

# CompreCare Joint Venture

## CO-ORDINATED HIV/AIDS MANAGEMENT PROGRAMS (CHAMPS INITIATIVE)

### NARRATIVE REPORT ON PROJECT ACTIVITIES 2005

#### **Introduction**

The CHAMPS project started in its present format on 1 August 2005 therefore the reporting period is only for 2 months. This report covers the main achievements of the program.

#### **Activity 1: value based prevention program (HospiVision)**

##### **1. Accomplishments**

A value based prevention program was developed. It focuses on the values of respect, responsibility, integrity, fairness, love and service. The purpose of the program is to train pastors and other leaders to develop, facilitate and evaluate appropriate ethical and value-based Christian responses to HIV/AIDS and to facilitate an ethical community development program in which a Christian response to HIV/AIDS is addressed.

The program has been submitted for accreditation by SAQA (South African Qualifications Authority). When accredited the program will lead to a certificate carrying 62 academic credits (25% of total) towards a National Diploma in Theology and Ministry on NQF 5.

Twelve leaders were trained and are currently implementing the program.

##### **2. Challenges to implementation**

In marketing the program HospiVision experienced apathy from faith based leaders. There is still the impression that "it is not a problem in our community". Ownership by and mobilization of the community is a continuing problem. These factors also contribute to stigmatization.

##### **Responding to challenges**

HospiVision believes that successful implementation of the program will contribute to the break down of stigma and support FBO's in creating an atmosphere of safety.

##### **3. Success stories**

- The program was presented to the Northern Synod of the Dutch Reformed Church and was selected as part a primary component of the synod's HIV & AIDS strategy.
- The Baptist Union has accepted the program as part of their strategy.

- 90% of participants expressed commitment to a value based lifestyle of abstinence and faithfulness as their personal strategy to respond to HIV & AIDS
- Participants responded as follows on the question of the impact of the program on them:

**1. What decisions did you make during this course?**

- To be assertive, no should be no.
- To be faithful, to be respectful.
- Discover all possible options and their implications fully before taking my final decision.
- I need to learn more about HIV.
- There is nothing wrong with going for testing.
- Value based system is the prevention answer.
- To make a difference in the church and community.
- I am going to empower other people who don't have the knowledge about HIV / AIDS

**2. How do you intend putting a value based lifestyle in practice in the future?**

- To be disciplined and honest.
- To have self control.
- I am committed myself and will motivate others.
- Always consult my values and make sure I don't compromise them.
- To say no when I am tempted to deviate.
- To regularly reaffirm the values I choose.
- To surround myself with people with the same values.
- To focus on my plan for life.

**3. Were there any aspect of the workshop that had a negative impact on you?**

*NO*

**Activity 2: Orphans and Vulnerable Children (Child Welfare Tshwane)**

**1. Accomplishments**

The project has 48 trained and active volunteers who are motivated to make a difference in their community. The volunteers meet with their team leader every two weeks to receive ongoing training and support as well as enabling us to monitor the progress been made in the project.

Six local schools have been contacted to assist with the identification of OVC's and to provide a network between the project and the schools. From these schools at least 300 OVC's were identified and referred for assessment to the volunteers. The schools have also agreed to work in cooperation with the project so should a child not attend school or exhibit any problem behaviour they will contact Child Welfare immediately.

The immediate needs of the OVC's were identified as food and this has been provided for two months – once the OVC carer is in receipt of a Child Support Grant or Foster Care Grant the food support will be suspended. All families are encouraged to start a vegetable garden through the project to ensure a source of fresh food.

Parents of the OVC's who are HIV+ are referred to the Ford Care Centre aspect of the project. Nineteen people attend the drop in centre on a regular basis. Here they receive individual and group support as well as assistance and advice on nutrition, living with HIV, parental guidance, and an income generation opportunity.

Child Welfare has established positive relationships with local hospitals and clinics to ensure that project members can receive ARV's when they qualify. Clinics work closely with the agency to ensure that members are compliant with their treatment.

Memory books have been started with four children whose parents are HIV+. (A copy of such a book was given to PACT when they made a site visit).

## **2. Challenges**

Child Welfare's biggest challenge is to cope with the numbers that are being identified – the children identified are only from six schools – they will reach out to more schools once all the identified children have been assessed and a care plan in place for them.

Child Welfare Tshwane also has to ensure that their volunteers are equipped to cope with the challenges that they face. Ongoing support, training and debriefing is being planned for the volunteers.

## **3. Success Stories**

In April 2005 Susan was referred to the Ford Care Centre through a local clinic when she was diagnosed as being HIV+. She arrived at the centre anxious and concerned for her children's future. Her CD 4 count was 183. At the centre she learnt to understand her disease and she developed a trusting relationship with the Social Worker. She attends the project everyday and has a real skill at beading. Through the beading she has earned a small income each month but more important she has grown in self confidence as we are able to sell her beaded products. She now receives a child support grant for her child and is slowly becoming more self sufficient.

Susan was placed on a waiting list to receive ARV as her CD 4 count was below 200, however when she was re tested in September her CD 4 count had increased to 248!

Susan shares that attending the project has changed her life, being able to talk openly about her status in the caring environment of the centre has eased her stress levels. She is better able to cope with her day-to-day life and is beginning to plan for her and her children's future.

### **Activity 3: *Knowing your neighbourhood* program (Kurima)**

#### **1. Accomplishments**

Kurima has managed to identify 15 facilitators who are residents of Mamelodi. These facilitators come from various wards in Mamelodi. Eleven are female and four are male. The criteria used to identify the facilitators were based on the following:

- Community involvement
- Community participation
- Voluntarism (commitment)

Amongst the facilitators most are involved in community projects that deal with those who are infected and affected with HIV and AIDS, on a voluntary basis.

A five-hour training session was held with the facilitators facilitated by HospiVision whereby they were given an overview of the project and the way forward planning was made with them. Further training will be given on identifying OVCs, referrals and the operation of the call centre.

#### **2. Challenges**

The main challenge facing the Kurima team, i.e. team leader and facilitators, is the lack of accommodation in terms of a venue for training and meetings. At present it is more of a set-up where the Kurima team “piggy back” on other established organisations to use venues. In the process however more organisations are being engaged with in the community.

#### **3. Success Stories**

The facilitators have shown character in terms of enthusiasm that soon they will be going out in different wards/areas to start with the identification of OVCs. This enthusiasm further shows the level of commitment that each facilitator brings into the project.