

# **INTEGRATED COMMUNITY- BASED CARE AND SUPPORT TO ORPHANS AND OTHER CHILDREN AND FAMILIES MADE VULNERABLE BY HIV & AIDS**

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# Outline of presentation

Background Information

Research review on integration.

Conference Review Report 2002 & 2006

Focus Areas for Community based responses

Gaps/Challenges

Context of Vulnerability

Approaches

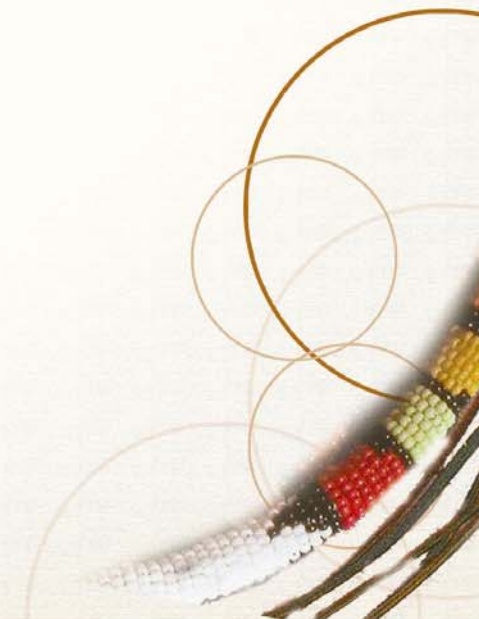
Main Considerations

Conclusion



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# Background

Multi- sectoral approach to address impacts of the epidemic  
Research review on integration.

- programs mainly offered by DOH, DOE & DSD
- Implementation of services and programs varied
- sources of variation related to capacity, staff morale
- positive experience with life orientation course, PHC, ARV & HCBC programs
- negative experiences with VCT, PMTCT services, social grants and food security services.

moderate level of functional integration of HIV/AIDS services

at local level.

informal nature of service integration



# Background continued

- Absence of formal structures to enhance joint planning
- DSD functions such as World AIDS day only opportunities for joint planning
- Collaboration between sectors in cases of referrals though not coordinated and informal
- Duplication of services
- Fragmented HIV & AIDS services at local level

Conference Review Report 2002 & 2006

Lack of integration and coordination of services for OVC



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# Focus Areas for HCBC in relation to OVCs

- Home visits
- Psychosocial support
- Family support
- HIV and AIDS training
- Holistic care training
- Food parcel
- HIV testing
- Treatment Support & Traditional medicine
- Income generating activities
- Child Care forums
- ~~Social Security~~ support & material support



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# GAPS/CHALLENGES

Norms and Standards

Capacity-Building

Monitoring & Evaluation

Sustainability

Social Grants

Stigma and Discrimination

Palliative care

Funding of Community-based care and support projects



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# CHALLENGES

Funding (stipends)

Integration

Training for caregivers and management thereof

Coverage

Debriefing

Involvement of male caregivers

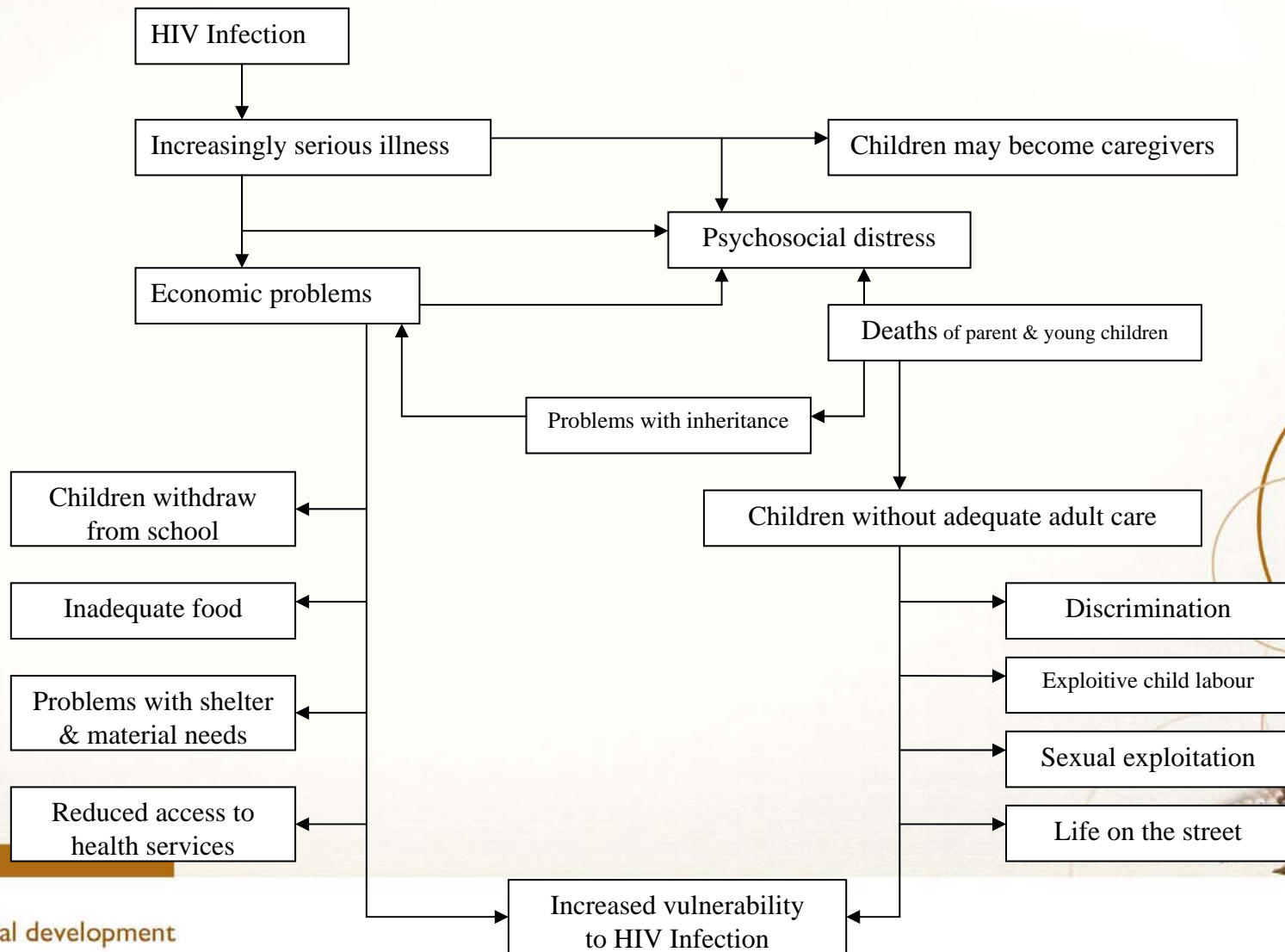
Provision of supply

Psychosocial Support

# THE REVIEW OF 2002 CALLED FOR:

- Integration of services
- Constructive collaboration across sectors
- Accountability among sectors in implementing the National Action Plan
- The question to ask is why this call?

# JOHN WILLIAMSON'S MODEL



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# What do children need?



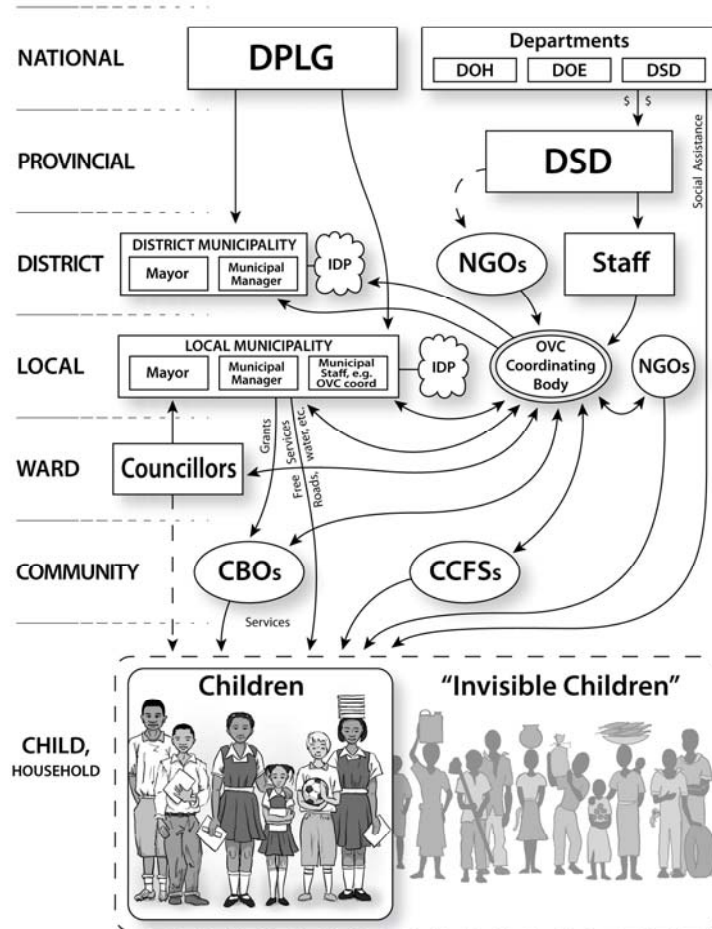
etc...

# Approaches

- Strengthening systems – community – ward – local municipality; coordinated response from all stakeholders
- Focus on unblocking mechanisms e.g. service delivery blockages
- Mobilising for greater access to available resources (grants, private sector funds, community resources, schooling etc)
- Referral mechanisms

# What is the solution?

LINKAGES BETWEEN DIFFERENT GOVERNMENT DEPARTMENTS, RESOURCE FLOW & SERVICES FOR OVC



# POINT OF ENTRY FOR SERVICE DELIVERY

- Multi- Faceted Across Sectors
- Identify the needs at any level of care and entry point.
- Rapid referral
- Data management should be conducive to the family approach
- Case Management



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# THE FAMILY CENTERED APPROACH

Issues for Consideration include:

- Strengthening of HCBC
- Information on family environment
- Food security
- Social security
- Systems to prevent progression and reduce orphanhood
- Sustainable development
- Address missing linkages to co-ordinate referral mechanisms
- Strengthen social clusters at local level (teamwork)
- Integrated data capturing and budget



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# MAIN CONSIDERATIONS

- Strengthening community responses e.g. community-based organisations to play a meaningful role in HIV and AIDS management and prevention.
- Prolonging the lives of primary caregivers by expanding treatment and nutrition
- Addressing the needs of the most vulnerable families and communities by ensuring access to basic services
- Noting that psychosocial well being of primary caregivers has a direct impact on children
- Promoting and supporting interventions that preserve and reinforce family and community cohesion

# OTHER CONSIDERATIONS

- Succession planning-mechanisms for protection of children's rights
- Strengthening of coordinating structures at all levels and across all sectors
- A coordinated public policy response is therefore very crucial
- Strengthening child care forums at local levels
- Food security/Nutrition and Treatment Support for all infected and affected
- A functioning OVC database
- Successful comprehensive management of HIV and AIDS and TB.

# Conclusion

- Commitment from the Social Sector Cluster to the OVC Policy Framework and NAP in line with NSP
- Partnerships with Civil Society, business, FBOs
- Information of best practices of co-ordination should be scaled up
- Involvement of district and local municipalities in the implementation of the NAP for OVC
- Case Management Approach to HIV and OVC care

# THANK YOU



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