

Thogomelo Training

What Next? Enablers and hindrances to further training towards a qualification for community caregivers of orphaned and vulnerable children in three provinces of South Africa

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Background

The Thogomelo project was initiated by the Department of Social Development (DSD) in 2009 in response to the need for caregiver capacity development and career pathing. Three accredited curricula in psychosocial support, child protection and supportive supervision were developed, and 2 704 caregivers were trained over a 5-year period. An expected outcome of the training was that caregivers would accumulate credits towards a qualification and develop a career path in the social development sector. DSD, consortium partners (namely Program for Appropriate Technologies in Health [PATH], The International HIV AIDS Alliance [IHAA], and Health and Development Africa [HDA]) and Health and Welfare Sector Training Authority (HWSETA) conducted a study to document experiences of caregivers two years after completing Psychosocial Support training.

Methods

The study had 2 phases:

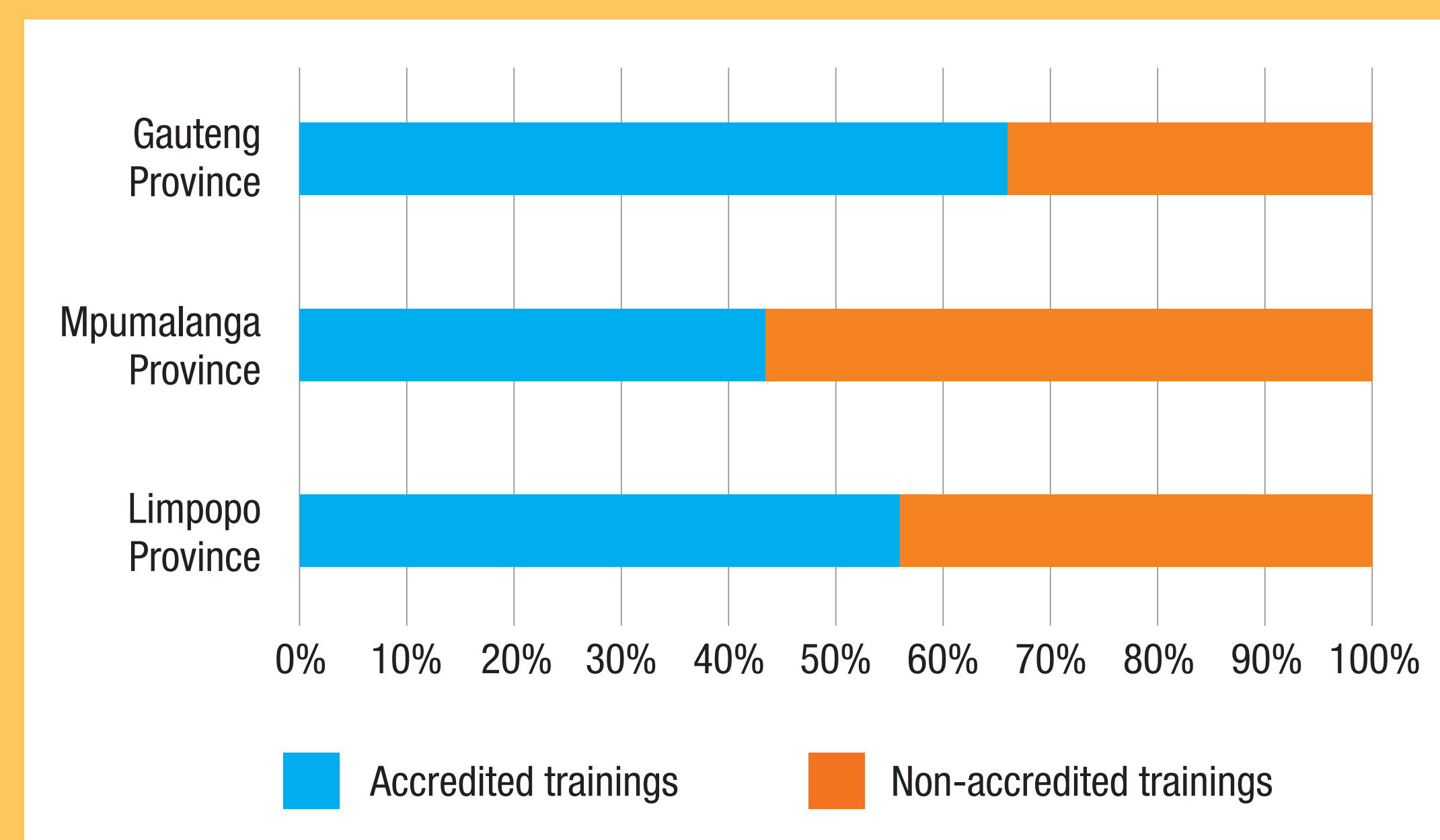
- 1 This consisted of a review of the records of the HWSETA's training database. This was followed by telephone surveys to confirm the database records, and invite participants to join in the focus group discussions (FGDs) planned for Phase 2.
- 2 This consisted of 14 FGDs in Gauteng, Mpumalanga and Limpopo.

Results

Phase 1

The HWSETA database of accredited training showed a small number of caregivers registered for further training: Gauteng (12/100) 12%; Mpumalanga (19/99) 19%; and Limpopo (42/131) 32%. The telephone survey revealed that a large number of caregivers continued training: Gauteng 64%; Mpumalanga 97%; and Limpopo 74%. This suggests that some community caregivers undertook unaccredited training.

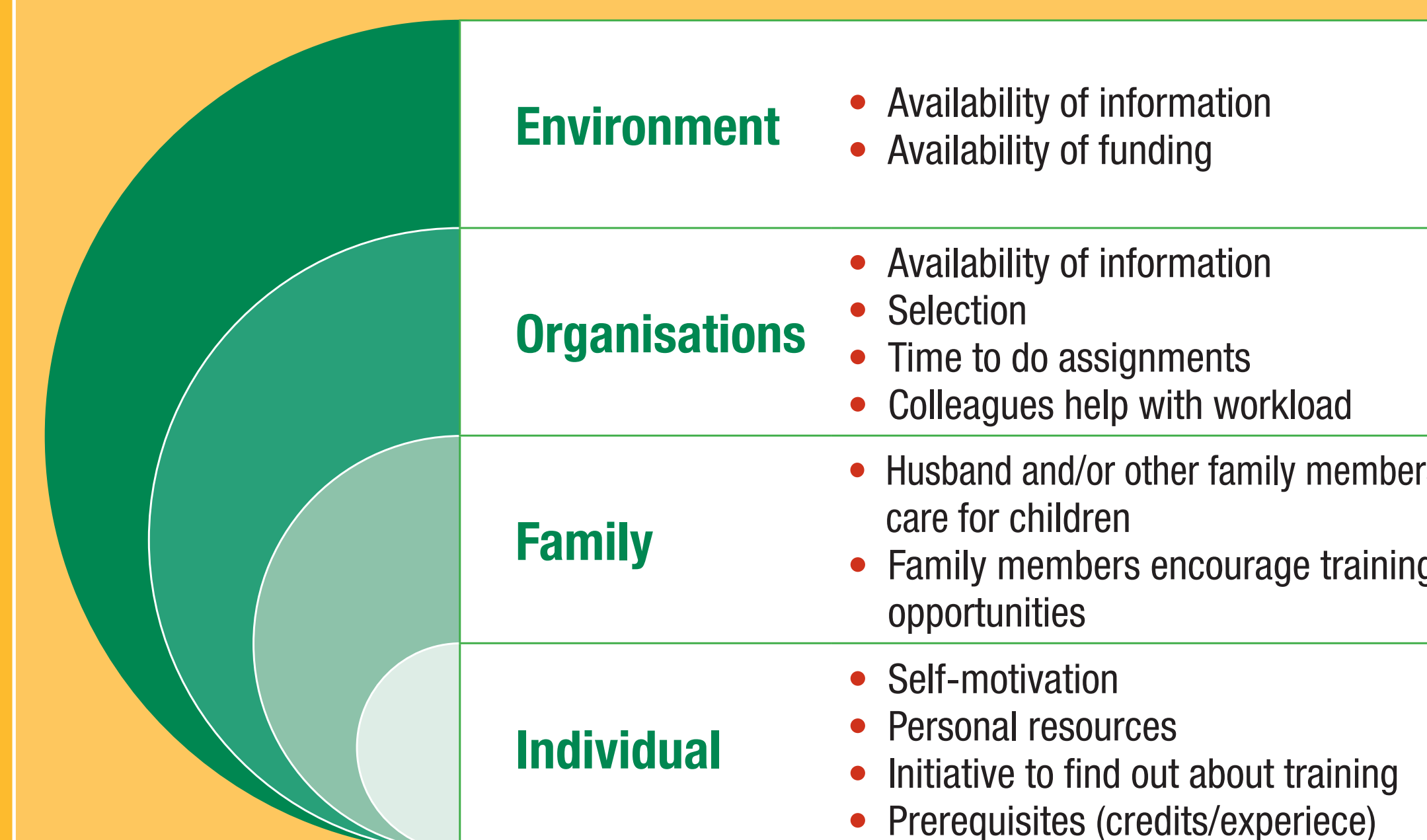
Accredited vs non-accredited trainings



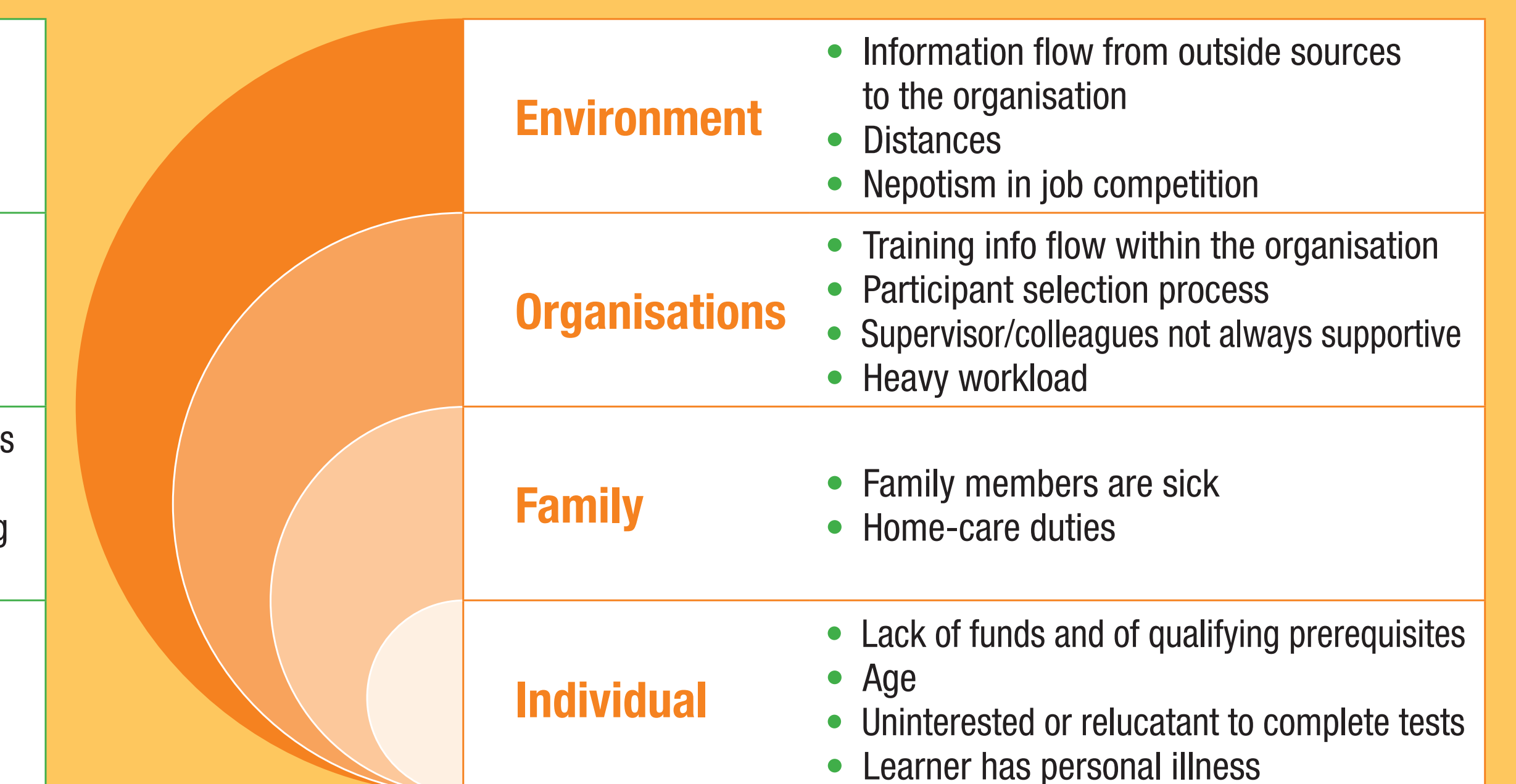
Phase 2

The FGDs identified self-motivation, financial resources, and sufficient information and support from family and colleagues as enablers of their training. They also identified inadequate financial resources, failure to meet entry criteria, personal perceptions of being too old and family obligations as hindrances to further training.

Factors enabling further training



Hindrances to further training



Conclusions

Among those learners who were reached, the majority had done further training. Lack of financial resources is a major hindrance. Caregivers would like training to be subsidised within a clear career pathway for a specific qualification, and a transparent system to track credits received for training. Divergence in training results requires further investigation and highlights the need for optimal systems for obtaining and tracking accreditation data. There is need for systematic and effective communication about training opportunities for caregivers. Ways of addressing constraints to further training within clear career pathways for specific qualifications should be explored.

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