



# Ingwavuma Orphan Care

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## QUARTERLY REPORT JAN – JUNE 2007

### **1.1 Changes in the last quarter.**

- One of the volunteers (Terri Julians) has left the project and amicably joined Zisize Trust. She had not been comfortable with the delegation of some of the projects responsibilities she was involved in. She was involved with building project, sponsored families and general food parcels. The paralegals and social workers have taken over food parcels Neil is doing sponsored families and Wiseman is responsible for the building project.
- Alia Way is another volunteer from USA who has recently joined the project. She has experience in marketing and organizing events. She is working for IOC and Fancy Stitch alternatively. She will be involved with Life Skills projects through Love Life.
- Mrs. Mthembu, our nurse, had an operation to the hip joint in early May and is likely to not to come back as she is not recovering quickly.
- Mrs. BZ Gumede has joined the organization as a nurse in May and Mrs. Nosipho Makhanya, also a nurse starting in July 2007.
- Rev Sibongiseni Nyawo from Gwaliweni area has been appointed to co ordinate the activities of family support teams from the satellite office to start in Gwaliweni.
- Been part of Shoprite Community Radio Project through Ukhozi Fm which we won and received a donation to the value of R11400.
- Relationship with Feed the Baby is revived and we are receiving monthly donation of Milk, Soup and Pap for children.
- Building of Umndeni Wabantwana Project has commenced.

## 1.2 Challenges

### Home Based Care :

- Geographic coverage of our home based care service is a challenge hence a great demand from the community, mostly linked to unavailability of health workers as they have been removed from the community to work within the hospital.
- We never have enough nursing supplies such as nappies, draw sheets or food to give out to our patients.
- One patient hung himself because there was no food at home and no one to care for him after hospital discharge every time we took him for admission what about emergency relief on our part. Another very sick patient who was staying with alcoholic, abusive relatives has disappeared pleading with us to find him somewhere else to stay. A 13 year old boy on ARVs died because his grandmother didn't know how to administer them properly. Is this not exposing negligence on the community health workers side. We believe that there is a need for us to build a step-down facility or hospice unit for such clients. Great idea but we can find appropriate experiences to motivate for it. Lack of transport. Wideness of the area, patients dying unnecessary due to dehydration.

### School Support :

- Lack of commitment from some educators in schools.
- Transport to schools.
- The strike disrupted our services.
- Food insecurity at households (coming to school without food)
- Lack of commitment to acquire requirements for documents.

### Social Security:

- Incorrect registration of orphans to guardians as parents hinders access to grants.
- Majority of clients do not have any documents especially death certificates because deceased are buried somewhere else usually in the neighboring countries.
- Lack of resources for emergency relief to desperate households who are not on food parcels.
- Unavailability of magistrate delays process.
- Grants review process causes grants to stop in the interim. Grants payments are then backdated to the date it was approved.

## 2. Progress

### Outreach Work

#### School Support:

- Clowns without Borders came in May to entertain children in the 10 schools in which we are running life skills. In the afternoon they ran workshops with youth on acting skills and entertainment. This is exciting, they are currently at IXOPO we will be meeting them on Thursday this week
- Training workshop was run by an USA team of experts on Life skills. Thirty children attended and they were taught coping skills and resilience. How many children benefited from this and what was the content
- School Support attended training on First Aids for them to train school educators.
- 2 holiday camps with 60 children. (teenage pregnancy, adolescence, hygiene, sti's and HIV/AIDS)

In coping with HIV/AIDS tragedies the memory work facilitator work with families and children to educate them about the importance of families storing their values and documents. This is achieved through genograms and family trees. She also works with children to help them cope with the loss of parents and develop resilience skills. Hero books and memory boxes are used.

	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	Accumm
Schools running life skills	10		10
Number of children benefiting	200	0	200
Workshop held with children	2	4	6
Number of children	60	90	150
Number of food gardens	4	6	10
Home visits	40	45	85
Referrals to paralegals and social workers	30	27	57
Parents awareness workshops	2	3	5
Referrals workshops	0	3	3
Church leaders attending	0	71	71

### Zisize Educational Trust

The psychosocial care provided by Zisize trust looks at special needs for children in five schools which also extend to weekends and holidays when children are most vulnerable.

It provides feeding programs at these schools, where they are given nutritious food once a day from Monday to Friday.

At Manyiseni centre there is a creche that looks after 28 children aged between 3-4 who are mostly from teenage mothers who go to school. It starts at 7 to 4h30. Children are given breakfast, lunch in porridge, eggs, beans, fish and rice.

### **After school activities**

In the afternoons the centre continues to offer stimulating activities including art, dancing and storytelling and two Soul Buddyz clubs (20 children in each club) where lifeskills are taught to primary and high school children. Soul Buddyz won a prize for best performance in drama in a community function raising awareness of People living with Disabilities. The termly Battle of the Books competition continues to run at the Manyiseni Centre to encourage a love of reading amongst primary and high school children.

### **KwaZisize QathaCentre**

There are 2 child minders and two assistants working with the 50 children enrolled at the crèche. The children are divided into two age groups: 2-3 year olds and 3-4 year olds. As with the Manyiseni crèche, the most needy children from around the area of KwaQatha are prioritized with the assistance of the community health worker in that area. Two severely disabled children who live close to the centre have been encouraged to join the crèche. One child had received very little stimulation in her life before as she had spent most of her time indoors lying in a hospital cot. The change she is undergoing from being in this new stimulating and happy environment is remarkable. Children receive a cooked meal each day. The crèche is open at 7am, and many children are only collected at 4.30pm by caregivers.

### **After school activities**

Children (and youth) are able to access the library and indoor and outdoor play facilities from 12 o'clock at KwaQatha. During weekdays most children from the area surrounding the centre start arriving at 3pm. A supervised homework and study time is held daily from 6pm-9pm from Monday to Friday. During exam time, this extends to 10pm. Current records show that over 40 children attend these homework and study times each evening. On Saturdays from 11am – 4pm, the centre is run by volunteers who receive a stipend. An average of 35 children make use of the centre each Saturday. During holidays the number of children increases as Zisize runs holiday art, sports and lifeskills programmes. During the April holidays 85 children made use of the centre to participate in sport and arts and crafts.

### **Paralegals and Social Security:**

- 688 OVC families(for social worker intervention only)these are families identified and visits by social workers in the past six months for grants, emergency parcels and shelter requirements.it also includes new referrals. This is of 906 households identified this period(this makes 2550 children we are servicing from the last year)was this visit for assessments for foster care grant applications
- 79 OVC visited by paralegals for documents
- 23 families accessed Foster Care Grantsnew foster grants applications.does this mean 23 foster care grants were approved and registered as it might happen that there were three cases from one family.
- 111 children placed in foster care and receiving foster care grant.(in the community or somewhere

- 62 Families accessed Foster Care Grants = these are families which are equivalent to 35 children above plus 76 from previous quarter who received a grant of = R620 x 111 = R 68 820.00 a month. 21 x 600 = R12 600. a month secured Above you have highlighted 23 families and here you are saying 21.
  - 41 Birth Certificate received
  - 08 child placed in a places of safety where? Mseleni and Lilly of the valley
  - 52 launched cases for children's enquiry/court
  - 14 household for how many children waiting Grants 24 children for the period.
  - 33 grants reviews done or to be doneo this are already been done.
- The number of families has been able to receive foster grants quicker than before and no new families have been added as the focus is shifted to family support families. There is still a huge need for emergency food parcels but rather focus on families through family support teams than having 45 families spread all over the area.
  - 16 sponsored families are still receiving parcels monthly.
  - A total of 16 houses for orphans have been completed. 9 houses are still being built and 5 water shelters have been constructed to provide shelter that can give them water and finally a house. A total of 26 houses were repaired.

### Home Based Care :

We do 2500-3500 visits/month to our 1300 clients. Our medical director has started doing clinical work again, one day a week. With 3 professional nurses working full time as well, this means that in June 353 visits were done by medical personnel.

We have started offering VCT at client's homes for the client and their family. There has been good uptake of this service. One HIV positive mother asked us to check her 2 children as she said that she fears the worst whenever one coughs or sneezes. There were smiles all round when they both tested negative.

### HBC Statistics

Indicator	April 2007	May 2007	June 2007
Visits made	2527	2527	3540
Number of patients	1213	1220	1362
Visits per patient	2.1	2.1	2.6
% HIV+ or suspected	90 %	89 %	91%
% bed-bound	11 %	10 %	13%
% on ARVs	58 %	58 %	60%
% with TB	17 %	16 %	15%

## **2.2 What helped the Project to make good progress?**

1. Volunteers from abroad ran a training workshop with our school support team.
2. Celani and Nozenzo were able to get their drivers licenses and are now able to do home visits on their own.
3. Feed the Baby is now supplying us with milk, soup and pap for the children.
4. A referral system that enables us to get a nurse immediately.

## **2.3 Problems holding the Project back from achieving the results**

- Tata vehicles are not functioning properly hence there is not sufficient means for transport.
- Wiseman was involved in an accident which caused the project to further work less one vehicle.
- Mrs Mthembu had to unexpectedly undergo an operation which hindered HBC schedules.
- Funding from NDA & EU Dept Health Partnership not arriving as scheduled.
- National strike by government departments.( Welfare and Education)

## **Planned activities not fully completed in this report**

- Ambulance not yet finished.
- Capturing of OVC data sheets in not up to date yet.
- Gwaliweni office not operational yet
- Training family support team members
- Houses not finished yet

### **3 Project Beneficiaries**

- 200 school children from ten schools and 40 from other two schools that run food gardens have benefited in terms of generating income and food security.
- 5 households have had houses built.
- 7 families were built houses and 5 families have had their homes repaired-fitting roofs, windows and doors, plastering walls.
- 95 families with about 200 children receiving monthly support
- 1220 home based care clients receiving home care
- 100 HIV positive people attending support groups under psychosocial support more can be communicated about this intervention maybe in a form of a case study.
- 100 families visited by Family Support Teams

### **4 Overall assessment of the project**

- The organization is getting more exposure through media and services acknowledged thus improving access to resources. I saw Nathi's story in the Sowetan newspaper all credit goes to Ingwavuma Orphan care. I also salute Nathi for his determination.
- The organization is more part of the community than operating as an individual entity. Have we been able to secure more locals in our Board
- More members from community stakeholders are showing willingness in becoming part of the project.
- Home based care staff is managing to provide good quality care now that there are more nurses supervising and supporting them.

### **5 Priorities for the next quarter**

- Building satellite offices in Gwaliweni and so that our services are brought closer to the communities we serve.
- equipping an ambulance
- Sending home based caregivers to train as professional nurses who will come back and work for us in the future.
- Recruiting 4 new community representatives to the management committee.