CIRCLES OF CARE

Community Child Protection: Participatory Research Linking Vulnerable Children, Communities and Local Government

A Mid-term Research Report
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BACKGROUND AND INTRODUCTION

Resulting from a common and deep concern for those young people who were and would be affected and infected by HIV/AIDS, as well as those living in poverty, the project was originally designed in 1998 by Lesley du Toit and Dr Philip Cook (Canada) in discussion with Jesper Morch (UNICEF) and Minister Fraser-Moleketi (the then Minister for Welfare for South Africa). The recognition even then was that the scale of the problem faced by South Africa's children was enormous and would require a model that would maximize the care of young people in communities, minimize their placement in residential care or the use of grants, increase the capacity of communities and local government, and at the same time lend itself to replication as a matter of urgency. The following research report describes a participatory, rights based research process carried out in 2 South African municipalities, Maluti-A- Phofeng (FreeState) and Port St. Johns (Eastern Cape) over a period of 10 months that seeks to support vulnerable children in the context of HIV/AIDS and poverty.

relationships; proper nutrition; positive role models, and socially and culturally constructed pathways to help transition through the various stages of childhood and adolescent to become mature adults ready to participate in society and parent the next generation (Myers, 1992). Key to this process is the need for children to interact with their world, to have access to diverse opportunities to participate and learn from adults in community and culture, in developing a sense of control, self efficacy, and positive sense of self and collective identity.

Perhaps the most insidious aspect of the multifaceted nature of HIV/AIDS is the capacity of the disease to break down those human bonds and social stepping - stones that children need to survive and thrive. Across Southern Africa, and now particularly in South Africa, we are witnessing not only the reversal of development trends but also the very destruction of age old patterns of traditional family, community and social supports for children. In taking those members of society who are most crucial for children's development (parents, relatives, teachers, nurses, social workers) AIDS slowly unravels the delicate web of relationships that have sustained humanity since time immemorial.

The role of local government and civil society organizations in finding responsive and innovative ways of rebuilding these circles of care is critical to ensuring the reversal of this negative development trend and re-weaving of these child-centred webs of relationship. Of particular importance is the need to bridge the gap between policy and practice related to child protection and development at the level of local government and communities most affected by HIV/AIDS. This needs to involve identifying and building on local capacity in partnership with families, community leaders, and above all children and young people.

It is a terrible irony that this most recent of human pandemics has taken root in the very cradle of humanity. Southern Africa contains some of the oldest social traditions of the human family. Better understanding and building on traditional Africa values, beliefs and practices supporting children remains an untapped well of collective human potential that should be drawn upon to address the social aspects of HIV/AIDS and the crushing poverty that fuels and accompanies this disease.

Innovative, participatory child-cented research strategies that seek to better understand the individual and collective dimensions of poverty and AIDS in relation to children's well being are needed to inform community and

local government responses to the social and cultural roots and results of the disease. Marrying the best and most socially grounded research practice in child development, community empowerment, good governance, and human rights, with a culturally sensitive approach to working in the collective African context will be crucial to bridging the gap between creative policy

(b) To provide practical guidelines for Local Government and Community Leaders, which result from the participatory research, processes and which are based mainly on the voices of children and yn3Ath.

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- Identifying people, organizations or systems that have duties to respect, protect and facilitate and fulfill these needs.

Interventions and strategies based on this analysis should:

- Empower caregivers, communities, local organizations and government to meet their obligations;
- Empower children to participate in realizing their rights;
- Promote child supportive cultural practices; and
- Mobilize advocacy networks to influence various levels of government to avoid actions and omissions that result in the violation or children's rights.

In the context of children affected HIV/AIDS a rights based approach would place an obligation on local government and all involved in the lives of these children (including international relief agencies), to assume their responsibilities in protecting and promoting the rights of children affected by the widespread impact of HIV/AIDS at the level of child, family, community and society. It also implies addressing the rights of all children involved (e.g. girls, children of vulnerable groups such as children with a disability, and orphans).
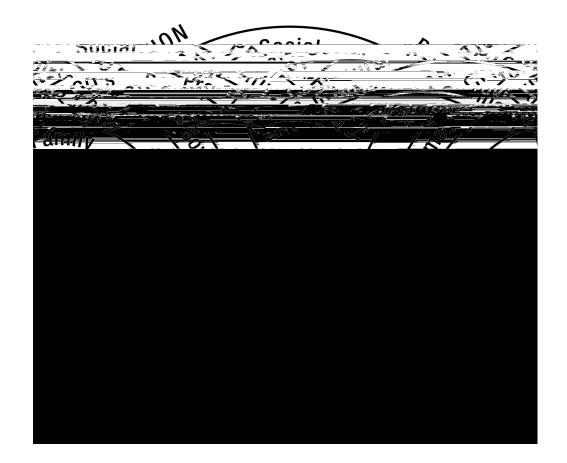
Figure 1: A Child Rights Framework

The figure places each child at the centre of a series of concentric, nested circles representing differing layers of support networks. The child's basic human developmental needs are represented in the inner physical, cognitive, emotional and social quadrants. The next levels addresses support for the child's family. This is comprised of various family patterns including nuclear, extended, fragmented, alternative guardians and other immediate primary care providers of children.

The following level includes the community and the child's natural and human-made environment. It is recognized that each child's development will take various routes based on each child's "developmental niche". This system is comprised of cultural values influencing children's development, specific childrearing patterns, and the environmental conditions influencing variations in healthy growth and development.[1] The environment includes such things as the presence or absence of child friendly community structures (e.g. play spaces, safe housing, availability of fresh drinking water), as well the direct

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[1] See Super and Harkness (1989) for a full discussion of the notion of "development niche".

impact of the local natural environment (e.g. rural farming community, peri-urban community dependent on labour migration, and urban communities) on children's development.

The next level addresses the roles of various forms of government, including local government, provincial or state, national and regional as well as the presence or absence of alternate forms of governance (e.g. NGO's) and civil society. The final level of the diagram represents the presence of local and national values that are either supportive or are non-supportive of children's civil, political, social economic and cultural rights as well as the role of spiritual beliefs influencing children's physical and moral development.
The 4 CRC guiding principles are portrayed on the outside of the diagram and represent cross-cutting themes that emerge in each of these levels that are either strengths or weaknesses in these systems in so far as they promote a rights-based approach. For example, cultural attitudes restricting open discussion of HIV/AIDS with young people, discriminates against these children's rights to information to make safe choices bout their own and others safety. It is also inimical to their survival and healthy development, and often does not allow them meaningful participation in expressing their opinions in matters relating to their safety as well as the security of their peers and other family members.

Typically, stronger links between each system of circles results in children having healthier connections through positive relationships with their human and natural environment, which in turn leads to healthier individual and community development. Conversely, in situations of extreme social and political upheaval resulting from HIV/AIDS, these protective relationships are broken down by community stigma and silence surrounding AIDS, and by the sickness and death of adults in positions of care and support for children. This results in death or injury of care providers and loved ones, debilitated social service structures such as schools and hospitals, lack of safe places for children and risky and anti-social behavior that weakens or destroys adolescents' healthy relationships with care providers and cultural traditions fostering positive self esteem and identity.

BUILDING ON TRADITIONAL AFRICAN CULTURAL STRENGTHS SUPPORTING CHILDREN AND THEIR COMMUNITIES

In keeping with the African Charter on the Rights and Welfare of the Child and Article 30 of the CRC (A child's right to language, culture and religion)

the project emphasizes the need to build on positive culture strengths. One of the key components of the Circles of Care project is the emphasis placed on building on local cultural beliefs, values and practices supporting children's healthy development. This involves working closely with local traditional leaders and other persons with cultural expertise on children's issues such as traditional healers.

ENHANCING CHILD AND YOUTH PARTICIPATION

Responses to children affected by AIDS should address the needs of children of all ages, including infants, young children, adolescents and youth. In addressing these needs, a child rights-based approach requires that children affected by HIV/AIDS be viewed as subjects of rights and not passive recipients of care and support. This is often an especially challenging notion for many programs oriented towards a welfare-based approach more oriented to responding to children as passive victims.

The Circles of Care approach to supporting vulnerable children in the context of building stronger communities seeks to involve children in meaningful dialogue and action in identifying gaps and needs, as well as helping locate local resources, including the active participation of young people as action oriented agents of change.

The CRC recognizes the importance of participation across the child's life span. This is supported by child development theory that speaks to the importance of children's capacity to safely explore and interact with their environment as key criteria in healthy human development.

In children's infancy and early development creative play is an especially

We believe the key to promoting dialogue on children's participation lies in supporting the meaningful involvement of young people in discussing these issues in a safe environment that promotes children's expression, while also including the voice of families, key community repol4nntatives, and traditional leaders with expertise and knowledge on social balance and harmony.

This is especially important to bear in mind when working with AIDS affected children for these children need both the positive structure of community and culture to help create a healthy 4nnse of belonging and self l4teem, *and* the opportunity to work with adults in shaping cultural norms to betteo suppoot theio changing needs and those of otheo vulneoable childoln.

It is also important to be aware of the great diversity that exists between young people both at diffeoent ages and acooss diffeoent sub-gooups. Often participation strategies assume that a small group of young people represent the voice of all of theio colleagues, while in fact the vaoiation in children's perspectives is often as great as amongst adults. These variations can be due to age diffeoences, rural-urban disparities, socio-economic gaps, and cultural diversity. Care needs to be taken to nnsure representation across these diverse groups of childoen

Tools that were used to facilitate participation in the Circles of Care project included:
- Role play and drama
- Games
- Artwork (doawing, painting, collage etc)
- Mapping and modeling
- Interviews

Principles used in creating a safe environment for children's participation in the research involved:
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LOCATION OF THE PROJECT

The project is presently located in two Municipal Areas and 5 communities. Maluti-A-Fophong is situated in QwaQwa, Free State. In this area we have 3 semi-rural communities participating, and one very traditional and rural community. The second area is Port St John's, in the Eastern Cape where at this stage we are working in the community of Majola.The Population in the Port St Johns sites is approximately 44274 people. The population of children between 5 and 19 years in these sites is approximately 20 000 and the youth between 19 and 29 total 9500. The unemployment for youth is 100% so that this in itself creates vulnerability and serious social problems for the area. Of the child population we can estimate that 80% or more are vulnerable because of poverty even without other factors such as HIV/AIDS, and child abuse (which has been identified by the community as one of their main problems).

The population in the QwaQwa section of the Maluti-A-Phofung Municipality is estimated as 238930. The numbers of vulnerable children and youth form approximately 20% of this population. Unemployment for youth is about 90%, and is extremely high for the adult population. Poverty, HIV/AIDS and sexual and physical abuse are the main factors causing extreme vulnerability to children in this area.

ASSESSING CHILDREN'S NEEDS AND IDENTIFYING COMMUNITY STRENGTHS

The following discussion reflects the results of the assessment stage (first step) of the Triple A in each of the communities following the community mapping. The data is qualitative in nature and was collected under the guidance of the two CYCAD project leaders over an 8-month period from February 2002 – October 2002. Assessment transcripts were first analyzed by the participants and facilitators of each group to identify prevalent themes. All transcripts were later re-analyzed by the South African and Canadian lead researchers to check for deeper trends and patterns in the data. It also helped "triangulate" (cross-reference) the results identified by the participants and facilitators. In general, the information provided in this report is taken directly from the facilitators' notes.

Focus groups in the Maluti - a - Phofeng municipality included:
- Community leaders

- **Ongoing Supervision** depending on the need covered a range of topics including: Engaging Community Members, Children and Youth; Assisting Groups to Understand the Development Nature of the Triple A, Dealing with Dynamics of the groups, Relationships Among Team Members; Team Support.

In general, the Triple A strategy worked well as demonstrated in the success of the Assessment and Action stages (see following sections), and in the feedback received during the Circles of Care workshop hosted in Maluti

Similarly, participants described how the lack of government education programs on AIDS prevention, resulted in:

- Continued risky sexual behavior,
- Stigma towards those people living with AIDS, and
- Denial of the affects of AIDS in the community.

Participants related the direct affect this had on children who lived in shadow of this silence. These children were described as suffering from a lack of community action to help those who were ill or were orphaned, as well as the inability of communities to adequately discuss prevention measures with young people.

Discussions with both children and traditional leaders were surprisingly similar in identifying the weakening of the traditional Sotho and Xhosa supports for children. Specific traditions that were said to be disappearing included:

- Birth ceremonies protecting the mother and young child
- Initiation ceremonies conducted correctly for boys and girls
- Cultural restrictions on sexual activity between youth
- Community sanctions against divorce and extramarital sex
- The role of traditional Elders and other community leaders in advising couples experiencing marital difficulties
- Support for abandoned and orphaned children through the intervention of relatives and Elders

At the **community level** focus group participants in all communities identified a worsening of the overall situation over the past 10 years. While a few improvements were noted, such as better water access and the construction of low cost new homes under the Rural Development Program (RDP), the

Focus group participants were particularly concerned about the harmful affects of poverty and HIV/AIDS at the **family level** in Maluti - a - Phofeng and Majola over the past 10 years. It was often difficult to distinguish the separate effects of poverty and HIV/AIDS, as these 2 factors were clearly perceived to be interlinked. For example greater unemployment in the mine sector resulted in more young men without jobs returning to families or remaining unemployed in the community. This in turn was described as leading to greater alcohol abuse and prostitution (as wives and daughters without support from the husband or other male relative were forced to support themselves and their families by exchanging sex for food or other favours). Both these factors then resulted in greater HIV infection. Similarly, AIDS related sickness and death in families were described as leading to a dramatic decrease in mean family income as family resources were drained by payment for medicines and funeral expenses.

IDENTIFYING ESPECIALLY VULNERABLE CHILDREN

Community participants in Maluti – a – Phofeng described children's vulnerability associated with HIV/AIDS and poverty in various ways. All assessments were discussed and analyzed using the CRC themes of **Survival, Protection, Development, and Participation**. The following issues were identified by the participants and facilitators applying a content analysis of the data using the 4 themes as guiding principles.

Vulnerability Across the Lifespan. Vulnerability was first described according to the age of a child. The leading causes of vulnerability associated with poverty and HIV/AIDS were described as follows:
0 – 2 years
- Pregnant mothers drinking leads to foetus mortality and harm to the foetus causing children to be born with a disability
- Parents using the child support grant to purchase alcohol instead of food
- Young infants are frequently left alone while parents are looking for work or when sick
- Orphans who lose their parents in infancy are particularly vulnerable to abuse
- The lack of proper parenting leads to stunted development
- Unemployment resulting in lack of nutritious food

3 – 10 years
- Children are unable to attend school because of lack of school fees
- Parents are either sick or drinking and children are unsupervised and at risk of abuse or rape
- Children cannot concentrate in school because of hunger
- Many parents are in their teens and as such have their own "childhood" needs to be met and cannot care for a baby or young child

11 – 17 years
- Shortage of constructive things for children to engage in leads to anti-social behaviour
- Breakdown of initiation ceremonies restricts natural transition of boys and girls from childhood to adulthood
- Vulnerable youth often drop out of school and engage in risky behaviour (e.g. drinking and unprotected sex) and are more at risk of contracting HIV/AIDS
- Poverty amongst youth causes boys to engage in crime and girls in prostitution

18 – 25 years
- Few jobs following school matriculation result in even higher rates of unemployment among youth
- Stigma and a culture of silence surrounding HIV/AIDS creates difficulties for youth to engage in constructive dialogue with their parents and elders on issues of sexuality, safety and self protection

Vulnerability As Defined by Children. Issues of vulnerability specifically identified and discussed by the children's focus group include:
- Some children get hurt because they live with grannies who have only pensions as support
- Children with a disability are being abused and often are not attending school
- Some children use drugs to help them forget the pain of parents dying
- Very young children are being raped
- Children who are living with adults who are not relatives are being beaten or raped
- Some children are getting "hurt" inside by abuse
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- Children living alone without any parents or other adults are especially vulnerable
- Children are fearful of initiations because of lack of safeguards and protection
- Children are not cared for by adults and are forced to play in dangerous areas such as streets and *dongas* (ditches)
- Children and youth have no access to human values e.g. love, peace and integrity

Vulnerability As Defined By Traditional Leaders. Issues of vulnerability specific identified by the Elders focus groups include:

- Traditional leaders feel that their role in society has been marginalized by the government and modern notions of human rights and democracy. There is already a "gap" as they put it between the community, government/politics, and traditions, and they feel that Child Rights (and probably human rights) have contributed to some of these splits. This gap has affected the role of parents and traditional leaders. Children and youth have beced th 9.d yn56Itg4y8(e)(ec(c)5.2(ed thput it 9.d y

to come home late etc. Parents feel disempowered and the leaders feel very worried.

- In many cases fathers are not at home – many have left or gone to seek employment – and the mother is in charge. Any concerns she would have (in the past) brought to the chief/s to assist, but this no longer happens and this has resulted in children on the streets and children undisciplined as well as children involved in crime.

- The Elders believe that the issue of AIDS was brought to them in an unhelpful manner. No one took into account the Tribal structures and ways. For example one of the Paramount Chiefs in QwaQwa used to have responsibility to manage and help prevent this kind of thing. The Government should have started by approaching him. In this tradition the wife may not use the father-in-laws name, may not touch the father-in-law or his clothes. Western cultures ask why this is so. This is to prevent sexual inter-course between the girl and the father-in-law. Many people ignore this kind of tradition and then when there is trouble they come to the chief to ask for help and he feels undermined and unable to help them. The same thing applies regarding AIDS.

- Before a marriage the Chief used to give advice and guidance. A young women or the man would never have had sex outside the marriage. There used to be rules about when to marry and when sex was socially acceptable. Now women have some say over sex and advise the men. The women tell the young girls about sex education and the chiefs cannot give this counsel. In the perception of the Elders these approaches have caused the traditions to be "taken away".

- Initiations are no longer run by traditional leaders (some are carried out by children and many are carried out by people who run this as a business), the lack of traditional regulation of initiation ceremonies (particularly for boys) results in injuries, HIV infection (through using unsteralized razors for circumcision), and death.

Gender and Vulnerability. In general, parents in all communities expressed love and affection for their children regardless of gender. Many parents were gravely concerned about the situation of both boys and girls in their communities, particularly in regards to the pressures from poverty that resulted in neglect and abuse of children, and the terrible toll that AIDS was having in breaking the bonds between children and their parents, families, and communities.

Girls were perceived to be more at greater risk form the affects of HIV/AIDS and poverty than boys from infancy onwards. There were many examples of strong, confident young women who participated in the focus groups and other Circles of Care activities. On the whole however a trend did emerge from the discussions in which girls were perceived to be more vulnerable to being forced to trade sex for food, money and housing, while vulnerable boys engaged in criminal activity to meet their survival needs. Child rape is (mostly of girls although also of young boys) is very prevalent across South Africa and was widely reported and discussed in all focus groups.

Girls also described being emotionally abused by teachers more than boys. Some teachers apparently also request that girls go and clean their houses during the day. Most disturbingly, in some instances girls described being sexually coerced by teachers. Once girls become pregnant there are often few supports form their family or community.

Both girls and boys described a tendency for their vulnerable peers to engage in drug and alcohol abuse, which further fueled the cycle of both AIDS and poverty. Elders noted an increase in drug and alcohol abuse amongst youth and also indicated that more girls seemed to be engaging in drug abuse that in the past.

Boys in the discussions reported a common theme of resorting to violence and crime in response to personal exposure to abuse and lack of love as a child, extreme poverty and unemployment, and lack opportunities and community activities for young people.

In discussions with both and girls anti-social activities such as crime and prostitution were seen as a vicious cycle of vulnerability in which young people entered the cycle from a position of vulnerability, and in which the criminal activities themselves further deepened the level of vulnerability. Focus group discussions with boys and girls also revealed a distrust of adults in positions of authority (e.g. social worker, police) as potential sources of support, and the criminal justice system was described as further driving the cycle of vulnerability through an emphasis on punishment as opposed to rehabilitation.

Triple "A" Actions: Strengthening Community Circles of Care
Information collected in the Community focus group assessments were jointly analyzed by facilitators and focus group participants using the four CRC themes of survival, development, protection and participation. Actions were then developed by the community.

Actions resulting from the focus group with **adults** included:
- Vegetable gardens to feed young people infected and affected by AIDS and their families (**survival**)
- Teaching children, parents and extended family members to keep and maintain a garden (**survival, development, participation**)
- Teaching parenting skills and basic supports for young children (**development, protection**)
- Recreational work with youth at risk (**development, participation**)
- Establishing an inexpensive community – based crèche (day care) for infants and young children left alone while their parents are at clinics, looking for work or working (**development, protection**)
- Traditional dancing and singing to strengthen cultural ties for young people (**development, protection, participation**)

Actions resulting form the focus groups with **children** included:
- Raising awareness in families and communities about the rights of vulnerable children affected by HIV/AIDS (**protection, development, participation**)
- Inviting orphans home for a meal on a regular basis (**survival, participation**)
- Collecting and dispensing clothes and shoes to for children excluded form school due to lack of uniforms (**development, participation**)
- Establishing cultural "clubs" to encourage vulnerable children's participation in staying connected with their community and culture (**development, participation**)

CHALLENGES, UNEXPECTED RESULTS, LESSONS LEARNED AND RECOMMENDATIONS IN APPLYING THE TRIPLE "A"

While the Triple "A" Approach was largely successful in helping community members and children to participate in building on local strengths in supporting vulnerable children, there were some significant challenges encountered during this first phase of the project. Some of these challenges identified during the conference workshop held in Maluti – a – Phofeng in October 2002 include:

- Working effectively with youth requires better understanding the unique challenges of working with youth and adapting the Triple "A" to meet the realities of their life and also using more youth friendly approaches (e.g. drama, expressive arts).
- Working with the Triple A in the communities requires intensive training of staff that is best carried out in intensive short periods of

children at risk. The process of carrying out the steps of the Triple "A" enabled poor beneficiaries, including children, to gather and apply local knowledge as protagonist actors. While local governance structures were frequently unresponsive to this process, or in some instances even opposed to community participation in support of vulnerable children, there was nevertheless considerable success in applying a bottom up, developmental approach to supporting the rights of children affected by HIV/AIDS and poverty.

The project's significant final outcome in securing the support of the provincial Department of Welfare in implementing a second phase of the project is an indicator of the methodology's potential to act as a "bottom centred" human rights strategy in combining the project's "bottom up" strategy with "top down" support from senior government representatives. The efficacy of this approach will be further assessed during the project's next stage.

A useful component of this next stage will be the integration of a causality analysis as an initial part of the social ecology mapping process, in which the Triple A's role in mediating proximate and distal causative factors in children's vulnerability are identified. These factors would help guide a targeted analyses, advocacy strategy and action planning that would support more sustainable local responses and potentially result in more effective advocacy strategies with local and provincial government.

THE RIPPLE EFFECT: CIRCLES OF CARE GOES TO SCALE IN THE FREE STATE

The Circles of Care project is now entering its second phase. In this next phase the research in Maluti-a-Phofeng areas will be continued with a focus on children's psychosocial needs and grief, the youth development work will continue in the Eastern Cape, and two new municipalities will become involved in the Free State in order to examine the potential of Circles of Care to go to scale.
A special focus of this next phase will be the Triple "A" capacity to draw on different aspects of local governance (Local Government, Department of Welfare, NGO's and civil society, and Traditional African Governance) in working with young people to address issues of HIV/AIDS and its affect on children.

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