Sharing skills
Changing lives

Orphans & vulnerable children: Taking action, building support

2004 Regional Conference REPORT BACK

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VSO is a registered UK charity No. 313757

Contents

Acronyms

AAU
AIDS Among Us

ACHAP
African Comprehensive HIV & AIDS Partnerships

ASOs
AIDS Service Organisations

ARVs
Antiretrovirals

CAA
Catholic AIDS Action

CABA
Children Affected by AIDS

CBCC
Community Based Child Care

CBO
Community Based Organisation

CPS
Child Protection Society

DPMCAS
Provincial Directorate for Women and Social Action - Sofala

GIPA
Greater Involvement for People Living with and Affected by HIV & AIDS

HACI Project
Hope for African Children Initiative

HBC
Home Based Care

HIV+
HIV positive

HSRC
Human Sciences Research Council

IDASA
Institute for Democracy in South Africa

NASO
Nkhotakota AIDS Support Organisation

NGO
Non-Governmental Organisation

OVC
Orphans and Vulnerable Children

PHC
Pentecostal Holiness Church

PLWHA
People living with HIV & AIDS

PSS
Psychosocial Support

RAISA
Regional AIDS Initiative of Southern Africa

REPSSI
Regional Psychosocial Support Initiative

RSBSC
Rob Smetherham Bereavement Service for Children

10 MMP
10 Million Memory Project

TKMOAMS
Tate Kalungu Mweneka Omukithi wo “AIDS” Moshilongo Shetu

UNHCHR
United Nations High Commissioner for Human Rights

UNAIDS
Joint United Nations Programme on HIV & AIDS

UNICEF
United Nations Children’s Fund

VCT
Voluntary Counselling and Testing

VSO
Voluntary Service Overseas

ZACT
Zvishavane AIDS Caring Trust

Acknowledgements

Voluntary Service Overseas - Regional AIDS Initiative of Southern Africa (VSO-RAISA) would like to extend enormous thanks to all participants for their extensive and in-depth contributions at the conference on Orphans and Vulnerable Children. Particular thanks goes to the youth participants from Malawi and Zambia, who showed considerable courage in sharing their life stories with the adult participants, and also showed confidence in facilitating the sessions during the third day. Both the strong involvement of the youth, and the quality discussions throughout amongst all delegates, illustrate the huge commitment of everyone present to support children and youth affected and infected by HIV & AIDS.

"The conference was a combination of the energy and hopefulness of the ten youth delegates, the creativity of the skills building facilitators, the dedication of all the VSO-RAISA staff and volunteers and the steadfast 'ubuntu'[1] of the participating organisations that combined to produce the magical energy that sustained the conference".
Michelle Nel, journalist

The conference organisers would like to thank the RAISA Country Coordinators for their coordination and support to delegates both in the run up to and during the conference as well as initiating post conference follow up. Particular thanks to Carine Munting, South Africa Country Coordinator, for her effort and time spent organising the extracurricular events including the trip to The Fatherhood Project. A very heartfelt thanks to Victoria Ndyaluvana, Liesl Jewitt and Jonathan Morgan for their inspiring skills building workshops. Of course none of this would have happened without the skills of Naseem Noormahomed who, once again, proved to be an exceptional organiser and administrator demonstrating faultless logistical arrangements. Additionally, acknowledgement must go to Ronald Visser who remained composed at all times and provided endless encouragement, advice and support throughout.

Last but not least a big thank you to the funders of the conference; Merck & Co Inc (USA) and PSO (the Netherlands), both committed RAISA partners.

Lorna Robertson, RAISA Coordinator

About VSO-RAISA

VSO is an international development organisation that mainly works through development workers. VSO works in nearly 40 developing countries towards a set of development goals identified in country strategic plans, linking the priorities of our partner organisations, international development targets and VSO's distinctive competence. HIV & AIDS is one of the six corporate goals. VSO aims to combat stigma, support prevention and increase the availability of treatment, care and support for those infected and affected by the HIV & AIDS pandemic.

In 2000 VSO started its four-year Regional AIDS Initiative of Southern Africa (RAISA) in six Southern African countries (namely Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe).

The purpose of the RAISA programme is to strengthen the capacity of civil society and government to develop and implement multi-sectoral responses to HIV & AIDS challenges in prevention, care, access to treatment, and Voluntary Counselling and Testing (VCT). Special attention is given to reduction of stigma, gender issues, people living with HIV & AIDS (PLWHA) and Orphans and Vulnerable Children. The first phase of the initiative ended in April 2004. The main sponsors of the project are DFID, The British National Lottery Fund and PSO (Netherlands).

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[1] **Ubuntu** (human dignity) is a figure of speech that describes the importance of group solidarity on issues that were pivotal to the survival of the African communities, who as a consequence of poverty and deprivation have to survive through group care and not only individual reliance (Mbigi and Maree, 1995).

Why this conference?

Each year RAISA holds a regional thematic conference around a major topic on the HIV & AIDS agenda identified by its staff and partners in the region. Where in 2003 the conference focused on Men & HIV, this year Orphans and Vulnerable Children was the central theme of the conference. The decision on this theme is in line with RAISA's decision to make Gender and Orphans and Vulnerable Children its main focus in its fourth year (2003/4). The situation surrounding Orphans and Vulnerable Children is almost at crisis stage with numbers growing exponentially.

It is predicted that by 2010 an estimated 20 million children in Sub-Saharan Africa will have lost at least one parent to HIV & AIDS. Governments do not have the capacity to cope and it is unrealistic to assume that communities can just keep on 'absorbing' vulnerable children. At the same time, children have the right to access care, support and health services. Also, they have the right to education and, importantly, they have a right to a childhood.

Immediate action is required to tackle issues around Orphans and Vulnerable Children and support the small number of initiatives which are trying to cope with the exploding numbers and associated problems. The need for both immediate action and forward planning is reflected in the conference title: **"Tomorrow's future, today's choices. Orphans and Vulnerable Children: Taking action, building support"**.

Conference objectives

Care and support

To explore what is currently being undertaken around care and support for Orphans and Vulnerable Children including psychosocial support, community responses, the role of faith based organisations and current methodologies for working with children.

Rights of the child

To explore areas of access and rights of Orphans and Vulnerable Children. How society responds to the needs of children affected and infected by HIV & AIDS, the role of education, access to health and the prevention of abuse and exploitation of children, accessing benefits and realising the rights of carers and children.

Collaboration and networking

To share best practice and challenges amongst participants and to explore opportunities and strategies for increasing the sharing of experiences and lessons learnt across the region. To identify links/opportunities for partners to further share learning/opportunities post conference.

Executive summary

VSO-RAISA broke with tradition when it included youth participants at its annual conference – and this was entirely appropriate since this year's theme was 'Orphans and Vulnerable Children'. Approximately 80 people attended the conference, including partners from around the region, youth delegates, their guardians and VSO–RAISA staff.

"It is important to bring children into adult forums that focus on children so that they can present the views of children".

"When adequately empowered, children do have a lot to contribute in matters that concern them".
Justin Mucheri,
delegate from Zimbabwe

A common challenge for many organisations working with children is to overcome African attitudes that *"children should be seen and not heard".* **At the VSO-RAISA conference five young Zambians and five young Malawians were certainly heard.** They spent the first two days working mainly in their own groups, learning skills such as composing Memory Books and doing Art and Play therapy. Simultaneously the adults attended break away sessions around topics related to the theme of the day, where day one focused on care and support (particularly community care) and day two was discussing the rights of the child, education, psychosocial support and networking. Both the youth and the adult delegates attended all plenary sessions together.

The third day all participants worked together on skills building, with the youth in the role of facilitators. They shared both their personal experiences and their skills obtained during the first two days with the adults. The adult participants were divided in two groups, where one group attended the Memory Book session, and the other participated in the Art and Play therapy session. Next to the skills building sessions the youth also staged a drama about the problems faced by Orphans and Vulnerable Children.

"It was most important for us to ensure that the youth were able to take skills away with them".

"We hoped to provide some sort of support for the youth delegates to share these skills with other organisations and, perhaps more relevant, their peer groups/clubs and fellow youth at their organisation back home".
Lorna Robertson,
conference organiser

Judging from the confidence with which the youth shared their skills it is assured that Memory Books and Art and Play therapy will find their way back to Namibia, Zambia, Malawi, South Africa, Zimbabwe and Mozambique.

The involvement of the youth in the conference was much appreciated by the participants.

"This conference offers a fine example of how the voices of children can be included in our endeavours".
Misrak Elias,
Country Representative, UNICEF South Africa

Where the conference gave much room indeed for the involvement of the youth, also many other discussions took place among the delegates, both in plenaries as in smaller groups. This report reflects the discussions which took place and below the main conclusions are given.

It was agreed that the scale of the problems around Orphans and Vulnerable Children is huge and that the duration will be long. It is occurring in the context of massive poverty and food insecurity. To fight the problems a joint effort between the governments and the communities is crucial and partnerships between them have to be formed. Partnerships and networking between various NGOs itself was also considered pivotal when working on issues around Orphans and Vulnerable Children.

An issue which was much debated was whether institutional care or community based care was most appropriate. The delegates agreed that, due to the scale of the problem, the main emphasis should be on community responses. Extended families should be the first carers but it was recognised that a lot of 'over-extended families' exist as a result of AIDS. The need for use of volunteers in the community was recognised but a question was raised how to sustain those volunteers. Training and small allowances for the voluntary carers were suggested to use as incentives, although this in turn also could have its negative side effects. Because Orphans and Vulnerable Children are increasingly cared for by grandparents and other elderly community and family members, the delegates agreed that it was crucial that groups working to support Orphans and Vulnerable Children would create linkages with organisations working with the elderly. In that way joined-up programmes can be created.

Alongside the involvement of the communities, the role of the governments is also crucial. A recurrent statement made during the conference was that the state has to take responsibility and that it should draw up and implement legislation supporting the care of Orphans and Vulnerable Children, for example around birth certificates, inheritance rights and access to support grants. It was proposed that NGOs must be like watchdogs to keep the governments accountable.

Where the conference title speaks about Orphans and Vulnerable Children, participants noted that this might not be the most proper terminology. Orphans and Vulnerable Children makes one think that orphans and vulnerable children are different groups of children, where in fact children who are orphans are mostly also vulnerable. Alternative terminologies were proposed, such as 'Children Affected by AIDS' and 'Children Living in Difficult Circumstances'.[2]

There was plenty of discussion about gender, especially around care. Where in many traditional African societies women are seen as the main caregivers, the conference attendants emphasised the role men can and have to play. As one participant put it clearly: *"Men also have hands".* It was also discussed whether psychosocial care should be different for boys and for girls.

Education was seen as vital to prevent the spread of HIV & AIDS and also to empower Orphans and Vulnerable Children. Governments should secure education for children but also other examples of teaching children about HIV & AIDS were given, such as through initiatives by the church and through theatre.

The conference was certainly not all work. Many delegates enjoyed an optional excursion to Johannesburg in the late afternoon on the first day to view the RAISA sponsored photographic exhibition **'The Fatherhood Project'** at MuseuMAfrikA.

The day after there was a second exhibition of photos and personal accounts on the lives of people who are HIV+. There was also plenty of fine food and dancing to popular African music. The conference turned out to be an inspiring, uplifting and energising experience for all who participated – particularly the youth, who were networking furiously to make contacts for involvement at future events.

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[2] In this report the term 'Orphans and Vulnerable Children' will be used. This is done because VSO-RAISA used this term prior to the conference. However, VSO-RAISA does recognise that 'Children Living in Difficult Circumstances' might be a more proper definition and is currently discussing whether to use this in the future.

Timetable

Day 1
Tuesday 18 May 2004
Care and Support

8.00—9.00
Registration

9.00—9.15
Welcome address
Lorna Robertson, VSO-RAISA

9.15—9.45
Opening address
Misrak Elias, Country Representative, UNICEF South Africa

9.45—10.15
Opening address on Care and Support
Siân Long, Regional HIV & AIDS advisor, Save the Children UK

10.15—10.30
Room for questions to opening speakers

10.30—11.00
Tea Break

11.00—12.45
Community Responses 1

1 Community participation key to sustainable Orphans and Vulnerable Children support
2 The coordinated orphan response programme
3 SOS Children's Villages

Community Responses 2

1 A community based response to the increasing numbers of Orphans and Vulnerable Children
2 Orphans and Vulnerable Children: Strengthening care and support in the community
3 Community responses to supporting Orphans and Vulnerable Children

12.45—13.45
Lunch

13.45—15.30
Empowering Women Carers

1 To be a support mother for ARV patients
2 Supporting carers of Orphans and Vulnerable Children

Supporting Carers

1 Supporting carers of Orphans and Vulnerable Children
2 Thembalabantwana "Hope for our Children"
3 Disabled and orphaned: The challenges. Experiences on the shanty compounds of Lusaka

15.30—16.00
Tea Break

16.00—17.00
Round up: Rapporteurs report back and debate continues

17.15—21.00
Trip to Fatherhood Project, Johannesburg

Day 2
Wednesday 19 May 2004
Rights, Psychosocial Support, Education and Networking

9.00—9.30
Opening address on the Rights of the Child
Linda Richter, Child, Youth and Family Development Research Programme, HSRC, South Africa

9.30—10.00
Plenary presentation on Creating a Platform for Children to Speak Out
Justin Mucheri, Tsungirirai, Zimbabwe

10.00—10.30
Room for questions

10.30—11.00
Tea Break

11.00—12.45
Psychosocial Support

1 Community based psychosocial support for Orphans and Vulnerable Children
2 Sowing seeds of hope: Psychosocial responses for Orphans and Vulnerable Children
3 Restoring lost childhoods and enhancing children's coping mechanisms

Rights Based Approach

1 Towards a child friendly policy
2 Human rights based child focused programming

12.45—13.45
Lunch

13.45—15.30
Networking and Partnerships

1 Networking to enhance service delivery to children affected by HIV & AIDS – the CINDI network
2 Community based care for Orphans and Vulnerable Children
3 Coordinating the implementation of community based orphan care initiatives

13.45—15.30
Access to Education and Education about HIV & AIDS

1 Impact of HIV & AIDS in our education system: looking at educators and learners
2 Art prophylactic
3 "Choices and Decisions" — An interactive board game for young people

15.30—16.00
Tea Break

16.00—17.00
Round up: Rapporteurs report back and debate continues

19.00—
- Photo exhibition of HIV+ people and their stories
- Barbecue (Braai) for all participants

Day 3
Thursday 20 May 2004
Skills Building

9.00—9.30
Opening presentation on Building Resilience among Orphans and Vulnerable Children in Namibia
Francis van Rooi, CAA, Namibia

9.30—9.45
Plenary presentation on the Joy of Play
Liesl Jewitt, RSBSC, South Africa

9.45—10.00
Plenary presentation on an Introduction on Hero Books & the 10 MMP
Jonathan Morgan, REPSSI, Regional

10.00—10.30
Tea Break

10.30—11.00
Drama "Child Abuse"
Performed by the youth participants and questions to youth participants

11.00—13.00
Two skills building sessions: Art and Play therapy and Memory Books
Facilitated by the youth participants from Malawi and Zambia

13.00—14.00
Lunch

14.00—15.00
Skills building sessions continued

15.00—15.30
Tea Break

15.30—16.45
Wrapping up the whole conference

- Super rapporteurs of day one and two report back
- Rapporteurs from skills building sessions of day three report back
- Country groups discuss follow up actions in their country and present to plenary

16.45—17.00
Closing plenary

Day 1
Tuesday 18 May 2004
Care and Support

Opening address
Misrak Elias, Country Representative, United Nations Children's Fund (UNICEF), South Africa

"This conference offers a fine example of how the voices of children can be included in our endeavours. I would like to commend the organisers for including children in the programme and for the creativity and sensitivity with which they have done so".
Misrak Elias

The international community has, through the United Nations, made clear its enormous concern about the plight of orphans. In June 2001, the UN General Assembly Special Session on HIV & AIDS adopted a Declaration of Commitment, setting itself specific goals to be reached over the following five years. These commitments were reiterated at the May 2002 Special Session on Children. ***They include the following:***

First, to implement by 2005 – national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV & AIDS. This includes, amongst other things, protecting Orphans and Vulnerable Children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance. Second, the General Assembly pledged itself to ensuring non-discrimination and the full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV & AIDS. Finally, it urged the international community to support programmes for children orphaned or made vulnerable by HIV & AIDS in affected regions and in countries at high risk.

The UN also – critically – asked for special assistance to be directed towards sub-Saharan Africa. In response to this commitment by the UN, UNICEF has identified action on five fronts as essential.

These correspond closely with the objectives of this conference:
1 Strengthening the capacity of families to protect and care for orphans and other children made vulnerable by HIV & AIDS.
2 Mobilising and strengthening community based responses.
3 Ensuring access to essential services for Orphans and Vulnerable Children.
4 Ensuring that governments protect the most vulnerable children.
5 Raising awareness to create a supportive environment for children affected by HIV & AIDS.

Strengthening the capacity of families to protect and care for orphans and other children made vulnerable by HIV & AIDS
It is commonly recognised that institutional care often fails to meet the developmental needs of children. And institutional care is, in any case, beyond the means of the majority of developing countries. It is critical, then, that we bolster families so that they can protect and care for orphans and other vulnerable children.

Mobilising and strengthening community based responses
There is a need to engage local leaders by sensitising them to the impact of HIV & AIDS and the circumstances of orphans and other vulnerable children. A dialogue on HIV & AIDS must to be opened in communities in order to dispel myths, raise awareness and engender compassion. Misinformation, ignorance and prejudice about HIV & AIDS limit the willingness of a community to provide for the needs of those who are affected by the disease. Children and young people are sharply aware of the issues and can be important participants in opening a community dialogue.

Ensuring access to essential services for Orphans and Vulnerable Children
First, birth registration is essential. Children have a fundamental right to a name and to a nationality. A child

who is not registered becomes invisible and may be left outside of the purview of basic services. Second, children must have access to basic health care and nutrition services, as well as the special care they need when they have AIDS. Third, children must have access to education. Fourth, and perhaps most importantly, Orphans and Vulnerable Children desperately need psychosocial support. The loss of a parent or parents is traumatic and stressful and early intervention is vital. Fifth, like everybody else, Orphans and Vulnerable Children must have access to safe water and sanitation. The delivery of socio economic rights is an ongoing problem in the region. Sixth and last, strong and independent justice systems can help protect Orphans and Vulnerable Children from abuse, discrimination and property grabbing.

Ensuring that governments protect the most vulnerable children

When parental care fails, national governments are charged by the Convention with ultimate responsibility for the care and protection of children. This means that governments need to review and revise existing laws, policies and structures to reflect current international standards and to address the challenges posed by HIV & AIDS. Areas to be addressed include discrimination, foster care, inheritance rights, abuse, child justice and child labour.

Raising awareness to create a supportive environment for children affected by HIV & AIDS

We are all, all of us, responsible for dealing with HIV & AIDS. It is a shared responsibility. It is a responsibility that must be reflected at the individual and community level and at the level of the international community of nations. Presidents, prime ministers, youth leaders, entertainers, sports figures, religious leaders and other influential people must have the courage to talk openly about HIV & AIDS. In countries where strong political leadership has fostered openness and wide-ranging responses, such as Brazil, Senegal, Thailand and Uganda, clear successes are being achieved.

I would like to raise the important aspect of giving children a voice in matters that affect them. Although this remains one of the most scantily observed requirements of the Convention on the Rights of the Child, there have, over recent years, been some important examples of this approach. Work towards the Child Justice Bill in South Africa illustrates just how important this process can be. At two stages during the preparation of the Bill, children were specifically consulted on the content of the proposed Bill and asked to comment on certain aspects. These efforts are recorded in two books published by the Community Law Centre Children's Rights Project at the University of the Western Cape. The Bill, according to the Committee, was enriched by the inputs of the children, and the Committee was able to incorporate the all-important opinions of the recipients in the final legislation. So, let us ensure that we do not condemn our children to silence but pay them the respect of allowing their voices to be heard, so that they too can play their role in shaping the future they will inherit. This conference offers a fine example of how the voices of children can be included in our endeavours. I would like to commend the organisers for including children in the programme and for the creativity and sensitivity with which they have done so.

Opening address on Care and Support

Siân Long, Regional HIV & AIDS advisor, Save the Children, UK

What happens to children now will affect what is going to happen in the future, for example around leadership and development. The priority is to see how to provide longer-term support rather than just focusing on the children that are sick now.

One of the key issues we face when developing a response is the question whether children are getting an adequate quality of care to be able to grow up into healthy adults. We should also ask ourselves the related question which kind of care we should use; residential care or community based care?

A majority of children are cared for in informal family structures. Almost all orphaned children are taken care of by their extended family, but the extended family systems are about to collapse and the majority of carers are too old, too poor and too sick to provide quality care. It is known at the same time that numbers of children in residential care are rising, which is due to various reasons, such as increasing poverty, HIV & AIDS, armed conflict and rapid urbanisation. Also, donors and foundations are becoming increasingly interested in funding residential care, especially in Africa.

Even when informal community responses are not always the best response, the increase of numbers of children in residential care is reason for concern. This is because long-term care can disturb a sense of identity and of the development of appropriate social skills for the child. Also, the institutions are ill equipped to deal with children who have experienced traumatic loss, serious abuse or disabilities. We also need to look at costs: residential care is not the most cost effective. Usually residential care is six till 14 times more expensive than community based care. Communities are continuing to provide basic support for most children and the resources are best channelled to them. Another issue to be mentioned is that most children in 'orphanages' in Africa are not orphans. For example, in Uganda (1997) of 3000 children in homes 85% had traceable relatives.

When working on care and support it is crucial to listen to what children say and also to what their carers say. Not only should we respond to their material needs, but also to other needs. Save the Children UK noticed in their projects that the main area of need is food. Additionally children do not have enough time to play and can feel isolated. Once community groups can respond to their material needs, one can feel freer to respond to other child protection issues. Support should be focusing on long-term effects. For example, there should be long-term protection of assets and access to grants.

"The priority is to see how to provide longer-term support rather than just focusing on the children that are sick now".
Siân Long

Steps for the future

We have to be creative in what we do and need to be finding out constantly whether our interventions work. We need to find out the best ways to get children together. Children have a right to live in a caring family environment, which should be the first priority for resources and interventions. Child care and protection should be considered a basic service. Care and support of children (and their carers) must be included in the overall treatment and care response. Legislation that affects children can serve as an example here (e.g. inheritance, access to treatment and care, etc). Also crucial is the need to improve gender analyses and responses in our programmes. A last thing to do is to share lessons with each other around successful programmes and mechanisms as is done at this conference.

Community Responses 1

1 Community participation key to sustainable Orphans and Vulnerable Children support

Rex Chapota, Hope for African Children Initiative (HACI Project), CARE, Malawi

CARE Malawi's support to children impacted and affected by HIV & AIDS through the HACI Project has been aiming at preventing the further spread of HIV & AIDS and improving their general welfare and well being. Orphans and Vulnerable Children are supported through influencing behaviour change (*reducing sexual behaviour among adolescents through greater awareness, access to education, reduction in unsafe sexual practices and increased use of health facilities)*, improving health service delivery (*creating adolescent friendly, appropriate, proficient reproductive health and counselling services delivered through appropriate service delivery mechanisms)* and provision of support (*access to early childhood development, access to vocational skills, provision of psychosocial support and education support)*.

Summary of experiences/lessons learned and implications for the future

- Working in partnership with community based organisations like orphan care committees provides an opportunity for improving community participation and empowerment in supporting Orphans and Vulnerable Children thereby making such support sustainable.
- Improving nutritional status of Orphans and Vulnerable Children through food production in communal gardens unlike food handouts has helped proper targeting and increased community ownership in providing support.

- Provision of an opportunity for early childhood development through access to child day care centres where basic numeric and literacy lessons is crucial to access of basic education by Orphans and Vulnerable Children.
- Community based vocational skills through engaging local artisans as trainers have proved to be economical and socially viable because Orphans and Vulnerable Children are not alienated from their communities.
- Provision of psychosocial support is critical in ensuring that Orphans and Vulnerable Children be retained in school, improve their self-esteem and survival skills and enhance their socialisation process as any other child.
- Supporting children with behaviour change interventions in HIV prevention is pivotal in curtailing the further spread of HIV and reduction in vulnerability of future child population.

2 The coordinated orphan response programme

Sunitha Singh, Durban Children's Society, South Africa

Aims

- Improve the quality of life of orphans and other vulnerable children.
- Extend the capacity of the society to cope with increasing needs and demands for services for children infected and affected by HIV & AIDS.

Challenges

1 Stigmatisation

- People are still in denial and do not openly acknowledge the HIV & AIDS virus for fear of stigmatisation and discrimination.
- Difficulty in establishing an HIV+ support group because mothers are furnishing false identifying details for fear of stigma and discrimination.

2 Poverty

- HIV+ people are poverty stricken and are dying at a rapid pace prior to receiving disability grants
- Poor attendance in the support groups caused by unemployment, poverty, hunger and delay in accessing grants.
- In light of the community's financial plight, there is an expectation for material assistance e.g. food parcels, formula milk etc.
- People do not have money for bus/taxi fare to come to our offices in the area for follow up services.
- HIV+ mothers, who are unable to pay school fees, are compelled to keep their children at home.

3 Problems with State Departments

- People do not qualify for a social relief grant if they are not receiving treatment for HIV & AIDS.
- Children who are HIV+ experience problems in accessing disability grants and are referred for child support grants instead, which is of a lower amount.
- Many of the caregivers do not have the relevant documents i.e. birth documents, identity documents etc. Difficulties are experienced in processing these on time hence the delay in accessing the Child Support Grant and Foster Care Grant.

4 Fraud

- Fraud and corruption in terms of parent's whereabouts being unknown.
- Clients give false information when applying for foster care grants.

5 Accessibility

- Community expect workers to operate at odd hours mainly evenings and over weekends.
- The Umlazi area — too vast to be covered by two community motivators.

6 Home Based Care (HBC)

- This has been identified as an area requiring attention.

7 Plight of the Caregivers

- Most of the young parents are dying of HIV & AIDS and most of the caregivers are elderly grandparents. They have limited capacities in terms of disciplining, illnesses etc. Given their short life span, these children will once again be in need of care and are vulnerable to abuse and neglect as well as the HIV & AIDS virus.

3 SOS Children's Villages

Lizette Barnard, SOS, Mozambique

In view of the misery of countless war orphans and homeless children after the Second World War, the Austrian, Hermann Gmeiner, initiated the construction of the world's first SOS Children's Village in the small Tyrolean town of Imst in 1949.

SOS Children's Villages revolve around the effort to give children who have lost their parents or who are no longer able to live with them a permanent home and a stable environment. The SOS Children's Village family-like structure is formed by four basic principles: mother, brothers and sisters, house and village. Each child is given a so-called SOS mother. She is the main person who cares for this child and is a substitute for the child's natural parents. Girls and boys of differing ages grow up together in an SOS Children's Village family like brothers and sisters. Natural brothers and sisters are not separated. Every family has a house of its own. Each house has a combined living/dining room as the centre of social life. On average an SOS Children's Village has between ten and fifteen family houses. The village provides the background for an extended family community. This supplies the children with cultural roots and gives them a feeling of belonging. At the same time, village life is an important bridge to the local community.

The first SOS Children's Village in Mozambique was completed in 1987 in Tete. The second village was opened in 1992 in Laulane, not far from the capital Maputo. The third SOS Children's Village in the Northern province Cabo Delgado was completed in 2000 in the Pemba. The construction of a 4th SOS Children's Village in Inhambane 500 km north of Maputo is planned.

Ideally community members identify a need within their community and decide to launch a programme themselves to meet this need. The community drives the programme development process; leading planning, negotiation of donor support, implementation and evaluation of activities. SOS however identifies there are various steps to get from dependency to self reliance.

Outreach programmes and social centres:

We strive to prevent children from becoming orphaned or abandoned. Where children are orphaned or abandoned, we strengthen the capacity of families and communities to care for them. Our immediate goal is to help families and communities to meet the needs of children and young people most affected by HIV & AIDS. Our long-term goal is to help children, families and communities become self-reliant.

HIV & AIDS related work – priorities:

- Awareness and prevention
- Voluntary Counselling and Testing (VCT)
- Prevention of Mother to Child Transmission (MTCT)
- Support for orphan households and households where children are living with terminally ill parents.
- Provision of ARV treatment to parents who have children living with them.
- Long-term family based care

Main issues identified during the presentations and the subsequent discussions

1. It is important to plan strategically to move from emergency response programmes to sustainable development programmes around care and support.
2. Community participation is key to community ownership of the programme.
3. Involvement of other children also within the community helps to avoid stigma and discrimination of Orphans and Vulnerable Children which are infected or affected by HIV & AIDS.
4. Standard of education not to be comprised. There is a need to collaborate with the Ministry of Education.
5. Partnership, networking and coordinating with other actors, both within communities and beyond, is essential to have greater impacts with the limited resources.
6. Best practises were presented during the presentations, regarding e.g. skills trainings, psychosocial support and nutritional projects.

7 Programmes working to support Orphans and Vulnerable Children need to recognise the challenges related to poverty (e.g. nutrition, transport costs for carers and unemployment).
8 Need for legislation supporting the care of Orphans and Vulnerable Children (e.g. birth certificates, issues around inheritance rights and access to support grants).

Community Responses 2

1 A community based response to the increasing numbers of Orphans and Vulnerable Children

Emma Richards and Paulina Mpinge, Tate Kalungu Mweneka Omukithi wo "AIDS" Moshilongo Shetu (TKMOAMS), Namibia

The level of HIV infection in Namibia is one of the highest in the world and has become the country's principle health problem, with AIDS related illnesses the primary cause of death since 1996. It is adults in their prime, both in terms of life expectancy and in economic terms, who are most affected. Children are given the responsibility for caring for their parents with HIV & AIDS, and are then orphaned on their parents' death. Therefore, AIDS has resulted in a dramatic increase in the number of Orphaned and Vulnerable Children in Namibia.

The response of TKMOAMS, operating in northern Namibia, to the challenge is 4 fold:

1 Registration of Orphans and Vulnerable Children in each of the communities and identification of those most in need. TKMOAMS volunteers have registered about 3000 Orphans and Vulnerable Children in 32 communities where they have been categorised in four categories ('can manage,' 'sometimes can manage,' 'in need,' and 'extremely in need'). This is done so the communities know who the most needy children are who need to be targeted.
2 Soup kitchens held in the communities and run by volunteers in the communities to provide nutritious food for those children most in need. Soup kitchen has been established in two communities – Oneshila and Onamutayi where there are community AIDS centres.
3 A school uniform project whereby volunteers make school uniforms (and receive a token payment) which are then distributed free of charge to those children who cannot afford a school uniform. The volunteers that make the uniforms are unemployed and some are HIV+ so this scheme also enables them to earn a small income to help support their families.
4 Agricultural project so communities can grow additional crops and vegetables to feed Orphans and Vulnerable Children as well as people living with AIDS who have been neglected by their families. Any surplus will be sold to generate an income for the activities of the Community AIDS Committee. The aim is to roll out this project to 14 communities.

There needs to be collaborative working between organisations dealing with Orphans and Vulnerable Children. This will foster the sharing of ideas and ensure that duplication of work does not happen. Soup kitchens are only short-term interventions. What is required is for each community to have a strategy to assist Orphans and Vulnerable Children that is sustainable. This could include agricultural projects to grow additional food and fostering schemes if a child has no family to look after them. The issue of exemption from school fees if a child is really unable to pay needs to be recognised and systems need to be put in place to enable Orphans and Vulnerable Children to attend school.

2 Orphans and Vulnerable Children: Strengthening care and support in the community

Mashudu Madadzhe, Centre for Positive Care, South Africa

Centre for Positive Care is known for community based initiatives, which place strong emphasis on communities taking responsibility for and ownership of programmes.

We have two main programmes focusing specifically on the care and support of Orphans and Vulnerable

Children. We also have more than 25 HBC programmes, which identify Orphans and Vulnerable Children, offer them care and support and link them up with social workers and other social services. Communities are capacitated to ensure that children are receiving quality care and support.

The objectives of our Orphans and Vulnerable Children programme are:

- Strengthening households to provide care and support.
- Ensuring sustainability of community support systems.
- Facilitating behaviour change.
- Integrating responses of various sectors and structures.

To build sustainable community support systems, community based village aid committees have been established. Members of these committees have been trained to provide support as well as link communities with government services and external resources. Through intensive community mobilisation several traditional and political leaders were motivated to pledge their assistance for the care of Orphans and Vulnerable Children.

Community Based Childcare Forums have been formed in one of the project sites for grass roots supervision as well as monitoring of results achieved. More such forums are envisaged to make meaningful impacts on Orphans and Vulnerable Children and meet their needs.

Summary of experiences/lessons learned and implications for the future

- We learned that it is very important for people to have identity documents, as they are an important means to receiving government assistance.
- If the community is involved in caring for every child the issue of street kids and vulnerable children could be minimised.
- Child Care Forums and Village Aid Committees form an important and integral part of community based interventions.
- Micro Finance initiatives are critical to sustain programme activities and attain project goals.
- Households and Communities need empowerment to take ownership and responsibility for their children.

3 Community responses to supporting Orphans and Vulnerable Children

Dan Eddie Nthara, Nkhotakota AIDS Support Organisation (NASO), Malawi

NASO is a local HIV & AIDS service providing organisation committed to improved qualities of lives of the infected and affected by HIV in the Nkhotakota district through prevention, care and support.

In order to promote community ownership in the caring of Orphans and Vulnerable Children, NASO empowered the community to understand that the caring for Orphans and Vulnerable Children was the community's responsibility through the establishment of community committees. NASO facilitated capacity building skills to the groups for their growth, linked the groups to other resource providers and played an advisory role to the groups.

Caring for Orphans and Vulnerable Children in the catchments areas is the community's responsibility. Due to skills the communities receive, a lot of community based programmes have been established to provide care for Orphans and Vulnerable Children. Community groups are now able to identify local resources through fundraising activities and a lot of communal gardens have been established to facilitate food security for orphan headed families.

Different communities have also established community child day care centres that provide education to under-five Orphans and Vulnerable Children. The CBCCs have also helped guardians keeping orphans to have time to work in their gardens when the kids are at school. The CBCCs also facilitate a greater role in addressing nutritional needs of the kids with the provision of meals on daily basis.

NASO registers orphans through two different but related programmes for HBC groups and for people living with HIV & AIDS support groups and strives to make linkages between them. NASO provides vocational skills to older orphans that are staying idle and facilitates school bursary to Orphans and Vulnerable Children that are doing secondary education.

Due to stigma surrounding HIV & AIDS, NASO incorporate Memory Books in the orphans care programme. Different skills training were conducted in Memory Books to people living with HIV & AIDS, Orphans and Vulnerable Children and guardians. The Memory Book has assisted a lot in the sense of ending stigma associated with HIV & AIDS. The book has promoted disclosure of HIV status to children and relatives that has assisted the orphans to directly know what happened to their parents.

Main issues identified during the presentations and the subsequent discussions

1 Within communities there is a tendency to look at children's responsibilities first and then at their rights.
2 Volunteers are predominantly female and there is a need for initiatives to get males involved. Examples for this were given:
- TKMOAMS: Workshop to get ideas from the men who are already involved.
- NASO: Get men involvement through the community committees.

3 A discussion was held around volunteer recruitment and their motivation. Volunteers are also poor so they need incentives. Training is a good instrument to motivate volunteers.
4 HBC training. The Centre for Positive Care gives a 59 days training and TKMOAMS a five days training. The training is needed but there is a need for money to finance this training.
5 The question was raised who will support and minimise the vulnerability of the elderly women who look after the children.
6 Children with disability need extra support and so do their carers.
7 As in the other session, partnership, networking and coordinating with other actors, both within communities and beyond, was identified. A concrete example of this are Community Committees linking communities with government services and external resources.

Empowering Women Carers

1 To be a support mother for ARV patients

Rosa Namesis, Women Support Women, Namibia

Rosa Namesis is a Namibian parliamentarian who works to promote the rights of women and children, to demonstrate against domestic violence and to be a voice for people living with HIV & AIDS. Rosa is also a founding member and coordinator of the "Women Support Women" project, which provides support services to infected and affected persons, e.g. around ARV roll out, as well as a shelter for orphans and other vulnerable children.

Rosa noted that information about HIV & AIDS and about ARVs is crucial. She added that in the capital Windhoek people can get good information but in other places this is more difficult. Advantages of supporting children is that we directly give them their ARVs so we are confident of adherence. Challenges with adults are that if they do not adhere to the regimen this could make the medicine less resistant and could cause resistant strains of HIV. People have to come regularly to take their pills when they do this we can trust them to continue taking the medicine once they are back home.

Children who come to the orphanage to take their pills can become resilient so they can take the medicine outside the orphanage as well. With children one has to remember to look on the bright side and do things for fun. One must play and do creative activities. Experience tells Rosa that as an HIV worker you have to be "a friend, mother, aunt and sometimes a clown."

2 Supporting carers of Orphans and Vulnerable Children

Enocent Silwamba, Pentecostal Holiness Church (PHC), Zambia

The PHC, Department of Social Welfare, Development and Research, undertook an evaluative case study, to survey the poverty levels of Orphans and Vulnerable Children and in the potential of the PHC in reducing and alleviating poverty the Orphans and Vulnerable Children are in. The research project was undertaken between March and July 2002.

The research was done under two main objectives. The first objective was to investigate the poverty levels among the 29,314 Orphans and Vulnerable Children in Ndola and the second was to examine measures that can help to reduce and alleviate the poverty levels among Orphans and Vulnerable Children.

The hypothesis was that the PHC has some potential to help reduce and alleviate the poverty level among Orphans and Vulnerable Children by empowering women carers of Orphans and Vulnerable Children at household level. Data was collected through questionnaires, interview, records and physical checks. The results showed that the PHC has the potential and a strong will to help empower women carers of Orphans and Vulnerable Children. The church then embarked on identifying women carers of Orphans and Vulnerable Children and set them in groups operating as "women of concern" and started empowering them systematically, "group after group".

It can therefore be concluded that activities, like empowering women carers of Orphans and Vulnerable Children can help achieve more in the reduction and alleviating of poverty among Orphans and Vulnerable Children than supporting them within institutional centres where they are kept away from the community.

Main issues identified during the presentations and the subsequent discussions

A Zimbabwean delegate said that women are the foundation of community support to orphans. Women generate income for school fees and food. Men tend to take the money and go drinking. However, these women are mostly poor and need support themselves. Volunteers therefore hoped for benefits for themselves. Government and donors should support women with micro-lending. There was discussion on how women can repay their loans. Enocent Silwamba made it clear that women choose the businesses they feel comfortable doing and therefore there is a big chance for success. Loans can be paid back. Enocent also said that it is easy for churches to come up with money for orphanages, but this is not a sustainable solution. PHC choose to work on the harder method to support mothers and grandmothers who look after children.

Other conclusions of this session

- More skills around ARVs are needed for caregivers. If ARVs are not taken correctly the results can be even worse. Training and access to information is important here.
- There is funding for care available (e.g. around ARV rollout) but there is a lack of information and skills on how to get this money.
- Women carers can be supported through income generating activities. Loans are needed for women to start their own businesses.
- Empowering women is a good thing but we should not forget the role of men as caregivers.
- Monitoring is vitally important and should focus on both qualitative and quantitative information, to ensure quality services, learning, and to be accountable to target group and donors. Some NGOs fell it was difficult however to find a balance between the need to respond to a demand for services and at the same time there is a demand for reporting by donors.

Supporting Carers

1 Supporting carers of Orphans and Vulnerable Children

Oliver Inambao, Touch the Needy theatre initiative, Namibia

Touch the Needy is a theatre programme sponsored and supported by the Katima Arts School. It uses art and drama to promote HIV & AIDS awareness in secondary schools in the Caprivi.

The Caprivi is a North-Eastern region in Namibia and borders with Botswana, Zambia and Angola. HIV has affected this region more than anywhere else in Namibia in terms of infection rate (43.5% - Sentinel Survey 2002); number of children affected and orphaned, deaths and impact on livelihoods. The level of stigma and discrimination in the Caprivi is also very high, resulting in very few people actually knowing their HIV status and even fewer accessing treatment, this is despite the fact that awareness levels are relatively high.

The impact of HIV & AIDS has meant that many elderly are now responsible for providing care and support for their grand children orphaned by the disease. Many of them were dependent on their children to support them in old age and are now finding themselves the main providers with little or no income, material possessions or money and no children to help support them.

Through the Touch the Needy programme, youth are educated about HIV & AIDS, the impact it is having on their communities and what support systems, programmes and organisations are available to help mitigate this impact. They are also trained in writing dramas and plays and performing. Following this training they are able to go out into the community and perform plays and dramas educating the elderly and the youth about HIV & AIDS and equally as important the financial assistance they can apply for, food relief and feeding programmes, support groups and health benefits they can access.

Communities within which carers live are also sensitised about the plight of both the carers and the children so that they are also able to be more supportive and informed. The theatre productions are preformed using local languages and attempt to address some of the local traditions and beliefs in witchcraft that influence how accepting people are to address HIV & AIDS in their communities. Because they are written and preformed by youth from the area they understand the complexities and attempt to address them while being culturally sensitive.

At the end of the performance the audience is given an opportunity to ask questions and to get information about the local social workers, clinics, New Start Centres, HBC programmes and how to apply for an orphan grant or exemption from school fees.

Since the programme has been implemented the number of requests received for the Government Orphan Grant has increased from approximately 10 per month to around 200. Unfortunately this increase has meant that they are slow to be processed, but it does indicate that people, particularly the elderly caregivers, are more aware of support and how to access it. More people are aware that children orphaned or who are unable to pay school fees should not be denied an education, however, the system that allows for this remains complicated and more needs to be done to simplify it and make it easier to access. But as community awareness increases and more people become aware of their rights and the rights of children it is hoped that both the caregivers and the children are provided with the care they deserve.

2 Thembalabantwana "Hope for our children"

Noxolo Mpedi, Cape Town Child Welfare, South Africa

The residents of Guguletu are the target community of this project. The primary beneficiaries are the children who are considered vulnerable and at risk, and, by extension, the caregivers and family members of those children. It is estimated that the project renders direct services to approximately 400 families over a 12-month period. Assuming that the average family consists of a caregiver and four children, the estimated total number of beneficiaries is a conservative 2,000 people.

The project recognises the role that poverty plays in the HIV & AIDS pandemic and has incorporated a significant relief element in the form of a job skills development and income-generating programme.

Overall, various skills are taught, such as:

- Parenting, child protection and supervision skills.
- Income-generating skills, including baking, juice-making, gardening, crocheting items for sale, and running educare programmes in their homes.

The main challenges include:

- Ensuring a continual supply of trained volunteers. Some people, once trained, are able to find employment with their new skills.
- The continual task of identifying of appropriate community members to be trained as community volunteers.
- Running regular volunteer training and induction courses.
- Supporting the volunteers on a continual basis so that they continue to develop and remain motivated to the project.
- Ensuring continual funding for the long-term success of the project.
- Financial support of volunteers who are committed but who are poverty-stricken themselves.

3 Disabled and orphaned: The challenges. Experiences on the shanty compounds of Lusaka

Donna Rimmer, Bauleni street kids centre and Chitsime association, Zambia

St Lawrence Special Needs Unit and Bauleni Special Needs Unit have set up services to enable orphaned or vulnerable children with disabilities to access education either at school or at home.

Brief description of challenges faced

- Finding and accessing children with disabilities on the compounds (the stigma of disability).
- Educating caregivers caring for several orphans to see that the disabled child's needs are important.
- The impact of poverty on the child's basic needs; accessing wheelchairs, medical care (transport costs, medicine).
- The priorities of caregivers versus the disabled child. The need for caregivers to seek work to get money for food whilst leaving the disabled child at home with no supervision or care.
- Resources available at schools to provide special education.

Main issues identified during the presentations and the subsequent discussions

1 The need to have a multi-programmed response to maximise effectiveness of the community response, for example providing:
- Identification and support for Orphans and Vulnerable Children
- Providing HBC, training and support for care givers.
- Income generation projects and job skills projects
- Community gardens and feeding programmes
- Support groups
- Music and drama initiatives

2 Children with disabilities who are also an orphan or vulnerable child are even more marginalised and require targeted support, not only for the affected child but also for their care givers.

3 Response to date has been focused on the grassroots community level and dependant on volunteers to provide the services.

4 We need to address ways to increase government response in Southern Africa

It was identified that more attention needs to be paid to: supporting volunteers (e.g. training), volunteer retention and male involvement.

Day 1 Conclusions

The conclusions below reflect the discussions held during the final plenary of the day and the other main issues identified during the day.

Community involvement and participation are vital and key to the ownership of community programmes. The delegates agreed that, due to the scale of the problem, the main emphasis should be on community responses instead of institutional care.

Empowering communities: how can organisations empower communities in such a way that they can move from emergency situations to sustainable development, thereby avoiding the problem of handouts?

The specific challenges related to Orphans and Vulnerable Children cannot be tackled without looking at the broader challenges around **poverty and nutrition**.

Involvement of all children in programmes around Orphans and Vulnerable Children: there was recognition that children other than Orphans and Vulnerable Children should be included in programmes targeting Orphans and Vulnerable Children, thereby helping to reduce stigma. Children with disabilities affected by HIV & AIDS were very difficult to reach and suffered from double stigma.

The role of government: it was debated that government does not take a strong enough lead. Initiatives

focusing on Orphans and Vulnerable Children came from the communities and there is very little support by government. Governments need to recognise the importance of both drawing up and implementing necessary legislation around care and support for Orphans and Vulnerable Children.

Networking with organisations working with the elderly: because Orphans and Vulnerable Children are increasingly cared for by grandparents and other elderly community and family members, Orphans and Vulnerable Children programmes should network with organisations working with the elderly so that joined-up programmes can be created. HIV & AIDS programmes often miss out the elderly, as they are not seen as sexually active. We need to give grandmothers and other elderly carers a voice.

"We need to link government policies on Orphans and Vulnerable Children to helping the elderly, otherwise we end up with the over extended family. How do we support grandmothers? This elder generation wants to relax but cannot because they carry a big burden. We need to listen to the voices of children and the elderly. Most orphans are cared for by grannies. They should be targeted for support".

Most of the discussion during the final plenary was focused on the use, and sustaining, of volunteers. There was agreement among the organisations present that volunteers are vital to the success of their programmes, but at the same time, that the use of volunteers is not sustainable:

"We need to bear in mind that volunteers themselves are marginalised people".

There is a need to institutionalise volunteering at national level and we need to debate and to share best practice in identifying, recruiting, training and motivating volunteers.

According to the participants, volunteers have different motivations around volunteering:

"Some volunteers have God as a reason to volunteer. Some volunteer because they want to learn something new (they get training). Some are HIV+ and want to help others. Some enjoy the contact, meals and small stipend".

Another participant added that volunteers receive training but afterwards they might get nice job offers elsewhere. However, on the other hand, introducing money for volunteers could be a problem because when the money stops the whole system could collapse. It was discussed that some sort of recognition for volunteering was essential either financial or otherwise. However this must be appropriate for each particular organisation; one methodology for all, nationally or otherwise, was not viable.

There is very **little male involvement around volunteering**. VSO, which has experience in national and international volunteering, expressed interest in taking this debate forward. Gender is also an issue around empowerment of women and men: we need to be careful of empowering some people without disempowering others. Should we not talk about gender empowerment instead of women's and men's empowerment?

Day 2

Wednesday 19 May 2004

Rights, Psychosocial Support, Education and Networking

Opening address on the Rights of the Child

Professor Linda Richter, Child, youth and family development research programme, Human Sciences Research Council (HSRC), South Africa

"The AIDS orphan crisis has not yet happened. The projection is that there will be a massive explosion of the amount of orphans in 10 years time. We shouldn't cry wolf now".

Linda Richter

Concerns were raised by Professor Richter around the terms Orphans and Vulnerable Children (OVC) and Children Affected by AIDS (CABA). The term 'Children in Difficult Circumstances' is preferable as this encompasses orphans, HIV+ children, children who have lost breadwinners and poor children in AIDS-affected communities.

'What comes first – the HIV crisis or poverty?' There is a huge overlap between the two. HIV is a crisis and Southern Africa is the poorest and worst-affected region. Professor Richter argued that if we try to combat HIV & AIDS and its impact, we need to integrate this in our fight against poverty.

The UN Convention on the Rights of the Child says:

- Children are best reared in a family environment (Articles 5 and 8).
- Wherever possible children should not be separated from their kin (Article 9).
- Children who are deprived of care, temporarily or permanently, are entitled to special protection and assistance from the state (Article 20).

The UNHCHR Committee on the Rights of the Child recently adopted three General Comments. General Comment No 3, 2003, says, amongst others:

- Measures must be holistic and rights-based.
- Prevent discrimination that increases the burden of HIV & AIDS on children.

Could we be doing harm? Without realising it we could do harm in various ways including:

- Reliance on donor money and wishes to respond to CABA in Southern Africa.
- Targeting orphans only. They are a small part of children living in difficult circumstances. The essence of rights-based action is universal provision of services for all children. We must beware of targeting a small number of orphans (3%) when what is really needed is meeting the basic needs of many deeply impoverished households (60%).
- Proliferation of isolated good practice models that are not affordable at scale or financially sustainable.
- Focus on institutionalisation/residential care. This targets young children at their most vulnerable. It provides a perverse incentive for poor families to offer children to institutions to secure care for them. It is expensive and not sustainable.
- Giving in to emotionally driven urges to give direct help directly to children in extremely difficult circumstances, instead of boosting their families.
- Creating and reinforcing discrimination against children called AIDS Orphans.

How might we avoid harm?

- Do what we are doing now – talking, sharing, informing, debating.
- Strengthen and expand services – health, education and social assistance.
- Develop "indigenous" approaches – using available community resources.
- Deter institutional care and improve it.
- Start early warning systems – under-nourished, out-of-school, working children.
- Make a commitment here and now not to use the term AIDS Orphans.

Professor Richter concluded her presentation by saying that our greatest responsibility is to respect the dignity, humanity, courage, fortitude, and right to decency of the children and families we aim to help.

Plenary presentation on Creating a Platform for Children to Speak Out

Justin Mucheri, Tsungirirai, Zimbabwe

"In traditional African culture, children are seen and not heard".
Justin Mucheri

Tsungirirai is an AIDS service organisation, which seeks to create opportunities for children to voice their concerns and needs. One of the ways Tsungirirai has supported this approach is through organising a kid's club and children's forum: community-facilitated activities which allow children to socialise and play. This is something essential for young people who head households and may not have time to have fun or let off steam.

Child forums and kids clubs are activities designed to offer children an opportunity to meet and discuss issues affecting them in the community. The children conduct weekly sessions and these involve fun and learning activities. The sessions are aimed at promoting children's awareness on their rights and responsibilities, as well as build their assertiveness and communication skills.

Older youths are actively involved in coordinating the children's activities. The children relate more with the youth since the age gap is not very wide. Youth trained in counselling are able to articulate issues for the children and empower the children to speak about their problems. Adult Community Committees responsible for Orphans and Vulnerable Children programmes have a child to sit in their meetings so as to represent other children in similar circumstances. Tsungirirai is working on the setting up of a multi sectoral Child Protection Committee which responds to the children's issues and needs in the areas of operation.

Tsungirirai identified various challenges when working on their projects. One is the mobilisation of the various stakeholders and convincing them to take children seriously. Another challenge is the general negative attitude of African adults towards the topic of children's rights. However, where the rights are introduced together with children's responsibilities it has been more welcomed. Cultural and religious practices also lead to a lot of child exploitation being considered "acceptable", e.g. in pledged marriage of under-aged children, and the sexual abuse of children in culturally accepted practices such as "chiramu". Through the child forums the organisation will continue to advocate for the children's rights. These call for empowerment of the children themselves, so that where support is not coming from adults, the children themselves are able to stand up for themselves.

"We have investigated why not all children come to kids clubs. We learned that they have many chores to do at home. We developed buddy clubs so that children could help one another in finishing housework more quickly and all would be free to have time to play at the kid's club".

"It is important to bring children into adult forums that focus on children, such as this VSO conference, so that they can present the views of children. When adequately empowered, children do have a lot to contribute in matters that concern them".
Justin Mucheri

Psychosocial Support

1 Community based psychosocial support for Orphans and Vulnerable Children

Hilda Mushavhi, AIDS Among Us (AAU), Zimbabwe

In loss and bereavement counselling it was discovered that children had not been allowed to mourn their parents and had no personal belongings from them. The children also articulated their need for food, stationary, school fees, books and uniforms. In addition, children needed to know how to protect themselves against abuse. These issues were revealed at youth camps held by AAU, a Zimbabwean CBO operating in a marginalised part of Zimbabwe along the south eastern border with Mozambique.

Initially founded by a Christian couple to provide HIV & AIDS education to the local community, it is now community driven and facilitates care for the chronically ill — most of them people living with AIDS (PLWAs), who inevitably die and leave behind orphaned and often impoverished children. Of necessity, AAU had to develop responses to give support to the ever-growing number of orphans. Due to the resources constraints, it was necessary to develop low-cost but effective community based interventions for support for Orphans and Vulnerable Children.

Steps taken to set up community Psychosocial Support Initiatives (PSS)

1. Initially, AAU sent two staff members to Masiye Camp, a leader in psychosocial support interventions in the region, to learn about the methodologies and approaches they used to assist bereaved children to cope with their difficult circumstances, and to move on positively with their lives.
2. 25 local school teachers were then trained in PSS skills by Masiye Camp, so that they would have capacity to identify and offer support to children who were struggling to cope with orphan hood as well as other effects of HIV & AIDS on their lives.
3. 60 community based caregivers were also trained in PSS so that they could have an appreciation of the needs of Orphans and Vulnerable Children beyond physical and material, and offer basic counselling services to the children, as well as identify and refer them for further assistance where necessary.
4. AAU also took seven Orphans and Vulnerable Children who were struggling to cope with their losses to Masiye Camp, where they received counselling both as individuals and in groups, with peer support from camp counsellors who were in similar and/or worse circumstances to theirs. The idea was that these seven children would become peer counsellors back home, and help others from their own community to accept their reality and move on.

With these steps, AAU felt they were in a better position to implement some PSS camps within their own community. The first camp was held with external facilitation from the Masiye Camp team, the seven children forming part of the peer support system, some of the trained teachers and community caregivers also participating as counsellors. The camps are five-day modules that afford the children time to participate in a variety of activities.

Activities include:

- **Play** – is useful, particularly for those children who have adopted adult roles of caring for chronically ill parent(s), and/or supporting siblings and barely ever have time to play.
- **Bereavement/Grief counselling** – group and individual counselling processes are done, and facilitators are often amazed at how much the children have to say and how relieved they feel after speaking out their minds.
- **HIV & AIDS education** – this is essential in order to break the vicious circle of orphans by preventing them from getting infected.
- **Life skills training** – includes education for empowerment of Orphans and Vulnerable Children in areas such as decision-making, problem solving, communication, etc.

2 Sowing seeds of hope: Psychosocial responses for Orphans and Vulnerable Children

Darlington Changara, Zvishavane AIDS Caring Trust (ZACT), Zimbabwe

ZACT, in partnership with the Zvishavane community, managed to develop psychosocial responses for Orphans and Vulnerable Children in five wards covering a total number of 3,750 households. The community itself provided locally available resources like poles for goal posts, nails, used oil etc and provided labour freely.

The organisation and the community therefore managed to:

- Establish community psychosocial support play centres in each ward.
- Form Buddy clubs for children of parents who are under HBC.
- Create Pamumvuri (under the shade) Sessions.
- Provide psychosocial support holiday camps for specific age groups.
- Train teen counsellors who coordinate activities in the play centres.

Brief description of the challenges faced

- Out of school youths who are not orphans come to disturb the children during sessions.
- Some children walk long distances to attend these sessions.
- Elders now require incentives to teach the children due to the increasingly difficult economic situation.
- There is need for more gender sensitisation. There is a Men's Forum in Zimbabwe but one needs to mainstream gender issues in all programmes. Traditionally the girl child fetches water, does laundry, cooks and has far more tasks than the boy child. The boy child must herd cattle but can often spend lots of time playing while he does this. Children grow up with rigid gender stereotypes. The mother is seen to do 'minor' household tasks such as small maintenance, laundry and so on, while the father does 'major' maintenance of the home.

Summary of experiences/lessons learned and implications for the future

- Importance of involving the community — very essential for programme sustainability.
- Resuscitating village elders in the community to teach children good morals.
- Children find warmth and comfort in the buddy clubs.
- Non-Orphans and Vulnerable Children are joining the clubs at an alarming rate as they feel the need to support each other as children.

3 Restoring lost childhoods and enhancing children's coping mechanisms

Theophylus Masuku, Children's Hope Society, Namibia

The Children's Hope Project has a special club for boys to reclaim their lost childhood. This has resulted in a huge response and some boys have really opened up at an emotional level. Some have even given up drinking and are helping at home.

Areas where the Children's Hope Project has experienced success

- Providing a safe and nurturing environment for 135 Orphans and Vulnerable Children in Okahandja Park within the Children's Centre where children can play and be children again.
- Meeting food needs for 135 hungry and sometimes malnourished Orphans and Vulnerable Children in Okahandja Park through supplying and cooking of food three times a week and two weekly food parcels for needy Orphans and Vulnerable Children.
- Affecting families of 85 Orphans and Vulnerable Children through counselling for the families; provision of food parcels; identification and referrals to relevant organisation for assistance in the community.
- Setting up a youth programme targeting mostly boys (and girls) to enable them to care for and to cope with the situation of ailing caregivers who are constantly ill.
- Secure the support and participation of the community through the community volunteers programme – the project has assistance from 18 men and women who live in the community who have received training in psychosocial support for Orphans and Vulnerable Children and HBC.

Main issues identified during the presentations and the subsequent discussions

A heated debate followed around the role of women as carers vis-à-vis men and about respective roles being related to sex or gender. Related to this there was discussion whether boys and girls should be getting psychosocial support together or separately.

"Why separate boys and girls? Haven't girls also lost their childhood? Why not deal with the root causes of why men are threatened by women's empowerment? We should build a generation that understands and supports the empowerment of women".

"We are dealing with an African attitude – boys are more valued and treated better than girls".

One female participant noted that ***men also have hands***:
"Caring for the sick should be a shared responsibility. This should be fostered among both boys and girls".

Participants also concluded that it should be acknowledged that women should not always be left with the role of carer as women can participate in the external environment and can for example be future leaders as much as men.

Other issues which came up during this discussion were:

1 It is important to empower children, through education of issues related to HIV & AIDS, children's rights, child abuse, drug/alcohol abuse. This is to equip children with skills & coping strategies.
2 It should be recognised that children have a lot to say and feel relieved after speaking out their minds.
3 It is important to bring children together to support each other: to share experiences, form friendships and also because children can become peer counsellors. A dilemma was identified how to include non-Orphans and Vulnerable children into these groups as no 'special' group of children should be created.
4 Involving the community was considered crucial. For example using the elderly to teach the youth about morals and manners was recommended. A community can also provide material resources and community members can be role models. This would create a sense of responsibility for Orphans and Vulnerable Children in the community.
5 Time is needed for children to be children. They should, for example, be able to play games. This is challenging as currently many children are caring for sick parents or are heading a household
6 Issues were again raised around volunteers working at projects. They need to be motivated and supported.
7 Poverty was recognised as having a big impact on communities and is linked to support for Orphans and Vulnerable Children in all ways. For example, some children walk long distances to attend sessions at the support centres.

Rights Based Approach

1 Towards a child friendly policy

Gladys Gahadzikwa, Dananai Child Care Organisation, Zimbabwe

As a result of HIV & AIDS, the increased number of Orphans and Vulnerable Children has impacted the already overburdened elderly population and socio economic level of Zimbabwe. The following gaps at both legislation level and operational level are identified.

Legislation

- The available legislation is not orphan specific and therefore falls shorts of addressing and deliberately targeting this category of children.
- Due to ignorance the orphans sometimes fail to access the protection of the law they need in order to benefit from the parents deceased estate.
- Children are normally expected to be quiet while adult relatives decide for them and cultural expectations tend to incapacitate them.

Operational Level

- At the operational level only those children lucky/fortunate enough to be identified and referred to the department of social welfare and police are helped.
- The demand on the social safety network put in place by government exceeds the available fiscal resources.
- Children's rights are relatively new concepts in the country and the general population is not conversant with them. This impacts negatively on orphans who do not have adult's guardianship and lack of proper parental care.
- Uncoordinated approaches to the issues of orphans as there are a lot of child related organisations which are separately responding to children.

Given the above scenario, Dachicare and its partners designed a project, which aimed at addressing the problems of children affected and infected by HIV & AIDS.

In its programme of action the following topics were addressed:

- Carrying out research and analysis of the National Orphan Care Policy and other Child Welfare related policies.
- Advocating for procurement of identification, particulars, and birth certificates.
- Advocating for children's rights protection from sexual exploitation and child labour.
- To resuscitate the Child Welfare Forum and disseminate its role to the communities.
- Advocating for access to education by Children affected by AIDS.
- Disseminate information on the existing inheritance laws and educate communities on writing of wills.

2 Human rights based child focused programming

Doreen Mukwena, Child Protection Society (CPS), Zimbabwe

CPS is one of the many NGOs programming around Orphans and Vulnerable Children. Our programmes include child rights advocacy, community based childcare involving psychosocial support, food provision and educational assistance and institutional childcare. Included in institutional care are HIV infected infants. CPS implements rights based approaches in programming and attempts to provide holistic support for Orphans and Vulnerable Children. For example children participate in child rights advocacy and the community is involved in the community based childcare programme through facilitation of foster care and adoption.

CPS is running a comprehensive advocacy programme, which includes:

- **The Zero Tolerance Project,** to promote eradication of child abuse through multi-sectoral Child Protection Committees. The Zero Tolerance Project resulted in breaking silence on child abuse and formation of Child Protection Committees, vigorously mobilising communities in the fight against child abuse. Also, the government, acknowledging child abuse as a national development issue, recently announced plans to set up Provincial Crisis Centres for abused children.
- **The Birth Registration Project,** which promotes child rights through access to birth registration for all children. Many orphaned children are unregistered and the absence of their parents makes it very difficult for a child to be registered. Yet without registration, a child cannot access any state services such as support from the Department of Social Welfare, education assistance under the Basic Education Assistance Module (BEAM), etc. The Birth Registration Project has seen government, acknowledging access to a birth certificate as the entry point to other rights by children, planning to decentralise birth registration into clinics.

- **The Coordination Project,** through which accountability of local authorities around provision of a holistic child protection package is promoted and child rights mainstreaming by other organisations is facilitated. Child participation in advocacy is incorporated through child theatrical activities on the Day of the African Child and the World AIDS Day. Lobby for coordination by an advocacy coalition lead by CPS through the Coordination Project resulted in the government expanding the role of the National AIDS Committee (NAC) to include coordination of HIV & AIDS mitigation programmes of various organisations.

Main issues identified during the presentations and the subsequent discussions

1 Problems associated with presence of orphan care policies without relevant supportive legislation.
2 Need to further explore the link between orphan care and inheritance problems.
3 The impact on orphan care of unfavourable politics, social and economic environments in most Southern African countries.
4 Birth registration; a child cannot access state services without being registered.
5 Need to develop guidelines for effective child participation. This might include setting up child parliaments.
6 Access to education for all children, including those infected and affected by HIV & AIDS, is one of the most fundamental rights.
7 Lack of political will and resources from most governments to support orphan care activities. Needs to challenge governments to implement good policies and allocate resources.
8 Securing children's rights is also a task for local authorities and not only for the national level.

Networking and Partnerships

1 Networking to enhance service delivery to children affected by HIV & AIDS – The CINDI network

Stellar Zulu, CINDI network, South Africa

CINDI is a consortium of over 70 NGOs, government departments and individuals that network in the interests of children affected by HIV & AIDS in the KwaZulu-Natal Midlands region of South Africa.

There is an historical lack of coordination of HBC volunteers so CINDI:

- Assists Life Line and Rape Crisis with maintaining HBC databases.
- Convenes monthly meetings of all service providers.
- Provides a secretariat for the HBC network to implement decisions.
- Facilitates supervision of HBC volunteers by municipal clinics.

Guiding principles of the network

- We complete each other; we do not compete with one another.
- We need to employ staff to run the network.
- Democratic decisions are made through consensus.
- Complete transparency and accountability.
- Respect for each member who pool their skills and experience in a spirit of generosity.
- Lobbying and advocacy through constructive engagement.

Some examples of the work of CINDI

- **Local government working group**
  This highlights local government's responsibility to children affected by HIV & AIDS. CINDI facilitates communication between the city and NGOs that provide service to children. It acts as a catalyst to bring other role players together.

- **Housing access working group**
  Children's right to shelter is ensured through lobbying local and provincial government to ensure orphan-friendly policies. It convened a housing summit and facilitates access to provincial housing subsidies. It promotes community care in favour of institutional care.

Its strategic partners included local, provincial and national government, the media, the University of KwaZulu-Natal, cultural institutions, schools, faith based organisations, and service clubs.

2 Community based care for Orphans and Vulnerable Children

Ignatius Oloyi and Diquessone Jose Tole, Provincial Directorate for Women and Social Action (DPMCAS) - Sofala, Mozambique

We have carried out a study to know the magnitude of the problem of Orphans and Vulnerable Children in the Sofala province and to let us know the main causes of death and the socio economic situation in the community. The result was tremendous showing that 46,933 children are orphans. 50% of these do not go to school and there is a big inequality between the boy's and girl's access to education. The majority of the Orphans and Vulnerable Children are not registered. The main causes of death are HIV & AIDS, Tuberculosis, Malaria, Diarrhoea and Cholera. 80% of the Orphans and Vulnerable Children are being cared for by the women and 40% are being cared for by the elderly who are extremely poor. 430 orphans are staying in child headed families under difficult conditions.

One of the objectives of our study was to share the data with others partners and create an awareness on the situation of Orphans and Vulnerable Children at all levels; community, local, national and international. These have been done through seminars at national and local level where we divulgate the data on the situation of Orphans and Vulnerable Children in the province, some NGOs have began now to partners with some of the community committee in projects to help resolve the problem.

Other provinces in the country have been asked to carry out the same study as the one we have done in Sofala to help understand the situation of orphans in the country. With the magnitude of the problem it is clear that the institutionalisation of Orphans and Vulnerable Children will not work but a community based approach to the problem is the necessary course of action. We therefore have now started training community committees who are responsible for the welfare of the Orphans and Vulnerable Children, sensitisation about HIV & AIDS and the general community development. The committees are contributing local material to help construct houses for the Orphans and Vulnerable Children and elderly, helping in the registration and identifying projects that can be used to assist the Orphans and Vulnerable Children in the areas of education and health.

3 Coordinating the implementation of community based orphan care initiatives

Justus Chelangat, Karonga District Hospital, Malawi

Care and Support - Community Based Child Care (CBCC) is a strategy of child care and support in Karonga District designed to improve the welfare of children in the area by promoting a Community Based Care approach through improved early childhood care at family, extended family and community level as a whole.

The Community establishes support groups, organises community care activities and strengthens extended family support structures. The Social Welfare office trains the teachers on the skills of child psychosocial development, sources items, equipment and links the community centre to friends who may be willing to support, provide policy directions on orphans and monitor the orphan situation.

Karonga District Hospital as the coordinating institution oversees all Home Based Orphan Care Health issues involving the community as a whole. It identifies and trains volunteers on basic nursing care, nutrition, hygiene, water and sanitation and HIV & AIDS Prevention Care and support. This system of care is based on the concept that communities have the potential to understand and handle orphans' problems and are willing by nature to provide the needed support.

In addition to the local support the community has put up a technical school. This institution aims at helping older orphans and other vulnerable children with the skills for self-reliance e.g. carpentry and joinery, tailoring,

food processing and bricklaying. Given the support of the parents and friends so far the studies in this school are free. The school recruits eighty students per year.

The benefits of networking are:

- Quarterly meetings which enhances information sharing and transferring of skill.
- Sharing of the resources from different departments.
- Enhancing synergy and strengthening solidarity.
- Creation of a referral system which is cheap and easy.

Main issues identified during the presentations and the subsequent discussions

It was concluded that the three presented models of networking and partnerships were different by nature but that still a lot could be learned from each other.

Main conclusions from this session were:

- There is a need to share information in order to gain an overall picture of the problem.
- Through networking resources can be shared or can be targeted at the most needy and appropriate areas.
- Networking enhances synergy and strengthens solidarity.
- There is a need to build productive relationships between NGOs, government departments and other partners.
- Organisations lobbying together usually have more chances of achieving successes then organisations doing this alone.
- The importance of networking and working collaboratively on HIV & AIDS and on Orphans and Vulnerable Children is clear as we face such a huge problem that not one organisation can tackle it by itself alone.
- NGOs and other partners need to complement, not compete with, each other.

Access to Education and Education about HIV & AIDS

1 Impact of HIV & AIDS in our education system: looking at educators and learners

Penny Dlamini, Soul City: Institute for Health and Development Communication, South Africa

This South African NGO harnesses the power of mass media for health and development education and advocacy. It creates 'edutainment' through prime time television, radio dramas and print. Some brands include Soul City, Soul Buddyz and Soul Buddy clubs. The brands have become household names in South Africa. The Soul Buddyz project was launched in 1999, building on the successful multimedia strategy of the Soul City series. While the Soul City series is popular with all ages, its messages were not designed specifically for a very young audience, particularly 8 to 12-year-olds. Soul Buddyz has been developed specifically with this age group in mind because attitudes are often formed during this critical time and yet, in the context of a rapidly transforming society with technological changes as well as social changes, the needs and aspirations of children between the ages of 8 to 12-years-old are often neglected.

Children participate strongly throughout the creation of the series. The right of children to participate in issues that will affect them is enshrined in the Convention on the Rights of the Child to which South Africa is a signatory. Researchers who ran focus groups were aware that topics were sensitive and difficult. The principle of 'minimising harm' was therefore applied throughout. Researchers made it possible for children to withdraw at any stage. The research reported on here is part of the target audience research for Soul Buddyz 3, focusing on HIV & AIDS and schools. **Main conclusions of the research were around the following topics:**

Misconceptions, discrimination and disclosure

- It is clear that wrong information about transmission of HIV is still common. This leads to discrimination.
- It is clear that children have experienced and seen discrimination from other children, teachers and management at school.
- This suggests that there still is a need to keep repeating basic information about transmission of HIV & AIDS in order to break down discrimination.

What practical problems are children affected by HIV & AIDS facing?

- The research shows that children have detailed information about the practical needs of those children who have been orphaned or who have ill parents.
- These needs related to school fees and clothes and food.
- The degree to which children experience poverty was related to the area in which they live.
- Children in the rural groups were obviously the worst affected by poverty.

What psychosocial problems are children affected by HIV & AIDS facing?

- It is clear that many children have experienced the emotional impact of illness and death in the family.
- Children have experience of death of teachers and it is clear that this leaves children feeling very sad and anxious.
- It seems that there is little formal response to help children cope with the death of a teacher.

How schools are meeting children's needs and what more would children like them to do?

- In spite of government projects to stop the practice, it seems that schools still regularly harass children who cannot pay fees or uniforms.
- It also appears that there is little discussion around HIV & AIDS in schools.
- There is some learning taking place in Life Orientation lessons but this does not seem to affect children's attitudes and misconceptions still abound.
- The fact that teachers are seen by children as an important source of support is backed by the comments made in the case study where children say that even though schools are difficult places for them, they are important because they are the only place they to go to outside of home.
- Yet it is also clear that schools are not offering any kind of institutional response to the needs of vulnerable children.

2 Art prophylactic

Philippe Talavera, Ombetja Yehinga Organisation, Namibia

Ombetja Yehinga Organisation is a Namibian welfare organisation created in December 2002 and officially launched in March 2003. It aims at decreasing the impact of the HIV & AIDS pandemic among young people in Kunene, Erongo and Khomas regions. It specialises in the creation of Information, Education and Communication (IEC) material by young people for young people using art as a medium to give relevant information about HIV & AIDS and other relevant social issues.

We work with all young people aged six to 25. Peer education is usually adult driven but teenagers don't want to listen to adults. They want to learn through their own mistakes. Projects are often done to please donors. Instead, they need to address the concerns of the youth. Art can be used to create awareness. It can prevent problems. We use both visual and performing art.

A bimonthly newsletter called "Oyo" is produced. For each issue we select a topic or theme with the young people. We are not in favour of volunteers so we work with 'assistants'. Once the topic has been discussed we invite written or illustrated submissions. The assistants help with selection, layout and printing. Of the magazine 20 pages are devoted to the work of the young people and four to six pages are written by experts on the topic. We have produced 12 issues so far. There is language editing; otherwise the text is left as the child wrote it. Controversial topics such as masturbation and abortion are covered. Nothing rude or obscene is allowed but erotic material is accepted.

A theatrical performance was done recently on 'exclusion'. The youth were able to choose the topic as well as where it was to be staged. The youth chose to stage it at a railway station and a cast of 21 youth including

university students, gay and lesbian youth, deaf youth and HIV+ youth were part of the team. The production was to illustrate sexual violence, shunning, stigma and so on using the metaphor of fashion, as well as dance. The youth met each Saturday for four months to rehearse and work on the production. This proved to us that youngsters will set aside time for a project if they think it's worth it. The youth felt this was a great honour and really boosted their self esteem. Although the show was performed in front of a large crowd in Namibia the real learning came about in the rehearsals where youth from different backgrounds, many who had suffered from some sort of stigma, were working together over a period of time. During the production the youth were one group performing together and no one in the audience was able to tell who was a university student, gay, lesbian, HIV + or deaf. It was a tremendous exercise to overcome social barriers and stigma.

3 "Choices and Decisions" – An interactive board game for young people

Mairi MacDonald, Yoneco, Malawi

While working with young people out of school on HIV, gender issues, sexual reproduction issues and self esteem, I realised that young people are really eager to fight this massive problem of HIV & AIDS. What better way to do it than a fun interactive way?

Through VSO I volunteered in Malawi and realised that the most effective way to teach children is to make them take responsibility for what they learn. The game I developed is based on Monopoly and involves moving around a board, collecting cards, answering questions and avoiding risky behaviour. The game thoroughly tests your knowledge of HIV & AIDS. 'Choices and Decisions' allows young people to take personal responsibility and also accountability in their own behaviour. It is an interactive, informative and enjoyable game, which encourages discussion and sharing of opinions on issues such as inequality, gender, human rights and sexual reproductive health, self-esteem and HIV & AIDS.

Although the concept/idea has been my personal one, it has been designed alongside young people and with the support of programme staff and board members and takes a rights based approach to education for young people. Young people have come up with many of the questions and answers. It has a lot of factual information that young people are entitled to know and fully appreciate. Already it has been received very positively and the youth are proud of what they have achieved. UNICEF has committed to supporting the venture in Malawi in terms of production.

Main issues identified during the presentations and the subsequent discussions

Problems identified

- Teachers are dying due to HIV & AIDS putting extra strain on already stretched education systems.
- Stigma and discrimination is very high in schools.
- School requirements (uniforms, fees, transport) are hard to access when parents are sick.
- Psychosocial problems encountered by learners, as they are sad due to loss of relatives. This affects their participation in schools.
- Very little is being done at institutional level in terms of responses to adequately address or assist children coping with these challenges.
- Peer education is usually adult driven which is a contradiction to addressing the needs of child participation and young people.

Possible solutions

- Schools should help with the fees.
- Universal access to education to be secured by government.
- Need to expand the role of schools as modes of care and support for Orphans and Vulnerable Children.
- Closer working relationships between schools and communities needed.
- There is also need to increase the role played by local volunteers in responding to the needs of learners.
- Use of art can be a good tool as learners might feel comfortable expressing themselves through art. Learners should always be listened to when designing such art projects/programmes.

Lessons

- Young people are ready to allocate their time, effort and creativity to any project that they believe in.
- Visual art is indeed a powerful tool to use with young people as it allows them to express themselves fully in different aspects.

Lessons from the board game

- Young people are and can be highly motivated to discuss HIV & AIDS using choices and decisions. The process is highly motivating and interactive and tackles issues of Orphans and Vulnerable Children.
- The game play and art enables children to learn...and even more, they learn in a fun way!

Day 2 Conclusions

The conclusions below reflect the discussions held during the final plenary of the day and the other main issues identified during the day.

As on day one, **the role of the government** was discussed, but this time more in-depth. The link to **rights** was evident. NGOs must be like watchdogs to keep governments accountable. Governments are signatories to international conventions and should honour them. However it was noted that in the Southern African region only the government of South Africa has the financial resources to implement laws and agreements. Additionally rights should not only be worked on at the national level, but it should also be understood and implemented at the grassroots level.

The role of governments was also an issue when talking about partnerships. The delegates agreed that **networking and partnerships** are crucial, and that governments need to be involved:

"If we move together we have more impact and it's easier to get governments involved".

However it should not be forgotten that many NGOs and CBOs have different priorities, which can lead to fighting among them. Networking can possibly also slow down processes:

"We must each get on with our own approaches also".

Overall however the delegates agreed that networking and partnerships were crucial, as a lot can be learned from each other.

The issue of **education** was debated at length. According to the participants access to education is a human right and vital to prevent the spread of HIV & AIDS. Also, Orphans and Vulnerable Children have to be empowered through education. Governments should secure education for children about HIV & AIDS but also other examples of education were given. The church has a role to play for example, and also theatre and the board game which was presented earlier on the day, can be very valuable and useful instruments for education.

The issue was raised how explicit we should be about **sex education**. Opinions varied between talking straight and give all necessary details to the view that providing education about sex should depend on the age of the children. One delegate proposed to give whatever information you can:

"Teens will take what they need and leave the rest. Make it age appropriate".

Delegates also agreed that schools should expand the role as models of care and support for vulnerable children. At the same time, schools should stop harassing children who fail to pay schools or come to school without proper uniforms.

The discussion around **psychosocial support** for boys and girls, which was held during the breakaway session earlier on the day, was continued during the plenary. A suggestion had been made that boys should undergo psychosocial support earlier then girls, but on the whole this was not agreed with. Most people doubted whether we really needed separate approaches for boys and girls, but all agreed that the African context should not be forgotten when dealing with care and support. In African culture women are seen as carers instead of men, and this stigma can already be found with children also. This should not be forgotten when talking about care.

Day 3
Thursday 20 May 2004
Skills Building

The **youth delegates** developed the timetable on day three as they were leading the day as skills building trainers and drama performers.

In each of the skills building sessions, youth delegates took adult delegates step by step through some of the exercises within Art and Play therapy and Hero Books. This allowed for the adults to learn from the youth, sharing both their stories as well as their experiences of learning these skills over the past two days. The exercises were kept light in tone and were not used for unearthing deep emotions or experiences but rather as a taster exercise facilitated by the youth that the adults could take back to their organisations.

In the morning plenary the trainers of the skills building sessions, Liesl Jewitt, RSBSC (Art and Play therapy) and Jonathan Morgan and Victoria Mbyaluvana, REPSSI (Memory Books) gave a brief introduction to their work. This was to enable all participants to share and learn about some of their work. This plenary was then followed by a drama, performed by the youth participants, after which the actual skills building blocks took place.

The day kicked off with a presentation by Francis van Rooi, another fine example of how NGOs can join forces and fight for a better life for Orphans and Vulnerable Children.

Opening presentation on Building Resilience among Orphans and Vulnerable Children in Namibia

Francis van Rooi, Catholic AIDS Action (CAA), Namibia

"When spider webs unite they can catch a lion – we need to unite to create a safety net for children".
Francis van Rooi

Namibia is a country at risk. 22% of all pregnant women in Namibia are HIV+ (2002) and at current infection rates a 15 year old has a 50% chance of dying of AIDS. With only 1.8 million people in the country every death causes the whole country to suffer. The amount of orphans is increasing and soon one in three children will be orphaned before reaching the age of 18. Namibia already has more than 100,000 orphans under the age of 15.

CAA Namibia was established in 1998 and has grown to 13 offices. It now has 84 staff and 1,500 volunteers. CAA works on different issues related to HIV & AIDS.

Examples of its work are given below:

- **Home based family care** Over 1,500 volunteers in 100 groups each receive 84 hours of training.
- **Prevention education** *"We don't talk much about condoms, being Catholic",* jokes Francis van Rooi. An 'Adventure Unlimited' curriculum is used with children from nine and another one called 'Stepping stones' with children from 12. 280 peer educators were trained and 5,070 children participated in 2003.
- **Orphan support** 18,000 registered Orphans and Vulnerable Children are supported with psychosocial care, a children's learning programme, limited material support (e.g. school uniforms), advocacy for access to education and also 'Saving Remnant', a scholarship programme. The reality is that many caregivers don't know that every child in Namibia has the constitutional right to a free (primary) education. Also, many school boards and principals still demand "school development funds" and 10th and 12th grade orphans can't pay the exam fees. Children who don't pay or don't wear a uniform are discriminated against.

Challenges identified by CAA

- Psychosocial counselling – we need African methods not western adopted ones.
- Staff burnout – the needs outweigh the resources.

Plenary presentation on the Joy of Play

Liesl Jewitt, Rob Smetherham Bereavement Service for Children (RSBSC), South Africa, introducing Art and Play therapy

"A child's world is no less than that of an adult. Children think with feelings. Play is a child's natural communication. Drama, music and movement can be used and no fancy equipment is needed. Just ask a child to show you. Adults can use these art therapy skills to uncover their feelings too".

Liesl Jewitt

Liesl Jewitt, play therapist based at the RSBSC in Pietermaritzburg led the play therapy workshop. ***"Play is a child's 'work' but also his relaxation and communication",*** she told delegates. ***"When we play with children in a therapeutic way we should bring with us a willingness to listen and learn from children",*** she continued. ***"Perhaps you were not afforded the same care when you were a child – but you can do it differently for the children you meet or work with".***

Children have various needs and play can meet several simultaneously: emotional, spiritual, social, health, physical, cognitive and educational. Play therapy is a specialised therapeutic activity that uses games and toys to encourage children to achieve psychological change or growth. It can use dramatic and creative techniques to help children express a range of difficulties such as terminal illness, abuse and violence, emotional difficulties, divorce, witnessing traumatic events and change. This methodology helps the child to adjust to his world and resolve crises in his or her life. Play therapy is closely related to drama, art, music and movement therapies.

Children play for development and growth — it is "work" for them, self-work and their way of making sense of the world around them. It is necessary for children to play, and sometimes it is leisure. In this world we live as adults and young people together and our purpose should be to bring with us a willingness to listen, and learn from children, open and honestly communicate with children, and engage them in activities through which they can grow into who they are meant to be. Play therapy is a process of working through difficult emotional experiences to resolve the confusion and stress these cause the child. The possibility of change is offered through increased insight and self-awareness, strengthening the child's capacity to resolve their issues.

RSBSC aims to grow the number of people who support bereaved children, rather than the size of the organisation. Its team is small and direct impact starts small but is strategically aimed at "growing" people in the community and increasing the access to psychosocial support for children in the community.

The basic structure of the play therapy session at the conference was to first 'centre' participants, do sensory awareness exercises through art, talk about feelings that arose, talk about coping mechanisms and then close the session with an exercise to create positive feelings. The overriding message to the youth was that they *can* cope.

Questions that can be asked to promote coping include:

- What sort of things do you do to feel better?
- When you have difficult feelings, what happens to make you feel better?
- When have you felt better?
- When have you felt good?

These questions stimulate a person's inner strength and potential. It's best to ask open-ended questions that begin with when, where, how, who or what. Avoid asking 'why' or 'did you...' which can only elicit 'yes' or 'no'.

After a session, it is important to seek closure. Youngsters may either need an energiser (any game) or relaxation exercise. At the end of the session one always thanks the participant for sharing his life or feelings. Jewitt advises:

"Do offer to 'walk' beside the child by listening and offering moral support. Do tell the child what you admire about him. Don't give advice or try to 'fix' things. Don't tell untruths or flatter the child".

These *messages* were handed out on paper by Jewitt, and included the following quotes:

- Children have a right to talk and be heard.
- Listen to what children are telling you — they speak because they need you to listen and try to understand.
- Be patient with children and treat them with fairness.
- Children want to be loved, particularly by their parents.
- Children need to play in order to grow well.
- Children need clubs and activities designed for them and by them.
- Children want you to play WITH them, they want your time and care and pride in them.

Skills building session 1 - Art and Play therapy

The Art and Play therapy session began with drawing name tags with illustrations. Delegates explained the meaning of their names and the pictures to go with them. The participants also had the possibility to give themselves another name then their actual one, for example a name they prefer more, or a nickname given by their friends. The delegates had to explain why they chose their actual name or why they preferred an alternative one. This activity can be used to get-to-know the child for the first time or used to get-to-know the child better. The name tag is a creative way of introduction and finding out more about a person and his/her actual or preferred name.

All delegates then made a clay sculpture depicting what HIV & AIDS means to them. Very often when children are affected by death/loss/illness they may feel that they have little or no control over what is happening. Clay can serve as a way of giving back to the child a sense of control even if only for a short while. Using clay gives people a sense of control and stimulates the senses; by playing with clay we are symbolically giving back some sense of control. Participants were then asked to share what the sculpture meant and how it felt to make the sculpture. Jewitt ended the session by saying:

"Even if you take nothing else away from this session and my notes, do take cognisance of the messages from the young facilitators".

Plenary presentation on an Introduction on Hero Books and the 10 MMP

Jonathan Morgan and Victoria Ndyaluvana, Regional Psychosocial Support Initiative (REPSSI), South Africa and Yoram Chisenga, youth delegate, Zambia, introducing memory work

The 10 Million Memory Project (10 MMP) is a coalition initiative whose vision is:
"To create a Pan African people's movement to reach at least 10 million children across Africa with memory approaches by 2010".

Jonathan Morgan, a clinical psychologist for the REPSSI, Cape Town, facilitated the Memory Book and Boxes workshop together with his colleague Victoria Ndyaluvana. In this plenary he introduced the memory work and the 10 MMP.

National Association of Women Living with HIV & AIDS (NACWOLA), the Ugandan pioneers in memory work, refer to Memory Books primarily as a communication tool between parents and children. In contexts where treatment has not been accessible, the key messages that get communicated to children by parents living with HIV, are ones around disclosure of HIV status, changing health status as the illness progresses, the possibility of the death of the caregiver, succession planning, and information about roots and family history seen to assist in the process of identity formation for the child who might grow up without parents.

In response to the extraordinary range of challenges facing so many children made vulnerable by HIV & AIDS, **Hero Books**, a particular kind of Memory Book which combines elements of several types of child focused interventions, have been developed.

A Hero Book is a document, and a process, in which a child is invited to be the author, illustrator, main character and editor of a book that is designed to give them power over a specific challenge in their life. The Hero Book process can be described as one in which groups of children are led through a series of drawing exercises and autobiographical story telling, designed to help them with mastery over specific problems or challenges in their lives. At the end of the process, the child will have a hand bound storybook of their own making that heralds and reinforces their hero-survival-resilient qualities.

Hero books draw heavily on the theory of Narrative Therapy and "externalising discourses" developed by Michael White and David Epston. There are also strong elements of expressional art and of projective drawing in the Hero Book process. The challenges a child might want to take on using a Hero Book include behavioural problems, emotional problems and social problems. Behavioural problems might include bed wetting, poor concentration, aggression and bullying. Emotional problems might include depression, sadness, grieving, and anxiety. And social problems might include having to look after the cattle and not be allowed to attend school, or being subjected to abuse in the home.

Victoria Ndyaluvana is a peer educator around body mapping, a type of memory work. She informed the participants that body mapping is another way for people to tell their stories and a particularly effective way to support and encourage people to disclose their status.

"HIV is a passenger. I am the driver".

Victoria said this while showing her Body Map to the group. She then added:

"I live in Khayelitsha and have been HIV+ for nearly five years. I stay healthy without ARVs. I fight for my life. I am living positively. My boyfriend ran away after I found out I was pregnant. I drew a body map and drew a big red heart. I feel sad when people die of HIV because you can help yourself. I eat healthy food. I take in the beauty of South Africa. When I look at this picture I can see what I am and what I'm not, and what I believe in, and what I don't…This picture of mine makes me happy and very strong, more than before. Nondumiso and I are members of the first Khayelitsha A-team. 'A' does not stand for AIDS but for best team. We are trained by the Memory Box Project to do things that help win the fight against HIV & AIDS, mostly teaching other people the Memory Box work and doing field work for researchers…I have this power over the virus, like when I'm working I stop thinking about it".

Yoram Chisenga, one of the Zambian youth delegates, showed huge strength when he shared his Hero Book with all the conference delegates:

- *"This picture shows me seated under a tree. My friends play football. I am thinking of my future. I want to finish school but nobody will pay my school fees.*
- *This is me with my mother before she passed away. I was always with her. Now I know how to care for other people.*
- *This is me giving a book to a little boy. I like reading at the library and explaining to the other children.*
- *The children in the orphanage help to cook. I help the young ones with the schoolwork.*
- *A problem that defeated me was when my mother died. My aunty is comforting me. They never told me she died of AIDS. Everybody was crying.*
- *My relatives didn't want to look after me.*
- *Anger sometimes gets the better of me when I think of my difficulties.*
- *My shiny moment was when I passed my exams and thought the world was mine.*
- *I defeated the problem when a friend accused me of stealing but instead of getting angry I just ignored him.*

Tricks I have learned to have power:

- *When someone talks about me I communicate with words instead of getting angry.*
- *I sleep to refresh my mind because I get angry when I am tired.*
- *I take a cold shower to cool off.*
- *I read the Bible especially Proverbs.*

My future:

- *I am a lawyer. I am the president. I have more happiness and less sadness".*

Skills building session 2 - Hero Books

Memory work has been influenced by a school of thought called 'Narrative Therapy'. A story is a series of events linked across time by a theme or a narrative. The work tries to help people find empowering themes or 'plots' in their own lives. The participant is first asked to plan the book or box by drawing 'windows'. Each window in the book has a symbol, or key words to indicate what it will be about. This series of rectangles is used to help decide which stories or parts of their lives the participants want to illustrate. Jonathan explained:

"Your life is big, but the box/book is small. You cannot fit your whole story into it. Each window is a story about you or a part of your life".

The participants also consider whom they are making the box/book for and what they will keep or express in it. Then they 'zoom' in on their windows and flesh out more detail. Much of the work is facilitated by sharing memories and feelings in pairs to obtain the support and energy of a workmate, as well as the clarity that comes from having to express oneself to others.

The participant also chooses a plot; for example, courage in the face of adversity. Window one might show when he is adopted after his parents die. Window two might show how well he does at school. And so on.

The windows exercise allows people to begin to think about what is most important for them to be expressing and dealing with. The advantage of memory work is that it is low cost and can be undertaken in a very resource poor environment. The guidelines given by Jonathan and Victoria illustrated a whole list of possible alternatives when making Hero Books, i.e. use old pieces of cardboard for the covers.

The youth delegates took the adults through a particular stage of making Hero Books focusing on:

- **Identifying and naming a problem**
  This is one of the most important exercises in this process. It is also one of the most difficult. With the child, you need to be able to identify and name a problem facing the child, in order to help them gain mastery over it. Having identified a situation in which the child expresses that he or she often feels horrible, or often gets into trouble, now is the time to try and come up with a name for this problem.
- **Drawing the externalised problem**
  The purpose of this activity is to further externalise the problem beyond naming by drawing it - this will help the child see it as something separate from themselves and that they have power over.
- **A shining moment**
  In narrative therapy, the shining moment or unique outcome refers to an exception (a different result) to one that feels like the way things normally work out (problematically). Even if this different result only happened once, and lasted only one second (and hopelessness went away for a moment and hope showed its head for a second) this is exactly what we are talking about; a shining moment. What is needed is for you and the children to catch this moment, first in words, then in a picture, just like a photograph, before it disappears.
- **Your tactics and tricks that give you power over the problem**
  The purpose of this activity is to help the child, beyond naming the externalised problem, to explore some of the things they do or might do to have power or control over it. It is a kind of recipe for success, or list of things (tricks or tactics) to do to prevent the problem winning every time. Now that the problem has been named, externalised and drawn, the next step is to look at how it works in the life of the child, what power and control it has over the child, and what power and control the child might possibly have over it. We deliberately begin with the power and control the child might have over the problem, so as not to keep them in a traumatic space (having already asked them to identify and draw the problem situation and the externalised problem).

During the exercises the youth shared their own personal Hero Books and their experiences of making their Hero Books with the adult delegates.

Feedback on skills building sessions

Feedback on youth facilitators

The adult participants were requested to give feedback on the facilitation skills of the youth participants and to provide them with recommendations.

- *"Thank you for sharing the story of your life with us"*
- *"You did a good job, just raise your voice a bit. I encourage you to continue with the strength you have"*
- *"Thank you for your patience. I am proud of you for taking responsibility when taking care of your siblings"*
- *"Very focused and could express himself very well so he will be a good teacher to others"*
- *"It was very challenging, in a positive way, to be facilitated by a young person"*
- *"We were privileged to have young facilitators"*

Feedback from the youth

The youth facilitators were requested to give feedback.

- *"My mother tried to do a small business. She sells dried fish. She sends us money for school fees. I was chosen as part of the Yoneco youth group to attend this conference. I have enjoyed the conference because I learned something. I can express my mind through drawing. I can make my own book. I made new friends from Zambia. We shared addresses so we can write to one another"*
- *"Other children in Malawi don't realise I am an orphan. I have one friend who is like my sister. We share everything. It is wise not to disclose that you are an orphan. When I grow up I want to be a nurse. I learned there is space for children to give adults input"*
- *"I learned something from our art workshops. I will share this with my friends"*
- *"It helped me express myself. I can speak openly to people if I have a problem. When I had to sculpt how AIDS has affected my life I sculpted myself and explained my story. I taught the adults how to do the name tags. I was free and I spoke openly. I learned a lot and am now able to teach both adults and the youth"*

Drama "Child Abuse"

performed by the youth delegates

The youth had prepared a drama illustrating real life situations that they wanted to highlight to the adult delegates. The drama focused on abuse towards Orphans and Vulnerable Children by their relatives and the positive aspects of society that stepped in to support and 'rescue' the children. A boy and a girl, who had been orphaned, were taken in by their aunt and uncle. They were not treated well by their relatives, their aunt and uncle sent the boy to work carrying heavy stones and the girl was forced into sex work. The aunt and uncle gave the children an ultimatum that it was either work or out, leaving the children with no option but to seek work and bring income into the home. The boy found work carrying very heavy stones and the girl found herself turning to sex work and was seduced by a 'sugar daddy' with money and trinkets. An NGO worker and the police found the boy not in school but instead breaking his back under the heavy weight of the stones. They took the boy and confronted the uncle and aunt who at first denied it but were arrested and taken away rescuing the children.

There was huge applause after the drama demonstrating the adult delegates' appreciation of the effort put in as well as recognition of the time taken to prepare the performance and how well it was acted.

Discussion ensued after the drama if any of the youth delegates had experienced this kind of abuse first hand before.

- *"I was kept by my aunty. They were rich and could only support their own children. I had to do the washing, cooking and domestic work. I always felt bad. I was only eight".*
- *"I lost both my parents and stayed at my uncle. He didn't want me. He then said I had to work at his house. I wasn't allowed to go to school. I really wanted to go to school. I was 14".*
- *"These kinds of things happen in my community. I was eight. I stayed on the street. I was picked up by a man. Now I am 16".*
- *"I was 12 years old. I was on the street".*
- *"In Zambia we report cases to the police. Victim support can fight this. Parents can fight this by not allowing young girls out with mini skirts and giving them a time they have to be home. If any children are found at taverns they should be closed down".*

Although a lot of the issues raised in the drama were not new, the emphasis that the youth placed on these issues, the enthusiasm with which they acted and the opportunity to talk directly to those affected was a new and rewarding experience for many of the adult delegates.

Closing plenary

In the closing plenary Alan Smith, VSO Regional Programme Manager for Southern Africa, summarised the main issues discussed during the conference. These issues are reflected in the executive summary of this report. The super rapporteurs of the plenary sessions of day one and day two reported back on the main discussions on the first two days. Their main points can be found in the pages describing the plenary sessions of day one and day two.

Alan then requested the participants to sit together in country groups and discuss their key learning from this conference, and how they were planning to take the conference outcomes back home. The action points per country can be found below. Lastly, Alan thanked all participants for their contributions and the conference organisers in particular for their work done.

Country Action Plans

Malawi

- The youths aim to set up peer support groups in their respective schools to discuss problems of their concern and open to all students, and provide training in choices and decisions game.
- Provide training to District AIDS Coordinators and community volunteers on skills and lessons learnt at the conference.
- Youth will share lessons and skills learnt from the conference with other youths in their community support groups.

Mozambique

- To organise workshops to pass on and implement what we have learnt:
  -Memory Books, Hero Books for adults and children
  -art play
  -promote the fatherhood spirit
- Looking into possibilities of making the government accountable for Orphans and Vulnerable Children.
- Networking among various organisations.

Namibia

- Recognition of the importance of the role of government, children, community and children in action for Orphans and Vulnerable Children.
- Integration of Orphans and Vulnerable Children into other strategies rather than focusing the problem.
- Importance of alternative and innovative ways to maintain enthusiasm and opportunity.

South Africa

- Training people on memory work; Memory Books and Body Mapping.
- Networking locally. Look at networking with CINDI. Looking at best practice models.
- Run workshops with youth.
- Doing Art and Play sessions.
- "The Fatherhood Project" exposure.

Zambia

- RAISA Zambia will hold a national workshop and bring partners together utilising the five youth facilitators and to move forward the conference lessons and ensure the inclusion of child rights in programmes in Zambia.
- RAISA will facilitate for the five participants to have media access and exposure to share their experience with the larger community in Zambia.
- RAISA will involve government departments in the planned actions and will begin with a visit to the office of the Minister of Sport, Youth and Child Development to share knowledge acquired from the conference.
- RAISA will ensure the involvement of Orphans and Vulnerable Children in national and regional exchanges.

Zimbabwe

- All country delegates will report back on the conference to their organisations, other forums to which they belong and other VSO partners at the next national conference.
- Look for/develop a framework for child participation in programming around Orphans and Vulnerable Children.
- Engage relevant parliamentary committees on social services to discuss gaps and recommendations for the orphan care policies, OR actively participate in such and similar activities that may be ongoing at local and national levels.

Quotes from the Evaluation Forms

- *"People were very open to discuss and willing to learn"*
- *"Current methodologies on working with children should further explore traditional games that could help children ventilate"*
- *"Governments have to provide education for carers so that they know how to handle their various situations, for instance dealing with HIV infected orphans"*
- *"I met a variety of people and appreciated a wide range of approaches to Orphans and Vulnerable Children programming"*
- *"By day three my energy and enthusiasm has reached its peak"*
- *"The skills building sessions were a brave step in letting the youth facilitate sessions. This was a good learning curve for both the youth and adult delegates. Well done"*
- *"An excellent three days. I have learnt a huge amount, gained additional ideas to take forward in my work and made many useful contacts"*
- *"I thoroughly enjoyed the conference and will implement a number of concepts I learnt"*
- *"A good selection of delegates with a broad range of experience"*

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