



**ADDRESSING THE BALANCE OF BURDEN IN AIDS RESEARCH
PROGRAMME CONSORTIUM
(ABBA RPC)**

**PROGRAMMES FOR ORPHANS
AND VULNERABLE CHILDREN
(OVC) IN uTHUNGULU
DISTRICT MUNICIPALITY,
KWAZULU-NATAL**

Background

uThungulu District Municipality – study area

uThungulu District Municipality is one of the 11 district municipalities of KwaZulu Natal province. It covers an area of 8,215 km² and has a total population of 885,996 as projected from the 2001 population census. The district is surrounded by Zululand district municipality to the north, uMkhanyakude district municipality to the north east, Indian Ocean to the south east, while Ilembe and uMzinyathi district municipalities are to the south west. The head quarter for uThungulu District Municipality is at Richards bay. The main language spoken in uThungulu district is isiZulu (93.6%).

The District is code number DC 28 and has six local municipalities namely:

- uMhlathuze
- uMlalazi
- Nkandla
- Mbonambi
- Ntambanana
- Mthonjaneni

The district population comprises mainly of Black Africans (94.67%), with a few Whites (3.6%), Indians/Asians (1.26%), and the coloureds (0.46%). The population of males is 409,783 (46.25%) while females are 476,161 which is 53.75% of the total population (16)

The purpose of this descriptive study was to understand how OVC programmes are organized and implemented in uThungulu District Municipality. Orphans in this study are defined as children below the age of 18 years who have lost either one or both parents through death from any cause, HIV/AIDS included while vulnerable children are defined as those children who live in a household in which the care-giver is too ill to continue to look after them or children who live with very old and frail care-givers. Information generated from this study will complement efforts by the client for this study to develop norms and standards to guide operations of OVC programmes.

Financing of OVC programmes in uThungulu is mainly by the Government of South Africa through the Department of Social Welfare and Population Development. All OVC programmes have a limited range of services which include; education, food supply, and health care services. There is high reliance of volunteer workers in OVC programmes.

Amangwe Village was the client for this study. In an attempt to respond to the impact of HIV/AIDS in Kwazulu-Natal province, Amangwe Village HIV/AIDS programme was established in 2002 as a partnership driven initiative to provide a holistic and integrated care and support to people infected or affected by HIV/AIDS including children (17). According to the client, there are several crèches and other OVC programmes operating in uThungulu district municipality yet there are no norms and standards set to guide on how such programmes should operate. The client would like to use information generated from this study to spearhead formulation of norms and standards for OVC programmes operating in uThungulu District Municipality.

1.4 Research Questions

The following research questions were explored in this study:

1. Do the different OVC programmes in uThungulu District Municipality have the necessary capacity to provide care and support to their clients?
2. What is the perception of older orphans and vulnerable children regarding the

support they get from OVC programmes?

Key findings included:

- **Utilization of OVC programmes:** Population of children being served per site is very high with an average of 735 children per site. Child/staff ratio is as high as 88 children to 1 salaried staff.
 - **Management and support:** All sites compiled statistics for services provided although there was no uniformity in the content and frequency of these statistics as some managers prepared activity reports monthly while others made quarterly reports. Only four out of the seven sites reported getting support supervision from the Government through the Departments of Welfare and Health.
 - **Basic standards:** Basic Health and safety standards, like availability of first aid kit, 'No Smoking' label, protective wear for domestic staff, were missing in most of the sites. None of the kitchen staff in all the sites had undergone medical examination to certify them fit to handle children's food.
- Staff views:** OVC staff experience emotional stress owing to too much work as a result of staff shortage and non or under payment of stipends despite the fact that they offered essential services. Staff raised the issue of OVC programmes being poorly funded which limited their functioning.
- Perceptions of children:** Children interviewed voiced concerns regarding their education as they were unsure whether OVC organizations could assist them to attain the highest level of education they desired.

Conclusions and implications for policy and practice

Capacity

1. OVC staff are working hard to provide services to this needy social group, but the amount of work involved remains a big challenge. In the units described, workload for OVC workers was high. One option may be for OVC programme managers to open up satellite centres in the community through which they can provide services to needy children as a way of decongesting the static programmes, but this requires resources.
2. This service expansion will require additional funds. OVC programme managers need to consider soliciting for alternative funding agencies both locally and internationally in order to complement Government efforts in funding local community initiatives to support OVC in the district. Local and national planners will need to consider this alongside other funding mechanisms.

Management and standards of OVC programmes

1. OVC programmes require some basic minimum health and safety standards. This may best come from Government Departments of Health and Social Welfare working in collaboration with OVC programme managers.
2. It is unclear whether the Government Department of Welfare reporting system is being implemented and followed by OVC programmes. There needs to be some standardized monitoring and evaluation systems implemented.
3. Emotional stress and workload remains high for staff; OVC programme managers could consider strategies to help this, including forming support groups for OVC workers where they can be meeting to share work experiences and challenges as away of helping them to cope with the challenges at work.
4. Programme managers need to consider ways to address children's concerns regarding their education. OVC programme managers could think of how they can make sure that OVC benefit from the current Government policy on 'free and basic education for all', including sensitizing OVC and their carers on their right to education.

Further research is now scheduled to explore the psychosocial dynamics of OVC.

