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## FINAL PROGRAMME REPORT

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## 1. Introduction

This is the final report submitted to USAID as part of grant to the Urban Sector Network (USN) to provide support for a programme in USAID's multi-sectoral approach to the HIV / Aids pandemic. The report therefore covers the entire period of the contract, including the extension period (October 2000 to August 2002). The programme activities were capacitation, research, pilot projects and advocacy and are detailed below.

## 2. Capacitation of USN affiliates

All USN staff have undergone general HIV / Aids training. Each affiliate identified a HIV / Aids co-ordinator in their organisation who received more in depth training, both in support of inputting into the internal procedures and protocols for responding to the needs of infected staff and affected individuals, and in terms of establishing a baseline understanding for incorporating HIV / Aids related issues into projects and programmes. The network study has also provided USN affiliates with useful contacts, with affiliates recognising that the USN can build on these already established networks and draw them into USN project work.

Based on discussions from a workshop which the HIV / Aids co-ordinators (interest group of project staff) from all USN affiliates attended, the Network Office produced an internal policy for dealing with those affected and infected by HIV / Aids within the USN. It was decided at the workshop that the policy should encompass all chronic and debilitating diseases, with the long-term objective for the USN being the creation of supportive physical and social environments for those infected and affected by chronic and debilitating diseases. The Network Office distributed the internal policy document to all affiliates for discussion and inputs in July 2001. The policy was adopted by Network Support Committee (NSC) members (essentially the management committee of the USN) at the NSC meeting in November 2001. Individual affiliates have incorporated this policy as part of their Human Resource Manuals. Within the Network itself, it has also made the USN aware of the need to put succession plans more carefully in place, as we are working in an environment where capacity is already very limited.

This initial capacitation has been very useful for affiliates, with affiliates using this understanding to broaden their areas of work and obtain further funding. Planact has recently secured a three year funding grant in support of HIV / Aids awareness within the organisation and to create awareness in the communities that they engage with. Planact's HIV / Aids work was communicated and displayed as part of the USN's strategy for sustainable development in urban areas in the USN's participation in the World Summit for Sustainable Development. The Foundation for Contemporary Research (FCR) made use of the HIV/Aids resource document as part of a Hermanus Local Economic Development (LED) and HIV/Aids Research Open Day. This information is being used by FCR for lobbying the Municipality on the HIV/AIDS issues. Cope Housing Association, working with their housing co-operatives, organised an HIV / Aids awareness campaign in December 2001, where posters and brochures were handed out to the public by residents within the housing projects.

The Built Environment Support Group (BESG) is continuing to look for opportunities to mainstreaming HIV/AIDS issues into the work the organisation undertakes. Through networks, the BESG has liased with, and in certain instances established partnerships with a variety of organisations; public and private as well as government, on national, provincial and local levels. Partnerships formed through the Children in Distress (CINDI) Network, based in Pietermaritzburg, KZN, support a broadening range of multi-sectoral interventions, including prevention and education, health and medicine access, food security, legal rights and protection of minors, and housing. The BESG is also

responsible for driving the Housing Access Working Group (HAWG). In December 2001, the local (Msunduzi) Municipality invited CINDI and other stakeholders to partner in an integrated HIV/AIDS strategy for the city. The strategy was launched in April 2002 and has attracted praise from the UN Habitat Programme and AMICALL, a sub-saharan Association of Mayors supporting community action on HIV/AIDS, for its comprehensive approach to the epidemic.

The BESG attended a Department of Social Development Workshop in June 2002. The workshop was a call to co-ordinated action for children affected by HIV/AIDS and drew representation from various government departments and public service organisations. The workshop provided a good insight into the approaches taken by government departments in integrating HIV/AIDS into their core work. What is clearly still lacking is an inter-departmental co-ordinated strategy.

The capacitation process has therefore certainly proved sustainable, with affiliates developing further understanding and taking the work started by this contract, forward.

### **3. Projects**

At the start of the contract it was anticipated that three project initiatives would be implemented. The BESG (Durban) would pilot a project on foster care units for AIDS orphans and the BESG (Pietermaritzburg) a cluster housing scheme for the care of People with Aids (PWA's) and orphans. Cope (Johannesburg) would develop the Newtown Primary Health Care Centre.

As the pilot projects have emerged from the programme, there has been significant interest in replicating them both locally and across the country. Dialogue has been opened with the Church Land Programme, which aims to release church land for social responsibility projects; and has expressed an interest in supporting roll-out of the cluster homes model. E-mail dialogue has also been developed with the Alexandra Renewal Project in Gauteng, which has identified both the cluster foster homes and community based cluster care model as suitable vehicles for community-based interventions. BESG's pilots were extended significantly to make use of the exchange rate gains. The following has been achieved both in terms of the original pilot projects and new projects.

#### **3.1. Place of Safety (*temporary cluster foster care*)**

The original aim of the programme was to establish cluster foster care facilities in Pietermaritzburg and Durban. However the Pietermaritzburg pilot was reconceptualised as a result of BESG's networking with the Children in Distress (CINDI) Network in Pietermaritzburg and the Speak Out on vulnerable children, HIV / Aids and Housing held in March 2001. A consensus emerged that, presently, there are sufficient residential care facilities for children identified by local welfare agencies, and there is in fact a waiting list of prospective foster parents. The BESG research project on street children (as detailed in research component of the report) addresses the issue of children who have fallen through the welfare loop.

In light of the above, the Pietermaritzburg project was established as a distinct model of providing short-term group foster care for children who are abandoned or otherwise at risk, prior to being placed in permanent foster care in the community. This built on experimental work undertaken by Pietermaritzburg Child and Family Welfare Society (CWS), who operate a temporary facility from a cluster of dilapidated turn-of-the-century houses in the CBD.

A long lease has been negotiated with the municipality, and a full renovation and conversion specification completed to a final costing. Approval to the disposal of the

lease at below market-rent is awaited, in order to secure transitional housing subsidy from KZN Department of Housing. The CWS has secured funding for operating costs from donor sources in South Africa and the Netherlands.

The only activity remaining, in order to submit the project for provincial Department of Housing approval and therefore gain access to the Transitional Housing Subsidy for implementation costs, is for the new lease to be approved by the District Council's "Change Management Committee".

### **3.2. Community Cluster Care Model (Originally the Pilot Home-based Care Model)**

The model was renamed at the request of welfare service partners, who prefer to use "home-based care" exclusively to refer to the training and support of volunteers who look after People living with Aids (PWAs) and, more recently child-headed households. The term was intended to distinguish the model from institutional residential care, where children infected with or affected by HIV/AIDS have access to live in a surrogate extended family situation, in a small cluster of houses within the community from which they derive social, moral, and material support.

The pilot project has been located in Cato Manor, reputed to be the largest urban development in the southern hemisphere currently under development. The application submitted to the Department of Housing for 16 transitional subsidies, valuing R200 000, has received approval from the Regional Co-ordinating Committee. Provisional approval for the development of the Community Family Homes has been received from the Department of Housing. The following steps are to:

- finalise the agreements between the role players, namely Shayamoya Housing Association and Durban Children Society;
- finalise the purchase of the Land;
- get design approval from the community project facilitators; and
- proceed with construction.

The lengthy approval process undertaken by the Department of Housing has resulted in the delay in the implementation of the project. BESS is aiming to have the units completed before the end of the year (2002).

Concerns regarding the replicability of the model with other welfare agencies are based on the limited grant funding available for the foster care of children. Calculations on the operating costs of the facility indicate that Durban Children Society will need to supplement the state grant funding received with donor funding to cover the monthly operating costs. BESS is in discussion with welfare support networks, like CINDI (Children in Distress) to lobby for additional funds.

### **3.3. Newtown Multi-Purpose Centre (Originally the Community Family Care Centre)**

Cope Housing Association (Gauteng) was responsible for this pilot project. The concept of a community family care centre evolved into a comprehensive multi-purpose resource centre, to be piloted and tested in the settlement area of Newtown. In terms of the contract with USAID, money for this pilot project was to be used for facilitating the process and creating access to the development.

A feasibility study was undertaken and completed in March 2001. A report titled "Supplementary Report to the Business plan of the Newtown Multi-Purpose Resource Centre" was produced. The report concluded that the satellite primary health care clinic was no longer a feasible option because of the close proximity of an already established clinic. However, the City of Johannesburg Community Health Services department has

expressed an interest in providing "Health Promotion Events" throughout the year on issues such as TB, sex education, AIDS awareness etc. Health Promotion Events could therefore be conducted in the seminar rooms.

A second component, the Educare centre, would have to be registered with the Department of Social Development, before it could operate. The facility must also be issued with a health certificate by the City of Johannesburg. This implies that the facility must conform to the health by-laws for pre-school services. Infrastructural implications in terms of the space required for outdoor playing areas have also been identified. As a component of the Educare Centre, the study proposed an early childhood development project to cater for children below the age of five years, with the intention to source subsidies from the Department of Social Development.

A Multi-Purpose Centre was therefore seen as viable but it was recommended that a building should be purchased rather than constructed. Cope investigated various options and then approached Genfood, a property owner in Newtown, and offered to purchase their building. The offer was however not accepted and the property has subsequently been sold to another buyer.

Cope then negotiated with the Johannesburg Housing Company (JHC) to allow the construction of a Multi-Purpose Centre on a portion of their development of 72 housing units alongside the Newtown Housing Co-operative. However, residents of the Newtown Housing Co-operative are against the development of a Multi-Purpose Centre near their homes, citing reasons of increased traffic and congestion. This led to internal problems within the Board of the Newtown Housing Co-operative (of which all are residents) in relation to land currently being developed by JHC, which again delayed the process of accessing a site for developing a Multi-Purpose Centre.

There were therefore numerous delays for Cope in accessing a multi-purpose Centre and as such after a meeting with Cope, the USN and USAID early in 2002, the remaining amount allocated to Cope for their pilot project was redirected to the BESG's pilot project work for the Extended Family Care Housing Support Programme and Tabitha Ministries.

### **3.4. Extended Family Care Housing Support Programme**

This project emerged from the Speak-Out, in recognition that the vast majority of children infected with or affected by HIV/AIDS continue to live in their communities. Both statutory and NGO welfare service providers support this position, which is reflected both in the government's 1997 White Paper on Social Welfare, and in the commitment of non-statutory service providers to home-based care training and support programmes.

Fostering in the community routinely leads to overcrowding of the inadequately sized, state-subsidised housing (or informal housing which provides poor protection from wind and water ingress), and over-use of basic sanitation, which was designed for a nucleus family unit. These conditions in turn are ideal for the spread of opportunistic infections.

Consequently, the Housing Access Working Group (HAWG) developed a proposal for a new subsidy instrument. This is intended to provide a one-room home extension and/or additional toilet facility for foster parents or officially recognized carers (the latter by means of qualifying for the child support grant). This financing mechanism is envisaged as a supplement to the existing housing subsidy, along the lines of "add-on" subsidies, which are currently available in respect of mobility, hearing, or visual impairment.

While the Provincial Department of Housing acknowledges the de facto situation (that home-based care is preferable to institutional care) in its HIV/AIDS policy, and

recognizes the need to support such initiative, it has not itself developed a subsidy mechanism, due to the perceived risk of widespread fraud. The Department of Welfare is assisting in identifying an area to implement a pilot programme of home extensions, where there is a high incidence of orphans in foster care, thereby implying a permanent benefit in granting the facility. This means that the Department of Housing can rely on the existing framework for approval of foster placement, rather than having to establish a separate qualification process. The pilot programme was placed with Kokstad Child Welfare Society. However, two problems emerged in implementing the proposal:

- The Department of Housing has, through a separate Public Procurement policy initiative, made it increasingly difficult for non-statutory bodies to access government grants except through local authorities. Dialogue will continue beyond the current contract period;
- The preferred area for the pilot programme was a pre-1994 township, where Child Welfare has a significant client base. However, the municipality insisted on a formal building plans approval process, in spite of acknowledging that there are no records of property descriptions or physical boundaries.

Nevertheless the programme is widely recognised as a significant contributor to the range of interventions necessary, and there is strong commitment to breakthrough the bureaucratic obstacles to implementation and roll-out. The HAWG provides a forum for linking welfare and development needs. Ad hoc technical advice has been provided to a number of NGOs contemplating residential projects, on a range of land, legal, financial, and design matters. One practical outcome of these linkages was the reconstruction of a crèche in Slangspruit, at the request of Thandanani Association. Thandanani supports a network of community child care committees involved in home-based care and training, it faced closure of the crèche, due to storm damage to the original wattle and daub structure. Funds for building materials for a permanent replacement structure were donated by Thandanani and Scottsville Baptist Church; BESE provided architectural design and construction supervision support; and the community contributed labour.

The HAWG has also provided a focus for housing-related, secondary support activities, including:

- The need for families in low-income housing projects to have wills, to establish property succession rights;
- Access to rates relief for foster parents, whose sole source of income is state grants.

### **3.5. Tabitha Ministries Hospice**

There is currently no facility in PMB for terminally ill patients and adult PWAs. Children who have advanced AIDS cannot be placed readily in foster care, and both groups suffer routine exclusion from state hospitals, which see their function as dealing only with acute illness within the context of government's ambivalent policy on HIV/AIDS health care.

Tabitha Ministries, propose to operate an integrated facility providing:

- Training for home-based carers, medical interns, and other health staff, which is supported by both Greys and Edendale Hospitals
- Residential care for children and PWAs who are not known to, or supported by, existing welfare service providers
- Hospice care for terminally ill PWAs

Premises have been offered by the municipality on a long lease at Doull Road, close to the Pietermaritzburg CBD. Technical appraisal and preliminary architectural design, and negotiated revisions to the lease and extent of property offered by the local municipality

have been undertaken to make the project viable. This is a substantial project, with an anticipated capital requirement of R8m. Seed funding is needed to cover institutional establishment, full architectural, structural, and mechanical and electrical engineering services design, and project management support.

Tabitha Ministries, being a faith based mission, was unable to meet the rigorous long term viability requirements to qualify for government housing subsidy. The project was therefore disassembled, to enable Tabitha to seek dedicated sponsorship for distinct service elements. The project has also been incorporated in the municipality's comprehensive HIV/AIDS strategy.

### **3.6 Additional Projects**

These projects were implemented using the exchange rate gains.

#### **3.6.1. Sakhithemba Place of Safety**

CINDI and other welfare organizations promote care for all vulnerable children, and argue that distinction should not be made between children vulnerable due to HIV/AIDS and other vulnerable children. BESG has been engaged in a project in Amamzimtoti, south of Durban, with the YMCA to rehabilitate the young people and to equip them with necessary skills to support themselves. The BESG has undertaken:

- Drawing of refurbishment schedules for the center which were previously quarters for farm labourers ;
- Gaining project approval from Metro, which has been received;
- Submitting an application for Transitional Housing subsidies to the KZN department of Housing which is underway; and
- Assisting with subsidy administration.

#### **3.6.2. Ekhaya Lathemba Place of Safety (PMB Child Welfare Society)**

Work completed under the programme included:

- Completion of architectural work (refurbishment and conversion works schedules and cost estimates).
- Financial appraisal and the securing of donor funding to supplement the operating costs.
- Negotiation of a long lease with Msunduzi Municipality to comply with the transitional subsidy guidelines. This commenced in February 2001, and was only concluded in April 2002, due to the need for the Municipality to obtain approval from DC22 (Change Management Committee) in compliance with interim measures prescribed under the Municipal Structures Act.
- As a consequence, a full transitional housing subsidy application could only be submitted on signing of the lease, and was received by the KZN Department of Housing directly thereafter on 23 July 2002.

The first implementation phase involves renovation of a crèche within the building complex, which is separately funded by GOAL (Ireland). The housing subsidy will fund the remainder of the project, which is fully residential.

### 3.6.3. Save the Children Fund Crèches

In July 2002 the Project Preparation Trust appointed BESG and Durban Metro Housing Unit to conduct a pre-feasibility study assessing the possibility of extending homes as described above for crèche workers in the community areas of Durban. BESG undertook the work with part funding from the USAID HIV/AIDS grant. The pre-feasibility outlined:

- the development vision as promoted by the Department of Social Development (Welfare White Paper 1997);
- an analysis of the KZN Department of Housing AIDS policy and the policy gaps between the departments of Social Development and Housing;
- Analyses of targeted crèches with crèche supervisors are known to care for orphaned or abandoned children. In 29 crèches targeted, 96 children are informally fostered;
- an assessment of child grants and accessibility; and
- an assessment of whether adding to existing homes would benefit the crèche supervisors, and whether the current policy environment would facilitate such an approach. In one instance 13 people resided in a four-roomed house and 24 of the respondents indicated that additional rooms are necessary.

### 3.7. Lessons Learnt from USN Pilot Project Work

The USN affiliate, the BESG became involved in pilot project development as a result of KwaZulu Natal Province having the highest incidence of HIV/AIDS in the country, and being the first Provincial Housing Department to adopt a transitional policy for housing AIDS orphans. The impetus for the provincial housing initiative was an alarmist reaction to projections to AIDS orphans of 50 000 to 100 000 in KZN by 2007. The principle questions are what is the scale of need, and where is it located? The "solution" initially was to promote a plethora of AIDS orphanages, which is completely contrary to national welfare policy and unsustainable, given capacity constraints in the voluntary, non-profit /NGO sector and lack of access to long term revenue funding outside of the state.

The pilot projects have been instrumental in demonstrating alternatives to institutional provision at community level, and have attracted interest both within South Africa and at sub-regional level (through the Msunduzi AIDS partnership, AMICALL, and networking with other sponsoring agencies). It has raised other practical issues of implementation at scale, such as the over regulation of the state housing subsidy regime and imposition of unnecessary controls on bona fide welfare organisations – for example, the requirement that they constitute separate legal support, where orphans are in the main being cared for by extended kin; and further efforts need to be made to make housing (and relief from overcrowding) accessible in a "Phase 2" implementation programme.

The other significant question being asked is, "what happens when the grannies die?". It may well be that the epidemic has not reached the level where serious social disintegration occurs. Presently, efforts have been focussed (through collaboration on a project run by Lawyers for Human Rights) on protecting the rights of child-headed households, who are vulnerable to abuse and in the extreme loss of property at the hands of their "guardians." One anecdote to illustrate the vulnerability of children in the face of death of their parents is the reluctance of subsidised homeowners to take out wills as they are seen as a symbol of wealth, and have in the worst instance been described as a source of family murder plots.

Contact with one NPO (PMB and District Care of the Aged) seeking support for a crèche for their "Grannies and Orphans" project revealed that domestic overcrowding was not

an issue. Rather, carers needed a day activity with combined child-care /respite care centre.

This illustrates the need for more horizontal responses to support community care of the PWAs and AIDS orphans, rather than "housing" per se. Some of the other interventions which have been requested, and need to be addressed as part of a Phase 2 project implementation programme, include:

- Provision of crèche facilities in new subsidised housing projects. These are not mainstreamed, and take a poor third place after schools and clinics – even though there is no state building programme and revenue funding to provide the minimum of primary schooling and health care for a rapidly urbanising population (Slangspruit, Tamboville, Ntuthukoville).
- Development of community outreach services. Most NPOs active in the field operate from centrally based offices that are frequently inaccessible – either physically scattered and/or forbidding to people unused to using formal agencies. A consortium of NGOs has formulated plans to take over a disused clinic and convert it into a drop-in centre offering a package of services from a single, township-based location (Mayibuye Centre, Dambuza).
- Development of a combined residential /skills training centre for children scavenging from the municipal landfill site (Project Hope, Kokstad). While not an expressly HIV/AIDS oriented project, the target group represents a highly vulnerable sector of the local community and emphasises the need to provide non-positive discriminatory interventions- i.e., not to support projects which are designed exclusively for AIDS orphans, and consequently reinforce the stigma borne of their status.
- Provision of homes to orphaned children in Braemer, south of Durban. BESSG has been approached by the Asalam Centre, who has established a school in the area, to assist with provision of facilities for orphaned children.

#### 4. Research

In terms of the contract the USN was to undertake research in the following areas:

- Links between housing and HIV/Aids;
- Impact of HIV/Aids on housing provision;
- Impact of HIV/Aids on integration and local economies; and
- Impact of local governance on the aids epidemic.

When project staff (HIV / Aids co-ordinators) met in June 2001 to discuss the research topics and put forward proposals it was acknowledged that these topics were very broad and did not necessarily relate to gaps identified through the USN pilot projects. Research in terms of "Linking Housing and HIV / Aids" and the "Impact of HIV / Aids on Housing Provision" was completed by BESSG in July 2001 in a research report entitled "Working on the Front Line : An Assessment of the Policy Context and Responses of Aids Housing and Related Service Providers in the Durban Metropolitan Area". In addition the amount available for research, in terms of the contract, was also relatively small (R162 000). The USN then met with USAID in June 2001 to discuss the research proposals put forward by the HIV / Aids co-ordinators. Here it was agreed that only three of the originally proposed topics would be researched within the budget. It was also agreed that BESSG could undertake their study entitled "The Impact of HIV / Aids on Coping and Adaptive Strategies of Poor Households" to cover the original research topic of the "Impact of HIV / Aids on integration and local economies". With the exchange rate gains an additional research project was undertaken.

#### **4.1. Links between Housing and HIV / Aids and the Impact of HIV / Aids on Housing Provision**

In December 2000 BESSG initiated a scoping exercise to determine the capacity of AIDS housing and related service providers. The scoping exercise arrived at a conclusion that the need for supportive housing and related social services was tremendous in South Africa generally and more specifically in KwaZulu-Natal. The need to focus on KwaZulu-Natal has been confirmed by the AIDS Mortality Report released by the South African Medical Research Council in September 2001, which notes that KZN has recorded the highest HIV+ prevalence data nationally.

The report noted the following conclusions:-

- That despite efforts by the Departments of Housing and Social Development to be responsive to the impact of the epidemic, the delivery systems for supporting housing and other social needs were fragmented;
- Primary providers of support and care for people infected by HIV/AIDS were community and non-profit institutions;
- Very little empirical information was available about the impact of HIV/AIDS on housing and shelter provision of poor and vulnerable households and communities, including the severity and extent of housing related poverty.

The HIV/AIDS epidemic poses several challenges for the shelter needs of affected and infected people for which the responsibility is shared by a number of state departments at a national and provincial level including the Departments of Housing, Social Development and the Department of Provincial and Local Government. The following challenges were apparent from the research -:

- Provision of alternate care for significant numbers of orphaned children (2.2 million by 2005);
- Transitional care of HIV-infected children (50% of whom will survive until the age of 5);
- Protecting the assets of orphan children, in particular shelter assets;
- Transitional care of HIV-infected adults;
- Increases in the number of disabled people as a result of related disease such as TB, who will need shelter adapted to accommodate their disability and ease of care;
- Responding to the needs of indigent households who may be unable to maintain payments for current rental shelter;
- Confronting the challenge that there will be increased pressure on families and particularly the aged, who will have to become the primary caregivers and the financial support for extended family networks. This has serious implications for the household's family networks. This has serious implications for the household's ability to meet its current expenditure demands as a result of higher health care costs of burgeoning funeral expenses.

#### **4.2. Impact of HIV / Aids on Integration and Local Economies**

This research project was initiated in response to the outcomes listed above, with the general aim of improving the understanding of urban household and community responses to HIV/AIDS. The research initiative is premised on the following:

- If there was a measurable impact then it would serve to convince key stakeholders that there is a problem and can be used as an advocacy tool to lobby for implementation of prevention activities

- Such evidence is also expected to provide insight into who is impacted and how they are impacted and will assist stakeholders including BESG in developing a comprehensive HIV/AIDS programme.

The specific project brief was structured around the following objectives:

- To identify and describe the range of coping mechanisms and adaptive strategies among affected and infected households and individuals. Inter- and intra-household trends should be differentiated according to age, ethnicity/race, gender, and/or socio-economic status.
- To define and detail the incidence and severity of *shelter poverty* in an area of high HIV/AIDS prevalence. Consideration would be given to exploring the impact of the epidemic on shelter provisioning.
- To determine the manner in which housing is perceived and utilized as a capital and social asset and/or entitlement.
- To provide recommendations on alternative interventions that strengthens existing livelihood strategies with specific reference to the Built Environment Support Group.

The literature review was completed in October 2001 and the findings of the review were reported in a concept document, which was developed and circulated among BESG staff members in October 2001. The concept document included a review of government policies and programmes aimed at mitigating the impact of the epidemic specifically and more generally on interventions that are pro-poor, and a review of current civil society initiatives aimed at mitigating the impact of the epidemic.

From October 2001 to January 2002 BESG undertook a fairly intensive consultation process. This was aimed at facilitating contact with key stakeholders in state or civil society who have responsibility for or have worked with those affected or infected by the epidemic.<sup>15</sup> Key informant interviews were conducted with representatives from local government (housing and health), provincial government (Department of Welfare, Office of the Premier), Civil Society Organisations (faith based organisations, child welfare agencies, academics and researchers, financial institutions and HIV/AIDS service providers and support organisations). It must be noted that interviews were delayed slightly because of the holiday season during December / January in South Africa. A generic interview schedule was developed as a guideline for the interviews.

**Key findings** of the literature and key informants' survey are summarised below.

- Poverty itself is not the cause of the HIV/AIDS epidemic nor is it a prerequisite for infection. In fact, relatively greater access to disposable income can increase the likelihood of infection in certain settings. But poverty does tend to render people more susceptible – predispose them – to infection and, once they are infected, leave them less able to cope with the onset of illness and accompanying destabilization;
- The HIV/AIDS epidemic thrives on and further deepens poverty. The impact of the epidemic is envisaged to include-:
  - **Demographic upheaval**, which will result in changes in the population structure leading to distortions in the shape and size of households. It is predicted that there will be considerably fewer children under five and people aged 25-40. The bulk of the population will be children and teenagers, and people middle-aged and older. Life expectancy projected to plummet.
  - **Orphans**. It is estimated that the cumulative number of HIV deaths in KZN will pass the 200,000 mark and that as many as 70,000 people could die of AIDS-related illnesses this year (2000). The result will be

thousands of orphans who emerge from households in which the mother or both parents have died. This rising tide of orphans is already severely straining institutional care facilities and will dramatically test the capacity of the extended family and communities to absorb and care for additional children.

- **Economic Impact on households.** The economic effects at household level stem from reduced income, depleted savings and assets and increased costs arising from loss of breadwinners and disposal of assets to pay for increased health care and funeral costs.
- **Household labour patterns** – Care duties mainly befall women, especially the elderly and the young. Larger numbers of younger children requiring care (due to death or ill health of their parents, particularly mothers) is going to place additional stresses on the elderly grandparents.
- **Social Impacts** – increased abandonment of children, rising number of child headed households and children living on the streets, breakdown of traditional family supports systems. Loss of opportunities, especially educational opportunities for children.

Stakeholders currently providing care and support reported increased demand for their services while their capacity to respond had not increased in terms of fiscal or human resources. In addition all stakeholders drew attention to the increased pressures on government expenditure to multiply to respond to the scale of the problem. Concern was raised that if the fiscal envelope remained the same, very difficult choices would have to be made – possibly with profound social and political implications. From the survey it has become evident that there is thus a certain automatic complementarities between effective anti-poverty and anti- HIV/AIDS action. Finally all stakeholders confirmed the need for empirical data that this study is aimed at generating as essential for effective planning and programme development.

The last phase of the study was started in January 2002. The focus for the research was to be limited to two research sites, one within the Ethekweni (Durban) Metropolitan region and the other within the Msunduzi (Pietermaritzburg) Municipality. This phase involved the community and household level impact assessments. This included finalising the research methodology, selecting the research sites, and development of the research tools, field testing of the tools and implementing the fieldwork. Given the range of different housing settlements in this province it was clear that the two sites selected could not be expected to be representative of all types of communities. It was thus resolved that one of the selected would be an informal settlement and the other a township with state subsidized housing delivery. Although some other criteria for site selection were identified namely extent of disease prevalence and existence of community structures for decision making and accessibility, the only other criteria, which was used in the selection of the site, was BESG's relationship with the community which would ease access to and entry into the community.

#### **4.3 Impact of HIV/AIDS on the Coping and Adaptive Strategies of Low Income Households**

The fieldwork component of this study was concluded in April 2002 and the data capturing and analysis was undertaken over a two-month period thereafter. A draft report was developed for feedback and further synthesis of findings by July 2002. At present two documents are being produced for wider dissemination of the research results, a brief summary of, and a pamphlet on, the key findings. These are currently being prepared for printing and are anticipated to be available in October 2002.

Research findings have been presented at two forums in the last few months, including a workshop organised by the Coalition for Children's Rights in an HIV Positive World and a seminar hosted by the Institute for Housing in June 2002, at which the impact of HIV/AIDS on the housing sector was broadly explored. A further presentation will be made to the Institute for Housing's annual conference in October 2002.

In addition the BESG has been invited to share its research findings at a forum organised by Lawyers for Human Rights' Child Rights Project in Pietermaritzburg in October. The workshops will take the form of information sharing sessions on the research findings as well as on issues that have emerged from the research, in particular the lack of information about rights to grants, and the procedures for applying for grants.

The BESG is currently exploring follow up activities to engage with now that the research has been completed. To this end some of the ideas being pursued include hosting seminars to share the research findings with key stakeholders, including USN partners, local government and key provincial and national departments. This will be aimed at creating awareness of the role that government programmes/interventions could play in mitigating and reducing the impact of HIV/AIDS on poor households. This process will also provide a platform for consolidation Urban Sector Network mainstreaming of awareness of HIV/AIDS into affiliate's urban development programmes.

#### **4.4. Additional research project undertaken: Impact of HIV/AIDS on transitory and chronically homeless children**

This research commenced in May 2002 and to date has achieved the following milestones -:

- An extensive literature scan of local, regional and international research and documentation on street children in general, and on the impact of HIV/AIDS on children, was undertaken. A scan of the policy environment in South Africa as it relates to children was also undertaken. It was clear that while much has been written about street children and the push factors which bring them onto the streets, not a lot of information is available about the impact of HIV/AIDS on these children once on the streets;
- Key stakeholder interview have been conducted with representatives of local authorities, provincial and national government officials and with staff of non-governmental organisations directly or indirectly serving homeless children;
- In-depth interviews, focus group sessions and reviews of admission records of the homeless children's organisations to ascertain trends in street living have been conducted;
- A partnership has been developed with Street Wise, a non-governmental organisation providing services to homeless children in Durban, to jointly implement the fieldwork component of the research with homeless children themselves.
- A review of appropriate methodologies for involving children in research has been undertaken and this has served as a guide for the development of research instruments and tools for engaging children about their lives.

A significant theme of the interviews and focus groups was the recurring question why there was an increase in "mothers with children" on the streets (street families). As a result, this group of street dwellers has been included in the study. The final report will be available shortly for wider dissemination.

As part of BESG's commitment to children's rights to participation, BESG is exploring the possibility of developing a handbook, which is child focused, on the key findings and recommendations emerging from the research. It is believed that such a document could

serve as an empowerment and capacity building tool for homeless children and their service providers/care givers, as well as provide an opportunity for greater awareness by other children and the general public of the lives, needs and desires of homeless children.

## 5. CONCLUSION

The research component of the USAID funded USN AIDS Programme has enabled the USN to make significant progress in identifying household level impacts of and responses to HIV/AIDS in low income communities. Special emphasis has also been focused on children and the growing crisis of homelessness. The publication and dissemination of these reports will be used as an opportunity to consolidate and drive a follow-on phase of the AIDS related urban development interventions of BESG and the USN. However lessons learnt from the research have been, and will continue to be shared in numerous forums. The reports are also available on the USN website [www.usn.org.za](http://www.usn.org.za).

The eight pilot projects have been instrumental in demonstrating alternatives to institutional provision at community level, and have attracted interest both within South Africa and at sub regional level (through the Msunduzi AIDS partnership, AMICAALL, and networking with other sponsoring agencies).

The grant, both in terms of the research and pilot project work, has built capacity within the network and provided the USN with an integrated response to HIV / Aids that is broadly supported. At a local level, Pietermaritzburg in particular has implemented a participatory approach that mobilizes community responses and accesses provincial and national funds. At a national and provincial level, the HIV/AIDS epidemic poses several challenges for the shelter needs of affected and infected people for which the responsibility is shared by a number of state departments including the Departments of Housing, Social Development and the Department of Provincial and Local Government. Through the USN's participation in seminars and workshops and in feeding the reports / lessons learnt back to all the Departments involved, hopefully a more integrated policy and funding framework will emerge based on USN recommendations. The USN through continued work in HIV / Aids will continue to lobby government in this regard.