DEPARTMENT OF SOCIAL DEVELOPMENT

A CALL TO CO-ORDINATED ACTION FOR CHILDREN AFFECTED BY HIV/AIDS

CONFERENCE REPORT (FINAL)

EXECUTIVE SUMMARY

1. INTRODUCTION

This report presents the recommendations of the conference on A call to a coordinated action for children affected and effected by HIV/AIDS organised by Department of Social Development (DSoSD), Nelson Mandela Childrens Fund (NMCF), United Nations Children's Fund (UNICEF), Save the Child-UK-SA Programmes and Department of Health. The conference was held from Sunday 2 to 5 June 2002 in Johannesburg and attracted 300 delegates.

2. AIMS AND OBJECTIVES OF THE CONFERENCE

2.1. To come to a common understanding regarding the interpretation of legislative and policy issues and make recommendations for co-ordination between different sectors to ensure implementation of policy on: identification of children in need, accessing social grants (including birth certificates), and alternative care (foster care, kinship care, adoption, cluster foster care, community care and institutional care).

2.2. To make recommendations for co-ordination between all sectors of South African society to ensure that children that are affected by HIV/AIDS (including child headed households) have access to services that provide their basic rights for food, education, shelter, health care, family or alternative care and protection from abuse and maltreatment.

2.3. To make recommendations for mechanisms of co-ordination at local, district, provincial and national levels.

3. CONFERENCE FORMAT

The conference was structured in such a way that it provided time for presentations and deliberations. Conference presentations took the following format:

3.1. First day presentations came from NMCF and DoSD in the form of an opening address and key note address. These presentations were aimed at setting a tone for the conference.

3.2. The send and third day presentations focused on broad issues and challenges confronting children affected by HIV/AIDS and also made

input on specific areas of service delivery to children. These presentations concluded by sharing experiences of existing models of coordination.

3.3. Input from presentations was followed by deliberations of facilitated small groups and task teams. Outcomes of these deliberations were the conference recommendations.

4. SUMARY OF RECOMMENDATIONS

In no order of importance, following are conference recommendations put in their logical sequence.

4.1. Recommendation 1: A coordination structure with three levels was proposed.

4.1.1. At a national level an existing structure, National Aids and Children Task Team (NACTT) was mandated to coordinate and various suggestions were made for improvement of this structure.

4.1.2. At a provincial level, the creation of the provincial AIDS and Children Task Team (PACTT) was proposed. NACTT and the Department of Social Development were charged with the responsibility to facilitate this process.

4.1.3. At a district/municipality/local level, Area Forum/Committee/ Community Forum were proposed as a coordination structures depending on the dynamic of the place. PACTT in consultation with NACTT and the Department of Social Development were charged with the responsibility to facilitate this process.

The coordination structure, was than charged with a responsibility to facilitate implementation of the rest of the conference recommendations. The Department of Social Development was viewed as the catalyst in making the structure to work.

4.2. Recommendation 2: Engage in a national process for identifying orphans, vulnerable children and duty bearers, and creating a database.

4.2.1. This recommendation was based on pre-conditions that ethical issues, logistical considerations and use of existing database be taken into account.

4.2.2. A process for identifying vulnerable children using sources such as local police stations, churches, medical centres, schools, tribal authorities and early childhood centres was outlined.

4.2.3. The Department of Social Development and the coordinating structure were identified as the initiators and the custodians of the database for the purposes of confidentiality and ethical issues consideration.

4.2.4. Sources of Funding for this process were identified as departments of Education, Health and Social Development.

4.3. Recommendation 3: Fast Track the Process for Accessing Social Security Grants

4.3.1. In making this recommendation the conference noted elements the current environment such as existing political will, current amendments on child care legislation and existence of 10 Social Development Departments with their own budget allocations.

4.3.2. A process for fast tracking registration of births was proposed with the Department of Home Affairs at the centre of facilitating the process.

4.3.3. A process for fast-tracking applications for children's grants was proposed emphasising a need for the Department of Social Development to standardise and simplify policies and procedures for accessing grants.

4.3.4. It was further proposed that NGOs, CBOs and FBOs be involved in fast tracking this process.

4.4. Recommendation 4: How the Civil Society through NGOs, CBO, FBOs can assist the Department of Social Development with Social Grants

4.4.1. A process of how the Civil Society can be involved was suggested with emphasis on identifying children and linking them with available services.

4.4.2. Safeguarding and monitoring mechanisms were proposed to ensure confidentiality and avoid corruption.

4.4.3. A profile of resources needed by NGOs to be in a position to deliver such services were identified.

4.5. Recommendation 5: Engage in a National Process for Creating Awareness about Services Available to Orphans and Vulnerable Children

4.5.1. The following process was recommended:

?? Identify and verify existing structures that can assist with the awareness campaign.

?? Identify and verify existing information for dissemination about available services.

?? Disseminate information using all forms of media that are relevant to the target population.

?? Monitor and evaluate the process.

Details of each level were outlined and the coordination structure was charged with a responsibility to carry out this recommendation.

4.6. Recommendation 6: Suggestions of how the Department of Social Development can Fast-Track the Process for the Establishment of Home/Community Based Care

4.6.1. Identified action plans include the following:

?? The Department of Social Development to make clear and simplified guidelines.

?? The Department of Health to provide adequate medical supplies.

?? A need to give a formal notification to projects once the funds have been transferred.

?? A proposition of creating an effective information management system was made.

In short, this recommendation makes for reaching improvements in the existing home/community base care model.

5. WAYFORWARD

The conference was perceived not as an end in itself, but a means to an end. Therefore, a need for continued actions beyond the conference was expressed giving rise to the following propositions for the way forward:

5.1. Adoption of a similar type of conference at a small scale as an annual monitoring tool.

5.2. Constitute a forum to refine recommendations, making sure that they relate to short, medium and long term plans.

5.3. Following pledges of commitment by organizing partners, a responsibility matrix which ensures implementation of recommendations by scaling-up will be drawn with précised time frames.

5.4. Provincial representatives to lobby for Provincial Consultation meetings on orphans and vulnerable children.

5.5. The Minister of Social Development, Dr Zola Skweyiya together with the key stakeholders to call press conference and outline these recommendations once they have been refined.

5.6. The Department of Social Development to facilitate strengthening and establishment of all levels of the agreed-upon coordination structure.

6. CONCLUSION

The conference managed to arrive a far reaching recommendations. Their value will depend on the ability for the Social Development to facilitate the process for NACTT to have a strategic plan that will take into account these objectives as part of an implementation plan. The proposed way forward also depends on the facilitation role of the Department of Social Development. If these recommendations are refined for implementation process the battle for coordination would have been won. No amount of deliberations will ever change any situation unless recommendations are implemented and mistakes are made, there shall be no progress.

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LIST OF ABBRIVIATION/ACRONYMS

AIDS	=	Acquired Immune Deficiency Syndrome
BEAM	=	Basic Education Assisted Model
CBOs	=	Community Based Organisations
CINDI	=	The Children in Distress (CINDI) Network
CSO	=	Civil Society Organisations
DoHA	=	Department of Home Affairs
DoH	=	Department of Health
DoSD	=	Department of Social Development
FBOs	=	Faith-Based Organisations
HCBC	=	Home Community Based Care
HIV	=	Human Immune Virus
MTCT	=	Mother to child Transmission (of HIV)
NACTT	=	National AIDS and Children Task Team
NAPWA	=	National Association for People Living with HIV/AIDS
NGOs	=	Non Governmental Organisations
NIP	=	National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS
NMCF	=	Nelson Mandela Children's Fund
NPO	=	Not for Profit Organisations
NPA	=	National Plan of Action for Children
NQF	=	National Qualification Framework
OVC	=	Orphans and Vulnerable Children
PACTT	=	Provincial AIDS and Children Task Team

PPA	=	Provincial Plan of Action for Children
PWHAs	=	People Living with HIV/AIDS
SANAC	=	South Africa National AIDS Council
SASA	=	South African Schools Act
UNAIDS	=	Joint United Nations Programme on HIV/AIDS
UNICEF	=	United Nations Children's Fund
VTC	=	Voluntary Testing and Counselling

1. INTRODUCTION

This report is a representation of recommendations made by the conference. It is structured in such a way that it covers background to the conference, aims and objectives of the conference, the structure of the conference, issues of concern, recommendations, conference limitations and concludes by outlining the way forward.

2. BACKGROUND TO THE CONFERENCE

The conference was about an effective co-ordination mechanism in delivering services to vulnerable children, especially those affected by HIV/AIDS. Activities central to coordination were classified into three major categories; namely, identification of children in need of services, accessing social grants and other services and alternative forms of care of the children.

The expectation was that these services to children would be carried within a child rights approach. Child-rights approach was seen as a culture, context or background within which services to children are delivered. This is in contrast to the needs based approach, the rights approach denotes that services to children are not a choice that are based on resources available but an obligation.

The concern of the conference, therefore, was about delivery of services to vulnerable children using a child rights approach. The conference was concerned about coordination in delivering such services to children. Given the fact that there are so many role players who are trying to make a difference in the lives of children at different levels, the following questions preoccupied the conference:

2.1. What is the existing coordinating mechanism that has linkages from national to the local level?

2.2. Who is accountable to whom at each level of such a coordination mechanism?

2.3. To what extent is the existing coordination effort assisting in preventing duplication of services.

2.4. How sensitive is the existing coordination structure to horizontal coordination?

Fundamental to all these questions about coordination, was an attempt by the conference to use experiences from the ground and come up with a workable coordination mechanism/structure. A coordination structure that takes into account rural-urban dynamics, horizontal-vertical coordination, linkages within the coordination structure, its transparency and accountability, legitimacy, credibility, representativeness, mandate and powers. Ideally, this is what the conference wanted to achieve.

3. AIMS AND OBJECTIVES OF THE CONFERENCE

The conference was based on the following objectives:

3.1. To come to a common understanding regarding the interpretation of legislative and policy issues and make recommendations for co-ordination between different sectors to ensure implementation of policy on: identification of children in need, accessing social grants (including birth certificates), and alternative care (foster care, kinship care, adoption, cluster foster care, community care and institutional care).

3.2. To make recommendations for co-ordination between all sectors of South African society to ensure that children that are affected by HIV/AIDS (including child headed households) have access to services that provide their basic rights for food, education, shelter, health care, family or alternative care and protection from abuse and maltreatment.

3.3. To make recommendations for mechanisms of co-ordination at local, district, provincial and national levels.

Envisaged by these objectives of the conference was a multi-dimensional outcome: intra and inter-coordination; vertical and horizontal; higher and lower levels of coordination.

4. CONFERENCE STRUCTURE

The discussion in this section covers, an outline of a collaborative partnership of conference organizers, a brief overview of how the conference was structured, key issues that emerged from presentations and general issues that were raised by the conference which led to the recommendations that are presented in the next session.

4.1. Collaborative Partnership of Conference Organisers

This conference was made possible by a collaborative partnership of the Department of Social Development (DoSD), Nelson Mandela Children's Fund (NMCF), United Nations Children's Fund (UNICEF), Save the Children (South African Programmes) and Department of Health (DoH).

It is a collaborated effort of human and financial resources of these partners that made the conference possible. Not only that they demonstrated the power of a collaborated action in discussing issues of children affected and infected by the HIV/AIDS but they also proved that together, we can achieve more. This is exactly what the fight against HIV/AIDS wants if it is to be won by anyone at all. It is for this reason that the contribution of each member organization in making this conference possible is acknowledged.

4.2. Conference Structure

The discussion in this section is about conference delegation, the format of the conference and how it was facilitated to come up with recommendations.

4.2.1. Conference Delegation

This was considered as a national conference. Delegation of the conference included the civil society, which was represented by the

community based organizations (CBOs), non governmental organizations (NGOs) and Faith-Based Organisations (FBOs), which work directly with children affected by HIV/AIDS. In addition, various government departments were also represented. Organised labour was conspicuously absent. More of this will come later in the report when limitations of the conference and the way forward are discussed.

In short, without the representation of approximately 300 delegates from the civil society, government departments and international organizations, this conference would not have been possible. It is for this reason that this section acknowledges their presence and valuable input they made throughout the proceedings. An attendance list of all delegates is attached as Appendix A of this report.

4.2.2. Conference Format

In order to achieve conference objectives outlined in the earlier part of this report, the conference vacillated between input through presentations and delegates' input through facilitated small groups and subject specific task teams, over a period of four (4) days.

i) Presentations made by Guest Speakers.

Conference presentations were aimed at giving information about the current reality of what is happening on the ground in relation to coordinated work regarding children affected by HIV/AIDS, sharing experiences of what works and does not work, raising challenges and whenever possible, recommending solutions. Conference presentations took the following format:

- First day presentations came from NMCF and DoSD in the form of opening and key note addresses.

- The aim of these principal addresses was to set a tone and the direction for the conference.

- Second day presentations started by looking broadly at the challenges and issues confronting children affected by HIV/AIDS and concluded by addressing three specific areas of service delivery to children, namely, improved access to social security, coordination to identify children and access services and models of alternative care.

- Day three (3) presentations began by spelling out contributions made by various government departments in response to challenges of children affected by HIV/AIDS and concluded by sharing of experiences about existing models of coordination in three African countries, namely, Zimbabwe, Uganda and Zambia.

It is all these presentations that informed deliberations by delegates and their outcomes which are recommendations.

ii) Conference Facilitation.

Input by delegates was facilitated through small groups and subject specific task teams. These discussion groups were aimed at pulling out lessons from presentations, identifying practice gaps and making recommendations about possible solutions. In order to achieve these objectives the discussion groups took this format:

- Delegates were randomly allocated into 12 groups of 25 participants.

- Each group or task team was led by a team of two people, a facilitator and a scriber. These were volunteers from civil society organizations and members from conference partners. Without their contribution it would have been difficult if not impossible to arrive at conference recommendations. It is for this reason that this section acknowledges the role they played in making the conference successful. A list of these facilitators and scribers is attached in this report as Appendix B.

Recommendations of the conference presented in this report were ` deliberations of both small group and subject specific task teams in second and third days of the conference.

4.3. Key Issues that Emerged from Presentations

This section is not an attempt to summarise conference presentations as this may be time and space consuming and distract the focus of the report which is about rec ommendations and way forward. Given the fact that it may be difficult to make sense of this report without reading these rich presentations, they have been packaged in their order of presentation and are an independent attachment to this report. This report will always make more sense if read in conjunction with this package of conference presentations.

Outlined briefly in this section are selected key issues only, which informed recommendations of the conference. These selected key issues include the following:

4.3.1. Children have rights, which are not negotiable.

4.3.2. Mother to child transmission programme will save a number of children who may become orphans whilst, antiviral drugs prolong lives of par ents thus reducing a number of young orphans.

4.3.3. Programming in response to the needs of children must start from the household upwards, than the other way round, as the conference saying developed: “Plan from the household to Pretoria not from Pretoria to the household”.

5. IDENTIFIED CHALLENGES FACING COORDINATION EFFORTS AND SERVICES DELIVERY TO CHILDREN

5.1. Coordination challenges

The conference made the following observations about challenges facing existing coordination, which moved from general to specific sphere of government:

5.1.1. General

i) Currently there is no one structure that is charged with a responsibility to coordinate from local to national levels.

ii) In instances where there is coordination either at a provincial or local level, this differs from one province to the other.

iii) None existence of a legitimate coordination structure is a source of problems such as duplication of services, waist of resources, inability to make an impact, slow developments or advances because there is no formal platform for sharing experiences. All these problems and many are a root cause of poor service delivers to children affected and infected by HIV/AIDS.

iv) Where coordination structures exist, stakeholders send representatives that have no authority power to take or endorse decisions arrived in meetings.

5.1.2. Coordination Challenges at a National Level

i) The conference acknowledged existence of a coordination structure, at this level, National AIDS and Children Task Team (NACTT) and sited the following limitations that are associated with it:

- ?? Not all stakeholders who are expected to have a representation are represented.
- ?? It is not clear how NACTT reports to the National Plan of Action for Children (NPA).
- ?? There are no linkages between NPA and the Provincial Plan of Action for Children.

ii) It was further observed that there was no proper internal coordination amongst National Association for People Living with HIV/AIDS (NAPWA) structures.

iii) It was noted that NGOs are not represented in National Integrated Plan for Children and Youth infected and affected with HIV/AIDS.

5.1.2. Coordination Challenges at a Provincial Level

The conference made the following observations about challenges facing provincial coordination:

i) Existence of the Provincial Plan of Action for children was acknowledge.

ii) Absence of Provincial AIDS and Children Task Team (PACTT).

iii) Coordination models of the Free State and Kwa-Zulu Natal (Welkom and Friedman) were seen as forming the basis for a provincial model.

iv) A need for a provincial coordination structure that has direct relations with the national structure and a local coordination structure.

5.1.3. Coordination Challenges at a Local Level

The following observations were made about coordination at this level:

i) Poor or no coordination between NGOs.

ii) Unhealthy competition which is largely around funding and service delivery.

iii) Some areas have too many role players that are working in silos thus creating services duplication problems which are not beneficial children.

iv) A need for the coordination structure that relates to the provincial structure was expressed.

5.2. Service Delivery Challenges

The conference made observations about the following challenges that are associated with services to vulnerable children.

5.2.1. HIV/AIDS has reached catastrophic propositions that affect everyone, directly or indirectly, yet services to children are no where closer to adequate levels.

5.2.2. Vulnerable children and their families as well as caregivers battle to access social security for a number of reasons which, include but not limited to the following:

i) Not all beneficiaries are aware of the type of social security services they are entitled to.

ii) Most of vulnerable children have no birth certificates which are necessary to access social grants.

iii) At times caregivers do not have identification documents, which are one set of the documents that are used to access social grants.

5.2.3. Lack of a national policy regarding exoneration of vulnerable children from wearing uniform and paying school fees which prevents them from accessing education thus creating a cycle of poverty.

5.2.4. Problems of different standards that are used in financially recognizing the work of volunteers/caregivers.

5.2.5. Lack of systematic approach to continuous development and support of Non-Government Organisations (NGOs), Community Based Organisations (CBOs) and Faith-Based Oraganisations (FBOs) that are rendering services to children.

5.2.6. Lack of systematic approach to identifying vulnerable children and keeping a database for the purposes of planning and delivering adequate services to children.

5.2.7. Difficulty for NGOs, CBOs, and FBOs to access funding from government, partly because there is no uniform mechanism that is used by government departments and funding agencies.

5.2.8. Children have no forum to talk about their experiences. At the moment it is adults who plan and offer services to children with very little involvement if at all of the children.

5.2.9. Despite the fact that HIV/AIDS has now reached catastrophic levels and it affects everyone directly or indirectly, there is still a stigma associated with the pandemic.

5.2.10. Not all government departments see themselves as having a direct role in fighting HIV/AIDS. As long as departments treat

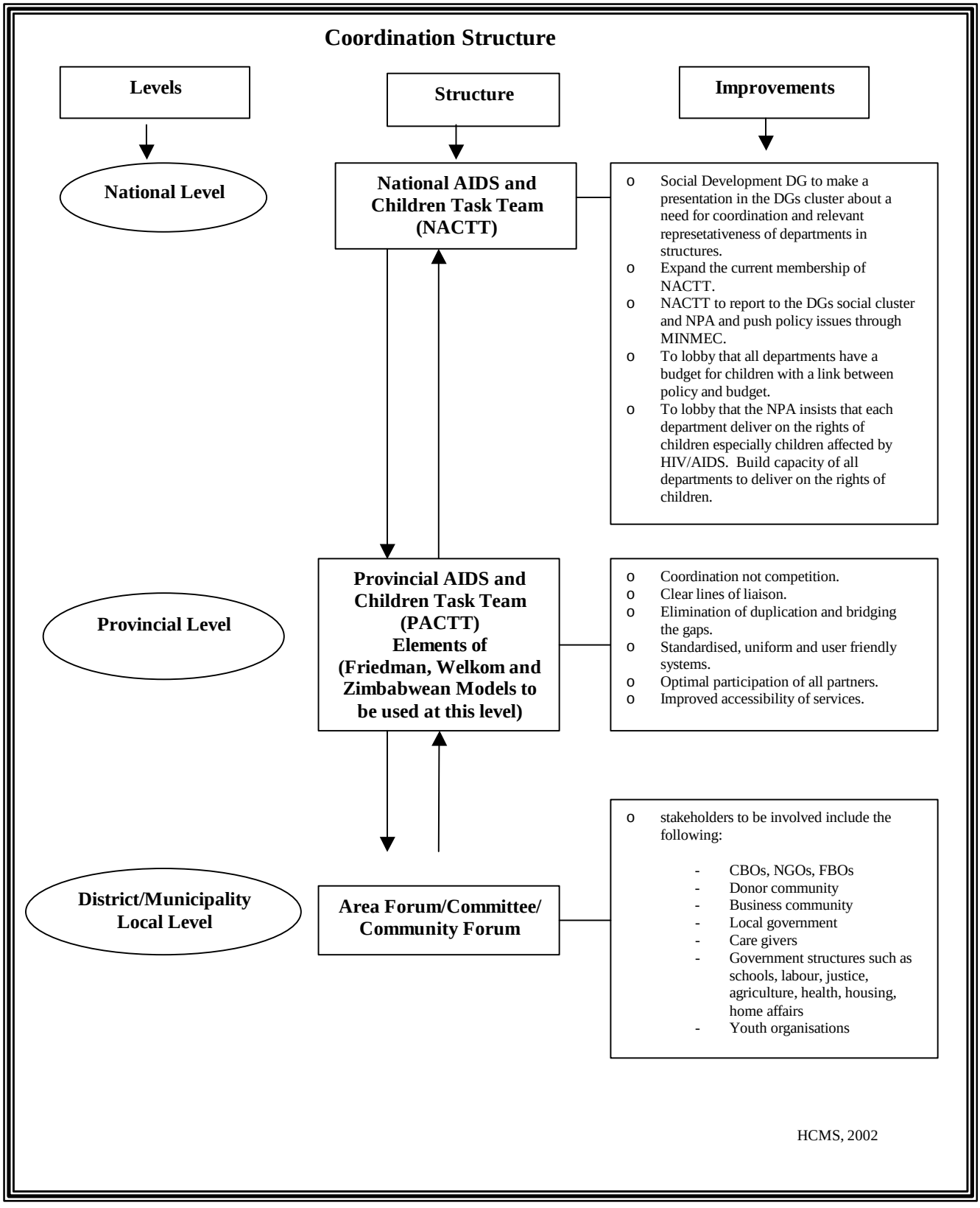
HIV/AIDS issues not as their focus area, it will never be on top of their agenda, let alone children affected by the pandemic.

Based on these challenges and many not reflected here, the conference made the following recommendations about coordination and service to children.

6. RECOMMENDATIONS

The conference proposed the following coordination structure together with the recommendations for services to be delivered by such a structure from National to the Local Levels.

6.1. Recommendation 1: Proposed Coordination Structure



Notes to the Structure

a) National Coordination Level

- NACTT strategic planning to be done within 3 months.
- Clarity on how NACTT reports to NPA which reports internationally.
- Provincial coordinating structures (PACTTs) to be established within 6 months.
- Workshop on the responsibilities of coordinating bodies at all levels.
- Lobby for a Minister of Women and Children.
- There must be a monitoring body that will inform other departments that are not part of NACTT.

b) Provincial Level

Some proposed responsibilities of the provincial coordination structure:

- A need for a Provincial Government cluster that ensures communication between National and Provincial coordination.
- Simplify and standardize applications for funding.
- Recommendations would need to be supported technically and financially to fast track service delivery and help remove bottleneck.
- Identify duplication and gaps in services.
- Identifying and developing best practices.
- Identify what can be replicated in other districts.
- Sharing of information.

6.2. Recommendation 2: Engage in a National Process for identifying orphans, vulnerable children and duty bearers, and creating a database.

The conference made the following observations prior to coming up with recommendations:

a) Ethical considerations: It was noted that the creation of a database as an end in itself was unethical. Previous attempts to create "registers" of orphans had been resisted by some practitioners, on account that development of the register raised expectations that were not, matched with delivery of services to the children after identification. Therefore is no point in rapidly

establishing a national network of data accumulation if there is neither the political, will nor the budgetary allocation to reach the children. The mandate to create and manage this database carries with it the responsibility to enhance service delivery to the children, and to build capacity of appropriate partners (e.g. CBOs, CHWs, FBOs).

b) Logistical considerations: The logistics of creating such a database can only be achieved using a coordinated effort outlined in recommendation 1 above.

c) Use of existing database: It was noted that there a is a number of database systems that are existing either at a National, Provincial or Local Level be used as a stepping stone in creating the envisaged database.

6.2.1. A process for identifying vulnerable children and creating a database.

i) Depending on the area, the following stakeholders can be utilized.

- local police stations
- clinics or health facilities
- local churches
- schools, tribal courts or farmers
- early-childhood development centres

ii) Each of these partners is not only expected to identify a vulnerable child and keep a detail record, but also to link a child with the appropriate service.

iii) The proposed coordination structure in recommendation 1 above, at a local level is expected to assign a person who will be responsible for the following tasks:

- ✍select appropriate local partners.
- ✍facilitate training of these partners in identification of vulnerable children, collecting detail data about them and linking them with appropriate resources.
- ✍managing relationships with partners.
- ✍monitoring and evaluating the process on continuous basis.

iv) Given the involvement of a number of stakeholders or partners, information collected by each partner will be reported on monthly meetings thus reducing collecting costs.

v) A door-to-door system will only be used if it is suspected that there are more children that are left unidentified in a particular area after a period of a year from now.

6.2.2. The initiator and the custodian of such a database

i) Using the proposed coordination structure, the Department of Social Development is the initiator and the custodian of the identification process and compilation of the envisaged database.

ii) Employment of database project managers was proposed.

iii) Approximately 450 database managers were proposed, which converts to 50 per province or per 100 000 population size.

iv) The distribution of database managers is expected to take into account size of provinces, provincial population, prevalence of HIV/AIDS and provincial exposure to poverty pockets.

v) The process of identifying children and creating their database is only expected if and only there is a political will and sufficient budget allocated to meet the needs of children after their identification.

6.2.3. Resources Requirements

i) A total cost of R150 000 per database manager, which include, salary, office equipment, transport and training workshops was suggested.

ii) The total cost of such a project in the 1st year is R67.5m and will reduce considerable in subsequent years because baseline information would have been collected.

iii) Identified sources of such funds were three departments of Social Development, Health and Education.

It was suggested that at the end of the 1st year of initiating such a project, there will never be a debate about the extent of the problem of vulnerable children in this country. Planning and budgeting will be much easier thus making it possible to deliver services to children using the rights approach which was advocated in the conference.

6.3. Recommendation 3: Fast Track the process for Accessing Social Security Grants using these following considerations

The conference took into account the following aspects in recommending the process for fast tracking access to social security:

a) Existence of political will and commitment in the Department of Social Development to scale up access to social grants within 24 months.

b) The current amendments to the child care legislation to enable kinship fostering and bypass the courts.

c) The relaxation of social security laws and policies to allow for a flexible and decentralized service points.

d) There are 10 Departments of Social Development each accountable for its allocation of the budget.

e) The Department of Social Development is partly dependent on other government departments to make grants accessible to child.

6.3.1. Fast Tracking Registration of Births

i) The Department of Social Development should assist with the acceleration of births registration and issuing of Identification Documents by making additional financial resources available to the Department of Home Affairs.

ii) The Department of Home Affairs should develop/design a simplified process for registration of births. The process/system should be decentralized to allow for issuing of certificates at decentralized service points.

iii) The Department of Home Affairs should in consultation with the Department of Health establish birth registration facilities/ service points in hospitals and primary health care centers.

iv) The Department of Home Affairs should expand the use of mobile units.

v) NGOs/CBOs/FBOs should assist with the registrations of birth where possible following guidelines established in recommendation 2 above.

6.3.2 Fast Tracking Applications for Child's Grants

i) The Department of Social Development should accelerate the processing and implementation of the new legislation on Comprehensive Social Security System.

ii) The Department of Social Development should communicate uniform and simplify policies and guidelines on children's rights and accessing of child grants. This communication need to outline types of grants, criteria for eligibility, procedures for applications and other issues.

iii) All children born to infected unemployed mothers should be prioritized and assisted with applications for grants by the hospitals and primary health care centres assisted by the departments of Social Development and Home Affairs.

iv) Conditional grants should be made available to provinces to accelerate rolling out of child grant programmes.

v) Department of Social Development should investigate ways of preventing fraud without depriving genuine applications.

vi) The Department of Justice should make services of Child Care Commissioners available 5 days a week in selected priority areas.

vii) The NGOs/CBOs/FBOs/ should be involved in applications and disbursement of child grants. Involvement of NGOs should include those with the capacity, skills, infrastructure and financial systems as detailed in recommendation 4 below.

6.3.3. Involvement of NGOs/FBOs

i) The proposed model for the involvement of NGOs/ CBOs /FBOs be adopted and piloted in selected nodal points to accelerated the implementation of the New Programme by the province.

ii) The national Department of Social Development must engage and obtain support of the provinces for this proposed collaboration on conditional grants earmarked for disbursement to NGOs to be made available to provinces.

6.3.4. Other Forms of grants

i) Department of Social Development to investigate other forms of grant, alternatives to cash payments to minimize abuse.

6.4. Recommendation 4: How Civil Society (NGOs/CBOs/FBOs) can assist the Department of Social Development with Social grants/ assistance

6.4.1. Recipients to Be Reached

i) All children under 7

ii) Vulnerable children 7 – 18:
- Orphans
- Disabled children
- Children at risk
- Neglected/abused children

iii) Adults/elderly who care for children

These groups will be reached using the Child Rights Approach

6.4.2. Steps to be taken in Assisting Department of Social Development to Distribute Grants or Providing Social Assistance

i) Identify children in need (the beneficiaries)

ii) Investigate the situation of each child and make recommendations

iii) Assemble a case file with supporting documents for the most difficult cases (In support of the Social Worker)

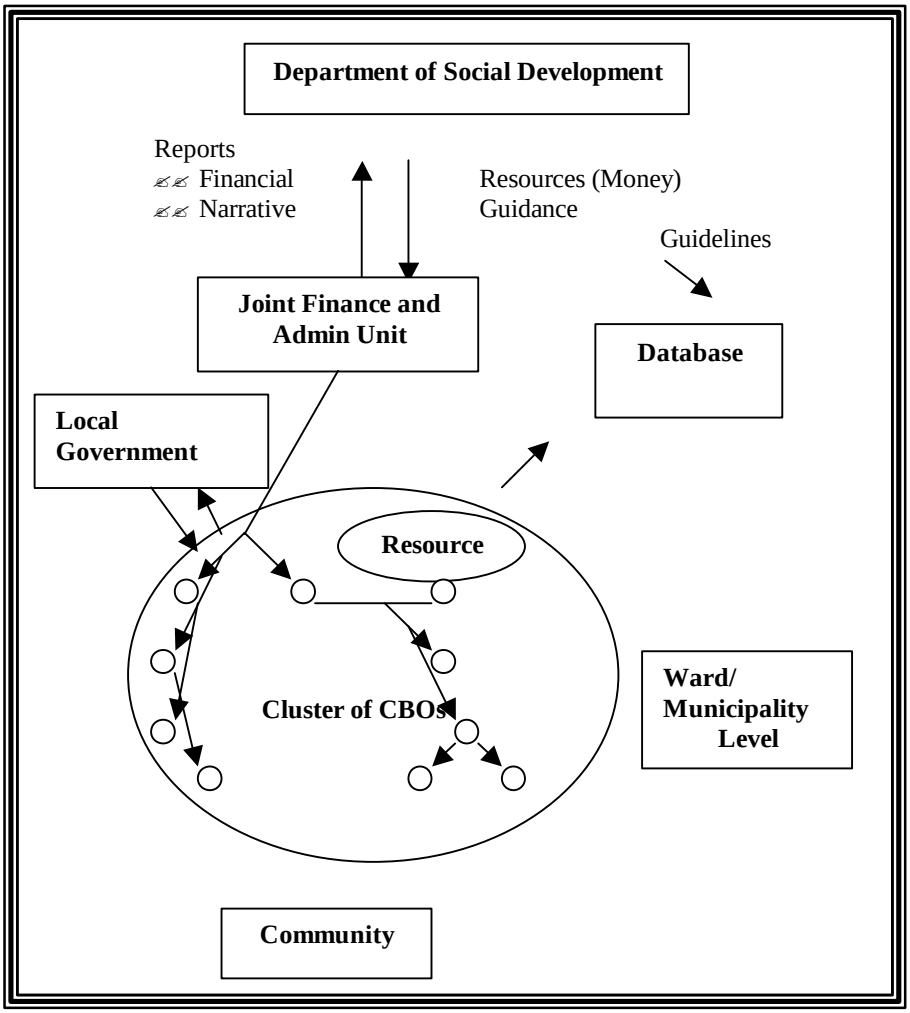
iv) Involve community and neighbourhood

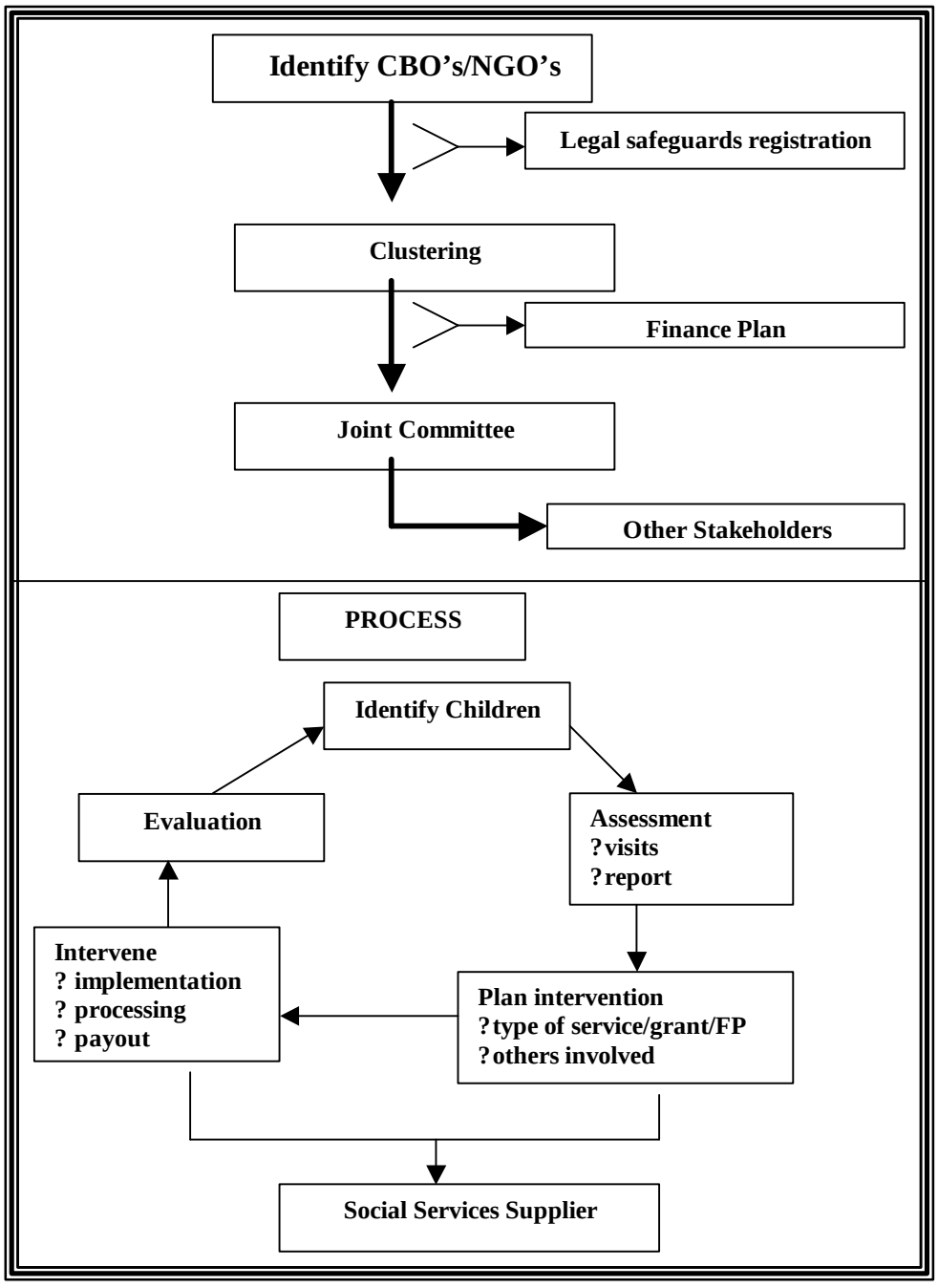
v) Link child with resources
- Accompany the child to Department of Social Development, Department of Home Affairs, Clinic and School
- Assist with obtaining and filling forms
- Obtaining documentation – Baptismal Certificates

vi) Work in partnership with professional personnel in government.

vii) Identify additional CBOs.

6.4.3. Type of Mechanism Suggested (The Detail to be Negotiated)




Identify CBO's/NGO's
Legal safeguards registration
Clustering
Finance Plan
Joint Committee
Other Stakeholders
PROCESS
Identify Children
Evaluation
Assessment
? visits
? report
Intervene
? implementation
? processing
? payout
Plan intervention
? type of service/grant/FP
? others involved
Social Services Supplier

6.4.4. Safeguards and Monitoring Mechanism

i) Clusters of NGOs/CBOs and FBOs that work with specific Geographic Communities.

ii) Every CBO must be registered as Not for Profit Organisation (NPO) and be accountable to the community of existence.

iii) Umbrella monitoring committee to audit work of individual CBOs to ensure transparency and prevent fraud.

iv) There must be one shared or joint financial and administration unit at a municipal or ward level.

v) Recording, monitoring and evaluation systems must be standardised.

vi) Where possible records must be computerized and linked to a common database.

vii) The final financial accountability of such a system rests with the Department of Social Development.

6.4.5. Resources and Capacity Needs

i) Transport (direct and indirect).

ii) Computers for database.

iii) Office equipment (some could be shared).

iv) Use of facilities such as tribal courthouses and police stations.

v) Training in social security.

vi) Training in appropriate management in the civil society organizations.

vii) Honoraria for (workers).

6.4.6. Conduct a Joint Planning Workshop between Department of Social Development and Civil Society Organisations

i) Joint strategic plan.

ii) Developing criteria for assessing vulnerability.

iii) Communication strategy.
- Within clusters
- Between DOSD and clusters
- With beneficiaries

iv) List of credible NGO's and accrediting process.

v) Detail of overall scheme.

6.5. Recommendation 5: Engage in a national process for creating awareness about services available to orphans and vulnerable children

6.5.1. Verify existence of structures to assist with the awareness campaign

i) Ensure that the coordination structure proposed in recommendation 1 above exists at all levels of the community.

ii) Identify NGO forums at all local municipality levels.

iii) Identify existing community structures at a ward level.

6.5.2. Verify data for dissemination

i) Identify all existing information about available services to children.

ii) Identify the form in which existing material is packaged.

iii) Package this kind of information in such a way that it is easily accessible to communities of all nature (rural/urban).

6.5.3. Dissemination of information

i) Use Government Department and NGO's providing services to children to:

- Translate information brochures, booklets and pamphlets into local languages.
- Keep constant contact with the local structures to discuss new developments and update material.

ii) NGO's, CBO's and community structures will:

- Conduct workshops
- Awareness campaigns – rallies
- Refer children to service providers
- Involve community radio stations and local newspapers

6.5.4. Monitoring and Evaluation

i) Develop Monitoring tool.

ii) Conduct monthly monitoring sessions at ward level.

iii) Conduct quarterly monitoring sessions at municipality level.

These recommendations depend on the coordination structure being able to bring all stakeholders together for a strategic planning session not later than January 2003.

6.6. Recommendation 6: Suggestions of how government can fast track the process for establishing home/ community based care in communities that have insufficient or no existing models of care

6.6.1. Recommended Tasks and Responsibility Matrix

ACTION	RESPONSIBILITY
1. Provide clear and simplified guidelines on: ?? Mechanisms to access poverty relief funds ?? How to link food security programs in Home community based care (HCBC) ?? How to establish linkages with nutrition programme	Department of Social Development Department of Agriculture Department of Health
2. Provision of adequate medical supplies (Home Based Care Kits)	Department of Health
3. An annual programme to be made available with regards to: ?? Invitation of proposals for	All Government Departments

funding of Home / Community Based Care initiatives ?? Monitoring and evaluation systems to be applied to funded projects	
4. Formal notification to projects once funds are transferred to their accounts	All Government Departments
5. Clear guidelines for burial assistance	Department of Social Department and Department of Provincial and Local Government
6. Dealing with referrals ?? Investigate existing Forum structures (district and local level) that can contribute to referrals ?? Develop strategies to support Forums enabling them fulfill their terms of reference ?? Referral systems should ensure that people have access to the required support.	Department of Social Development and Department of Health
7. Dealing with Support Groups ?? Information regarding available Support groups to refer to, to be made available (can be for caregivers, PWAs, parents, affected families etc.) ?? Facilitate the establishment of "circles of care" for children	Department of Social Development
8. Creating an effective information management system in terms of a database accessible to all role-players. Special reference is made to: ?? Support groups ?? Orphaned and vulnerable children ?? Service providers	Department of Social Development
9. Mechanisms to be in place to ensure access to Social Grants	Department of Social Development
10. Recognition of the role played by traditional leaders, healers and	All Government Departments

religious groups	
11. Development of a clear volunteer policy, which recognises the valuable contribution made by volunteers. Such a policy should talk to the following: ?? General measures concerning recruitment, training and recognition of volunteers ?? Enabling legislative frameworks ?? Volunteers to be drawn from all ages and all sectors of society ?? Volunteer management systems ?? Give and take relationships between organisations and their volunteers.	Department of Social Development
12. Strengthening of initiatives focusing on awareness campaigns /community outreach efforts	Department of Social Development
13. Joint strategy required between Health and Social Development in the development of IEC material. An agreement on the critical messages.	Department of Social Development and Department Health
13. Capacity building of staff, volunteers and caregivers	Department of Social Development
14. Monitoring and evaluation approaches to be developed (where not in place)	Department of Social Department

6.7. Recommendation 7: Engage in a process for identifying and capacitating NGOs, CBOs, FBOs and CSOs that are involved in offering services to orphans and vulnerable children.

6.7.1. Using the proposed coordination structure in recommendation 1, bring all civil society organizations that operate at each level together.

6.7.2. Update existing database of NGOs using national directory, national NGOs and government departments. Ensure that all areas are covered specifically rural and farm areas.

6.7.3. Engage in a process for identifying developmental needs of NGOs.

6.7.4. Use the Skills Development Act machinery to identify training providers who offer accredited training programmes that address the development needs of NGOs.

6.7.5. Assist NGOs that are training providers to become accredited service providers.

6.7.6. The training programmes to be accessed by NGOs must comply with life long-learning and NQF levels with clear quality checks and assessments that lead to certification.

6.7.7. Suggested training programmes include, but not limited to the following:

- Training on Child Rights Legislation,
- Child and Youth Care,
- Financial Skills,
- Administrative Skills,
- Leadership Development,
- Health related training programmes and
- Early childhood development programmes

This list will be further increased by the process for identifying development programmes and development of learnerships and competency model for the NGOs.

6.7.8. It was further suggested that the development of Child Care Forums in rural and farm areas must be prioritized taking into account Refugee Children.

7. LIMITATIONS OF THE CONFERENCE

At the end of the conference, organizing partners and delegates made observations about limitations of the conference as follows:

7.1. Representation in the conference did not include organized labour, commerce and industry as well as other civil society bodies either than NGOs that work directly with vulnerable children. Most importantly, Local Government was not represented and yet it is at the forefront of delivering services to vulnerable children.

7.2. The conference was too congested with speeches thus allowing very limited time at all for networking, or even engage the speakers.

7.3. Even though majority of the presentations (speeches) made were of high standard, there were isolated incidents where speakers were not adequately prepared which gave an impression that they were not the most appropriate people.

7.4. Not all national departments were invited, only those that fall within the social and related clusters were invited.

7.5. The conference was unable to come up with concrete recommendations which are binding to stakeholders who were not invited such as Local Government.

7.6. Conference programme should have been circulated well in advance and speeches compiled as a conference package that is manageable and user friendly long after the conference rather than hand-outs.

7.7. Other areas of improvement include administration issues such as:

7.7.1. Conditions of accommodation rooms that were not up to standard.

7.7.2. Communication about the conference which was not adequate.

7.7.3. Problems with transport logistics to the conference and accommodation venues outside the conference centre.

7.7.4. Information Technology facilities that were not standardized to all presentations.

7.7.5. Poor directions to discussion rooms.

7.8. Poor or no representation at all for various groups of people with disability and discussions about the effect of HIV/AIDS on children with disability.

7.9. A feeling that recommendations that were captured excluded other essential ones which is regrettable.

7.10. Background information should have been given to assist delegates to improve their participation in working groups.

Despite these limitations the conference was rated as an excellent initiative. Participants viewed the conference as educational, informative, eye-opener, ground breaker, good first attempt and a long-over-due initiative. A definite event to be repeated, even if it means at a provincial level. Therefore it was seen as the

beginning of an on going process that can be annual in provinces and bi-annual at a national level. The hope is that if this kind of consultation is at a provincial level, there will be more concrete recommendations that commit various stakeholders who would have been invited to participate.

8. WAYFORWARD

The conference was perceived not as an end in itself, but a means to an end. Therefore, a need for continued actions beyond the conference was expressed giving rise to the following propositions for the way forward:

8.1. Adoption of a similar type of conference at a small scale as an annual monitoring tool.

8.2. Constitute a forum to refine recommendations, making sure that they relate to short, medium and long term plans.

8.3. Following pledges of commitment by organizing partners, a responsibility matrix which ensures implementation of recommendations by scaling-up will be drawn with précised time frames.

8.4. Provincial representatives to lobby for Provincial Consultation meetings on orphans and vulnerable children.

8.5. The Minister of Social Development, Dr Zola Skweyiya together with the key stakeholders to call press conference and outline these recommendations once they have been refined.

8.6. The Department of Social Development to facilitate strengthening and establishment of all levels of the agreed-upon coordination structure.

9. CONCLUSION

The conference managed to arrive a far reaching recommendations. Their value will depend on the ability for the Social Development to facilitate the process for NACTT to have a strategic plan that will take into account these objectives as part of an implementation plan. The proposed way forward also depends on the facilitation role of the Department of Social Development. If these recommendations are refined for implementation process the battle for coordination would have been won. No amount of deliberations will ever change any situation unless recommendations are implemented and mistakes are made, there shall be no progress.