CIRCLES OF CARE

Community Child Protection: Participatory Research Linking Vulnerable Children, Communities and Local Government

A Mid-term Research Report
Prepared for CIDA by

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BACKGROUND AND INTRODUCTION

Resulting from a common and deep concern for those young people who were and would be affected and infected by HIV/AIDS, as well as those living in poverty, the project was originally designed in 1998 by Lesley du Toit and Dr Philip Cook (Canada) in discussion with Jesper Morch (UNICEF) and Minister Fraser-Moleketi (the then Minister for Welfare for South Africa). The recognition even then was that the scale of the problem faced by South Africa's children was enormous and would require a model that would maximize the care of young people in communities, minimize their placement in residential care or the use of grants, increase the capacity of communities and local government, and at the same time lend itself to replication as a matter of urgency. The following research report describes a participatory, rights based research process carried out in 2 South African municipalities, Maluti-A- Phofeng (FreeState) and Port St. Johns (Eastern Cape) over a period of 10 months that seeks to support vulnerable children in the context of HIV/AIDS and poverty.

CIRCLES OF CARE IN THE CONTEXT OF HIV/AIDS IN SOUTH AFRICA

The world is currently witnessing one of the greatest human calamities of all time in the AIDS pandemic. The disease has cut the largest and deepest human swathe across the countries of sub-Saharan Africa, where the majority of the 40 million persons now infected by HIV/AIDS can be found. South Africa is currently experiencing the crushing burden of having the highest number of persons living with AIDS of any country in the world. In 2002 this accounted for 4.7 million persons out of a total population of 43 million. The number of orphans expected to result from this high level of mortality is expected to reach 2 million or more by the year 2010. Not surprisingly, Government policy and programming have been unable to keep pace with the scale of this epidemic and the burden it has placed on communities, families, and above all children.

Children are born into this world dependent on adult based circles of care. Research on human development now conclusively shows that for an infant to reach his or her maximum human potential they need a basis of physical, emotional, cognitive, and social supports (Shonkoff and Phillips, 2000). Different cultures weave the strands of these supports together in different patterns that have evolved in response to the local natural and human made environment. However, in general it is safe to say that all children have basic and similar needs. These include: stable, loving

relationships; proper nutrition; positive role models, and socially and culturally constructed pathways to help transition through the various stages of childhood and adolescent to become mature adults ready to participate in society and parent the next generation (Myers, 1992). Key to this process is the need for children to interact with their world, to have access to diverse opportunities to participate and learn from adults in community and culture, in developing a sense of control, self efficacy, and positive sense of self and collective identity.

Perhaps the most insidious aspect of the multifaceted nature of HIV/AIDS is the capacity of the disease to break down those human bonds and social stepping - stones that children need to survive and thrive. Across Southern Africa, and now particularly in South Africa, we are witnessing not only the reversal of development trends but also the very destruction of age old patterns of traditional family, community and social supports for children. In taking those members of society who are most crucial for children's development (parents, relatives, teachers, nurses, social workers) AIDS slowly unravels the delicate web of relationships that have sustained humanity since time immemorial.

The role of local government and civil society organizations in finding responsive and innovative ways of rebuilding these circles of care is critical to ensuring the reversal of this negative development trend and re-weaving of these child-centred webs of relationship. Of particular importance is the need to bridge the gap between policy and practice related to child protection and development at the level of local government and communities most affected by HIV/AIDS. This needs to involve identifying and building on local capacity in partnership with families, community leaders, and above all children and young people.

It is a terrible irony that this most recent of human pandemics has taken root in the very cradle of humanity. Southern Africa contains some of the oldest social traditions of the human family. Better understanding and building on traditional Africa values, beliefs and practices supporting children remains an untapped well of collective human potential that should be drawn upon to address the social aspects of HIV/AIDS and the crushing poverty that fuels and accompanies this disease.

Innovative, participatory child-cented research strategies that seek to better understand the individual and collective dimensions of poverty and AIDS in relation to children's well being are needed to inform community and

local government responses to the social and cultural roots and results of the disease. Marrying the best and most socially grounded research practice in child development, community empowerment, good governance, and human rights, with a culturally sensitive approach to working in the collective African context will be crucial to bridging the gap between creative policy and innovative, responsive practice.

The Circles of Care project, implemented by the *Child and Youth Care Agency for Development (CYCAD)*, aims to bridge this gap by building on the inherent resilience, or coping capacity, (Fraser, M., 1997) of children and their families and communities. It also seeks to draw on the strength of traditional African cultural values, beliefs and practices supporting children's survival and full and healthy development. Finally, Circles of Care aims to reverse the negative development trend caused by HIV/AIDS, in helping empower communities to identify and draw on existing human and cultural capital, as a first step in facilitating innovative and responsive local government reaction to supporting children most affected by HIV/AIDS.

Circles of Care seeks to rebuild or reclaim these local supports using a participatory, child rights empowerment model entitled the Triple A approach. The following report outlines the theoretical foundation stones that underlay the Triple A. It also describes a one - year cycle of Triple A research in partnership with two South African Local Governments, Maluti-a- Phofeng in the Free State and Port St. Johns in the Eastern Cape. Finally the report maps a plan for going to scale in other communities in the Free State.

GOALS

Circles of Care is a comprehensive project focused primarily on vulnerable children and youth and aimed at achieving the following broad Goals within 5 years or less: -

(a) To develop and refine a particular model of community care, which builds the capacity of vulnerable children and youth (and their families and communities), as well as Local Government, thereby enabling families, communities and municipalities to take responsibility for the care and protection of their vulnerable young people.

(b) To provide practical guidelines for Local Government and Community Leaders, which result from the participatory research, processes and which are based mainly on the voices of children and youth.

(c) To establish one province as a best practice for going to scale, and each area as learning sites.

(d) To enable Provincial and Local Government in at least 8 –10 Municipal areas to replicate the model and processes.

Vulnerable children and youth are defined in terms of this project as those young people between the ages of 0 and 25 years who are made vulnerable as a result of poverty and/or HIV/AIDS.

The fundamental concept of the Circle of Care is that Local Governments, in partnership with Communities, form an invisible Circle of Care around their most vulnerable citizens (particularly children and youth, but not excluding women and older persons where this seems a natural part of the work). Children's Rights are known and respected through integrating them into every facet of local government and community life. The UNCRC and African Charter are used as the framework or lens through which the model is developed and applied. Within this circle, vulnerable children and youth are safe, have their basic needs met, experience growth and achievement, participate in all aspects of community life that concerns them, respect, and enjoy their environment, are educated, and thrive.

The broad strategies are: -

The strengthening of *Local Government, Communities, Families and Youth* for the purpose of providing community-based care and protection for orphans and other vulnerable children and youth.
Participatory research which uses the Triple A method to 'hear' the voices of children and youth (and their families & communities) with respect to their needs, their vulnerabilities, their rights, their strengths and their dreams, and capture and feedback these voices in a manner which strengthens communities and local government to understand needs, make decisions with young people, and take active steps in the protection, care, development and survival of vulnerable and children and youth. It will

further influence and facilitate the development and implementation of comprehensive guidelines, and policy for the care and protection of vulnerable *children and youth at Local Government level*.

WHAT IS A CIRCLE OF CARE?

When the project is successfully implemented within a particular Local Government jurisdiction, the Circle of Care is **the outcome in each site and within the Municipality as a whole.** The Circle of Care is a **vision** of how children and youth (particularly the more vulnerable) between the ages of 0 and 25 years will experience care, protection and development within their families, communities and local governments i.e. within their ecology.

VISION

Within each municipal area and within each site young people will be physically, socially and emotionally safe; will have their basic needs met; will have at least one adult who will provide support and guidance to them; will experience that they and their cultural heritage are respected; and will have a voice in matters which affect them. The vision further includes the concept that municipalities will reconsider established services, and consider new services and plans, through the lens of the UNCRC, the South African Constitution, and the African Charter, particularly as they relate to vulnerable children and youth.

OBJECTIVES OF THE RESEARCH.

General

To develop a sustainable participatory research model that builds Local Government and community capacity in supporting and protecting the rights of vulnerable children, and establishes the Free State Province as the learning site for replication of this model.

Specific

a. To pilot the Triple "A" Approach within at least 6 Free State Municipal areas as a model to understand and document ways to support and protect vulnerable children, influence policy development, and strengthen children, families and communities

b. To develop the capacity at district and provincial level, of the Free State Provincial Departments of Socia1 Development and Local Government on participatory research and facilitation with vulnerable children and their communities.
c. To develop the capacity of community leaders, children and Local Government officials on child rights and child protection, enabling them to actively contribute to policy development and replication of the project provincially, nationally, and internationally.

RESEARCH

A major barrier to a more robust response to the issue of vulnerable/ AIDS affected children, at both the policy and programme level, is a dearth of information on their needs from their perspective, and how to respond to those needs in an effective culturally grounded, development oriented manner.

The documentation of the needs of AIDS/Poverty affected children and youth and the most effective responses to these needs is a pre-requisite to the development of an educational tool to educate Local Government and other senior decision-makers about those issue related to AIDS/poverty affected children' and youth from the vantage point of children and youth and other community actors -- the "front line" in the response to the AIDS pandemic and poverty.

The information gained through the triple A processes on the needs of AIDS/poverty affected children and youth, will result in the production of guidelines which will be annually updated. The guidelines will facilitate a more effective response among decision-makers at local and provincial level and community organizations. They will contain information and case studies on methods for including children and youth in participatory research and program implementation. They will also address cultural strengths and barriers and developmental approaches relating to children/youth and HIV/AIDS. Finally, they will suggest strategies for addressing these issues in a sustainable manner.

Research Methodology

The Triple "A" action research strategy formed the core method of the Circles of Care project. The strategy is not unique to Circles of Care and was pioneered by UNICEF in Tanzania in the 1970's. It was later applied in a participatory research project in Malawi addressing issues of community support for orphans and vulnerable children (Cook, Ali and Munthali, 2000). Specifically, the Triple "A" approach is a participatory research and community development tool used to ***assess*** strengths and weaknesses in the care and support of orphans and vulnerable children so that local facilitators can work with a community to ***analyze*** this information to create and carry out a plan of ***action*** that fills the gaps in the lives of these children. In the Circles of Care project the Triple "A" was adapted to apply the principles of the CRC, and be sensitive to the unique African cultural context of the research sites.

This plan of action is first used to help mobilize local resources (personal, family-based, cultural, economic, natural) to respond to locally identified children's needs. The plan is also used to help communities liaise more effectively with local government in better channeling government resources to fill the gaps that communities cannot cover or are not responsible for. Local community based organizations (CBO's), international non-governmental organizations (NGO's) and international agencies (e.g. UNICEF) can all play a role in this process. In this way the Triple "A" was applied in the Circles of Care project to building local capacity for vulnerable children and their families and communities.

The Triple "A" involves various sectors of a community identified through a preliminary mapping process becoming involved in a development approach supporting the rights of vulnerable children. These local groups (e.g. children, women, men, traditional leaders) become the focus groups that carry out the Triple "A" cycle.

Key Informant Interviews. The first step in preparing for the beginning of the Triple "A" process is to carry out select Key Informant Interviews. These interviews are carried out with local children's advocates, NGO's and government representatives connected to children (e.g. health care workers, social workers, teachers, agricultural extension workers etc). The process and information collected in the interviews serves to inform local leaders and specialists on the process of the Triple "A" and gather specific information relevant to children affected by HIV/AIDS.

Community Mapping. Following the Key Informant Interviews a general Community Assessment is conducted with representatives from various sectors of the community. The community Assessment usually takes the form at least one community mapping workshop and a study of documents. The information from the KII's is then included to provide a comprehensive "map" of the community.
Community mapping is a rapid rural appraisal tool that has been successfully applied in various situations of children at risk to assess local support networks, and has been successfully used with other groups of vulnerable children in the African context (Veale, 2000). This information is then discussed by the project team and forms the basis of planning for the implementation of the Triple A. It might also be shared with key local resources in raising awareness and taking action.

Obvious social supports are typically institutions such as schools or health clinics, yet in many cases vulnerable children, especially children traumatized by HIV/AIDS, do not access these social services. Social mapping can identify less obvious supports, as well as focusing on damaged supports, emergent supports and less "tangible" cultural supports such as rituals, and the natural and supernatural world of the child.

Triple "A" Components. Focus group discussions are facilitated by someone familiar with local community dynamics and understanding of cultural context. The CRC guiding principles are used to help focus groups address key children's issues. These include:

- Survival
- Development
- Protection
- Participation

Young people are encouraged to participate using various age appropriate means of expression such as:

- Focus group discussions
- Checklists and matrices
- Games
- Drama
- Artwork

Cultural considerations are addressed by:

- Carrying out key informant interviews with traditional and cultural leaders prior to the Triple A
- Meeting in culturally "safe" places and times for each group
- Finding a common language that bridges children's rights and local expressions supporting children's well being (e.g. dignity, respect)

Following implementation, the Triple "A" approach should help:

- Identify child, family, community and cultural strengths that can be drawn upon to fill the gaps in the local Circles of Care and support for vulnerable children
- Facilitate a sense of ownership and responsibility in families and communities identifying and applying local resources in support of vulnerable children
- Assist communities and local government to work together more efficiently and effectively in caring and supporting AIDS affected and other vulnerable children
- Identify mutual roles and responsibilities of families, communities and government in supporting the rights of children affected by HIV/AIDS
- Effectively tie rights based interventions to community development strategies
- Meaningfully involve young people in this process

A RIGHTS BASED APPROACH TO SUPPORTING VULNERABLE CHILDREN

A rights-based approach ensures that all human beings, *including children*, should have equal opportunity to realize their full developmental potential. When working with children affected by HIV/AIDS, the rights approach promotes the concept that all children, regardless of age, gender, race, religion, ethnic status or any other difference, have basic rights and deserve a life with security and dignity. Rights oriented programs are not based on only responding to specific "needs", rather they address all aspects of a child's life. They are thus dependent on holistic and inclusive measures being implemented by children's "duty bearers" (governments, NGO's, communities, families) while involving children as active "claim holders" (Knutson, 1997).

Steps to applying a rights based approach as a framework for intervention include:

- Identifying unmet basic needs of children;
- Identifying the cause of the problem;

- Identifying people, organizations or systems that have duties to respect, protect and facilitate and fulfill these needs.

Interventions and strategies based on this analysis should:

- Empower caregivers, communities, local organizations and government to meet their obligations;
- Empower children to participate in realizing their rights;
- Promote child supportive cultural practices; and
- Mobilize advocacy networks to influence various levels of government to avoid actions and omissions that result in the violation or children's rights.

In the context of children affected HIV/AIDS a rights based approach would place an obligation on local government and all involved in the lives of these children (including international relief agencies), to assume their responsibilities in protecting and promoting the rights of children affected by the widespread impact of HIV/AIDS at the level of child, family, community and society. It also implies addressing the rights of all children involved (e.g. girls, children of vulnerable groups such as children with a disability, and orphans).

In addressing the rights of these children the rights approach views rights as indivisible and interdependent. Thus, no one right is seen as more important than another and action to realize these rights must simultaneously address various groups of rights (e.g. AIDS protection programs should also consider children's long term protection and psychosocial needs). Finally, a rights-based approach advocates for outcomes that meet the standards set forth in the CRC, while suggesting a process that involves children and their guardians as stakeholders in this process. In doing so, it builds on children's natural resiliency and coping strategies. It therefore sets the stage for involving children and their natural support systems (both natural and human) as action oriented advocates rather than as helpless victims.

The diagram presented in Figure 1 (See Figure 1) represents a "child rights framework" that draws on the social ecology of childhood developed by Urie Bronfenbrenner (1979), and can be used to discuss and implement a rights based approach.

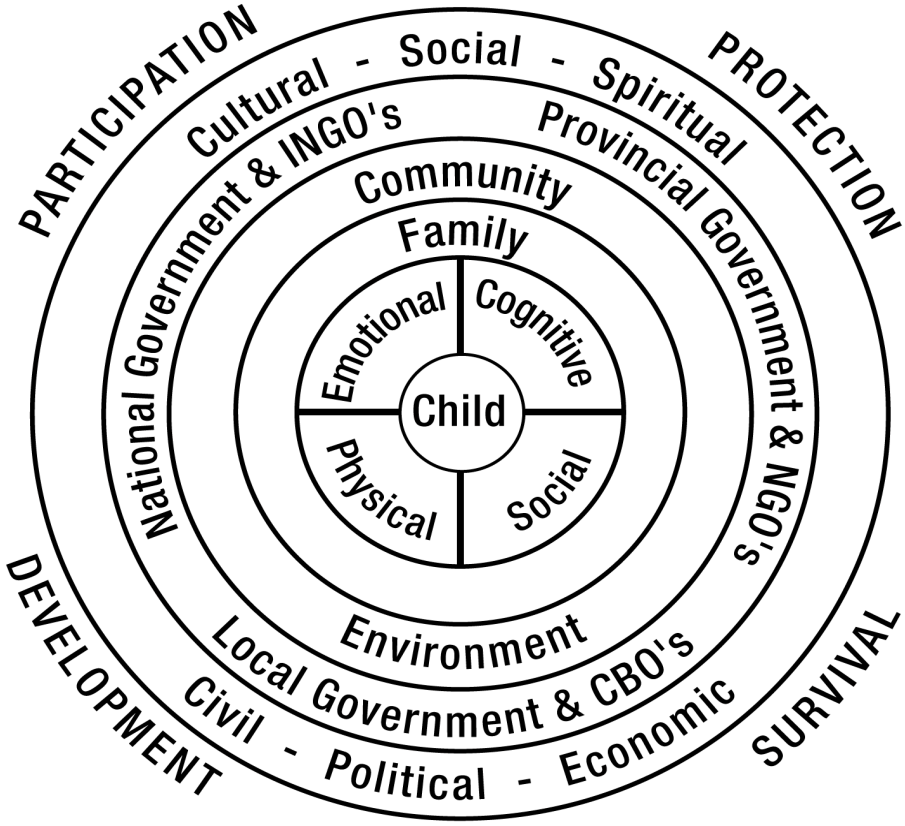

Figure 1: A Child Rights Framework

The figure places each child at the centre of a series of concentric, nested circles representing differing layers of support networks. The child's basic human developmental needs are represented in the inner physical, cognitive, emotional and social quadrants. The next levels addresses support for the child's family. This is comprised of various family patterns including nuclear, extended, fragmented, alternative guardians and other immediate primary care providers of children.

The following level includes the community and the child's natural and human-made environment. It is recognized that each child's development will take various routes based on each child's "developmental niche". This system is comprised of cultural values influencing children's development, specific childrearing patterns, and the environmental conditions influencing variations in healthy growth and development.[1] The environment includes such things as the presence or absence of child friendly community structures (e.g. play spaces, safe housing, availability of fresh drinking water), as well the direct

[1] See Super and Harkness (1989) for a full discussion of the notion of "development niche".

impact of the local natural environment (e.g. rural farming community, peri-urban community dependent on labour migration, and urban communities) on children's development.

The next level addresses the roles of various forms of government, including local government, provincial or state, national and regional as well as the presence or absence of alternate forms of governance (e.g. NGO's) and civil society. The final level of the diagram represents the presence of local and national values that are either supportive or are non-supportive of children's civil, political, social economic and cultural rights as well as the role of spiritual beliefs influencing children's physical and moral development. The 4 CRC guiding principles are portrayed on the outside of the diagram and represent cross-cutting themes that emerge in each of these levels that are either strengths or weaknesses in these systems in so far as they promote a rights-based approach. For example, cultural attitudes restricting open discussion of HIV/AIDS with young people, discriminates against these children's rights to information to make safe choices bout their own and others safety. It is also inimical to their survival and healthy development, and often does not allow them meaningful participation in expressing their opinions in matters relating to their safety as well as the security of their peers and other family members.

Typically, stronger links between each system of circles results in children having healthier connections through positive relationships with their human and natural environment, which in turn leads to healthier individual and community development. Conversely, in situations of extreme social and political upheaval resulting from HIV/AIDS, these protective relationships are broken down by community stigma and silence surrounding AIDS, and by the sickness and death of adults in positions of care and support for children. This results in death or injury of care providers and loved ones, debilitated social service structures such as schools and hospitals, lack of safe places for children and risky and anti-social behavior that weakens or destroys adolescents' healthy relationships with care providers and cultural traditions fostering positive self esteem and identity.

BUILDING ON TRADITIONAL AFRICAN CULTURAL STRENGTHS SUPPORTING CHILDREN AND THEIR COMMUNITIES

In keeping with the African Charter on the Rights and Welfare of the Child and Article 30 of the CRC (A child's right to language, culture and religion)

the project emphasizes the need to build on positive culture strengths. One of the key components of the Circles of Care project is the emphasis placed on building on local cultural beliefs, values and practices supporting children's healthy development. This involves working closely with local traditional leaders and other persons with cultural expertise on children's issues such as traditional healers.

ENHANCING CHILD AND YOUTH PARTICIPATION

Responses to children affected by AIDS should address the needs of children of all ages, including infants, young children, adolescents and youth. In addressing these needs, a child rights-based approach requires that children affected by HIV/AIDS be viewed as subjects of rights and not passive recipients of care and support. This is often an especially challenging notion for many programs oriented towards a welfare-based approach more oriented to responding to children as passive victims.

The Circles of Care approach to supporting vulnerable children in the context of building stronger communities seeks to involve children in meaningful dialogue and action in identifying gaps and needs, as well as helping locate local resources, including the active participation of young people as action oriented agents of change.

The CRC recognizes the importance of participation across the child's life span. This is supported by child development theory that speaks to the importance of children's capacity to safely explore and interact with their environment as key criteria in healthy human development.

In children's infancy and early development creative play is an especially important component of participation. As the child evolves in childhood socialization becomes a central focus of participation. These social skills are further refined during adolescents when children actively experiment with and explore social rules and continue the process of developing a personal identity and self-image in relationship with other children and key adults. This process is largely determined by cultural socialization practices, and is a constantly evolving process with children themselves more frequently defining the shape and form of adolescence through their own rituals of participation.

We believe the key to promoting dialogue on children's participation lies in supporting the meaningful involvement of young people in discussing these issues in a safe environment that promotes children's expression, while also including the voice of families, key community representatives, and traditional leaders with expertise and knowledge on social balance and harmony.

This is especially important to bear in mind when working with AIDS affected children for these children need both the positive structure of community and culture to help create a healthy sense of belonging and self esteem, *and* the opportunity to work with adults in shaping cultural norms to better support their changing needs and those of other vulnerable children.

It is also important to be aware of the great diversity that exists between young people both at different ages and across different sub-groups. Often participation strategies assume that a small group of young people represent the voice of all of their colleagues, while in fact the variation in children's perspectives is often as great as amongst adults. These variations can be due to age differences, rural-urban disparities, socio-economic gaps, and cultural diversity. Care needs to be taken to ensure representation across these diverse groups of children

Tools that were used to facilitate participation in the Circles of Care project included:

- Role play and drama
- Games
- Artwork (drawing, painting, collage etc)
- Mapping and modeling
- Interviews

Principles used in creating a safe environment for children's participation in the research involved:

- Finding a physical place where children feel safe and comfortable
- Encouraging both listening and speaking
- Allowing children to answer as many questions as possible
- Affirming cooperation
- Encouraging curiosity, games/play and various forms of self expression
- Inviting a respected traditional leaders or trusted person in the community to act as a resource on cultural issues and help support follow up to the discussion and other activities.

LOCATION OF THE PROJECT

The project is presently located in two Municipal Areas and 5 communities. Maluti-A-Fophong is situated in QwaQwa, Free State. In this area we have 3 semi-rural communities participating, and one very traditional and rural community. The second area is Port St John's, in the Eastern Cape where at this stage we are working in the community of Majola.The Population in the Port St Johns sites is approximately 44274 people. The population of children between 5 and 19 years in these sites is approximately 20 000 and the youth between 19 and 29 total 9500. The unemployment for youth is 100% so that this in itself creates vulnerability and serious social problems for the area. Of the child population we can estimate that 80% or more are vulnerable because of poverty even without other factors such as HIV/AIDS, and child abuse (which has been identified by the community as one of their main problems).

The population in the QwaQwa section of the Maluti-A-Phofung Municipality is estimated as 238930. The numbers of vulnerable children and youth form approximately 20% of this population. Unemployment for youth is about 90%, and is extremely high for the adult population. Poverty, HIV/AIDS and sexual and physical abuse are the main factors causing extreme vulnerability to children in this area.

ASSESSING CHILDREN'S NEEDS AND IDENTIFYING COMMUNITY STRENGTHS

The following discussion reflects the results of the assessment stage (first step) of the Triple A in each of the communities following the community mapping. The data is qualitative in nature and was collected under the guidance of the two CYCAD project leaders over an 8-month period from February 2002 – October 2002. Assessment transcripts were first analyzed by the participants and facilitators of each group to identify prevalent themes. All transcripts were later re-analyzed by the South African and Canadian lead researchers to check for deeper trends and patterns in the data. It also helped "triangulate" (cross-reference) the results identified by the participants and facilitators. In general, the information provided in this report is taken directly from the facilitators' notes.

Focus groups in the Maluti - a - Phofeng municipality included:

- Community leaders

- Traditional leaders (2 groups),
- Youth aged 16-25 (3 groups),
- One children's group aged 12-17,
- One group of home based care workers,
- One early childhood educators group, and
- One Women's group from various local churches.

In Port St. John's, the initial focus group work in 3 communities was curtailed to working with youth in Majola following a decision to reduce the scale of the work in Port St. John's made in April 2002.

The focus group assessment sessions typically took the form of one to three meetings with a group of 8-12 community members, each meeting lasting approximately one and a half hours. The response to the focus groups was generally very positive, and in some cases these groups have evolved into a more permanent community committee focused on children's issues.
The one group sector that was more difficult to establish was the youth groups. This was partly related to the various challenges facing the youth such as finding work, meeting family and peers demands, and doing their school work. Much of the feedback from youth will be incorporated into the next round of the research focusing on children's psychosocial needs, where alternate activities will be developed for the youth groups.

Interestingly, this challenge was not encountered with the younger children (aged 12-17) who enthusiastically participated in the group discussions and were the quickest to come up with Action strategies that were some of the more practical and realistic of any of the focus groups.

Training for the Triple A was carried out in 3 stages:

- **Formal Training** in a 4 day workshop. Themes included: Defining Circles of Care; A Rights Based Approach; Defining Vulnerability and the Needs of Children; Understanding Culture; Communication and Facilitation Skills; the Grief Process; Implementation of the Triple A Process.
- **In-Service Training** over the course of the research. Topics covered included: Mapping; Selecting and setting up Community Groups; Introduction and Orientation of the Groups to the Process; Gathering and Recording Data Using the Triple A Handbooks; Analysis of the Data; Implementing the Action Phase of the Triple A; Monitoring the Action Phase.

- **Ongoing Supervision** depending on the need covered a range of topics including: Engaging Community Members, Children and Youth; Assisting Groups to Understand the Development Nature of the Triple A, Dealing with Dynamics of the groups, Relationships Among Team Members; Team Support.

In general, the Triple A strategy worked well as demonstrated in the success of the Assessment and Action stages (see following sections), and in the feedback received during the Circles of Care workshop hosted in Maluti - a - Phofeng in October 2002 (see separate workshop report). Lessons learned and recommendations are provide at the end of this report.

THE EROSION OF CHILDREN'S NATURAL SUPPORTS FROM POVERTY AND HIV/AIDS

Participants in the Triple A assessment identified a range of direct consequences arising from poverty and HIV/AIDS that seriously impact children's survival, protection, and full and healthy development. In many instances these negative factors can be grouped into variables that erode children's natural supports at the traditional, community, and family level.

The focus group discussions in all communities identified a weakening of supports for children at both **government** and **traditional cultural level**. At the national and provincial government level people complained that not enough was being done to specifically target vulnerable children. For example, participants frequently complained about the fact that many children were still not allowed to attend **school** if they did not have a school uniform or could not pay school fees, even though this is now illegal in South Africa.

While participants clearly want some form of social security, they were critical about the lack of access to the child support grant and the lack of monitoring of the grant. Participants described how this frequently leads to the most vulnerable children not receiving the benefits of the grant, as these funds are often used by parents and extended family members to purchase alcohol, clothing or other non-child related items. A particularly disturbing trend was also described in which women, some in the teenage years, were forced by men (husbands, partners, or boyfriends) to have 3 or more babies in order that they receive the income from the child support grant of R120.

Similarly, participants described how the lack of government education programs on AIDS prevention, resulted in:

- Continued risky sexual behavior,
- Stigma towards those people living with AIDS, and
- Denial of the affects of AIDS in the community.

Participants related the direct affect this had on children who lived in shadow of this silence. These children were described as suffering from a lack of community action to help those who were ill or were orphaned, as well as the inability of communities to adequately discuss prevention measures with young people.

Discussions with both children and traditional leaders were surprisingly similar in identifying the weakening of the traditional Sotho and Xhosa supports for children. Specific traditions that were said to be disappearing included:

- Birth ceremonies protecting the mother and young child
- Initiation ceremonies conducted correctly for boys and girls
- Cultural restrictions on sexual activity between youth
- Community sanctions against divorce and extramarital sex
- The role of traditional Elders and other community leaders in advising couples experiencing marital difficulties
- Support for abandoned and orphaned children through the intervention of relatives and Elders

At the **community level** focus group participants in all communities identified a worsening of the overall situation over the past 10 years. While a few improvements were noted, such as better water access and the construction of low cost new homes under the Rural Development Program (RDP), the general picture painted was a bleak one. Examples of this worsening included:

- Increased poverty
- Rising unemployment and a return to the community of unemployed from other parts of the country
- Lack of alternate jobs for unemployed persons
- Higher costs for basic food stuffs such as *mealies*
- Reduction in nutrition
- Rising rates of crime associated with alcohol and drug abuse
- Increase in prostitution.
- Increased sexual and physical abuse of children and youth

Focus group participants were particularly concerned about the harmful affects of poverty and HIV/AIDS at the **family level** in Maluti - a - Phofeng and Majola over the past 10 years. It was often difficult to distinguish the separate effects of poverty and HIV/AIDS, as these 2 factors were clearly perceived to be interlinked. For example greater unemployment in the mine sector resulted in more young men without jobs returning to families or remaining unemployed in the community. This in turn was described as leading to greater alcohol abuse and prostitution (as wives and daughters without support from the husband or other male relative were forced to support themselves and their families by exchanging sex for food or other favours). Both these factors then resulted in greater HIV infection. Similarly, AIDS related sickness and death in families were described as leading to a dramatic decrease in mean family income as family resources were drained by payment for medicines and funeral expenses.

IDENTIFYING ESPECIALLY VULNERABLE CHILDREN

Community participants in Maluti – a – Phofeng described children's vulnerability associated with HIV/AIDS and poverty in various ways. All assessments were discussed and analyzed using the CRC themes of **Survival, Protection, Development, and Participation**. The following issues were identified by the participants and facilitators applying a content analysis of the data using the 4 themes as guiding principles.

Vulnerability Across the Lifespan. Vulnerability was first described according to the age of a child. The leading causes of vulnerability associated with poverty and HIV/AIDS were described as follows:

0 – 2 years

- Pregnant mothers drinking leads to foetus mortality and harm to the foetus causing children to be born with a disability
- Parents using the child support grant to purchase alcohol instead of food
- Young infants are frequently left alone while parents are looking for work or when sick
- Orphans who lose their parents in infancy are particularly vulnerable to abuse
- The lack of proper parenting leads to stunted development
- Unemployment resulting in lack of nutritious food

3 – 10 years

- Children are unable to attend school because of lack of school fees
- Parents are either sick or drinking and children are unsupervised and at risk of abuse or rape
- Children cannot concentrate in school because of hunger
- Many parents are in their teens and as such have their own "childhood" needs to be met and cannot care for a baby or young child

11 – 17 years

- Shortage of constructive things for children to engage in leads to anti-social behaviour
- Breakdown of initiation ceremonies restricts natural transition of boys and girls from childhood to adulthood
- Vulnerable youth often drop out of school and engage in risky behaviour (e.g. drinking and unprotected sex) and are more at risk of contracting HIV/AIDS
- Poverty amongst youth causes boys to engage in crime and girls in prostitution

18 – 25 years

- Few jobs following school matriculation result in even higher rates of unemployment among youth
- Stigma and a culture of silence surrounding HIV/AIDS creates difficulties for youth to engage in constructive dialogue with their parents and elders on issues of sexuality, safety and self protection

Vulnerability As Defined by Children. Issues of vulnerability specifically identified and discussed by the children's focus group include:

- Some children get hurt because they live with grannies who have only pensions as support
- Children with a disability are being abused and often are not attending school
- Some children use drugs to help them forget the pain of parents dying
- Very young children are being raped
- Children who are living with adults who are not relatives are being beaten or raped
- Some children are getting "hurt" inside by abuse
- Local businesses use orphans and pay them nothing or only a little food
- Children coming from broken marriages are not getting enough love

- Children living alone without any parents or other adults are especially vulnerable
- Children are fearful of initiations because of lack of safeguards and protection
- Children are not cared for by adults and are forced to play in dangerous areas such as streets and *dongas* (ditches)
- Children and youth have no access to human values e.g. love, peace and integrity

Vulnerability As Defined By Traditional Leaders. Issues of vulnerability specific identified by the Elders focus groups include:

- Traditional leaders feel that their role in society has been marginalized by the government and modern notions of human rights and democracy. There is already a "gap" as they put it between the community, government/politics, and traditions, and they feel that Child Rights (and probably human rights) have contributed to some of these splits. This gap has affected the role of parents and traditional leaders. Children and youth have become isolated because people "are divided" in their interests. The Chiefs feel that cultural traditions and values have been eroded and devalued (e.g. initiation ceremonies, ways of controlling and teaching girls and boys).
- Schools are promoting children's rights in ways that reduce children's responsibility and downgrade authority of leaders.
- The issue of Rights is controversial. Traditional leaders (Elders) feel like these Rights restrict them because they were able to discipline children as they wished before and are now unable to do this. *Ubuntu*[2], or community support, is also affected. Children say it is their "right"

[2] *Ubuntu* is originally a Zulu term means that "I am a person because you are a person, I am because you are". This value used to underpin most African cultures in South Africa. It meant that everyone was related to everyone else and was there to support each other. This is a collective value system where children in the community can be fed, clothed, disciplined or supported by any one from their community. No child would be simply left to go hungry. Similarly no child would have been left to "misbehave" without being chastised. Tribal Courts also played a role in this collective approach to holding everyone accountable for everyone else. While this value is not gone from the traditional sense of identity, it has been eroded through the imposition of individualism and western ways by past South African governments and missionaries, over many years.

to come home late etc. Parents feel disempowered and the leaders feel very worried.

- In many cases fathers are not at home – many have left or gone to seek employment – and the mother is in charge. Any concerns she would have (in the past) brought to the chief/s to assist, but this no longer happens and this has resulted in children on the streets and children undisciplined as well as children involved in crime.
- The Elders believe that the issue of AIDS was brought to them in an unhelpful manner. No one took into account the Tribal structures and ways. For example one of the Paramount Chiefs in QwaQwa used to have responsibility to manage and help prevent this kind of thing. The Government should have started by approaching him. In this tradition the wife may not use the father-in-laws name, may not touch the father-in-law or his clothes. Western cultures ask why this is so. This is to prevent sexual inter-course between the girl and the father-in-law. Many people ignore this kind of tradition and then when there is trouble they come to the chief to ask for help and he feels undermined and unable to help them. The same thing applies regarding AIDS.
- Before a marriage the Chief used to give advice and guidance. A young women or the man would never have had sex outside the marriage. There used to be rules about when to marry and when sex was socially acceptable. Now women have some say over sex and advise the men. The women tell the young girls about sex education and the chiefs cannot give this counsel. In the perception of the Elders these approaches have caused the traditions to be "taken away".
- Initiations are no longer run by traditional leaders (some are carried out by children and many are carried out by people who run this as a business), the lack of traditional regulation of initiation ceremonies (particularly for boys) results in injuries, HIV infection (through using unsteralized razors for circumcision), and death.

Gender and Vulnerability. In general, parents in all communities expressed love and affection for their children regardless of gender. Many parents were gravely concerned about the situation of both boys and girls in their communities, particularly in regards to the pressures from poverty that resulted in neglect and abuse of children, and the terrible toll that AIDS was having in breaking the bonds between children and their parents, families, and communities.

Girls were perceived to be more at greater risk form the affects of HIV/AIDS and poverty than boys from infancy onwards. There were many examples of strong, confident young women who participated in the focus groups and other Circles of Care activities. On the whole however a trend did emerge from the discussions in which girls were perceived to be more vulnerable to being forced to trade sex for food, money and housing, while vulnerable boys engaged in criminal activity to meet their survival needs. Child rape is (mostly of girls although also of young boys) is very prevalent across South Africa and was widely reported and discussed in all focus groups.

Girls also described being emotionally abused by teachers more than boys. Some teachers apparently also request that girls go and clean their houses during the day. Most disturbingly, in some instances girls described being sexually coerced by teachers. Once girls become pregnant there are often few supports form their family or community.

Both girls and boys described a tendency for their vulnerable peers to engage in drug and alcohol abuse, which further fueled the cycle of both AIDS and poverty. Elders noted an increase in drug and alcohol abuse amongst youth and also indicated that more girls seemed to be engaging in drug abuse that in the past.

Boys in the discussions reported a common theme of resorting to violence and crime in response to personal exposure to abuse and lack of love as a child, extreme poverty and unemployment, and lack opportunities and community activities for young people.

In discussions with both and girls anti-social activities such as crime and prostitution were seen as a vicious cycle of vulnerability in which young people entered the cycle from a position of vulnerability, and in which the criminal activities themselves further deepened the level of vulnerability. Focus group discussions with boys and girls also revealed a distrust of adults in positions of authority (e.g. social worker, police) as potential sources of support, and the criminal justice system was described as further driving the cycle of vulnerability through an emphasis on punishment as opposed to rehabilitation.

Triple "A" Actions: Strengthening Community Circles of Care

Information collected in the Community focus group assessments were jointly analyzed by facilitators and focus group participants using the four CRC themes of survival, development, protection and participation. Actions were then developed by the community.

Actions resulting from the focus group with **adults** included:

- Vegetable gardens to feed young people infected and affected by AIDS and their families (**survival**)
- Teaching children, parents and extended family members to keep and maintain a garden (**survival, development, participation**)
- Teaching parenting skills and basic supports for young children (**development, protection**)
- Recreational work with youth at risk (**development, participation**)
- Establishing an inexpensive community – based crèche (day care) for infants and young children left alone while their parents are at clinics, looking for work or working (**development, protection**)
- Traditional dancing and singing to strengthen cultural ties for young people (**development, protection, participation**)

Actions resulting form the focus groups with **children** included:

- Raising awareness in families and communities about the rights of vulnerable children affected by HIV/AIDS (**protection, development, participation**)
- Inviting orphans home for a meal on a regular basis (**survival, participation**)
- Collecting and dispensing clothes and shoes to for children excluded form school due to lack of uniforms (**development, participation**)
- Establishing cultural "clubs" to encourage vulnerable children's participation in staying connected with their community and culture (**development, participation**)

CHALLENGES, UNEXPECTED RESULTS, LESSONS LEARNED AND RECOMMENDATIONS IN APPLYING THE TRIPLE "A"

While the Triple "A" Approach was largely successful in helping community members and children to participate in building on local strengths in supporting vulnerable children, there were some significant challenges encountered during this first phase of the project. Some of these challenges identified during the conference workshop held in Maluti – a – Phofeng in October 2002 include:

- Working effectively with youth requires better understanding the unique challenges of working with youth and adapting the Triple "A" to meet the realities of their life and also using more youth friendly approaches (e.g. drama, expressive arts).
- Working with the Triple A in the communities requires intensive training of staff that is best carried out in intensive short periods of time over the duration of the project in tandem with in-service training carried out during the project implementation.
- Learning by Triple "A" facilitators with low literacy levels is often best conducted experientially. There already exists a high level of community capacity in the first round of communities that could be drawn upon as community learning sites for the second phase.
- Local participants were exemplary in their ability to volunteer for activities in the first round of the project. Many of these persons and their families also experience high levels of poverty themselves, however, and a contingency plan for some kind of reward or remuneration should be built into the second phase of the project.
- Local government was slow to support the project and only became fully involved when Local Government leadership at a Provincial level supported the project. This could be a unique experience working with these two municipal governments, or it could speak to the need for NGO's working at the local level, as well as Provincial Departments, to help ensure that various levels of local government support the project form the outset.
  Monitor the effectiveness of working with different levels of local government in the next phase.
- The interaction with the traditional governance structures, particularly in Maluti – a – Phofeng, was a very successful outcome of the research. This does require a respectful, culturally sensitive approach that takes time and patience. The Triple "A" approach will need further refining in becoming more sensitive to the local African cultural context.
- The interaction with children and the high level of children's participation was an unexpected outcome of the research. This represents one of the most significant outcomes of the Triple "A" and should be further explored and built upon in the next stages of the project.

In summary, the Triple "A" proved to be an effective tool in supporting communities under great duress from poverty and HIV/AIDS in caring for

children at risk. The process of carrying out the steps of the Triple "A" enabled poor beneficiaries, including children, to gather and apply local knowledge as protagonist actors. While local governance structures were frequently unresponsive to this process, or in some instances even opposed to community participation in support of vulnerable children, there was nevertheless considerable success in applying a bottom up, developmental approach to supporting the rights of children affected by HIV/AIDS and poverty.

The project's significant final outcome in securing the support of the provincial Department of Welfare in implementing a second phase of the project is an indicator of the methodology's potential to act as a "bottom centred" human rights strategy in combining the project's "bottom up" strategy with "top down" support from senior government representatives. The efficacy of this approach will be further assessed during the project's next stage.

A useful component of this next stage will be the integration of a causality analysis as an initial part of the social ecology mapping process, in which the Triple A's role in mediating proximate and distal causative factors in children's vulnerability are identified. These factors would help guide a targeted analyses, advocacy strategy and action planning that would support more sustainable local responses and potentially result in more effective advocacy strategies with local and provincial government.

THE RIPPLE EFFECT: CIRCLES OF CARE GOES TO SCALE IN THE FREE STATE

The Circles of Care project is now entering its second phase. In this next phase the research in Maluti-a-Phofeng areas will be continued with a focus on children's psychosocial needs and grief, the youth development work will continue in the Eastern Cape, and two new municipalities will become involved in the Free State in order to examine the potential of Circles of Care to go to scale.

A special focus of this next phase will be the Triple "A" capacity to draw on different aspects of local governance (Local Government, Department of Welfare, NGO's and civil society, and Traditional African Governance) in working with young people to address issues of HIV/AIDS and its affect on children.

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