregnancy - some of the topics I get from them; I request them to tell me the topics. And then we choose the topic on what they have said. Most of the time, when I give them the sanitary pads, I tell them about their reproductive organs, and how it concerns them.

We also talk about protecting themselves as girls; some of the topics are bullying at schools; some of them get pregnant because they are forced to have sex. Some of them, they said because of the poverty they do not have what, what; and then they have to fall in love with the blessers. These are the challenges they tell me about.

DOCKDA has also hosted annual Lekgotlas, where stakeholders, parents, children and educators are brought together to discuss the challenges facing young girls and boys in the Kuruman district and to develop whole-community responses to promoting school attendance by children.

It is DOCKDA's view that communities in general and women in particular, can formulate solutions to specific gender issue, and sees its role as that of a strategic partner that can avail resources such as awareness training, capacity building and financial resources to support women in formulating their specific responses that seeks to change the lives of women and men within their villages. One result of this partnership between DOCKDA and rural communities is the setting up of the very first safe house for women and children in the John Taolo Gaetsewe District. The safe house is currently being managed by Ikageng, a women-led community based organisation which provides intervention, protection and support to women, girls and other children in their community who are affected by gender-based violence.

THE UNIQUE ROLE OF GRANT MAKING IN THE NORTHERN CAPE VILLAGES

Working for DOCKDA is a constant struggle. Donors do not visit this region often and thus do not understand the specific socio-economic conditions that are linked to geographical isolation. Only when one visits this region can one understand the extent of the development needs of rural women and girls in particular and rural communities in general.

Brenda Snyders from RDSP, who implemented capacity training for DOCKDA partners, confirms this. She said that visiting the region numerous times made her more aware of the need that exists in the villages.



She said that going into the villages and seeing the living conditions makes one want to be a part of working with these organisations to bring about change, emphasizing that we need to do everything we can in that area because in a small way they are making a difference in their villages. Brenda observed that although the people in the villages have so little, they are prepared to do so much.

Ruth Molaolwe, who lives in Bathlaros, says that it is important for organisations such as DOCKDA to continue. According to her many view the Northern Cape as a rich province because of the mines operating in the area; however, communities do not benefit directly from the presence of these mines. Furthermore, the mines mostly employ men thus resulting in an unequal division of labor, where women are rendered unemployed.

“DOCKDA is now doing 25 years of operating. It started in 1994. So DOCKDA provides opportunities for women in rural communities, by doing women empowerment and building skills and to improve women and sustain self-reliance in rural areas through income generating projects - through doing food gardens. It was working as a micro funder for HBC. The vision of DOCKDA says a world in which rural women and men are equal and active participants. So we can say that the men and women are still not equal, because the women are still living in poor conditions...I am proud to work for DOCKDA, because really we are the advocacy of our people.” - Ruth Molaolwe, Programme Officer

When asked to reflect on the impact of DOCKDA in this context, Tish sums it summed it up as follows:

(What I remember) is the determination of a small organisation (DOCKDA) heading out from Kimberley to go out and work and pave the way. Being loyal to those groups of women who were already loyal to their own values and determination and commitment to what they were trying to do and pull together in their communities and their villages. The sense of trust we were able to build up, because the trust then allowed for work to organically grow out of their work on the ground, as opposed to coming in and determining what they need; work with what we heard from the women, how we could help them on their journey.



MAIN STAKEHOLDERS AND DONORS TOWARDS THE CBOS IN KURUMAN DISTRICT

Of the ten organisations that participated in the research, five have had a partnership with DOCKDA for ten years, four organisations have become partners since 2014, and one organisation became a partner in 2017.

Refer to the donor table included.

The organisations in question have managed to access donor support from other sources in diverse patterns. What became noticeable is that DOCKDA's older partners have been able to access further donor funding more successfully than their other counterparts, whereas the four younger partners follow in their footsteps with the ability to access funding from other donors too. Only one partner has never received any formal funding, except for capacity building training and networking opportunities due to their partnership with DOCKDA.

What this shows is that DOCKDA as an initial donor that provided micro funding and technical support to these organisations was able to help organisations develop a track record, establish good governance and fundraising skills that enabled them to access further donor support. It needs to be stated that all the organisations in question still do not receive adequate financial support to extend their area of operation, remunerate workers and diversify programmes as is needed in response to arising social problems within their communities.

The three consistent donors towards the organisations have been DOCKDA and the Department of Health and the Department of Social Development. If we were to attach a monetary value to the contribution made by volunteers to these organisations it would indeed also illustrate the continued subsidization of community work by effectively unemployed women through the time they contribute towards the organisation.

Within the sample of organisations there exists varying degrees of organisational ability to raise funds. Three organisations have managed to attract international and national donors that renewed funding over an average of two to three years.





The other six organisations have only managed to attract support from Department of Health or Social Development, but noticeably these organisations are located further away from Kuruman than those who managed to diversify their funding base. Only one organisation has never received funding at all. It is possible in terms of future capacity building to get these organisations to share with others the lessons they learnt about diversifying their funding base and how other organisations can approach new donors, drawing on the insights from these organisations.

The organisations who graduated from DOCKDA funding and went on to diversify, can also be considered as a model for an exit strategy for DOCKDA and specific grant making relationship with existing partners, before moving on to recruiting new organisations in the Northern Cape.

TSWELOPELE HOMEBASED CARE ORGANISATION

Tswelopele Homebased Care is located in the Gamagatlhe village, located approximately 84 kilometers from the main town of Kuruman. The organisation was established on 4 January 2000 by a group of women from the village. This group of women were directly affected by the devastating effects of HIV/AIDS on not only their families, but also the broader community. “We were tired of seeing our communities suffer from disease and neglecting to take their treatment”, says the coordinator. and this became the main reason why the women of Tswelopele decided to form an organisation, so as to provide crucial support to the women, men and children in their village.

Primarily a home based care organisation, Tswelopele assists people living with chronic diseases to access treatment, care and support to manage their health. According to the organisation, at the time of their establishment, the situation in their village was very challenging. Men were not at home, due to migrant labor, and women took the primary responsibility of the care of the family. When men returned from their work with illnesses, they often became abusive towards their women partners. Their illness also meant that they lost their jobs, and this further impacted on the wellbeing of the broader family, as there were limited employment opportunities for women in the village, especially as they had to take care of their children.

When the organisation was formed, one of the key issues they confronted was the reluctance from men in their village to go for diagnosis and treatment linked to chronic illnesses. At the time, men sought healthcare primarily from traditional healers, and did not visit local clinics regularly. This led to many undiagnosed and untreated illnesses in the village. Over time, through awareness and information talks to villagers, both women and men, this reluctance was overcome, and today more men and women are seeking treatment from clinics, or receive their regular treatment through the home visits Tswelopele caregivers pay to them. During these home visits, caregivers provide the treatment, and also monitor the health of their patients, and where required, ensure that the necessary referrals to other health service providers are made.

Over the years, Tswelopele have widened their area of work. Whilst still providing home based care to chronic patients living with HIV/AIDS, TB, Diabetes and hypertension, they also provide health support to women and girls within their village. Members of the organisation received training in Gender Based Violence from DOCKDA, and this built their capacity to identify and assist women and girls who are affected by abuse. The organisation also promotes the health care of women during pregnancy, and when during the early year's women mostly gave birth at home. Today, because of awareness and increased access to information, women now visit clinics regularly for anti- and post-natal care. This has positively impacted on the infant mortality rate in the village, as more babies now receive care at clinics, thereby positively impacting on their health, as well as that of their mothers.

Today, unemployment remains one of the biggest challenges facing adult men and women in the village. With the recent closure of mines in the Kuruman area, many men lost their jobs, whilst employment opportunities for women have always been limited. This has led to further challenges linked to inadequate nutrition for families.

Due to an increase in substance abuse in their village, many young boys and girls have become dependent on substances. This has led to unruly behavior at schools, and boys joining gangs as early as 12 years old. A further result of substance abuse is that of risky sexual behavior amongst youth, and an increasing teenage pregnancy rate in their village. As a result, many girls are leaving school early, and are in need of parenting skills, as they often neglect their children's healthcare due to substance dependency.

Tswelopele, with the support of DOCKDA, received training in how to hold information and substance abuse prevention talks with youth in their village. In 2018, the organisation, through the use of puppet shows, reached 35 youth.

Tswelopele celebrates 18 years of sustained community service within their village. Although the organisation started out with 64 volunteers, today there are only 12 remaining members. This, says members, is due to limited access to resources, as only 7 members currently receive stipends from the Department of Health. Many members left because they had no choice but to find alternative employment. During their early years, DOCKDA was the only donor who provided financial support and capacity building in governance to Tswelopele. In later years, Tswelopele caregivers also received stipends from DOCKDA, until they were able to become registered with the Department of Health. It is remarkable that, given the limited financial support towards this organisation, they have managed to extend their area of operation to include further villages through training ward-based outreach teams.

TSWELOPELE INTERVIEW

Interviewer: Sister Mpho, my greetings to you. My name is Kebueng Molaolwe from DOCKDA Rural Development Agency. As we have agreed last time when we were here, we were going to come back again to finish what where left off, so here we are today. I came today to do an interview, and this interview does not force anyone (meaning it is voluntary). Firstly, I would like to know if you don't have a problem with me taking a recording of the interview?

Interviewee: Yes (meaning yes, it is ok, you can record).

Interviewer: Thank you, mam. Please before we continue, I would like to explain to you how we are going to conduct this interview. Our interview has three sections: the first section is where you will be talking about the Organisation you are here for, which is "Tswelopele". In the second section you will be talking about DOCKDA Rural Development Agency, where you will be telling us what you learnt from DOCKDA, and if you think is important for Tswelopele and DOCKDA to continue working together? The third section is where you will be talking about how you have developed as an individual or how the member of Tswelopele that are not here, which you will be representing but knowing that it is because of Ikageng/ DOCKDA. Before we continue, may I ask that mam should say her name, who she is, her background and where she comes from.





Interviewee: Thank your mam, I am Mpho Mpete, from Tswelopele Home Based Care (Gamakgatlhe). Tswelopele Home Based Care started with fifteen members and as time went by we ended up with 5 members.

The reason why our members have decreased is because there was no money at that time and this resulted in members growing wary, as they were impatient, but they stayed home, instead of going out to look for jobs.

I like that DOCKDA can work with us, because it is very important in our lives. When DOCKDA came to join us, we became empowered and energized to do the work we are doing. I wish we could continue working like this, with DOCKDA empowering us with various knowledge so that when we stand before our community teaching them, we will educate them with something that has been verified and we do so with confidence.

Interviewer: Thank you, mam. As I explained, our interview has three sections. The first section, we will be talking about your organisation you are representing which is Tswelopele. Can mam tell us what is the most important thing she has learnt from being a member of Tswelopele?

Interviewee: Thank you, mam. Being a member of Tswelopele has taught me to be brave, to know how to communicate well with people and to know how to develop their cognitive minds.

Interviewer: Can mam tell us what is it that she did not know but knows today because of being a member of Tswelopele?

Interviewee: When I started in this organisation Tswelopele, I did not have any knowledge of handling a patient and also did not know that everything I do regarding my work with the patient stays between the patient and I. Because of it (the organisation) today I know how to handle my patient and also know that when the patient comes with a problem that it must stay between us.

Interviewer: Can mam tell us what has changed in her life of which she did not know of but knows today because of the organisation. For example, Human Rights, domestic violence, gender based violence are the things that mam did not know about human right or rights of other people. We have what we call People First Principles. Can mam maybe explain what she did not know but knows today because of the organisation she is in and can stand up for the community with the knowledge that she has?

Interviewee: In the past our elders or community did not know about their (human) rights, and maybe I did not know anything about these rights. As a result of the knowledge that have today I can stand up for my rights. I know my rights and I can advance to report the abuse of rights in families, and of children, women and men.

Interviewer: What else does mam remember from the training that she has attended? The trainings that she went through which helped her to develop to a point that today where she has certain knowledge which she did not have before?

Interviewee: Other trainings that I attended which developed my knowledge - I attended trainings about Gender Based Violence, Life Skills and Community Leadership.

Interviewer: What did you learn from these trainings that helped you to develop?

Interviewee: I learned that being violated is something that is very bad. I have learnt that abuse is something that is not right in people's lives. Now I see that abuse should be eliminated from our lives at the right time.

Interviewer: Does mam see herself developing individually or the organisation growing because of the workshops she has attended? Can mam provide an example of her development individually?

Interviewee: The development I see at the moment is enjoying getting the knowledge that we received. Getting an education is something which I did not understand at first but because of being lectured I can do anything with courage because I know that I got taught about it and I can share it with confidence and bravery.

Interviewer: Thank you, mam. Does your organisation Tswelopele participate in committees of Maishong that can make a difference in the lives of men and women? An example I can make is that of the SGB committee at school and committee in the police CPA. Is there may be other committees that mam is part of that can empower the lives of men and women?

Interviewee: The committee I am working with is the one at school that I partner with to care for children who are ill-treated at home.

Interviewer: Is that the only committee that mam is part of, no other?

Interviewee: I am also part of the committee at church as a secretary. The congregation saw it fit to choose me as a secretary seeing that I can be influential in church.

Interviewer: Why does mam see that these committees make a difference in the organisation or in people's lives and how do they do so?

Interviewee: We make a difference because making partnerships with these committees make our work with children easier. Also, children learn quickly. When a child is taught something, the child can explain what the child was taught; the child learns everything as the child was taught and the mother also gets to understand that what the child says



is what the child was taught. This is because a child will never say anything that child wasn't taught.

Interviewer: Mam is from Gamakgatlhe, from the organisation Tswelopele. How does mam see Gamakgatlhe community being like without Tswelopele organisation?

Interviewee: If there was no Tswelopele in Gamakgatlhe then life would be complicated. In a way most people (in the village) believe in African traditions and are very stubborn people. Tswelopele Home Base Care made changes in our community. Our fellow members now understand when something is not right (in the community) and where it must be reported etc.

Interviewer: Thank you, mam. Is there any other way that the organisation can make a difference in the community to empower men and women in the village? What do you see that Tswelopele can do to develop men and women in the village?

Interviewee: What Tswelopele can do for men and women in the village is to teach them what we have learnt. I have to take everything that I learnt with passion so that I can teach it to men and women in the villages.

Interviewer: Thank you, mam. We are going to the second section of our interview. I ask that mam would say which information does she have which she shares with DOCKDA or the difference that DOCKDA makes in the progress of Tswelopele?

Interviewee: The difference that DOCKDA brings into Tswelopele is that we are grateful for the patience that DOCKDA has had in the organisation and that it gives us different trainings like, (Substance) Abuse and Life Skills. Also, the training on how to be a leader was very important.

Interviewer: Can mam identify few training courses that she attended?

Interviewee: The workshops that I attended already are those of Gender Based Violence, Life Skills, Community Based Leadership and Fundraising.

Interviewer: Can mam explain changes that were brought about by the education that DOCKDA provided. What changes resulted from the training that mam has attended?

Interviewee: Due to the training of Gender Based Violence I saw changes in our women because I saw women in our community like to keep secrets. What I have seen is that after teaching them about abuse they can now report case against their persecutors.





Interviewer: Before you did this training, what do you realize that you did know but now have knowledge of?

Interviewee: Because of the training I attended, for example the fundraising training, I was taught how to make a proposal and report.

Interviewer: What can mam explain about this training and what changes did she see? What didn't you know but now you know?

Interviewee: From the teaching that I got from DOCKDA is that being a good leader you must be an example in your community because what you do is what the community sees, and what you say is what they hear. Therefore, I learnt that if you're a leader you must be a good leader in your community.

Interviewer: Thank you, mam. Can mam explain if DOCKDA brought you in touch with different departments or projects? For example, meeting different organisations, provinces and bringing different people to teach you?

Interviewee: DOCKDA managed to bring changes into our lives because it increased job opportunities. Also, by hosting puppet shows at schools, teaching children about their Rights and teaching children about the negative effects of using drugs. We could meet other organisations like Ikageng and MADIDABABE, and those training about Gender Based Violence from Cape Town.

Interviewer: What change do you think this has brought into your life or in that of organisation due to the training or involvement of people?

Interviewee: It is very important because I, Mpho can now show a nurse her/his mistakes, by maybe telling the nurse that he/she did not instruct the patient properly according to the People First Principle.

Interviewer: What do you think DOCKDA has done to bring about this change? Let me say you went through training - what changes do you see that DOCKDA has initiated?

Interviewee: Participating in DOCKDA was important in that now I can do anything in the right way.

Interviewer: Lets now get into the third section of our interview, what story can you share with us, the story that changed someone's life in your community through Tswelopele organisation?

Interviewee: Tswelopele home base care changed a certain family for the better, because in that family there was no food, children did not have birth certificates and their mothers did not have IDs as well. We then completed the referral forms and then sent it to the social worker.

Then the social worker came to help, they started to help with food and then the children were able to have birth certificates, because that child was attending school without a birth certificate - but now everything is good.

Interviewer: What knowledge does your community have because of your activities?

Interviewee: Because of Tswelopele, our community now knows the importance of taking their treatment or medication they also know the consequences of not taking their medication. I sometimes go to the clinic to collect the medication on their behalf.

Interviewer: What activities do you do to raise awareness in your community?

Interviewee: We do door to door to teach our community about the importance of new diseases and to teach them also about TB and that it can be cured. We also teach them about HIV treatment where we tell them that taking HIV treatment is to fight the virus and not to cure it.

Interviewer: Thank ma'am, what role did you play as organisation to make a difference in your community?

Interviewee: The role we played as the organisation is to call them to the meetings and to raise awareness among them.

Interviewer: How do they feel about you?

Interviewee: They feel very proud, because before they did not understand, but now they do understand because of Tswelopele Home Base Care.

Interviewer: Thank your ma'am, what can we do to make a difference in their lives?

Interviewee: I think what can be done is that, they need to be educated about different diseases and the dangers.

Interviewer: With our last question, what did your organisation learn through the activities you undertook, for example the gender based violence training?

Interviewee: What I learned from my organisation, is that I am very proud to be able to educate people about the diseases, and I am very proud that I am now a hero who is able to go to people and educate them.





Interviewer: How do you feel about those changes as an individual or as an organisation?

Interviewee: I am very proud about the I brought to the community as a member of Tswelopele Home Base Care. I still have the energy to continue to grow our community and educate them about the education we get from DOCKDA.

Interviewer: Why do you think the changes Tswelopele made (in the village) are important?

Interviewee: The are very important because then our community did not know or have knowledge, but now because of our education to the community, it is living in peace.

Interviewer: At the end, what is it that you think can be done to bring change to the community?

Interviewee: What I think can be done to grow our community is that DOCKDA can help us educate our community, maybe they will have an interest when they see visitors from outside.

Interviewer: Thank ma'am, this is the end of our interview. Thank you for your cooperation. Is there anything you want to say before we close?

Interviewee: Thank your ma'am, for our meeting today because I learned a lot from it. It teaches me to stand against the problems from the community and to take a very good care of them. Thank you.

Interviewer: Thank you.

IKAGENG HOME BASE CARE

Ikageng Home Base Care is a community based organisation that is located in the central village of Bothithong. This group was formed by a group of 34 volunteers, all women, in response to the effects of HIV/AIDS on the lives of women, men and children in their community. In 2000, the group was formally registered with the Department of Social Development as a Community Based Organisation. Ikageng's primary mission is to assist women, men and children in their community who are living with chronic illnesses, such as HIV/AIDS and Tuberculosis, through the provision of home based care.

The village of Bothithong is located 80 kilometers outside the main town of Kuruman, and is home to approximately 3000 people. To reach the village, one has to travel via gravel road for approximately 40 minutes in order to reach this village. On the way to Bothithong, are a number of smaller villages, consisting of around 50 to 80 residents. The main village is home to regional government institutions such as the SAPS, Provincial Clinic, Primary and Secondary Schools, and the periodical Magistrates Court.

Ikageng provides support services to not only the community of Bothithong, but also its neighbouring smaller villages. The group was assisted by a local councillor, Mr. Letoka, who helped them with the mission and vision of the organisation, and the formation of a governing board. The members of the organisation come from the neighboring villages, including Danoon, Kiang and Lothakame.

Ikageng primarily operates as a home based care organisation, but over the years, their work expanded to include also addressing the needs of orphans and vulnerable children in the villages surrounding Bothithong. The organisation also runs an organic food gardening project to provide nutrition to their clients receiving chronic care.



SAFE HOUSE

The Bothithong district has the eighth highest rate of gender based violence in the Northern Cape. These statistics, however, only reflect the cases that are reported to the SAPS. Ikageng works directly with victims of gender based violence, and although they encourage the reporting of sexual offences, this does not always happen.

The members explain that relationships between women and men have undergone significant changes over the past 15 years, as the rate of unemployment and poverty increased within households. This explains why in the past men were responsible towards their families, and during hard times they shared ideas on how to survive. They also used to check what was wrong in the community, and they were friendly. However, over the years, as alcohol and drugs entered their village, their behavior towards women and other members of the community has changed. Today there are more instances of rape and gender based violence in the villages, affecting both women and girls. Recognizing the huge need that exists to provide support to victims of sexual offences, Ikageng recognized the need for a Safe House in the Village. With the support of DOCKDA and the Vodacom Foundation, Ikageng today operates a fully equipped safe house, and have trained counselors to provide survivors of violence with counselling and assistance.

SUBSTANCE ABUSE

Alongside an increase in gender based violence, there has also been a significant increase in substance abuse amongst youth within their village. The school attendance rate for both boys and girls have decreased, and there has been an increase in crime and assault related to gang wars. This village, much like other villages in the area, have also seen an increase in teenage pregnancies amongst school-going girls. In response, most boys do not take responsibility for their actions, leaving the young girls to take sole care of their babies.

There are limited facilities for the youth in the village, and as such, most of them spend their time in taverns and use alcohol for entertainment, explains the members.





Ikageng members would like to provide more support to young girls in the village, establishing peer support groups where they can provide information and support to young girls to assist them in completing school and making positive choices about their future.

CHALLENGES

Ikageng has worked within Bothithong for many years, and when it was formed, it was well-supported by women volunteers from the community and neighboring villages. However, in the ensuing years, the number of volunteers has decreased, and today Ikageng consists of only 14 members who provide home based care services to the community. The main reason for the dwindling numbers of volunteers are directly linked to the limited financial support Ikageng has received since its formation.

For years, DOCKDA was Ikageng's main funder. Through the support and lobbying from DOCKDA and other organisations, home based care workers were finally recognized as an essential part of the public health system, resulting in the remuneration of HBC workers by the Department of Health. Although this was a victory, the stipend is very small and not all members receive this stipend, thus continuing to provide home based care work without any financial recognition or support.

Amidst these challenges, Ikageng continues to provide daily support to women, men and children in Bothithong. What keeps them going, says members, is the strong relationships they have formed with the community, and the recognition they receive from community members regarding the work and support they provide.

IKAGENG HBC INTERVIEW

Interviewer: Banyatsi thank you for making time to speak to us. My name is Kebueng Molaolwe from DOCKDA. We agreed that I will come back to continue where we left off, so I came today to fulfil our agreement. Our interview has 3 sections. The 1st section will focus on your organisation, 2nd section will focus on DOCKDA and the 3rd section will be focusing on you and your growth together with the growth of other members. I would like you to introduce yourself and your duties at Ikageng Homebased Care (HBC) organisation.

Interviewee: Thank you. My name is Banyatsi Basiame from Bothithong and I was born and bred in Bothithong. I had three kids and sadly one passed away therefore I currently have two kids. I still stay with my husband and we reside at Bothithong. I joined home based care in 1989 but then it was still called Care Group. It then changed the name in 2001 to be called HBC.

Interviewer: How many members were you when you started and how many are you now?

Interviewee: When we started we were 44 members, so in 2001 we lost another member due to old age and others left because they needed a break. Some of our members were sent to work at clinics so currently we are 16 members.

Interviewer: Are you saying you are now 16 members out of 44?

Interviewee: Yes, only 16 are still with the organisation, but that does not mean all the members are from Bothithong. The department instructed us to have a cluster. So we merged with other organisations and that's how we are 16 now. That means members who started with Ikageng are only 6.

Interviewer: We can now move to the next talking point of which is the 1st section. What have you learned by being a member of Ikageng organisation?

Interviewee: What impressed me about Ikageng the most is the fact that we were taught to be responsible and to love being peaceful. I was taught to cooperate with others, how to counsel other people, how to be financially smart, how to treat a patient and I was taught how to help the elderly people.

Interviewer: Of all that you have mentioned, what is it that you could say you had no knowledge of at all?



Interviewee: I learned how to counsel the next person in time of need. Another thing that I can do of which I couldn't do is to handle a patient irrespective of their circumstances.

Interviewer: What has changed in your life that you did not know but because of the organisation you now know?

Interviewee: When I started at Ikageng I was young and would jump at any opportunity that I get to be involved in, even in a fight, but now I know that if I encounter any person at any state I must humble myself and know how to handle that particular person.

Interviewer: Do you see yourself and other members growing in terms of your leadership skills?

Interviewee: Yes, I have grown immensely and others have too because we are now able to support one another. It is as if God chose us to complement each other. Some of us are short tempered but the minute we step into the office we set all our differences aside and focus on the work at hand. We have grown as women and we are now working hard to build and transform the community.

Interviewer: I heard you talked a lot about the growth of your fellow members. Can you tell us more about your growth as an individual because you mentioned something about you being pugnacious. Can you tell me about your transformation?

Interviewee: I was once involved in a conflict with a neighbour caused by kids and it was so out of hand that the police had to be involved. I came to the organisation and communicated the matter with other members and I ended realising that I needed to forgive my neighbour. I had to do that because I knew I could make reference to my situation when I come across people who have conflict and I have to be the mediator.

Interviewer: Does your organisation, Ikageng, take part in other committee's activities?

Interviewee: I am currently a School Governing Body (SGB) member and this is my sixth year serving as the chairperson. I work together with the Community Policing Forum (CPF) and ensure public safety by calling the police when there are criminal activities taking place. I work with social workers because in most cases people come to me when they need a social worker so I am the one ensuring that they meet.





Interviewer: Is there anything that is currently being done by your organisation to ensure the growth of men and women?

Interviewee: What we are doing if the organisation is to call meetings with men and women to talk to them.

Interviewer: Let's get into the second section of our interview and we are now going to talk about DOCKDA. Tell us about the knowledge you now have because of DOCKDA?

Interviewee: They taught us about working together and how to make use of money. They taught us about saving money, both at the organisation and in our homes. They taught us about having our gardens and they kept coming to help us manage our gardens. They used to train members and gave us stipends. As time went by Mrs. Molaolwe came and joined the organisation. Together with DOCKDA we established a safe house and this safe house deals with domestic violence. We were given sanitary pads for learners and surgical gloves. Those are some of the items we helped them with.

Interviewer: You talked about the training you received. Can you elaborate more on that?

Interviewee: We attended leadership and governance training that was focused on our leaders and we have seen them grow. The training did impact on our leadership and we experienced changes.

Interviewer: Which DOCKDA activities can you really say have brought growth?

Interviewee: Together with DOCKDA we have called the community members to a workshop and taught them about gender based violence. We have also hosted puppet shows and invited school learners. DOCKDA has also taught us about substance abuse.

Interviewer: Can you further elaborate on the influence of DOCKDA on your growth when they brought other people or organisation from outside?

Interviewee: We see ourselves developing in a way that we know how to communicate with our people, educating them including our youth in their schools. We do development education in schools and we do this through the assistance from DOCKDA.

Interviewer: How can you explain on the development that took place in the organisation through the contribution of DOCKDA?

Interviewee: We have seen that DOCKDA has been helpful to us because we now realise that through their help we are now recognized and considered by the community.



Interviewer: We now going onto the 3rd section of our interview, which is the last part. Can you tell us any story maybe that shows Ikageng has been helpful to the people and to bring some development in their lives?

Interviewee: Our organisation started during the time when people started to receive the grants from the government. During that time people were fighting for that small amount of money within their homes. The family that we went to was always peaceful on it but within that family the father of the house was fighting the whole family because he wanted the money. The mother managed to know where she should go to in order to get help. We went to another family where there was a grandmother who had 32 grandchildren to take care of them using the grant money. When she receives that money, there was always a fight that everyone in the house wanted her money. We managed to help them and ensure that they get an insurance, and grant money. We requested people from Home Affairs to come to Bothithong village because during that time they had no Identity Documents. We have done this until the grandmother passed away. We were not only helping those families but also people from the entire community. The other family that we have assisted, there was a grandmother who was ill staying with her nephew. They had nowhere to go and we helped them build a house for them using the grant money of the grandmother. The grandmother then passed away while the nephew ended up in jail. We also went to a family where we informed the municipality about their situation and people from the municipality came and built them a house. Thereafter, we went to another family to offer assistance in building a house for the family during this month.

Interviewer: In your community, what knowledge did people gain through your awareness campaigns and what awareness campaigns were you doing with the people?

Interviewee: We are making people aware of the HIV virus that they should visit the clinic and go for the counselling. Encouraging them to go for the tests. The people with HIV started collecting their treatment even though some of them ended up defaulting to take their treatment due to some reasons. When the clinics are closed we taught them that they should call the ambulance to get help because most of the people were giving birth in their homes but we managed to help them on what they should do.

Interviewer: How has the activities that you are doing in your organisation changed your situation, you as an individual or as the group of the organisation?

Interviewee: We taught people how they should use their grant money because they were using the money for gambling.

Interviewer: What activities are you doing in your organisation?

Interviewee: We teach about HIV/ AIDS, drug abuse and teenage pregnancy in schools together with people from Social Development doing research about Bothithong village.

Interviewer: How did you grow on that?

Interviewee: We have developed on that because we can talk to our children at home about these activities that we are doing.

Interviewer: You mentioned that people are gambling with the grant money of their children. After teaching these people, how did they develop?

Interviewee: They have developed because they now have their own houses, residing in the RDP house and they show that they have changed even when you visit them you see their RDP houses as good homes.

Interviewer: Thank you Mam. Thank you for your time. Is there anything that you want to ask you can ask now?

Interviewee: Thank you for giving me this opportunity to be interviewed with you. I see it as an education to us because we are developing a lot in terms of being interviewed. We thank you for your encouragement and we wish that you could help us with the uniform.

Interviewer: Besides uniforms, what else do you think if DOCKDA could help you, would make a difference in the community?

Interviewee: What I can say is about substance abuse because the rate of it is very high in our community, so we wish to get assistance on how we can reduce it in our community.



WOMEN AGAINST CRIME

Women Against Crime is a woman-led community based organisation, based in Wrenchville, a township located on the outskirts of Kuruman. The organisation, Wrenchville Community Organisation, was formed by Jenny Beukes, who was born and raised in Wrenchville. Jenny is a survivor of domestic abuse, and after leaving her abusive partner and her home in Johannesburg, she returned to Wrenchville in the 1990s to raise her children there.

Jenny's life was shattered when she discovered that her teenage son was addicted to drugs. Instead of accepting the situation, she began doing research as to how to deal with this trauma. Trying to do something to help her son, and also other youth in the community, Jenny began talking to others in the community, and gathered a group of women together to see what they can do to decrease substance abuse in their community. The result was the formation of Women Against Crime, an organisation set up by these women to combat substance abuse amongst youth in Wrenchville.

Women Against Crime was formed in 2009 and formally registered in 2010. The organisation provides support services to parents of children who are addicted to substances. Having had personal experience as a parent of an addict, Jenny uses this to relate to parents in similar situations. The organisation also provides support to parents who have just discovered that their children are addicted to drugs. Jenny says that the organisations task is to educate parents about how to live with children addicted to drugs, where to find support, and to provide continuous support to both the parents and children as they embark on the rehabilitation programme.

Once children have been to rehabilitation, there is a need to ensure that they attend follow-up care sessions. One of the organisations tasks is to help parents to commit to the aftercare programme, as this is a crucial time where youth can either relapse or overcome their addiction. The organisation works closely with the Social Workers in the community, so as to ensure that there is continued support to parents and their children.





The organisation also does information talks in the community around prevention and treatment of substance abuse. They also provide support to children who are neglected because of their parents' addiction, and aim to get these children referred to the social welfare system where there is no support available from immediate family members.

Jenny openly talks about her personal history with substance abuse, and says that this experience helps her to provide support to parents who are dealing with their children's substance abuse. With limited funds for workshops and peer support groups, Jenny and her colleagues often go directly to people's homes to provide support and host talks. They have become known within the community and often a family will come and fetch Jenny to talk to their children when they are in a crisis.

WRENCHVILLE

Wrenchville has a population of around 3600 people. The community consists mostly of RDP houses, and unemployment remains one of the biggest challenges facing this community. In the past decade, substance abuse amongst youth increased dramatically, and according to Jenny, children as young as 9 years old are using drugs. The increase in substance abuse is linked to an increase in criminal behavior amongst youth, so as to support their addiction. Substance abuse amongst the youth have spiraling effects on the lives of young boys and girls in Wrenchville. It has led to an increase in teenage pregnancies which results in many young girls leaving school, but also, due to their addiction also neglecting their children, leaving many vulnerable children in the community.

Within the community, there is limited support to deal with substance abuse. The closest rehabilitation center is in Kimberley. Social workers in the community try their best, but they can only do so much, given the huge nature of this problem within Wrenchville. The local police do try their best, says Jenny but the justice system fails the community, as often the drug lords are released on bail. Jenny has been to the magistrate to talk to him about this concern, but change is slow.

The biggest challenge, says Jenny, is that there are limited resources within the community to provide comprehensive intervention and support to youth who are dependent on substances, and preventing the increasing rate of teenage pregnancies within their community. With the recently drug rehabilitation center opened in Kimberley, Jenny hopes that this will make a bigger difference in the lives of youth affected by substance abuse.

CHALLENGES

Since their formation, Women Against Crime have received no formal funding; donations are received from churches and supermarkets, but no funding to support the members to do outreach work on a full-time basis. As a result, many members have left in order to find paid work elsewhere. Of the six women, Jenny is the only one still volunteering for the organisation.

Jenny says that government wants community organisations to help in the community, but they do not provide financial support. Jenny feels that greater awareness is needed around the work of their organisation and perhaps this is one of the reasons why the organisation is overseen by donors.

SUPPORT FROM DOCKDA

DOCKDA has supported Women Against Crime with capacity building training, including financial management, good governance and management of a community-based organisations. In 2018, Women Against Crime also participated in DOCKDA's substance abuse prevention and education programme, and how to use puppet shows to reach younger audiences with prevention messages. Alongside this training, Women Against Crime also completed the DOCKDA Positive Parenting Skills Training. Jenny feels that due to this training, they received from DOCKDA, members are informed and have all the information and skills to run the Youth Centre, once it is opened. Jenny feels that attending these trainings has changed her a lot. She was able to transform her stress into action; the workshops helped her, and uplifted her. That is why, she believes that if there is a support group for substance abuse, it will help, because these sessions helped Jenny herself.

COMMITMENT TO WORK WITH THE COMMUNITY

The Organisation's dream is to open a Multipurpose Centre in Wrenchville, where community members can receive support and advice related to various issues, including access to social services, trauma counselling and capacity building programmes for women and youth. Jenny's dream is that the Centre can become a place where parents can come for parenting skills workshops, where children can access aftercare when they return from rehab, and sports activities so that youth can become engaged, and not turn to substance abuse. Currently there are no facilities for youth in the community, so children end up using alcohol and drugs for entertainment.

It is difficult to keep an organisation going without funding, and to retain members willing to work as volunteers. Within the Kuruman region, there are really limited sources of funding for organisations such as Women Against Crime, which makes it difficult for organisations to remain financially sustainable. However, Jenny remains committed to changing the future of youth in her community for the better. What keeps her going, is when they are able to help a child, and rescue them from substance dependency. This provides them with hope to continue with their work, which Jenny refers to as a calling.

WRENCHVILLE COMMUNITY ORGANISATION INTERVIEW

Interviewer: Good day Jenny, how are you. Thank you for allowing me to come to you. Our interview consists of three sections. The first section will focus on your organisation; the second will focus on DOCKDA as an organisation, and the last section will focus on a person or group of persons that you are walking with. This interview is voluntary and you are just going to tell us how the organisation impacted on the lives of the people and you as an individual. Before we start, I am going to ask you to tell us about yourself.

Interviewee: I am a single parent. I raised my two sons without their father. My life wasn't easy but I gave it a go. As the years go by, I found that my son was on substances. This is where I started with this organisation. But it did not work so well, because not all parents understand the impact of drugs on the person, or the people in the house.





If a child is on drugs, it affects the whole family. But there is not much help with this drug thing. I tried for how many years, since 2009. Up till now I am still busy with it (the organisation), but not so effective.

Interviewer: Thank you very much Jenny for telling me about your life. Now, let us start with the interview, with section One. From your point of view, tell me about the most significant issue you learnt about, or that you gained awareness of as a result of being part of this organisation?

Interviewee: It is about this drug abuse, that I became aware and I know that if you are in that situation, it is very difficult for a parent. I experienced it as a parent, so, if I can help someone on the outside, it will also help me, it will make me feel better.

Interviewer: Did any significant change in your attitude or behavior occurs because of being part of your organisation?

Interviewee: I won't say there is any cure, because when they are addicted. When they came back from Kimberley - I had about four, six girls that I sent to Social Development - they registered because they needed some help. They came every second day and I gave them advice. When they come back from Social Development they must go back for counseling every Monday. So when I talked to them they agreed. They understand, especially because of the workshop I had with you and Alet on the alcohol and drug abuse. That (the training) gave me a lot of knowledge; and now I can talk to a person.

Interviewer: So did you experience any change in your personal development as a result of being part of this organisation. For example, leadership skills, or any other skills that you have?

Interviewee: DOCKDA gave me a lot of training, and through that, I learnt a lot. I could not understand at first. But when I got this training and workshops, I understand more about life, and I can communicate. So I think it (the training) did a very good thing for me - not to be heartbroken but to see how I can solve a problem when a problem comes up.

Interviewer: Thanks Jenny. Does your organisation participate in any structure, for example District Aids Council, SGB or CPF?

Interviewee: I am in the sector now, CPF Sector B. When I came back from Kimberley, I spoke to the social worker. I told her that I am going to start counseling every Monday. But that must also include the parent, so the parent can understand what the child is going through, so they can communicate better. So now I have about ten people. I am going to start a new group; mostly the church leaders, and children who are in the drug thing, so that when they come back from rehab that we are ready for them.

So we are going to do our own thing now to support them when they come back from rehabilitation, and see what is the reason that they fall back on drugs.

Interviewer: That's great. So how do you see these structures bringing changes into the lives of rural women, rural men?

Interviewee: I am not so sure, because I am not going out as much as I did before. But we are going to do it as part of the organisation, and I will give you feedback on what they decided and so on.

Interviewer: So why are these changes significant for you? How has your participation in this organisation brought about any of these changes you have mentioned?

Interviewee: There was not really changes, because the people I worked with before, was not really fully participatory in what I was doing, because if you do something, you cannot do different things, you must focus on one thing. the problem that we are working with is a very difficult problem. Because why, it is not really recognized... ok it is recognized by the government and everybody knows about it. But not so much, because people do not want to open up. So you have to go and talk and talk and talk and make them aware. The only thing here is awareness, and it is a hard work to do that.

Interviewer: So you have mentioned a lot of problems that you experience in the community. So, if your organisation was not there, what do you think would happen to your community?

Interviewee: I think, like now, the community - if there is a problem, they know they can come to me. (They will ask me) Help me with this problem. I think this makes me happy, because I see that they take me to heart, they see that really, this thing that I am talking about, is really true. So if we can continue to do the actual thing and to prove to them that really, if you go this way, you won't go wrong. But as we have to go now with a new structure, we still have to work on that. I have to retrain them in drug and alcohol abuse, and also introduce them to the puppet shows. Some of them will go to the puppet shows, for prevention. The puppet shows are good for prevention for the little children. How to prevent them from going on to do drugs when they are getting bigger. So there are a lot of things I have to do, and I have to work specifically on that.

Interviewer: From what you have mentioned, is there anything your organisation can do, or do better, to improve the lives of rural women and men?





Interviewee: The one guy who met with the new group now, said that he will go out of his way (to help), because he also works with the old age people. So that we can not only work with the youth, but also our old age people, because they are also going through a lot of stress, a lot of things that they don't understand. So, if we can start a support group, that can also help the old people, so that they can also understand better.

Interviewer: Thanks Jenny. Let's move on to section two now. From your point of view, describe the most significant change in your knowledge, or awareness that resulted from you being part of DOCKDA?

Interviewee: With DOCKDA I learnt a lot: I had training of how to work with the money; good governance training, and fundraising, early childhood development and then this alcohol and drugs and puppet shows. I learnt a lot, and that is what makes me to know what I know today and makes me want to go forward; even though sometimes I want to leave everything, but feel that I cannot waste people's time when they taught me.

Interviewer: So you have mentioned knowledge and awareness. Can you describe any change in your attitude and behavior since being part of DOCKDA?

Interviewee: This is what I am telling you the whole time; what I learnt there, I did not know. It made me a better person, and it makes me a better person in the house, with the children, and how to handle my son. It helped me a lot and that's why I want to take it further.

Interviewer: With DOCKDA's activities, you meet the other organisations, the other stakeholders, for example the Commission on Gender Equality. Describe the most significant change because of your participation in these activities? How do you feel to meet with other people, new people, the Province?

Interviewee: I feel great, because I see that I know this. Like Social Development, and when I see them talking about something, I can talk with them. And then they (Social Development) ask me where did you learn this, how can you talk like this? Then I say no, I learnt it from DOCKDA, I went for training. So now I can now talk and stand up for myself.

Interviewer: So, you have participated in DOCKDA's activities. How has taking part in DOCKDA contribute to bringing these changes?



Interviewee: For me, it was good to be there; If you call me today, I will go, because it is more knowledge and learning. I learnt and now know more. People in my village do not know the things that I know, and they can't come and say that it is not true what I am telling. That is why they come and ask me for assistance. It doesn't matter if it is a matter with the police, a child that it is neglected, if it's a drug problem, a household problem, a husband problem- people come to me. They ask me, please, I have this problem, how can I solve this problem?

Interviewer: Thanks Jenny. So we move to section 3 now. Can you tell me a particular story you would like to share with us? About people that you work with?

Interviewee: You know, January, there was a woman, her daughter is also addicted to these things, and she and her daughter had a lot of fights. She called me, and I went and talked to the child. I asked her what are you using? First she said only dagga; but then I said no, tell me the truth, what are you using? So she opened up. So I said yes, I suspected that you are using it, because of the way you mother tell me about the things that you do. Afterwards I went and talked to the mother; I gave the other advice: do this, don't do that. if she is in this state, leave her; if she is sleeping, leave her. But then she tells me that this child is stealing money and things... phones. The mom phoned me again. I told her you know what, it is very heavy if a child is taking things, because you as a parent can't go and make a case against your own child for stolen things. Take the child to the social worker so they can offer some help for the child, or send her to rehab. So then they went to social worker. She (the child) was supposed to go for counseling in February, but she didn't want to go anymore. The social worker came and asked: what happened to the girl? I said go talk to the mother. The mother said no she doesn't want to go. She tells the mother - tell her I want to see her. The mother also didn't go. A month after that she stole the mother's boyfriends phone. It was a contract phone from the work. Then the work suspended the husband, because it is the second time the phone gets lost. Then they went and made a case against the child. And this is what I told her before, before the child goes to jail, get help for the child. So now the mother comes to me again, because now they must go to court, what must I do? I said the only thing that you can do now, is to tell the detective because your daughter is still 17, and you don't want her to go to goal. Go to the detective and tell her that you are going to the social worker. The social worker can help you to get the involuntary form. But these are the things, when you talk to somebody, you know the effect that drugs can have. And the husband doesn't want to see that child. So I think when the detective is coming now, I have to go with them to the social worker, because the child cannot go to jail.

Interviewer: From your point of view, describe the most significant change and knowledge from people in the village, from participating in your organisation? How does this knowledge and awareness help the community?

Interviewee: People of Wrenchville are very ignorant. Even if you can tell them something, they just listen to you and agree. You can give them advice, but they won't listen to you. At the end of the day that person dies, or go to jail and then they come and say, if only I listened to you, but I didn't. it's too late. Even one of the guys who was at my training at the civic. He stabbed his brother to death during the night. That is why I think, more awareness and more participation, we have to do that more frequently. I think I do too little, I have to do much more. But I think with the new group now, maybe we are going to...

Interviewer: I think, can you maybe tell us a little about the attitude and behavior of the group in the community?

Interviewee: When the community sees me, they know what I am doing. They respect me in a way. I think there is a little bit of respect in the community for the things that I am doing, especially the youth.

Interviewer: From you point of view, describe the most significant change in the personal development of you or your group as a result of participating in the organisation? It can be you or the group.

Interviewee: My personal change... I have changed, because before I wasn't a person who liked to talk to people; I as very shy, and when I see something, I had that ignorance. But now if I see something, I talk; or when I see someone out there drunk, I go and help them; because now I feel that I must help. That is where I changed. It doesn't matter... if the husband hits the neighbour I will go and intervene; I say no, do not do it like that. If the gang hurt people outside, I go, I call the police. Because why, I am in the sector, I have to work in the community, that is my work that I have to do. I get involved.

Interviewer: Why do you think that all these changes are significant for you?

Interviewee: If something is in your heart, and if you feel you want to help people, nobody can take it away from you. Especially if you sometime in your own life went through trauma. You see that you can now help another person, then I think that is the most wonderful thing you can do for somebody else. Because perhaps somebody else helped you out of the mess that you were in, and now I can help somebody out. I don't want to do it for money, just for the love of it.

Interviewer: In closure: what do you think we as DOCKDA can do to help you to help the people?

Interviewee: The last training, that was my diamond. But now I need training in how to start the support group. Because when I get the ten people, I must give them training, because they must know the difference of the alcohol, the impact of the alcohol. But first we must get the support group. So if we start a support group that will bring a change in the community, I need the information on how to run a support group. What I know, is if you are in a support group, you must have secrecy (confidentiality). So if you come with a problem to me, what can I say to you, to make you feel better. There is a lot of things in between that you must know; how to handle a person who had a problem, and now I am going to address that person; not to go back to drugs again, that is my only wish now, because that is what I am going to start.

Interviewer: Thank you, Jenny. Thank you for your time, for everything.

MADIDEBABE HOME BASED CARE

MADIDEBABE Home Based Care is a women-led organisation, established on 17 April 2001. When it was formed, the organisation consisted of 64 members, all women from the various villages surrounding the town of Bendell (located 54 km from Kuruman). The name, MADIDEBABE is a combination of the various villages where the organisation works: Magobing, Dithlarapong, Deurham, Battlemount and Bendell.

Based in Bendell, the organisation has caregivers throughout these five villages who all share access to a central clinic in Bendell. Today the organisation consists of 20 caregivers, who provide daily care to people living with chronic illnesses in the various villages. MADIDEBABE's primary goal is to provide ongoing health care to women, men and children in their community.

The caregivers visit chronically ill patients on a daily basis and ensure that treatment reaches these patients timeously. This is vital to treatment adherence, as these patients often are not able to travel to clinics where they have to wait in long queues to access their medication.





Aside from this daily routine, the members of the organisation also do door-to-door campaigns, where they educate community members about chronic illnesses, and provide current information on treatment and care that is available. They also host regular information sessions at local schools and youth centers around health care, substance abuse prevention and the specific needs of young girls as they enter adolescence. From 2015 and 2018, MADIDEBABE partnered with DOCKDA to provide sanitary pads for school-going girls in the five villages.

Although the caregivers' primary role is to provide home based care, during their visits to households they are often also consulted around other needs by family members, such as how to access various social services. As a result, caregivers also routinely refer community members to relevant Social Service Departments, whether it is how to apply for an identity document, or to access a social grant.

MADIDEBABE also works with orphans, vulnerable children and child-headed households in their community. Caregivers became aware of the plight of these children as a result of their regular home visits to chronic patients. Furthermore, they also provide assistance during pregnancy, and encourage expecting mothers to access perinatal care at their closest clinic.

SUPPORT

MADIDEBABE started out with no funding at all, and was run completely by the voluntary contributions of their volunteers. According to members, the organisation received its first donor funding from DOCKDA, who recognised the importance of the work they performed in their community. Since then, MADIDEBABE participated in various capacity building programmes hosted by DOCKDA. Members say that through these workshops, they learnt valuable skills in governance, fundraising and financial management. This translated into further donor support from institutions such as the National Lottery and Kumba Mines. Through this funding, MADIDEBABE was able to acquire an office and a borehole, through which they can provide water to their communities.

The roads connecting the main village of Bendell to the surrounding villages are all gravel roads. It is often difficult for the carers to travel to these villages, given the condition of the road. It is just as difficult for villagers to reach the main village of Bendell for medical support. In 2013, during consultations with the organisations, DOCKDA learnt that a cost effective mode of transport is that of donkey carts. As such, DOCKDA sponsored a donkey and cart to MADIDEBABE. This was a huge resource for MADIDEBABE, as they were now able to reach patients, and also transport patients to Bendell.

The organisation also maintains an organic garden, where they grow vegetables intended for complimenting the nutritional needs of their patients. They were able to establish the garden with training received from DOCKDA, along with seeds and gardening equipment to cultivate their garden. Within the semi-arid landscape of the Northern Cape, it is difficult to maintain the organic food garden. DOCKDA also provided MADIDEBABE with a water tank, to harvest water. In turn, MADIDEBABE was able to cultivate vegetables that are still being distributed to patients within the Bendell area.

DOCKDA also provided stipends to caregivers from MADIDEBABE, during a time when most home based care work was not remunerated. Following formalisation of home based care, MADIDEBABE now accesses stipends from the Department of Health.

CHALLENGES

Stipends from the Department of Health are the main source of income for the caregivers from MADIDEBABE, and the organisation has limited to no funding to support its operational costs, or to purchase much-needed equipment essential to providing care to chronically ill patients. An example of this is the current absence of care kits, leading caregivers to use plastic bags as their main source of protection, when providing treatment to people with infectious illnesses. Caregivers also travel on foot to their patients, and transport is not subsidized at all. DOCKDA provided the organisation with a donkey cart in 2013, which enabled caregivers to travel more easily to patients. However, the donkeys were stolen, and now the organisation cannot use this service anymore.



The sustainability of MADIDEBABE is crucial to the wellbeing of their community. If this organisation was to close its doors, the mortality rate linked to chronic illness will certainly be negatively impacted, say its members. This organisation provides important information to communities in these isolated villages about how to take care of their health. Caregivers play an important role in the facilitation of treatment and care to vulnerable communities. The nearest hospital to Bendell is in Batlharos, and yet it is a very small hospital. Through their services, these caregivers lessen the burden on already overburdened clinics.

The members of MADIDEBABE dream of establishing a Hospice in Bendell, where they can provide critical care to chronic ill patients. Within the context of limited means of transport, to house chronic ill patients at such a center, will enable treatment adherence, and ensure recovery from treatable diseases such as TB.

MADIDEBABE INTERVIEW

Interviewer: Mam Ejang I would like to take this opportunity to greet you and thank you for the time you have taken to come for the interview today since we promised we will meet for it. So here we are today as we promised. My name is Kebueng Molaolwe. You know me, I work for DOCKDA Rural Development Agency as a programme officer. What we are going to do today is an interview where we talk about the knowledge that you have about MADIDEBABE organisation, DOCKDA, and about you as a person or group of MADIDEBABE. Our interview has three sections. The first section will be about MADIDEBABE organisation, the second section is about DOCKDA and in section three we are going to talk about how you and the group have developed since you are in MADIDEBABE. I am going to start by requesting you to introduce yourself where you come from, or give us your background information.

Interviewee: I thank you Mam Molaolwe. My name is Kediemetse Ejang. My surname from home where I was born is Dilodilo, I am now staying in Bendell. I am a mother. I was once married and that is where the surname of Ejang comes from. Because of the challenges of life everything changed, and I remained single until now. I have three children, my first born is a boy, and followed by a girl child and my last born is a girl child. I would like to thank God because once my life was difficult. Then there were some government organisations and I joined them. I stayed in MADIDEBABE Homebased Care organisation. In this organisation I became a better person because in the first place I was afraid of an ill person. I could not even enter the house where there was a sick person or sit next to a sick person.



I could not look at the person directly because I became so touched, but because of homebased care I have seen that I am a woman who can talk a lot about so many things. I am now capable of bathing a sick person, feeding the person and do other things that can be done to a sick person who is sent to an old age home or hospital. That is why I say I have managed to be a better person. Sometimes when you look at the person you must put yourself in their shoes and help the person. Until now I am proud of the MADIDEBABE organisation because I am now able to do so many things and assist other people. Thank you.

Interviewer: Thank you Mam, I heard you saying that your organisation is MADIDEBABE, maybe can you explain to us where the name MADIDEBABE comes from?

Interviewee: Our organisation MADIDEBABE. It is formed from five places, MA is Madibeng, DI is Dithharapeng, DE is Deurham, BA is Battlemount and BE is Bedell. The organisation was formed from these five places because there was no clinics in these other places. People from the organisation were walking around the villages and what is so touching about them is that they were walking long distances, walking by foot, others using donkey carts during rainy, cold and sunny weather. So, for the organisation to be formed there was too much work for our nurses. They were working under pressure and there were no mobiles sent to these places but because of the assistance from the Department of Health the organisations were formed in the villages to help the nurses with their workload that was too much for them. We understand that a nurse cannot leave a patient at the clinic to go and attend to a patient in the village. That is why there are organisations called homebased care in the village and that is how our organisation was formed. People from Battlemount and Gamagara all are collecting their treatment from Bendell because there are no clinics in their villages. People from Dithharapeng village collect their treatment from Deurham village and people from Magobeng village are collecting their treatment from Bendell. Some of them end up defaulting on taking their treatment but because of the homebased care organisations in the villages the struggle of the people on this issue became better. We still wish that people who do not have clinics in their villages get some mobiles because some of them were found lying helplessly on the streets because of they were walking long distances to get their treatment.

Interviewer: Thank you Mam, I heard you explaining about some other places where the people come from those places to collect their treatment at Bendell. Maybe can you explain on the estimation of the distance from those places to Bendell?

Interviewee: The estimation of the distance from those places it can be plus minus 50km to Bendell.

Interviewer: Thank you Mam, now we go straight to our work because you were introducing yourself and the organisation. Now we go to section 1. It says what have you learnt that is important to you as being a member of MADIDEBABE organisation?

Interviewee: As I explained from the start that I was afraid of ill people and could not even enter the house where there was a sick person inside, but after joining MADIDEBABE organisation it has helped me a lot to assist people based on their situations. I learnt to develop a friendship with sick people, provide them with some guidance on how they should manage their health situations. I tell them that they should know that there is a clinic to go to when they get sick, I learnt to teach them that at the clinic they should consult with the nurses regarding their sickness and receive help immediately. The other thing that I learnt is that saving the life of another person is the best thing I can and also offering assistance to other people does not mean that they should pay me in return because by so doing they can also use the knowledge to help other people. I also learnt that sharing information with others is very important.

Interviewer: Thank you Mam. Is there anything else that you can explain to us based on what you did not know before and that you now know through joining MADIDEBABE?

Interviewee: I came to MADIDEBABE not knowing anything and I was even doubting myself that I cannot be able to do the work. But after joining the organisation I went through different training where I learnt of handling the whole body of a sick person based on the condition of a person such as bathing and feeding the person. If I did not join MADIDEBABE I would not have known how the blood pressure of a person is being checked, to see if it is low or high. Through the organisation I have learnt of how people with Diabetes should live and manage their conditions, I have learnt how to talk to an HIV positive person to help the person feel better about the virus because now the department request the organisation to help the nurses at the clinic, and I am doing this because of joining the organisation. That is what I have learnt from MADIDEBABE and I am now proud of the organisation because volunteering helped you to learn many things.

Interviewer: Thank you Mam. I heard you talking about achieving so many things. Can you explain to us what has changed in your life that you now know through the organisation, for example maybe we can talk about women abuse, gender violence, anything that you know?

Interviewee: In most cases, we are being abused by men in our houses but choose to remain silent. We stay in our houses and we do not meet with other people thinking that they will laugh at us regarding our situation. So we also encourage our people to voice out when they experience domestic violence and also gender based violence.

Interviewer: In section 2 Mam, what can you say regarding the change that is brought by DOCKDA in your life, maybe it can be the training, leadership skills?

Interviewee: What I can say is that since we have met with DOCKDA and made partnership with them, we have achieved so many things. The other thing we can say as an organisation is that we should not be separated. We wish to continue working with them in a way that we have been working together. I say this because of the reasons that DOCKDA have assisted us with so many things that the organisation knew nothing about. We as the organisation have managed to have some campaigns through the help of DOCKDA. We have managed to achieve so many trainings. When I talk about the training I mean good governance and under this good governance we have managed to know about our organogram, we now know about how a policy is structured or written. We also know about how the management of the organisation works, how it should start and how it should end. We have a board on our organisation and through the help from DOCKDA, our board members have been trained. The board members know what they must do, and they know how their work should start and how.

Interviewer: Thank you Mam. What can you say based on the knowledge that you have regarding your improvement as MADIDEBABE. In which way did DOCKDA's training help your organisation? The meetings that they have brought so that the organisation can meet with other organisations to bring the stakeholders from the outside such like RSDP to come and train them. What can you say based on this?

Interviewee: What I can say based on this is that maybe people have taken DOCKDA as an NGO that is useless, but the thing is when you want to go deeper into something you must go through it trying to find out about it and know what is happening. MADIDEBABE has really improved and we are certain about this and it is through the assistance that DOCKDA has offered to us. In the end we have seen that there are things that we have done through the help of the DOCKDA, and we are still going to continue doing those things, such as campaigning and so on. DOCKDA have assisted us to make improvements and that we still need them and I can say we are their children. We will forever be their children that is why I say we are proud of them, even though we know that it is a small organisation but at the end we can even tell people from far away and those who are near about them.

Interviewer: Thank you Mam. We go to section three. Can you explain about the knowledge that people in the community have gained through the awareness campaigns which are done by the organisation, especially based on what they didn't know before.





Interviewee: Since in our community there are different people, we have seen that when MADIDEBABE knocks on the door of our people and people open their doors. MADIDEBABE has done a lot to them. Some of them right now are no longer hiding their sicknesses and they are not scared to go to the clinic. They now know that the clinic is open for them and there are nurses to assist them. The other thing that makes me proud about them is that they are open to talk about the good things that MADIDEBABE has been helping them with.

BOSELE HOMEBASED CARE

Bosele HBC was established on 14 September 2000. The idea for this organisation originated when 64 women from a local church met under a tree to talk about what they could do to address the growing HIV/AIDS crisis within their village. Bosele means ‘The Sun is Rising’, and it was inspired by the hopes these women held for their community’s well-being. At that time, the organisation had no office building, and continued to meet under the tree, until much later they acquired a building from the Development Trust. The organisation is based in the village of Churchill, located approximately 84 kilometers outside Kuruman.

Today, Bosele has 20 caregivers, who provide daily healthcare to women, men and children living with chronic illnesses. Aside from their daily home based care, the organisation also runs regular awareness campaigns, and support groups for people living with Tuberculosis. The organisation also provide care to people with disabilities and care for orphans and vulnerable children in their village through holiday care programmes.

The office of Bosele is surrounded by well-tended vegetable gardens, where members cultivate and sell organic vegetables to the community, and provide free of charge to chronic patients. The income generated from vegetable sales are used to buy new seeds for the garden.

Bosele takes care of approximately 50 chronic ill patients in the village, through conducting daily visits to them, where medication is administered and other healthcare needs are attended to. Taking care of chronic patients in a community characterized by high unemployment and widespread poverty, is a challenge. Many households do not have access to adequate nutrition, and experience severe food insecurity.

This impacts on maintaining healthy lifestyles, and thus, aside from providing healthcare, Bosele also seeks to respond to the high levels of poverty in the community, through running skills sessions with unemployed women in the community.

DONOR SUPPORT

DOCKDA has been one of Bosele's very first donors, providing the organisation with seed funding to implement capacity building of their members, train members in organic food gardening, also good governance and financial management. DOCKDA was also the very first organisation to provide caregivers from Bosele with stipends, whilst negotiations were underway between civil society and government to get home based carers recognised by the Department of Health. Bosele members said that this was the very first time that they received payment for the work they had been doing for years, and receiving their stipends from DOCKDA made them feel that the work they were doing in their communities was recognised as work.

In its 18 years of existence, one of the key achievements of this organisation was the acquisition of an office building. Over the years they also received intermittent support from other organisations, to provide stipends to their volunteers.

In Churchill, substance abuse and teenage pregnancy has become prevalent in recent years. Bosele wanted to do something about this, and was one of the first organisations to receive training in gender based violence, and substance abuse prevention strategies, provided by DOCKDA over the past decade.

Since DOCKDA's initial seed grants and capacity building in organisational skills, Bosele has managed to secure further funding from other donors. They were able to do so, after maintaining good financial records and regular reporting to the Department of Social Development. However, funding is intermittent, and the organisation had to become innovative in mobilizing continued income for their organisation. As a result, they are leasing part of their office to a training college on a regular basis, thereby receiving income to pay part of the running costs of their organisation.





Although there are 20 caregivers, currently only seven caregivers at Bosele receive stipends from the Department of Health. Bosele's hope is that all the caregivers can receive a stipend, as their remaining members continue to implement the work of the organisation, without any remuneration at all.

Through their services to the community, rural women and men in the village have access to current health information, treatment and care. A key achievement for the organisation has been the decreasing numbers of patients who default on their treatment.

BOSELE INTERVIEW

Interviewer: Hello sister Elsie.

Interviewee: Hello.

Interviewer: I am good and how are you?

Interviewee: I am good.

Interviewer: I am Ruth Molaolwe from DOCKDA Rural Development Agency. I am the Programme Officer. As we agreed that I would come back to do the interview, now I am here to do it. So I want to take this opportunity and thank you for agreeing to do this interview. Our interview has three sections, the first section is about Bosele organisation, the second session is about DOCKDA and the last session is about yourself, where you are going to share a story that changed someone's life or talk about Bosele organisation where you are going to talk about the changes you have brought to the community. I want to tell you that you volunteered to do in this interview and the other thing is that in our interview we are going to record you as we talk. We take these recordings with us to write them down. After that we will come back and give you a copy of the recording so that you can check whether or not we recorded the exact things we spoke about. If you find that what we gave you is not what we spoke about, then you are welcome to do the corrections and you will be able to tell us that this is not what we spoke about. We are not going to print this document without you telling us if it is fine to continue. After using this data, we will send it back to you to keep it as it is yours. Now I want to give you this opportunity to tell us about yourself or your background?

Interviewee: I am Elsie Mmereki from Bosele organisation. We came together as elderly women to start Bosele organisation, because we realised that our community needed some care.



During that time our clinic was still very small so we started this organisation to visit people who were unable to go to the clinic, we encouraged them to go to the clinic. We helped people to go to hospital to get medical help and we saw them getting better. Some were getting better while some were failing us. We then saw the importance of this organisation, even now I am still part of this organisation. I realized the importance of this organisation because there was a mother who had children that did not have birth certificates and we took them to Home Affairs to get birth certificates so that they can go to school, because some were not attending school. As well as some women who were sick, I went to SASSA to help them get the pension grant, even now they are still getting the pension. We even helped them to have a funeral policy.

Interviewer: Thank you mam, we are going to our first session whereby we will be talking about Bosele, and the changes it brought to the community. What is the most important thing you learned about being a member of Bosele organisation? You can tell us anything that you did not know but now you know because of Bosele organisation?

Interviewee: I learned a lot from Bosele, because when we started this organisation we did not have any experience. We had the register as well as the minutes of meetings, even when we get reports about certain families that they did not eat last night, we will get together as women and then donate to help that family.

Interviewer: Thank your mam. What is it that changed in your life that you did not know but now you know it because of Bosele organisation. For example, we can talk about gender based violence, human rights just anything that you can talk about?

Interviewee: In my life, a lot has changed because I did not know a lot of things about gender, but because of other organisations teaching us about such things I then become knowledgeable. I then taught other people who lack knowledge about such things, for example you will find a case where someone does not take their medication and they throw it in the toilet. I encouraged them to take their medication.

Interviewer: Thank your mam, do you see yourself growing because of the organisation, for example you can talk about your leadership, how do you encourage other women?

Interviewee: I saw myself growing in this organisation because I managed to lead the women I am working with, and because we did not have a building we used to host our meetings under a tree. But we continued until we built a shack but now we have an office. That is when I realized that my leadership works for other people. We even asked for funding to build this hall. At the clinic they chose me to be a member of the committee from the Department of Health, they chose me to be an organizer.

Interviewer: Thank your mam. Is your organisation bringing change to the lives of the people? For example, you can talk about CPF committees as you are a member of it?

Interviewee: When we have a meeting with our committee, we will talk about the problems at our clinic and ask help from the government. Whatever the challenges we may come across we will take them to the community to tell them. We even call the community to come to the clinic when we have things such as Pap smear to test themselves, even the TV scanning for pregnant women. We will have nurses from different organisations to come and help us. These are the things we do together as the committee and Bosele organisation. We even donate as groups that when these nurses come they should eat something when they get here. After that I will register that our organisation took part in such initiatives.

Interviewer: Thank your mam, now we are going to the second session, whereby we will be talking about DOCKDA. I want you Ma to tell us about knowledge you have that changed people's lives because of DOCKDA?

Interviewee: I now have a lot of knowledge because of DOCKDA. DOCKDA used to host workshops that lasted for a week and they will invite us to such meetings. They had a puppet show educating us about drug abuse and I learned a lot. After that week, I went to the preschools where I taught children from 0-5 years about puppet shows and how to avoid accident scenes and that they should not walk in the rain. I then went to primary school to teach learners from 5-9 years that they shouldn't drink alcohol and smoke. I even taught the community that they should not drink and not take drugs.

Interviewer: I heard mam talking about teaching small children. What changes do you see in these kids after teaching them about drugs and not playing in the rain?

Interviewee: I learned a lot after teaching these kids because I did not see any incidents of that sort again. Even at school we no longer hear complaints about learners who are smoking weed.

Interviewer: What else can you say about the training you took, such as good governance and fundraising?

Interviewee: I am very grateful because DOCKDA taught me about Good governance which taught me that in an organisation there must be a board that will guide the group which will be working under Bosele. We even had finance funding where we asked for funding to help children that were not eating properly at home, so with that funding we will go and buy food for these children.



Even when we go for auditing, and the auditors find that we did not misuse the money we are very happy because DOCKDA helped us. So I would like DOCKDA to continue with us. I would like to ask DOCKDA to help us with the garden, because here in Bosele we love gardening, but we need males to assist with the gardening. If DOCKDA could help us with that we will be very grateful. DOCKDA has helped us many times by employing people from the community that are helping us now. Some of them after the end of their contract they were employed by other organisations only because of DOCKDA.

Interviewer: Thank mam, I heard you mentioned gardening, can you tell us how did these gardens change the lives of the people in the community?

Interviewee: When we did well in the gardening, we will give our patients food parcels so that they can enjoy a meal with their families. If we have leftovers, we will sell them so that we can buy more seed. We also take some to our homes to enjoy the meal with our families.

Interviewer: Thank your mam. DOCKDA gave out some activities that will make you meet with other organisations, for example you meet with MADIDEBABE organisation and sometimes you meet alone without DOCKDA. Sometimes DOCKDA will bring people from the province. So how do you see yourself growing because of these organisations?

Interviewee: I am grateful for DOCKDA, because whenever we train we train with six other organisations. So here in Bosele we are under MADIDEBABE, Dithakong and Bothithong, as a result we will have four groups this side, and Bosele will be the umbrella of all these places. We can now see that indeed Bosele has grown. DOCKDA really helped us a lot, we still applaud them for its job and to continue with us.

Interviewer: Why do you think it is important for DOCKDA to let you meet with other organisations?

Interviewee: I think it is very important because we cannot do things on our own or live alone, we should meet with other people out there to share ideas and encourage one another so that we grow as an organisation.

Interviewer: We are going for our third session. Now I am going to ask you Ma to share with us a story that brought a difference to someone's life?





Interviewee: The changes I saw because of DOCKDA is that it made me very proud in the year 2017. There was a family that was very heartbroken here in Springsor. That family used to go to sleep without eating anything but God provided for them. When I told DOCKDA about that story then DOCKDA went to that family to give them a satisfying food parcel. We even gave one family member a food parcel from Springsor. The lady who went to that family to give them the food parcel saw how heartbreaking it was at that family's home. Even now there are no changes in terms of building them a house, they used to sleep under the tree. Now I am politely asking DOCKDA to assist the family with a house at least to sleep in a proper home. One of the family members got a job at the road building contract but now that contract has ended.

Interviewer: *What awareness did you bring through the awareness that you host here in Springsor and Churchill?*

Interviewee: There are some changes but the problem was lack of money. When the organisation host the awareness, people do come. The other day people were asking me when will they come to Bosele to eat and I told them we do not have funding. When we call them to come to awareness they have something to eat afterwards.

Interviewer: *Now I want to know what it that you teach these people during the awareness?*

Interviewee: We were teaching the community to stand up and fight against dropping out of school to go work at Kakamas. That they should work together in such incidents.

Interviewer: *Do you see yourselves changing the attitudes of the community through this awareness?*

Interviewee: People were grateful after the awareness, they even asked us to continue with them.

Interviewer: *Can you give me an example?*

Interviewee: The youth loved the drug abuse campaign, and asked if it is possible to continue with the awareness so that other youth can learn from it.

Interviewer: *I heard you talking about the drug abuse training, are there any changes in the youth at school after such awareness?*

Interviewee: There are changes at the schools. Teachers are no longer calling parents to school to talk about their children's behavior. The only thing now is to encourage the youth to excel in their studies.

Interviewer: Can you tell how did you grow through these changes?

Interviewee: In our community everything that was not good, it is good now. Our intervention helped a lot because when you see a child that you once reprimanded in the streets they will start to behave once they see you. Some years ago we once had problems about children in the buses, we then called a meeting to this hall, they did not behave even in the presence of the police but once I reprimanded them then they cooperated. After that some parents came to me and thanked me.

Interviewer: Thanks mam. In everything you said why do think there are some changes that you talked about?

Interviewee: It was very important because now there are no longer fights on the buses. They only have one bus and they are taking care of it.

Interviewer: So in conclusion, in all the challenges you talked about what is it that you want DOCKDA to do for you or any other organisation?

Interviewee: I want all the organisations to help us with all our challenges, they must work together and it should not only be DOCKDA because now at school learners are struggling with school uniforms but the government should not pick and choose according to those who work, when we ask for help regarding uniforms all school children must have one. We will be very grateful. I learned a lot where my grandchild goes to school. Last year there was a situation where learners did not wear proper school uniform but in December they called me to go to SASSA and ask for help and they helped all of us here in Joe Morolong without picking and choosing the kids or their parents. So I urge all the organisations to help all the homes without picking and choosing.

Interviewer: Thank very much for your time and giving us the opportunity to do this interview. I don't know if you want to say something before we end our interview?

Interviewee: I would like to thank DOCKDA from the day we met them, when we met Mme Mashope and the other lady from Cape Town who was my best friend. We used to visit the gardens together with them and we ended up having gardening certificate because of them. I now urge the new members to also have a good working relationship with us and May God give us strength.

Interviewer: Thank you Ma.



MARUPING HEALTH CARE GROUP

Maruping Health Care Group is a community based organisation located in Maruping Village. Maruping Village is a small village located between Kuruman and Batlharos, in the Northern Cape. The organisation was formed in 2000, to intervene in the high rate of TB within 5 villages surrounding Maruping. At the time there were 44 members.

The organisation provide home based care to chronically ill patients in their village. Aside from their daily provision of care, the organisation also conducts awareness campaigns around various chronic illnesses within the community. Furthermore, they also hold health talks at clinics and schools, and provide referrals related to access to social services. In 2018 the organisation also began implementing a substance abuse awareness programme, after completing a substance abuse awareness and prevention training course hosted by DOCKDA. DOCKDA has supported the organisation with small grants, Life Skills training, Finance and Management training, the distribution of sanitary pads, fundraising and leadership skills training.

The organisation was severely affected when their office burnt down in 2016 yet they did not let this set them back, and have continued to provide their services to their community.

MARUPING HEALTH CARE GROUP INTERVIEW

Interviewer: Good morning Aron, my name is Ruth Molaolwe I am from DOCKDA Rural Development Agency I am working as a programme officer so as we agreed that today we will be here regarding the interview. This interview consists of three sections and is voluntarily.

Interviewee: Okay, Thank you. My name is Aron Gaetsosiwe. I live in Maruping and work for Maruping group organisation. I became involved in the organisation at an early age when I was still at school, but worked part time for Maruping. I started to work here in 2011.





Interviewer: We are going to start with section one. Aron, from your point of view, tell me about the most significant issue you learned about or that you gain awareness as a result of being part of this organisation? E.g. something that you didn't know but learned about as a result of being the part of the organisation.

Interviewee: Okay, thanks very much. I learnt the roles of a leader and the importance to run an organisation and I gained more experience in coordinating the team.

Interviewer: Did any significant change occur in your attitude or behavior as a result of being part of the organisation? Please tell me more about it or use an example of gender-based violence, the rights of something but because of being part of the organisation. I learnt more, and it made me realise that I have rights and etc.

Interviewee: Yes, there are some things that I had no knowledge about when I started to work, like about the home base care and why it is formed and I had no knowledge about the NGO sector. But right now I have knowledge of what it is happening in the NGO sector. I also have knowledge about other programmes as you mentioned like gender based violence, as the rights - I know about those things now.

Interviewer: Okay, thank you Aron. Did you experience any changes in your personal development as a result of being part of this organisation? For example, we have learnt leadership skills or whatever.

Interviewee: Yes, I have. So now in my personal development I can take the lead on my own and make the right decisions.

Interviewer: Does your organisation participate in any structure, for example, the district aids council? Has participation in the structure brought about changes in the lives of rural women and rural men?

Interviewee: For me and the organisation - we have not participated in any structures yet.

Interviewer: Okay, so what can you do to change the lives of women and men in your village?

Interviewee: Okay, what we can do to change the lives of women and men in our village is to have programmes that are based on women and men and the programmes must be ongoing.

Interviewer: You said that we have to do the programmes that can help the women and men. Why are these changes significant for you? How can these programmes make a difference in the lives of women and men.

Interviewee: Okay, thank you. So when we have programmes that will be basically on women and men we will understand that the forerunners in our communities are women and men. The youth are the people who are following us. So, when we have programmes to educate adults and to give them knowledge about different issues that are happening in our communities, I think the communities will be able to see things in a different way.

Interviewer: Why is Maruping Health Care Group important in our community?

Interviewee: Maruping Health Care Group is important to the community because where there is a gap, the organisation steps in to intervene. We come up with the programmes that will help the community to understand and to know that Maruping health care group and other NGOs are there to close those gaps where the government cannot reach.

Interviewer: Thank you, so how do you see Maruping (village) without your health care group?

Interviewee: When Maruping health care group is no longer there, there will be a gap because for now on we have programmes are running to assist different people. We know that we have different challenges and different households who need different intervention. If the Maruping care group is no longer there, the people of Maruping will suffer because there are no services that are being given to them.

Interviewer: Yes, you have mentioned some programmes that you do so is there any programmes that you want to do better or improve the lives of rural women and men?

Interviewee: Okay, as you know our wish as the organisation - our dream is to see a healthy society, to see people having knowledge, to see people having a healthy lifestyle. We wish to do things better but the problem is that the resources are limited to be able to reach other people who are living in our area.

Interviewer: Alright, thank you. So, we now move to section two which is DOCKDA. From your point of view, describe the most significant change in your knowledge or awareness that has resulted from being part of DOCKDA.

Interviewee: Okay for me to be part of DOCKDA... Yes, I have many things to say about the knowledge because DOCKDA taught me to think outside the box, to be a visionary, to see things in different ways. Now I have knowledge about many things from now on for example how to govern the organisation, good governance skills, and leadership skills, I have those things because DOCKDA gave me those things.



Interviewer: All right, anything else?

Interviewee: DOCKDA has trained me on how to run an organisation in a good way because of the training that we attended.

Interviewer: So, you have described the significant change in your knowledge or in your awareness. Now tell me about the significant change in your attitude and behavior that has resulted from being a part of DOCKDA or taking part in DOCKDA's activities.

Interviewee: Okay, so in my attitude we have learned that as a leader you must be aware of your attitude to have a good attitude towards people. Because as a leader people are following you, and when you have a bad attitude you will destroy the image of the organisation and when you have a bad behavior you will also destroy the image of the organisation. So DOCKDA taught us a lot on how to be a leader and how to behave in the field of leadership or in the field where you work, how to behave and how to pull out your attitude.

Interviewer: Thank you, you have mentioned some of the training that you have attended at DOCKDA. So, I just want you to tell me the attitude and the behavior of the changes that this training has brought in the organisation for example, before you didn't know how to do fundraising so if you can make examples: you have attended the good governance trainings, the fundraising, the leadership. What sort of changes do all these trainings bring to your organisation?

Interviewee: The trainings brought a lot of changes in our organisation because there is a way to make fundraising and there is a way to govern the organisations. So as we know as people before we have the knowledge. We have been making fundraising according to our little knowledge that we have but once we have those trainings we know how to make fundraising and how to raise funds. We see the difference between before the training and now.

Interviewer: Alright, thank you so much. So DOCKDA has brought some changes in your organisation or you as an individual, did you meet other organisations and stakeholders because of DOCKDA?

Interviewee: Yeah, the significant changes are there because of DOCKDA and the activities that we did in our organisation. Also to meet other organisations - it helps us a lot to have those relationships; to have a networking to share knowledge, to see how other organisations are doing their things so that we can be able to copy what is right. Then we bring it back to our organisation to be able to implement what is right. So to participate in the activities of DOCKDA helped us a lot to know other organisations that are doing the similar type of work as Maruping.





Interviewer: So as DOCKDA has brought the stakeholders and the province and other organisations...why are these changes significant for you, why is it important for you to meet other stakeholders or other organisations?

Interviewee: Yeah, to meet other stakeholders or other organisations is to have more knowledge and to see how they do their things and how they implement their things. And if maybe we don't have knowledge we can ask the stakeholders, we can ask the other organisations how to go about a specific issue or specific programme - that is the importance of meeting the other organisations and the other stakeholders in the province.

Interviewer: We now move to section three. So, as you have mentioned that you work with communities or community of Maruping. Can you tell me a particular story that you would like to share with us that occur in the lives of the individuals or group as you work with?

Interviewee: Okay, can you please repeat your question or make it simple?

Interviewer: Okay, you have mentioned that Maruping Health Care Group is working with people in the community, so I just want to know the impact of what Maruping has brought or any story that you can tell me that we have three families , family one, family two and family three, the situation was one two three and then as we speak now we have changed the lives of the people , the family by doing one, two and three the situation was like this before and after we have intervened or do the referrals, the situation is now better?

Interviewee: Thank you for elaborating more on that. Yes, as Maruping we (are) working in our community. I believe we have changed the lives of many in our communities. As we know most of the people we have offices so as the caregivers manage some of the offices to have IDs. Some of the elders don't have and those who don't have manage to make sure that they have IDs. Some are referred to (Department of) Social Development for food parcels so that they can have something to eat. But now I can say that is what we are doing as the organisation to help our community throughout, year in year out.

Interviewer: Thank you. Can you describe the most significant change in the knowledge or awareness of people in the village from participating in your organisation's activities?

Interviewee: Yes, as you know we had a programme that was alcohol abuse and that programme was one of the programmes that we had an operational plan for. So we go to schools and do info talks about alcohol abuse. So for me I know people have knowledge about how to view and how to understand alcohol abuse, but what I know, the impact it is not today but when time goes on we will see the impact.

Interviewer: Thanks, so you have described the knowledge and awareness. So, can you describe the most significant change in the attitude and behavior of individuals or groups?

Interviewee: Okay, as we know that the organisation has activities and there are people who have been taking part in those activities. For me I know some people who I have been giving info talk to them, but I know some people who've been changing in their behavior and in their attitude.

Interviewer: Thank you so much. So, from your point of view describe the most significant change in the personal development of individuals or group that has resulted from taking part in the organisation's activities.

Interviewee: Yes, from the group we know that we work as a team. There are people that I have been working with to give this info talk about alcohol abuse. They have knowledge and they have developed knowledge about the alcohol abuse and they understand more about alcohol abuse and other activities and other sub-modules that are under alcohol abuse.

Interviewer: So lastly when we finish our interview why do you think these changes are significant?

Interviewee: I think this change is important because at the end of the day we will have a community that understands the importance of a healthy lifestyle. As you know a healthy community will be able to resolve the issues in a healthy way, so these changes are important for the organisation to move the organisation from one level to another level.

Interviewer: How can we as DOCKDA help your organisation to implement the programmes and all the things that you have mentioned?

Interviewee: Okay as DOCKDA to help us I think what is more important is that before we can implement things maybe we can give them the list of trainings. So that they can train us before we can implement the programmes and then after that when we have been trained we can work around the programmes. Also, as the DOCKDA team to help us in seeking funds so that we can be able to implement the programmes. What we need is mentorship now and then so that we can be able to know that we are on the right track as we know you are one of them in our villages.

Interviewer: Thank you so much Aron for your time. We really appreciated it. Thank you.

Interviewee: Thank you.



ITEKE O DIRELE SECHABA HOME BASED CARE

The organisation was established on 22 November 2001 by 29 women. Today there are 15 members remaining within the organisation. The members of the organisation started out as volunteers, and later, after receiving training, became home based caregivers and trained counsellors.

The organisation provides psycho-social support to community members who require emotional, spiritual, social and mental support, both individually and through regular support group meetings. The organisation also provides further referrals to clients who need to access further government social services, such as SASSA, Home Affairs, and the clinic. Door to door and home visits.

The organisation also provides an after-school and holiday care programme to children from their village. The main target groups the organisation provide support to, include the elderly, people living with disabilities, people living with HIV/AIDS and orphans and vulnerable children. Iteke says that vulnerable children in their community have very urgent needs as they have witnessed a decrease in child mortality in their village. Further services they provide to their target group include lay counselling, memory boxes, succession planning, treatment, support and homework supervision.

Gender Based Violence (GBV) is also a big problem within their community. In 2009 DOCKDA provided training to its members in GBV and the members used the skills and information gained during these workshops to conduct awareness programmes in their community around GBV. Today, the trained counsellors of Iteke also provide specific support to survivors of sexual violence, through providing counselling and continued psycho-social support.

Iteke became a DOCKDA partner in 2010, and since then, it has participated in various DOCKDA Capacity Building training workshops. This includes the Life Skills training; the GBV and Domestic Violence Training; Positive Parenting; Life Skills; Substance Abuse and Leadership training in 2017 and 2018.





The members love the work that they do, as they can see how it assists their beneficiaries and their needs. Furthermore, they are valued by community members, for the work that they do. They say that patience is an important skill, when providing their services, as psycho-social support takes time, and needs to be sustained in order for a change to occur.

The organisation was able to acquire an office from the local church, which helps them to run their counselling sessions and support groups in a safe space. Challenges include limited financial resources, a small stipend of R2000 and the need for more financial training for the members.

Iteke O Direle has been able to access donor support intermittently since its inception. Currently their only income is from the Department of Health, who pays stipends for three (check with Ruth) members. However, this does not cover operational costs or support for their ECD programme. They also need more financial and leadership training.

ITEKE INTERVIEW

Interviewer: Thank you sister Kelebogile Mogara. Let me take this opportunity to thank and greet you for taking your time today to do this interview. I am going to do this interview as we agreed. Our interview has three sections, the first section is about Iteke organization, the second session is about DOCKDA and the last session is about yourselves or the Iteke group where you are going to talk about the changes you have brought to the community. Now I want to give you this opportunity to tell us about yourself or your background?

Interviewee: I am Kelebogile Mogara from Iteke O Direle Sechaba home based care. I am project manager here in Iteke O Direle Sechaba home based care. I started to be project manager in 2009 but before that I was a caregiver.

Interviewer: Thanks sister Lebo, we are going to start with our first session which is about Iteke. What is the most important thing you have learned about being a member of the organisation. For example, what is it that you know now that you did not know through Iteke organization?

Interviewee: Iteke started in 2001, it started after being aware about the HIV/AIDS in the community, where people were discharged earlier from the hospital and were discharged on their last stage. One of the reasons was that beds at the hospital were full.

So they realized it was important to start an organization that will help the community, especially the HIV/AIDS patients, to take care of them at their homes because they were being released from the hospital on their last stage, and to also help the mourners after the passing of their loved ones.

The organization started with 30 members, and as time goes by the number decreased to 15 members. We were working with health of the people and their social lives. But now our focus is about psycho social support, where we focus on the emotional, spiritual, mental as well as social wellbeing of the people. Our focus is on kids, because we realized that children need our support and they are vulnerable, especially the orphans. These vulnerable children most of the time are being raped (sexual abuse), they are neglected in our community.

Interviewer: Thank you mam, what changed your life through this organization that you did not know, for example we have human rights, gender based violence. What can you tell about this organization that you did not know?

Interviewee: I lacked knowledge about domestic violence. There was domestic violence in our community but our people choose not to talk about it. Be aware of domestic violence. Now our people have more knowledge about domestic violence and they know that there are Acts about domestic violence. They also know that there are places where they can report such incidents. We also managed to teach them about human rights, so now I believe they have enough knowledge about human rights because of the home based community, and because of the training we undertook through DOCKDA and (Department of) Social Development, and we implement what they taught us in our community.

Interviewer: Thank you. Do you see yourself growing because of the organization, about the leadership or taking care of the people, can you speak a lot about your growth more especially because you are project manager?

Interviewee: I think I am growing, I learned a lot about a leadership role through DOCKDA, where they taught me that leadership starts at home. So when you start about leadership at home you will bring it to the workplace. Even though it is not 100% growth but I think I have grown a lot. I learned that a person is a person through or because of other people and that a person comes first and that when you are working with a person know that you are also working with the community. Therefore, home based care taught me that I must have sympathy and responsibilities. My problems here in home based care are my home problem also. So I think I have grown.

Interviewer: Thank you. Is Iteke Organization taking part in other committees such as CPF, SGB or any committee that you think is aiming at bringing change to the lives of people?





Interviewee: They do attend but not always. They do attend the traditional meetings but I think my organization is too relaxed to attend meetings with other committees. But we have an AGM and then they call the people. But I have realized that it is very important to make people aware about our organization.

Interviewer: *Thank you mam. I have talked about different organisation such as CPF, is there any committee that you are working with as an individual?*

Interviewee: There is a committee that is helping us, but board members are the ones who helps us to grow because they are our umbrella.

Interviewer: *Thank you. Now we are going for our second session, whereby we will be talking about DOCKDA organization. What are the changes that you see in your organization that were brought by DOCKDA organization?*

Interviewee: DOCKDA brought changes, a lot of changes like I have said. It brought so many workshops that helped us, especially the leadership one, the domestic violence one as well as the alcohol and drug abuse campaign where I have realized that there is gangsterism in our community. So, such awareness helped us. Therefore, DOCKDA is very important to us and we still need DOCKDA to grow our organisation and to help our community.

Interviewer: *What activities or projects helped your organisation, for example we can talk about the fundraising, let me make this example "as Iteke organization, did DOCKDA give us the information about good governance and that today we are able to do this and that. You can talk about anything that DOCKDA did for you.*

Interviewee: DOCKDA helped us with fundraising. Because of that funding we were able to apply for funding at the National Lottery and DOCKDA also helped us to meet with Tshwaranang to get funding from them even though it was not that much. It also helped us to get funding from Meyi to help the OVCs. It also helped us with raising awareness about Domestic Violence.

Interviewer: *Thank you mam. How did the activities from DOCKDA help you to grow, for example DOCKDA brought different people such as RSDP, Commission on Gender Equality, to share with you their knowledge as you have met with people from the province and different stakeholders. What can you say about DOCKDA's activities?*



Interviewee: I think DOCKDA brought a lot of changes, just like I have said about leadership. Leadership was one of the most important activities to me as a project manager.

Interviewer: *Why are these changes important to you?*

Interviewee: These changes are important to me because I do not undermine myself in decision making, so that I can run our organization very well.

Interviewer: *Thank you. We are going to the third session which is the last one, where I am going to ask mam to share with us a story that changed a certain family or the village as large. For example, mam can say I helped a family because this and that was happening there, then we intervene and because of that now things are back to normal?*

Interviewee: There is a certain family that got help because of one of our caregivers. It was an elderly woman who did not have an ID. As a result, she was not receiving the pension. So this mother has a child who was born in 1973 and the other child was born in 1965, so we thought it is impossible for this mother to have a child who was born in 1973 but did not receive the pension. We managed to help the mother, and now she is in the process of getting her ID. So, we managed to help that family.

There was another family where the children were not attending school in 2018. We managed to register those children to attend school, even the caregiver volunteered to buy school uniforms for them.

Interviewer: *Thank you. What change, or knowledge did you bring to the community of Batlharos, maybe through the awareness and campaigns that you hosted. What can you say about people who did not have knowledge but now they have one because of Iteke organisation?*

Interviewee: Through our domestic violence awareness, women are now able to talk about their abuse and what kind of abuse it was. Even with the alcohol abuse awareness we managed to convince people to drink responsibly now and some reduced. You find that after drinking there will be killings and stealing, but now I think all of these have reduced. Even the people who are taking ARVs are now able to disclose their status and they are taking their treatment. Because the main purpose of Iteke organisation was to make our community aware about HIV/AIDS, and now there is no longer discrimination. People have accepted who they are and they are taking their treatment on time. Learners are no longer dropping out of the school, because of the after-school programs we did. We also have support groups where we teach about teenage about teen pregnancy and teenage pregnancy is reduced because now children are aware, and they have information about teenage pregnancy.

We also taught them about multiple partners and that it is not good to practice it. We also taught them about prevention, the importance of schooling, and that they should not date sugar daddies. We taught them about peer pressure that is also not good. But all of these have reduced.

Interviewer: What changes did Iteke organisation bring to you as an individual or as a group?

Interviewee: Now we have OVCs in our organisation and our OVCs are receiving grants. Now we are doing referrals, so I think they are children who are going to get foster care grants. And those that need the ID, we are going to help them get one. And those that defaulted are now taking their treatment because of our organisation. Now I think my organisation is growing because of the changes it brought to the people.

Interviewer: Thank you mam, you mentioned a lot of things such as those two families, you also mentioned a lot of changes, so why do you think the changes you brought to the community are important as Iteke O Direle Sechaba organisation?

Interviewee: I think they are important to Iteke organisation, we managed to reduce a lot of things such as violence, alcohol abuse, gangsterism and teenage pregnancy. Also, children are no longer neglected because nowadays parents would lock their children inside the house and go to the tavern. But I think our organisation is doing a very good job because it brought a lot of changes to our community.

Interviewer: Thank you very much mam, I am happy. How do you think DOCKDA or other organisations can help you in going forward?

Interviewee: I want DOCKDA or other organisations to help us with a building, because we don't have a building. Now we hired a place that we are using, and we want an office where we will help the orphans, neglected children and the vulnerable ones. With the office we will be able to have a kitchen to prepare soup for children when they come for after school programs, so that they can enjoy our organisation and know that we can help them.

Interviewer: Thank you mam, this is the end of our interview. Thank you for everything.



GOMOTSANG HOME BASED CARE

Gomotsang HBC is located in Lokaleng, a village in the Batlharos area of the Kuruman district. It was established by women from their village in June 2001. The organisation consists of 15 members, of whom 7 are volunteers. Currently only one member receives a stipend from the Department of Health.

The organisation provides home based care to chronically ill people from their village, including other vulnerable groups such as people living with disabilities and the elderly. The organisation aims to reduce the rate of defaulters in their village by 2020. They also assist children with accessing immunization and primary care from the neighboring clinics. Furthermore, the organisation also conducts awareness and prevention sessions in the community around substance abuse and violence against women and girls.

Aside from their core work as home based care workers, Gomotsang also deals with various social issues in their community, including addressing the issue of child abuse and violence against women and girls. They have also begun with a substance abuse outreach programme, where they provide youth with information and strategies that can assist them in making healthy choices. One big problem in their village, is that of teenage pregnancies, and Gomotsang would like to receive further skills and support to reach out to young girls in their village, to intervene in the escalation of this alarming trend.

The organisation has been a partner of DOCKDA since 2013. Members received training in HIV/AIDS, TB and GBV, Human Trafficking, Public participation training and organic gardening. Members were also trained in facilitation and leadership skills.

The members from Gomotsang say that through their outreach, community members have become more proactive in taking care of their health. Their patients care about their treatment, and adhere to it, and they also engage themselves in supporting the work of the organisation. Members says what makes their work worthwhile is the love and respect they receive from their clients when they do the home visits. Of the eight permanent members, only one receives a stipend. The organisation is in need of first aid kits, uniforms and funding to do campaigns.



GOMOTSANG HOME BASED CARE INTERVIEW

Interviewer: Sister Gomotsang, I am Kebueng Molaolwe from DOCKDA Rural Development agency. We are here to continue with our interview. Thank you for your time. Now I want to give you this opportunity to tell us about yourself or your background? But before that, our interview has three sections, the first section is about Gomotsang organization, the second session is about DOCKDA and the last session is about yourselves or the Gomotsang group where you are going to talk about the changes you have brought to the community. Now I want to give you this opportunity to tell us about yourself or your background?

Interviewee: I am Gomotsang Dithai from Gomotsang Home Base Care. What made me come to Gomotsang was that I realized that my community was suffering and, our people were dying because they were suffering from certain diseases such as HIV, TB and others. There was also a lack of information (about these illnesses) in the community. Before coming to Gomotsang I was not a persevering person, I did not know how to work with a person, did not know how to listen and did not know the symptoms of other diseases. But after joining Gomotsang I learned how to work with people. I also learned how to treat a sick person and how to talk to them. I also learned to listen to other people when they have problems so that they can listen to me also. I learned a lot of things from Gomotsang organization, and other organizations I am working with such as Social Development and SAPS.

Interviewer: Thank your mam. Now I want you to tell us, what is the most important thing you learned about being a member of the Gomotsang organization, for example anything that you learned that you did not know before joining Gomotsang organization?

Interviewee: When I came to Gomotsang, I did not know how to motivate or encourage a person but now I can encourage a person to tell them this is not the end of life, you can take your medication and continue with life.

Interviewer: What is it that you did not know but now you know because of Gomotsang organization. For example, the human rights or any training that you undertook that helped you to grow?

Interviewee: I undertook training such as AIDS counseling, TB and AIDS symptoms, public participation, life skills, leadership, budgeting, Bill of Rights, good governance, counselling and saving.

Interviewer: How did everything that you mentioned help you in your growth of the organization?



Interviewee: Now I can do my own garden at home, I can help a person who needs help. For example, if the child is taking their vaccination, I know I should take responsibility as a home based carer. I tell the mother of the child to take the child to the clinic for their vaccination because it is very important in the child's development.

Interviewer: *Do you see yourself growing because of the organization, for example, you talked about the leadership or taking care of the people. Tell us about your growth?*

Interviewee: I have grown a lot. When I came here I did not know how to stand in front of people but now I am able to stand in front of a group of people and talk. I can also campaign. If something is not going according to the plan in the community, I am able to meet with the relevant people and solve the problem.

Interviewer: *Thank you. Is your organization taking part in other committees in the community that are aiming at bringing a change to the lives of people? For example, are you in committee such as CPF or SGB, that are bringing change to the lives of people?*

Interviewee: I am not part of any committee but according to the work I do in my community they know my worth, because when I talk they listen. Even Home Affairs can help when I ask for help from them, as well as the police can help when I ask help from them. Social Development can also help me if I have a child who needs their help.

Interviewer: *Now we are going for our second session. I have explained that we have three sessions, whereby we are going to talk about the role DOCKDA played in your life or the organization. What is that you learned that you did not know when Gomotsang organisation meet with DOCKDA?*

Interviewee: I did not know anything about leadership when I first came here, but because of DOCKDA I now know about leadership and now I can build a person emotionally. I learnt all of these because of DOCKDA.

Interviewer: *What did you learn through the activities DOCKDA gave you, for example maybe you did not know anything about fundraising or good governance but today you know them because of DOCKDA?*

Interviewee: What I learned mostly from DOCKDA is the budget. I was not good with budgeting especially at home. I was always using money over the limit. But now because of DOCKDA's training I know I should budget not only in the organization but also at home and in the community.





Interviewer: DOCKDA gave you different activities, so through that activities you met with other organizations, it also made you to meet with NGOs or the province people. so how did you grow since you met with all these people?

Interviewee: I did not have knowledge that the work I do in the community was very important but because of DOCKDA and other organisations I know that the work I do is very important.

Interviewer: What else can you add on that?

Interviewee: I learned a lot about developing a community, because nowadays our children drop out of school, so I can encourage them that education is very important all of these because of DOCKDA. Everything I learned there I share with them that education comes first.

Interviewer: Why are these changes important to you?

Interviewee: Because I work with people, so I know that the lives of people are very important, and I should not play or take advantage of their lives.

Interviewer: How did the role that DOCKDA played bring changes to your life?

Interviewee: Now I know humanity and what is humanity. I know how to talk to people whether they are young or old, I should respect them. I should always be respectful even when I walk on the streets so that other people can respect me.

Interviewer: Thank you. Now we are going to the last session whereby I want you to talk about the role you played at Gomotsang organisation in the community. you can share with us any story that Gomotsang organisation did that changed someone's life.

Interviewee: The first family that we helped - they were not taking their children for vaccination treatment at the clinic but because of the role we played they managed to change. The second family - we helped them with orphans, and there was a man who was very sick in that family but because of our relationship with them he managed to get better and accepted the situation he was in.

Interviewer: Thank you mam. What change did you bring to other people's lives through Gomotsang organisation?



Interviewee: We managed to convince our youth to take their treatment. Our youth did not have any knowledge about HIV, or that when you take your medication on time you will live healthy and it is not the end of the world if you are HIV. But they accepted themselves and I see them getting better and their life goes on because they take their treatment on time. We talked to our youth about teenage pregnancy and that they should not fall pregnant now because education is key. We told them that having a child while you at school is a challenge. They should not skip the stages of life and wait for the right time to have the child. We also talked about women abuse, where we told them that they should speak out when they are abused and to encourage one another.

Interviewer: *What changes did Gomotsang organisation bring to people, you can talk about groups of women, youth or anything?*

Interviewee: Because of Gomotsang organisation, I now see women being able to do their own gardening and can also see women greeting each other with peace. I can also see a lot of gardens in our community. I can also see parents attending meetings at their children's schools. I can also see women attending community projects and bringing fresh ideas.

Interviewer: *Is there any role you play in the youth of this community?*

Interviewee: Through the drug abuse campaign we can talk to our children about drugs and that they should avoid standing at the shops after school. We encourage them to group themselves to do homework together or study together or play soccer. They can also share whatever is bothering them when they are together because they find it difficult to talk to their parents.

Interviewer: *What growth can you talk about as Gomotsang organisation?*

Interviewee: Because of the love and connection we have in the community we see ourselves growing. We know we should train ourselves. We even see our youth volunteering at crèches or in the community as they are playing soccer. We now see our youth united because of Gomotsang Home Base Care.

Interviewer: *Why do you think these changes are important?*

Interviewee: They are very important because we now see the rate of disease decreasing. We also see our small children after school coming together to sing or play soccer. Indeed, we do bring change to our community. I even see change in myself because now I take a book and read or sing. I can do all these things because of Gomotsang. I can also help the learners with their homework.

Interviewer My last question is, what do you want us as DOCKDA to do for you?

Interviewee: What we want DOCKDA to help us with is with first aid kits, books, and a building because our building is collapsing - even now we do not have an office. I will love to see ourselves having an office so that we can do the campaigns. Our volunteers do not earn anything, but they have persevered and we would like DOCKDA to give them a stipend.

Interviewer: How many are you here in Gomotsang organization?

Interviewee: we are six, we have 5 volunteers and 1 member from the Department of Health.

Interviewer: Thank you.

BAKAULENGWE HOME BASED CARE

The name Bakaulengwe means “Fellow People” in Setswana. This home based care organisation is located in the village of Galotolo (Gasotsenyane), which is 35km away from the main town of Kuruman. The organisation was established on 20 September 2002, by 13 women from the village. These women decided to form an organisation, because they were concerned about the way their community was suffering from chronic illnesses, in specific HIV/AIDS. There was no support for them in the community, and many of them just sat helplessly at home, not knowing what to do to take care of their health.

The organisation began by going door to door, so as to find out who were in need of healthcare and support, and once this was determined, they began accompanying those in need to the local clinic. The members received training in home based care from the Department of Health. Since then, the organisation provides home visits to the chronically ill. During these visits, they offer to bath their patients and also ensure that they take their medication. The organisation works mainly with youth, chronically ill patients and the elderly. Over the years, many of the organisation’s members left, either because the work itself was very difficult to sustain their own health, or because they had to go and search for employment, as they did not receive any remuneration for their work within the organisation and the community.





The organisation received much-needed support from DOCKDA during these challenging years, which included small grants towards programmatic work, and capacity building training. From 2009 to 2018, members from Bakaulengwe participated in various DOCKDA trainings, which includes the following public participation, Life Skills, facilitator training, leadership training, supported the organisation by donating bicycles for the home based carers and distribute sanitary pads.

The members of the organisation acknowledge the Department of Health for the training they received in how to build their organisation, how to recruit and elect board members and an Executive Committee. At that time, the organisation only had seven remaining members. In 2009 the organisation met DOCKDA, who helped them with training, and micro-grants. DOCKDA also trained their members to facilitate community workshops, and to do awareness raising around gender based violence within their village. Bakaulengwe works not only with chronically ill members of the community, but also with young children and girls in particular. In partnership with DOCKDA, Bakaulengwe distributes sanitary pads to school-going girls. DOCKDA was able to link the community of Bakaulengwe and the primary school with the Vodacom Change the World Programme which saw Vodacom setting up an IT lab at the local primary school. They were also able to establish an after-school programme for children and other orphans and vulnerable children.

Travelling distances between villages are quite long, and public transport is costly when operating on a shoestring budget. The organisation was very happy when DOCKDA, in partnership with Qhubeka Bicycles and Vodacom Change the World Programme provided them with bicycles, so that they could not only visit their patients, but also ride to the clinics to collect treatment for their clients.

The organisation currently relies on a stipend that they receive from the Department of Health, and today only have two members who receive remuneration. They furthermore rely on the support of volunteers, who they recruit from the village and train in home based care. Currently the organisation has five members, of whom only two receive a stipend.

BAKAULENGWE HOME BASED CARE INTERVIEW

Interviewer: Hello, Judith.

Interviewee: Hello.

Interviewer: I am fine and how are you?

Interviewee: I am fine.

Interviewer: Fine thanks, no problem. Thank you that in this morning you and I managed to meet regarding the interview that we have been talking about and organising. So what I am going to do today is to explain to you how this interview will go. In this interview you will have a meeting as an organisation and discuss who you will elect to represent the organisation as they have chosen you because I also believe that you have been with the organisation for a long time. What we are going to do is the interview is voluntary and you will only tell us about Bakaulengwe Organisation. What changes has the organisation brought into your community and also to let you know that we will use data to complete the case study that we have done. Everything will come back to you so that you can rectify if there are any mistakes and if there are no mistakes it goes for printing. This is to ensure that you know what they are saying about the organisation. What I am going to say in our interview is that it has three sections. The first section will focus on Bakaulengwe Organisation, the changes that the organisation has brought to the community and the growth you have gained as an individual because of Bakaulengwe Organisation. The second section will focus on DOCKDA, the changes it brought to Bakaulengwe Organisation and the growth you have experienced as an individual because of DOCKDA. The third section you will tell us because of Bakaulengwe Organisation, what you have managed to help the village of Galotolo with. You know the changes that you have brought into someone's life. We will begin with the first section, so I do not know if you are fine up to here.

Interviewee: I am okay.

Interviewer: Thank you mam. Before we begin, I would like you to tell me about your background - who you are, where are you from, the importance of being part of the organisation.

Interviewee: In accordance to your question, I am Judith Fonang from Bakaulengwe Organisation, I was chosen to represent the organisation. I became part of the organisation after completing school I had nothing to do. I was just sitting at home so I decided that instead of sitting at home, I went to join the organisation.

Honestly I went there because I was avoiding to just sit at home so I saw it fit to join the organisation so that I can see what is being done there. When I got at Bakaulengwe, I found out that the organisation's group goes around checking up on patients around the community, so I also started checking up on patients around the community. The work was voluntary as there was no pay, but I continued with them.

Interviewer: Thank you. Could you perhaps tell us how many you were when it all began, and the number of staff that you have today and reasons that could have led to the change in the number of members?

Interviewee: At Bakaulengwe we began with thirteen members and we continued like that but because we volunteered so there was no pay some members left until we were left with eight members. Some got tired along the journey and we were only two. The two of us ended up receiving a stipend from the Department of Health. Now we are joined by volunteers and we are five.

Interviewer: So, in other words there are 3 volunteers?

Interviewee: Yes.

Interviewer: Okay mam thanks. We are continuing with our section one of the interview. What is it that you have learnt that is important by being part of Bakaulengwe? For example something that you did not know before but now you do because of Bakaulengwe Organisation.

Interviewee: The first thing I learnt about Bakaulengwe Organisation is confidentiality. When we go around checking up on the patients the biggest thing is when finding out about a family's situation you ought to support, keep it confidential and not talk about them.

Interviewer: Could you tell us that from there what else you learnt from the organisation that you did not know about.

Interviewee: I learnt a lot of things from the organisation. The first thing is love and patience. What I learnt from the organisation is that when working with patients you have to be tolerant with them and to love them so that when you come to assist them they will cooperate with you. In some cases you will find that the patient is sick and is not willing to go to the hospital and has already given up. You got to have the love and be tolerant enough to be able to help them. You must have motivating words to help them go to the hospital.

Interviewer: Alright thank you. What has changed in your life that you did not know but now you do because of the organisation? For example, human rights, gender-based violence etc.



Interviewee: There is a lot especially regarding gender based violence because I now understand that not everyone can speak anything the way they wish with me, I know that I'm supposed to tell the person "I do not appreciate the tone in which you are using towards me."

Interviewer: So, the people whom you are working with?

Interviewee: The people I work with what I motivate towards them is for them to know that they are not supposed to give up on life. Every now and then you must learn to move forward and stand up for yourself. People tend to assist those who are trying their level best.

Interviewer: Could you tell us perhaps what else that you have done to change another person's life because of the knowledge you had on Human rights and gender based violence? Especially with the domestic violence in our families and things like that.

Interviewee: We stay in a village where in most families they drink alcohol. Sometimes confusion arises whereby parents cause confusion towards children or the husband does that to the wife. We go to such families and let the man know that they can go to jail because they are not making the household pleasant for the woman and children. The children will think that this is the appropriate way to treat the wife. We go to families and explain to the husbands that they must be examples to their families so that their sons will be responsible men.

Interviewer: Thank you. Is there any way where you see yourself growing up as an individual because of the organisation? For example, leadership or taking care of people, talk more about your growth.

Interviewee: I have grown a lot because of Bakaulengwe. Firstly, as I was working in the field in the beginning, I did not know I had the capabilities of going to tell someone to get up and take a bath and go with me to the clinic. I now know that I have a way of speaking when one does not want to go to the clinic. I have a way of speaking to the patients because of Bakaulengwe Organisation, like let's go to the clinic or when the person does not want to take his treatment because of the organisation I have a way of speaking to them. I advise them that treatment is the only way because without it you would not manage, and you are the only one who is responsible for that treatment. In that way when the person agrees with me, I can see that one day I will be able to lead someone because I managed to help somebody who had already given up. And I have grown that as we speak I am now hired at Gamopedi clinic as counsellor, all of this is because of joining Bakaulengwe.

Interviewer: Does Bakaulengwe Organisation take part in different committee structures that bring change into the lives of men and women. For example, CPF, SGB. Which committees are you in that bring change into the lives of men and women?



Interviewee: I am involved in the royal traditional council committees. I am one of the individuals who volunteered at the council to go around the village to encourage people to attend gatherings so that they can receive the messages that are announced at the gatherings because mostly as a Bakaulengwe Organisation our messages are announced at the gatherings. We work with the royals Head to announce our messages. At the gatherings we are able to do health talks or what we were taught. This is our opportunity where we are able to let them know where we have been and what we were taught so in that way the village gets the messages quickly.

Interviewer: *Alright. So getting involved with the royal traditional council committee, what changes or growth has it brought to men and women?*

Interviewee: As we know that in villages sometimes information lacks. You can see when at home where there is a problem with sick people who do not want to go to the clinic. We can see by the number of men and women at the clinic that these people did get the message. Like during winter we will do a health talk whereby we let them know if there are any vaccinations or if there are nurses coming to do pap smears and we will see by the number of women at the clinic that indeed the message did reach them.

Interviewer: *Thank you. We are going to the second section where we will be discussing DOCKDA. Can mam tell us which knowledge has brought change into your life or the lives of others?*

Interviewee: Because of DOCKDA, I have a lot of knowledge because of the trainings I received from them. The trainings I received from DOCKDA are more than the ones I received at the Department of Health. DOCKDA has brought a lot of changes in me with that knowledge.

Interviewer: *Could you tell us some of the trainings you have attended at DOCKDA and the changes it brought?*

Interviewee: Public participation. The Big five that focused on finance, gender based violence that brought a lot of change in our lives and the lives of the community. Reason being there were some things that we did not know for example, date rape. I did not know that I could arrest someone who for example is dating my daughter who is under age whilst the boyfriend is older rape. Despite the fact that they agreed the person could get arrested because he is older, this is something that we did not know.

Interviewer: *Thank you. So, which changes do you see in the village based on attitude and behaviour because of the trainings you had and what you taught the community?*

Interviewee: Let me say when it comes to boys there was a high rate of weed usage in the community. After the workshops we explained to them that weed can damage their brain cells and they won't be able to memorise and will keep on failing at school because you are forever smoking weed, the lungs will also get damaged. We realised that the children did hear us because the rate of weed usage has decreased and the cigarettes sold at the shops also decreased because they are no longer standing at the shops smoking.

Interviewer: Which knowledge or growth have you gained as an individual when DOCKDA brought other organisations like MADIDEBABE and Maruping Health Care groups as well as people from the Commission on Gender Equality, RSDP people providing you with training? What growth have you experienced from the meetings?

Interviewee: The growth I have experienced is that being around people you are used to do not challenge you. When you are around people whom you are not used to you learn a lot more and you take everything serious as you are being challenged by other groups. You feel that you are representing Bakaulengwe organisation and that you have to say something before the end of the meeting.

Interviewer: Why do you feel like that has brought change in you?

Interviewee: I took in a lot of information when we were busy talking as I could see that they talk about a numerous things that I did not know of. By the end of the day I gained a lot of information from that meeting. I mentally grew in some way.

Interviewer: What changes have taken place in you by the contribution DOCKDA brought to you?

Interviewee: I think now with all the lessons DOCKDA has taught us and the meetings we had with other organisations, I can form my own organisation or a day care centre because of what I gained from DOCKDA and other organisations.

Interviewer: Alright, thank you. We are proceeding to the third section where I will be asking you to tell us a story that you know because of this we brought change into someone's life or family.

Interviewee: The person that is taking treatment was the first step to do and he/she said the problem is that at home they are starting to suspect that I am taking pills but I have not told them what the pills are for. I asked the person if he/she needed my assistance when letting the family know and the response was I cannot tell them so I will need you to tell them when I am there. I went there and told the family the reason for my visit.





I said to them that you have noticed that one of your family members are taking treatment as you have been wondering why he/she is taking pills every day, so today the member asked me to come and tell you he/she found that they are infected and she is on treatment. The pills you saw he/she taking every day they will be taken for the rest of their life so today I came to ask you to accept that the pills are for HIV for the member and if they do not take them you will lose your daughter as a family member so I need you to accept your daughter status as a family member along with the pills. The family then accepted that their child is infected and encouraged him/her to take their pills.

Interviewer: What changes has Bakaulengwe brought into the village of Galotolo by informing people or sharing the knowledge that you have by doing awareness campaigns? Which knowledge do they have because of the organisation?

Interviewee: The one that we are grateful for at Bakaulengwe is that now our people, with the lessons that we brought to them, they are able to walk upright, unashamed to go and get their treatments and there is one thing that we are proud of. Is to see our clients taking their treatment without any fear. The reason being, at Bakaulengwe, we want to see everyone taking their treatment without any fear.

Interviewer: Could you tell us in short what knowledge or awareness you informing people are with so that they are able to walk up tall and without being ashamed.

Interviewee: Firstly, we do home visits, everybody we visited we do health talks with them. We taught them a lot about their treatment so in the end they can take their treatment. The health talks or campaigns assist them.

Interviewer: With that knowledge and information that you have given them, what are you experiencing with behaviour? How do they behave and their attitude in the community after sharing the knowledge and information with them. For instance, that family where the child was unable to disclose with their family and asked for your assistance to let the family know.

Interviewee: In that case, the person knows that if by eight they would not be home, they have to take their pill along with them and they have gotten used to the fact that by eight they have to take their treatment with no fear. If they are given a date to get their treatment and they go, we then know that they have heard and understood that their treatment is important, and they must take them at the right time.



Interviewer: Can you tell me that as an individual what growth you have gained by being at Bakaulengwe or that you have brought to the village?

Interviewee: Like I have explained about my growth at Bakaulengwe is a lot because I had nothing before Bakaulengwe became part of my life. Everything I have achieved thus far is because of Bakaulengwe. With regard to my village, I am grateful to the fact that all the information and knowledge they have is because of Bakaulengwe. Also the issue of sanitary pads and panties. Many parents were grateful for them and even now many children are still using them. Many children were absent from school when they had their periods as they did not have the means to buy pads for them but with the sanitary pads that DOCKDA brought to our village they are able to attend school comfortably. The children know that they can wash the sanitary pads panties and change them after school.

Interviewer: What is it that you think has brought change into the village of Galotolo village? Why do you think these changes are important?

Interviewee: I think one of the important things is networking. If we did not have contact with DOCKDA we would not have experienced the changes because I think we did not get the sanitary pads from anybody else. Even at school the issue of Vodacom. The children were very happy they live in that village and they were excited to have visitors from Vodacom. So those are the changes that were brought into our village. The tablets the children only saw them on televisions. They were only exposed to cell phones. That is the change that Vodacom brought with their tablets along with DOCKDA by bringing those tablets into the schools in our village.

Interviewer: Thank you. What else can you talk about with regards to DOCKDA and Bakaulengwe? How do we merge to move our village forward?

Interviewer: Working together as Bakaulengwe group, we will appreciate it if the training will continue and that we will be invited. It is because of DOCKDA we are able to bring change in our village and with the information we get from them there is a lot that we are doing for the community.

Interviewer: Thank you, our interview has come to an end.

TIRISANOMMOGO HOME BASED CARE

Tirisanommogo HBC is located in Gasehubane village, in the Joe Morolong District Municipality. The organisation was formed by Mrs. Grace Kgapi and 11 other women from her community in 2006. At that time, their main objective was to provide support to the sick and chronically ill people living within their community. The organisation consists of 7 members, who until today provide home-based care to chronically ill patients in their village.

This village has a population of around 400 inhabitants and is characterised by abject poverty, child-headed household, chronic unemployment and poor infrastructure development. To gain access to the village from either side, one has to travel via neglected dirt roads. Tirisanommogo is one of the few organisations that provide support to community members.

The organisation's main activities include the provision of home based care to specific target groups within their village; these include orphans, people living with HIV/AIDS and TB. The organisation also provides support to people living with disabilities and who are affected by mental illness. Community members can also walk in to the organisation at any time if they need information about chronic illnesses. They also work with the children, overseeing homework and accompanying them to school. The members assist orphans with applying for their birth certificates and identity documents, and assist them to access social grants.

One of their key achievements is seeing how people are able to return to work, because they now have regular access to their medication and have support to assist them in adhering to their treatment. Because of their outreach within the community, more people are testing to know their status, and have access to support in dealing with their status.

Tirisanommogo have worked with DOCKDA for more than a decade. During this time, Tirisanommogo received capacity building training in good governance, financial management and fundraising skills from DOCKDA. An outcome of this training is that the organisation became able to take minutes, manage their petty cash, and write fundraising proposals to other donors.



In 2011, with support from DOCKDA, Tirisanommogo also implemented awareness campaigns and workshops in their village around GBV and its link to human trafficking.

The organisation also runs an organic community garden, after receiving training and mentoring from DOCKDA to establish this project. The organic garden produces vegetables that the organisation provides to their patients, so as to contribute to healthy nutrition. In 2009 they received support from ABSA to install a fence around the garden.

During the past decade, women members from the organisation participated in various capacity building workshops hosted by DOCKDA. This include awareness in GBV, which resulted in the organisation doing awareness talks within their community about human trafficking. Tirisanommogo care workers also received stipends from DOCKDA during 2011, as part of DOCKDA's Job Creation project. The organisation also received a bicycle from DOCKDA which enables the care workers to travel to patients.

Funding has always been a challenge for Tirisanommogo. After two years of operating with only the support of volunteers, the organisation received their first financial support from the Department of Health. However, only two members received stipends, and in the following two years varying members received intermittent stipends from the Department. DOCKDA provided stipends to the organisation, and for the first time volunteers were remunerated. Staff acknowledge DOCKDA for assisting them in promoting good governance within their organisation. Due to the governance training they received, the staff was able to register the organisation and select a board.

Critical needs within the village remain access to water, to support the organic food garden. The organisation dreams of having their own office, as they still run the organisation from a home of the Coordinator.



TIRISANOMMOGO INTERVIEW

Interviewer: Hello sister Keamogetse, I am fine and how are you?

Interviewee: I am fine.

Interviewer: Sister Keamogetse, let me take this opportunity to thank you for giving me this opportunity to come to Gasehubane, Tirisanommogo organisation. I know your day for the interview was tomorrow but thank you for agreeing to do this interview today. Before we start with our interview, I will explain the process of the interview. Our interview has three parts. The first part will be about Tirisanommogo organisation, whereby you will explain how Tirisanommogo organisation operates and helps people. The second part will be about DOCKDA and how DOCKDA helped you including the training that DOCKDA gave you and if you still want to continue being in partnership with them. The third part will be about you, whereby you will share with us about your experiences with Tirisanommogo organisation, also about the changes you brought to the people/homes or share with us the story about the family that you helped. So, before we start the interview my sister we do not need a manager or a supervisor. If you are part of the organisation and you have 5 years' experience with that particular organisation then you can do it. Therefore, in our interview we are going to record you as we talk and take this recordings with us to write them down, after that we will come back to give you a copy of the recording so that you can check whether or not we recorded the exact things we spoke about. If you find out that what we gave you is not what we spoke about then you are welcome to send them back to DOCKDA to do the corrections and you will be able to tell us that this is not what we talked. We are not going to print this document without you telling us if it is fine to continue with it. So sister Keamogetse are you ready, can we start now?

Interviewee: Yes, I am ready ma, we can start.

Interviewer: Thank you ma. Please before we start, can you tell me your background, who are you, where are you from, just everything about you.

Interviewee: I am Keamogetse Kodisang, I live at Gasehubane, I volunteer at Tirisanommogo organisation.

Interviewer: What exactly are you doing at Tirisanommogo?

Interviewee: I am a caregiver.

Interviewer: Alright, thank you. Now we can start our interview like we planned. What is the important things that you have learned about being a member of Tirisanommogo organisation, for example, anything that you did not know but now you know because of Tirisanommogo organisation?

Interviewee: The important thing that I learned, is that we had patients in the community/village that were suffering .We went to the patients because I was not able to just sit and do nothing. I thought it was important to go to patients and talk to them to see how we can help them, also to encourage them to take their medicine. We saw that people were sick but did not see the need to take their medication at hospital. So as the organisation, we thought it was important to do door to door work with our patients from their homes so that they can get healed.

Interviewer: *Thank you mam. Doing what you did as you were explaining, what is it that changed in your life or the lives of people you talked about as you were going to their homes, helping them?*

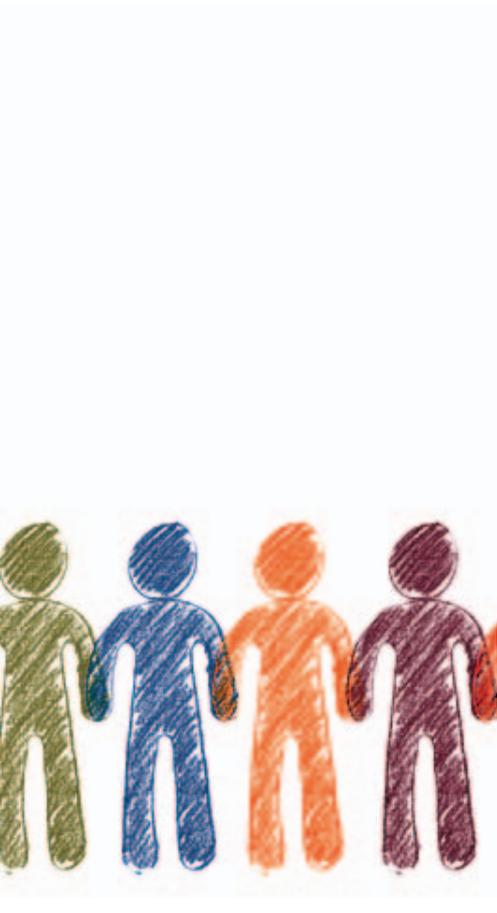
Interviewee: What changed me is that, I can wake up in the morning and go and check on the patients to see if they took their medication, and that they have eaten so that they can get better. We have seen that everything is good because we have contact with our hospital. If there is a problem the hospital can contact us and tell us to go and check on the patients in the community, even when there are patients who defaulted the hospital will tell us to go to those patients and tell them to go to the hospital to take their medication.

Interviewer: *Thank you. Do you see yourself growing because of the organisation? Maybe we can talk about the leadership. As you work at the clinic, what is it that you see in yourself growing or how do you see yourself growing?*

Interviewee: I see myself growing well, because I was just sitting, not knowing that there is something I can do for another person and taking care of them. I now I can do something for another person, even the people from the community can come to us asking for help, even when you are sleeping at night people come to you asking you to call the ambulance on their behalf. We are now working as staff nurses at the clinic to help the nurses as the there is a shortage of staff. The department of Health recognized us as we now some of us getting stipend from the Department. That's where we see ourselves as home based care is growing.

Interviewer: *I hear mam talking about clinic. What do you do at the clinic that you see yourself growing? Maybe there is something that you are doing that you never thought you will do but because of Tirisanommogo organisation maybe now you can do one or two things at the clinic?*

Interviewee: The most important thing at the clinic is that I can take patient's vital signs. I can check their Diabetes level. I can test the patient's urine to check if they are pregnant or not. The hospital can also call us to help them give patients medication.





Interviewer: Which means you are working like nurses?

Interviewee: Yes.

Interviewer: Alright, is your organisation taking part in any committees that is aiming at bringing changes to people's lives. Committees such as such as CPF, SGB or any committees from churches?

Interviewee: Yes, the organisation is taking part in committees that are available. We have a representative at the traditional meeting and at schools. Anywhere we can be represented as the organisation. Some of us are in different committees, like Community Policing Forums like myself I am the member of SGB at Reitemogetse Primary School.

Interviewer: Thank you mam. We are going to the second part of the interview, whereby we will be talking about DOCKDA. What can you tell us about DOCKDA or any knowledge that you have about them that you did not know?

Interviewee: DOCKDA came to us with lot of changes. It was training and they taught us how to do a structure for BODWA committee.

Interviewer: Structure you mean organogram?

Interviewee: Yes, organogram; and they taught us on how to do our Board. They even taught us about the things we needed as a group such as the constitution and how to correct the mistakes in our constitution.

Interviewer: In your training that you undertook with DOCKDA, what changes have you brought to your organisation because of the training?

Interviewee: The training?

Interviewer: The changes that you brought through the training you undertook.?

Interviewee: The changes that we brought is that we had children that were abusing the substance (alcohol) in the community, then we ended up doing a campaign that was organized by DOCKDA here in Gasehubane to fight against the alcohol abuse in our community. There was no peace in some homes. There are some homes where parents will be in the house but there is no peace because parents are drinking too much.

Interviewer: Thank you mam. You were talking about the abuse of alcohol in the community, about our youth and elders, what is it now that changed the emotions and attitudes of people after the training?



Interviewee: What brought the change in their attitudes is that in the community there are people who are drinking alcohol, but it has now decreased since after the training and the campaigning.

Interviewer: According to you, DOCKDA brought different organisation together such as Bosele, Bakaulengwe and Gomotsang and you to meet with them, and DOCKDA also brought people from the province to come and talk to you. By so doing what brought changes to your life?

Interviewee: What brought change mostly is when DOCKDA called the meetings and we all took part. That made me to partake in the meeting representing my team, also asking questions that will enable my group to succeed because we work as a group.

Interviewer: Thank you mam, what is it that helped you mostly through these changes?

Interviewee: I was mostly helped because when DOCKDA came to us, we knew nothing but after DOCKDA's visits to us, we were able to know something and to stand for ourselves. We were also able to communicate with other people, after our communications there will be some changes in our community.

Interviewer: So, what is it that you see after taking part in the activities that DOCKDA brought, how did it change your life?

Interviewee: It brought a huge change, because I had patients in some village called Sebolao, so in that village DOCKDA helped me by taking food parcels to that village, even in our village DOCKDA helped us with sanitary pads for the girl child, it also helped us with bicycles for both boys and girls who staying very far to school.

Interviewer: Thank you. We are going to the third part, whereby I am going to ask you to share with us a story that you mam brought a change to a certain family through your organization.

Interviewee: I brought a change to a village called Chukudung, where we ended up being in a family where we gave them food parcel and they were very happy. And we went again to other households where we left food parcels. That is the change I made because of DOCKDA's food parcels, those families were very grateful and happy.

Interviewer: Now I heard you talking about campaigns in your village, what changes did these awareness campaigns bring to the village?

Interviewee: The changes we brought are that the Trust funded us and then we grouped ourselves as women to do sewing after the funding we got. What encouraged us was that DOCKDA also helped us, also our community was very supportive even through the campaigns we had people attend.

Interviewer: What were you talking about in those campaigns; maybe someone will like to know?

Interviewee: In those campaigns we talked about gender based violence, abusing substance (alcohol), and human trafficking because these are things that are high in today's life.

Interviewer: You are working with people who are sick, it can be different sicknesses. How do you encourage those people to take their medication? How do you make them see the importance of taking the medication?

Interviewee: We encourage them to take medication because every morning we do our door to door visits to their homes to see if they take their medication. If a patient does not have the medication we will go to the clinic and fetch the medication and take it to them.

Interviewer: So, with what you are doing, how do you change attitudes of people to take the medication?

Interviewee: We are changing their attitudes mostly because now people just come to us and tell us that they are sick and that they are sick because of a disease, so they want you to help them get their medication from the hospital when they don't have the money to go there.

Interviewer: Do you think the people you are working with trust you to disclose their status to you?

Interviewee: There are those who trust us, just like I said sometimes you will see a person coming to you and telling you that they are sick and ask you to help them with medication and to take care of them. But some you will only be aware with their status when working at the hospital, but you will not say anything until they tell you that they are suffering from a disease.

Interviewer: So what growth do you see in yourself or in the group because of your organisation?

Interviewee: The growth I see, as the organisation, we are still helping the patients and that they also have trust in us, and if they do not have anywhere to go they know they will come to us for help and they will not do anything without asking first.

Interviewer: Why do you think it is important to help people?

Interviewee: It is important, because when people want to go to SASSA or Home Affairs and they see you in the streets they will come to you and ask for help, and I will be able to help by referring them to the right people or to the relevant department.



Interviewer: Thank you ma'am, so in conclusion, what is the important thing that you want to talk about?

Interviewee: What I almost forgot is that in our group we must unite and stand for what we want so that we can change the lives of people, so that when we walk in the village we should not disclose other people's sickness, without them telling us their problem. That's what I want to tell my group that we should not disclose our patient's status.

Interviewer: Thanks, so what is it that you want to see from DOCKDA and Tirisanommogo?

Interviewee: What I want to see from DOCKDA is that they must help us with the campaigns so that our people can be aware that life is very important and that they live only once. You become aware of some other things only when you are with people in a group.

Interviewer: Thank you very much mam; we've concluded our interview.



CONCLUSION

The organisations that are portrayed in this publication are remarkable in that they are all led by women based within the communities, who know and understand life as it unfolds within the isolated geographical context of the Northern Cape. All of these organisations were started because women saw the challenges facing their communities, and felt compelled to do something about these issues, not as individuals, but as a collective. The fact that almost all of the organisations in question have existed for an average of ten years or more, with little or no funding or extended support from other civil society organisations, speaks volumes of the tenacity, commitment and endurance of these women-led organisations.

In recognition of the agency of rural women and their ability to formulate local solutions to combat local development challenges, DOCKDA has partnered with rural community-based organisations since 1994, investing in local solutions through capacity building and micro-financing of organisations and their members. Since their initial origins as primarily home-based care organisations, these organisations have since then developed and diversified as they confront constantly changing and emerging social, health and economic challenges within their communities. DOCKDA's role has been to support and partner with these organisations, from the initial era of the HIV/AIDS crisis and continuing with this support as rural communities face new economic and social challenges continuously.

The case studies show that DOCKDA has been a long-standing partner towards the ten organisations portrayed in this report. This partnership is not viewed as a form of dependency by these CBOs towards our organisation; instead, as the case studies show, these organisations were formed by women who organised themselves into providing services to their communities. The Kuruman region remains one of the poorest regions in the Northern Cape, and countless civil society organisations have had to shut down as donor support towards these organisations has decreased in the past decade. It is within this context of under-development, widespread poverty and poor service delivery from government services that DOCKDA remains one of the only constant development partners to these women-led CBOs.



The case studies show that these organisations have and will continue to deliver services within their communities with or without donor support - as indeed many of them have done so over the past twenty years. With the support of DOCKDA and other donors who hopefully will recognise and support the agency of these organisations, the impact of their work within rural villages can only become stronger.

INTERSECTIONAL APPROACHES TO INTERVENTIONS

Nine of the organisations, excluding Women Against Crime, primarily define themselves as home-based care organisations. However, as these organisations elaborated on the services they provide to community members, it became clear that home based care is one of the various services they provide. These services include providing access to health care to impact on the quality of life, responding to gender based violence, teenage pregnancy support, substance abuse and the empowerment of women in rural communities. These organisations are already working in an intersectional manner, through placing the promotion of healthy living at the centre of their work.

To explain this intersectional approach in action: when a home-based carer visits a client at home, she also checks up on other members of the household. Often she will take along vegetables from the organisation's garden because she knows that healthy nutrition is an important aspect of adherence to chronic medication. During her visit, she might be asked by a household member to assist them with getting an identity document; she might also be able to notice whether there are signs of abuse against women and girls in the household, should that be the case. She is often asked by household members for advice about substance abuse and risky sexual behaviour by young children in the household. She is also able to identify the rate of unemployment and its gender division by being able to record whether household members are employed or not. As such, during one visit, the home based care worker addresses issues of health care, nutrition, access to social services, gender based violence, awareness about employment/unemployment, and provide education and support to parents dealing with children addicted to substances.





The case studies in this publication illustrates this approach and the showcasing of all the services provided by these organisations that not only holds potential for an important theoretical model of change but also further highlights the impact these organisations make within rural and isolated villages. It is, therefore, crucial to contribute to the sustainability and longevity of these rural organisations, who with so little resources, manage to positively affect the lives of so many women, men and children who live in their communities.

What is more remarkable is that although these organisations provide a diverse range of services, the only work that they receive remuneration for, albeit not for all their members, is that of receiving a stipend of R1900 from the Department of Health. All the other services such as referrals, running a safe house, providing aftercare to orphans and vulnerable children, collecting medicine for the sick, to name a few, are done without any formal recognition or compensation to these women. By implication, the stipend that members receive from the Department of Health actually subsidizes further services home based carers provide. Given that the stipends are very nominal in value, it further implies that the women within these organisations actually subsidise community work out of their own pockets.

The statistics show that these organisations only receive intermittent funding towards their work and that DOCKDA is the only constant civil society partner that has invested in these organisations continuously for over a decade. In the midst of severe resource deprivation, the records show that the women within these organisations have taken any and every opportunity to invest in their capacity building and development and are emerging as leaders and pillars of support within their communities.

TRACING IMPACT

This publication and the organisations' participation in sharing their work with a broader audience provides both DOCKDA and these organisations an opportunity to reflect on change - what change do we desire, what can we do to realise this change and what part can each one of us play in bringing this change about. For these organisations, the change they desire is that of healthy communities where there is access to employment, where women and girls are safe and free from protection and children are provided with opportunities that will enable them to become the future leaders of their communities.

The organisations who participated in this research process work from daily to provide care and support to their communities, and often lose sight of important victories as they continue to confront abuse, neglect and poverty within their villages. However, through this process, these organisations were able to reflect on their work by responding to the question: what would happen to your community if your organisation did not, or will no longer exist? For many organisations, the answer came immediately: people will die, children will be neglected or our community will not know where to go anymore. In a very literal sense, home based care organisations provide a lifeline to women, men and children.

When asked the question about what has changed since your organisation started, organisations replied that today people have better access to health care and can live longer healthier lives. The infant mortality rate in villages has decreased as mothers are made aware of pre and antenatal care for their infants. Men are no longer reluctant to go for medical treatment and there is less stigma around HIV/AIDS and more adherence to treatment in the villages because of the work of these organisations.

All organisations highlight the impact that DOCKDA's capacity building programmes had on their growth, both at an individual and organisational level. A key theme that runs through their feedback is the impact of Community Leadership training. All the organisations have a record of good governance, with elected board members and accountability towards both the members of the organisation, the community and their donors.



They acknowledge the contribution of skills training towards their ability to take up other leadership roles within their community and an increased level of confidence to conduct awareness campaigns around critical issues such as gender based violence and substance abuse. What is also noticeable is that organisation members draw strength from being part of an organisation that is respected and acknowledged for the services they provide to their communities.

DOCKDA is proud to be a partner to these women-led CBOs in the widespread and geographically isolated villages of the Kuruman district in the Northern Cape. It is our hope that these case studies interpreting the work of these organisations will not only raise awareness about the particular socio-economic challenges women, men and children experience in this district, but also educate a broader South Africa and development partners about how investing in the local solutions led by rural women's organisations indeed contribute to both changing and saving lives.

