



bigshoes
a promising future

Improving the medical care of orphaned and vulnerable children (OVC),
especially those affected by HIV/AIDS



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**CHILDREN'S HOMES OUTREACH
MEDICAL PROGRAMME**



ANNUAL REVIEW

2006

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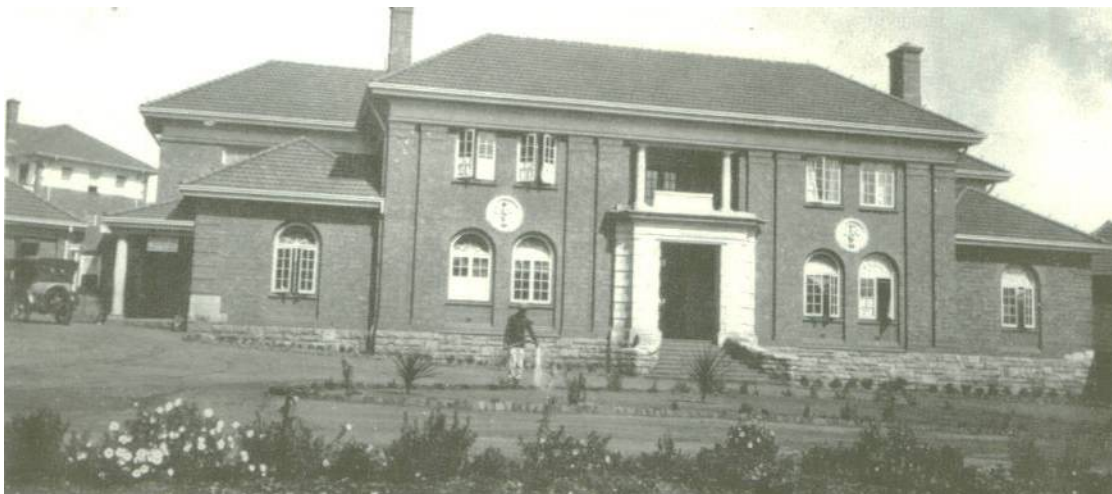
DIRECTOR'S REPORT

By Dr Michelle Meiring

With spring not far off, it is a good time to celebrate new beginnings and to reflect on the season passed. As last year's annual review was our first public review, in addition to presenting the project's activities for 2005, I also covered the history of the Children's Homes Outreach Medical Programme (CHOMP) since its inception in 2002. This year our annual review also has more than one purpose. We will look back on 2006's achievements and challenges, celebrate the opening of our new offices and introduce the project's new name and logo.

2006 has in true CHOMP fashion been a busy year with several changes both in terms of staff as well as the projects activities. In last year's review we stated that we had plans to extend our project beyond the children's homes and also beyond our provincial border. I am pleased to report that we have succeeded this year in doing just that. This year saw the introduction of a community outreach component to our clinical activities as well as the launch of CHOMP in Durban. Both of these achievements will be highlighted in the individual project sections.

The other major highlight this year was renovating and moving to a new space in the old section of The Memorial Institute for Child Health and Development (TMI). For those of you not familiar with Johannesburg: TMI (previously the Transvaal Memorial Institute) was the old Johannesburg children's hospital. In fact it was the first children's hospital to be established in the sub-continent. It was opened in 1922 and dedicated as a memorial to soldiers killed in the First World War.



TMI in the 20's

In 1978 after the Johannesburg general hospital was opened, the paediatric in-patient department moved to the new hospital. Some of the paediatric out-patient services continue to operate from TMI (Dentistry and Child Psychiatry) and the remaining space was made available to non-governmental projects working within the children's sector. Today it is a national monument and the NGOs it accommodates continue to serve the children of Johannesburg.

The space we have renovated was “ward one” and was previously used as the neonatal surgical ward. It is an ideal space for us and most importantly allows us to conduct medical clinics as well as training simultaneously. This was difficult to do in our old smaller space that we had outgrown.

The renovation of our new space was gratefully sponsored by the Discovery Fund. Ms Victoria Bremer was employed to co-ordinate the renovation project and has since joined the team as our fund raiser and events co-ordinator. Vicky is an amazing lady who grew up in the children’s home environment herself. She is the epitome of resilience and she handled the project with great “gusto”. We are delighted to have her on the team.

The Discovery Fund has also sponsored today’s official opening and annual review function. We are indebted to them as well as our other funders (listed later in this review) for without them none of our work would be possible.

To conclude my report I would like to refer to the words that Ms Maureen Salmon, ex-superintendent of the Johannesburg Hospital, wrote on the occasion of TMI’s golden jubilee in 1973: “It is not bricks, or mortar, or expensive equipment that has endeared TMHC (Transvaal Memorial Hospital for Children) to thousands of grateful South Africans. It is the spirit of selfless service and warm pervading love that has made the Hospital a living monument of which we are justly proud.

We hope that our project alongside the many other selfless NGO’s in the Memorial Institute can continue to keep this monument alive.



The symbol of the memorial Institute for Child Health (seen on the front façade of the old building)

THE PROJECT'S NEW NAME:

A new name for the Children's Homes Outreach Medical Programme (CHOMP) was long overdue. As mentioned in the director's report, the project has expanded beyond the children's home environment. The name CHOMP also had several other problems. It was too often confused with another very worthy NGO- CHOC (Children's Haematology and Oncology Clinics) and was after all the name of a chocolate with a very similar logo to our old hippo.

We really wracked our brains to come up with a new name (which was partially the reason for the delay) and finally after many jaw breaking acronyms, decided to turn to the professionals. One of the names we came up with was mentioned in last years' annual review. This was the acronym MOOVE: Medical Outreach to Orphaned and Vulnerable Children. Unfortunately you probably noticed the C/E problem. We thought it would be quite fun to add a D to the name once we had relocated to our new space! In all seriousness, you can see why we needed help.

The professional help came in the form of a company called MGM. Like most of our contacts we learned of MGM through a friend of a friend. Mrs Daryl Jennings, our sessional trainer who also runs parenting classes, had in one of her classes a lady by the name of Tracy Kruger. Tracey (a mother of twins) had raised funds for a children's home that sadly burnt down. She also happened to work for MGM. At Tracey's instruction a creative team at MGM, led by Tula Yapce, was tasked with coming up with a new name and developing a corporate image for us (pro bona). After a few fun meetings with them, they came up with a new name for us: bigshoes. Although we were a bit confused in the immediate seconds following their presentation of the new name to us, we have decided that the shoe really fits!

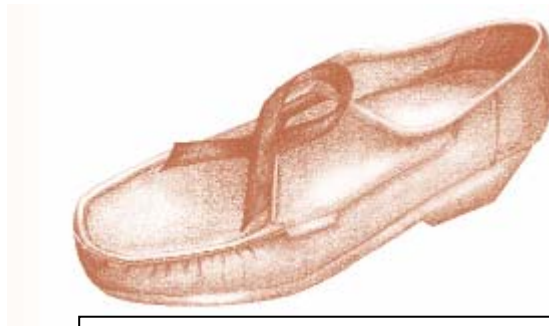
Bigshoes is all about medical interventions that assist orphaned and vulnerable children (OVC) to grow up to fill big shoes. You've probably all seen little children walking around in their parent's shoes, aspiring hopefully one day to fill those shoes. That's what our project is all about: interventions that assist them to do this. The project's **main focus** is on medical interventions that improve the lives of OVC by intervening at key "points of vulnerability" in the life space of the child. These include abandonment, orphaning, institutionalisation and illness. The interventions are made through direct service, training and advocacy.

PROJECT OVERVIEW:

We have taken the shoe theme further and consolidated the project into four main components each represented by a shoe:



Abandoned Baby Project



Medical clinics and outreach

Advocacy



bigshoes
a promising future

Advocacy



Paediatric Palliative Care



Training

Advocacy work is an overriding principle that is embraced by all of the projects activities.

PARTNERS AND COLLABORATIONS:

Bigshoes believes that the best responses to the AIDS orphan crisis are collaborative responses between individuals and groups working in both government and non-government organisations.

Our growing list of organisations with which we work, bears testimony to this:

- 🚫 The Abandoned Baby Forum
- 🚫 Adoption agencies (ABBA, Naledi, K+ S adoptions etc)
- 🚫 The AIDS Law Project (WITS)
- 🚫 Asiphilisani (Wits Paediatric HIV Clinics)
- 🚫 Childline (Sunlight Safe houses)
- 🚫 The Children's Rights Centre (CRC)
- 🚫 The Department of Environmental Health
- 🚫 The EPI and CDC directorates of the Department of Health
- 🚫 The Department of Social Development (DSD)
- 🚫 Doctors from the National Institute for Communicable Diseases (NICD)
- 🚫 The Gauteng Plan of Action for Children (GPAC)
- 🚫 Heartbeat
- 🚫 The Gauteng Children's Homes
- 🚫 The Kwa-Zulu Natal children's Homes
- 🚫 The Hospice and Palliative Care Association of South Africa (HPCA)
- 🚫 Hospice Association of the Witwatersrand
- 🚫 The Johannesburg Child Welfare Society (JCWS)
- 🚫 The Mondeor Methodist Church
- 🚫 The National Association of Child care workers (NACCW)
- 🚫 The Palliative Care Society of South Africa (PCSSA)
- 🚫 Rearebilwe
- 🚫 Teddy Bear Clinic
- 🚫 Thusanani (Occupational Therapists)
- 🚫 Vusan Abantwana

ADVOCACY WORK

Overarching each of the project's components is a strong advocacy focus. Service without advocacy and the ability to inform policy and change practice is a lot of work with little gain for the many children out there in need of care. Bigshoes has been drawn into many advocacy processes, always using what it has learned at the coalface to influence policy.

This year several of our "advocacy engagements" have finally borne fruit:

- ✚ Bigshoes was asked by the local Department of Environmental Health to assist in the drafting of new by-laws dealing with environmental health aspects in the children's homes. The draft has been completed and is currently open for public review.
- ✚ We were also invited at the beginning of the year to a national workshop led by the Department of Social Development and facilitated by the National Institute for Community Development and Management (NICDAM). The aim of the workshop was to come up with a plan for HIV in the residential child care sector. As Bigshoes was the only medically orientated organisation attending the workshop (the Department of Health made a brief appearance) most of the recommendations from a medical perspective were made by our project. Dr Meiring's research on the state of the Johannesburg children's homes also informed this process.
- ✚ Our participation in the Gauteng Plan of Action for Children (GPAC) and a final report on the progress of the children's homes task team is due at the end of August. The children's homes task team was formed after several presentations made by CHOMP to GPAC. The main aim of the task team is to address unregistered children's homes as well as health standards in the children's homes.
- ✚ We were also invited this year to participate in a workshop led by the National Department of Social Development to input into the sections of the new Children's Bill pertaining to residential and alternative care for children.
- ✚ Dr Meiring represents the Paediatric Discipline on the newly constituted Palliative Care Society of South Africa (PCSSA). In September this year Bigshoes in association with the Hospice and Palliative Care Association of South Africa (HPCA) will be hosting a meeting to establish a children's palliative care network in SA.

BIGSHOES STAFF:

2006 has seen many staff changes for Bigshoes. Dr Vas Pillay (our other Paediatrician) left the project at the end of 2005 to start a private practice. Dr Lee Kleynhans, a very able paediatrician and a favourite with the kids joined the project at the beginning of the year. In April, Dr Janet Lumb went on maternity leave. Dr Cathy O'Reilly stepped in as a locum for Janet. She also helped to relieve some of Lee's heavy work load and will be staying on after Janet returns as there is still plenty of work to go around! Thanks to the Rockefeller Brother's South African Children's Fund we are able to pay for these additional sessions. More recently, the Department of Community Paediatrics has offered us a few hours a week of their registrar, Dr Judy Rothberg's time.

In January this year we also employed our first social worker. Mrs Kay McCrindle joined the team primarily to assist with the psycho-social aspects of the paediatric palliative care component but has also provided invaluable input to other aspects of the project including the abandoned baby project and our clinics.

Samantha Stewart, our training and project manager as well as Fiona Shepherd our training coordinator also left during the first half of 2006. We are indebted to them for their service to the project in what was a difficult time for the two sisters (having lost both their parents in a short space of time). Ms Tracy Meiring started as the new Training Manager in May. Tracy has also provided excellent IT input to the project and assisted in updating our data base of homes as well as inputting and analysing data for the immunisation audit.

Sister Catherine More received a once in a life time opportunity to work as a lecturer in Palliative Care in Saudi Arabia and left us at the end of March. She has promised to return in 2 years time bringing with her valuable experience in the palliative care field. Catherine was a real asset to the project and achieved a great deal on the Katlehong project. Details of her achievements are recorded in the Katlehong project section.

The last person we had to say good bye to this year was Sister Deliwe Luthuli. Deliwe was employed to conduct an immunisation survey in the children's homes and has assisted with training as well as with the running of our clinic. Deliwe has officially retired (for the second time) but will more than likely be back to help us with translating during community based training on an ad-hoc basis. We are very sad not to have our "Gogo Deli" around every day: she was also a valuable team member whose gentle wisdom and people skills were a tremendous asset to the project.

The newest member of the bigshoes team to be employed is Vicky Bremer. As already mentioned she was contracted to assist with the renovation project and from August will be joining us as the project's fund raiser and events co-ordinator.

Although we have had a few persons (including medical students from abroad and local IT students) providing volunteer services to the project, this is the first year we have had two more permanent volunteers. Mrs Irene Howard started with Bigshoes in May this year. With her previous experience as a doctor's receptionist, she is a great asset to our clinic and helps to ensure that it runs smoothly. Mrs Howard also kindly donated a kitchen unit for the project's new space. Our other volunteer is based in Durban. Mrs Andrea Engel has single handily coordinated the Durban meetings from her own offices on a volunteer basis.

THE CURRENT BIGSHOES TEAM:

1. Dr Michelle Meiring: Project Director
2. Dr Lee Kleynhans: Full time Paediatrician
3. Dr Janet Lumb: Sessional Paediatrician
4. Dr Cathy O'Reilly: Sessional GP
5. Mrs Kay McCrindle: Social Worker
6. Ms Jaqueline Barnard: Office Manager
7. Ms Victoria Bremer: Fund raiser and events co-ordinator
8. Ms Tracy Meiring: Training Manager
9. Mrs Daryl Jennings: Sessional Trainer
10. Mrs Deliwe Luthuli: Retired nurse (sessional trainer)
11. Mrs Irene Howard: volunteer clinic assistant
12. Ms Thandi Mthunzi : cleaner



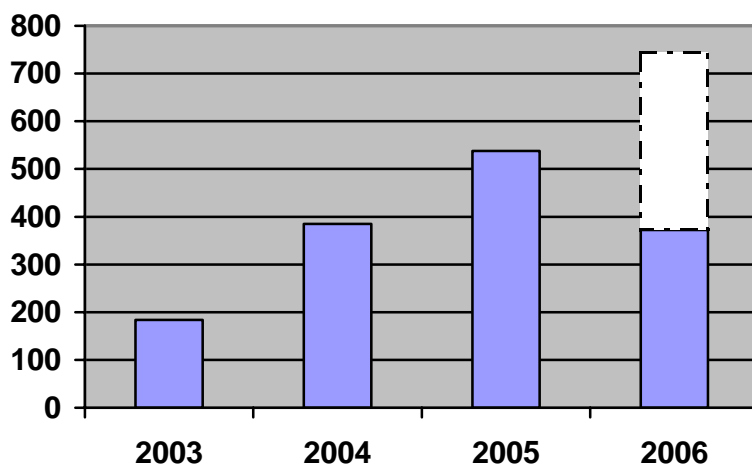
MEDICAL CLINICS AND OUTREACH:

- ❖ Three paediatrician run clinics per week
- ❖ Four children's homes visited weekly
- ❖ Early infant HIV diagnosis
- ❖ In most instances exclude HIV infection in babies born to HIV positive mothers
- ❖ Adoption medicals
- ❖ Investigations and referrals for anti-retroviral treatment (ART)
- ❖ Complex cases requiring the input of a paediatrician
- ❖ Paediatric palliative care assessments



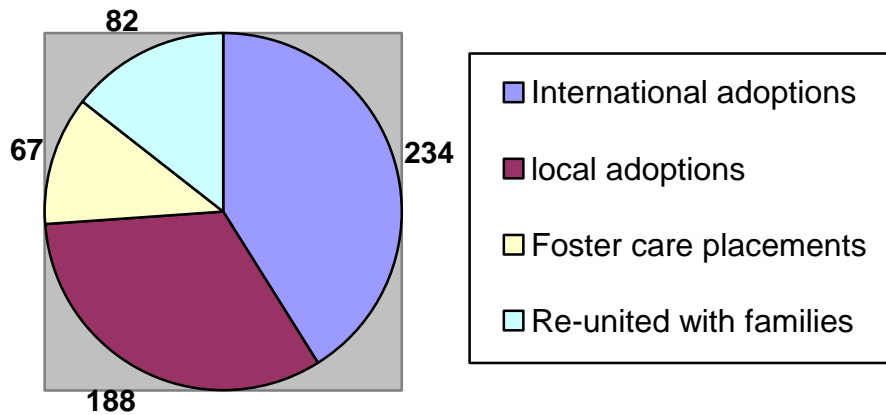
MEDICAL CLINICS:

Bigshoes runs three paediatric clinics per week. Two of these clinics are run from the Memorial Institute and a third clinic is conducted in the Paediatric out-patient department of the Chris Hani Baragwanath hospital. Children are referred to these clinics from children's homes or community based organisations caring for OVC. The clinic assists with HIV testing, adoption medicals, age assessments and workups for anti-retroviral treatment. Children requiring ARV's are referred on to government treatment sites. Our clinical work load has increased every year as borne out in the graph below. The blue bar for 2006 represents our clinic numbers for the first 6 months of this year (Jan – June) with the white projecting the possible total for the year.



Given the large number of children in the residential care sector in the greater Johannesburg area (5 934 in our last survey) we are unable to see all acutely ill children from the homes requiring medical attention. The homes are encouraged to use their primary health care providers for this purpose and the clinic is run as much as possible on an appointment only basis.

Our assistance on the medical side of permanency planning has resulted in the placement of 571 children out of the children's homes. The type of placement is represented in the pie chart below. Trends noted last year were that although more children have been adopted internationally than locally, the number of children returned to family also increased.



CLINICAL OUTREACH COMPONENT:

This year saw the introduction of a clinical outreach component. This entails weekly “housecalls” by two doctors to four children’s homes with high medical needs. The homes visited are The Love of Christ ministries (TLC), St Francis Care Centre, Cotlands and Lambano. These children’s homes have also contributed towards the salaries of our doctors.

Two of these homes (Cotlands and Lambano) have also established community outreach programmes. At Cotlands a bus picks up OVC living in the community (cared for by their home based care team) and brings them to the home on the day that the Bigshoes GP (Cathy) visits. Cathy then sees these children, does the necessary testing and refers them on to their relevant local clinics or ART treatment sites as necessary. Approximately 40 -45 children are seen per month. Cathy also conducts monthly training workshops for the community based child care workers employed by the Cotlands home based care programme. At these workshops, caregivers are taught how to deal with common child health related problems (diarrhoea, nutrition, ART etc). Lambano has established a community outreach programme where the homes’ paramedic actually visits children in their homes in the informal settlement of Kathorus on the East Rand. Dr Lee Kleynhans accompanies her on these visits and assists with HIV testing and referral to the relevant clinic for ongoing management.

TLC is a children’s home on a plot in Eikenhof with a large turnover of children. They also specialise in the care of ex-prem babies abandoned in the neonatal units of hospitals. Dr Kleynhans visits them twice a week and does between 90 and 194 examinations per month. A total of 41 adoption medicals have been done for TLC by Lee over the last 6 months.

ANTI-RETROVIRAL TREATMENT IN THE CHILDREN’S HOMES:

Bigshoes facilitates access to and management of anti-retroviral treatment programmes in the children’s homes by:



- Early diagnosis and referral to government rollout sites of HIV infected children in the homes.
- Assisting the state run clinics by performing “pre-HAART investigations” for children from homes prior to referral to their clinics.
- Educating children’s homes staff on the administration of anti-retroviral treatment in the homes.
- Managing children at St Francis care Centre who are receiving ART through a “stopgap programme” run by the South African Catholic Bishops Council (PEPFAR funded) in an area where the government rollout programme is not yet operational.

The St Francis Care Centre in Boxburg North is visited once a week by both Lee and Cathy. A total of 22 in patients and 34 out patients receive anti-retroviral treatment through the St Francis Care Centre and 4 in-patients and 15 out patients not requiring ART yet are being followed up. A total of 8 ART patients and 2 pre-ART patients were transferred to Epworth children’s home for schooling purposes and these are seen by Dr Michelle Meiring.

IMMUNISATION AUDITS IN THE CHILDREN’S HOMES:

As our capacity and funding to do full health audits in the children’s homes was limited we turned our attention to auditing just the immunisation coverage in children’s homes.



This was Sister Deliwe's main activity on the project. After obtaining ethical clearance from the ethics committee for research on human subjects from the University of the Witwatersrand, Deliwe started the audit. The Expanded Programme of Immunisations (EPI) within the Provincial Department of Health were informed of this activity and agreed to assist with intervention where necessary.

A total of 19 children's homes were visited. The majority of these homes were located in the inner city. To our horror, only 25, 6% of children in the homes audited were up to date with their immunisations! Several factors are responsible for this poor coverage. Orphaned and abandoned children are often admitted to homes without immunisation records. Some children's homes experience difficulties in getting replacement cards and other homes are uninformed about the importance of immunising children. Some homes also complain of difficulties experienced with taking several children to the local clinic for immunisation.

The audit was followed by an intervention that included the training of nurses working in children's homes (by the National EPI programme) as well as educating uninformed homes on the importance of immunising children. Nurses from homes who attended this training are now allowed to collect vaccines from their local clinics and to immunise their children in the home. Sister Deliwe has just completed a post intervention audit that is currently being analyzed.

PAEDIATRIC PALLIATIVE CARE (PPC):



- ❖ Partnered with Hospice Wits to open a paediatric palliative care unit in Houghton
- ❖ Second unit being built in Soweto
- ❖ Assists in the running of a training course for professionals in paediatric palliative care
- ❖ Represents the paediatric discipline on the Palliative Care Society of South Africa (PCSSA)

In July 2003, CHOMP partnered with Hospice Wits to open a paediatric palliative care in patient unit at their predominantly adult based hospice in Houghton. The Bigshoes PPC team consisting now of a Paediatrician (Dr Michelle Meiring) and a social worker (Mrs Kay McCrindle) provide a weekly consultative service to the unit and are available for telephonic advice.

Almost 120 children have been admitted to this unit to date. Children are admitted to the unit from children's homes, hospitals and community based programmes.

The Unit has not only cared for children suffering from HIV but also children with other chronic conditions such as malignancies, liver and renal failure, neuro-degenerative conditions etc. We have even had some referrals from the private sector.



Admissions to the unit have declined over the past year due to the geographic location of the unit (too far for patients from Soweto and the West Rand) and also due to funding constraints. A second 10 bed paediatric unit is currently being built in Soweto. The Bigshoes team will also provide a consultative service to this unit once established.

Another challenge faced by the unit has been that some of the little patient's stays have been protracted due to social problems. Although being linked to a network of children's homes is extremely useful, many of the HIV homes are running at capacity.

In 2006 we added a third partner to the network: Zaziwe (Hope for Life) in Jeppestown. This predominantly adult focused HIV/AIDS facility is now also admitting children "stepped-down" from the Houghton unit until more suitable long term placements can be found for them.

In 2006, Wits' Hospice's Centre for palliative learning in partnership with Bigshoes, started running a short course for professionals in paediatric palliative care. The training course is sponsored by the Princess Diana Memorial Fund. Four courses have been conducted this year so far. Michelle lectures for two days of the course on pain and symptom control in children and Kay covers cultural aspects encountered in paediatric palliative care.

The PPC team has also had several opportunities to improve their own knowledge base and skills in paediatric palliative care. Both Kay and Michelle attended the International Palliative Care Conference in Cape Town in December last year and Kay will be returning to the mother city in

September this year to spend time with a social worker, Dr Renee Albertyn, who together with a paediatric Anaesthetist: Dr Jenny Thomas run a paediatric pain team at the Red Cross Children's Hospital.

Michelle was fortunate to attend and address the 3rd International Paediatric Palliative Care conference in Cardiff, Wales in June this year thanks to sponsorship received by the International association for Hospice and Palliative Care (IAHPC). The conference was combined with a trip of several British Children's hospices as well as a visit to Great Ormond Street and the University hospital of Cardiff's paediatric palliative care programmes. This trip was kindly sponsored by the Princess Diana Memorial fund. In August, Michelle will also be attending the Toronto AIDS conference and will be doing a similar trip of Canadian children's hospices and hospital based paediatric palliative care programmes thanks to sponsorship this time from the Rockefeller Brother's Fund.

When Michelle returns from Canada, she and Kay will continue with their latest project, which is to provide a weekly hospital based paediatric palliative care consultative service to the three academic hospitals in Johannesburg. These rounds have already commenced at Coronation Hospital and we hope to introduce the service to the Chris Hani Baragwanath and Johannesburg General Hospitals in September.

In 2007, Michelle will commence her distance based studies in Paediatric palliative care through the University of Cardiff, Wales.

Paediatric palliative care (PPC) is defined by World Health Organisation as “an active and total approach to care, embracing physical, emotional, social and spiritual elements. It focuses on quality of life for the child and support for the family and includes the management of distressing symptoms, provision of respite and care through death and bereavement. It is provided for children for whom curative treatment is no longer the main focus of care and may extend over many years”.

TRAINING DIVISION:

- ❖ Trains child and youth care workers from children's homes on basic child health care and especially HIV
- ❖ Trains community based child care workers working with OVC in child and granny headed households on basic child health, nutrition, normal childhood development, common illnesses, HIV + ART
- ❖ Writes a monthly "Dear Doctor" article for the National Association of Child Care Workers



The training component is the oldest part of the CHOMP/Bigshoes project. It was the first component of the project to start in Johannesburg in August 2002 and is the first component we have started in Durban this year. We believe that training child and youth care workers in both the residential and community based setting can have a tremendous impact on the health of orphaned and vulnerable children living in this sector. By empowering child and youth care workers with basic health care knowledge, we not only decrease unnecessary dependence on overburdened health care facilities but also impact positively on child mortality and morbidity. Using principles based on the Integrated Management of Childhood Illnesses (IMCI) we teach caregivers "when to worry" and also how to ensure that good standards of child health are achieved in their setting through good nutrition, hygiene, immunisations, developmental stimulation etc. We also pay particular attention to the care of the HIV infected child and train caregivers on the practical aspects of anti-retroviral treatment in children.

Although some overlap between our training for child and youth care workers in the residential and community sector exists, the resources as well as the problems faced in the two settings are different. We also use different training techniques for our children's homes training as compared to our community based training. Our children's homes training is usually presented in powerpoint format whilst our community based training is conducted using flipcharts and visual aids. Sisters Deliwe and Catherine have also been able to assist with translating our English based training material into Sotho and Zulu during community based workshops.

CHILDREN'S HOMES TRAINING:

In 2006 we decided to reduce our monthly meetings to quarterly in order to start running week long training courses for children's homes in between. The main reasoning behind this decision was a feeling that even though our meetings are well attended, the grass roots child care worker is still not being reached. Persons attending the meeting are not always disseminating the knowledge downwards largely because of time constraints in children's homes.

So, in February 2006 we piloted our first 5 day "Basic Child Health for Child Care Workers" (residential care setting) course. We outsourced the First Aid training to the St John's Ambulance so that careworkers could receive a certificate from them.

We invited a variety of persons from the homes that we had identified as potential trainers. We also tried to get a distribution of homes some who already had a fairly medical focus with medical staff (predominantly nurses) on board and other homes run largely by laypersons with no formal medical

background. We also included homes with small babies and homes with older children to balance the representation.

At the pilot course, we presented an overview of a proposed 5 day course to the participants and invited input from them. The main strategy that we had come up with was to identify and train suitably well educated children's homes staff members and then get them to present the material to their own staff in "bite-size" chunks or training modules. The children's home could determine which of the modules they needed to train their staff on and how frequently they were going to conduct the training. That way the children's home could tailor make their own course according to their individual needs and training capacity.

The pilot course was as much of a learning curve for us as it was for the participants! Several suggestions were made by the participants that have made us rethink the strategy described above. Participants from predominantly "layman's homes" were still nervous about training their child care workers. Although they felt the facilitator's guides would assist them, they were concerned about giving out inaccurate messages and not being able to answer questions posed to them by their child care workers. Participants from the more medical homes had said that although many of them had already tried to train their staff, they had not been able to influence daily child care practices. They also pointed out that child care workers are more likely to listen to trainers from outside the homes than their own staff who they were familiar with.

One of the participants asked us if we could produce videos for the homes that demonstrated basic child care practices that they could play for their child care workers and then follow on with discussion around what they had just watched. Most of the Johannesburg homes with the exception of a few homes in the informal settlements have television sets and video recorders. Another very useful suggestion was to base most of the training around every day child care worker activities. For instance, one could demonstrate "how to bath a baby" and to use that opportunity to examine the baby and to stimulate normal childhood development.

We have started to explore the feasibility of making training videos. This way a larger proportion of homes can be reached and accuracy of the training maximized. We have also written a funding proposal for this project and are awaiting the outcome of our appeal.

COMMUNITY BASED TRAINING:

Heartbeat (an organisation caring for OVC in communities across South Africa) drew us in to training child and youth care workers caring for OVC at a community level. In 2004/5 we piloted a "basic child health" curriculum for this setting with a group of Heartbeat's careworkers in Katlehong on the east rand of Johannesburg. Pending the outcome of another funding proposal we plan to employ two nurses to "roll-out" this curriculum to Heartbeat's other sites across South Africa. This curriculum will also be adapted during the "rollout phase" for use in training sessions with granny and child heads of HIV affected households.

In the meantime we have engaged in training caregivers from other community based organisations on the East Rand. We have trained caregivers from three organisations so far: Rearebilwe (a community based outreach programme developed by the Coalition of Anglican Children's Homes), The Anglican Diocese of the Highveld as well as Vusan Abantwana. Vusan Abantwana is a Komanani initiative that has drawn together over 30 community based organisations working in Kathorus (Katlehong, Thokoza and Vosloorus) area. We trained trainers from these organisations who will now go out and disseminate the training to the rest of their organisations.



Rearebilwe child care workers



The Anglican Diocese of the Highveld



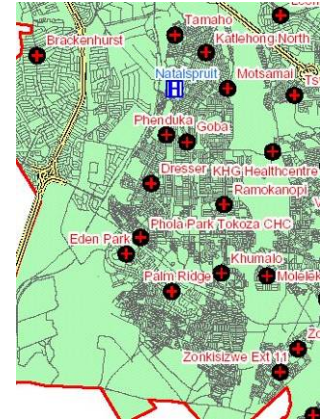
Training Vusan Abantwana in a garage (left) and with Dr Lee Kleynhans (right) in Katlehong

KATLEHONG PROJECT

KATHORUS Community (Katlehong, Thokoza, Vosloorus) is a community heavily affected by HIV/AIDS where 76% of the community live in absolute poverty.

The Katlehong project aims to:

- ② Explore the role of the community based organisations (CBO's) in improving child health in the HIV era
- ② Assist in building capacity amongst professionals in the area to manage HIV infected children through knowledge and skills empowerment.
- ② Pilot a referral system between CBO's and PHC clinics to ensure that the most vulnerable children including those in granny and child headed households access basic medical care as well as Anti-retroviral treatment if necessary.



Sister Catherine More was in charge of the Katlehong project until March this year. In the period under review, Catherine completed her research (reported below) and also succeeded in getting a referral system going between CBO's and their local clinics. Sister Deliwe completed the last three months of the project after Catherine left for Saudi Arabia in March.

Catherine's research in Katlehong focused on the role of the community based careworkers in improving child health in the HIV era. She interviewed 16 community based workers as well as the heads of the organisation for which they worked. In addition she did a brief KAP analysis of 17 nursing sisters working in clinics in the same areas where these CBOs operate. The CBO's varied from large well structured organisations to smaller groups with little organisational structure and no entry criteria or screening processes for child care workers. There was also a much greater focus on caring for adults than on focusing on the care of children. A full report on this research is available from the project on request.

Catherine's main conclusion were that there were considerable knowledge gaps in both the community based careworkers as well as the nurses when it came to addressing HIV in children. In order for child health in this heavily affected HIV area to be improved, both groups needed to be trained in dealing with this disease.

In our last review we highlighted our input into the capacitating of staff at the Natalspruit hospital in paediatric HIV management including ART. In the period under review we focused our attention on assisting the Tambo Memorial hospital (TMH) with the rollout of ART in children. TMH is the hospital to which our St Francis children will ultimately be referred once the "stopgap" PEPFAR funded ARV programme is completed. Even though TMH had been a designated ARV rollout site since September 2005, not a single child had been started on ARV's in the hospital. We spent some time with the main doctor charged with running the clinic and assisted her in starting the first child on treatment in March this year. We also incorporated some of TMH's children into the St Francis programme that required treatment urgently. We have since referred the capacitating of the TMH paediatric ARV service on to our umbrella organisation's ECHO (Enhancing Children's HIV outcomes) team.

Our last input into the Katlehong project came in the form of a training intervention that was facilitated by Sister Deliwe and managed by Tracy Meiring. Here we trained members of the Vusan Abantwana as mentioned in our training report.

BIGSHOES DURBAN:

The idea for a Durban based project was birthed by members of the Durban-based Children's Rights Centre (CRC). Seeing the impact that Bigshoes, Johannesburg has had they approached us to consider expanding the project to Kwa-Zulu Natal (KZN). KZN is the hardest hit by HIV/AIDS of all the provinces in South Africa with a seroprevalence rate of 40,7% amongst antenatal clinic attendees according to the 2004 national HIV and syphilis antenatal sero-prevalence survey. (Gauteng follows at 33%).

Bigshoes, KZN will be modelled on the successful Johannesburg project. Adaptations for the particular local conditions of the province will need to be made.

Preliminary work on Bigshoes Durban began in 2006 and on the 23rd of May we officially launched the project in Durban with a meeting that was held with members of Bigshoes Johannesburg, the CRC, children's homes and community based organisations in KZN. Persons working in homes and CBO's from Durban, Pietermaritzburg, Port Shepstone and Margate attended the meeting of intent. At this meeting it was unanimously agreed that a project like Bigshoes was needed in Durban.

This meeting was followed in July by a workshop on Basic HIV in childhood that was attended by 60 participants. We will be returning in September to conduct a workshop on paediatric anti-retroviral therapy.

All our meetings so far have been organised by a volunteer in Durban. Mrs Andrea Engel has selflessly given of her own time and resources to coordinate the meetings and the CRC is assisting us with networking and establishing an organisational framework for the project. Because we are so passionate about getting Durban going, staff of Bigshoes Johannesburg have personally paid for their own flights down to Durban.

We have decided to continue with educational workshops every second month until we have secured proper funding to introduce the full project (including the medical service components) to Durban. With each trip that we make to Durban we engage key roleplayers and have already started to identify potential staff for the project.

FUNDERS, SPONSORS AND FRIENDS OF BIGSHOES:

INTERNATIONAL FUNDERS:

- 🌀 Rockefeller Brothers Fund
- 🌀 Rockefeller Brothers Philanthropy Fund
- 🌀 Rockefeller Brothers South African Children's Fund
- 🌀 Princess Diana Memorial Fund
- 🌀 Stephen Lewis Foundation

LOCAL FUNDERS AND SUPPORTERS:

- 🌀 Anglo American Chairman's Fund
- 🌀 De Beers
- 🌀 First Rand/ Momentum
- 🌀 Discovery Health
- 🌀 Deloitte.
- 🌀 MGM
- 🌀 Mark Burnett and Keegans
- 🌀 David Van der Walt
- 🌀 Takalani Netkoffe (Wits IT student)

WISH LIST:

We are pleased to report that many of the wishes listed in our last review have come true! We have been able to renovate a new larger space for the project thanks to Discovery Health who have also donated much needed medical equipment to our clinic. We have a wonderful new name and corporate identity, a web site is being developed for us by David Van Der Walt, Takalani Netkoffe and colleagues have helped us to develop our data base and we have two great volunteers: one in Johannesburg and the other in Durban.

Funding for the project is of course an ongoing need. Some of our long term funding contracts are ending at the end of the year and it is always stressful waiting to hear whether funders are going to continue to support us. Our main wishes for the immediate future are:

- 🌀 To employ a dedicated project manager to manage the project in JhB and DbN
- 🌀 To secure funding for Bigshoes Durban and to renovate space for a clinic there
- 🌀 To secure funding for the video based component of our children's homes training course
- 🌀 To secure funding to rollout the community based training to Heartbeat's other sites
- 🌀 To increase the size of the Paediatric Palliative Care Team
- 🌀 To find funding for Dr Meiring's Paediatric Palliative Care masters through the University of Cardiff