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MAY'KHETHELE PROGRAMME

Semi-annual Report to PEPFAR

1 October 2007 to 31 March 2008

Services for children made vulnerable or orphaned as a result of HIV and AIDS

Total number served

	Male	Female	Unknown	Total	FY 2008 Target
Primary Direct Support	59	141	3	203	
Supplementary Direct Support	583	485	97	1165	
Total	642	626	100	1368	5000

Number of providers/caretakers trained in caring for vulnerable children

	Male	Female	Unknown	Total	FY 2008 Target
	22	81	0	103	870

Children served according to service categories

	Total
Clinical nutrition interventions	167
Food and/or food parcels	20
Shelter interventions	1
Child protection interventions (i.e. birth registration, identification and inheritance issues)	18
General healthcare services (i.e. immunisation)	177
HIV prevention education or interventions	376
Psychosocial care	1368
General education	27
Vocational training	0
Economic opportunity or economic strengthening (i.e. social grants)	20
Healthcare support specifically for antiretroviral treatment)	4
Total number served	2178



The process of identifying vulnerable children is on-going in all 16 schools. The partners use a standardized screening form to identify whether children meet the PEPFAR criteria. To date, a total number of 2600 vulnerable children (1420 by PG, 566 by YFC, 431 by Sinani, 183 by Lifeline) have been identified, assessed and classified as having met the PEPFAR criteria. This number is 52% of the COP2007 target of reaching 5000 vulnerable children. 1368 vulnerable children have already received one or more completed services (203 primary direct and 1165 supplemental direct) during this reporting period which is more than a quarter (27%) of the annual target to be reached during the first year of the program. Services have begun for the remaining 1232 but were not completed during this reporting period. The data reported has been verified through a data verification process conducted in the reporting period. The partners are fast tracking processes to identify and serve more vulnerable children to meet the target.

PROGRAM ACTIVITIES

The partners use a standardized assessment tool to identify services needed by vulnerable children. They are then provided with the services needed or referred to other sub partners following a standard referral procedure. In addition to the main activities listed below, the sub partners provide additional services according to the needs of each child, including: provision of VCT, referral to clinics for immunisation, STIs, CD4 counts and ART, support of survivors of sexual or physical abuse, assistance in obtaining exemption from school fees, providing access to school uniforms and social grants, links to other nutritional interventions, accessing birth certificates and identity documents, succession planning and inheritance claims, removing children from abusive situations into safe places and placement of vulnerable children within families. The services provided in schools are the points of initial contact with vulnerable children. This is followed by visits to the household, where further needs are identified and services provided. Needs outside the scope of the program are referred to other service providers.

SUB PARTNER KEY ACTIVITIES

LIFELINE

LL mainly provides VCT services to children referred by the other sub partners. These children receive two services. For VCT they first receive pre- test counseling from a counselor and give informed consent to undergo the test. These are high school children, 12 years of age or older who, in terms of the Children's Act, do not require parental consent for VCT. After the pre-test counseling, a nurse conducts a rapid HIV test on the child and gives them the result. After the test and the receipt of their result, the child is referred back to the counselor for post test counseling. In addition, while they are with the qualified nurse, they receive clinical nutritional assessment, according to established protocols, and nutritional counseling from the nurse. Children who test positive receive ongoing intensive counseling and support. Where appropriate they are referred for CD4 counts and ART. Children who test negative are encouraged to join peer support groups to maintain their status. These groups have been established in the schools with leaders trained by the program.

PROJECT GATEWAY

The major activity for PG is psychosocial support, which they provide in the form of a four session life skills training course followed by an eight-session HIV prevention education training course. These activities target all the children in grades 8, 9, 10 and 11 in the schools in which the program is operating. Only those who meet the PEPFAR criteria are, however, counted.

SINANI

Sinani's major activity is psychosocial support through a fifteen session Structured Group Therapy Program for vulnerable children identified in all the six primary schools participating in this program.

YOUTH FOR CHRIST

The major activity for YFC is a four day HIV prevention education training course followed by a fifteen session life skills training course. These activities target all the children in grades 8, 9, 10 and 11. Only those who meet the PEPFAR criteria are counted.

The partners extend their support to the households of vulnerable children where other needs are identified and services provided.

DATA QUALITY

Data was captured from source documents to a database by each sub partner. The data from the four sub partners was merged and sorted according to school, class, surname, first name and service provided. This makes it possible to identify children who had received more than one service or services from more than one sub partner. This procedure prevented double counting and was the basis for recognizing primary direct services and supplementary direct services. The data reported has been verified through a data verification process conducted during the reporting period.

PROVIDERS/CARETAKERS TRAINED IN CARING FOR VULNERABLE CHILDREN

The program trained 103 providers/caretakers including educators, team leaders, facilitators, volunteers and peer education leaders. The breakdown of this training by sub partner is: PG 36, SN 20, YFC 47. LL does not provide training for caregivers of vulnerable children since they concentrate on VCT.

Each sub partner uses their own different 4-5 day curriculum to train their caregivers. However, all the training courses have learning objectives, course outline/curricula, and expected knowledge, skills and competencies. All the sub partners maintain attendance registers of the participants to ensure that only those who complete the course are awarded with certificates and allowed to provide services for vulnerable children under the program. A person is only counted as trained if s/he completes all (or attends at least 75%) of the training sessions. The training is monitored and evaluated using pre and post test questionnaires to measure knowledge change.

COLLABORATION WITH OTHERS

The program has obtained letters of support from the provincial Departments of Education and Health. The schools have signed a Memorandum of Understanding with sub partners. The sub partners have forged collaborative working relationships with other organizations/institutions such as the University of KwaZulu-Natal School of Psychology (Pietermaritzburg) where children with learning difficulties are referred for assessments, Lawyers for Human Rights (inheritance disputes), government departments such as Department of Social Development (social grants), Department of Home Affairs (birth registration, ID books), Department of Health (immunization, ARVs) . Children have also been referred for food parcels to churches and other NGOs e.g. PS Donnell, David Peters and University of KwaZulu-Natal Student Christian Fellowship. These collaborative relationships have contributed to providing effective and comprehensive service delivery to vulnerable children.

SA GOVERNMENT COLLABORATION

No MOUs have been entered into as KZN provincial government departments have considered Letters of Support to be sufficient. CINDI has obtained Letters of Support from the KwaZulu-Natal provincial Departments of Education and Health. There has not been any difficulty in obtaining this support. CINDI reports semi annually to: (a) the provincial Department of Health on the number of vulnerable children who received VCT and were referred for ART; (b) Department of Social Development on the number of vulnerable children referred for social grants, accessing school fee waivers and referred for food and nutrition support; and (c) Department of Education on the number of vulnerable children in participating schools, updates of project activities, number of vulnerable children benefiting from the program and number of trained peer leaders and educators in the schools. A written report is provided and presented at meetings with representatives of these departments.