

Report

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**VIEWS AND ATTITUDES OF MEMBERS OF THE MAMELODI
COMMUNITY REGARDING THE CARE AND SUPPORT OF ORPHANS:
FINDINGS OF A SURVEY AND A SERIES OF IN-DEPTH INTERVIEWS**

Conducted on behalf of

SOS CHILDREN'S VILLAGE

By the

HUMAN SCIENCES RESEARCH COUNCIL



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PREFACE

Institutional care was one of the more important ways which care and support was provided to orphaned children for a considerable period of time. That was in addition to placing orphans in the care of foster homes or finding parents willing to adopt them. During the past decade, the impact of the HIV/AIDS epidemic has made its mark on our society in a number of ways and this epidemic is also having an effect on how to care for orphans. Potentially, one of the most severe impacts of the epidemic is the rise in the number of children left orphaned as a result of the premature death of their parent(s) due to AIDS-related causes. Population projections, taking into account the impact of HIV/AIDS, estimate that within 10 years, up to 14 % of children under the age of fifteen could be maternal orphans in South Africa. This will have a profound impact on how society will care and support orphans and other children left vulnerable in the wake of the epidemic.

SOS Children's Village is developing a Social Centre in Mamelodi as one way of facilitating community care programmes. This study endeavoured to gather evidence that can be used by SOS Children's Village Mamelodi when planning and implementing a range of programmes and activities at their Social Centre.

The team from the HSRC has been privileged to work with in particular Ms Dudu Skosana, the project coordinator as well as other staff members of the organisation. The assistance provided by staff of SOS Children's Village Mamelodi was invaluable in completing the study. A word of thanks is due to the community of Mamelodi who participated in this study.

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

SOS Children's Village is a visible and successful organisation for the care of orphans that had been running in Mamelodi, a township east of Pretoria, for a number of years. The SOS Children's Village in Mamelodi¹ comprise of 15 family dwellings where the orphans live, a guesthouse and SOS Youth House where young people can stay while undergoing vocational training or education. This set up help them to prepare for an independent life under the guidance of their youth leaders. An adjacent kindergarten is also open to the children from the neighbourhood. The SOS Children's Village Mamelodi concentrates not only on caring for orphaned and abandoned children, but also on educating and training the people from the local community. An SOS Social Centre was started, offering computer and tailoring courses not only to SOS children but also to people from the neighbourhood. Moreover, pedagogical assistance is offered to different day care centres. In 2002 an AIDS outreach programme was added to the suite of programmes SOS Children's Village was providing to the community of Mamelodi. This specific programme gives assistance and support to HIV/AIDS affected families.

Given the reality of an increase in the expected number of orphans in the future, and given the fact that institutionalised care of orphans is very expensive, SOS Children's Villages had been considering other models to care/assist for orphans. Subsequently, the concept of a social centre was developed. The underlying rationale of such a social centre is to provide the mechanism to reach out to the orphans who are living in the community. While the SOS Children's Village Mamelodi is already implementing some outreach programmes, it plans to support 1 000 orphans in this community by the year 2004 through programmes that mainly originate in the community.

¹ Data accessed from <http://www.sos-childrensvillages.org/>

However, the impact of support and care programmes on the lives of orphans and other vulnerable children can be strengthened by initiatives that are based on information and research. To this end, SOS Children's Village approached the Human Sciences Research Council to conduct a small-scale study in Mamelodi in order to collect information about the attitudes and opinions of the population of Mamelodi regarding orphans, how they are being taken care of and other pertinent issues.

Mamelodi itself is a township located about 20 kilometers east of the centre of Pretoria. It is inhabited by about 256 000 people, exclusively African in origin. Northern Sotho speaking people are in the majority, although significant proportions of Zulu, Sotho, Shangaan, Venda and Tswana speaking people live in this township. Due to historical reasons, Mamelodi is basically a dormitory town with a majority of employed persons working outside of Mamelodi. However, the lack of formal employment opportunities resulting in high levels of unemployment gave rise to the development of a strong informal economy in Mamelodi.

1.2 HIV/AIDS, ORPHANS AND OTHER VULNERABLE CHILDREN

During the past two decades, HIV/AIDS has become a global public health problem and concurrently became a massive development challenge. The same is true for South Africa. According to Johnson and Dorrington (2001) the HIV/AIDS epidemic can be depicted as a succession of four waves. The first wave is people newly infected with HIV. This is followed by a wave of prevalence (the total number of people infected with HIV), while the third wave is the AIDS death. That in turn is followed by the wave of AIDS orphans.

By the end of 2000, it was estimated that 57.9 million people worldwide had been infected with HIV and 21.8 million had died due to AIDS (UNAIDS/WHO, 2000). Although HIV/AIDS is a global problem, no other region has been harder hit than sub-Saharan Africa. According to a recent UNICEF report (2003), by the end of 2002, over 29 million people in sub-Saharan Africa were living with HIV/AIDS.

One of the most tragic consequences of the HIV/AIDS epidemic is the large number of children orphaned as a result of parents dying from AIDS. Some of these children are HIV positive themselves, having been infected by their mothers either at birth or through breast milk (Johnson and Dorrington 2001). It is estimated that by the end of 2002 about 10 million young people (aged 15-24) were living with HIV/AIDS in sub-Saharan Africa and almost 3 million were children under 15 years. To place matters in perspective, eight out of every 10 children who have lost parents to HIV/AIDS live in sub-Saharan Africa (UNICEF 2003).

Before the HIV/AIDS epidemic, approximately 2% of children in Africa were orphaned. As a result of pre-mature deaths due to AIDS-related infections, mainly concentrated in the reproductive ages, in some countries between 15%-17% of children had lost their parents (Subbarao, Mattomore & Plangemann 2001). Currently, 12% of all children in sub-Saharan Africa are orphans, compared with 6.5% in Asia and 5% in Latin America and the Caribbean. In ten countries in the region, more than one in five 14 year olds is an orphan (UNICEF 2003). In decade from 1990 to 2001, the proportion of orphans whose parents died from HIV/AIDS rose from 3.5% to 32%.

According to a UNICEF report (2003) it is estimated that by 2010, HIV/AIDS will have orphaned 20 million children under the age of 15 of one or both parents, nearly twice the number orphaned in this age group in 2001. The largest increases will be in countries with the highest rates, such as Botswana, Lesotho and Swaziland, where the national adult HIV prevalence has risen higher than thought possible, exceeding 30%.

The impact of the orphan crisis is being felt in several areas. According to a UNICEF report² the economic and social effects of HIV infection and AIDS on children include malnutrition, migration, homelessness, and reduced access to education and health care. Psychological effects include depression, guilt, and fear, possibly leading to long-term mental health problems. The combination of

² UNICEF. Preliminary Summary report of the World Conference of Religions for Peace. Study of the Response by Faith-Based Organisations to Orphans and Vulnerable Children.

these effects on children increases their vulnerability to a range of consequences, including HIV infection, illiteracy, poverty, child labour, exploitation, and the prospect of unemployment.

Considering the number of children left behind by HIV/AIDS to survive without the support and protection of parents, the responsibility of caring for orphaned children becomes a major challenge. In African traditional societies, children who lose their parents are normally incorporated into a relative's family. For the most part, these relatives would treat orphans they care for in the same way as their own biological children. But with increased numbers of orphans, reduced numbers of caregivers, and weakened families, the extended family is no longer the safety net that it once was, though it remains the predominant source of care for orphans in Africa ³.

1.3 THE CHALLENGE OF ADDRESSING ORPHANHOOD IN SOUTH AFRICA AND MAMELODI IN PARTICULAR

In South Africa the number of orphans has been increasing slowly and from a low base and hence has attracted relatively little attention. South Africa's AIDS epidemic is still in its early stages relative to other African countries, and the levels of orphanhood seen elsewhere in Africa have yet to be experienced in this country. As the epidemic matures and AIDS mortality increases, the number of orphans is predicted to rise dramatically (Johnson and Dorrington 2001). It was estimated that about 371 000 were living AIDS orphans in South Africa at the end of 1999 (UNAIDS/WHO 2000) while perhaps up to about 50 000 AIDS orphans have already died, presumably from AIDS but also from other causes. Such figures represent an enormous increase in the orphan population considering that, before HIV/AIDS, only about 2% of children in developing countries were orphaned⁴.

Increasingly, the number of orphans in this country is set to rise due to the high proportion of adults already living with HIV/AIDS and the continuing difficulties in

³ UNICEF. Preliminary Summary report of the World Conference of Religions for Peace. Study of the Response by Faith-Based Organisations to Orphans and Vulnerable Children.

⁴ UNICEF/UNAIDS. 1999. *Children Orphaned by AIDS: Front-line Responses from Eastern & Southern Africa* (New York: UNICEF)

expanding access to life-prolonging antiretroviral treatment. In Mamelodi it is estimated that at present between 6-7 % of children aged 18 years and younger have lost both parents while an estimated 15,5 % of children aged 12-18 years have lost their biological mother (see Chapter 3).

It is against this background that the various actual and planned interventions to care for and provide assistance to orphans (and other vulnerable children) should be seen. In South Africa, the government, through the Department of Social Development is coordinating efforts to support and reach out to children, especially the most vulnerable, mainly through social assistance grants. In his comment about the UNICEF report on orphans released in November 2003, the Minister of Social Development reported that up to that stage the Department had registered over 3,8 million children for the Child Support Grants, about 179 000 children for the foster care grant and about 72 000 for the care dependency grant. In addition, the government is also providing other services aimed at alleviating the conditions of the most vulnerable children including orphans, such as health care, food security, housing, etc.⁵

In Mamelodi there are a number of NGOs and community-based support organisations and structures playing a leading role in addressing the plight of orphans. Some of these organisations provide physical and emotional support to orphans and other vulnerable children in the form of food parcels, clothing, counselling, etc. This includes linking caregivers to relevant services and resources. For example, church organisations and other NGOs like Heart Beat, Chariots of Faith, etc., are active in caring for orphans. Furthermore there is an active home-based care and support programme in Mamelodi - Tateni Home Care Services that utilises health care professionals to provide care to chronically ill people within their homes. These care services are also extended to meet the needs of the dependents of the patients, including orphan-related care. As already mentioned, SOS Children's Village provides care and support to orphaned and abandoned children in Mamelodi.

⁵ <http://www.socdev.gov.za/Statements/2003/November/uniccf.htm>

1.4 AIMS AND OBJECTIVES OF THE STUDY

This report presents findings of a study conducted by the Human Sciences Research Council (HSRC) regarding the situation of orphans and other vulnerable children in Mamelodi on behalf of SOS Children's Village Mamelodi as part of their plan to extend services to the community of Mamelodi as well as to render support to orphans and other vulnerable in this community.

The report focuses mainly on presenting empirical data gathered on the attitudes, perceptions and knowledge of respondents living in Mamelodi who took part in the study. The study made use of both quantitative and qualitative approaches to provide reasonably accurate and representative data on the one hand, and more contextual and rich information on the other hand regarding the support and care orphans and other vulnerable children receive in Mamelodi as well as to provide pointers to strengthen the existing programmes of the Social Centre.

The aims of the study were as follows:

- List the existing sources of care and support for orphans available within Mamelodi
- Estimate the number of orphans in Mamelodi
- Estimate the number of households caring for orphans
- Provide a breakdown of the age and gender of caregivers
- Establish sources of support/income/assets of orphans
- Obtain the opinions and attitudes of respondents in the community towards orphan care
- Needs and priorities analysis of orphan care - what is available, what is being done, what needs to be done, by whom and how can it be managed.

The report is organised as follows. The next chapter provides a brief overview of the review literature on orphan care. Chapter three contains the findings of a household survey conducted in Mamelodi about the opinions, attitudes and knowledge regarding the situation of orphans, to name a few topics. Chapter four presents the results of focus group discussions held with key informants in the community while chapter five relates the findings of a series of in-depth interviews conducted with children between 14 and 18 years in this community. Chapter six presents a summary of the findings and conclusions.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews pertinent literature on the impact of orphaning on the different levels of society, the various models of care and the model adopted by SOS Children's Villages to care and support orphans and vulnerable children. The purpose of the chapter is to provide additional background on the situation and care of orphans and other vulnerable children.

2.2 THE IMPACT OF ORPHANING ON THE CHILDREN, FAMILY, COMMUNITY AND SOCIETY

The AIDS orphan crisis in Africa has far-reaching social and economic costs. It is not only the children who are affected, but the crisis is also having an impact on households and the society at large.

2.2.1 Impact of orphaning on the children

For children living in communities seriously affected by HIV/AIDS, the whole nature of childhood is changing fundamentally. As the parents of many children become symptomatic and fall ill more frequently, children often have to take on new responsibilities, such as household chores, childcare, tending livestock, cultivating fields and/or income-generating activities¹. Children (particularly girls) may even be called upon to act as care-giver to their parent, accompanying them for medical treatment, administering medicine, feeding, dressing, bathing, etc.². As their parent becomes increasingly sick, children may have to leave school to take care of the parent, look after siblings, earn money, or because there is not enough money to pay school fees. When they do attend school, the emotional stress placed upon them is often so great that it is manifested in lack of

¹ Foster & Williamson (2000) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

² Robson (2000) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

attendance and behavioural problems³. They are pressured into sex to help pay for school fees their families can no longer afford, or to help support younger brothers and sisters. Girls are married off at an early age to reduce pressure on their families (UNAIDS 1999).

With the death of a parent, children experience profound loss, grief, anxiety, fear and hopelessness with long-term consequences such as psychosomatic disorders, chronic depression, low self-esteem and disturbed social behaviour. This is frequently compounded by "self stigma" – children blaming themselves for their parents' illness and death and for the family' misfortune (Smart 2003).

Once orphaned, the children's predicament invariably worsens. This is exacerbated where parents have made no plans to ensure that their children would be adequately cared for after their death. Children may be denied their rightful inheritance through 'property grabbing', as a result of traditional inheritance practices, or simply by the relatives or neighbours who take responsibility for the children⁴.

Often, children are moved from relative to relative as the shrinking number of adults in the family attempt to provide care for an increasing number of orphans. Finally, when families exhaust their resources and coping capacity, children end up living on their own or on the street. As the epidemic progresses, more and more children are living without adult supervision of any kind, often struggling to take care of younger brothers and sisters. Sometimes, children deliberately chose this option so they won't be separated from surviving brothers and sisters after their parents, aunts, uncles and older siblings die. These child headed households are growing in number and are especially vulnerable without support (UNAIDS 1999).

³ Baggaley & Needham (1997) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

⁴ Integrated Rural and Regional Development (2002). The impact of HIV/AIDS on land issues in KwaZulu-Natal Province: case studied from Muden, Dondotha, KwaDumisa and KwaNyuswa. Study commissioned by the Sub-Regional office for Southern and Eastern Africa of the Food and Agricultural Organisation of the United Nations (FAO).

Orphaned children are also at greater risk of poor health and nutrition. This may be because they lack sufficient means to provide for an adequate diet or required medical treatment. This may be the result of a caregiver, especially when elderly or an adolescent themselves, being ignorant of good health and nutrition practices; or simply due to neglect⁵.

In addition, orphans have a higher risk of HIV infection, given that they are likely to engage in sexual activity earlier than other children⁶. This may be because they seek emotional comfort through sexual relationships; through lack of parental guidance and supervision; peer pressure; financial desperation, turning to prostitution; or, even sexual abuse by relatives, teachers or strangers.

2.2.2 Impact of orphaning on the family

At the family level, the epidemic causes incomes to dwindle and assets to shrink as breadwinners fall ill and die. Household incomes decrease when adults fall ill from HIV/AIDS and can no longer work full-time or at all. In the short term, households suffer from a reduction in income when the infected become ill. Surviving adults may also have to reduce their labour time in agriculture or the formal or informal sector in order to care for the ill or dependent children, resulting in a greater drop in income (Subbarao, Mattomore & Plangemann 2001). This, in turn, results in family structures changing and households fragmenting, becoming poorer and facing destitution, particularly those headed by grandparents or headed by children themselves (Smart 2003).

Women are almost invariably left bearing even bigger burdens – as workers, caregivers, educators and mothers. At the same time, their legal, social and political status often leaves them more vulnerable to HIV/AIDS. Over half of the 28.5 million people currently infected with HIV in sub-Saharan Africa are females. The health and life situation of many mothers is critical to the health and life

⁵ Hunter & Williamson (2000) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

chances of their children, not only during pregnancy, childbirth and the early months of life, but throughout their entire childhood. Whether or not an HIV-infected mother transmits the virus to one or more of her children, her early death from AIDS will have a profound impact on all of them⁷.

2.2.3 The impact of orphaning on the community

At the community level, the growing demands on communities as a result of the HIV/AIDS epidemic are multiple and multifaceted. In communities seriously affected by HIV/AIDS, coping mechanisms are strained to breaking point and traditional safety nets are unravelling (Smart 2003).

Traditionally, most orphans in sub-Saharan Africa have been accommodated within the extended family network, usually by uncles and aunts, but if unavailable then by grandparents. A South African study found that more than 90% of orphans were cared for by extended family⁸. The scale of the current orphan crisis is stretching this traditional social safety net to breaking point⁹. The capacity of the extended family to provide care and support for these children is being undermined by the overwhelming number of orphans; the diminishing number of potential caregivers; the urbanisation of populations and the move towards nuclear family structures; the erosion of traditional values underpinning extended family networks; widespread unemployment, and poverty¹⁰.

Grandparents may be seen as the caregiver of last resort, and the increasing extent to which they are being called upon to act as caregiver indicates the magnitude of the problem. The fact that they are caring for grandchildren often

⁶ Foster & Williamson, 2000:S282) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

⁷ UNICEF. Preliminary Summary report of the World Conference of Religions for Peace. Study of the Response by Faith-Based Organisations to Orphans and Vulnerable Children.

⁸ Nelson Mandela Children's Fund (2001) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

⁹ Rutayuga (1992) in in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa .

means that they have already lost their own economic support system, namely their sons and daughters¹¹ Not only are grandparents often less economically productive, they are likely to be less educated and may therefore be ignorant of good nutrition and health care practices. Moreover, given their age and health status, they may not be able to provide long-term care, and their death may leave nobody within the extended family willing to take care of the children. Siblings may also be separated, to spread the burden of care amongst relatives¹². In the absence of willing relatives, or if children resist being separated, the children may have to take care of themselves¹³.

2.2.4 Impact of orphaning on the society

At the societal level, commonly across seriously affected countries, the epidemic is deforming the demographic profiles of nations. HIV/AIDS is also a potent factor contributing to humanitarian crises on the African continent – there are approximately over 14 million people facing starvation. When economies falter, as is happening in many African countries, the number of people living in poverty increases and the gap between the rich and poor widens, further fuelling the HIV/AIDS and poverty cause-effect relationship (Smart 2003).

2.3 MODELS OF ORPHAN CARE

Various models exist to take care of and support children who are orphaned or abandoned in the wake of the HIV/AIDS epidemic. According to Reed (2001) these include arrangements from informal family and community-based support to formal institutional care.

¹⁰ Nelson Mandela Children's Fund (2001) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

¹¹ (Foster, *et al.* (1995) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

¹² (Foster & Williamson,(2000) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

2.3.1 Independent orphan household

Independent orphan household can be identified as a first category whereby orphans stay on their own without any formal external support¹⁴. This may result from the fact that children have nowhere else to go, or because they choose to stay together to protect their inheritance rights and/or to avoid being separated between different relatives. Normally, an older sibling takes on parental responsibilities for younger brothers and sisters. This is usually considered to be the 'worst case scenario' and not a replicable model of care.

2.3.2 Child-headed household with external supervision and support

A variation of typical child headed households exists where child-headed household are provided with external supervision and support¹⁵. Such support often takes the form of regular visits and material support from extended family members, concerned neighbours, or other volunteers. Social welfare services may even work with the older sibling, if at least 15 years old, to keep the family together.

2.3.3 Non-statutory foster care

Non-statutory foster care occurs where community members, on an informal and voluntary basis, care for children¹⁶. Such caregivers are often extended family/kinship members and this model can be considered as the traditional (or indigenous) model of care.

¹³ Nelson Mandela Children's Fund (2001) and Foster, *et al.* (1995) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

¹⁴ Loening-Voysey & Wilson, (2001) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

¹⁵ (Foster, *et al.* (1995) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

¹⁶ Loening-Voysey & Wilson, (2001) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

2.3.4 Statutory foster care

Statutory foster care involves legally placed children into the care of a surrogate parent, who may or may not be a relative, and who receives foster care grants. There are various forms of foster care, including traditional foster care, crisis care, community family model, collective foster care, and cluster foster care¹⁷.

2.3.5 Adoption

Adoption is another model whereby children are permanently placed into the care of a surrogate parent. This is regarded as the most secure option for orphaned and abandoned children, particularly where adoptive parents are extended family/kinship members. This model costs the same as formal foster care (Reed 2001).

2.3.6 Institutional care

Institutional care involves placing children into a residential care setting¹⁸. Traditionally, these have been *dormitory-based children's homes*, where children are normally segregated by age and sex, and share communal living and dining areas. In contrast, more 'modern' *family-based children's homes* care for children within family units, based upon conventional western nuclear families, where children stay with 'siblings' and develop a stable relationship with one parental figure. Sometimes these 'families' are grouped together on one site, as in an SOS Children's Village, while in other cases they are located in the community. Alternative *culturally adapted models* have also been developed. These models are normally found in the rural areas and create a more traditional living environment, with communal living, traditional cooking and eating arrangements, and small-scale agricultural projects. Young children may also be placed into *homes for infants and toddlers*.

¹⁷ Loening-Voyscy & Wilson, (2001) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

¹⁸ Loening-Voyscy & Wilson, (2001) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

2.3.7 Community-based support structures

Another option is community-based support structures where children are being cared for by informal/indigenous caregivers within their community of origin¹⁹. While the nature of support varies widely, the essential functions are support given to caregivers, linking them with relevant services and resources.

2.3.8 Home-based care and support (HBC) programmes

Home-based care and support (HBC) programmes are designed to provide care to chronically ill people within their home. These are commonly extended to meet the needs of the dependents of the patients', including orphan-related care²⁰. HBC models can be community-based or institution-based. Community-based HBC programmes recruit and train volunteers from the community to visit and care for people in their home. Institution-based HBC utilises professionals or experts from health care facilities to conduct home visits, although the additional use of volunteers is also common.

A well-documented example of HBC that has extended its services to include an *orphan-visiting programme* is the Family AIDS Caring Trust (FACT) in Zimbabwe²¹. This programme involves the registering of orphans within the community, and assessment of the material, educational, psychological and spiritual needs of the families caring for them. Limited and targeted material support may be offered in the form of school fees, food, clothes, blankets, seeds and building materials. Another notable HBC programme, identified by UNAIDS as an example of 'best practice', is Tateni Home Care Services in Mamelodi (Smart, 2000:84-86). The project trains home carers who take care of the affected in their own homes.

¹⁹ Loening-Voysey & Wilson, (2001) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

²⁰ Loening-Voysey & Wilson, (2001) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

²¹ Foster, *et al.* (1995) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

2.3.9 Reactive Care

Reactive care and support may be offered, whereby organisations assist those orphans who approach them for the provision of basic needs²².

2.4 FRAMEWORK FOR RESPONDING TO THE ISSUE OF ORPHAN AND VULNERABLE CHILDREN

Smart (2003) outlines a number of model frameworks for responding to orphan and vulnerable children, three of which are summarised below:

2.4.1 Family Health International (FHI)

Family Health International developed a set of activities to achieve the objective of improving the well-being and protection of orphan and vulnerable children and families and reducing the burden of HIV/AIDS on these children and their families.

The activities suggest a useful framework that could be used by countries, ministries and donors. They cover:

- Conducting assessments and supporting participatory strategic and program planning;
- Strengthening community mobilisation to increase the capacity of communities to identify vulnerable children and to design, implement, and monitor their own orphan and vulnerable children support activities;
- Fostering community based care and support of orphan and vulnerable children;

²² Drew, *et al.* (1998) in dissertation prepared by Reed, D. (2001). Going beyond 'islands of excellence'? NGO scaling-up: possibilities, constraints & opportunities. Case study of a child welfare NGO, in the light of the HIV/AIDS epidemic in Southern Africa.

- Integrating orphan and vulnerable children with home based care, voluntary counselling and testing and mother-to-child transmission prevention activities;
- Strengthening medical care, including home-based care, for children living with HIV/AIDS;
- Providing training and support for individual counselling and succession planning for children affected by HIV/AIDS;
- Supporting comprehensive, culturally appropriate psychosocial and community safety nets;
- Supporting child-headed households and children as caregivers;
- Supporting interventions to reduce institutionalisation and abandonment of children; and
- Monitoring and evaluating orphan and vulnerable children programmes.

Should these activities form the basis of a framework for action, it is proposed that three additional aspects be added, namely, emphasis on creating an enabling environment, reducing discrimination, and preventing parental infection.

2.4.2 Children on the Brink 2002

Children on the Brink (2002) present five strategies for intervention. These are:

- Strengthening and supporting the capacity of families to protect and care for their children;
- Mobilising and strengthening community-based responses;
- Strengthening the capacity of children and young people to meet their own needs;

- Ensuring that governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children; and
- Raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS.

The strategies presented by Children on the Brink recognise the need to raise awareness, mobilise responses at different levels, and strengthen those responses within an enabling legal, policy and programmatic framework (Smart 2003).

2.4.3 The Rapid Appraisal

The Rapid Appraisal of children living with HIV/AIDS in South Africa proposes a framework for action for orphan and vulnerable children consisting of the following ten elements:

- Multi-sectoral policy development
- Advocacy
- Mainstreaming HIV/AIDS and children' issues into key programme and development areas;
- National and provincial capacity building;
- Local and community capacity building;
- Building capacity in children;
- Establishing priority needs across a continuum from prevention to care and support;
- Research;
- Project and programme development; and

- Mobilising and coordinating the response.

The common elements in the frameworks put forward by FHI, Children on the Brink and the Rapid Appraisal framework focus on enabling legal, policy, and programmatic framework that addresses stigma and discrimination and facilitates initiatives at all levels – community, local, provincial and national – and that is developed consultatively and based on research. In addition the emerging common framework proposes advocacy, awareness, and mobilisation activities and strengthening individual, family, community, and also sectoral responses that are holistic in nature, need-driven, and mainstreamed into broader development programmes (Smart 2003).

2.5 AN OVERVIEW OF SOS CHILDREN'S VILLAGES

One of the largest child welfare NGOs in the world is the SOS-Kinderdorf International. Set against the challenges faced by children and young people in Southern Africa, SOS-Kinderdorf International was created in an effort to provide a permanent home and stable environment to children who have lost their parents or who are no longer able to live with them. SOS-Kinderdorf International serves hundreds of thousands of men, women and children each year through its Villages, Schools, Social Centres and Relief Programs. SOS-Kinderdorf International's main contribution to the needs of children and young people has largely been the care of orphans through its children's villages. These projects are based upon the SOS Children's Villages model, as developed by the organisation's founder, Hermann Gmeiner (Reed 2001).

According to this model, SOS Children's Villages provides care and support to orphaned and abandoned children based on four principles. Reed (2001) summarises these principles as follows:

- **The Mother.** Every child is given a Mother and thus someone to turn to at all times. She lives in a family house with the children entrusted to her care and gives them love and security. As a child-care professional, she lives together with her children, guides their development, and runs her

household independently. She recognises and respects each child's family background, cultural roots and religion.

- **Brothers and sisters:** Boys and girls of various ages grow up together as brothers and sisters. Siblings are not separated; they live in the same SOS Children's Village family.
- **The House:** Every SOS Children's Village family has a house of its own. The familiar atmosphere of a home of their own encourages bonding within the families. Children grow and learn together, sharing responsibilities and all the joys and sorrows of daily life.
- **The Village:** SOS Children's Village families live together, forming a supportive village environment so that the children enjoy a happy childhood. The families share experiences and offer one another a helping hand. They also live as integrated and contributing members of the local community. Through his or her family, village and community, each learns to participate actively in society.

The main goal of SOS Children's Villages is to prepare and equip children for an independent future. This is done in order that the children can be integrated into their local community as adults.

2.5.1 Facilities and beneficiaries of SOS Children's Villages

With headquarters based in Austria, SOS Children's Villages has extended to over 131 countries on six continents and has established a total of 1613 facilities in the following categories²³:

- **SOS Children's Villages** give a home and family to those children who need it most.

²³ Categories of facilities accessed from <http://www.sos-childrensvillages.org/>

- **SOS Youth Facilities** enable youngsters to take the first steps towards self-reliance within the security of the SOS Children's Village infrastructure.
- **SOS Kindergartens** are built together with the SOS Children's Villages wherever such facilities did not exist. Today more than 17,000 children enjoy attending over 230 SOS Kindergartens worldwide.
- **SOS Hermann Gmeiner Schools:** SOS Children's Villages builds schools that are open to both the children from the village and the neighbouring communities.
- **The SOS Vocational Training Centres** are an important building block to continuing the training children receive in school--preparing them for life as an adult.
- **SOS Social Centres** help in a number of ways: from communicating vital knowledge and teaching skills, to counselling, supervision and even specific therapies. For all these services priority is given to local people who are struggling to cope with life.
- **SOS Emergency Relief Programmes** are humanitarian actions that are carried out quickly and without a lot of red tape by SOS Children's Villages to help suffering people in areas affected by war, crisis or disaster.

Table 1.1 summarises the number of facilities and beneficiaries in each category as follows:

Table 1.1 Facilities of SOS Childrens' Villages²⁴

Type of facility	Number	Beneficiary 2002/2003
SOS Childrens' Villages	438	43 500
SOS Youth Facilities	342	9 750
SOS Kindergartens	262	21300
SOS Hermann Gmeiner Schools	173	81 000
SOS Vocational Training Centres	121*	81000
SOS Social Centres	210	72000
SOS Medical Centres	56	370000
SOS Emergency AID Programmes	10	**10 500

* Excluding 12 vocational Training Centres for co-workers

** Not including 260 000 check-ups and services provided at the SOS Emergency Clinic at Mogadishu, Somalia 2003

2.5.2 SOS Childrens' Villages in Southern Africa

According to Reed (2001) there are 21 SOS Children's Villages in Southern Africa (which includes Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) caring for 2,710 orphaned and abandoned children and young people. Of these children and young people, only a small minority are *known* to be HIV-infected or otherwise HIV/AIDS-affected.

Supporting the work of the children's villages in these countries are 47 educational facilities, 2 social centres, 6 medical centres and 5 emergency relief programmes. While these projects provide services to more than 47,500 members of surrounding communities, they have also not been utilised as part of a concerted response to the epidemic (Reed 2001). However, the Southern African SOS Children's Village in Mamelod is in the process of planning to extend services to the community in order to address the HIV/ AIDS pandemic.

²⁴ Table 1.1 is accessed from <http://www.sos-childrensvillages.org/>

CHAPTER 3

THE RESULTS OF THE HOUSEHOLD SURVEY IN MAMELODI

3.1 INTRODUCTION

One of the primary objectives of the study into orphan care in Mamelodi was to gather information about the attitudes and knowledge of the general population to orphans in general and the situation around orphans and their care in Mamelodi. To accomplish this objective it was decided to conduct a relatively small sample based household survey in Mamelodi, using a questionnaire approach.

A secondary objective of the survey was to use the information generated by the survey to augment the results of the 2001 population census. From census data it is possible to obtain general demographic and socio-economic information of a population under study. Typically, censuses do not collect detailed information on specific topics, for example the care of orphans, but census data provide valuable background information. Detailed information about smaller geographic regions collected during Census 2001 has not yet been made available (January 2004) but should become available for general public use in the near future.

The protocol of the study was presented to the Ethics Committee of the HSRC including the questionnaire and consent forms that had to be signed by participating household heads.

3.2 METHODOLOGY OF THE HOUSEHOLD SURVEY

3.2.1 Development of the questionnaire

After meeting with representatives of SOS Children's Village to establish their needs, a short questionnaire was designed (see Appendix A). The information collected by the survey included socio-economic and demographic information, e.g. the profile of households and household heads and the prevalence of orphans. This was done by means of a household schedule in which all members of participating households were listed alongside key demographic characteristics. The questionnaire also included general attitudinal questions on the vulnerability of

children, the extent of the orphan problem in Mamelodi, the willingness to care for orphans and views on the different orphan care and support models. The questionnaire also included a number of socio-economic variables, in order to make a comparison with the results of the 2001 census, if required. Nonetheless, it was decided to keep the questionnaire as short as possible in order to reduce refusal rates during the survey.

3.2.2 Design of the sample

The study population of this survey was the household population in Mamelodi. Excluded was the hostel and institutionalised population¹. One hundred and sixty households in Mamelodi were selected by means of a systematically drawn sample. A sample of this size should provide enough cases to provide generalisations on the opinions and attitudes of respondents and of household profiles in Mamelodi.

Initially it was planned to conduct the survey among 250 households in Mamelodi. Limited funds to conduct the study proved to be a serious constraint. Subsequently the size of the sample was reduced to 160 households allowing the study to continue. Although the scale of the study is small in comparison to other large household surveys, the fact that the study was confined to only Mamelodi was comforting in terms of the validity of the results. However, the sample may be too small to provide an exact estimate of the orphan problem in Mamelodi.

The sample was drawn in the following way:

- Enumeration areas (EAs) demarcated by Statistics South Africa for the 2001 population census served as the primary sampling units (clusters) for this survey.
- To increase the representivity of the sample, it was decided to conduct a limited number of interviews in each EA or cluster and rather increase the

¹ More detailed information about the population of Mamelodi became available only after the sample was drawn. According to the results of the 2001 census, Mamelodi was home to 131 669 males and 124 448 females, a total of 256 118 persons.

number of clusters/EAs. In each cluster five (5) households were selected. In total 32 clusters/EAs were included in the sample.

- Statistics South Africa supplied the HSRC with a complete list of enumeration areas in Mamelodi. Their location was indicated on a map of the township. In order to draw the 32 selected EAs a systematic sampling approach was used. By dividing the number of EAs (32) required for the SOS study into the total number of EAs in Mamelodi, an interval was obtained. The selection of the EAs for the SOS Children's Village study then became relatively straightforward. Using a random starting point, EAs were selected at the required interval until the total of 32 EAs were drawn. The selected EAs were representative of "old" Mamelodi, the newer areas as well as of the numerous informal settlements in the area.
- Statistics South Africa provided the HSRC with a photomap of each of the 32 selected EAs. On each photomap the boundaries of the EA were clearly indicated. In addition, the photomap made it possible to identify each dwelling in the EA. This made it possible to count the dwellings, select them and eventually visit each selected dwelling.
- The specific households included in the sample were drawn as follows: For each of the selected EAs, the number of dwellings within the boundaries of each EA were counted using the large-scale photomaps supplied by Statistics South Africa. The quality of the maps was good which assisted in an accurate dwelling count. An interval value was obtained by dividing the counted number of dwellings in each EA with five. A random starting point was used to select the first dwelling in an EA. The next four dwellings were selected using the calculated interval. Each of the five selected dwellings in each EA was marked on the photomap.

3.2.3 Recruitment and training of the interviewers

Five interviewers were recruited to conduct the interviews at the selected households. These fieldworkers were experienced interviewers and knew Mamelodi well. Researchers of the HSRC trained the interviewers in the use of the questionnaire and how to use the maps to visit the correct dwellings over a

period of two days. The male interviewers were specifically assigned to EAs falling within the informal suburbs of Mamelodi.

3.2.4 Data collection

The interviews were conducted over a period spanning two weeks in September/October 2003. Interviewers were instructed to contact the researchers whenever they encountered any problems in selecting the correct houses or any other matter for advice. The survey was concluded without encountering any major problems. Only one household refused to be interviewed.

3.2.5 Data entry

The completed questionnaires were sent to a data capturing company for data entry and the creation of an SPSS data set. Upon completion of this task, the HSRC IT section conducted a quality control test on a sample of questionnaires. No errors were found in the data as entered.

3.2.6 Data analysis

Analysis of the data was undertaken by means of the SPSS statistical package. Frequency and two-way tables were generated using the data set.

3.3 RESULTS OF THE SURVEY

3.3.1 Characteristics of the household population

It is useful to consider the characteristics of the survey population, i.e. those people living in households in Mamelodi (excluding the hostel population as well as other institutional establishments) as a better understanding is gained of this population, i.e. who they and how they live. This provides background to and also assists one to understand what they may think.

Sex composition

The majority of the household survey population was female (53,4 %) while males made up 46,3 % of the population. Another way to express this is by means of

the sex ratio. In the sample of households selected for this study, the sex ratio was 87 (for every 100 females there are 87 males).

The 2001 census results indicate a sex ratio of 105 in Mamelodi. However, the census results included a large hostel population, primarily men, not included in the sample. Excluding the male hostel population, the sex ratio declines somewhat to 100. Either the SOS Children's Village Mamelodi survey failed to include some men in the households or that the census missed women or over-counted the men.

Age composition

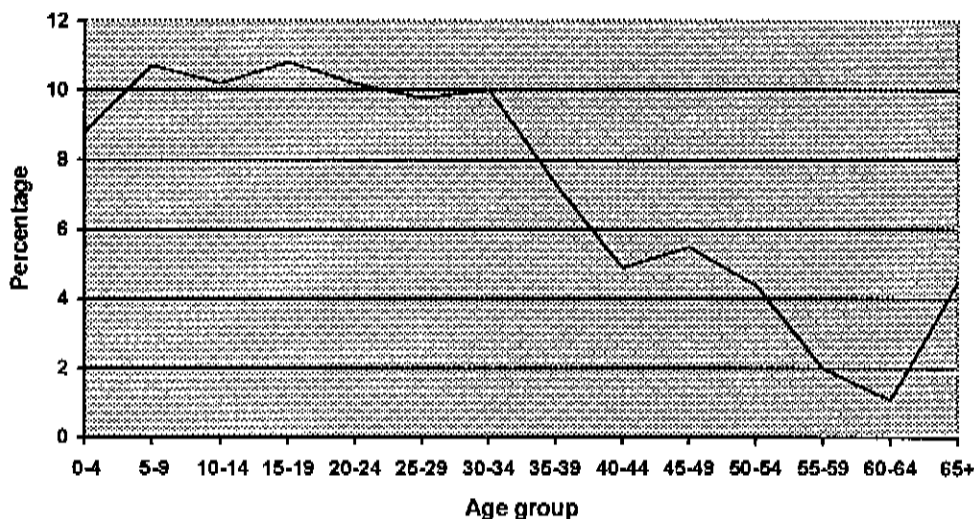
In terms of age, the household population of Mamelodi was a relatively mature population. Classifying the population of Mamelodi by broad age category, it is evident that the majority falls within the so-called productive age range of 15-64. The dependency ratio of the Mamelodi was only 52, meaning that for every 100 persons in the "productive age group" there are 52 in the dependent age groups of 0-14 and 65+.², indicative of a population that is aging as a result of a lowering of fertility rates. This urban population can therefore not be compared to rural communities typified by youthful populations and high fertility rates. The population of Mamelodi is "urban" in nature having passed through the demographic transition.

<i>Age group</i>	<i>Percentage</i>
0-14	29,7
15-64	65,8
65+	4,5

Figure 3.1 is a schematic presentation of the age and sex structure of the household survey population. The line diagram indicates the proportionate distribution of each age group. In this figure the concentration of the population in the early adult ages is apparent.

² The dependency ratio calculated from the 2001 census results indicates an even lower dependency ratio of 38. This is as a result of the inclusion of the hostel population. The hostel population is found in the working ages, thereby increasing the proportion of the population the "productive" ages.

Figure 3.1: Age distribution of the Mamelodi population



Educational attainment

The educational level of residents, age 18 and older, is shown in Table 3.1. The household survey population was by and large an educated population. Only approximately one tenth of the adult population reported an education level of less than grade 6. About one third of the population completed Std 10/Grade 12 while another 14 % had a post-school qualification or were busy with studies for such qualifications. No large gender differentials existed in educational attainment. 91 % of children who were between the ages of 6 and 18 years (both ages included), were attending an educational institution.

Table 3.1: Education level of the population 18 years and older

<i>Education level</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
No education	2	2	2
Grade 1-grade 5	7	11	9
Grade 6-grade 8	15	15	15
Grade 9 – grade 11	25	22	23
Grade 12	35	28	31
Diploma or busy with further studies	5	12	9
Degree	6	4	5
Not known/not specified	5	5	5
Total	100	100	100

Prevalence of disabilities

According to the responses obtained during the survey, about 6 % of the household population were listed with some kind of disability. Nearly three quarters of these persons were listed either as physically, mentally or intellectually handicapped while those with sight, speech, hearing and other impairments made up the other quarter of disabled persons (in total 1,5 % of the household population).

3.3.2 Vulnerability of children

In order to ascertain possible risk factors that make children vulnerable in Mamelodi, respondents in the survey were asked to provide their views on whether children in Mamelodi are at risk of a range of factors. The responses are presented in Table 3.2

**Table 3.2: Are children in Mamelodi at risk to specific risk factors?
(Percentage)**

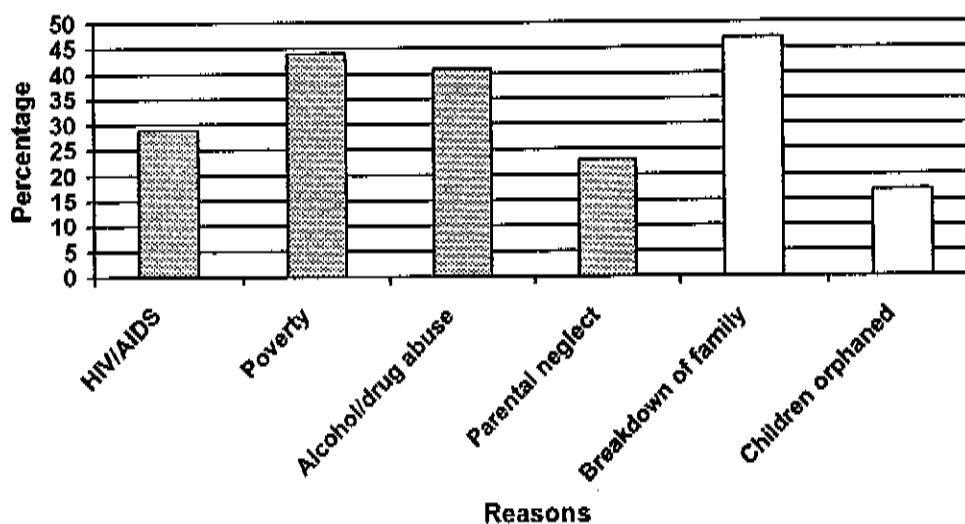
<i>Risk factor</i>	<i>Respondents who were of the opinion this specific risk factor is found in Mamelodi</i>	
	Yes	No
Hunger	54	46
Malnutrition	11	89
Exploited to do work	19	81
Drug and alcohol use	66	34
Emotional abuse	13	87
Physical abuse	27	73
Sexual abuse	34	66
Other	10	90

Two thirds of respondents were of the opinion that alcohol and drugs in Mamelodi is a factor that places children at risk. More than half of respondents also thought that hunger is a risk to children. Thirty four percent of respondents also held the opinion that children were at risk of sexual abuse, while a quarter mentioned physical abuse.

Respondents were also asked about the occurrence of these risk factors in Mamelodi. The overwhelming majority (85%) of respondents were of the opinion that these risks (one or more) occur frequently in Mamelodi while 13% were of the opinion that these risks occur sometimes.

Respondents were then asked what are the underlying reasons why children are at risk of a variety of factors (see Figure 3.2). The three main reasons listed by respondents why children could become at risk of neglect or abuse in Mamelodi was poverty (44 %), drug and alcohol abuse (41 %) and the breakdown of families (47 %).

Figure 3.2: Reasons why children are at risk of being neglected/abused



3.3.3 Orphans In Mamelodi

Prevalence of orphans

Respondents were asked to indicate whether the biological mother and the biological father of children younger than 19 years were still alive. If the parents had died, that fact was indicated on the questionnaire. According to the results of the survey, the biological mother of 2,4 % children aged 0-5 had died while 15,5 % of children 12-18 lost their mother (Table 3.3). For the age group 0-18 the maternal orphan rate in Mamelodi was 8,8 %. Significantly higher paternal orphan

rates were reported in the survey. For instance, it was reported that 22,4 % of children age 12-18 lost their biological father. However, such high rates must be viewed with caution. The South African Demographic and Health Survey of 1998 found high rates of illegitimate births (nearly 50 %). These children grow up without their father being present or not having any contact with him, and therefore may be under the impression he is no longer alive.

Table 3.3: Orphan prevalence rates by broad age group in Mamelodi (Percentage)

Age category	Maternal orphans	Paternal orphans	Double orphans
0-5	2,4	11,9	1,2
6-11	6,3	15,7	5,2
12-18	15,5	22,4	11,2
0-18	8,8	17,2	6,4

Besides orphans, general rates of fosterage are relatively high in Mamelodi. About 15 % of children under the age of 16 did not live in the same dwelling as their biological mother, while the proportion who did not live in the same dwelling as their father stood at nearly 48 %. The reasons for this phenomenon are multi-faceted and include, besides the death of parents, out-of-wedlock births, the brake-up of families, labour migration, children being sent away to attend educational facilities and the like.

To understand the living circumstances of orphans, a more detailed analysis was made of a specific group of orphans, namely those children 18 years and younger who lost their biological mother (also known as maternal orphans). During the survey, 26 children or 8,8 % of the entire age group 0 to 18, were reported as being maternal orphans. The majority of these children were being cared for by grandparents, or were taken in as adopted or foster children by unrelated persons. Some were living with other relatives. (Also see Section 3.3.5 that provide some details of the caregivers/household heads).

The results of the survey showed that these orphaned children were resident in 14 (or 8,8 %) of households covered during the survey. On average the household size of those households with orphans was 6,5 people, compared to an average household size of 4,77 people for all households covered in the survey. Thus taking in orphans increases the size of the household, impacting on the burden of maintaining the household, all other factors being equal. Thus, such households may require additional support.

It also follows that a number of households were taking care of more than one orphan at a time. The results of the survey indicate that six households were taking care of only one orphan; four of the households were taking care of two orphans, while four households had three orphans. To generalise, in 5 % of households surveyed, two or more orphans were present. This indicates a fair amount of concentration of orphans among households. A household that is taking care of one orphan is more likely to take in a second and third orphan as well. This phenomenon has certain positive programme implications. For instance, once orphan caring households have been identified for support, it is logistically easier to support the same number of orphans if they are concentrated among fewer households.

The "orphan issue"

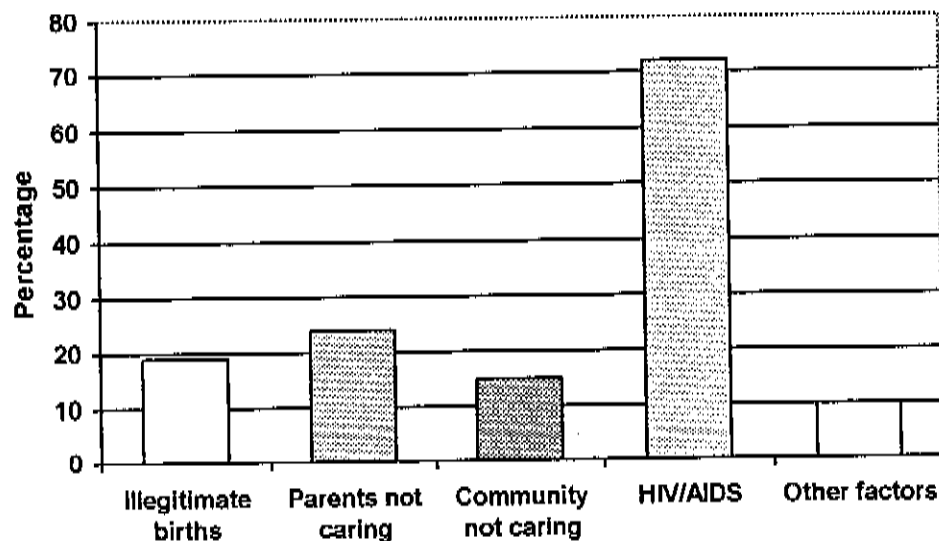
To obtain a general measure of how the community of Mamelodi views the issue of orphans, respondents were asked if, in their opinion, orphans are a serious social issue in Mamelodi and whether the number of orphans had increased in recent years. The majority of respondents (87 %) viewed orphans as a serious social issue in Mamelodi, while 91 % of respondents were of the opinion that the number of orphans around had increased in recent years (Table 3.4).

**Table 3.4: Perceptions regarding orphans
(Percentages)**

	<i>Do you believe orphans are a serious social issue in Mamelodi?</i>	<i>Are you of the opinion that the number of orphans has increased in recent years?</i>
Yes	87	91
No	8	5
Don't know	4	3

Respondents were then asked the reasons for the increase in the number of orphans (see Figure 3.3). Respondent could give multiple responses when answering. Nearly three quarters of respondents mentioned HIV/AIDS while "Parents not caring" was seen as a reason by just less than a quarter of respondents. The seriousness of the demographic and social impacts of HIV/AIDS is clearly recognised by the inhabitants of Mamelodi.

Figure 3.3: Reasons for the increase in the number of orphans



3.3.4 Taking care of orphans

To ascertain the views of the respondents about the care of orphans, they were asked who should take care of the orphans in their community. Respondents were provided with a list of potential caregivers, and the respondents had the

option of selecting one or more of the answers. The results are presented in Table 3.5.

**Table 3.5: Preferred orphan caregivers
(Percentage)**

<i>Preferred caregiver</i>	<i>Positive responses</i>	<i>Negative response</i>
The government	82	18
The community in general	31	69
Churches	16	84
Private/NGO welfare services	21	79
Family of orphans	28	72
Concerned citizens	9	91

Eighty two percent (82%) of respondents voiced their opinion that the government should be responsible for taking care of orphans. Nearly a third of the respondents also said that the community in general has a responsibility to care for orphans, while about 28 % of respondents said the families of the orphans should take the responsibility of caring for them. Only 21 % voiced an opinion that private/NGO welfare services should look after orphans while about a sixth of respondents mentioned the churches as institutions that should be taking care of orphans. The fact that such a high proportion of respondents were of the opinion that the government should take care of the orphans has certain policy implications, both in terms of actual practice but also in terms of the perceptions of the man on the street.

Respondents who said they knew of orphans in their community were asked who was taking care of these orphans (see Table 3.6). The overwhelming majority of orphans known to respondents in this study were being cared for by family members of orphans (84 %) while the remaining 16 % of orphans were cared for by government welfare services, private/NGO welfare services, unrelated persons to the orphan who receives a government child support grant, etc. The reported responses about who was taking care of orphans should be interpreted with care as the typical household respondent would not necessarily come into contact with orphans in institutions and would therefore not know them.

**Table 3.6: Orphans caregivers known by the respondents
(Percentage)**

<i>Caregivers</i>	<i>Known to respondent</i>
Family members of orphans	84
Church organisations	1
Care givers receiving government grants	4
Government welfare services	7
Private/NGO welfare services	4
Total	100

3.3.5 Characteristics of caregivers in the household survey

Orphans, defined as children who lost their mother, were present in 14 households covered by this study, i.e. in 8,8 % of households. It is important to know the circumstances these children are living in. But equally important is to know something about their caregivers.

The survey found that households with orphan members were only staying in dwellings made from bricks. This could be an indication that the typical shack dwelling does not have enough space for additional members and that orphans are sent to, or taken in by households living in larger dwellings.

The majority of orphan caring household were female headed. Ten of the fourteen households taking care of orphans were headed by females (71 %). By and large, the household heads of those households taking care of orphans were found in the older age categories. Half of the household heads caring for orphans were 55 years or older while more than a third were older than 65 years (Table 3.7).

These findings have certain policy and programme implications. It would appear that in Mamelodi, similar to other examples reported in the literature, the burden of taking care of orphans are falling disproportionately on the shoulders of grandmothers. Many of these households would need additional support to take care of the orphaned children. Innovative ways should be developed to assist these households, many of which are receiving only old age grants or foster grants.

**Table 3.7: Age distribution of Mamelodi caregivers
(Percentage)**

<i>Age group</i>	<i>Number</i>	<i>Percentage</i>
Up to 44 years	2	14
45-54	5	36
55-64	2	14
65+	5	36
Total	14	100

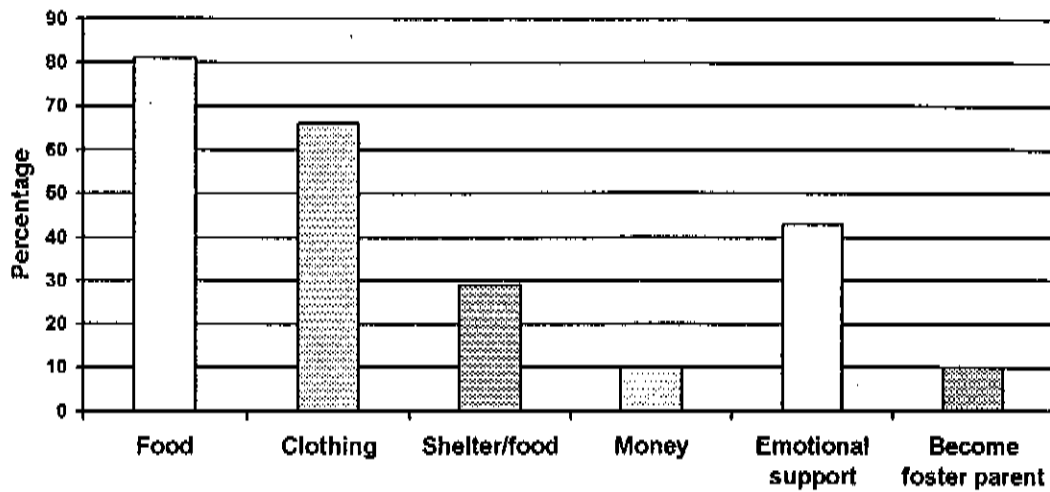
Given the gender and age distribution of the household heads taking care of orphans, it is not surprising that only three of them (about 21 %) reported having an education qualification of standard 10 or higher.

3.3.6 Perceptions of the willingness of the community to assist orphans in need

To assess the extent to which community members in general would be willing to assist in taking care of orphans, respondents were asked whether they thought people in Mamelodi were willing to assist in caring for orphans. In total 48 % of the respondents in the study thought that people in the community would be willing to assist while about 38 % were of the opinion that people in the community would not assist. About 14 % of respondents said they were unable to say.

Those respondents who were of the opinion that people in the community would assist in caring for orphans were then asked what kind of assistance would people in the community be willing to offer to assist in caring for orphans. Their answers are graphically displayed in Figure 3.4. The respondents who thought the members of the community would assist in the care of orphans were more likely to mention the provision of food (81 %), clothing (66 %) and the provision of emotional support (43 %). A much smaller proportion of respondents thought that people would provide shelter, food and clothing i.e. a home (29 %) or by giving financial assistance or becoming a foster parent (10 %).

Figure 3.4: Type of assistance the community is willing to give orphans



As a general question respondents were asked what they think the main reasons were why people may be reluctant to become involved in the care of orphans. The results in Table 3.8 shows that monetary factors were seen as the major constraint in taking care of orphans in Mamelodi. More than two-thirds cited monetary costs, while nearly a third said they think people do not have enough space in their houses to take in additional children. About a quarter was of the opinion that the main reason was that people do not care.

Table 3.8: Main reasons why people in Mamelodi may be reluctant to become involved in the care of orphans (Percentage)

<i>Main reason</i>	<i>"Yes" response</i>	<i>No answer/ Not sure</i>
People do not care	26	74
Not enough space in dwellings	29	71
Monetary costs	67	33
Do not know of orphans in need of care	15	85
Bureaucratic hurdles	16	84

3.3.7 Respondents willing to assist an orphan in need

Proceeding from the above general questions about people in the community, we then asked respondents directly whether they would be willing to assist an orphan

in need. Importantly, eighty one percent (81%) of respondents stated that they would be willing while only 10 % said no. A further 9 % said they couldn't say at this stage.

The next question was directed at those respondents who stated that they are willing to provide assistance to an orphan in need. We wanted to know what kind of assistance were these respondents willing to give. A fairly similar pattern emerged compared to the answers to what kind of assistance people in the community would be prepared to give, albeit at a lower level (see Table 3.9). More than half of these respondents, were willing to offer assistance in the form of food, clothing or emotional support. Only 9 % of respondents were willing to give financial assistance, while 11 % stated that they were willing to become foster parents of an orphan. However, surprising was the fact that a quarter of respondents were willing to provide shelter, food and clothing to an orphan in need. Given high levels of financial want and poverty in Mamelodi, the low rate of willingness to provide money to assist an orphan is not unexpected.

However, there is a willingness on the part of a substantial group of people in the community to provide substantial assistance to orphans by either providing a shelter or even by becoming a foster parent. This goodwill in the community should be utilised when devising strategies, options and plans for the care of orphans in Mamelodi.

Table 3.9: Type of assistance offered by those respondents willing to assist in the care of an orphan in need (Percentage)

<i>Potential care taker</i>	<i>Positive response</i>	<i>No answer/ Unsure</i>
Provide food	60	40
Provide clothing	55	45
Provide shelter, food, clothing	27	73
Provide financial assistance	9	91
Provide emotional support	50	50
Prepared to become a foster parent of an orphan	11	89

3.3.8 Knowledge of organisations taking care of orphans

Respondents were then asked about their knowledge of organisations that take care of orphans. From the findings of the survey it would appear if SOS Children's Village enjoyed remarkably high recognition in Mamelodi. Both prompted and unprompted answers showed very high proportions of respondents knowing about SOS Children's Village and their activities (68 % and 83 % respectively). Compared to SOS Children's Village, knowledge of other organisations was low. Table 3.10 shows that even government welfare services were only known as orphan care institutions by a minority of the respondents (13 % and 20 %).

This would indicate that SOS Children's Village enjoys very high levels of recognition in Mamelodi and that its activities, geared to the care of orphans, are well known in the community.

Table 3.10: Knowledge of organisations taking care of orphans

<i>Organisations</i>	<i>Unprompted answers</i>	<i>Prompted answers*</i>
Church organisations	11	9
Government welfare service	13	20
Christelike Maatskaplike Raad	1	1
Save the children	2	1
SOS Children's Village	68	83
Other	7	

3.3.9 Knowledge and access to government social grants

Respondents were also asked about the availability of government grants to take care of orphans. Nearly four out of ten (39 %) of respondents knew that a person could get a grant to take care of an orphan. However, this result also shows that more work needs to be done to market the availability of, for instance, foster child grants.

Besides knowing that a grant is available, bureaucratic hurdles are also important factors hindering the uptake of social grants. To find out if respondents will be able to access a grant to take care of an orphan, the respondents who indicated

that they were aware of a grant to take care of orphans were asked where could the forms be found to apply for such a grant. The results are presented in Table 3.11. It would appear that respondents in Mamelodi had a fairly accurate knowledge of accessing forms to apply for social grants. Not knowing where to get forms did not appear to be a major constraint from preventing people who know of such grants to access them.

**Table 3.11: Facilities to apply for a grant to take care of an orphan
(Percentage)**

<i>Place</i>	<i>Yes</i>	<i>No</i>
Post office	15	85
Bank	8	92
Magistrates court	39	62
Dept of Welfare offices	94	6
Pay Point	19	81

3.3.10 Receipt of government social grants

In the survey, respondents were also asked which members receive a government grant, and if so, what kind of grant are they receiving. In total 8,7 % of the household population received a government grant. Of those receiving grants, about a third were old age grants. The majority of government grants paid out were for child support (more than four out of every ten reported grants).

Government grants play a role in providing important resources to many households, enabling them to care for orphans. As already indicated, a sizable proportion of households caring for orphans can be described as "granny households". The old age grants received by these heads in all probability play an important function to care for the children under their care.

Interestingly, about 1,9 % of households in Mamelodi received a foster care grant. In this study one household received three out of the five reported foster care grants – indicating a situation where a household was absorbing orphans.

CHAPTER 4

THE RESULTS OF FOCUS GROUP INTERVIEWS

4.1 INTRODUCTION

This chapter contains the responses of focus group discussion with the various stakeholders in Mamelodi. After meeting with representatives of SOS Childrens' Village, it was agreed to conduct five focus groups with teachers, caregivers, parents, community leaders and social workers. Focus groups were conducted to augment the household survey data and to elicit more contextual information regarding the care and support of orphans in Mamelodi

All the procedures that were to be followed in conducting the focus groups were presented to the Ethics Committee of the HSRC, including the focus group schedule, in-depth interview schedule and consent forms (See Appendix D) that had to be signed by participants.

4.2 METHODOLOGY UTILISED IN THE FOCUS GROUPS

Qualitative research, broadly defined, means "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification" (Strauss and Corbin 1990). Whereas quantitative research depends on the selection of a random and representative sample from the larger population, purposive sampling dominates sampling strategies in qualitative research.

According to Krueger (1988) a focus group is defined as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. The HSRC team worked closely with SOS Children's Village staff to assist in the identification of the key focus groups. Given the constraints of a limited budget, it was then agreed to conduct five (5) focus group discussions, consisting of ten participants each, with community leaders, social workers, caregivers, parents and teachers.

As far as the identification of participants is concerned, a fieldworker familiar with Mamelodi was requested to recruit suitable participants who would be able to generate free-flowing discussions about orphan care and support. As the study was not aimed at statistical representivity, a purposive sample of participants willing to share ideas about orphan care and support formed the focus of the qualitative study. To ensure that participants are not coerced into participating in the research study, consent forms were designed and were signed before the group discussions commenced. Furthermore, the principle of anonymity and confidentiality of their responses were stressed. During the focus group discussions, the researchers made it clear to all the participants that there were no right or wrong answers, that they were free to respond in their own home language and that the researcher was interested only in their viewpoints and that it was therefore imperative that they answer each question as honestly as possible.

The focus groups discussions were used as supplementary sources of data for the survey research to obtain more contextual information regarding the care and support of orphans. Discussions in the focus groups were directed by making use of a pre-designed focus group schedule (See Appendix B). Convenient locations were selected for the focus group discussions. The researchers moderated the focus groups. A tape recorder was used to capture all the discussions. The results of these focus groups were transcribed for use as source material of the main report.

The discussions centred on the various issues related to orphan care and support.

- First was a general description of the community of Mamelodi, indicating who forms part of this community and who doesn't, and also the most important role-players in this community as well as the social, economic, political, educational issues confronting this community. Family structures, parental practices, living arrangement of children and family assets as found in this community were discussed to further our understanding of how these may facilitate, prevent, inhibit or discourage orphan care and support.

- Secondly the discussion centred on the definition of an orphan, immediate needs of an orphan, survival mechanisms available to orphans and how orphan care and support is practiced in this community by inter alia the extended family, NGOs, institutions and the state. This was followed by a discussion on the best and preferred model of orphan care and which model was mostly likely to succeed.
- Lastly the discussion focused on long-term family based care where orphans and vulnerable children are cared for in their own communities. The strengths, weaknesses, opportunities and threats of this model were discussed in detail.

4.3 DESCRIPTION OF THE COMMUNITY OF MAMELODI

The following section is a summary of the views expressed by the participants of the focus groups. Mamelodi is broadly divided into two main sections, namely Mamelodi East and Mamelodi West. Other sections include Mahube Valley, Mamelodi Gardens and Mandela informal settlement. Young adults, married or single, mostly occupy these areas. The majority of the community of Mamelodi reside in brick houses while some live in shacks. These shacks are found mostly in the informal settlements. Some of the people occupying the informal settlement are seen as illegal residents.

The community of Mamelodi consists of different ethnic groups like Sotho, Tswana, Pedi, Ndebele, Zulu, Xhosa, Tsonga and Venda. Although there are different languages, the most spoken language is Sesotho, (South Sotho, North Sotho and Setswana). However, coming from different ethnic backgrounds does not deter the inhabitants of Mamelodi from living together harmoniously. The residents from Mamelodi came from different origins, e.g. Lady Selbourne, Eastwood and Eersterus.

In their description of Mamelodi, the majority of participants raised the following issues:

- Mamelodi has a high crime rate, while poverty, unemployment and illnesses are pervasive. On the positive side Mamelodi has recreational facilities, stadiums, churches and community centres.
- Christianity is the dominant religion in this community and some participants believed that the church plays a role in keeping the community together. Some community members are willing to help each other, whereas others believe in the principle of "*...everyone for himself but God for us all*".
- The educated members of the community have a tendency of not sharing information with the non-educated members. Many children of school going age in Mandela section are not attending school compared to other sections of Mamelodi.
- Community members do not care for each other anymore because they believe "*that is a thing of the past*". High cost of living and the unemployment are accelerating this behaviour.
- Some participants perceive leadership as inactive. They emphasised that there is poor communication between the community leaders and the community. As one caregiver indicated, "*...although they do exist, people do not know them very well and the community has no contact with them*".

4.4 TYPICAL FAMILY STRUCTURES AND PARENTING PRACTICES IN MAMELODI

Two types of family structures are found in Mamelodi namely nuclear families and extended families. Nuclear families are predominant in new settlements while extended families are found in older sections of Mamelodi. A typical family structure in Mamelodi is a home with a mother, father and children. "*A real father*

who takes care of the family not in name only". Traditionally the head of the family is the father and in his absence then the mother. In most cases grandparents as well as women whether married or not, keep families together. Some of them care for orphans and children who are not their own. In the Mandela section (an informal housing area) many households are headed by women who come from rural areas with intentions of finding jobs. As some of these women cannot find employment they remain burdened by responsibility of providing for their children. There are however, households headed by children whose parents are dead.

It is evident from the various focus groups that the families in Mamelodi do not only raise their own children, but care for other children and orphans, related or unrelated to them.

4.5 ALTERNATIVE LIVING ARRANGEMENTS FOR THE CHILDREN

Participants in the various groups generally agreed that parents in Mamelodi do not make provision/provide alternative living arrangements for their children in the event of their own death. Death is seen as a sensitive issue and a taboo to discuss. One of the teachers stated: *"We don't like discussing death...it is not easy for me to sit down and decide who is going to take care of my children when I am gone"*. Lack of finances also makes it difficult for families to make the necessary arrangements for their children.

The tendency not to plan/make arrangements for the care of children in the case of the death of a parent(s), leaves such children vulnerable as they are normally left to fend for themselves or are placed in the care of relatives' where there is sometimes also not enough to live from. In some situations, the remaining family members decide on who should take care of the orphans. In the majority of these situations, relatives from the mothers' side take responsibility to care for the orphans.

There are also parents who make alternative living arrangements. Some do it through life insurance policies while others draw up wills before they die. For

other parents, arrangements are in the form of money. In most instances this money does not last long enough to sustain orphans.

It also emerged from the discussions that the participants were of the opinion that educational level and financial status plays an important role in making alternative living arrangements. As one of the social workers mentioned: "...it depends on your educational background or the status of your work...But if you look at the majority of people, there is no such preparation because of poverty."

4.6 FAMILY ASSETS

Participants in the focus group discussions pointed to a number of issues surrounding family assets upon the death of parents.

- Relatives tend to decide what to do with family assets without consulting the children. Some of these relatives even fight for these assets and leave the children stranded. As one teachers explained: "*In most cases the family wants to take away the assets from the children therefore living them with nothing*". One caregiver expressed her views as follows: "*The children will suffer a lot, some may even end up without a home and end up in the street*". Maternal family tend to show more interests in the orphans' assets than the paternal family. "*In most cases I believe the uncles from the woman's side are the problem, they are dangerous*" (A community leader).
- Among the wealthy households there is often confusion among children especially where a will was not drawn up. In most instances the assets are not shared equally among children. This often results in fights, as the older children tend to take most valuable assets including the house.
- In some situations, relatives take children while they are still young in order to manage their assets.

In the case where children are left in their deceased parents' house they tend to be attached to their parents assets. "*There was a boy who had...the house he*

was left in, it meant so much to him that the little things the mother left for him, meant so much to him, even the clothes the mother had bought him" (A social worker).

- In a case where orphans are sent to children's home after the death of their parents, some relatives tend to rent out the house, often with its few assets to strangers.

Among all the family assets, a house is the most important and it is often the source of fighting among the orphans and relatives. It is not only children of the deceased who fight amongst themselves, but the grandchildren also fight for their grandparents' house.

4.7 WHO IS AN ORPHAN?

When asked to describe an orphan, some participants felt it necessary to start with the definition of a child. For them a child is a person who is under the age of 18 and in special cases under 21 years.

Although some participants used age, 0-18 years, to describe an orphan, others were of the opinion that age is not a determining factor. As one parent said "*...an orphan has nothing to do with age*". One social worker added by saying that culturally, a person of 30 years is regarded as an orphan if his/her parents are dead. While some saw an orphan as a child who lost both parents, other participants were of the opinion that a child who lost one parent is also an orphan.

For some participants an orphan is a child whose parents might be alive and not providing for his/her basic needs such as food, clothing, education, shelter, etc. For others, a person who has a family is working and able to look after him/herself cannot be seen as an orphan.

The above divergent views show that definitions of an orphan also include issues of vulnerability, differ from community to community and depend on the individual's situation.

4.8 IMMEDIATE NEEDS OF ORPHANS

There was consensus among the various groups that upon the death of the parents, orphans experience a variety of needs, including clothing, food, education, shelter, guidance from loving individuals and life skills. When these needs are fulfilled, orphans are able to function well in society.

4.9 SURVIVAL MECHANISMS AVAILABLE TO ORPHANS

Regarding the different survival mechanisms available to orphans after the death of parents, participants listed the following coping mechanisms:

(i) Pension funds, (ii) Financial and material assistance from relatives, (iii) Grants (iv) Rent from tenants. All these mechanisms (if available) can assist the orphan to cater for basic needs such as clothing, food and education.

4.10 MODELS OF ORPHAN CARE

Four models of orphan care were discussed in the focus groups.

4.10.1 Care of orphans in the community

According to respondents, children grow up better in their own communities where they can have opportunities to relate to adults and other children of similar backgrounds. For the participants, orphans need to be retained in their own communities under the care of an adult because children develop better socially, mentally and emotionally in familiar surroundings. Orphans should thus be cared for in such environments for as long as possible. Participants in the different groups made specific comments about this issue:

"...orphans need to grow up in their own community so that they can learn about their culture and values. ... If they grow up in the community the mother will teach the child our culture and ways of doing things. The child needs to know other children living close by, get to know other children, unlike at the institution, they are isolated, they only get exposure to other children when they are at school" (A caregiver).

"...the best way is if the children are brought up in the community so that they can socialise where they live. I think to be in the community is best" (A caregiver).

"Because they are orphans, if they go somewhere they are going to feel isolated. In most cases, the child would have his/her mother's picture...I think its better for the child to be at home than elsewhere, at home there will also be warmth..." (A teacher).

"It is best we encourage our community to take care of their children...institutionalising them is somehow disturbing emotionally and otherwise".

Participants who are taking care of children raised strong opinions.

"...For instance I have a child that I adopted at two weeks, the child is now two years... Apart from this baby I have other children that are living with me, so the community is willing" (A caregiver).

"I remember someone asking me, because I work at the clinic, that do I ever meet people who cannot bring up children...She was really interested in adopting" (A caregiver).

Although some caregivers would be willing to care for orphans, they may experience a number of challenges:

Not all caregivers receive state grants due to the following reasons:

- i.) Some of the caregivers do not have knowledge about state grants.
- ii) Others cannot access state grants because the children do not have birth certificates.
- iii.) Some of the caregivers do not have identity documents.
- iv.) Others cannot afford transport cost to go to the social workers for applications.

From the focus groups it emerged that while it is possible to adopt an HIV positive orphan, it is not easy for a number of reasons:

- (i.) Lack of training regarding adopting a child.
- (ii.) Lack of HIV/AIDS information on proper hygienic care.
- (iii.) Unemployment.
- (iv.) Poverty.
- (v.) Lack of sufficient finance for medication and nutritious food.

While in some situations orphans stay on their own without any adult supervision, others do not leave their homes, but adults are appointed to come and stay with them. One teacher provided the following explanation:

"Depending on where orphans live, if their parents had a house of their own, they would remain at home with someone to come and care for them...We have orphans living on their own".

Given all issues related to orphan care, the participants in the focus groups were of the opinion that children should remain in their own environment. Participants were also of the opinion that training on orphan care is important. Furthermore, they suggested that regular monitoring be conducted to ensure that caregivers carry out their responsibilities as expected.

4.10.2 Care of orphans by relatives

Some of the participants agreed that as in the past, relatives and extended families are still caring for orphans in Mamelodi. Such extended families include grandparents, uncles and aunts. Some of these extended families do not have working members while in others alcohol are abused. However, other participants stated that people are now more individualistic; caring for their own families. As one of the teachers claimed *"...all I want is to care for my own family. I want my family to be the first to survive. In the past what we got we shared; now it does not happen like that anymore".*

It also emerged from the discussions that relatives from the mothers' side normally take care of the orphans. As one of the participants confirmed "*it is very seldom that relatives from the father's side take care of such children; unless if it is a responsible father... it becomes difficult for the woman's family to take custody of the children*". However, there are orphans who prefer to stay on their own because of the hardships their extended families experience. As one of the teachers mentioned, "*...I have realised nowadays that children or family members they tend to say granny is struggling, uncle is struggling and aunt is struggling, and decide to remain on their own...they choose to remain at home and struggle*".

Furthermore, the participants stated that the foster care grants has made it possible for most relatives not to reject orphans because they benefit from the money orphans receive. As one of the social workers said, "*...foster care grant has helped a lot because now the families can't just reject the children. Some of them do foster the kids because they are interested in the money as well...*"

Some respondents were highly sceptical about care of orphans by their relatives. "*I have a problem with relatives caring for orphans because you find that these children receive grants and families do not care for them properly, they do not give them proper food, you may find that sometimes they are forced to go without food for a day, and they end up stealing in the shops*".

Although relatives and friends are willing to take in/stay with orphans, there are economic hardships putting pressure on the process. This is exacerbated by poverty and unemployment. It was evident from comments made during the focus groups that families and community members were unable to cope with the growing magnitude of the crisis as well as having financial constraints. They explained the problem as follows:

"You may find that a person has interest in caring for such children, but they cannot afford it".

"There is no way I will go and adopt two more children while I live with my wife and our two children because the government will give me R200.00 to care for those children..."

"I am doing foster care supervision where I am working, where I place children with other families, they get foster care grant. For me it is not enough, R500.00 per child is not enough...at least you find that they are people with passion, they go an extra mile, they even spend their own money for the benefit of the children" (A social worker).

Placing orphans and vulnerable children with their family members promotes their integration into mainstream society. However, there are challenges that hinder the relatives to act in the best interest of the orphans.

4.10.3 Care of orphans by NGOs and Institutions

When asked whether they know of any NGOs and institutions in Mamelodi that take care of orphans, some of the participants confirmed that they know that there are such organization, *"but they are fairly quiet"* as one of the caregivers puts it. The participants stated that the NGOs do not take care of orphans per se, but they are a support system. As one of the social workers pointed out *"NGOs are not caring for orphans, they are a support system more than anything else"*. However, the work of NGOs like Tateni Home Care Services and Chariots of Faith are noticeable.

NGOs were perceived by some of the participants as important in caring for orphans. For example, one of the teachers said: *"I think NGOs must play a role in bringing up orphaned children. They will be helping the government because the government cannot do it alone, there are too many children and too many problems, if NGOs were to be involved, they will somehow relieve the government"*. However, community leaders had a different opinion. One of the community leaders said: *"...I don't believe in NGOs...they are there to make business for themselves...most NGOs are running as a business"*.

When asked about the current roles of NGOs in orphan care, one of the social workers that work for an NGO mentioned that they render effective foster care supervision for the orphans. The other one, also working for an NGO mentioned that they are caring for orphans, but they have limited space to accommodate a large number of orphans.

4.10.4 The role of SOS in Mamelodi

The participants identified SOS Children's Village as an NGO or an institution that takes care of orphans in Mamelodi. While some stated that they do not know much about SOS Children's Village, the majority mentioned that they know about the institution. Some of the participants who do not know much about SOS Children's Village said: *"Some people would to take their children to SOS thinking that it is a crèche"*. It also emerged from the discussion that the people who know about SOS Children's Village seem to be those that have stayed in Mamelodi for a long time. They stated that SOS Children's Village does not only house orphans but also the vulnerable children.

When asked whether the people of Mamelodi use SOS Children's Village, the participants expressed their views as follows:

"Yes, they do because we have other programmes running as well, like community outreach programmes".

However, other participants expressed the need for the community members to be involved in the running of SOS Children's Village. They verbalised their divergent concerns as follows:

"My understanding about SOS is that the children are supposed to live in SOS...The only thing that happened is that SOS was established and introduced as SOS with no contact with the community of Mamelodi. Most of the children who live there are not from Mamelodi, some are from Johannesburg and other places. We as the community of Mamelodi cannot ask them what is happening at SOS."

When you visit the place, the doors are closed, and they tell you it is a private institution..." (A community leader).

"I would love to see SOS being run together with the community, we would like to have management committee that would include the community" (A social worker).

"The thing is you will not know what is happening within the management of SOS, people need to know the importance of SOS..."(A social worker).

"...In terms of SOS, it is important that it be grounded within the community and it must influence what is happening in SOS. I have worked with those children while I was in the SAPS...I have seen that those children are totally alienated from what is happening in the larger community of Mamelodi...As children get older, they cannot be placed in the care of social workers within that place-there was a house they were sent to, eventually they became criminals" (A social worker).

The participants' concerns were also about the monitoring of SOS Children's Village projects. One of the community leaders puts it as follows: *"the government must regulate their operations, and the monitoring mechanism that forces them to abide by certain rules so that they can account to the community, inform local councillors what is happening..."*

Contribution of SOS children's village towards orphan care was also marked. Some of the participants stated that the role of SOS Children's Village in orphan care is valuable. They commented:

"SOS is okay, the children who live there do not suffer. The house mothers are caring for them...We held a conference in Mamelodi and our dean told us about SOS...he donated R60 000 to SOS" (A caregiver).

"...SOS is fine because the children go to the best schools, some of us cannot take them there because of lack of funds..." (A caregiver).

"I think I must commend SOS for the steps they have taken now, they are now doing an outreach programme which is very good"

"I understand SOS appointed somebody to establish ways of working with the community. The appointed person went out and identified orphans. That was a great relief for us because as an NGO that was looking after the sick and dying, we did not have enough funds. When SOS came in, it was like God sent...we are in a position to identify orphans and report to SOS."

"SOS is the best place to care for them because then we will know that at the end of the day, the children had a meal, they are safe and comfortable...they go to school and they do not miss on anything that other children living with parents get. Sometimes they miss out on a lot of things when they live with relatives. I prefer that they stay at SOS" (A parent).

According to some of the participants, taking orphans to SOS Children's Village is not appropriate. They expressed their views as follows:

"I don't think its right for me as their grandmother to take them to SOS, why am I giving the burden to the government if I can actually relief them. If I take them to SOS, it is like I have dumped them there and it is over" (A parent).

While it became clear from the focus group discussions that there were conflicting views about the care of orphans in institutions, all participants seem to agree that a holistic approach is necessary to their care and support of orphans and vulnerable children. Orphans need cultural guidance as well as emotional, physical, financial and educational support.

4.10.5 Care of orphans by the state

Participants in the focus groups viewed the role of the state in orphan care and support as critical:

"...I feel the government should be the one taking care of orphans..." (A teacher)

"...If the government takes a bigger part than the NGOs it would be better..." (A teacher)

Currently, the state provides care through social welfare programmes such as child support grant, arrangements for adoptions and foster care. Although participants stated that they appreciate that such grants are available, they were concerned that the amount of money given for the care and support is little to cater for the needs of orphans. Participants suggested that the government should maximize their options to care for orphans. In this regard one of the community leaders mentioned: *"It seems the amount is fairly little, it doesn't cater for the children's needs. The state must look into the needs of the children before deciding on a figure"*.

Another important issue raised with regard to the care of orphans by the state relates to the appointment of caregivers. One of the community leaders expressed, *"...the state should appoint caregivers. The monitoring of services rendered was of critical importance. One of the teachers mentioned: "I think the government must take over and have rules and regulations and monitor everything"*.

Furthermore, partnership among the various stakeholders involved in orphan care was also seen as important. One social worker raised her concern: *"I think strong partnerships would be beneficial to the children...even the police are playing a major role...Each and every community structure will be beneficial to the interest of the children"*.

Although the participants appreciate the role of the state in providing services to orphans and other vulnerable children, they strongly feel that more efforts are needed to maximise orphan care.

4.11 PARTICIPANTS' PREFERRED ORPHAN CARE MODEL

One important area of discussion in this study relates to the care and support of orphans and vulnerable children. Information from the various care models discussed shows that whereas each variant has particular strengths, there are limitations that might hinder their success in making a difference in the lives of orphans and vulnerable children.

The traditional non-statutory foster care model, where orphans are integrated into the families of relatives is currently being challenged. With the increased number of orphans, reduced number of caregivers and the declining socio-economic status of most communities, the extended family is no longer the safety net that it once was. The most pressing need experienced by the extended family in their efforts to cope with orphans and vulnerable children is their day-to-day inability to meet their needs for shelter, food, clothing, health care, education and other basic requirements. Furthermore, some extended families have a tendency to enrich themselves with child-support grants that are supposed to be providing for the orphans.

With regard to institutional care, the participants of the focus groups raised concerns that removing children from their community of origin often results in their alienation from their culture. However, it is interesting to note that some participants felt very strong that this model is a better option of orphan care. Among the most cited reasons is that this model has the necessary resources to provide for the needs of orphans such as food, clothing, shelter, education, health care and other basic needs. Furthermore, orphans are more likely to be treated equally than when they are living in extended families.

Given the challenges facing the above models, most participants agreed that the community based orphan care model was the most appropriate in Mamelodi. The strength of this model is that it is seen as culturally appropriate as it emphasises the importance of raising orphans in their own communities. Children are raised as a family and are more likely to be kept with siblings than those who are institutionalised or separated. The participants perceive that in this model children

develop better socially, mentally and emotionally while in familiar surroundings. This would foster their psychosocial development, allow them to know their extended families and their culture, and provide them with a sense of security and belonging.

Although the community based model was identified as the most preferred model, participants were of the opinion that this model is more likely to be successful when an integrated approach to orphan care is adopted. This means that networking and coordination should be encouraged to avoid duplication of services among the various stakeholders such as the police, social workers, nurses, community and relatives. NGOs and the Government should become active participants in this process. NGOs could render support to caregivers by linking them with relevant orphan care services and resources while government provide financial support and monitor if the services are used appropriately. Furthermore, the participants felt that the media could play an important role in disseminating information about the plight of orphans and then sensitise the community to support such children. For instance, the local community newspaper Rekord could play such a role.

The issues around orphan care show that the role and value of raising children in their own families cannot be overestimated as families do not cease to exist when parents die. Therefore, to give orphans better opportunities, they should be retained and supported within their own communities as long as possible.

CHAPTER 5

THE RESULTS OF INTERVIEWS WITH CHILDREN

5.1 INTRODUCTION

This chapter contains the results of a number of in-depth-interviews conducted with children between the ages of 14 and 18 years resident in Mamelodi. The interviews were conducted to augment the household survey data and focus groups in order to obtain more contextual information regarding the care and support of orphans.

All the procedures for conducting the in-depth interviews were presented to the Research Ethics Committee of the Human Sciences Research Council (HSRC) including the interview schedule, child consent forms and parent assent forms (See Appendix D) that had to be signed by participants.

5.2 METHODOLOGY OF THE IN-DEPTH INTERVIEWS

Although it was at first planned to hold a focus group discussion with children, discussions with colleagues convinced the research team that it would be more useful to conduct individual interviews with children. In a focus group setting children may be less willing to talk about their own experiences. In addition there was a possibility that one or two older children may take over the discussion. Given a number of ethical considerations, it was decided to limit the interviews to children between 14 and 18 years old. The research team decided to include both orphaned and non-orphan children in the interviews.

Qualitative interviews were conducted with the selected children using a semi-structured schedule (See Appendix C) to introduce the specific topics of interest. One-to-one in-depth interviews and open-ended questions were used as the primary method for data collection. Semi-structured interviews are defined as those organised around areas of particular interest, while still allowing considerable flexibility in scope and depth (May, in de Vos *et. al.* 2002). Such interviews are used to gain a detailed picture of a participant's beliefs about, or perceptions or

accounts of, a particular topic (de Vos *et. al.* 2002). In this study, in-depth interviews were used as supplementary sources of data for the survey research to obtain more contextual information regarding the care and support of orphans. For the purpose of this study, the data was analyzed using constant comparative analysis, utilizing a process called coding. Coding is a strategy by which researchers find themes and patterns in qualitative data. Typically a researcher codes "meaning segments" in the data, which can be words, phrases, sentences or paragraphs. The codes can be in-vivo (literal), descriptive or interpretive. Secondly, themes were re-examined and the researcher determined how the themes were linked.

The same procedure to recruit focus group participants was adopted for in-depth interviews of children. In total eight (8) children (5 orphans and 3 non-orphans) were interviewed for the purpose of this study. Two experienced interviewers were recruited for this task, the one a male and the other a female. They were to conduct the interviews using a pre-designed interview schedule. These interviewers had conducted interviews with children before and on their advice it was decided not to tape the individual interviews, but rather to rely on notes taken during the interview. The two interviewers were of the opinion that if the children become aware that the discussion was being recorded, they may be less frank in their responses. All the data from the interviews were analysed and used in this report. However, it was not possible to use exact quotations of the respondents' answers as the two interviewers paraphrased the responses of children.

The In-depth interviews with the children focused on the various issues related to orphan care and support.

- First, biographical information of respondents was collected.
- Second the children were asked how orphan care and support was practiced in Mamelodi. This discussion focused on orphan care and support practiced by community members, extended family, NGOs, institutions and the state.
- Lastly the interviews focused on long-term family based care where orphans and vulnerable children are cared for in their own communities. The

strengths, weaknesses, opportunities and threats of this model were discussed in detail.

The results from the interviews with children are presented below. A short section deals with the background information of the children interviewed. A section that covers the various psychosocial and other factors that affect children follows this. Finally, the views of the children are presented regarding the various models of orphan care.

5.3 BACKGROUND INFORMATION ABOUT CHILDREN INTERVIEWED

The background information of the respondents is summarised in Table 5.1.

Table 5.1: Demographic characteristics of children interviewed

Status	Sex	Age (Years)	Education level	Present caregiver	Length of stay with caregiver
Orphan	Female	16	10	Grand parents	3 years (since 2000)
Orphan	Female	16	11	Aunt	Since birth (16 years)
Orphan	Male	16	12	Aunt	Since birth (16 years)
Orphan	Male	14	9	Aunt	Since birth (14 years)
Orphan	Female	15	9	Grand parents	Since birth (15 years)
Non-orphan	Female	15	9	Biological parents	Since birth
Non-orphan	Male	15	9	Biological parents	Since birth
Non-orphan	Female	18	9	Biological parents	Since birth

In total eight children were interviewed in this study of which five were orphans staying with relatives and three were non-orphans living with their biological parents. Five of the respondents were females while three were males. The ages of the

eight respondents ranged between 14 and 18 years, with a mean age of 16 years. The education profile of the participants indicates that all of them are currently attending school, with five of them in Grade 9, one in grade 10, one in grade 11 and one in grade 12.

5.4 THE SITUATION OF VULNERABLE CHILDREN AND ORPHANS IN MAMELODI

5.4.1 Nature of vulnerability

When asked about the possible risk factors that make children vulnerable in Mamelodi, respondents referred to a number of difficult circumstances children often find themselves in. Below are examples of the reported situations:

- Girls like parties, going to nightclubs and as such they get raped, they sell their bodies for money, they fall pregnant knowing their conditions at home because most parents are poor and unemployed. Some parents do not look after their children, so many do not go to school, they are involved in prostitution or theft.
- Children are abused emotionally and physically and others are being exposed to vulnerable diseases due to rape e.g. (STI), they rape girls, they are exposed to other crime related matters i.e. drugs and alcohol.
- Contracting HIV/AIDS from their parents or boyfriends, they become orphans with no one to look after, take them to school or buy them food and clothes. These orphans are then used by adults to commit theft or for the purpose of prostitution. Others live on the streets because they do not have anyone to look after them.
- Many children sleep around and they contract HIV/AIDS, STIs, they commit crime and are involved in gangs.
- Some parents give their children a lot of work at home, doing all household chores.
- Many children sleep around and they contract HIV/AIDS, they commit crime, murder, they are abused and raped.

- Parents do not look after their children, they do not give them proper food or buy them clothes or school uniform, they do not buy schoolbooks, they leave them to do as they wish.
- There is violence among boys, fighting each other over girls, they abuse drugs, they rape girls, they abuse drug and alcohol and are involved in gangs. Sometimes these youth are shot at taverns.

The responses on the factors that make children vulnerable in Mamelodi show that children are at risk of neglect from parents, abuse (physically, sexually and emotionally) exploitation of labour; reduced opportunities for education, poor nutrition, alcohol and drug abuse, prostitution, crime, rape, gangsterism contracting HIV/AIDS and other STIs, and teenage pregnancy.

5.4.2 Frequency of vulnerable situations

The respondents indicated that incidents of vulnerability seem to be a serious issue within the community of Mamelodi. All the respondents said these incidents occur frequently, almost daily.

5.4.3 Reasons why children could become at risk

In response to the underlying reasons why children are at risk of a variety of factors, the respondents indicated the following:

- Poverty and financial desperation often force children to become involved in crime, prostitution and unsafe sex as a means of survival.
- Peer pressure among children and adolescents often leads to alcohol and drug abuse and crime.
- Poor or lack of parental control ends up in exploitative situations such as neglect, abandonment and abuse.

The responses on the situation of vulnerable children in Mamelodi show that these situations are at times a result of neglect from parents such as abuse (physically, sexually and emotionally) exploitation of labour; reduced opportunities for

education, poor nutrition. In some situations children become orphans due to HIV/AIDS with no one to provide for their needs. In other instances children become vulnerable because of their involvement in bad activities such as alcohol and drug abuse, prostitution, crime, rape, gangsterism contracting

5.4.4 Nature of orphanhood

In response to the question who is an orphan, most of the respondents in this study described an orphan in terms of parental loss. For them, an orphan is a child who lost either one or both parents. The following are some of the descriptions provided by respondents:

- A person who has lost her parents like myself. My mother died in an accident.
- An orphan is a person who lost both or one of his/her parents. The parents might have died of AIDS or other illnesses.
- An orphan is someone who does not have parents like myself. It might be one or both parents.

However, for other respondents parental loss was not seen as a determining factor. These respondents regarded orphans as children who are neglected, abandoned or homeless. For example:

- An orphan is person who does not have anyone who looks after him/her.
- An orphan is someone who does not have anyone to lean on.
- An orphan is a homeless person.
- An orphan is a person who is neglected by her/his parents.
- An orphan is someone who does not possess things that other children have.
- An orphan is somebody who is a street kid such as children staying in the streets of the neighbouring Sunnyside area.

Although the majority of the respondents mentioned that they know of many children in Mamelodi who are orphans, others were not aware of any orphans in this community. When asked who looks after these orphans, those who know of orphans in this community stated the following:

- Orphans stay with their grandmothers
- Orphans stay with their mothers' relatives
- Orphans stay with their aunts
- Some orphans stay by themselves with no adults.

The responses provided by respondents about whom they regard as an orphan show that the definition should also include issues of vulnerability and that opinions about who is an orphan may differ from one specific group to another.

5.4.5 Impact of orphanhood and vulnerability on children

Regarding how orphanhood and vulnerability affect children, the responses showed that children face a number of challenges:

In some situation aspects of vulnerability occur even before the death of parents. In other situations children are put under tremendous stress to care for ill and dying parents. For example:

- One respondent indicated that his mother was very ill before she died and there was no other adult to help her. As the eldest child, he had to make sure that the house is clean and to prepare food for the family before going to school and at night.
- The other respondent reflected the state of their neighbour that when she was ill, there was nobody in the family who was employed and as such her mother used to provide children from this family with food.

In situations where one parent dies, the surviving parent stays with orphans. Interesting to note here is that respondents indicated that there are differences

between the responsibilities assumed by fathers and mothers, with mothers more likely to be responsible for their children than are fathers. For example:

- While one respondent mentioned that after the death of her mother, her father married again and is no longer taking care of her, the other said although her mother is a single parent, she looks well after them.

In situations where both parents die, other members of the extended family care for the orphaned children. But there are differences with regard to who within the family has to assume primary responsibility. The respondents mentioned that maternal relatives such as grandparents, aunts and uncles are more likely to raise orphans than paternal relatives. The respondents indicated the following:

- After the death of her mother he was taken to live with her aunt.
- She used to stay with her mother in Soshanguve, but after her death she was taken to live with her grandmother in Mamelodi

The other respondents indicated that after the death of parents, the nature of childhood changes fundamentally. The following were reported:

- Children become vulnerable to poor nutrition due to food scarcity in the household.
- They are often removed from school prematurely to help with household chores.
- Such children assume more domestic responsibilities, such as taking care of their siblings.
- Their education is affected as many drop out of school because they are unable to pay school fees or purchase books and uniform.
- Some of these children are pressured into sex and prostitution to help pay for school fees as their families can no longer afford to support younger brothers and sisters.
- Children are moved from relative to relative as the shrinking number of adults in the family attempt to provide care for other orphans.

- Children end up running away to live on their own or on the street without or only minimal adult supervision or support.

One constraint faced by orphans and vulnerable children is the lack of information on how to access basic social grants such as child support grants, foster care grants or care dependency grants. In situations where grants are available for children, they are used to cater the needs of caregivers rather than children. For example, some respondents mentioned the following:

- Most children do not know about social grants. They do not know that there are social workers that could help them.
- People feed themselves with orphans' foster grants. They just want to stay with orphans so that they could benefit from their money.

Whatever the cause of death, orphans face heightened risks of social, economic and psychological deprivation.

5.5 ALTERNATIVE LIVING ARRANGEMENTS FOR THE CHILDREN

The respondents indicated that most parents in Mamelodi do not make adequate arrangements concerning the care of their children should they die. This oversight often leads to orphans being moved to new localities to live with family friends, relatives and extended family members such as uncles and aunts, on the death of both parents. One respondent indicated the following:

- It is uncommon for people to make wills because people are afraid of death. This is the reason why you will find orphans staying with different people, being moved from aunt, to uncle, or cousins.

5.6 MODELS OF ORPHAN CARE

Four models of orphan care were discussed with participants.

5.6.1 Care of orphan by relatives and extended families

The respondents mentioned that this form of orphan care is very common in Mamelodi. An increased number of orphans in this community stay with extended family members. As shown in Table 5.1 five of the child respondents who participated in this study are orphans who live with extended family members.

The respondents expressed their feelings of having to live with other families. While some respondents were happy to stay with their extended families, others mentioned that some family members abused them emotionally as they always expect them to be grateful of having a caregiver and a place to stay. Respondents elaborated in the following way:

- Some members of the extended families make orphans feel that they are doing them a favour by bringing them up. This leads them not to trust anyone with their private life, especially girls. Furthermore, they do not have anyone to talk to about their physical development and all the changes that their experience in their growing stages.
- Upon the death of parents, children simply run away in an effort to find a more suitable living arrangement for themselves. Other run away because they are badly treated at their new homes.

Girls in particular expressed negative feelings of being used as domestic workers being made responsible for household chores

- One respondent who was moved to live with her grandmother said her aunts have not been treating her well since she started living with them. She is responsible for a variety of household chores and does not have enough time to concentrate on her studies.

In some instances, the respondents suspected that extended families taking care of orphans are motivated by self-interest. For example, some respondents said the following:

- Some relatives would want to stay with orphans whose parents were wealthy, knowing that they would be able to benefit from what the parents left behind.
- Some relatives use the social grants to buy their children's clothing forgetting that orphans should benefit from that money. They will put their children first.
- Grandparents look well after orphans because they know that other relatives would not do the same.

5.6.2 Care of orphans by community members

During the in-depth interviews the child respondents were of the opinion that most community members were not willing to care for orphans because of the following reasons:

- Many people see orphans as an added responsibility to their family.
- The stigma attached to HIV/AIDS makes people to think that children whose parents died of AIDS are also HIV positive.
- Most people are unemployed, so it is difficult to look after other children.
- People are not interested in children of parents they do not know.
- People think that orphans are the responsibility of the government.

According to the respondents this lack of interest often leads to a number of children running away from home to stay in the streets of Sunnyside (a suburb of Pretoria consisting mainly of blocks of flats) as well as other areas of Pretoria.

To reduce the apathy of the community with regard to the care of orphans, respondents made the following suggestions:

- The government should play a role in caring for orphans. Orphans could be placed in the care of families, who may or may not be a relative, and who receives child support grants. These grants should be use to assist orphans by providing them with food, education and also paying their caregivers.
- The government could also establish more orphanages to ensure that orphans are taken out of the streets and provided with shelter.

5.6.3 Care of orphans by NGOs and Institutions

When asked about organisations and institutions that care for orphans in Mamelodi, all five orphans who participated in this study identified the following organisations: Churches, Chariots of Faith and Heart Beat. However, the non-orphans were not aware of any of these organisations.

The five orphans in this study mentioned that they usually receive food parcels as well as financial and emotional support from these organisations. The orphans related their experiences:

- People from Heart Beat conduct home visits, assess the living conditions of orphans and then provide them with food parcels. Furthermore, they also help caregivers with other services. For example, one respondent indicated that Heart Beat helped him and his siblings to access child support grants.
- Every Thursday food parcels are distributed to needy people at the Anglican Church.
- People from Heart Beat often distributed food parcels to caregivers of orphans.

While all five respondents were happy with the work that these organisations do, they indicated that it is important for the government to support existing NGOs financially to help them meet the needs of orphans.

5.6.4 The role of SOS Children's Village in Mamelodi

Whereas the majority of respondents identified SOS Childrens' Village as another important organisation caring for orphans in Mamelodi, others were not aware of the existence of such an organisation in Mamelodi. Those who knew SOS Children's Village described it in this way:

- It is home for orphans. They add on to what parents do if they would have been alive. They send them to school, buy them food, give them shelter and some of the things that other orphans in the community do not have. They have netball facilities, toys, and tennis courts.
- It is a childrens' home; they provide them with food, water, and shelter and send them to school, look after them well.
- It is a big building with all the orphans of different races.
- They provide accommodation. They put them to good schools. They ensure that they live normal lives like other children.
- They look after kids who do not have parents, send them to school, and buy them clothes.
- They help a lot. They keep orphans away from the street, decrease the number of street kids, and provide them with shelter.
- They give orphans hope and teach them to be independent. They teach them responsibility and to feel that they are also members of the community.
- They play a good role in the community. They should be helped financially.
- They are a good place, but they need more money from the government to keep them going.
- They are good institutions. They look after the orphans well; they give them food and send them to school.
- They are good. They are caring people and of most importance. They are good.

With regard to their perception of the work of SOS Children's Village, respondents expressed the following views:

- It is doing a good job of assisting the communities, without them there would be many street kids.
- It is doing a good job. Children from SOS Children's Village are generally successful in life. They know what is wrong and what is right.
- They are such good institutions. "I know one guy whom I attended class with and there are other children from SOS Children's Village in our school. They get everything that they want. However, many orphans come from areas outside Mamelodi".
- They assist orphans. Eliminate orphans from streets and from getting hurt.
- They are doing a good work. They have saved many lives from the streets. Most orphans would be dead by now.
- They help orphans and make them to feel safe and belonging to the community, but most of them are not from Mamelodi

When asked whether other young people of their age generally know about SOS Children's Village and their work, respondents indicated the following

- They know that if you don't have parents or if you are abused at home, SOS Children's Village is the place to go to.
- They only know that it is an orphanage.
- It is a home for orphans
- They know that it is a children's home, accommodating children who do not have parents, and "we do attend school with some of them".
- They know that it is a place for all the children who do not have parents, or children who are being neglected.
- They know that SOS Children's Village is an orphanage home. Better treatment. Gives better education.
- They only know that it is the home of orphans, but are actually not interested in knowing the activities going on there.

- They think it is a good place for orphans, but is not good to stay there without parents.
- They feel it is a good place. Other children think of moving there because their families treat them bad. It is a better place for orphans. Most orphans in this community feel isolated, rejected and not part of the community.

During the in-depth interviews, the children expressed gratitude to the organisations involved in orphan care. They are seen to be doing good work in assisting communities to look after orphans. SOS Children's Village in particular, was familiar to the majority of respondents. It was seen as rendering good services to orphans, sending them to school, making them feel safe and belonging to the community, providing them with food, clothes and sporting facilities. Other respondents felt that without SOS Children's Village there would be many children staying in the streets, without any adult supervision or care.

It is interesting to note that some of the orphans interviewed mentioned that most orphans in this community feel isolated, rejected and not part of the community. Such feeling were expressed when they said some children would like to stay at SOS Children's Village rather than with their extended families. The reasons cited are that children staying in these villages are provided with most basic needs.

CHAPTER 6

CONCLUSION

6.1 SUMMARY OF FINDINGS

Respondents in the household survey as well as the focus group interviews concurred that Mamelodi is being faced with a serious problem in terms of orphans and vulnerable children. This is not the result of only one single cause, but the combined effect of a breakdown of family life, alcohol and drug abuse, poverty and HIV/AIDS. According to the findings of the survey, nearly 9 % of children between the ages of 0 and 18 years were maternal orphans. Two or more maternal orphans were present in 5 % of households included in the survey. In addition high rates of fosterage are found in this community. This indicates the need for a well-developed and sustained programme of care, support and assistance to address the needs of these children

Risk factors

According to the participants of the focus groups, the most common risk factors impacting on the well-being of children in the Mamelodi was hunger, drug and alcohol use, exploitation and sexual abuse. Noteworthy was the fact that participants in the focus groups pointed to the need of a selection process to identify caregivers as a way of minimising the chance of "abusers" being appointed in the role of caregivers.

Caring for orphans

From the focus groups it emerged that there is consensus that taking care of orphans and vulnerable children is a complex issue. The care and support of orphans and vulnerable children goes hand in hand with a variety of psychosocial, financial and cultural issues. During interviews with children, orphans raised an issue that they are frequently reminded of how grateful they should be for having a caregiver and a place to stay.

Participants of the focus groups mentioned that although current caregivers in the community were able to provide shelter, they struggled to provide food, clothing and school fees for orphaned/foster children. Although there was a perception among the focus group participants that the concept of "helping each other" had faded in the Mamelodi community, care and support of orphans and vulnerable children was still being practiced. Findings from the household survey indicate that a surprisingly high proportion of households (eight in ten) would be willing to provide some form of assistance/support to taking care of orphans. The participants of the focus groups listed those who are taking care of orphans at present, including families, related and unrelated to orphans, institutions (NGO's) and the government took care of and supported orphans. Worrysome to participants of the focus groups were the fact that in some instances orphans and vulnerable children were left in the care of elderly grandparents or simply on their own.

Also clear from the interviews was that some relatives and non-relatives are taking care of orphans and vulnerable children using the social grants provided by the government. Participants believed that financial support emanating through state grants and remuneration of caregivers could ease the burden of caring for orphans and vulnerable children. However, participants of the focus groups indicated that accessing these grants was difficult. Accessibility of the grants in terms of locality, transportation and lack of appropriate documents, for example identity document and death certificates, were mentioned as constraints.

Both respondents in the household survey and participants in the focus group interviews were of the opinion that the government should play a major role in the care and support of orphans, supported by the community in general. The role of government according to the participants of the focus groups was to formulate good policies and institute monitoring procedures, while the community should give support. The consensus was that an integrated strategy in which the activities of the police, welfare, community and health care providers were involved was necessary. This would result in an enabling environment for orphans and vulnerable children.

The involvement of the government in the running of institutions was highlighted in focus group discussions. For example, it was suggested that government should regulate the programmes and projects implemented in different institutions. However participants also mentioned that the involvement of government in the activities of other institutions might hamper the operation of such institutions with bureaucratic bottlenecks that are likely to arise.

The NGO's were seen as important resources for care and support of orphans and vulnerable children in Mamelodi. Tateni Home Care Service, Heart Beat and Chariots of Hope, the churches in general and SOS Children's Village were mentioned specifically. According to participants of the focus groups, even if the NGOs only play a supporting role to the actual caregivers, such efforts were invaluable.

Orphan care: possible models

Members of the Mamelodi community had divergent opinions about how to tackle the problems faced by orphans and other vulnerable children. These ranged from keeping children within the community, to sending them to institutions.

From the perspective of keeping the children within the community the following issues were raised: The community in general should be sensitised and educated about the importance of caring for orphans within their social settings. Participants of the focus groups generally felt that orphans and vulnerable children should not be taken out of their community to ensure that they become familiar with the norms and values held within their community and that care and support of orphans within the community is most appropriate model. However, even if care giving occurs within the community, there should be continuous supervision of the caregivers by social workers.

Participants of the focus group interviews generally supported a holistic approach, whereby partnerships between communities and other organizations should be established so as to promote better care and support. To them this was a "preferred model" of care. Their preference for this model stems from the fact that community members are in the best position to locate orphans and vulnerable

children and to attend to their needs. However, community care has certain limitations and for this reason the following activities was recommended by participants of the focus groups:

- Stimulating willingness of families to care for orphans and vulnerable children through awareness campaigns;
- Training caregivers in the community in income-generating projects or activities to strengthen their ability to respond effectively to the needs of orphaned children;
- Support and supervision of caregivers to avoid any abuse of foster grants;
- Facilitate guardianship arrangements and mobilising caregivers in communities in the cases where there are no suitable extended families;
- Provision of information on how to access social grants and support from NGO's in applying for such grants;
- Monitoring the programmes that aim towards care and support of orphans;
- Assistance in obtaining welfare as well as financial resources; and
- Collaboration with government and other NGOs in the counselling of orphans and vulnerable children.

Focus group participants highlighted both the advantages and disadvantages of institutional care. The advantages included that children in institutions was assured of having the basic necessities such as food, clothing and shelter and institutionalised care prevented them from drifting to the streets. Some focus group participants however were of the view that sending orphans and vulnerable children to institutions alienated them from the larger community and more specifically their cultural and social roots, where they could learn about norms and culture. In addition, institutional care is the most expensive form of care.

Although the majority of the participants knew about the work of SOS Children's Village in Mamelodi, some of them were not familiar with its activities. Focus group participants pointed out that SOS Children's Village, needed to open up to the broader community so that more is known about its activities. Certain participants also mentioned the need of government involvement in the running of

SOS Children's Village. However, these remarks should be seen in the context of some participants' inability to distinguish between activities of SOS Children's Village and Government departments.

Both respondents in the household survey and participants in the focus group and individual interviews mentioned the impact of HIV/AIDS on rising levels of orphanhood. The spectre of a large number of orphans needing care, which will overwhelm institutions, was mentioned during the discussions. This was an additional reason why the model of caring for orphans within the community should be investigated/supported.

6.2 CONCLUDING REMARKS

This final section attempts to synthesise the results of this study with possible activities of SOS Children's Village, in particular strengthening the activities of the Social Centre. These points should not be seen as definite recommendations to the Mamelodi SOS Children's Village but rather as a set of suggestions that can be developed further by the staff of SOS Children's Village, given the fact that they have a better understanding of both the direction of planned activities and resources available to conduct such activities.

- The first point is that the study confirmed the existence of an "orphan problem" in Mamelodi. About 9 % of children between the ages of 0 and 18 are maternal orphans and this proportion is set to rise in the coming years due to deaths among those in the productive ages as a result of AIDS-related complications. This trend will make institutionalised care for all orphans impossible due to financial and resource limitations. Therefore, initiatives to care for orphans and the foresight to start planning for alternative models of orphan care and/or how to lend support to caregivers are correct.
- The present study found very high levels of recognition of the name "SOS Children's Village" among respondents of the household survey and participants of the focus group interviews. It also included knowledge

about the work the organisation is doing in Mamelodi. In addition there exist strong feelings of goodwill in the community towards this organisation, probably due to its presence in this community for a number of years and the variety of commendable activities it has been undertaking during this time. What does this mean for SOS Children's Village? Should the organisation embark on a specific route of action, and the community of Mamelodi is requested to assist, SOS Children's Village should find the levels of support in excess of normally expected support.

- Participants of the focus groups voiced their support for a model of care of orphans that directly involves the community. This preference is rooted in a number of reasons, but is underpinned by the realisation that the community on its own cannot be successful. Support from government and NGO's is vital (see later). The Social Centre, conceptualised with an emphasis on providing support to caregivers within the community, is synchronised with the opinions of key informants in the community. This model is not in conflict with the views of the community and therefore has more than a fair chance of being successful (see the next point).
- Participants in the focus group interviews provided reasons why a community approach in dealing with the care of orphans and vulnerable children is preferable. Programmes introduced would not require expensive infrastructure. Most importantly, the children would remain in their familiar and secure environment, allowing them to keep critical links with members of their families. It is important that organisations with expertise and capacity in the care of orphans and vulnerable children be involved. This process requires a meticulous, nuanced and complex approach than the simple provision of material support. Hence the cost-effectiveness and sustainability of a community-care model should be emphasised, along with its human aspects.
- Within the community, there is a strong feeling, or even an expectation, that the government should take the lead in the care of orphans. Given a

number of practical realities, the chance of this happening is slim. To counter such unrealistic expectations, SOS Children's Village could rather emphasise the importance of the role that NGO's and community based organisations can play in supporting the care of orphans, in conjunction with government efforts, during advocacy and marketing campaigns directed at the community.

- Social grants, either in the form of old age grants to grand parents, foster care grants or care dependency grants is already an important element in the sustained care of orphans in the community. Such grants could play an even more important role in future. SOS Children's Village, as part of the activities of the Social Centre could (a) identify potential grant recipients; (b) assist them in applying for grants, and even (c) lobby the government to increase specific grants, extend access to the child support grant to children below the age of 18 years, as well as to extend the care dependency grant to caregivers looking after children with chronic conditions like HIV/AIDS.
- Within the community there is a core group of individuals/households that are willing to support orphan care activities, even to the point of taking in such children. An important task could be to identify and list such households during advocacy campaigns and house-to-house visits. A register containing names and details of such households can be developed as potential "homes" for orphans.
- Regarding the logistics of supporting current caregivers, one finding of the survey points to a saving in effort once orphans have been identified. A sizable proportion of households caring for orphans are caring for more than one orphan, a fact that would lead to considerable per capita savings.

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APPENDIX: A
HOUSEHOLD QUESTIONNAIRE

MAMELODI ORPHAN AND VULNERABLE CHILDREN STUDY, 2003

HUMAN SCIENCES RESEARCH COUNCIL

QUESTIONNAIRE NUMBER			
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IDENTIFICATION			
EA TYPE (1=Formal housing; 2= Site and service; 3 = Informal)			
EA NUMBER			
SELECTED STAND (Numbers 1-5)			
NUMBER OF HOUSEHOLDS ON STAND			
MAIN HOUSEHOLD SELECTED (YES =1; No = 2)			
NAME OF HOUSEHOLD HEAD _____			

INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE				DAY MONTH YEAR <table border="1"><tr><td>2</td><td>0</td><td></td><td></td></tr></table>	2	0		
2	0							
RESULT*				<input type="checkbox"/>				
NEXT VISIT: DATE				TOTAL NO. OF VISITS <input type="checkbox"/>				
TIME								
* RESULT CODES:								
1	COMPLETED	5	REFUSED					
2	PARTLY COMPLETED	6	UNABLE TO INTERVIEW (INCAPACITATED)					
3	NO ONE AT HOME	7	OTHER _____					
4	VACANT DWELLING/NOT A HOUSE		(SPECIFY)					

LANGUAGE							
LANGUAGE OF INTERVIEW ** _____	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
HOME LANGUAGE OF RESPONDENT** _____							
WAS THE QUESTIONNAIRE TRANSLATED? (YES=1, NO=2) ** LANGUAGE CODES: 01 ENGLISH 04 IsiZULU 07 SePEDI 10 XITSONGA 02 AFRIKAANS 05 SeSOTHO 08 SiSWATI 11 IsINDEBELE 03 IsiXHOSA 06 SeTswana 09 TshiVENDA 12 OTHER _____							
INTERVIEWER							
NAME _____	<input type="checkbox"/>						

CHILDREN UNDER 18 YEARS OLD												
PARENTAL SURVIVORSHIP AND RESIDENCE												
LINE NO.	USUAL RESIDENTS AND VISITORS	RESIDENCE		SEX	AGE	RELATIONSHIP	Is (....)'s own biological mother still alive? IF NO OR DO NOT KNOW GO TO 11 1=YES 2=NO 3=DO NOT KNOW	Is (NAME's) own biological mother living in this household? IF NO GO TO 11 1=YES 2=NO	If yes, Who in this household is (....)'s mother?	Is (....)'s own biological father still alive? IF NO OR DO NOT KNOW GO TO 14 1=YES 2=NO 3=DO NOT KNOW	Is (NAME's) own biological father living in this household? IF NO GO TO 14 1=YES 2=NO	If yes, Who in this household is (....)'s father?
(1)	(2)	Does (NAME) usually live here? 1=YES 2=NO	Did (NAME) stay here last night? 1=YES 2=NO	Is (....) a male or female? 1=MALE 2=FEMALE	What is (....)'s age?	What is (NAME's) relationship to the head or acting head of the household?	(8)	(9)	(10)	(11)	(12)	(13)
01		1 2	1 2	1 2	(6)	(7)	1 2 3	1 2		1 2 3	1 2	
02		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
03		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
04		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
05		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
06		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
07		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
08		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
09		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
10		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
11		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
12		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	
13		1 2	1 2	1 2			1 2 3	1 2		1 2 3	1 2	

Codes for relations (Question 7):

- 01=Head
- 02=Wife/Husband/Partner
- 03=Son/ Daughter
- 04=Son-in-law/Daughter-in-law
- 05=Grandchild
- 06=Parent
- 07=Parent-in-law
- 08=Brother/Sister
- 09=Nephew/Niece
- 10=Other relative
- 11=Adopted/Foster/Step child
- 12=Not related
- 98=Don't know

LINE NO	DISABILITY	GRANTS		PRESENT SCHOOL ATTENDANCE	LEVEL OF EDUCATION
		Does (NAME) receive any grants? IF NO, GO TO 17 1= YES 2= NO	Which of the following grants does (NAME) receive?		
(1)	(14)	(15)	(16)	(17)	(18)
01		1 2		1 2	
02		1 2		1 2	
03		1 2		1 2	
04		1 2		1 2	
05		1 2		1 2	
06		1 2		1 2	
07		1 2		1 2	
08		1 2		1 2	
09		1 2		1 2	
10		1 2		1 2	
11		1 2		1 2	
12		1 2		1 2	
13		1 2		1 2	

Grants Codes for Question 15:
1=Old Age
2= Disability
3= War Veterans
4= Care Dependency
5= Foster Child
6= Child Support

Level of education codes for Question 18:
00=less than one year
01=Grade 1
02=Grade 2
03=Grade 3
04=Grade 4
05=Grade 5
06=Grade 6
07=Grade 7
08=Grade 8/Sid 6
09=Grade 9
10=Grade 10/Sid 8
11=Grade 11
12= Grade 12/Sid 10
13=Further studies incomplete
14=Diploma/ Other post-school complete
15=Further degree complete
16=Don't know

KNOWLEDGE AND ATTITUDE QUESTIONS

19	What are the children in Mamelodi at risk of:	1 = Hunger 1= Malnutrition 1= Exploited to do work 1= Drug and alcohol use 1=Emotional abuse 1-Physical abuse 1= Sexual abuse 1 =Other	
20	Are these incidents rarely, sometimes or frequently found in Mamelodi?	1=Rarely 2=Sometimes 3=Frequently	
21	In your opinion, what are the reasons that children can become at risk of being neglected and/or abused?	1=Poverty 1=HIV/AIDS 1=Alcohol and drug abuse 1=Parental neglect 1=Break down of the family 1=Children being orphaned/abandoned 1=Other.....	
22	Do you believe that orphans are a serious social issue in this community?	1=Yes 2=No 3=Do not know	
23	Are you of the opinion that the phenomenon of orphans has increased in recent years?	1=Yes 2=No 3=Do not know	
24	IF YES: To what do you ascribe the increased number of orphans in this community?	1= Illegitimate births 1=Parents not caring 1=Community not caring 1=HIV/AIDS 1=Other	
25	In your opinion, who should be taking care of these orphans?	1=The government 1=The community in general 1=Churches 1=Private/NGO welfare services 1=Family of the orphans 1=Concerned citizens 1=Other	
26	Do you personally know of any orphans living in your community?	1 = YES 2 = NO	
27	IF YES: Who are taking care of these orphans that you know about?	1=Family members of those orphan children 1= Church organisations 1=Caregivers receiving government grants 1=Government welfare services 1=Private/NGO welfare services 1=Nobody 1=Other	
28	Do you think that people in this community are willing to assist in caring for orphans?	1 = YES 2 = NO 3 = CANNOT SAY	

29	IF YES: What kind of assistance do you think people will be willing to offer to help orphans?	1=Provide food	
		1=Provide clothing	
		1=Provide shelter food and clothing	
		1=Provide financial assistance	
		1=Provide emotional support	
		1=Be prepared to become a foster parent of an orphan	
30	Would you consider assisting an orphan in need?	1 = YES	
		2 = NO	
		3 = CANNOT SAY AT THIS STAGE	
31	IF YES: What kind of assistance would you be willing to provide for the care of an orphan?	1=Provide food	
		1=Provide clothing	
		1=Provide shelter food and clothing	
		1=Provide financial assistance	
		1=Provide emotional support	
		1=Be prepared to become a foster parent of an orphan	
32	In your opinion, what are the main reasons why people may be reluctant to become involved in the care of orphans?	1= Do not care	
		1=Not enough space in their dwellings	
		1= Monetary costs	
		1=Do not know of orphans needing care	
		1=Bureaucratic hurdles	
		1=Other	


CARE OF ORPHANS

33a	Which organisations do you know that take care of orphans? (INTERVIEWER: Do not read the answer options to the respondent)	1=Church organisations	
		1=Government welfare	
		1= Christelike Maatskaplike Raad (Christian Social Council)	
		1=Save the Children	
		1=SOS Children's Village	
		1 = Other	
33b	Which organisations do you know that take care of orphans? (INTERVIEWER: Read the answer options to the respondent)	1=Church organisations	
		1=Government welfare	
		1=Christelike Maatskaplike Raad (Christian Social Council)	
		1=Save the Children	
		1=SOS Children's Village	

GRANTS

34	Do you know that a person can get a grant to take care of an orphan?	1 = YES	
35	Where can you get forms to apply for a government grant?	2 = NO (If No, go to Q.36)	
			YES NO
		Post Office	1 2
		Bank	1 2
		Magistrates Court	1 2
		Department of Welfare Services	1 2
		Pay Point	1 2
Don't know	1 2		

HOUSING

36	What type of dwelling or housing unit does this household occupy?	01=House or brick structure on a separate stand or yard 02=Traditional dwelling/hut/structure made of traditional materials 03=Flat in block of flats 04=Town/cluster/semi-detached house 05=House/flat/room in back yard 06=Informal dwelling/shack in back yard 07=Informal dwelling/shack NOT in back yard 08= Room/flatlet not in back yard but on a shared property 09= Caravan or tent 10= Private ship/boat 11 =Other	
37	From what kind of materials are the floors of this dwelling/ housing unit mainly constructed?	1= Earth/sand/dung 2=Bare wooden planks 3=Parquet or polished wood 4=Vinyl or asphalt strips 5=Ceramic tiles 6=Cement 7=Carpet 8=Other	
38	From what materials are the walls of this dwelling/ housing unit mainly constructed?	1=Plastic/cardboard 2=Mud 3=Mud and cement 4=Corrugated iron/Zinc 5=Prefab 6=Bare brick or cement blocks 7=Plastered/finished 8=Other	
39	How many rooms, including kitchens, are there for this household? Exclude bathrooms, sheds, garages, stables etc. unless people are living in them.	-----	
40	If one room only: Are there other households sharing this room?	1 = YES 2 = NO	
41	In which way does this household obtain PIPED WATER for domestic use?	1=No access to piped water 2=Piped (tap) water on community stand more than 200m from dwelling 3= Piped (tap) water on community stand less than 200m from dwelling 4=Piped (tap) water inside yard 5= Piped (tap) water inside dwelling 6=Other	
42	What is this household's MAIN source of WATER for domestic use?	1=Water supplier (e.g. municipality)? 2=Borehole 3=Spring 4=Rainwater tank 5=Dam/ Pool/ stagnant water 6=River/ stream 7= Water vendor 8=Other	
43	What is the MAIN type of toilet facility that is available for use by this household?	1=Flush toilet (connected to sewage system) 2= Flush toilet (with septic tank) 3=Chemical toilet 4=Pit latrine with ventilation (VIP) 5=Pit latrine without ventilation 6= Bucket latrine 7= None	
44	What type of energy/fuel does this family Mainly use for cooking, heating and lighting?	1=Electricity 2=Gas 3=Paraffin 4=Wood 5=Coal 6= Candles 7=Animal Dung 8=Solar Cooking <input type="checkbox"/> Heating <input type="checkbox"/> Lighting <input type="checkbox"/>	

45	Does the household have any of the Items opposite in working condition?		YES	NO	
		Radio	1	2	
		Television	1	2	
		Computer	1	2	
		Refrigerator	1	2	
		Telephone in dwelling	1	2	
		Cell-phone	1	2	
46	How is the refuse or rubbish of this household MAINLY disposed of?	1=Removed by local authority at least once a week 2= Removed by local authority less often 3=Communal Refuse dump 4=Own refuse dump 5=No rubbish disposal 6=Other			

Tick here if continuation sheet used

APPENDIX: B
FOCUS GROUP SCHEDULE

FOCUS GROUP SCHEDULE

A COMMUNITY BACKGROUND

A1 How would you describe this community?

PROBE:

Who forms part of this community and who doesn't?

Who are the most important role-players in your community?

What are the social, economic, political, educational issues?

B. FAMILY STRUCTURE

B1 What is the typical family structure in this community?

PROBE:

Who is the head of the household?

How many members in the family?

What are the characteristics of family members?

C PARENTING PRACTICES

C1 What are the typical parenting practices in this community?

PROBE:

Do parents stay and raise their own children?

Are there any adults who take care of any children under the age of 18 who are not their biological children?

Are these adults related to these children?

What are the main reasons for taking care of such children?

D ORPHAN CARE IN GENERAL

D1 Do parents in this community generally make alternative living arrangements for their children before their death?

PROBE:

If so, what do they do to ensure that their children will be cared for?

If not, what happens to children? (Are they taken to live with their relatives?

Do relatives come to stay with them? Are they placed with other people? Are they taken to an orphanage?)

Are there any procedures to be followed?

Are there any cultural practices to be followed?

D2 What happens in general to family assets when parents die?

PROBE:

Are they taken over by relatives, caregivers, or others?

What about orphans' property ownership and inheritance rights?

Are there any cultural practices that specify what should happen to family assets?

D3 Who do you regard as an orphan?

PROBE:

What about the age of orphans?

Are there any differences between an orphan with one parent and one who lost both parents?

Are there any orphans in this community?

D4 What are the immediate needs of orphans soon after the death of their parents?

PROBE:

What are the educational needs?

What are the social needs?

What are the financial needs?

What are the emotional needs?

D5 What kinds of survival mechanisms are available to orphans in this community?

D6 What comes to mind when you hear "orphan care"?

PROBE

Is it caring by relatives, caregivers, institutions, state, NGOs, etc.

D7 How is orphan care practiced in this community?

PROBE

Are there any procedures to be followed?

Are there any cultural practices to be followed?

D8 Why do people get involved in orphan care?

PROBE

Is it for financial, cultural, social reasons or are they willingness to help?

D9 Do people who care for orphans generally receive state grants to care for these children?

PROBE:

If so, how do they do that, is it right do so?

If not, what are the reasons, how do they cope without state grants?

E ORPHAN CARE BY THE COMMUNITY MEMBERS

E1 What do you think about orphan care provided by the community?

PROBE:

Who forms part of this community?

Who in the community is responsible to care for orphans?

What is the current role of the community in orphan care?

How did the community care for orphans in the past?

Have there been any changes on how orphans were cared for over the years? What is the future role of the community in orphan care?

Do people in this community adopt orphans? How do they do it? Do they receive any grants?

Is the community generally willing to adopt orphans?

Is the community generally willing to foster orphans?

Is the community generally willing to foster or adopt HIV/AIDS orphans?

E2 Do you think the community should be mobilised to care and support orphans?

PROBE

If so, how can they be mobilised?

E3 What issues would you regard as important when orphans are to be cared for by the community?

PROBE

How should caregivers be identified?

What criteria should be used?

What about training of caregivers?

F ORPHAN CARE BY EXTENDED FAMILY

F1 What do you think about orphan care provided by the extended family?

PROBE:

Does the extended family still exist?

If yes, who forms part of the extended family?

Who in the extended family is responsible to care for orphans?

How does the extended family care for orphans?

How did the extended family care for orphans in the past?

Have there been any changes on how orphans were cared for by the extended family over the years?

What is the future role of the extended family in orphan care?

Does the extended family receive any grants to look after orphans?

Is the extended family generally willing to adopt orphans?

Is the extended family generally willing to foster orphans?

Is the extended family generally willing to foster or adopt HIV/AIDS orphans?

F2 Do you think the extended family should be mobilised to care and support orphans?

PROBE

If so, how can the extended family be mobilised?

F3 What issues would you regard as important when orphans are to be cared for by the extended family?

PROBE

How should caregivers be identified?

What criteria should be used?

What about training of caregivers?

G ORPHAN CARE BY NGOs

G1 Do you think NGOs play a role in caring for orphans?

PROBE:

If yes, which NGOs are involved in orphan care?

What is the current role of the NGOs in orphan care?

What do you think of the current role of NGOs in orphan care?

What is the future role of the NGOs in orphan care?

G2 Do you think the NGOs should be mobilised to care and support orphans?

PROBE

If so, which NGOs should be mobilised?

How can NGOs be mobilised?

G3 What issues would you regard as important when orphans are to be cared for by NGOs?

PROBE

How should caregivers be identified?

What criteria should be used?

What about training of caregivers?

H ORPHAN CARE BY INSTITUTIONS (ORPHANAGES)

H1 Do you think institutions play a role in caring for orphans?

PROBE:

In general, which institutions are involved in orphan care?

Are there any institutions caring for orphans in Mamelodi?

What do you see as an orphanage?

If SOS is mentioned, what do you know about SOS?

Do people in general know about SOS childrens' village?

What do you think of the work of SOS childrens' village?

What is the current role of the institutions involved orphan care?

What is the future role of the institutions in orphan care?

H2 Do you think institutions should be mobilised to care and support orphans?

PROBE

If so, which institutions should be mobilised?

How can institutions be mobilised?

H3 What issues would you regard as important when orphans are to be cared for by institutions?

PROBE

How should caregivers be identified?

What criteria should be used?

What about training of caregivers?

I ORPHAN CARE BY THE STATE

I1 Do you think the state play a role in caring for orphans?

PROBE:

Do you know of any state-owned institutions caring for orphans?

What is the current role of the state in orphan care?

What is the future role of the state in orphan care?

Are there such institutions in Mamelodi?

Do you think that the state should provide more orphanages?

I2 Do you think the state should be mobilised to care and support orphans?

PROBE

If so, how can the state be mobilised?

I3 What issues would you regard as important when orphans are to be cared for by institutions?

PROBE

How should caregivers be identified?

What criteria should be used?

What about training of caregivers?

J BEST/PREFERRED/SUCCESSFUL ORPHAN CARE TYPE

J1 Which type of orphan care do you think is best?

PROBE

Has this model worked before?

Is this model sustainable in the future?

What resources are needed to sustain the orphan care model?

J2 Which type of orphan care would you prefer?

PROBE

Has this model worked before?

Is this model sustainable in the future?

What resources are needed to sustain the orphan care model?

J3 Which type of orphan care is likely to be successful?

PROBE

Has this model worked before?

What resources are needed to sustain the orphan care model?

Is this model sustainable in the future?

K LONG-TERM FAMILY BASED CARE FOR orphans and vulnerable CHILDREN

K1 What do you think of long-term family based care where orphans and vulnerable children are cared for in their own communities?

K2 Are there any resources available in this community to care and support orphans and vulnerable children in their own community rather than in an institution?

PROBE:

What are these resources?

Who is responsible for these resources?

How do they work?

K3 What would make it easier for community members to be involved in long-term family based care for orphans and vulnerable children?

K4 What would make it difficult for the community to be involved in long-term family based care for orphans and vulnerable children?

K5 What are the various community strengths that can help to encourage long-term family based care for orphans and vulnerable children?

K6 What are the major community weaknesses that may hinder long-term family based care for orphans and vulnerable children?

K7 Do you have any other issue that you would like to raise which you think might help us in this study?

Thank you very much for your cooperation

APPENDIX: C
IN-DEPTH INTERVIEW
SCHEDULE

IN-DEPTH INTERVIEW SCHEDULE

PART A: PERSONAL INFORMATION

- A1 What is your sex?
- A2 How old are you?
- A3 Are you currently attending school?
- A4 What is your highest level of education/in what grade are you?
- A5 Are your parents still alive?
- A6 Who do you currently stay with?
- A7 How are you related to the person you stay with?
- A8 How long have you been staying with this person?

PART B: PSYCHOSOCIAL ISSUES

- B1 What are the children in Mamelodi at risk of?
- B2 How frequent are these incidents in Mamelodi?
- B3 What are the reasons that children can become at risk?

PART C: ORPHAN CARE IN GENERAL

- C1 How would you describe an orphan?
- C2 Do you believe that orphans are a serious social issue in this community? Give reasons.
- C3 Do you think that the phenomenon of orphans has increased in recent years in this community? Give reasons.
- C4 What do you ascribe the increased number of orphans in this community to? Give reasons
- C5 Do you personally know of any orphans living in your community?
If yes, who takes care of these orphans?
How are they taken care of?
If no, whom do you think should take care of orphans?
How should they take care of orphans?

PART D: ORPHAN CARE BY EXTENDED FAMILY

- D1 Do parents in this community generally make alternative living arrangements for their children before their death?
If so, what do they do to ensure that their children will be cared for?
- D2 Do you know of any orphans staying with the extended family? Tell us more about them.
- D3 How are these orphans related to the extended family?
- D4 How do you feel about orphan care provided by the extended family?
- D5 Do you think members of the extended family are generally willing to assist in caring for orphans/ HIV/AIDS orphans? Yes/No
If yes, what kind of assistance is the extended family willing to offer orphans?
If no, what are the main reasons why the extended family may be reluctant to care for orphans?
Who in the extended family, do you think is responsible to take care of orphans? Give reasons.

PART E: ORPHAN CARE BY INSTITUTIONS (ORPHANAGES)

- E1 Do you know of any institutions that play a role in caring for orphans?
If yes, explain who they are and what they are doing.
- E2 What do you think about such institutions?
- E3 Are there any institutions caring for orphans in Mamelodi?
If SOS is mentioned, what do you know about SOS?
What do you think of the work of SOS childrens' village?
Do other young people of your age generally know about SOS children's village?
What do they know?
What do they think of SOS children" village and the work that they do?
- E4 Do you know of any orphans staying in an orphanage? Tell us more about them.
- E5 How do you feel about orphan care provided by orphanages?
- E6 Do you think institutions should be mobilised to care and support orphans? Give reasons.

PART F ORPHAN CARE BY THE STATE

- F1 Do you think the state plays a role in caring for orphans? Give reasons
- F2 How do you feel about orphan care provided by the state?
- F3 Do you think the state should be mobilised to care and support orphans? Give reasons.
- F4 Do you think the state should provide more orphanages? Give reasons

PART G: ORPHAN CARE BY THE COMMUNITY

- G1 Do you know of any orphans staying with families not related to them?
Tell us more about them
- G2 Do you think orphans should be cared for in their own communities?
Give reasons.
- G3 Do you think that people in this community are willing to assist in caring for orphans?
If yes, what kind of assistance do you think people are/will be willing to offer orphans?
If no, what are the main reasons why people may be reluctant to care for orphans?
- G4 Are there any resources available in this community to care and support orphans in their own community rather than in an institution?
How do these resources work?
- G5 What do you think would make it easier for community members to care for orphans and other vulnerable children?
- G6 What do you think would make it difficult for community members to care for orphans and other vulnerable children?
- G7 Do you have any other issue that you would like to raise which you think might help us in this study?

THANK YOU VERY MUCH FOR YOUR COOPERATION

APPENDIX: D
CONSENT FORMS



Information sheet

The Human Sciences Research Council (HSRC) is conducting a small-scale study in Mamelodi to collect information that may assist those programmes in Mamelodi caring for orphans and other vulnerable children. Specifically, we will be gauging the attitudes and opinions of members of the Mamelodi community with regard to orphan care facilities and programmes.

The study consists of two parts. Firstly, interviewers will visit a sample of households. The sample was randomly drawn. Household members will be asked to provide answers to a number of questions such as the composition of the household and their views regarding the care of orphans.

In the second part of the study, focus group interviews and individual interviews will be held with various members of the community to obtain more detailed information. The information thus collected will be combined in a report dealing with orphan care and related matters in Mamelodi.

If you have any other questions, or want to know more about the project, you can contact Ms K. Tlabela at the HSRC on Tel: 012 302-2096 or Fax: 012 302-2284



Household Survey Consent Form (Household head)

Dear Household head

The Human Sciences Research Council is conducting a small study in Mamelodi with regard to the care of orphans and other vulnerable children. This information will be used in planning for facilities and to design additional programmes to take care of such children. In the attached information sheet a more detailed description is given of this study as well as contact numbers if you need more information.

Your household has been selected to participate in this study as part of a random sample of dwellings in Mamelodi. We will be only asking a limited number of questions regarding the composition of your household and your views regarding the care of orphans. Your participation in the study is voluntary and you have the right to withdraw your consent to participate at any time. Your surname will not be written on the questionnaire and no one will be able to link your name to the answers written down. Your individual privacy will be maintained in all published and written data resulting from this study. The interview will take approximately 30 minutes to complete. Do you have any other questions regarding this study?

I consent that my household can take part in the study.

Signed: _____ Date: _____

Thank you very much

HSRC research team



Focus Group Interviews

Dear Participant

The Human Sciences Research Council is conducting a small study in Mamelodi with regard to the care of orphans and other vulnerable children. This information will be used in planning new facilities and designing new programmes to take care of such children. In the attached information sheet a more detailed description is given of this study as well as contact numbers if you need more information.

You have been recruited to take part in a focus group discussion to talk about orphans, vulnerable children and matters related to their care. Your participation is voluntary and you have the right to withdraw from this discussion at any time. You may also refrain from answering any questions. All information obtained from this group discussion will be kept confidential. Your name will not be recorded. None of the information provided would be attributed to you in any report that may come from this study. The discussion should last between 60 and 90 minutes.

We would like to make a tape recording of the focus group discussion to ensure that we get all the information that is discussed at this interview. Upon completion of the study the tapes, transcriptions (and translations if any) will be safely archived at the HSRC.

Do you have any other questions regarding this study?

I consent to participate in the focus group discussion and give my permission to have the discussion recorded on tape.

Signed: _____ Date: _____

Thank you very much

HSRC research team

Human Sciences Research Council
Lekgotla la Dinyakisišo tša Semahlale tša Setho
Raad vir Geesteswetenskaplike Navorsing
Umkhandlu Wezokucwaninga Ngesayensi Yesintu
Ibhunga Lophando Ngenzulu-Lwazi Kantu

**Integrated Rural and Regional
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Parent Assent Form

Dear Parent/Guardian

The Human Sciences Research Council is conducting a small study in Mamelodi on the care of orphans and other related matters. By collecting such information, it is possible to plan and implement measures regarding the care of orphans.

Your child has given us permission to interview him/her on his/her views regarding the care of orphans. However we would also like to obtain your permission to interview your child. If you allow your child to participate in this study, you and your child should know that his/her participation is voluntary and that he/she has the right to withdraw his/her consent or discontinue the interview at any time.

Individual privacy will be maintained in all published and written data resulting from this study. The opinion of your child is important because we want to know how children view the care of orphans and vulnerable children. The interview will take approximately 60 to 90 minutes.

I give permission that my child can be interviewed in this study

Signed: _____ Date: _____

Thank you very much

HSRC research team

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Fax: 27 (31) 273 1403
Fax: 27 (21) 467 4424
Fax: 27 (51) 448 5500



Child Consent Form

Dear Child

The Human Sciences Research Council is doing a small study in Mamelodi with regard to the care of orphans and other vulnerable children. In the attached information sheet a full description is given of this study as well as numbers of people that you can phone if you need more information. Your answers will give us important information, as it is necessary to hear what children say about how orphans should be cared for. If you agree to talk to us, you must know that you do this freely and you can withdraw from our discussion at any time.

We will not tell anybody else what you told us. Your views together with what the other children told us will be combined in our report. This will help us in planning for new programmes that can assist in the care of orphans and other children. The interview will take approximately half an hour to an hour.

Do you want to ask any other questions about this study?

I agree to talk to you

Signed: _____ Date: _____

Thank you very much

HSRC research team