DEPARTMENT OF SOCIAL DEVELOPMENT

NATIONAL GUIDELINES FOR SOCIAL SERVICES TO CHILDREN INFECTED AND AFFECTED BY HIV/AIDS

Save the Children
South Africa Programme

AIDS HELPLINE
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DEPARTMENT OF SOCIAL DEVELOPMENT

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Introduction

One of the destructive social impacts of HIV/AIDS is the increasing numbers of young parents who die and leave small children behind. This is evidenced by the increase in the number of orphans, child headed households, other vulnerable children affected by HIV/AIDS and the inability of the extended family system to provide such children with basic requirements such as shelter, food, medical care, education, love and support. The crisis has led to a situation where the protection of the rights of orphaned and vulnerable children in many communities can no longer take place effectively without outside assistance. As a result, many community-based initiatives are being established to address the plight of children who are affected by HIV/AIDS.

The ultimate aim of government is to support, strengthen and mobilise children, families and communities to combat many of the effects of the HIV/AIDS pandemic. One way of supporting organisations and others providing assistance to children, is to provide them with information on the services and other options available in government to meet the needs of children.

These guidelines are specially developed for NGOs, community-based organisations, government officials, volunteers and community care givers, family members, donors and any one who is delivering services to children who are infected and affected by HIV/AIDS. It will also assist both the established and emerging home/community-based care initiatives and family members to provide care and support which does not only take community needs, cultural practices and resources into consideration but, at the same time, protects the rights of children.

The guidelines originate from a widely consulted National Strategic Framework (NSF) which was developed in 1999 and used as an instrument:

- For the development and implementation of approaches that effectively capacitate and mobilise children, families and communities to combat many of the effects of the HIV/AIDS pandemic.

- To ensure that children who are affected by HIV/AIDS will have access to integrated services that address their basic needs for food, shelter, education, health care, family or alternative care, and protection from abuse and maltreatment.

- To ensure an intersectoral strategy that necessitates a pro-active response from all sectors of South African society and which focuses most directly on the rights and needs of children affected and infected by HIV/AIDS especially orphaned children.

- To address the immediate and urgent needs of children at the present time and also develop a longer-term strategy that will prepare South Africa adequately for future challenges.

- To link with and build upon existing government strategies in order to engender an effective and concerted governmental response to HIV/AIDS.

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Chapter One

1.1 Objectives of the guidelines

Taking the needs of children, the objectives of the National Strategic Framework and lessons learned from various initiatives in South Africa and other African countries, on community-based care and support programmes for children into consideration, the following are the objectives of the guidelines:

1.1.1   To provide information on the establishment and implementation of special programmes, including the home/community based care and support programme focussing on delivering services to children who are affected by HIV/AIDS.

1.1.2   To provide more clarity on the development of community-based structures to:

- • Identify family, community and cultural strengths and resources, as well as weaknesses, to help themselves through prevention programmes, counselling and support to those who have been traumatised.

- • Assist children, families, communities and provinces to identify the most vulnerable, to help prioritise resources and to preserve family life.

- • Support families, communities and other stakeholders to identify and implement strategies that promote children's well-being, for example medical care, substitute care, nutritional needs, educational needs, and protection from abuse and exploitation.

- • Identify external support for communities and enable communities to build support networks.

1.1.3   To establish and strengthen poverty alleviation/eradication programmes in affected areas.

1.1.4   To develop training programmes for professionals, community workers, child and youth care workers, community leaders, families, NGOs and CBOs.

1.1.5   To establish integrated institutional arrangements at local and community levels for implementation and monitoring of programmes.

1.1.6   To make information available on welfare services and grants.

1.1.7   To provide a framework for the costing of the essential financial implications of implementing the strategy.

1.2 Situation analysis

The HIV/AIDS pandemic is the principal challenge/threat facing South Africa and will clearly have an enormous impact on children in the coming decade. South Africa has the second fastest growing epidemic in the world with nearly 5 million people already infected. The annual antenatal HIV sero-prevalence survey has shown consistently that women between the ages of 20 to 35 are the highest infected group in the country. Projections in South Africa are that the epidemic will plateau at an antenatal sero-prevalence level of 30 - 38%, at which stage 26% of adults and 18 - 19% of the total population will be HIV positive.

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It should be realised that although the epidemic will reach a plateau, the social implications of the epidemic will still be with us for many years and provision should be made for the generation after the epidemic.

In most parts of the industrialised world, usually no more than 1% of the child population is orphaned. Before the onset of HIV/AIDS, societies in the developing world absorbed orphans into the extended family and communities at a rate of just over 2.5% of the child population. Today, due to the HIV/AIDS epidemic, already in 6 African countries over 20% of children have lost one or both parents.

It is additionally vital to stress the cyclical nature of the relationship between HIV/AIDS and poverty. For a variety of reasons it is the poor who are the most vulnerable and traditionally bear the brunt of the epidemic. AIDS creates not only orphans, it also kills and disempowers the very people best equipped to raise them, or who contribute to their upbringing. The traditional safety net for orphans, the extended family (which is one of our most reliable support systems) has come under huge strain as a result of the loss of many breadwinners and caregivers.

Vulnerable families care for vulnerable children and they live in vulnerable communities. One finds that communities with a high prevalence of HIV/AIDS are already disadvantaged with a high level of poverty, poor infrastructure and limited access to services. Therefore, one consequence of this loss of income and support is that the affected poor sink even deeper into the mire of poverty and neglect.

Unless families and communities are strengthened and provision is made for adequate resources and supports, the numbers of children orphaned as a result of HIV/AIDS will place an unmanageable strain on extended families and an overwhelming pressure on government and community resources.

1.2.1 Impact on families and children

- As a result of the AIDS epidemic, children are losing one or both parents. These are the children who most likely will be forced into child labour, who will not have the opportunity to attend school and are who also at risk of contracting the virus.

- Uninfected children born to infected mothers have a 2.4 - 3.6 times increased mortality rate than children born to uninfected mothers.

- The family structures and roles within families will change due to the AIDS epidemic. Children may be fostered or adopted. With the increase in mortality among adults, older people will be under more pressure to care for children as well as the sick adults.

  This burden will often fall on the grandparent/gogo and will be worsened by the fact that they also experience an economic setback because of the loss of support from their children.

- The demands to care for a sick family member could lead to the neglect of the caregiver's own needs and of those others in the household. Caregivers are also at risk from taking care of sick family members who haven't disclosed their status. A feeling of insecurity and uncertainty for the future after the mother/father's death is depressing for the children.

- In the South African context, statistics show that almost all HIV infections in children below 13 are the result of mother to child transmission. It is important to stress that the lack of dis-aggregated data that provides a breakdown of age groups and gender means that information related to the spread of the epidemic amongst the young in not complete. Greater knowledge and understanding of issues related to sexual behaviour and more importantly, sexual abuse is needed. This reflects the belief that a recent and escalating phenomenon with the potential to worsen the current HIV/AIDS situation for children in South Africa is increasing sexual exploitation and abuse.

- It is clear that children's psychosocial distress begins with a parent's illness and they are left emotionally and physically vulnerable after the death of the parent(s).

- Due to the death of the mother/father/both parents, one will find many child-headed households.

- This is quite often associated with the increase of movement of children onto the streets or into commercial sex work and the increase of child labour. The very young children are also particularly vulnerable in these situations.

- When the parents die, the question arises regarding redistribution of household assets. This could lead to the fact that the children could be prevented from inheriting from their parents due to customary laws. Children could also lose the house they were living in.

In summary the special needs of children infected and affected by HIV/AIDS include the following:

- Medical care.

- Alternative care preferably community-based.

- Basic needs such as food, clothing, shelter and general nurture.

- Education.

- Life skills and vocational training.

- Protection from discrimination and an exploitative environment.

- Their psycho-social needs have to be understood and appropriately addressed.

The cumulative effect of these factors is that South Africa is now faced with the reality of:

- Increasing numbers of children in distress associated with the escalating AIDS epidemic.

- The inability of traditional models of surrogate support and care to accommodate the number of children in distress.

- The inability of poor communities to absorb children in distress into informal care facilities without the introduction of outside support.

- The stigma associated with HIV/AIDS infected and affected families.

Services that are required to respond to the above mentioned needs are as follows:

ESSENTIAL SERVICES

a) Early identification of children and families in need.

b) Addressing the needs of child-headed households.

c) Ensuring that the basic needs of families, children and sick parents /guardians are met, eg, food, shelter, education and alternative care.

d) Linking families and caregivers with poverty alleviation programmes and services in the community.

e) Providing families with information to increase their access to grants and other financial support services.

f) Providing counselling to address the psychological needs of children and their families.

g) Addressing discrimination, stigmatisation and disclosures.

h) Addressing capacity building needs of families and children.

i) Ensuring co-ordination of the entire programme.

j) Addressing burial costs especially for poor families of the deceased.

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Taking the above conditions and predictions into consideration it is therefore critical that in South Africa a two-pronged approach be applied:

(a) The transformation of the care system to ensure efficiency, effectiveness, immediate response and appropriateness.

(b) The identification of and building upon of family and community strengths to maximise the potential of each community to care for their vulnerable children.

1.3 International and national obligations

The rights of children living in a world with AIDS are encompassed within the South African Constitution, The United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child and all these instruments serve as a point of departure for all services.

The African Charter on the Rights and Welfare of the Child, which has been ratified by South Africa during January 2000, complements the UN Convention by emphasising also the responsibility of the child.

In drafting policy and legislation there are four key rights that should be applied to children infected and affected by HIV/AIDS, namely, survival, protection, development and participation. These rights originate from the founding principles of the Convention on the Rights of the Child and reflect South Africa's obligation to children as signatories to both the CRC and its complementary convention, the African Charter. The following are the main articles of the UN Convention on the Rights of the Child:

1.3.1 Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (which was ratified by South Africa in 1995) is described as having the following 4 key principles:

•   Best interests of the child (article 3)

•   Survival and development (article 6)

•   Non discrimination (article 2) and

•   Participation (article 12)

Other articles of the Convention, which are pertinent to the child and youth care system are:

•   Article 4:   The state's obligation to translate rights of the convention into reality.

•   Article 5:   Parental guidance and the child's evolving capacities.

•   Article 9:   Limits on separation from parents.

•   Article 10:   Family reunification.

•   Article 16:   Protection of privacy.

•   Article 17:   Access to information.

•   Article 18:   Common parental responsibility by both parents.

•   Article 19:   Protection from abuse and neglect.

•   Article 20:   Protection of children without families.

•   Article 23:   Protection of the rights of children with disabilities

•   Article 24:   The rights of the child to the enjoyment of the highest attainment of standard of health.

•   Article 25:   Periodic review of placement.

- • Article 27: The right of every child to the standard of living adequate for the child's physical, mental, spiritual, moral and social development.
- • Article 28: The right to education.
- • Article 32: Protection from economic exploitation.

1.3.2 The South African Constitution

South African children have special protections under the South African Constitution. Those relevant to the child and youth care system and youth justice are as follows:

Section 28(1) states that every child has the right:

(a) To a name and nationality from birth.

(a) To family care or parental care or to appropriate alternative care when removed from the family environment.

(b) To basic nutrition, shelter, basic health services and social services.

(c) To be protected from maltreatment, neglect, abuse or degradation.

(e) To be protected from exploitative labour practices.

Other policy documents, which are also important and need to be referred to when providing services to children, are:

- • The policy on the Transformation of the Child and Youth Care System.
- • The Child Care Act, 1983 amended in 1996 and its Regulations and guidelines.
- • The Not For Profit Act, 1998 including its regulations and Guidelines.
- • The Social Assistance Act, 1992 which includes social grants such as the Child Support Grant, Foster Care Grant and Care Dependency Grant.

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Table 1: Common developmental needs and rights of children as referred to in Approaches to caring for Children orphaned by AIDS and other vulnerable children: Essential elements for a quality service (UNICEF 2001) are indicated as follows:

RIGHT/NEED	MANIFESTATION OF REALISED RIGHTS & SATISFIERS	RIGHTS AT RISK & IMPLICATIONS OF IMPAIRED NEED SATISFACTION
SURVIVAL		
Subsistence Survival as a human being	Adequate nutritious food, Secure dwelling, Appropriate clothes, Accessible health care, Social security	Malnutrition and stunted growth High mortality and morbidity rate Common disabilities not prevented
SECURITY		
Protection From exploitation, abuse and neglect	A caregiver who knows the child's whereabouts and protects the child's rights Consistent and healthy discipline Familiar place and known routine Law and law enforcement	Troubled and disturbed children Dysfunctional families Homeless children Children live in harmful environments
Love Affection	Stable, continuous, dependable and loving relationships Unconditional love Friendships Intimacy	Lack of concern for others and lack of conscience are probable reactions to being unloved and rejected Vandalism, violence and delinquency are not infrequently an outward expression of these feelings and of the need for love
SOCIALISATION		
Identity Uniqueness as person Sense of personal continuity	Name and kinship Customs and traditions Memories and knowledge of personal and family origin Sense of future and direction	Sense of alienation Apathy Low self esteem Lack of direction
Understanding Insight, direction and knowledge	Information Positive communication Schooling/education Cultural guidance Mentoring	Illiteracy and poor employment prospects Ill-informed Disempowered Lack of self direction
Participation Valued as a contributor to society, Considered a person with own rights	Community, neighbourhood and cultural activities Discussions involving children Positive communication Opportunities to exercise responsibility Equality of opportunity	Isolation Lack of concern and respect for communal good Lack of confidence in tackling new situations, tasks or relationships Lack of sense of responsibility for self, others and material objects
SELF-ACTUALISATION		
Recreation Leisure New experiences	Time and space to play Stimulation Recreational facilities	Inertia and apathy Low morale Unresponsive to environmental stimuli
Freedom of expression Expression as individual	Flexibility/space for children's exploration and expression of different views Opportunities to exercise independence and to explore thoughts, views, ways of doing things and philosophies	Disempowerment Voicelessness Apathy Stereotypical views

(Drawn from Max-Neef, 1991 and Pringle, 1980)

In *Table 2* from the above-mentioned document special challenges and resource gaps facing orphaned and vulnerable children due to HIV/AIDS are indicated:

RIGHT	SPECIFIC TO ORPHANED AND VULNERABLE CHILDREN
SURVIVAL	
Subsistence Survival as a human being	Balanced, nutritious and regular meals especially for HIV positive children With the death of household's breadwinner, food supply and clothing is threatened Maintenance and security of shelter Infection control and health information
SECURITY	
Protection From exploitation, abuse and neglect	Protection of inheritance and property Protection from stigmatisation due to HIV positive status Protection from exploitation by surrogate parents and/or extended family Protection from physical and sexual abuse
Affection Unconditional love	Caring, consistent, affectionate, considerate and available caregiver Assurance of care before and after the trauma of a parent death
SOCIALISATION	
Identity Uniqueness as person Sense of personal continuity	Birth certificates Memories, family stories and personal articles Space to keep own things (especially for residential care) Keep siblings together Kinship care and family continuity Socialisation into cultural norms and values of community
Understanding Insight, direction and knowledge	Free schooling from 7 years to 15 years School attendance without a uniform required Vocational training Understand imminent death of parent, future plans and who will take care of them Understand implications of HIV positive status Information on how they can look after their own health and protect themselves against HIV and STDs
Participation Valued as a contributor to society	Involve children in plans regarding their care
SELF-ACTUALISATION	
Recreation/Leisure New experiences	Children need relief from domestic and nursing responsibilities to be able to play
Freedom of expression Expression as individual	Children need to develop and express own opinions within substitute care setting
PALLIATIVE CARE	Pain relief Presence of caring adult during dying phase Reliable adult to administer medication and supplements as prescribed Pre and post bereavement counseling Change of bedding Nappies

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Chapter Two

2. COMMUNITY-BASED CARE AND SUPPORT MODELS

These guidelines are based on the assumption that most children who are vulnerable should be cared for within the context of their immediate environment, which are the family and the community. The home/community-based care and support strategy developed by the Departments of Health and Social Development is also based on the premise that children are better protected when cared for in the context of their communities.

2.1 Definition of community-based care

Community-based care and support enables the individual, family and community to have access to services nearest to home, which encourages participation by people, responds to the needs of people, encourages traditional community life and strengthens mutual aid opportunities and social responsibilities.

2.2 Goals of Community-based Care

Community based care ensures the provision of a continuum of care and normalisation of services for children who have become vulnerable due to HIV/AIDS. It ensures that children who are affected by or infected with HIV/AIDS have access to integrated services, which address their basic needs for food, shelter, education, health care, family or alternative care and protection from abuse and maltreatment. These programmes focus on children and help communities with the following:

- To address immediate issues of poverty as they relate to basic needs and resources; and to facilitate and enable sustainable development and income generation which can address medium and longer-term issues of poverty.

- As can be learnt from the Ugandan experience, AIDS is a significant cause of poverty, which increases as the epidemic matures. Therefore, to effectively respond to the epidemic, it is imperative that relevant poverty alleviation strategies are integrated into our approach.

- To enable communities at prevention, early intervention, and care and development level to prepare for and deal effectively with HIV/AIDS and its consequences.

- To address the needs of the most vulnerable people, for example older persons, children, women, and people with disabilities.

- To support and facilitate the delivery of services and to built the capacities of communities, especially NGOs.

2.3 Principles of community-based care and support models for children

a. The following basic rights of children must be protected:

- The best interest of the child should be the deciding factor in all decisions regarding the care of any child.

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- Protection - from maltreatment, neglect and all forms of exploitation.

- Development - provision of food, health care, education, social security.

- Participation - in all matters concerning them.

- Non-discrimination - gender, race, disability, HIV/AIDS status, etc.

- Young people at risk (and their families) should have access to a range of differentiated services on a continuum of care.

- Children, should as far as possible, remain in their homes or communities of origin to avoid further trauma related to loss of parents. Family capacity building and access to a variety of appropriate resources and support should be of primary concern to service providers.

b. Every young person should be provided with the opportunity to grow up in their own family and where this is proved to be not in the best interests of the child or not possible, to have a time-limited plan which works towards life-long relationships in a family or community setting.

c. Orphans must not be targeted in isolation from other vulnerable children. As in the case with all vulnerable children and their families, they should be exposed to normal challenges, activities and opportunities, which promote participation and development.

d. All services to young people and their families should be the most appropriate for the individual, the family and the community.

e. Programmes focusing on vulnerable children must ideally be linked to a specially formulated development programme for each child and her/his needs.

f. The participation of the community in the programme from planning to evaluation.

g. Communities must be encouraged to provide support systems for both children and their caretakers.

h. Criteria must be developed at community level for identifying the recipients for assistance.

i. Caregivers must be supported through skills training in income generating activities and child care skills.

j. Services should be accessible, effective and efficient.

k. Services should be inter-sectoral and delivered by a multi-disciplinary team wherever appropriate.

2.4 Community-based care and support as an intervention approach

The following are the elements which makes community-based care an effective intervention approach :

- The impact of HIV/AIDS on families and children is understood within the context of the community, taking into consideration their specific socio-economic conditions, felt needs, constraints and possibilities.

- Activities are planned, implemented, monitored and evaluated with the community and not for them.

- The identification of the most vulnerable is facilitated by the fact that members of the community are in the best position to know which households are most affected and what sort of help is appropriate.

- Family and community integration is encouraged to prevent children from being removed from their families or community environment.

- Volunteers from the community are more likely to visit many households regularly, they are trusted and known to the community and their help is likely to be more practical and culturally appropriate.

- Relevant indigenous practices are reclaimed and strengthened instead of the introduction of new concepts of care. This empowers the community to take care of its vulnerable children.

- Resources provided in the form of finance, material and technical assistance and capacity

building benefits the development of the entire community and the sustainability of such programmes.

- Networking of various community-based organisations in the community to provide holistic services to children and their families is facilitated.
- It is compatible with the integrated approach or inter-sectoral collaboration.

2.5   Specific interventions for effective service delivery

2.5.1   Strengthening the capacity of families.

2.5.2   Strengthening community-based responses.

2.5.3   Ensuring that government protects the most vulnerable children through the provision of essential services.

2.5.4   Building the capacity of children to support themselves and encourage their participation at all levels.

2.5.5   Creating an enabling environment for affected children and families.

2.5.1 Strengthening the capacity of families

- Early identification of families and children in need:
  - Children orphaned by HIV/AIDS.
  - Children whose primary care givers are HIV+ (i.e. children who are at risk of becoming orphans).
  - Children who are orphans and are HIV+.
  - Child headed households.
  - Children whose primary care givers are in an advanced stage of AIDS.
  - Children who are infected.
  - Children who are in vulnerable circumstances.
- Special needs of child-headed households should be addressed.
- Ensure that such families have access to food, clothing, shelter, education and health services.
- Link families with poverty alleviation programmes and social grants.
- Provide counselling and support services especially prior to the death of the family member and after.
- Link families with child day care services.
- Provide capacity building in childcare, HIV/AIDS, nutrition, and primary health care or link families with NGOs and CBOs who provide such services.
- Ensure the provision of alternative care for vulnerable children, preferably within the community.
- Monitor such placements and other services.

2.5.2 Strengthening community-based responses

- Mobilising communities for early identification of children and families.
- Establishing childcare committees.
- Finding foster and adoption placements for children.
- Building the capacity of foster parents, adoptive parents or alternate care giver and link them with services and resources.
- Link communities with poverty alleviation programmes such as income generating or food production programmes.

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- Supporting NGOs and CBOs.

- Capacity building for volunteers.

- Developing awareness programmes.

- Establish/broaden the representivity of intersectoral forums to manage holistic delivery of training, funding, information dissemination, monitoring and evaluation of community-based care.

2.5.3 Ensure that government protects the most vulnerable children through the provision of essential services

- Information campaigns aimed at increasing access and decreasing corruption. Information should be disseminated through the media, community forums, government and parastatal institutions and civil society structures (NGOs, Unions, etc.).

- Build in safety nets for people caring for infected/affected people through various options such as:

  - Family support assistance for children over seven years.

  - Foster care grants for foster parents.

  - Disability grants for the terminally ill parents/care givers.

  - Community support assistance.

  - Ensure that government protects the most vulnerable children through the provision of essential services and infrastructure.

  - Ensure access to government financial support services such as the child support grant.

- Provide monitoring and evaluation services.

2.5.4 Build the capacity of children to support themselves and encourage their participation at all levels

- Ensure access to education through linkages with services.

- Support informal and alternative education options for older children.

- Empower children through life skills programmes.

- Encourage peer support at school.

- Investigate the possibility of child movements.

- Encourage the participation of children in community events related to HIV/AIDS.

2.5.5 Create an enabling environment for affected children and families

- This involves a policy framework.

- Mechanisms for co-ordination.

- Mechanisms to ensure that resources are used.

- Mechanisms to deal with issues of stigmatisation and discrimination.

Fundamentally, the priority is to create a context for affected children; families and communities to cope.

2.6   Memory book

- (Utilisation of a memory book): A memory book could assist parents to open up dialogue with their children about their HIV/AIDS status. The aim is to sensitize parents and adolescent children on the importance of disclosure to children. This also includes a will and important information and messages. Family history is also documented and contingency plans for the children are made.

Chapter Three

3. HOW TO ESTABLISH A COMMUNITY-BASED CARE AND SUPPORT SERVICE

The following process is recommended to ensure that all aspects of establishing such a service receive proper attention.

3.1 The process of establishing home community based care and support services

APPROACH/METHODOLOGY	ACTIVITY
Situational and problem analysis	• Identification of the problem • Consultation with potential participants • Identification of additional stakeholders and beneficiaries • Identification of local resources and potential external resources • Negotiations with relevant stakeholders
Needs analysis	• Establishment of democratically elected project committee • Decide on the type of services that will address the problem • Conduct skills audit among participants • Identify financial resources • Networking with potential donors
Setting goals and objectives	• Prepare business plan or funding proposal (see Annexure 1 for format) • Develop criteria for service providers, technical support, programme manager and project participants and markets

Implementation	• Appoint project manager
	• Allocate responsibilities to participants
	• Identify and request technical assistance
	• Develop administrative systems
	  1. Develop work-plan and activities
	  2. Secure equipment
	  3. Deliver services

Monitoring and evaluation	• Work-plan activities • Production • Cost and expenditure • Staff development and supervision • Equipment • Using the information collected during monitoring evaluate the progress; identify emerging problems, needs, set new objectives and timeframes

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3.2   Implementation phase

During implementation of service delivery, the same process that was followed during the early phase of the programme applies. This cycle should be applied with every objective of the project. It may also be used as a problem-solving tool.

APPROACH/METHODOLOGY	ACTIVITY
Problem identification/Analysis	• Identify challenges to implementation, eg. are there skills in the community, is funding sufficient
Needs analysis	• What are the training needs? • Will the equipment meet the needs?
Setting goals and objectives	• How will the above problems and needs be addressed?
Implementation	• Develop an implementation plan with activities to address the above goals and objectives?
Monitor	• Are activities implemented according to time schedule? • Are the needs of those who are infected and affected by HIV/AIDS addressed? • What is the impact of the project on the community?
Evaluate	• Evaluate the project and identify emerging problems and needs • Set new goals, objectives and time frames.

3.3   Resources required for the programme

HUMAN RESOURCES	MATERIAL RESOURCES	COMMUNITY RESOURCES

• Management committee
• Programme manager
• Part-time professional nurse and social worker
• Technical support
• Community care givers
• Child and youth care workers
• Volunteers
	• Funds for:
	  ▪ Food parcels
	  ▪ Staff and volunteers
	  ▪ Clothing
	  ▪ Training
	  ▪ Transport
	  ▪ Funeral costs
	• Office accommodation
	• Office equipment:
	  ▪ Desks
	  ▪ Chairs
	  ▪ Cabinets
	  ▪ computer and fax machine if electricity is available
	  ▪ Telephones
	• Sanitation
	• Equipment for the poverty relief/income generation programme
		• Volunteers
		• Foster parents
		• Adoptive parents
		• Accommodation for the programme
		• Other stakeholders:
		  ▪ Local government
		  ▪ Schools
		  ▪ Clinics
		  ▪ Faith based organisations
		  ▪ Community leaders
		  ▪ Business sector
		  ▪ Other potential donors
		• Welfare offices
		• Unutilised buildings
		• Poverty relief programmes

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3.4 Functions that can be performed in the provision of home/ community-based care and support services

CORE COMMON FUNCTIONS	CHILD / FAMILY CARE	HOME CARE

• Identifying community needs and resources and mobilisation of the community	• Establish and support child care committees (include training)	• Conduct home visits to:
		  ▪ Assess care needs (nutrition, physical care, emotional)
		  ▪ Train and support care givers
		  ▪ Develop care plans
		  ▪ Provide physical care inputs
		  ▪ Provide home care supplies
		  ▪ Counsel clients and care givers

• Networking	• Identify vulnerable children/families • Identify other service organisations to avoid duplication and over servicing and to strengthen resources	• Provide information, education and communication materials on prevention of HIV/AIDS including other STDs • Provide training for family members on care of the sick
• Referrals to or from other services	• Future planning and support with regard to placement of infected and affected children	• DOTS supervision • Referrals and liaison with clinics and hospitals • Referrals to service providers for ongoing services

• Identifying eligibility and helping to access benefits	• Alternative care arrangements:
	  ▪ Residential
	  ▪ Foster
	  ▪ Adoption
		• Provision of information on grants and points of access

• Material assistance:
  ▪ Nutrition
  ▪ Clothing
  ▪ Shelter
  ▪ Financial
	• Placement of children in care options
	• Provision of hospice care, day care facilities or establishment of shelters
		• Provision of food parcels
		• Organising collection of and distribution of clothes, blankets, etc.
		• Providing day care, respite, hospice care and transport to services

• Poverty Alleviation	• Liaison with education on each child • Development of income generation projects	• Linking households with poverty alleviation projects
• Training and emotional support of families and care givers including counselling such as bereavement counselling	• Link with faith-based organisations and specialist NGO services	• Providing emotional and spiritual counselling
• Monitoring and supervision	• Tap resources such as tertiary institutions to provide such services for student practical training	• Supervision of care of the sick • Supervision of care of the children and other vulnerable persons such as the elderly and disabled

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3.5 Estimated Costs

Set-Up Costs (Once off)		Personnel Costs (Annual)		Non-Personnel (Annual)	
Equipment		**Core Team**		**Admin & Transport**	
Computer equipment	40 000	1 x Manager	106 805	Phone & Fax	9.600
Fax machine	5 000	Child & youth care worker	14 400	Vehicle maintenance	12 000
Photocopier	8 000	Admin worker	14 400	Fuel	6 000
Vehicle	131 000	8 x CCGs (R500 pm)	48 000	Licence	200
		10 x Child Care Forum members (R250pm)	30 000	Insurance	3 600
Training		**District Support**		Bus and taxi fares	21 600
Manager (10 days x R500)	5 000	0.5 Professional nurse	44 800	Premises (rent/rates/maintenance)	41 400
8 CCGs (59 days x R250)	118 000	0.5 Social worker	53 402	Community meetings	13 000
Child & Youth Care Worker	5 000			**Materials**	
Child Care Forum	10 000			HBC supplies	30 190
				IEC materials	2 000
				Fund	
				Self help/income generation	43 200
				Training	
				In service training/refresher	9 000
				Attrition replacement	29 500
Set up Sub-total	**322 000**	**Personnel Sub-total**	**311 807**	**Non personnel Sub-total**	**244 290**

It costs R 322 000 to set up a programme. The annual operating costs will be R 556 097

See attached Annexure "D" for business plan format

Chapter Four

4. OPTIONS FOR CHILD CARE

Children of parents or guardians who are sick or who have died are very vulnerable to neglect and abuse. As a result they need to be identified as soon as possible to ensure that their needs are addressed and rights protected. Most children are usually in a position to receive help within their homes in the care of relatives, however there are situations where the child might need to be removed to a foster home or residential care or placed with adoptive parents. Either parent, if whereabouts known and gainfully employed can be summoned by the Court to pay contribution order. Certain legal procedures need to be observed to effect the placements.

If you come across a child who has a parent or caregiver who has died or is too ill to meet the child's physical needs, firstly determine how old the child is, that is whether the child is in a position to take care of himself such as bathing, feeding himself, dressing himself and perhaps even cooking. If the child can do this for himself then determine whether there are other adults around who can assist the child in times of need and who can assist with the parents' needs. Of course children with parents who are ill are usually worried, depressed, frightened and maybe even angry. They will need somebody to express these feelings to and somebody who can perhaps take them away for an hour or a day to give them a "normal" life for a little while.

Use the form attached at back of this document (annexure A) to capture the required information.

The parent may need physical care, which should be provided by a trained volunteer. Sometimes they may just need a touch, gentle massage or just somebody to talk to, to feel normal again.

They may need to express their fear for themselves, for their children's care and future. They may need help with practical or legal assistance which will be discussed later.

Other family members may need comfort, somebody to express their feelings to, and advice.

If the child is too young to care for himself and there is no adult around except the ailing parent or caregiver, then such a child must be referred to a social worker who will place the child in one of the following types of care:

*   Foster care with a relative or non-relative.

*   Residential care.

*   Adoption.

Remember, a parent or caregiver whose child has to be taken away will need a great deal of comfort because of feelings of sadness, guilt, anger at themselves and the people who took the child away, loneliness and so on. Such persons may even experience feelings of suicide.

If you come across a child with no adult caregiver then the child must immediately be taken to a social worker or child and youth care worker. If there is no social worker or child and youth care worker near you, the child can be taken to the nearest police station or hospital where staff will then contact a social worker. Such a child will then be placed in the types of care mentioned above.

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4.1   Types of care available for children

4.1.1 Foster care

Foster care is the care of a child of another parent. The child can be a relative or a stranger to you. Anybody who takes a child into foster care is entitled to a Foster Care Grant to look after that child. This grant is paid by the State. The amount per child is R 470.

The child is placed in your care by the Children's Court which is the guardian of all children. The parent of a child does not have to pay any money for the child to be placed in foster care.

The social worker needs to write a report to the Commissioner of Child Welfare after investigating the circumstances of the child. You then receive a court order in terms of the Child Care Act which is the law which protects all children. The court order tells anybody who is interested that you are entitled to care for the child until the court takes the child away or you are unable to take care of the child anymore. Then the Commissioner makes another order placing the child somewhere else.

It is important if children are to feel safe and loved, that they are not moved from house to house. Therefore, one should be very sure before taking a child into care. A foster child will keep his name and surname and is not entitled to inherit your property upon your death.

Anybody can be a foster parent if they are over 18 years of age and living a settled life. People who are involved in crime, drug and alcohol abuse and abuse of children will not be allowed to foster children. One foster parent may have up to six to ten children in foster care at one time. They may be children from the same family or from different families, boys or girls or both, and each child will receive a foster care grant. The children can be sick or healthy, disabled, or infected with HIV/AIDS. The children can be of any age from newborn to 18 years of age. A neighbour, a sibling, an aunt or uncle or grandparent can be a foster parent. There should be no payment of the parent, foster parent, social worker, court official or any government official for placement of children in foster care. The only money that should be involved is the foster care grant from the state to the foster parent for meeting the child's needs.

4.1.2 Residential care

Residential care is care of children in a children's home. A children's home is a place which can accommodate more than six children. Usually a children's home has many children of different ages and of both sexes.

Children must receive the same care as in foster care, that is go to school and have their meals and be disciplined and so on. They can also go to family for weekends or holidays and family can visit them at the children's home.

Some children's homes have a dormitory system where there are a number of rooms and usually two or three children share a room. Others have a cottage system with separate smaller buildings in the same grounds. Each cottage is like a little family with a housemother and house father. These house parents are paid a salary to look after the children. The children's home receives financial support from the state to take care of children.

Just as in foster care, a social worker must write a report after investigating a child's circumstances and after ascertaining that the home/foster placement is not a possibility. The social worker must first check which children's home has place for the child.

 Then the court will make an order in terms of the Child Care Act authorising the children's home to keep the child until the court makes a different order. It is a criminal offence to remove a child from a children's home without first going to the court to change the order.

There should be no payment of the parent, social worker, court official or any government official for placement of children in a children's home. The only money that should be involved is the financial support from the state for the children's home for meeting the child's needs.

4.1.3 Adoption

When you adopt a child, the child becomes yours as though born of you. The child's parents do not have any rights to the child and no contact with the child. You are then responsible for everything that the child might need or want just like with your own children. The child must go to school, get clothes, food, love and attention and discipline like your own child.

The child will take your surname and be entitled to inherit property upon your death. You will not receive any financial support from the state except in the following situations.

•   If you are unemployed or without any means of income and you have a child under the age of 7 you can apply for the Child Support Grant.

•   If you have a child who has a disability you can apply for the Care Dependency Grant.

Any child under the age of 18 can be adopted. Anybody over the age of 18 can adopt a child. Children are adopted in terms of the Child Care Act. If the mother or father are alive and can be found they must give consent for the child to be adopted. This must be done in the Children's Court where they appear before the Commissioner of Child Welfare and sign the consent form. A social worker can help the parents with this. The social worker must then investigate the circumstances of the proposed adoptive parent and the child and make a recommendation to the Commissioner. The proposed adoptive parent, the child and the social worker appears before the Court and the Commissioner makes an order in terms of the Child Care Act. Once this order is made nobody can take the child away from the adoptive care unless the matter goes back to the Children's Court.

There is no money involved in an adoption matter. The parent of the child does not have to be paid any money nor does the social worker or the adoptive parent or any court official or any government official.

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Chapter Five

5. TYPES OF FINANCIAL ASSISTANCE AVAILABLE FOR THE CARE OF CHILDREN

5.1 Grants

The government provides social assistance (which is also known as a grant) to children whose parents are unable to support them. The provincial welfare departments administer these grants in terms of the Social Assistance Act 59 of 1992. The government makes four kinds of grants available to provide support for children who are in need. These are:

5.1   Child Support Grants

5.2   Foster Care Grants

5.3   Care Dependency Grants

5.4   Social (Poor) Relief Grants

5.2 Child Support Grants

On 1 April 1998 a new law came into operation, called the Welfare Laws Amendment Act 106 of 1997. This Act allows for the payment of a Child Support Grant, to be given to a primary caregiver of a child under the age of seven years. New regulations to the Social Assistance Act, which also came into operation on 1 April 1998, describe who can apply for a Child Support Grant and how this should be done.

The Child Support Grant is a smaller amount of money than the previous Maintenance Grant, but it aims to reach a wider range of families. The Department of Social Development estimates that three million children will access it. Any person looking after a child and not only a child's biological parents can obtain it. The Child Support Grant is not limited to a specific number of children per family, but it falls away when a child turns seven years of age.

How much is the Child Support Grant?

The Child Support Grant is currently set at R110 per month for each child. The Minister for Social Development can change this amount which will then be published in the Government Gazette.

Who is a primary caregiver?

The Child Support Grant is paid to the primary caregiver - that is any person who is taking care of the child on a day-to-day basis. This can be a parent, a grandparent, or anyone else who looks after the child. Such a person and the child must be living in South Africa.

Where does a person go to get the grant?

If the primary caregiver qualifies for the Child Support Grant, it can be applied for at the Welfare Office nearest to his or her home.

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What does a person take when applying for the Child Support Grant?

- The primary caregiver's own identity document (ID).

- The child's ID or a birth certificate with the child's identity number. (If the child does not have an ID or a birth certificate with the 13 numbers, application must be made for one at the Department of Home Affairs before the application for the Child Support Grant can be made).

- Proof of your regular household income if any (this could include pay-slips or a letter from an employer).

If the primary caregiver is not the parent of the child:

- Proof that you are the child's legal guardian.

- Proof that you have permission to look after the child.

- Proof that you have tried to obtain the maintenance from the parents of the child.

If the primary caregiver is looking after the child because the parents of the child are dead or missing, he or she must explain this to the social workers at the Welfare Office. The primary caregiver will then need to obtain the death certificate of the parents or report the parents missing at the local police station.

How does it fall away?

The Child Support Grant falls away the month after the child turns seven years old. It will fall away earlier if the child dies. If the child changes to a different primary caregiver, the benefits to the previous caregiver lapse and the new caregiver may apply for these benefits.

5.2.2 Foster Care Grants

What is a Foster Care Grant?

Foster Care Grants are for children who are placed in the care of a foster parent or foster parents.

Who may apply for a Foster Care Grant?

Only a foster parent may apply for a Foster Care Grant. A foster parent is any person in whose custody a child has been placed in terms of the Child Care Act 74 of 1983.

The Child Care Act provides for the establishment of a Children's Court. A Children's Court can order that a child be placed in custody of foster parents if it is satisfied that:

- A child has no parent or guardian.

- Has a parent or guardian who cannot be traced.

- Is in the custody of a parent or guardian or any person who is unable or unfit to have custody of the child.

How can a foster parent apply for a Foster Care Grant?

The Department of Social Development pays Foster Care Grants in terms of the Social Assistance Act. Applications for Foster Care Grants must therefore be made at the local welfare office or, if there is no welfare office, at the nearest Magistrate's Court. At the welfare office a welfare officer will help the foster parent/s fill in the application form and make sure that all the necessary documents are in order and have been included. Once the application form has been filled in and signed, the foster parent/s will be given a copy of the application form and a receipt. This receipt serves as proof that the application has been made.

What documents should a foster parent bring when applying for a Foster Care Grant?

A foster parent who wishes to apply for a Foster Care Grant should take the following documents with him or her:

- A South African identity document (ID).

- A computerised birth certificate of the child or an identity document of the child.

- Proof of the child's income, for example income earned from a trust fund or contributions from the child's biological parents.

- Proof of the child's school attendance (if the child attends school), for example a letter from the School Principal.

- A copy of the Children's Court order placing the child in the foster parent/s custody.

Foster parents do not have to go through a means test to qualify for this grant. This is because fostering is not seen as a poverty issue. The Foster Care Grant is seen as the way in which society repays some of the costs a non-parent incurs in looking after a vulnerable child. When applying for a Foster Care Grant both foster parents must make the application and a full set of fingerprints will be taken.

What conditions must be filled?

A foster parent who receives a foster care grant must comply with the following conditions:

- The child must remain in the care of the foster parent.

- The foster child must have adequate accommodation, be properly fed and clothed and receive the necessary medical care.

- The foster child must attend school if the child is within the compulsory school age.

How long is a Foster Care Grant paid?

The Foster Care Grant is awarded until the child reaches 18 years or 21 years if the child is still studying. The grant is stopped, however, when the child leaves school even if the child is under 18. A form signed by the School Principal proves school attendance. The grant is also stopped when the child is no longer in the care of the foster parent/s, for example if the foster parent dies or the child dies or if the child is placed in the care of somebody else. If someone who receives a Foster Care Grant moves to another town or to another part of the country, he or she should inform the Welfare Office of his or her new address. The Welfare Office will then send the applicant's file to the Welfare Office nearest to the applicant's new address.

5.2.3 Care Dependency Grants

What is a Care Dependency Grant?

These grants are for children with severe disabilities who need special care. The purpose behind this grant is to enable parents or foster parents to care for children with physical or mental disabilities in their own homes.

Who can apply for a Care Dependency Grant?

A parent or foster parent can apply for a Care Dependency Grant if a medical doctor employed in a government hospital finds that the child in question needs care and the parent/s or foster parents/s are in fact able to care for the child at home.

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How can a parent or foster parent apply for a Care Dependency Grant?

The Department of Social Development pays Care Dependency Grants in terms of the Social Assistance Act. Applications for Care Dependency Grants must therefore be made at the local Welfare Office or if there is no Welfare Office at the nearest Magistrate's Court. At the Welfare Office, a welfare officer will help the parent/s or foster parent/s fill in the application form, make sure that all the necessary documents are in order, and have been included. Once the application form has been filled in and signed, the parent(s) or foster parent(s) will be given a copy of the application form and a receipt. This receipt serves as proof that application has been made.

What documents should the parent/s or foster parent/s take when applying for a Care Dependency Grant?

A parent who wishes to apply for a Care Dependency Grant should bring the following documents:

- South African identity document (ID).

- A computerised birth certificate of the child or an identity document of the child.

- Proof of the child's income and assets, salary slips, receipts for furniture or motor cars, etc.

- Proof of marital status, for example a marriage certificate or a divorce decree.

- Medical certificate from a medical doctor in a government hospital indicating that the child is physically or mentally disabled.

- If a single parent, proof that the other parent cannot contribute financially to the support of the child.

What are the requirements for receiving a Care Dependecy Grant?

A parent or foster parent who receives a Care Dependency Grant must comply with the following requirement:

- The child must remain in the care of the parent or foster parent.

- The child must have adequate accommodation, be properly fed and clothed and receive the necessary medical care.

- The child must be tested to determine whether he or she can attend a specialised school at the age of six years.

- The child must not be permanently cared for in a government hospital.

For how long will the Care Dependency Grant be paid?

The Care Dependency Grant is awarded until the child reaches 18 years. Thereafter the child must apply for a Disabled Person's Grant. The grant is stopped as soon as the child is no longer in the care of his or her parent(s), for example if the child dies or if the parent dies or if the child is placed in a hospital.

When is a Care Dependency Grant reviewed?

Care Dependency Grants are reviewed once a year and the same procedures apply with Foster Care Grants.

What if an applicant for a Care Dependency Grant moves?

If an applicant for a Care Dependency Grant moves to another town or to another part of the country, he or she should inform the Social Development Office of his or her new address. The Social Development Office will then send the applicant's file to the relevant office nearest to the applicant's new address.

How is a Care Dependecy Grant paid?

The applicant should discuss where, when and how he or she would be paid with the Social Development Officer when filling out the application form. The money can be paid in various ways. The money can be paid either at the Post Office, at a welfare service office, or straight into a bank account. The applicant can decide which of these methods would be best for him or her. If the applicant wants to be paid at the welfare service office, he or she must take an ID book to prove his or her identity. The applicant should also make sure that he or she has received the correct amount of money before signing for it.

5.2.4 Social Relief Grants

What is Social Relief?

Social Relief is a grant which the Department of Social Development will pay to those persons who have absolutely no money and who would not survive without immediate help from the government. The assistance given by the Department of Social Development will either be money or food.

Who may apply for Social Relief?

The following people may apply for Social Relief:

- People who have applied for another grant and the grant is being processed.

- People who are too sick to get work, but who will get better within six months (and have medical proof).

- A single parent who can prove that he or she is trying to get maintenance from the other parent but has not been able to do so.

- A single parent whose partner has died and left nothing for the family to live on.

- A person who has experienced a disaster, such as having his or her house flooded or burnt down.

- A person whose partner has been sent to a government institution (a prison, hospital, etc.) for less than 6 months, if this partner was a member of the family who earned the money. This includes people awaiting trial.

A person who is already being paid a grant by the Department of Social Development is not entitled to Social Relief.

How can a person apply for Social Relief?

Social Relief is also paid out by the Department of Social Development in terms of the Social Assistance Act. Applications for Social Relief must therefore be made at the local Welfare Office, or if there is no Welfare Office, at the nearest Magistrate's Court. At the Welfare Office a welfare officer will help the person fill in the application form and make sure that all the necessary documents are in order and have been included.

What documents does a person need?

A person who wishes to apply for Social Relief should take a South African identity document or a passport if a foreigner with him or her and proof of why he/she needs this relief.

For how long will Social Relief be paid?

Social Relief can only be issued for a period of three consecutive months but can be extended under exceptional conditions for another period of three months.

Is there any system of review?

Social Relief is temporary. The grant is therefore usually only paid for a period of three months. An applicant can apply for an extension of relief for another three months. A social worker will be assigned to investigate the applicant's circumstances and to submit a report.

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What if an applicant for Social Relief moves?

If an applicant for Social Relief moves to another town or to another part of the country, he or she should inform the Welfare Office of his or her new address. The Welfare Office will then send the applicant's file to the Welfare Office nearest to the applicant's new address.

5.3 Other types of social grants

5.3.1 Older Persons Grant

This grant is paid to women who are 60 years of age and older, and to men who are 65 years of age and older. If an older person is receiving an Older Persons Grant and is caring for children, then such a person will also be entitled to a Foster Care Grant or Care Dependency Grant or Child Support Grant.

5.3.2 Disability Grant

This grant is paid to people who are 18 years and older, who are disabled for six months and more and who cannot support themselves because of the nature of their disability. If a person is in receipt of a Disability Grant and is caring for children such a person is entitled to a Foster Care Grant or Child Support Grant provided that the disability does not prevent the person from meeting the child's needs.

All the conditions with regard to documents necessary for application, review periods, payments methods and change of addresses apply to these two grants as well.

Chapter Six

6. HOW TO REPORT CHILD ABUSE

It is imperative that social workers, police officers, health personnel and any member of the public report allegations of child abuse. Children who are in distress because of HIV/AIDS and other factors are vulnerable to abuse, they need to be protected and when abuse has occurred it must be reported and dealt with through the justice system.

The following Acts provide for total anonymity to the person who is reporting a suspected case of child abuse. The following agencies can be contacted to report cases of child abuse:

6.1   Statutory Requirements and Resources for Reporting

LEGAL REQUIREMENTS	SERVICE PROVIDERS
Domestic Violence Act 1998 Child Care Act of 1996	**Provincial and local Welfare Departments** Addresses and telephone number to be found in local directories and the Domestic Violence Service Directory
	The Child Protection Unit of the South African Police Service On standby 24 hours to investigate reported cases of child abuse **Dial 10111 or 0800 111 213**
	The Child Line Nationwide anonymous toll-free 24-hour telephone counselling, referral and information service. **Toll free number 08 000 55 555**

THE GENERAL PUBLIC IS ENCOURAGED TO REPORT SUSPECTED CASES OF CHILD ABUSE

6.2 How to report

Provincial Welfare Departments and NGOs may vary with regard to the form and content of reports required. Specific information required will be specified by the particular agency. This includes:

• The child's name, age, address.

• The child's present location.

• The parents names and address.

• The nature and extent of injury or condition observed.

• Details of perpetrator (if available).

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Further information may include evidence of previous abuse to this particular child, cause of the abuse or condition, and other particulars, which would assist to identify the person responsible. Reporting forms assist to streamline the reporting process and should be instituted wherever possible. It is advisable for members of the public not to confront the perpetrator if the perpetrator is known or suspected but rather to report to the authorities as soon as possible.

6.3 Case management

Procedures to be followed when the abuse is reported

Take immediate steps to support child victims and their families.

- Introduce yourself and explain your role in the investigation.

- Choose a quite room where you can be alone with the child.

- Interview the child first, then the parents individually.

- Obtain a brief description of what happened but do not ask the child "blaming" questions such as "why were you there".

- Assure the victim that the abuse is not his or her fault and that help is available.

- Offer support and show empathy.

- Allow the victim to verbalise his or her feelings.

- To allay the victim's fears that the offence may become public knowledge, assure the child and the family that only relevant persons will be informed regarding the exact facts and intimate details.

- Explain that a medical examination will be necessary should the victim and the family decide to press charges against the offender.

- Contact the local Child Protection Unit.

- Explain the role of the police official.

- A family member or an accountable adult should accompany the victim for the medical examination.

- Offer reassurance to the child. Assure the child that you will work with the parent or guardian to stop the abuse.

- Should the perpetrator be the father and the mother is likely to protect the child, or vice versa, assist the non-abusing parent to protect the child from further abuse.

- Ensure that other children in the home are not at risk.

- Assist the offender (in case of a family member) to receive effective treatment.

- Open a case file with the necessary information.

- Prepare the child and the family for court proceedings and accompany the child and the family to court.

- Follow the case through, keeping in touch with the responsible police official and keep the child and the family informed of the progress of the case.

- Continue to counsel the child and the family.

See the Reporting Flow Chart (Annexure C)

Chapter Seven

7. PERFORMANCE MONITORING PLAN

A Performance Monitoring Plan (PMP) and evaluation activities are important for effectively monitoring the efforts of an organisation in mitigating the impact of the HIV/AIDS epidemic on children. A PMP guides the measurement of progress towards results and includes:

- Expected outcomes or results.

- Performance indicators.

- A measurement for the performance indicator.

- Sources, methods, frequency and schedule for data collection.

- Individual/s responsible for data collecting.

- Use of information.

A detailed PMP indicates what level of government and which other partners are involved in the programme. An effective information system provides a flow of data from which useful indicators are calculated allowing informed decisions to be made.

Establish informational needs and appropriate data collection methods from which indicators could be developed to enhance the comparison of progress. The indicators can actually be the foundation of the information system. A hierarchy of indicators can be developed with the majority of information being collected at the lowest level providing the services directly to children, households and the communities.

The first step in data collecting could be to conduct a community scan, to provide detailed information on the need for services. As the information progresses fewer and fewer statistics will be required depending on the level of collection.

The National Department of Social Development for instance will need fewer indicators than the community. The National Department will be interested in the number of children benefiting from a programme, but at community level they will be interested in the identification and availability of supportive services thus monitoring the process as well as the outcome.

The following are examples of indicators:

- Number of vulnerable children identified.

- Number of vulnerable children monitored.

- Number of child headed households.

- Number of children benefiting significantly as a result of the programme as per the following criteria (more criteria can be added on as is relevant):

  - Placed in or returned to school.

  - Household food security improved.

  - Receiving appropriate care and support.

  - Receiving material assistance (specify type and amount).

  - Protected from life threatening circumstances.

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- Number of and type of multi-sectoral involvement:
  - Churches.
  - Schools.
  - Health clinics.
  - Civic groups.
  - Businesses.
- Number of villages and people in the villages involved and benefiting from the programme as per the following criteria (more criteria can be added on as is relevant):
  - Placed in income generating projects.
  - Receiving home based care.
  - Receiving nutritional supplements.
- Number of committees formed.
- Number of committees active after a year.
- Number of and type of fund raising activities.
- Number of youth groups formed and number of members and gender.
- Number of vulnerable children visited during reporting period.
- Number of households or sick persons visited.

For more information see Annexure A

Chapter Eight

8. GLOSSARY OF TERMS

Infected children
Refers to children who are sick because they infected with HIV/AIDS.

Affected children
Refers to children who have become vulnerable because their parents or care givers can no longer care for them because they are either very ill or have died because of HIV/AIDS.

Caregivers
Refers to a person who assists with the care of infected and affected persons voluntarily. The help may be taking physical care of the sick or helping to obtain birth documents or enrolling a child in school and so on. A caregiver is any member of the community who is willing to become involved in the care of other persons.

Day care centre/respite care
This is a facility where sick persons can come during the day to give the persons caring for them a rest or to receive food or just to socialise.

Orphan
In the context of the HIV/AIDS epidemic in South Africa an orphan is defined as a child under the age of 18 years whose primary caregiver has died.

INTAKE FORM (1)

Name of organisation	Address of organisation	Name of volunteer

Name of the client/s:

FAMILY DETAILS

Mother:	Father:
Age:	Age:
Address:	Address:
Telephone:	Telephone:
Occupation:	Occupation:
Work address	Work address
Date of birth: Date of death:	Date of birth: Date of death:

INTAKE FORM (2)

CHILDREN:

NAME	DATE OF BIRTH	GENDER	SCHOOL	GRADE	ADDRESS

OTHER RELATIVES IN HOUSEHOLD

Name	Age of person	Nature of relationship, eg aunt/uncle/grandparent	Occupation

HOUSING

Type of house, eg informal, sub-economic, formal	Own house/rented:

FAMILY INCOME

Amount:	Nature of income, eg old age pension, wages, etc

HIV POSITIVE PERSONS

No of adults:	No of children:

INTAKE FORM (3)

PLACEMENT OPTIONS FOR CHILDEN IF NECESSARY

Where can children be placed	Name of caregiver	Address of caregiver	Is caregiver a relative or volunteer
Religious denomination	Name of pastor	Name and address of church	

INTAKE FORM (4)

REFERRAL TO OTHER SERVICE PROVIDERS

Name of service provider	Address	Date of referral

NEEDS

Food	Home	Social

Material	Health	Spiritual

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Annexure B

NATIONAL
GUIDELINES
FOR SOCIAL
SERVICES TO
CHILDREN
INFECTED AND
AFFECTED BY
HIV/AIDS

AN EXAMPLE OF A FORMAT
FOR A BUSINESS PLAN

- Name of organisation.
- Number of NPO, if registered.
- Profile of the project (history of the service/project and magisterial district).
- Aims and objectives.
- Target group.
- Clear statement of project deliverables/indicators.
- Time frame.
- Description of all resources required to complete project (financial, human, infra structure and training needs).
- A resource acquisition plan (sources of funds, letters of agreement, labour pool from which any additional human resources will be drawn, volunteers, suppliers of appropriate training).
- Who is responsible for what.
- Organisational structure (project team and manager).
- Detailed implementation plan (intermediate milestones, GANNT chart, definition of roles and responsibilities).
- Communication plan.
- Networking with other stake holders.
- Monitoring and evaluation.
- Sustainability.
- Financial expenditure/income.

The bussiness plan should contain an Executive Summary that covers the core information

*A full business plan format can be obtained from the National or Provincial Departments of Social Development

REPORTING FLOW CHART

NOTE:

Facilities must be within walking distance of each other if not in the same building.

Existing infra-structure must be utilised.

Creation of infra-structure otherwise essential.

Containers can be used - partnerships with, for example Transnet.

CHILD PROTECTION UNIT- LOCAL SAPS STATION

LOCAL CLINIC OR DISTRICT SURGEON

24 HOUR SERVICE

24 HOUR SERVICE

FAMILY

ABUSED CHILD

LOCAL COUNSELLING SERVICE (WITH A TEMPORARY/ OFFICIAL PLACE OF SAFETY)

SUPPORT

SUPPORT

COURT

TREATMENT FACILITY FOR PERPETRATOR

SUBSTANCE ABUSE TREATMENT FACILITY - INPATIENT/ OUTPATIENT

SCHOOL

INCOME GENERATING PROJECT

Annexure D

ASSESSSMENT TOOL

Date of Assessment: _____   **Period of Assessment:** _____

1.   Management Information

1.1 Name of Province

_____

1.2 Responsible person:

1.2.1 Department of Social Development, District Level _____

1.2.2 Project Manager, Project Level _____

1.2.3 Provincial Coordinator (HIV/AIDS) _____

1.3 Project Name

_____

1.4 Implementing Agency

The Department/NGO/CBO/NPO

_____

1.5 Facilitation Agency

The Department/NGO/CBO/NPO/Consultants

_____

1.6 Project Location

_____

1.7 Project Inception (When was the project implemented)

_____

2.   Nature of Project

2.1 Purpose of the project

(What is the medium term impact that the project wants to achieve)?

_____

_____

2.2 Goal

(What is the long-term effect this project is expected to contribute or to achieve)?

_____

_____

2.3 Output/Objectives

_____

_____

_____

2.4 Activities

Outline major project activities under each project output/objective. There are usually several activities required in order to achieve an output.

_____

_____

_____

_____

Average distance traveled within project site

Walking From Home	Taxi	Train	Bus

3. **Monitoring of Project (Please write comments under each item)**

Number of meetings held (copies of minutes)

_____

_____

_____

Monthly reporting (please state who reports to whom)

_____

_____

Financial accounting/statement of accounts

_____

_____

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AFFECTED BY
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Use of equipment

_____

_____

Use of external assistance

_____

_____

Number of daily hours at project site by project participants

_____

Number of days per week at project site by project participants

_____

4. **Programme/Organisation Linkages**

Is the programme organisation well known in the community in which it is operating?

_____

_____

_____

The programme organisation is well-rooted in appropriate community structures?

_____

_____

_____

The beneficiary communities are well represented or have been sufficiently consulted about the potential results of the programme activities.

_____

_____

_____

_____

5. **Human Development (Please tick appropriate box)**

Political participation by participants

Low	Medium	High

External political support/buy-in towards the project (incl. Local government)

Low	Medium	High

Community support

Low	Medium	High

Knowledge of technical/hard skills relevant to project

Low	Medium	High

Life expectancy (average age you expect to live)

Low	Medium	High

Causes of death

Diarrhoea	Sunken Fontella	Poisoned	Pneumonia	Asthma	Brain damage	Swollen stomach
Natural causes	Pains	AIDS	Unknown	Other please name:		

Women's health

No sign of improvement	Improved

Average child bearing age (insert average number of women who started having children in each age group)

Below 16	17-20	21-25	26-30	31-40	Above 40

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HIV/AIDS awareness

Very low	Low	Moderate	High	Very high

Housing, settlement, and the environment for majority of participants

Own house	Own shack	Living with relatives

6. Distribution of Material

Is condom distribution being used as an advocacy tool?

_____

_____

_____

Is your organisation involved in the distribution of information material or the development of such material?

_____

_____

_____

Give a brief description of such material?

_____

_____

_____

7. Poverty Relief

Do you have income generating projects?

_____

_____

_____

_____

Are the Income Generating Projects linked to the N.I.P./Initiated by the N.I.P./Linked to your project?

_____

_____

_____

How many projects are there? (Name them)

.
_____

_____

_____

What are the activities of these projects? (e.g. brick making, gardening etc)

_____

_____

_____

How many people benefit from the project?

_____

_____

8.   **Children and Families**

What type of services are being rendered to families?

_____

_____

_____

How many families are being reached through these services?

_____

_____

_____

Do you provide food parcels to families?

_____

No. of food parcels per family?

_____

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What is the content of these food parcels?

_____

No of families reached?

_____

What is the cost per food parcel?

_____

Are there any child care forums/committees present?

_____

_____

How many members does this committee/forum consist of?

_____

_____

_____

Do the members receive a stipend and how much per person?

YES	NO	HOW MUCH

What are the main activities of the forums/committees?

_____

_____

_____

How many children are orphaned?

_____

How many children are abandoned?

_____

How many children are vulnerable?

_____

How many children are infected?

_____

What services are rendered to these children?

_____

_____

_____

List the types of social services your project provides to the community? (e.g. domestic violence, life skills)

_____

_____

_____

9. Persons Living With AIDS

Do you involve PWA support groups in your activities?

_____

How many PWAs are active?

_____

Do you involve PWAs in your activities?

_____

_____

What are the main support services they render?

_____

_____

_____

10. Training/Capacity Building

Which of the following training is taking place?

Training Counsellors	Yes _____	No _____	No.s _____
Training Caregivers	Yes _____	No _____	No.s _____

Training of Trainers   Yes _____   No _____   No.s _____

Training of Child and
Youth care workers   Yes _____   No _____   No.s _____

Training of Volunteers   Yes _____   No _____   No.s _____

What is the content for the above mentioned training?

_____

_____

_____

_____

11. Volunteers

Do you have volunteers to provide any or all of the above-mentioned services?

Yes	No

How many volunteers do you use?

_____

What kind of training do you provide for these volunteers?

_____

Do you pay a stipend to these volunteers and how much per person?

Yes _____   No _____   How much? _____

What kind of support is provided to volunteers, care givers, lay counselors etc?

_____

_____

12. Resources Needed (to ensure implementation and or further development.)

_____

_____

_____

13. Sustainability

The project has chances of self enhancing after the expiry of the grant period?

_____

_____

_____

14. Financial Management

How much money has been used from the allocated first tranche that has been given thus far?

_____

_____

_____

Are the projects working in line with the budget?

_____

_____

_____

Cash flow?
Did you under spend? What are your future plans with respect to the excess money?

_____

_____

_____

Did you over spend? How will you compensate for the expense?

_____

_____

_____

15. Challenges

_____

_____

_____

16. Project Assessment By Assessment Team

In your opinion is the project sustainable?

Now	In Future	Never

Is the project in accordance with its program plan?

_____

_____

_____

Have there been any alterations to your business plan? Explain?

_____

_____

_____

Recommendations by the Assessment Team

_____

_____

_____

_____

_____

_____

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NATIONAL GUIDELINES FOR SOCIAL SERVICES TO CHILDREN INFECTED AND AFFECTED BY HIV/AIDS