Matjhabeng HIV/AIDS CONSORTIUM’S SUBMISSION TO THE FREE STATE CHILDREN’S AMENDMENT BILL PARLIAMENTARY HEARINGS

VENUE : WESSELSBRON COMMUNITY

DATE : 13 FEBRUARY 2007

MUNICIPALITY: MATJHABENG

DISTRICT : LEJWELEPUTSWA

PROVINCE : FREE STATE
**INTRODUCTION**

The Matjhabeng HIV /AIDS Consortium is an organization that is in Welkom near the Goldfields in the Free State. Challenges are that most areas are rural, high rate of unemployment, orphans and vulnerable children, teenage pregnancies, sinle parents and HIV and AIDS has been recognized and acknowledged as a major social issue. Children are abused in most areas of abuses.

The Matjhabeng HIV /AIDS Consortium is an umbrella organization of NGO’s, NPO’s, and CBO’s involved in the fight against HIV and AIDS by rendering an integrated service to people affected and infected by HIV & AIDS. There are programmes that run under the consortium, namely: Matjhabeng Joint Venture and Caring Schools project. The area of operation is Thabong, Welkom, Virginia, Builtfontein and Wesselsbron.

**CLUSTERS**

The organizations affiliated with Matjhabeng HIV and AIDS Consortium (MHC) are divided into clusters; i.e.:

- Information, Education and Communication cluster (IEC);
- Counselling cluster; and
- Orphans and Vulnerable Children cluster (OVC)
- Home based care
- Caring school project
- Matjhabeng Joint Venture OVC Project

**HOW THE PROJECT WORKS**

**IEC CLUSTER**

Disseminate information about HIV/AIDS and related conditions in order to:

- Prevent HIV/AIDS incidence.
- Prevent or reduce the spread and impact of HIV/AIDS.

**COUNSELLING CLUSTER**
They provide voluntary, confidential counseling in HIV and AIDS.

**ORPHANS AND VULNERABLE CHILDREN (OVC)**

Provide orphans and vulnerable children with food and life skills education.

**REACH THE CHILDREN (RTC)**

The RTC is the only organization under MHC that provides services to the OVC’s.

**ACTIVITIES OF THE ORGANIZATION**

The organization’s activities are divided into:
- Child minding group → 0-2 years.
  - Basic needs of babies.
  - Basic needs of babies: nutrition, basic health and hygiene.
  - Educational stimulation of babies.
  - Identification of OVC babies.
- Toddlers group → 3-6 years.
  - Educational stimulation (ACE Manual)
  - Feeding programme
- Drop-in-centre → 7-14 years.
  - After care.
  - Homework.
  - Recreational education.
  - Feeding programme.

**CARING SCHOOL PROJECT**

Comprehensive care and support for HIV and AIDS infected and affected children and communities in the Free State Province.

The programme has discovered that there are largely numbers of orphaned and vulnerable children and many more live extremely hard lives because their parents or relatives cannot because they are ill or dying. Children who have lost parents or who have parents living with HIV and AIDS related issues are not easy. People do not like to talk openly about those issues.

Poverty and effects of the HIV and AIDS pandemic have exposed children in South Africa to exploitation, survival sex, abuses, rape and an
increased trend in “Sugar daddy” syndrome in many poor areas. No money at home, lack of food, domestic violence, lack of time to study, neglect and caring for a sick parent and siblings

**Legal documents:** All children need to have a name and to belong, it builds their self-esteem and they become resilience. Clearly neither the Department of Social Development nor the Department of Education can implement effective prevention and early intervention programmes without an involvement from decision-making policy and budgeting, through implementation.

The concept of schools as nodes of care and support should be made a reality in every school, should link up with the local resource system and serve as a site for prevention and early intervention.

**MATJHABENG JOINT VENTURE OVC PROJECT**

HIV/AIDS has been recognized and acknowledged as a major social issue of the 21st century. It has already cost millions of lives and social economic well-being. It affects us all negatively and threatens to continue doing so in the future. Hence the numbers and needs of Orphans and Vulnerable Children becomes a threat together with the challenge of Child Headed Households.

One of the tools that can be implemented to assist the communities to care and support the children is to establish Child Care Forums. The purpose of Child Care Forums is to ensure identification of orphans and vulnerable children and Child Headed Households. To be aware of the initiatives involving child care and support, to create awareness, to assess children’s needs, to liaise with other community initiatives, to perform an advocacy role and to protect children’s rights and to build the capacity in the community.

**MATJHABENG**

The economy depends mainly on mining. The mining sector is sustained largely by migrant labour system. Which by its nature encourages the formation of alternative households and short term sexual encounters. The migrant labour system encourages the formation of informal settlements because partners leave their traditional houses to live nearer to their workplaces. This has contributed to high HIV prevalence levels in the area and high numbers of OVC’s because of the deaths of parents.
HOW THE PROJECT WORKS.

Funded Organizations work together through a combination of full time staff and volunteers. The Project launched a community mobilization campaign to raise awareness of the plight of OVC and what the role of the community should be. As a result of this campaign, Home Based Caregivers, Educators, Community Leaders and Priests are among those who have played an active role in identifying OVC. Every organization (Service Provider) uses its own constituency to identify children. Churches uses congregations. Dunamis school engages with schools, Site Manager with District Managers of Department of Education, Department of Social Development, Health and Agriculture – St. Kizito with Department of Home Affairs. These are children who came to school hungry, children whose progress goes down or those identified by the Community.

A questionnaire is used to determine their needs. Children’s needs are attended through referrals, because services rendered by different Service Providers are different. Services includes assisting with applications for legal documents, grants, ensuring that children are in school, preparations for Foster Care, Counselling, Care and Support, School Holiday Programmes, Psychosocial Support, Sustainable Livelihood, etc. The Site Manager together with Service Providers lobby and advocate for children’s rights to be protected.

WHO WE ARE

Matjhabeng Joint Venture OVC Project is a cluster within the Matjhabeng HIV/AIDS Consortium. It is a brain child of the Nelson Mandela Children’s Fund. The Joint Venture is formed by 8 (eight) Service Providers namely.

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Life Line VCDMC</td>
<td>VCT, Condom Distribution, Counselling and Home Based Care</td>
</tr>
<tr>
<td>Social Services</td>
<td>Preparations for Foster Care, Foster Placement and Monitoring</td>
</tr>
<tr>
<td>Kerklike Maatskaplike Dienste</td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td></td>
</tr>
<tr>
<td>Dunamis Christian School</td>
<td>Psychosocial Support. Training in Schools</td>
</tr>
<tr>
<td>YWCA</td>
<td>Sustainable Livelihood</td>
</tr>
<tr>
<td>St. Kizito</td>
<td>Computer training</td>
</tr>
<tr>
<td></td>
<td>Legal documents and grants</td>
</tr>
<tr>
<td>Ntshirelletse</td>
<td>Drop in Centre &amp; After Care</td>
</tr>
</tbody>
</table>
We are guided by the following Key Result Areas

- Support and Strengthen families and households.
- Sustainable livelihood.
- Building and strengthening Community Systems for support of OVC’s.
- Behaviour change and reduce HIV/AIDS/STIs and stigmatization in the community.
- Psychosocial Support – Wheel model.

**CHILD HEADED HOUSEHOLD SEMINAR**

*(Follow up)*

**INTERVENTIONS AIMED AT HELPING THE OVC**

On the 28th of October 2006, a seminar was held for OVC from the child-headed households, 20 youngsters attended. The aim was to listen to the challenges facing them and propose solutions of making their lives better. To follow is a list of proposed ideas regarding the lifestyles of the OVC.

- Food and clothes
- Psychosocial support training
- Emotional support – counselling
- Support group
- Educational support
- Safety and security.

Most of the school-going OVCs tend to go hungry and those who are not attending school also stay at home without food. Clothing is also problematic hence, they are usually reprimanded for not wearing a school uniform and these affect their school performance.

The *Dunamis* has been organizing the PSS for the OVC successfully – most children recommend this training and are always looking forward to another one. The OVC emphasized that this type of training has a room for counselling, provision for support, motivation and empowerment among other things.

Being OVC makes them to sometimes feel depressed and isolated – there is usually no one to confide in. they lack confidence because of the limited support they get from the community and other relatives and this affects their well-being.

According to these youngsters, a support group would contribute to their growth (physical, emotional, social, and psychological) and serve as an
important network system. Sharing and discussing of various viewpoints from these participants will ensure that they are not alone in their life situations.

Matriculants and those who left school at an early age struggle to progress in their lives in terms of skills development and career growth. Learnerships, internships, bursaries and trainings for different specialties (e.g. engineering, technology, health) were proposed by these youngsters.

During the seminar, some OVC complained about their safety and security – their homes are in unsafe and unhygienic places (those living in squatter camps and hostels).

In summary, the OVC need more than what is presently offered by different Service Providers in Virginia, not that they do not appreciate their help. The support given by different organizations and the community will strongly contribute to their achievements and a bright future.

**CHALLENGES AFFECTING CHILD HEADED HOUSEHOLDS AND FUTURE PLANS.**

**HUMAN DIGNITY DESTROYED = LOST UBUNTU ➔ NO EXTENDED FAMILIES**

- Grandparents and uncles are abusive sexually.
- Auntsies ad stepmothers verbally abuse.
- Educators not caring like before = competition on material things.
- Media; Television
- Girl child and boy child.
- Challenges: Same family with different surnames.

**CHILD HEADED HOUSEHOLDS**

- Economically disadvantaged.
- Child headed households not at schools / never been to school = Single parents and prostitutes.
- Lack of education handicaps an individual and exposes the person to crisis situations.
- Senses of belonging / thirst to belong to a family and child not have a chance of being a child.
Poverty vs Child Headed Households

- Like any other child they must be loved and given the support for them to go through the stages of life/growth.
- Education
- Skills Development
- IGP’s = Information and Education → Long Term
- Increase access to backyard food gardens.
- Facilitate access to Child Grants / Disability Grants → Kick-starts for IGP’s.
- Subsidies for housing services → Electricity and Water

Future Plans

✓ Ongoing Life Skills Education
✓ Weekends with families (e.g. Me and Moselantja)
✓ Relationships: Parent and Child Relationships → Boy and Girl
✓ PSS (Ongoing)
✓ Guidance
✓ Home Economics e.g. Health Care Services
✓ Sustainable Livelihood approach.
✓ Information & Education on income generating projects.

Dunamis Christian School
Psychosocial Support Report
October 2006

PSS Teachers Training

We realized that in order for this project to be sustainable beyond the members of the Joint Venture Service Providers, we had to engage the teacher. In addition, this training would provide the educators with the tools to assist the learners and add to the skills and experience that they had gained in training as teachers. The course was also attended by member service providers from the Joint Venture Team. A total of forty-four (44) participants took part.

The training was organized during the holidays for a period of five (5) days at Tikwe Lodge, Virginia (See Appendix B for the schedule).

The purpose of the week was that the teachers would understand what is PPS, its importance in the provision of services to children and its application.
The week was very successful in its aims and was thoroughly enjoyed by all participants (see feedback form questionnaire, Appendix B). The feedback revealed the following:

- 100% of the participants thought that the course was empowering and had added to their knowledge and skills. One teacher commented that the course “… gave me more insight in dealing with children…” Another stated: “I’ve gained knowledge to empower others.” One teacher from Reatlehole stated that as a result of the course, “… Educators and parents need to be skilled for the benefit of their children.” This was a powerful statement as they realized that there were a lot of things that they had not considered before or had always taken for granted until this course. Others thought the use of play was a very effective tool to communicate some lessons to the children. Others like a teacher from Boase Primary School who realized that although they already possessed some of the skills and knowledge shared in the course, they “did not use them effectively.” They also stated that they had come to see the need of all members of the local community to take part in looking after the children in their respective areas. We all have a part to play. In the main, the teachers and service providers all gained new knowledge and skills.

- Of the top three (3) things that they learned during the week, the result is as follows:- (i) Stress and Coping; (ii) Loss, Grief & Mourning; and (iii) Building Resilience / Monitoring & Evaluation.

**Lessons Learnt**

- It is helpful to involve the community.

- It is very important to build strong relationships with our beneficiaries & children and to invite them in our planning / programmes, to know each other.

- That Child Headed Household are also in need of ongoing Care & Support depending on the developmental stages of the CHH.

- That communities knew children’s rights, but did not protect them, including educators.

- Communities need information and education on how to protect/fight for children’s rights.

- It is important to turn schools into Nodes of Care.
Psychosocial Support Training is the best tool.

Most Children do not want to leave the place of origin.

Working with a team of different Service Providers and using the referral method is one of the best approaches in helping the children. Even here they make their own choices “TRUST”.

It is important to monitor and follow up guardians on: Grants, Home Work; Relationships, etc.

Child Care Forums are not established within a week’s time, it is a process that involves meetings and training.

It is important for an organization to fundraise and not rely on one funder.

Partnerships and Networking with Government Departments for support.

**AchEvements**

I managed to bring the Service Providers together through Team Building Exercises – There is strong team work.

- OVC Monthly Meetings
- Planning together for National Celebrations, e.g. Human Rights Day, etc.
- Celebrating Together as a Joint Venture and community.
- Database
- Involving our beneficiaries and talking to them.
- Using the psychosocial support wheel model as our tool.
- Protecting children’s rights.
- Community involvement.
- Child headed household and OVC seminars.
- Child Care Forum (informal stage)
- Project is known in Meloding.
- Strong relationship / Partnership with our custodian (Matjhabeng HIV/AIDS Consortium.)
- Partnership with the following government departments, district managers.
- Department of Home Affairs
- Department of Health
- Department of Education and Arts and Culture
- Department of Agriculture
- Department of Social Development

**CHALLENGES**

Children experience abuse, mostly sexual abuse, because people live in shacks where there is no privacy for parents and children (Boys and Girls) and this also increases the risk of children being infected by the pandemic diseases.

- Children run away from homes and decides to live on the streets or in abandoned buildings because of different reasons.
- Others run away from legitimate discipline by their parents.
- Most are children orphaned by HIV/AIDS, which leads to Child Headed Households. They become involved in petty crimes because of their needs.
- Children drop out of school because of poverty related issues, search for employment in order to support themselves as well as their families. In general, the number of orphans and vulnerable children is growing in our area.
- Not easy to find physical addresses of clients.
- Roads in informal settlements are bad, especially after the rain.
- Funding
- Facilities
- Information and Education
- Social Workers, there is a need for NGO’s and CBO’s to have their own social workers.
- Sometimes children who are under foster care, are rejected by foster parents and social workers at this stage become stuck because of limited resources, particularly children’s homes.
- Accreditation for training.
- To overcome all these challenges. There is a need for more funding.
**FUTURE PLANS**

- Child headed house Holds community
- Strengthening Leaders, guardians and young adults.
- Psychosocial Support Training
- Child Care Forum Bodies
- School Governing Bodies
- Educators (not trained)

- Advocate and lobby Children’s Rights. Government Departments, MP’s, Local Government.
- Strengthen Child Care Forum
- Child Headed Household Forum
- Schools as Nodes of Care / Caring Schools.
- Topics/Talks – parents and child relationships.
- De-briefing and healing of memories.
- Site Visits
- Quarterly Evaluation.

Compiled by:
J. Lingalo