An investigation into the impact of Hlanganani Orphan Care (HOC) in changing lives of Orphans in Cosmos City.

INTRODUCTION

1.0 Background

This study is an analysis of the child and caregiver wellbeing in terms of health, education, social support and protection overtime. The study was also meant to analyse the challenges faced by Primary Caregivers in coping with Orphan Vulnerable Children burden at household level. Using qualitative and quantitative techniques the study was conducted in conveniently sampled extensions in Cosmos City of Johannesburg. The study was largely informed by the Ubuntu Theology by Tutu (1994) and Mbiti (1995) who advocated for strengthening of social fabric through a communitarian approach rather than individualism in child care and support. Data was gathered through semi-structured questionnaires and in-depth interviews. Four primary care-givers, four secondary caregivers and nine OVC completed questionnaires.

The findings revealed that even in the face of socio-economic challenges, there is continued willingness by families to absorb OVC. Some primary care-givers, particularly grandparents derive satisfaction from offering care and support. However, in spite of this willingness, the study found out that OVC care in families is fraught with several challenges whose scale and complexity often exceed the capacity of families to effectively mitigate. Most of the needs of OVC care are either partly addressed or not addressed at all. Majority of the care-givers were mainly the elderly (grandparents), a few middle -aged aunties, sisters and brothers whom predominantly depend on social grants from the government. While some are employed on a part-time basis. Although they were able to secure environment for the OVC they were unable to meet the children's psychosocial, social needs.

With the little resources at their disposal, care givers efforts were devoted to meeting the basic survival needs of OVC ignoring investment in initiatives like skills building that ensure long term survival and sustainability. Therefore, this study seeks to establish the impact of HOC on changing the lives of the OVC in Cosmos City.

1.1 PROBLEM STATEMENT

The government of South Africa in partnership with non-governmental organizations is putting a lot of resources towards the care and upbringing of orphans and vulnerable children. The same effort is not being put towards capacitating primary caregivers of OVC at household level. It is therefore, essential to explore the challenges faced by caregivers at household level,

secondary caregivers and the copying strategies they employ in the uneven distribution of resources.

1.2 OBJECTIVES

i: To assess the contribution of the HOC program to child and caregiver wellbeing in terms of health, education, social support and protection overtime- (program evaluation).

ii: To access the impact of HOC on children's wellbeing overtime- (intervention evaluation).

iii: To determine the well-being of children and their caregivers in terms of health, education, social and protection- (situation analysis).

1.3 LIMITATIONS

The limitations of this study are predominantly based on the nature, scope, and research design employed. There were possibilities of non-cooperation by some informants such as orphans who felt that they were being traumatized and caregivers who thought that they may be victimized. However, to ensure cooperation, the researcher exercised caution to persuade informants through seeking an informed consent and making them understand the purpose of the study. Due to the geographical setup at Cosmo City, the researcher struggled to incorporate all the stakeholders. This study was conducted in Cosmos City and therefore, the generalizability of results is limited.

2.LITERATURE REVIEW

2.1The context of OVC care and support in South Africa

The UNAIDS (2003) in National Plan of Action for Orphans and Vulnerable Children (NPA for OVC), defined orphans as children under the age of eighteen whose parent(s) have died, while vulnerable children are defined as children with unfulfilled rights. This definition is in line with the South African Draft Policy Framework for Orphans and other children made vulnerable by HIV and AIDS (2005), which defines orphans as those aged under eighteen who has no surviving parent caring for him or her. A vulnerable child is defined as a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfilment of his or her rights. Primary caregiver is defined as a person who has the parental responsibility or right to care for the child and who exercises that responsibility and right. The definition though widely adopted, is

encompassed with limitations especially in a context of resource constrained environments in which many OVC live. For instance, the use of the chronological age ignores many young persons above the age eighteen whose parents are deceased and exposed to intense vulnerability context bereft of any family or external support. As noted by Killian (2009), the definition implies that by merely attaining the age of eighteen years, one is automatically weaned from OVC category of non-orphan-hood and vulnerability regime.

As a result, the transition ceases one to be an OVC who still needs to be cared and supported. However, in reality his or her plight may not be any different from those below that age who live with him or her in a similar environment. Apparently, while the secondary care-givers who include the government, close friends or extended families and NGOs to mention a few presumes that the post 18years of age era means one is able to look after himself or herself, yet in reality it is not true. USAID (2000), revealed that the use of age as a criterion in providing assistance for education was penalizing teenagers who started school late by excluding them from continued educational support once they turned eighteen. Therefore, this poses more challenges to household caregivers who will mandatorily be obliged to support and care for them through their limited resources.

According to SADPFOC (2005), it is highlighted that children's rights section 28 of South African Constitution provides for rights of children in South Africa. The SA government is also a signatory to the Convention on the rights and welfare of the child:

-Children's rights are underpinned by major principles, namely:

*the right of the child to survival, development and protection from abuse and neglect.

*the right to have a voice and be listened to,

*that the best interests of the child should be of primary consideration,

*the right of freedom from discrimination.

Hlanganani Orphan Care in its initiative is striving to meet right number three, which is, "that the best interests of the child should be of primary consideration". This is supported by the organization's mission which clearly indicates that it establishes a network of people, organizations and business so that the organization can provide expertise in uplifting a community by empowering its members to adequately care for orphans. The organization

provides opportunities for internships and job opportunities for its beneficiaries. HOC ensures that OVC further their education by providing funding and other support for gifted children.

30. Methodology

Both qualitative and quantitative methods and techniques were employed respectively as a measure to increase the trustworthiness findings and well as construct and consent validity. The t0able below summarizes the methodology used at glance:

Aspect	Qualitative	Quantitative
Paradigm	X	X
Method/Design	phenomenological	Survey
Sampling	Convenient sampling was used to come up with respondent at beneficial level	Simple sampling was used
Data Collection	In-depth face to face interviews were used to gather information from organization officials	Structured questionnaires were used to collect data from 3 caregivers and 9 OVC. 4 primary caregivers
Data Analysis/Interpretation	Inductive analysis of emic interview responses	Descriptive analysis of etic questionnaire responses.
Ethical Consideration	Written informed consent was sought from all respondents and participants. Issues of confidentiality and privacy were also spell out.	

4.Findings and Discussions

Respondents Characteristics	Primary Caregivers (N=9)	Secondary Caregivers: (N=4)	OVC (N=9)
SEX			
Male	0	0	1
Female	9	5	8
Total	9	5	9
Educational level			
None			0
Primary			0
Secondary/Tertiary		4	9
Total		4	9
Age of respondents:			
0-8years			
9-12years			
13-16years			7
17-18years			2
19-30years	1		-
31-40years	3	3	-
41-50years	2	1	-
51-60years	3	-	-
Total	9	4	9
Marital Status:			
Single		1	
Married	2	2	
Separated	-		
Widowed	3		
Total	5	3	
Relationship of Caregiver to OVC:			
Mother			

Father Grand parents Auntie/Uncle Brother/Sister Total	0 6 1 2 9		
Source of Income: *Social grant/extended family *Self-employed/Salary/wage:	 6 3 9		

4.1 Food and Nutrition

With regards to food and nutrition, the study found that most families were to a larger extent unable to meet their own feeding requirements with the help of social grants. Most OVCs are not able to receive food twice a day.

4.2 Education

0Regarding education for OVC, the study established that all the children attend school and they mostly have all the scholastic materials required by the school. Apparently, HOC through intervention programs supports the OVC with learning necessities. The organization in its power ensures that the children have access to education and they are provided with school uniforms, stationery and whilst their school attendance is largely monitored. HOC also ensures that the children receive their school reports at the end of the term in order to check their progress. Although the educational needs are all at high level, the study found out that infrastructure development at community level is not much of a challenge.

4.3 Healthcare

HOC facilitates children's mental, physical and emotional health where possible. The study found out that all OVC have access to proper health and moreover they all looked happy and healthy. Furthermore, it was established that there are Health centers within the communities.

4.4 Psychosocial support

With regards to psychosocial support and emotional care, it was generally acknowledged that primary caregivers lack knowledge and skills to diagnose and effectively address psychosocial needs of the OVC under their care. When asked the reasons as to why the children behave in a particular manner they complained about, it was discovered that even the caregivers did not make an effort to talk with the kids regarding their behaviours. When triangulated one of the OVC, boldly highlighted that she was being emotionally abused by her primary care giver. She was quoted as saying,

" I am emotionally abused at home but I have no one to share my challenges with".

The findings correspond with the findings of Tigere (2006), who revealed that most of the OVC suffer from psychosocial and emotional challenges due to a fact that the primary caregivers are not able to holistically meet all their needs such as spiritual, physical, mental and social needs among others. This may however, have profound impact on their social and emotional development.

4.5 Conclusively

The study found out that despite the escalating socio-economic challenges and structural transformation, the family remains the strongest and most prominent unit of care and support of OVC. The study found out that there were children living on their own but neither were there OVC living with caregivers they do not share a blood relationship. This therefore, attests to the strength and resilience of the extended family and its continued prominence within the overall South Africa. In the foreseeable future, households' families will remain the major asset to be drawn upon in handling the challenges associated with OVC care and support. In a case of Hlanganani Orphan Care, it is so apparent that the organization ensures that the child remains within their, "village" or community. For the organization, this initiative works tremendously in a sense that a network for each child has been created and this network is made up of local

careers, other organizations, businesses, home affairs and educators in schools. The program has significantly improved children's participation as well as attendance at school since regular checks are conducted ensuring a balanced caregiver support. The goal of the organization is not to run the children's lives but to empower them.

5.1 Recommendations from the study

- HOC must ensure that it has a good relationship with school principal, thus its operations be known and supported by the principal.
- Lobby for easy access to social workers or recruit a social worker to work closely with organization.
- There is need for a safe house so that there is a set place of refuge for children who may be unsafe and this could be used for study purposes.
- There is need for HOC to mobilize more resources to ensure a wider coverage of its programs.
- HOC must engage in capacity building programs for primary care givers at household level as this will enable caregivers to render psychosocial support for OVC.
- Skills development programs must be put in place for primary care givers to ensure a sustainable livelihood at household level.

Secondary Caregivers' Recommendations

- Request for meetings with the director at least bi monthly.
- The director to try and sensitize or conscientize the school principal so that she (principal) may support the HOC programme.
- Consistency on needs provisions.
- Provisions of basic food and toiletries for all on a monthly basis:
- Samp 10kg, rice 10kg, mealie meal 10kg, a box of soups, 2l cooking oil, 3kg Washing powder, 500g bar soap, 2kg sugar, tea bags 400g, 1kg powder milk, Toilet paper 6 rolls, shoe polish, 2xToothpaste, 2x roll on, sanitary pads 1pack
- Need for a safe house.
- Random visits by the director to the model.
- Fair treatment for all secondary caregivers.

- Review stipend from R300 to R500 per child.
- Need for recruiting more children.
- Avoid purchasing of sweets for kids at Christmas time, proposing that at least provide with basics. Foodstuffs brought for the kids should be checked its expiry date.
- Resume projects for primary caregivers.
- Need for an orientation programme for secondary caregivers with regards to what HOC is all about.

References

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UNAIDS (2003), "Caring for Carers: Managing stress in those who care for people with HIV/AIDS: A case Study", Geneva, Switzerland.

HOC WELLBEING TOOL Name of Child: _____ Identification Number: _____ Gender: Male ____ Female ____ Age: _____ Care Status: _____	None of the Time	Some of the Time	All of the Time
1. I eat at least two meals a day			
2. I have enough food to eat			
3. I go to bed hungry			
4. My teachers treat me like the other students			
5. I have the materials I need to do my class work			
6. I am not treated as well as the other students in my class			
7. I like school			
8. I have enough books and supplies for school			
9. I have a house where I can sleep at night			
10. I feel secure in my neighbourhood			
11. I feel safe where I live			
12. My school attendance is affected by my need to work			
13. My family has enough money to buy the things we need			
14. One of the adults taking care of us (me) earns money working at a job			
15. I'm treated differently from the other children in my household			
16. I'm treated the same as other children in my school			
17. I'm treated differently from other children in my village, neighbourhood, compound			
18. I do not get enough sleep and feel tired because of all the work I do before and after school			

19. I have people I can talk to when I have a problem			
20. I am able to do things as well as most other people			
21. I am as happy as other kids my age			
22. I feel I live in a safe place			
23. At home, I have someone to look after me if I get hurt or feel sad			
24. I have adults that I can trust			
25. I get the emotional help and support I need from my family			
26. I feel I am supported by my extended family			
27. I feel strong and healthy			

Statement	none of the Time	some of the Time	All of the Time
28. I worry about my health			
29. My health is good.			
30. I am growing as well as other kids my age			
31. My belief in God gives me strength to face difficulties			
32. My belief in God gives me comfort and reassurance			
33. My faith community is important to me			
34. People in my community try to help me			
35. I feel welcome to take part in religious services			
36. My household receives free support to care for the children who live here			

THANK YOU

QUESTIONAIRRE FOR CAREGIVER

NAME: _____

AGE : _____

OCCUPATION: _____

LEVEL OF EDUCATION: _____

QUESTIONS

1.What is the impact of HOC program participation on Caregiver's felt social support?

_____
_____
_____
_____

2. What is the impact of participation and or intervention on children's well-being, interms of health, education, social support and protection over time?

(i)Health_____
_____
_____
_____

(ii)Education_____
_____
_____
_____

(iii)Social_____
_____
_____
_____

(iv)Protection_____
_____
_____

3.What is the impact of participation in program and or intervention on children's school attendance?_____
_____

_____

_____

4. What is the impact of participation in program and or intervention on children's birth certificate ownership?_____

_____

_____

_____

_____

5. What services are accessed by children and caregivers?

_____

_____

_____

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_____

6. Any other information you would like to add?

_____

_____

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Thank you