

A DESCRIPTION SELECTED INTERVENTIONS FOR
THE CARE OF ORPHANS AND VULNERABLE CHILDREN
IN BOTSWANA, SOUTH AFRICA AND ZIMBABWE

FUNDED BY THE WK KELLOGG FOUNDATION

PHETSILE K DLAMINI

PROJECT SPONSOR AND PRINCIPAL CONSULTANT: OLIVE SHISANA, SC.D

PRINCIPAL INVESTIGATOR: LEICKNESS SIMBAYI, D.PHIL

CO-PROJECT MANAGER: DONALD SKINNER, PHD

PROJECT CO-ORDINATOR: MARIZANE MAREE-ROUSSOUW



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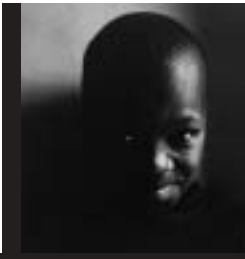
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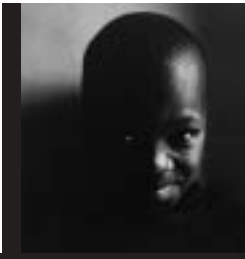
In all three countries I was warmly welcomed and this made my work easy and enjoyable. In this regard I would like to extend my sincere thanks to my escorts, Reba Phakedi in Botswana, Sakumzi Mfecane in South Africa, and Jephias Mudondo and Greater Nhwatiwa in Zimbabwe. I am also grateful to Ms Ntjantja Ned of the Nelson Mandela Children's Fund who was instrumental in co-ordinating my visit to the Free State.

This project was made possible by the funding and commitment of the WK Kellogg Foundation. My thanks go to all concerned for this opportunity to empower families and communities to improve the care and protection of all children made vulnerable by the HIV/AIDS epidemic.

Last but not least, my special thanks go to the children who spoke to us. It is from their comments that we gained insight into what needs to be done to meet the challenges they face.

Dr Phetsile K Dlamini

INTRODUCTION



The Human Sciences Research Council (HSRC), together with its partners within the Southern African Development Community (SADC) region, have been commissioned by the WK Kellogg Foundation (WKKF) to develop and implement a five-year intervention project focusing on orphans and vulnerable children (OVC) as well as families and households coping with an increased burden of care for affected children in Botswana, South Africa and Zimbabwe.

The goals of the project are to:

- Improve social conditions, health, development and the quality of life of OVC;
- Support families and households coping with an increased burden of care for affected and vulnerable children;
- Strengthen community-based support systems as an indirect means to assist vulnerable children;
- Build capacity in community-based systems for sustaining care and support to vulnerable children and households over a long term.

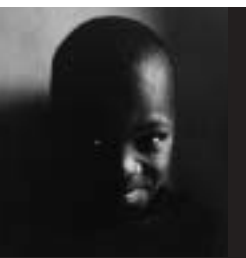
The aims of the project are to develop, implement and evaluate existing and/or new OVC intervention programmes to address the following issues:

- Home-based child-centred health, development, education and support;
- Family and household support;
- Strengthening community support systems;
- Building HIV/AIDS awareness advocacy and policy to benefit OVC;
- Empowering communities, with a strong emphasis on self-sustainability.

The framework for implementing of the OVC intervention project has three phases. This report deals with Phase One – documenting existing interventions. As it was not possible to visit all projects, this account provides observations from site visits in the three countries covered by the OVC project – Botswana, South Africa and Zimbabwe.

The main aim of documenting existing interventions was to:

- Gain more in-depth knowledge of interventions at grassroots level in order to identify their strengths and weaknesses and to consider the opportunities and threats these pose (a SWOT analysis);
- Analyse and assess the outcomes of such interventions and whether objectives were met. This assessment includes the impact on vulnerable children, their families and communities. Factors considered included their nutritional and education status as well as their psychosocial well-being;
- Ascertain the level of awareness around HIV/AIDS, particularly of prevention strategies and care.



SITE VISITS: ZIMBABWE

A site visit to Mutare, Zimbabwe, was conducted on 20 October 2003.

Mutare District is in the Chimanimani Province to the east of the country, close to the border with Mozambique. The population of the district is 150 000. Over half of the population are women and small-scale farming is the major economic activity in the area.

Development Aid from People to People (DAPP) Zimbabwe

The implementing agency is Development Aid from People to People (DAPP) Kuwanisa. DAPP was started in 1977 by concerned Danish people. DAPP works with projects in many countries, building schools and taking care of street children. Child Aid Kuwanisa is one of such projects.

DAPP Child Aid Kuwanisa began operation in 1993. The organisation has a staff of 32, with 18 female staff members. Some of the staff have been employed since the outset of the project. One of the factors contributing to its success is the fact that 75 per cent of the staff are from the local community. This has facilitated development of a strong, respectful relationship with the local community. Staff receive a six-month training course at the headquarters of DAPP Zimbabwe in Shamva.

Child Aid Kuwanisa currently supports 1 600 orphans through community- and school-based projects. Income-generating projects include poultry, bee-keeping, soap-making and tree-planting, as well as a piggery and vegetable farming. The projects aim both to generate income and to achieve long-term sustainability rather than dependence on donor funding. Some of the funds raised through schools go towards paying school fees and buying books for orphans.

Project activities are organised into a ten-line system:

- Strengthening the economy of families;
- Health and hygiene;
- Pre-school programme;
- Involving children as active members of society in social, cultural and economic spheres;
- Children without parents;
- Education;
- District development;
- Environment;
- Food security;
- Model farming at a professional level.

During our visit we learnt about the following activities:

Strengthening the economy of families

There was a display of animal farming such as rearing dairy cows and pigs. A plant nursery provides free or cheap seedlings to families, including fruit trees. There was also a demonstration of a project to grow and sell paprika.

Health and hygiene

This programme aims to promote health and hygiene in general, and specifically with regard to HIV/AIDS. All members of the community are invited to participate at well-attended monthly Open Sundays at the DAPP farm. Each Open Sunday has a different theme. The day is an opportunity for people to share ideas and exchange information. The open day is also a useful platform for education campaigns and the distribution of condoms. The children provide entertainment through drama and song, which offers another creative avenue to address common problems they share and explore solutions. Some children use the opportunity to share testimonies and this provides useful feedback on the quality of care they are receiving. The health programme also distributes around 250 condoms supplied by FACT each week.

Pre-schools

There are five pre-schools in the community for which DAPP is responsible. The staff of the schools meet weekly to network. The DAPP centre is attended by 93 children in two groups – 3 to 4 years and 5 to 6 years. Forty-six vulnerable children are now enrolled and paid for by the FACT OVC project. At the pre-school children receive two meals per day. Many have shown an improvement in their nutritional status after only a few weeks attendance. Teachers monitor the children's behaviour closely and meet with their guardians on a monthly basis.

Pre-school teachers receive training on the different areas of early childhood development. The pre-school teaching programme concentrates on all aspects of child development – intellectual, social, physical, moral and creative.

Observations

The DAPP staff showed tremendous commitment to the welfare of children and the broader community. They have developed good relationships with companies to which they sell goods in exchange for cash which is used, for example, to buy food for orphans at the pre-school. Goods sold include wooden poles which are found on site. A community mill on the property offers cheaper rates than other mills nearby to mill 20 liters of maize.

As was noted earlier, the fact that most of the staff contribute to the local community's sense of ownership of the programme. This was clearly evident in the fact that the DAPP farm was unfenced and members of the community enjoyed free access to the property.

The goal of empowering the community (and families) economically has yielded fruit. Some of the successful income-generating projects are bee-keeping, poultry farming and paprika farming.

The level of organisation at DAPP was evident. The staff keep records of all activities which facilitates effective follow-up, assessment of strengths and weaknesses, and highlighting future challenges. The good working relationship established with Government, schools and the local clinics ensures that the programme is able to locate and assist vulnerable children and orphans. Unfortunately, due to time constraints, it was

not possible to visit direct beneficiaries of the programme to hear their views on how it has impacted on their lives.

Some of the co-funders of the programme are the German Agency for Technical Co-operation (GTZ), which supports the orphan programme activities and the International Humana People to People Movement, which co-funds certain existing projects.

SITE VISITS: SOUTH AFRICA



A number of organisations were seen during site visits to Welkom and Virginia in the Free State, which took place on 6 and 7 November 2003.

The NGO Consortium

Mr Mpho Joseph Ralipeli is the current chairperson of the NGO Consortium, which comprises 14 NGOs that work in the Welkom and Virginia regions. He reported that their core business involves:

- Information and awareness regarding health and welfare generally. Four NGOs are involved in this;
- Home-based care: with the prevalence of HIV/AIDS (and many other illnesses) many people are cared for at home. Seven NGOs are involved in this area;
- Care and support: assistance with child welfare and child support grants;
- Counselling: two organisations offer counselling (Life Line Free State (Joseph Ralipeli is Director) and FAMSA) on a wide range of problems and issues facing members of the community. Life Line Free State offers services including telephone and face-to-face counselling, crisis response counselling, trauma debriefing, outreach programmes and community education;
- Outreach programmes: the Nelson Mandela Children's Fund and the Kellogg OVC programme are involved in outreach activities around children's issues.

Welkom

Morning Star Children's Centre

This is a Christian care centre housed in Kopano Complex which used to be a provincial hospital. The Director and founder of the Centre is Ms Joan Adams who is assisted by Mr Ernest Molefi.

The objective of the centre is to restore hope to women and children in the region and to foster meaningful change among families in need. Their mission is: 'To provide interdisciplinary daily programmes of optimal care for HIV/AIDS children and create income-generating projects for their caregivers and related persons'.

Morning Star Children's Centre is a day care facility for under-privileged pre-school children who are infected or affected by HIV/AIDS. When it opened in January 2000, the centre accommodated eight children. This has grown to 60 children with a long waiting list.

The goal of the centre is to provide children with optimum care and supervision, prioritising nutrition, appropriate medication and mental stimulation, in a loving environment. While changing the lives of children is the main focus of the project, where funds are available assistance is also extended to families. The centre is involved in economic empowerment in this poor region in the form of garden and waste recycling projects. This gave rise to the 'Tshedisanang' (console each other) project which is discussed later in this report.

Observations

The Morning Star Children's Centre is run very professionally by committed staff. The centre provides a loving environment for the OVC in their care. The staff begin their day

with a prayer session and the sharing of their challenges from the previous day. This is a supportive way of providing group counselling for staff.

A qualified nurse is on duty all the time to monitor and give medication to children. Children who need medical checkups are referred to hospital. However, a private doctor has volunteered to visit the centre weekly and see all children free of charge.

A brief interview with some of the parents and guardians of children at the centre revealed the following:

- Morning Star is helping families cope better by giving childminders – who are mostly either ill or frail themselves – much-needed care and rest;
- Some destitute families have been given food parcels, and assistance with arranging accommodation for the homeless;
- The organisation's work is increasing awareness around HIV/AIDS within the community. This has eased some fears through informing people that they can live with HIV/AIDS and survive;
- Due to fears of stigma that persist, some parents prefer to drop their children at the centre than have them collected by the centre's bus;
- Despite being a pre-school, the centre also manages to work with school-going children (either siblings of their charges or previous charges that had moved on to school).

Challenges

The director reported that they could expand their services to accommodate more children in need (regardless of whether they are HIV positive or negative) if they could obtain more funding. At present the centre accommodates only pre-school children, but the loving and stimulating environment provided could also benefit young children of school-going age.

The Tshedisang Women's Project

The Tshedisang ('console each other') Women's Project is run under the umbrella of The Morning Star Children's Centre as is the Vegetable Growing Garden Project described below. Projects in small communities like Virginia will often share resources and operations, although they have separate aims.

The goals of the project are to:

- Promote HIV/AIDS education among women in Welkom;
- Support women affected or infected by HIV in generating income and furthering self-sufficiency;
- Give back hope to women and encourage them to disclose their HIV status and share problems in a safe and supportive environment;
- Encourage women to enjoy and live their lives positively.

The women are taught income-generating skills such as embroidery and the recycling of waste paper to make it attractive and usable.

The Vegetable Growing Garden Project

Both men and women from the community are trained in trench gardening. After training they receive seed to plant in their backyards. Competitions are held to judge the best

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garden at home. This project is encouraging self-sufficiency (growing food for families) and generating income through the sale of excess produce. The project is expecting funding with which to expand its services to planting herbs for overseas markets.

Matjhabeng Christian Leaders Forum

Father Clifford Clarke is co-ordinator of this project, which was initiated by the Bloemfontein Churches Forum. The project receives some support from Government. Pastors and social workers are involved in the activities of the Forum which include:

- Home-based care by volunteers;
- Gardening projects for economic empowerment of communities;
- Distribution of food parcels to the needy;
- Assistance to access grants for children in need;
- Support for 21 creches (bakeries also donate food).

Virginia-Meloding

Seratuwa Thembi Development Agency

Seratuwa Thembi Development Agency ('the thing we love is hope') is an NGO based in Meloding, Virginia, with a steering committee drawn from the three dioceses of Bloemfontein, Bethlehem and Kroonstad. The organisation was launched in 2000 to co-ordinate development work at a provincial level, but recognised the importance of advocacy around health and children's issues, focused largely on orphans and vulnerable children.

The aims of Seratuwa Thembi are to:

- Make grants to community projects and capacity-building programmes in rural areas;
- Motivate and support grant recipients;
- Implement a structured and effective capacity-building programme for rural organisations;
- Pilot innovative development programmes in specific sectors, including gender, small businesses and HIV/AIDS.

Some of the activities undertaken by Seratuwa Thembi Development Agency are:

- Income-generating projects like sewingo, community garden, bakery and skills training;
- Service centre for the elderly;
- Adult literacy;
- Advice and support in accessing social assistance grants and documentation.

Through their work on OVC programmes the Agency aims to improve access to social assistance in the form of grants and food parcels, and to empower rural communities through information on their rights and government policies.

The Agency is trying to raise additional funding to extend their assistance to child-headed households and to raise awareness among teachers about the plight of orphans in the school context.

Comments observed in the visitors' book, particularly from beneficiaries, pay tribute to the work of the agency and its staff. Our visit confirmed the enthusiasm and dedication of

staff to the project, and it seems that increased funding (and perhaps staffing) would allow the project to achieve its goals and reach out to more OVC.

St Kizito's Children's Programme

The St Kizito's Children's Programme was established in response to the growing number of orphans living in poverty – sometimes in child-headed households – and vulnerable to abuse. The programme is organised through structures at local parish level, provincially and nationally.

People are encouraged to establish a St Kizito's at a parish level with the following goals:

- To create a database to identify OVC, including child-headed households;
- To pool both human and fiscal resources to provide support and care for OVC;
- To co-ordinate with other structures dealing with children;
- To identify, together with the children, the best possible options for long-term well-being;
- To recruit, encourage and support families to care for their own and other children through fostering, adoption, guardianship or as surrogate parents (where possible, children should be cared for within their familiar environment);
- To form small support groups for foster parents within the community so as to share experiences and challenges.

St Kizito's engages in the following activities:

- Capacity-building workshops;
- Forming Committees of Hope;
- Organisational development for community members;
- Leadership and management training;
- Trauma management training;
- Resource development and assistance.

St Kizito's is committed to keeping children within their communities of origin, and offers the following services:

- Home-based care for children and their parents if terminally ill;
- Practical and emotional support for parents in providing for their children's health, nutritional and educational needs;
- Assisting parents to plan for their children's future (drawing up of wills, nominating guardians and so forth);
- Support for child-headed households through:
 - Financing practical needs – material, health and nutritional;
 - Emotional and developmental support;
 - Ensuring educational, training and recreational needs are met.

The project encourages collective community care by volunteers to support and strengthen coping skills for orphans. Through individual volunteer support an identified 'parent' figure can support and supervise a number of child-headed households on a regular basis. Long-term foster care is done through the usual channels. In the case of care by the extended family, the volunteer's job is to ensure that children are well cared for and are not subject to abuse.

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During our visit we observed a number of practical projects including chicken farming and sales at a church centre, computer training – even after hours to accommodate youth who are working or at school, and a number of crèches catering for pre-school children.

Meloding Day Care Centre

The Meloding Day Care Centre was established in 1979 by Mrs Elizabeth Mme Nnuku Radebe, a retired nurse. From an initial enrolment of 73 children, the centre now accommodates 228 children, of whom 18 are (double) orphans and 97 children are raised by single mothers. The centre receives financial support from the mining community and the University of Bloemfontein.

In addition to providing day care and meals for these children, the centre actively assists eligible beneficiaries to apply for social assistance in the form of child grants. One of the problems that emerged was that some parents do not pay fees despite receiving grants.

Umzamo Day Care

The Umzamo Day Care centre began as a feeding station. It received a private donation of two large containers for classrooms, a substantial donation from a Swedish organisation to buy toys and computers will be purchased once construction is completed. The centre desperately needs a water supply so that they can start a vegetable garden to provide food for the children's daily meals.

Mmamello Day Care

Located in a container across the road from Umzamo Day Care Centre, this creche provides day care for 90 children. Twelve of the children enrolled are orphans or vulnerable children and they receive free tuition. The children looked reasonably well-nourished and happy.

South African Congress for Early Childhood Development

The South African Congress for Early Childhood Development is an NGO that monitors around 17 nursery schools. The organisation reports that in these nursery schools usually two out of every 50 children are orphans. In caring for the children, they link up with clinics and schools and attempt to empower the parents. While at play group, the children are assessed for school readiness.

Virginia Women's Training Network

Established by a retired teacher, Ms Monica Mokalake, the network has organised the following projects:

- Khanyiso vegetable farms: Only 14 of the 58 women who started this project are left. They need water and government is assisting them with accessing funding.
- Self-help Association for the Disabled: Train adults with disabilities to use waste products to make items for sale to generate income. Children receive special education.
- Albany Sewing Group: Assists men and women to sew and sell items. This was sponsored by the Albany Bakery.
- Philang Bakery: This project is just starting out to train people to bake and sell their produce in the area.

Observations

Much work is taking place on the ground in the Free State in relation to children's care. However, better co-ordination is required to avoid duplication and to ensure that projects reach out to identify and provide support for OVC in communities which are under-resourced and lack services.

There are many pre-school programmes in operation in the area. Many of these are achieving their objectives of providing care and meeting the mental, emotional and physical needs of their charges. However, many of these facilities are over-crowded already.

Most of the organisations visited are clearly striving towards self-sufficiency and self-reliance through income-generating activities such as vegetable gardens, farming projects, sewing and embroidery projects and the recycling of waste.

SITE VISITS: BOTSWANA



Site visits in Botswana took place between 18 and 21 November 2003.

Masiela Trust Fund

A meeting was held with the patron and Board of Directors of the Masiela Trust Fund (the name 'Masiela' means orphans in Setswana). There are an estimated 41 000 orphans in Botswana. A Masiela Trust Fund was set up by Cabinet to be responsible for these orphans. The Masiela Trust Fund works closely with the ministry responsible for orphans, the Ministry of Local Government. Government provided seed money of 1 200 000 Pula to set up the Masiela Trust Fund. The role of the Masiela Trust is to raise funds which are then allocated to appropriate NGOs and community-based organisations (CBOs) working with OVC.

The Masiela Board of Directors has a chairman, SOS representative and six members from different government ministries. The participation of high-level government representatives facilitates lobbying Government around issues concerning OVC. The strategic planning committee of the Masiela Trust is chaired by its patron, Dr Margaret Nasha. An Advisory Committee composed of eminent people plays an advisory as well as an advocacy role. A major development for the Trust was the official opening of the new Masiela Trust office on 18 November by the Deputy President.

During our visit we met with representatives of the Trust including its patron, Dr Margaret Nasha; the chairman, Pastor A Mpofu; Board member Mr MD Nwako; two members of the research team, Professor Sheila Tlou and Miss Busi Ndaba; and two full-time staff members, Miss Reba Phekedi and Miss Dikeledi.

The meeting addressed areas of concern included that funding from the WKKF had not been received and that there was an urgent need for staff training now that the office had been established. This was largely due to lack of infrastructure, which only became available in the week of the site visit. Other concerns regarding research were raised, but these were discussed at the steering committee meeting. It was a productive meeting, and clearly some of the issues raised regarding the functioning of the office need to be addressed urgently. It is gratifying to note that since the meeting an initial amount of money has been transferred to the Masiela Trust to accelerate their work in the OVC programme.

OVC implementation sites

During our trip to Botswana we visited certain sites to observe the work of the OVC programme on the ground. Although all projects focus on children, the range of activities undertaken varied widely. As in South Africa and Zimbabwe, time constraints prevented us from visiting all projects.

Kgodisang Centre

The Kgodisang Centre in Kanye is an initiative of the UCCSA church in Botswana. A day care facility is run in the church building for children aged between 3 and 6 years. The children are assisted to develop their fine motor skills and outdoor activity is encouraged. The most needy children are identified by the district church. Ten orphans currently attend the pre-school and receive meals. The head teacher said that if more funds were available they could accommodate more children in a more appropriate building.

The Burning Bush Day Care Centre of the Kanye SDA Church

This church pre-school was started in 1999 to cater for children from 3 to 6 years of age whose guardians and parents can afford the school fees. The main focus of the school's programme is on school readiness. Only two of the 55 children who attend the school are orphans. The teachers felt that if more funding was available the school could accommodate more OVCs from the area.

The Botswana Christian Intervention Programme (BOIKAP)

This programme runs 13 centres around the country. One of these is the Bana Baketso Orphan Day Care Centre in Molepulule, capital of the Kweneng District. The school was established in 1998 and works closely with the Keletso Counselling Centre which runs a voluntary counselling and testing centre and also offers spiritual and social counselling.

The Bana ba Keletso Day Care Centre is attended by 334 registered OVC, ranging in age from 2 to 18 years. Older children are trained and assisted with getting employment.

The young children – 3- to 6-year-olds – are collected from home by bus. The children receive meals at the centre. Caregivers are assigned to each child for follow up and monitoring of care at home through the outreach programme.

Children aged 7 to 18 years are collected at central points after school to attend the centre. They receive a meal and participate in various activities with caregivers including:

- Help with homework;
- Bereavement and trauma counselling and grief support programmes to help them cope;
- Music and gospel sessions to help children cope and to develop their spirituality;
- Drama and swimming at private schools that have partnered with the Day Care Centre;
- Psychosocial camps at various venues during holidays for school-going children, which are also open to children from outside the centre. The focus of the camps is to integrate the children socially, to teach them survival skills and life skills to encourage positive attitudes. The camps promote good, safe behaviour to avoid the risk of HIV infection.

The centre provides training in income-generating activities for the children. Older children are taught skills like leatherwork and artwork and assisted in finding employment. The centre is keen to acquire more resources such as land to engage in poultry and vegetable farming, as well as mobile restaurants to teach business skills.

The centre has an outreach programme that operates in schools and clinics. The aim is to monitor children's progress at school, and to form a part of the health and educational team at schools. The focus at clinics is similar, with the aim of building relationships to access treatment for children.

The centre mothers (caregivers) are trained in counselling and grief support. They assist with follow up of treatment of HIV/AIDS-positive children at the clinics and in Gabarone where they receive antiretroviral therapy. The caregivers also assist with registration of all OVCs with the District Councils so that they receive their monthly allowance and food parcels from the Social Welfare Department. The centre mothers are each responsible for ten homes. Through home visits, they develop partnerships with the new 'parents' of

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orphaned children and monitor the care received by orphans in their new homes. These visits provide an opportunity to address issues relating to other children in the home who become the new 'siblings' of the OVCs. Through these visits more vulnerable children in need of care and assistance are identified. Debriefing of caregivers takes place every three months to provide a forum for sharing experiences and some of the challenges they face in their work.

The centre also holds stakeholder workshops periodically with community leaders, the business community, social workers, doctors and nurses in the area and other interested parties. The focus of these workshops is to solicit ongoing support for the children. This networking opportunity assists with finding employment for older children. Educational workshops are also held with community leaders which deal with issues relating to OVC, including how to make a will and plan for the future of children after parents die. People are taught and encouraged to make memory boxes and heroes books for their children.

The day care centre depends on fundraising to supplement government support. The Social Work Department pays for school fees and uniforms, but there are sometimes delays in accessing these funds. The centre draws on other stakeholders such as the business community to assist in this regard. Communication with Government through the Kweneng Council was reported to be rather weak despite the high prevalence of HIV/AIDs in the Kweneng District.

Observations

Some of the challenges the Bana ba Keletso Day Care Centre faces are:

- Inadequate funding as well as the uncertainty of the availability of funds, especially to feed the children. Government gives 50 000 Pula per year but food is very expensive and this amount is inadequate;
- Shortage of accommodation: The day care provides care for 334 children in a small, two-bedroomed, rented house. During our visit we observed how when it rains the children are crowded inside the small building. Volunteers are busy with construction of a new building at a newly acquired site;
- There are very few social workers in the district, causing delays in cases requiring their intervention. The example given was of children who were reported to have been sexually abused and there was a long delay in investigating their cases;
- There are only two donated kombis to provide transport for the children and to conduct home visits. The centre requires more vehicles;
- The active involvement of more community leaders and members in community efforts around the welfare of OVCs;
- More funding is required to start nutrition care centres and to accommodate more needy children.

The following comments from children attending the Bana Ba Keletso Day Care centre indicate what the centre means to them:

'I like this place because it is like home to me' – 10-year-old schoolgirl.

'It is nice here because I have friends I play with after school and we do homework together' – 13-year-old boy playing drafts with his friends.

‘It is good here because we eat after school and play a lot. The mummies are nice’ – *12-year-old girl*.

‘They teach us about avoiding AIDS. It is good’ – *14-year-old schoolboy*.

‘I want to stay here all the time and not go home because it is nice’ – *9-year-old boy*.

Mahalapye Orphan Care

The Mahalapye Orphan Care programme was started in 2000 by the Mothers’ Union, a church organisation. Their initial aim was to help teenage mothers look after their babies and still be able to go to school. However, when the Mother’s Union learnt that there were 4 000 registered orphans in the Mahalapye District – and the number was growing – they decided to shift their focus to provide care for orphans. The Co-ordinator of the programme is a medical practitioner, Dr SD Sheea.

The objectives of the programme are to:

- Involve the Christian community in the multi-sectoral fight against HIV/AIDS;
- Share the responsibility for the upbringing and welfare of children orphaned as a result of HIV/AIDS;
- Provide children with social, emotional, psychological and spiritual support;
- Support the caregivers and extended families of the orphans;
- Create a caring, supportive environment for orphans in which they can develop the necessary skills and attitude for a healthy life.

When the pre-school opened 30 children aged between 3 and 6 years were enrolled. There are currently 64 children enrolled. The programme offers:

- Pre-school education and school readiness: on the day of our visit children were graduating to enter school in 2004;
- Follow up of the children through home visits by teachers to monitor their care;
- Regular meetings between caregivers and teachers;
- Distribution of donated clothing and goods to children and families (British soldiers donated a substantial amount of goods);
- The centre also has a vegetable garden and grows citrus fruits. This provides meals for children and generates additional income.

The programme is funded through fundraising activities of the Mothers’ Union, contributions from the Social Welfare Department, financial support from local banks and the business community, the local Member of Parliament and other political leaders, and other donations. The Canadian government has donated funds, DAMSAC funded transport costs and the UNPD donated a vehicle to transport the children to and from school.

Observations

The centre plans to develop the building so that care can be extended to OVCs up to 18 years of age. Their aim is to increase enrolment to 250 children. The centre has sizeable land and plans to expand the vegetable garden, which generates income and provides a learning opportunity for the children.

A SWOT ANALYSIS BASED ON THE SITE VISITS



Strengths

Strengths or best practices observed	South Africa	Zimbabwe	Botswana
Well-organised and focused programmes	As observed, the Morning Star Centre is very well organised, as are the Seratuwa Thembi and St Kizito's centres	DAPP had the ten-line programme	The pre-school programmes in all institutions visited focused on school readiness.
Focused goals	Morning Star and to some degree the other sites	DAPP had set goals in each area	Bana Ba Keletso had goals focused to promote and protect OVCs into adulthood and this is unique
Staff drawn from/involved in the community	Seratuwa Thembi/ St Kizito; Matjhabeng Christian Leaders Forum. Morning Star to some extent	To a certain extent, workers live and work in community	Most of the programmes involved the community, although there was room for extending community involvement
Funding	All organisations visited received some funding from government, private companies/individuals and supporters. However, none had sufficient funding to meet their aims fully	Some funding though not enough. The WKKF OVC programme will augment existing initiatives.	There were constraints on funding. Funds from the Kellogg Foundation had not been received at the time of the visit. Funding was received subsequent to the visit.
Income generation/economic empowerment	Nearly all were attempting to reduce dependency on donors through income generation. The Morning Star's embroidery and gardening projects; the Meloding chicken project; Meloding St Kizito computer-training skills. The programme for the disabled	DAPP has a very strong community-based, long-term commercial scale economic empowerment component	Bana Ba Keletso was particularly strong in this regard, empowering older children with skills. They need money to diversify as well as to enter communities



Strengths or best practices observed	South Africa	Zimbabwe	Botswana
Youth empowerment	The Meloding St Kizito computer-training; The programme for the disabled	Although this aspect was described during visit, it was not witnessed due to time constraints.	This aspect is strong in Bana Ba Keletso. The holiday camps provide a useful opportunity for children to acquire skills from caregivers
Child-focused activity	Morning Star, the crèches in Meloding, St Kizito's children's programme.	DAPP pre-school and youth programmes.	The activities were all child-focused; the link with homes needs to be strengthened

Weaknesses

Weaker points observed	South Africa	Zimbabwe	Botswana
Co-ordination	Meloding and Matjabeng programmes need more strengthened co-ordination through the NGO consortium to maximise resources	DAPP through FACT Zimbabwe seemed well co-ordinated	Co-ordination remains a challenge. The establishment of an autonomous Masiela Trust office should improve co-ordination.
Home-based child-centred development	The 'Home-based' component needs strengthening within all programmes	The home-based component needs strengthening	The home-based component of childcare needs improvement. Bana ba Keletso and Mahalapye are stronger in this area
Family household support programme	More could be done to empower communities and not promote long-term dependency	Not very evident	Not very evident. Need for community empowerment programmes to reduce dependence



A SWOT ANALYSIS

Weaker points observed	South Africa	Zimbabwe	Botswana
HIV/AIDS awareness, advocacy, Policy support programmes	More long-term awareness and advocacy is needed in all programmes, especially those promoting behavioural change in youth and adults	More long-term awareness and advocacy is needed in all programmes, especially those that promote behavioural change in youth and adults. The monthly open days address this to some extent.	The youth camp as well as the daily activities for older children are in place but need strengthening
Legal provisions for orphans and children in general	There are some activities to empower children and parents, but there is urgent need for more awareness raising in collaboration with government departments	There are some activities to empower children and parents, but there is urgent need for more awareness raising including with government departments	There are attempts, albeit inadequate, to raise awareness.

Opportunities

For all the projects child-centred programmes should strengthen the family and community and result in the involvement of more community members by creating a sense of ownership and long-term sustainability. It is important to try and involve more men in programmes to create opportunities to further curb the HIV/AIDS epidemic and provide care for OVC. It is vital to hear children's voices as they are the beneficiaries of such programmes and can make an important contribution to formulating relevant and appropriate strategies for dealing with OVC.

Home-based child care needs to be encouraged, as does strengthening families and communities to take care of the growing number of orphans in Africa OVC programmes have the potential to develop entrepreneurial skills among children at an early age. Education systems need to respond and adapt to the increasing demands placed on growing numbers of children to be adults prematurely due to orphaning. This suggests that syllabi need to be geared towards more practical subjects to provide opportunities for self-employment.

Given the high rate of unemployment, skills development generally is needed around income-generating activities.

There needs to more focus on prevention of HIV infection to combat the epidemic in the sub-region. There also needs to be increased focus on the prevention of abuse, including sexual abuse.

There is a need for more concerted advocacy work on legal issues relating to OVC to protect their rights, including inheritance of property. It is also essential to increase awareness of these issues within communities, and in particular, within families infected and affected by HIV/AIDS.

Governments need to show visible support of OVC in providing care and adopting policies and legislation to protect the rights of all children, including OVC, in the light of the HIV/AIDS epidemic. The input of legal practitioners around formulating law that is appropriate within the cultural norms of the countries of Africa would be valuable. Another challenge is to identify and preserve positive aspects of different cultural practices to help our nations cope creatively with the present challenges.

All parties involved – policy-makers, grant makers, NGOs, CBOs, families, communities – need to become aware of and sensitive to the material, educational and health needs of OVC as well as their psychological needs so that these children can continue to develop despite circumstances that force them to assume adult responsibilities prematurely. Conscious efforts must be made to create and foster stronger family and community bonds to care for OVC and prevent them from becoming street children, child prostitutes or traumatized young adults. This is in keeping with the spirit of Ubuntu.

Governments in all three countries visited are involved in providing support for OVC, particularly through the Social Welfare Departments in South Africa and Botswana. However, more government involvement is necessary.

These programmes can assist Africa to move towards self-sufficiency in time (one of Nepad's goals). Africa needs to move further away from dependency by formulating solutions from the situation on the ground. This highlights the importance of local research to find evidence-based solutions for local programmes with some external support.

Threats

All of the projects visited experience problems with funding – inadequate funding or resources and stoppage of funding pose a real threat to their future. There is thus a need to prioritise generating income and empowerment projects to ensure long-term sustainability. Most of the projects are threatened by attrition and more young people need to be skilled and empowered to continue this vital work. Projects are limited in their impact by the over-stretching of resources, including staff. It is imperative that projects that receive extensive funding maintain strict accountability.

CONCLUSIONS



During our visits, we observed much activity on the ground in existing projects and programmes that provide care for OVC. The good will of staff was evident. While each of the projects visited has strong and weak points, all of the projects have potential for improvement. There is a need to augment what exists as well as to promote more community participation and buy-in. The WK Kellogg OVC intervention project is in a good position to assist in this process. In this regard it will be important to establish clearly how such improvements could be assisted and implemented.

Judging from the SWOT analysis, existing interventions need to be strengthened on the ground in order to achieve the goals set for the WK Kellogg OVC intervention project. While there is compliance on certain issues by some NGOs, much work is still required to achieve the desired results. Many organisations are focusing on Result 1 (home-based child-centred development programmes), and only marginally on Results 2, 3 and 4 (family and household support programmes; strengthening community support systems; HIV/AIDS awareness, advocacy and policies to benefit OVC).

There is a need to enlist participation from all sectors in confronting the many issues pertaining to children. Research should involve communities first and foremost, but also on specialists and practitioners in various sectors such as social, education, legal, health (both medical and traditional), sociology, anthropology and history to map out strategies for best practices in the future that draw on past and present experience. There should be space for working with organisations that are offering other forms of care that would enrich the WKKF OVC programme, particularly those that are willing to modify/expand their care if more funds are provided. A good example is the Morning Star Day Care Centre which is providing especially good care to HIV-positive children but is prepared to expand their services to all OVC if they secure additional funding.

While Botswana had not received the WKKF funding at the time of our visit, there was optimism that when the funds arrive the programme would be expanded and improved through the network of NGOs and CBOs. (Some funding has arrived since then.) Both the South African programme and DAPP Zimbabwe acknowledged that they had benefited from the WKKF OVC Funding which had allowed them to expand the work of their programmes, although this improvement was not quantifiable. (DAPP had purchased a computer which will improve the quality of their work.)

This report was intended to document interventions that are being implemented, and not to evaluate the programmes. That will be a separate exercise.

The funding by the WKKF has allowed these three countries – Botswana, Zimbabwe and South Africa – to improve OVC programmes for thousands of children in need of care, and to learn valuable lessons which can be replicated in a region that is facing the devastation of the HIV/AIDS pandemic.



REFERENCES AND SOURCES

References

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Sources

Much of the information on which this report is based was provided by interviewees and guides in the three countries. Some of the information was drawn from observations during site visits. Some of the key informants are listed below.

Botswana

Hon Dr M Nasha	Masiela Trust
Pastor A Mpofu	Masiela Trust
Prof. Sheila Tlou	University of Botswana
Mr MD Nwako	Masiela Trust
Ms Reba Phakedi	Masiela Trust
Ms B Ndaba	University of Botswana
Mrs Ellah Lerato Mohamadi	Keletso Counseling Centre
Ms Sarah Ramaeba	Bana Ba Keletso
Ms Daisy Botsoba	Bana Ba Keletso
Venerable Esau L	Mosima-Mahalapye Orphan Care
Mr KK Bokota	Mahalapye Orphan Care
Mrs MZ Kankuzi	Burning Bush Day Care Centre
Miss Gaoane Ragabane	Burning Bush Day Care Centre
Miss Tsholofetso Kesetse	Burning Bush Day Care Centre

South Africa

Mr Joseph Ralepedi	Virginia Consortium Chairperson
Father Paul Okpon	St Kizito Children's Programme and Seratuwa Thembi
Ms Jackie Lengalo	Seratuwa Thembi
Ms Nnana Seheng	Seratuwa Thembi
Ms Joan Adams	Morning Star Day Care Centre
Mr Ernest Molefi	Morning Star Day Care Centre
Mrs Elizabeth Mme Nnuku Radebe	Meloding Day Care Centre and Umzamo Creche
Ms Maen Adam	South African Congress for Early Childhood Development
Ms Monica Mokalake	Virginia Women's Training Network
Ms Agnes Mathebula	Virginia Women's Training Network
Mr MD Rocks Moletsane	Virginia Multipurpose Community Development Centre
Mr Tshediso Kholoayane	Virginia Multipurpose Community Development Centre
Mr Jeffrey Mosiane	Virginia Multipurpose Community Development Centre
Mr Sakumzi Mfecane	Chief researcher HSRC

Zimbabwe

Mr Jephuis Mudondo	Family Aids Care Trust
Ms Greater Nhiwatiwa	Family Aids Care Trust
Ms Shetta Chimombe	DAPP
Stewart Mudehwe	DAPP