

## SEMI-ANNUAL PROGRAMME PERFORMANCE REPORT

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Report Compiled by: Susan Carey, National Programme Co-ordinator, USN  
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## 1. Introduction

This is the third 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 covers the period from 1 October 2001 until 28 February 2002. The grant was awarded in September 2000 (effective as of 1 October 2000) and was due to end in February 2002. However because of delays experienced in both the research and pilot projects, the USN has applied for an extension on the grant until 31 August 2002. The programme activities are capacitation, research, pilot projects and advocacy and are detailed below.

## 2. Capacitation of USN affiliates

As indicated in previous reports, all USN staff have undergone general HIV / Aids training to sensitise staff. Each affiliate identified a HIV / Aids co-ordinator (details supplied in last report) 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. Here project staff shared project experience, which helped inform the HIV / Aids research being undertaken. The network study (as detailed in the last report) has also provided USN affiliates with useful contacts, with affiliates recognising that we need to build on already established networks and draw these organisations into our project work.

Based on discussions from the workshop which the HIV / Aids co-ordinators (interest group of project staff) 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 (copy attached). 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 (Committee comprises of all Directors of affiliates and the National Director, Finance and Programme Managers from the Network Office) at the NSC meeting in November 2001, with the commitment by NSC staff to incorporate the policy into their Human Resource Manuals. The Network Office has contracted a consultant to update the Network Office's Human Resource Manual. This will be completed by May 2002.

## 3. Projects

At the start of the contract it was anticipated that three project initiatives would be implemented. BEG (Durban) would pilot a project on foster care units for AIDS orphans and BEG (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.

BEG's pilots were extended into three projects (as reported previously). Progress to date has been as follows.

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

#### **Responsible affiliate**

BEG (Pietermaritzburg) is responsible for this pilot project.

## **Progress to date**

The original aim of the programme was to establish similar facilities in Pietermaritzburg and Durban. However the Pietermaritzburg pilot was reconceptualised as a result of BESG's networking with the Children in Distress (CINDI) Coalition 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), will address 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 Holland.

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*)**

#### **Responsible affiliate**

BESG (Durban) is responsible for this project.

#### **Progress to date**

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 terminally ill 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. The application is to be reviewed by the Housing Advisory Committee in March, after which BESG expects final approval. Two community family care units are to be built in Cato Manor in Durban, in the areas of Chesterville Ext. II and Booth Road N&S, on approval of the subsidy applications. A three month construction period is anticipated and local builders are to be engaged in the construction process. The Shayamoya Housing Association is to be the institution with which the properties are registered. Durban's Children's Society is to manage the facility. The Cato Manor Development Association has been instrumental in securing land in the area. The limited site size of 90 – 114 m<sup>2</sup> has incurred additional

land acquisition costs, as it has been necessary to secure two adjacent sites for the provision of one 72m<sup>2</sup> unit. Assuming timeous approval, BEG expects the construction of the units to commence at the end of April 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. BEG 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*)**

#### **Responsible affiliate**

COPE (Gauteng) is 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 to facilitating the process and creating access to the development.

#### **Progress to Date**

A feasibility study was undertaken and completed in March 2001 (as reported previously). 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 Services and Population 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 Services and Population 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 had led to internal problems within the Board of the Newtown Housing Co-operative (of which all are residents) in relation to the land currently being developed by JHC, which has again delayed the process of accessing a site for developing a Multi-Purpose Centre. Cope is currently engaging the Board members of the Newtown Housing Co-operative to find a

solution to their internal conflict in order to resume discussion with the JHC. Even if there were agreement the site would also have to be rezoned.

There have therefore been numerous delays for Cope in accessing a multi-purpose Centre and it is unlikely that the Centre will be established before the end of the already extended contract. It is therefore proposed that the remaining amount allocated to Cope for their pilot project be redirected to BESG's pilot project work. It is therefore proposed that the following two pilot projects should also be developed.

### **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 overcoming 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 nuclear 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 child support grant). The 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 acknowledged 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 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.

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 support a network of community child care committees involved in home-based care and training, and faced closure of the crèche, due to storm damage to the original wattle and daub structure. Funds for building materials for building materials for a permanent replacement structure ere donated by

Thandanani and Scottsville Baptist Church; BESG provided architectural design and construction supervision support; and the community contributed labour.

### **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, as the management partner, 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 have been undertaken to date. 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.

## **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 BESG 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 BESG 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".

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

In December 2000 BESG 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 were 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 BESH 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.