



# Service providers working together to help children in the time of HIV and AIDS

## ABOUT THIS BOOKLET

This booklet is for teachers, health workers, home-based carers, community workers, volunteers and social workers. It highlights ways these and other service providers can work together to help children in this time of HIV and AIDS.





# Working in the time of HIV and AIDS

*“That day my life turned upside down. I could not think straight, I kept telling myself that it is not happening, it is a lie. I thank God for the counsellor who talked to me about it. If it was not for him, I think I would have killed myself then. ”*

HAZEL, 17-YEARS OLD

The combined effects of HIV and AIDS and poverty make many children vulnerable. Through their work, teachers, health workers, home-based carers, community workers, volunteers and social workers come into regular contact with children. These service providers recognise that this puts them in a unique position to identify vulnerable children, and where necessary, connect them up with other services.

This booklet highlights some of the ways service providers in South Africa are responding to the many children in need.

## You make a difference

If you are a service provider, you will know that every time you have contact with a client, a patient, a learner, a parent, or a caregiver you can make a positive difference in the life of a child. Sometimes this is just about providing information. For example, many people are not aware of the grants available, that school fees can be exempted or of services and resources available in their area. The quotes on these pages show the important roles service providers have played in the lives of some children.

*“ I believe that teachers can have a huge impact on the lives of learners who are infected or affected by AIDS. I lost my mother and sister in 1999. And in 2000, I was raped by my father. A year later I discovered that I am HIV-positive and the first person who knew about this was a teacher. The attitude that she had is the cause of my positive thinking in life. They [the teachers] try to help financially, not only emotionally. My school governing body and teachers pay for my anti-retrovirals and my boarding so that my granny can be secure that I will finish school. ”*

FEKILE, 16-YEARS OLD



# HIV/AIDS and poverty put many children in need

Below is a list of some of the signs that service providers look out for. A child might need your help if he or she:

- doesn't get enough to eat
- is often sick
- does not have a school uniform or fees
- is not in school or misses school often
- has to care for sick adults or brothers and sisters
- does not have the love and support of caring adults
- has to beg or sell him or herself for food
- lives with stigma and discrimination
- is exploited
- is treated badly by people
- is often left alone
- is very poor
- behaves badly or differently
- shows a sudden change in behaviour

Apart from the children they come into contact with, it is also through their work with adults that service providers are alerted to situations where there are children who need help. For example, when a mother is sick, her children may have to miss school to care for her.

## CASE STUDY

# Different ways of getting information

Sbongile Kuzwayo is the principal of a small school in the far north of KwaZulu-Natal. Despite very few resources, she and her staff have developed a support system for the vulnerable learners. A concern has been how to reach out to those children who might be too afraid or ashamed to ask for help. These are Sbongile's suggestions for educators to identify vulnerable children and learn more about their home circumstances:

- set essay topics that give children a chance to talk about personal experiences if they want to
- use drawings and other forms of expression to find out more about children's experiences and how they cope
- introduce a "post box" at school where children can anonymously post letters to teachers about anything they want the school to know
- introduce "communication books" for children to take home so caregivers can communicate concerns about the child
- hold regular meetings to give information and support to children's caregivers e.g. social workers come to the school to provide information on how to access a child support grant



# Working together

In the next few pages are case studies of how service providers in different parts of South Africa are finding ways to help children in need. Many of the case studies focus on how collaboration with other services makes this so much easier.

*“ Collaboration motivates us well. I couldn’t do the work without it. We look after each other, pick one another up. I was drowning before we started working together. ”*

SMANGELE, SOCIAL WORKER

## CASE STUDY

### Doing much with very little

Smangele is a social worker in rural KwaZulu-Natal who was frustrated with the slow approval process of the grant applications at district and provincial offices. To speed up the applications locally, Smangele collaborated with the AIDS department at the nearby hospital to set up a "disability clinic" at the welfare offices every Tuesday. Doctors from the hospital come to the welfare offices to assess applicants – saving them from standing in multiple queues at the hospital and then again at welfare.

## CASE STUDY

# A comprehensive creative response

The Masoyi home-based care project outside a town in Mpumalanga cares for 1700 children who are orphaned or living in families where parents are too sick to care for them. Florence Mbokazi explains how the project is integrated into the community and government services:

"We are working hands to hands with all the departments. The Department of Education, the Department of Health, the Department of Social Development, and we are also working directly with social workers and teachers. We are hands to hands. We refer each other. Like the Department of Education, when they see a particular child in need they refer to home-based care. And then the Department of Health, if they see these people have TB but they don't have food, we have food, they refer to us. If we see people who need a drip we refer to the Department of Health. Also, we find the children who must get grants and we refer them to the Department of Social Development."



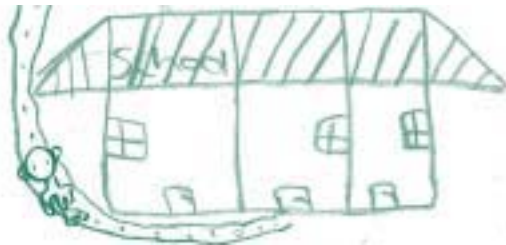
## CASE STUDY

# Reining in resources

At a primary school in a Durban township, all the teachers are involved in finding help for the children. In the absence of a state feeding scheme, the Salvation Army provides daily sandwiches for all the children. St Johns Ambulance provides a nurse who visits the school once a week to treat children who may need it.

The school has a collaborative relationship with the University of KwaZulu-Natal and the result is an assessment centre which brings student social workers to the school once a week. Children also have the opportunity to participate in support groups run by a home-based care organisation.

The nature of the neighbourhood makes it difficult for residents to grow food gardens, and so the principal, in collaboration with local community health workers, has started a community garden project that is open to anyone who wishes to participate. In return she requests that some of the food that is grown is available for the learners who need it.





## CASE STUDY

# Using the contacts we have

A group of young men from Springs established a social club. The club became involved in caring for sick children by making financial contributions to the local hospital and collecting toys. In partnership with a local choir, the club also assists very poor families to bury their loved ones. The social club has donated funds to help destitute families and, together with a textile company, have given blankets to the poor. They recently finished painting an old age home with paint sponsored by local businesses.

Nelson Mthombeni says that most of the club's members are business people or professionals, so the community thinks they are rich. "But really it's a matter of using our brains and using the contacts that we have."



# Myths about orphans

Service providers often find it challenging to get funds for programmes that are not focused only on so-called "AIDS orphans". If you are trying to raise funds to help vulnerable children in appropriate ways, you might find it useful to provide funders with these myths about "AIDS orphans".

*“ Sometimes I feel so helpless and discouraged because the fact is, most of the children we teach are from poor families. You know, children from HIV-affected homes, they don't have different needs from those who are poor. Their needs are the same as those poor children. ”*

SBONGILE, SCHOOL PRINCIPAL



### MYTH 1

THE NUMBER OF ORPHANAGES SHOULD BE INCREASED TO ACCOMMODATE THE INCREASING NUMBER OF ORPHANS

Over 90% of children who have been orphaned live with and are cared for by extended family networks. Many of these families are very poor. There needs to be work against poverty rather than more orphanages.

### MYTH 2

ORPHANS ARE LIKELY TO FIND THEMSELVES ON THE STREETS

The majority of children who have been orphaned in South Africa *do* have adult care and support and they *do not* live on the streets. Extended family and neighbourhood networks which care for these children are becoming increasingly stretched and need funds and support.

### MYTH 3

ORPHANED CHILDREN USUALLY FIND THEMSELVES IN HOUSEHOLDS HEADED BY CHILDREN WITH NO ADULT PRESENT

Few children in South Africa (orphaned or otherwise) live in so-called “child-headed” households. While there are some child-headed households, these are frequently temporary care arrangements. For those children who *do* live in child-headed households, support is essential.

### MYTH 4

MOST ORPHANS ARE ALSO INFECTED WITH HIV

The majority of children orphaned by AIDS are not HIV-positive. The term “AIDS orphans” confuses many people into believing that orphans have AIDS.

### MYTH 5

ALL BABIES BORN TO HIV-POSITIVE MOTHERS HAVE HIV

About one out of every three babies born to HIV-positive mothers will also have HIV. If mothers and babies are given the necessary preventative medication and support, the proportion of babies who become infected is even less.



## About the research

*The information and recommendations in this pamphlet come from an in-depth multi-site qualitative research study\* conducted by the Children's Institute between 2001 and 2003.*

*The research explored the life experiences of children in communities heavily affected by AIDS. It also looked at the experiences of their caregivers and service providers.*

*The Children's Institute, University of Cape Town, aims to contribute to policies, laws and interventions that promote equity and realise the rights and improve the conditions of all children in South Africa, through research, advocacy, education and technical support.*

\* Health and Social Services to Address the Needs of Orphans and Other Vulnerable Children in the context of HIV/AIDS – research report and recommendations. Giese S, Meintjes H, Croke R, Chamberlain R, 2003. CI and National Department of Health

## Places to help

*The contact organisations on this page will be able to direct you to locally-based services.*

### AIDS CONSORTIUM

For information on different organisations working with children in the context of HIV and AIDS in the Gauteng Province.  
(011) 403 0265

### AIDS HELPLINE

(24 hours, 7 days a week)  
For telephone counselling and information about HIV and AIDS.  
0800 012 322

### CHAIN

For information on different organisations working with children in the context of HIV and AIDS in the Western Cape Province.  
(021) 418 4929

### CHILDREN IN DISTRESS NETWORK (CINDI)

For information on different organisations working with children in the context of HIV and AIDS in the KwaZulu-Natal Province.  
(033) 345 7994

### CHILDREN'S RIGHTS CENTRE

For information, services and organisations working for children's rights.  
(031) 307 6075

### CHILDLINE TOLL FREE

(24 hours, 7 days a week)  
For telephone counselling and help around physical and sexual abuse of children, neglect and behavioural problems.  
0800 055 555

### NATIONAL DEPARTMENT OF SOCIAL DEVELOPMENT

For information about getting different government grants.  
(012) 312 7500

### NATIONAL DEPARTMENT OF EDUCATION

For information on getting school fees exempted and contact details for your provincial or local education offices.  
(012) 312 5911

### NATIONAL DEPARTMENT OF HEALTH

For information on basic health care services and contact details for your provincial or local health department.  
(012) 312 0000

### RED RIBBON RESOURCE CENTRE

To order and find out about books and booklets on grants, HIV, AIDS, healthy eating and lots more.  
(011) 880 0405

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