Zabalaza Mahlase & Sithabile Ntombela

Drop-in centres as a community response to children's needs

Abstract

School going children have a broad range of needs at any given point in time. If these needs are not met, they may experience barriers to learning and development, which can result in the breakdown of the learning process or even total exclusion. Barriers to learning and development affect learners differently, but nothing threatens their development and quality of life in the same way as the impact of the HIV/AIDS pandemic. Young children, because of their dependence on others, are likely to suffer developmental, educational, emotional and physical setbacks, due to the impact of the pandemic. For many, the impact is so great that their access to schooling is threatened as they (and their siblings) struggle to survive. This article discusses literature on how HIV/AIDS intensifies poverty, while in the process marginalising affected and infected children; and it is also concerned with how communities can respond to the needs of these vulnerable children. Particular attention is paid to drop-in centres as a sustainable response to the challenges young children face in KwaZulu-Natal. The article concludes that the drop-in centre scheme is a desirable model of care as it employs an environmentally friendly approach that relies on inter-sectoral collaboration to provide care and support for children in need.

Keywords: drop-in centre, HIV/AIDS, orphans and vulnerable children, community, poverty

Zabalaza Mahlase, Department of Education, KZN. E-mail: ?
Sithabile Ntombela, University of KwaZulu-Natal. E-mail: ntombelas]@ukzn.ac.za.

South African Journal of Childhood Education | 2011 1(2): 193-201 | ISSN: 2223-7674 |

UNIVERSITY OF JOHANNESBURG

SUN MEDIA METRO

Introduction and background

The Department of Education (DoE) acknowledges the existence of numerous barriers to learning and development in education, barriers that can cause learning breakdown and/or exclusion if they remain unaddressed. These could be located within individual learners, within the system of education, and in broader socio-economic or political systems within which learners live (DoE, 1997). Two factors that can cause serious barriers to learning and development as identified in Education White Paper 6 (EWP6) are "particular life experiences and socio-economic deprivation" (DoE, 2001, p. 17).

In the South African context there are life experiences that place learners at risk, factors such as child abuse, political or criminal violence, and epidemics, e.g. HIV/AIDS. For example, the death of parents and other important family members, as a result of HIV/AIDS-related illnesses, can deepen and worsen the experiences of poverty (Gouw, Desmond & Ewing, 2002). It is evident that the HIV/AIDS pandemic has a significant impact on the lives of children, whether infected or affected. This is due to the fact that children have physical, emotional, social and educational needs that must be met to facilitate their development, and they rely mostly on their parents to meet these needs.

It is this dependence on others that makes children vulnerable members of society; as a result, it is likely that they are the hardest hit by the impact of HIV/AIDS. Since HIV/AIDS affects the socio-economic status of affected households, it renders young children vulnerable as their physiological and educational needs take a back seat (Human Sciences Research Council (HSRC), 2010). Pharoah (2004) argues that children's vulnerability in the context of HIV/AIDS could be a result of a reduction of resources that are available to them coupled with the destabilisation of the institution on which they depend; the family. In instances where they become orphaned, they often experience "life transitions and hardship" (Zhang, Li, Kaljee, *et al.*, 2009, p. 544) as they take on adult household responsibilities. Such experiences could impact their development negatively as many drop out of school, are victimised and/or exploited (Pharoah, 2004). In the event that they live in poverty, which is a barrier to learning and development linked to the impact of HIV/AIDS (DoE, 1997), the influence is intense and has unrelenting effects (Richter, Manegold, & Pather, 2004).

South Africa, reportedly, has the highest HIV/AIDS-infection rates in sub-Saharan Africa (Rispel & Popay, 2009), and predictions indicate that the number of orphans would reach 3 million by 2011, unless treatment intervention is made available to enable HIV-positive mothers to live longer (Gouws & Desmond, 2002). This forecast was realised three years earlier than expected (HSRC, 2010). In light of these, and similar claims and predictions, it is understandable why this country is currently dealing with the reality of ever increasing numbers of orphans, and vulnerable children, resulting from escalating HIV/AIDS-related infections (HSRC, 2010).

The death of parents, and important family members, as a result of HIV/AIDS-related illnesses, negatively impacts children's willingness and ability to attend school (Moletsane, 2003). This explains why the majority of poverty stricken children, and those personally affected by HIV/AIDS drop out of school (Moletsane, 2003). She adds

that in instances where they are taken care of by elderly surrogate parents; they are often kept out of school, because schools are viewed as irrelevant. In other instances financial pressure becomes so unbearable that those taking care of the orphaned children decide to remove them from school entirely.

What is clearly evident is that HIV/AIDS is "a disease of poverty and disadvantage" (Rispel & Popay, 2009, p. 95) and this is apparent in that the majority of affected children live in extreme poverty. Unfortunately, poverty reduces people's capacity and opportunities to access services like proper shelter, adequate nutrition (Rispel & Popay, 2009), and education. That is why EWP6 is concerned with, and committed to, the provision of support and care to those learners who are orphaned and/or in distress. EWP6 is also concerned with the development of a "humane and caring society" (DoE, 2001, p. 14), a community where people are not discriminated against but instead, where their differences are accepted and celebrated (DoE, 1997). In such a community the education system becomes responsive to the learning needs of all children, and fosters links with other departments to ensure that all services necessary to support children's learning and development are readily available.

In response to the scourge of HIV/AIDS, several government documents have tabled strategies to combat the pandemic, with particular attention being paid to facilitating support for families, and encouraging communities to care for the sick as well as orphaned children[1] (http://www.kznhealth.gov.za/aidsstrat.pdf). KwaZulu-Natal is said to be the most populated province in the country, and is the "epicentre of the pandemic" (Clarke, 2004, p. 1). Consequently, this province has a large proportion of orphans and the HSRC (2010) argues that this province should be investigating creative, holistic and multidisciplinary responses that address affected children's needs. One of the responses, as reflected in the HIV and AIDS Strategy for the Province of KwaZulu-Natal, 2006-2010, is the establishment of local capacity and facilities across the province to provide much needed support in caring for orphaned and vulnerable children[2] (http://www.cindi.org.za).

The next two sections discuss two community-based models of care, namely, the traditional community response and the drop-in centre scheme.

The traditional community responses to vulnerability

In traditional African communities, relatives and/or neighbours took in orphaned children until they were old enough to take care of themselves. However, the unprecedented increase in the number of orphans and spiralling poverty has made it impossible for families and communities to continue with this practice (Clarke, 2004). This is confirmed by Mahlase (2008) who posits that nowadays, traditional extended family caring systems have reached a point where they can no longer accommodate ever-increasing numbers of orphaned children, because of financial constraints. He also cites the fear of stigma associated with HIV/AIDS as a deterrent to community members to want to associate with affected or infected children. Similarly, Rispel and Popay (2009) view stigma associated with HIV/AIDS as an impediment to:

> HIV and AIDS [...] prevention, diagnosis, and treatment [...] There is a strong culture of silence and denial by people living with HIV and AIDS because of fear of rejection and isolation by close relatives and the community at large (p. 97).

This pandemic continues to place tremendous pressure on families and communities as it kills young productive adults, negatively impacting on children in numerous ways, particularly poverty, school dropout and crime (Moletsane, 2003; Mwase, 2000). In addition, the diversion of scarce resources away from education to medical expenses compromises the children's future opportunities as it prematurely forces millions of orphans into the world of work (Mwase, 2000).

In the absence of institutional care in most communities in developing contexts, something needs to be done to minimise the impact of poverty and orphan-hood on affected children's learning and development. Poor and orphaned children's survival to productive adulthood is definitely dependent on the introduction of public alternative models of care and support structures. The way in which affected children are cared for has implications for their wellbeing. That is why Phiri and Tolfree (2005) argue for community-based strategies to support and provide protection for affected children, as these are likely to be influenced by cultural norms concerning childcare. Such strategies, they add, whilst involving the community in the care of children, should also be part of other community-based campaigns to deal with a range of problems caused by HIV/AIDS (Phiri & Tolfree, 2005). In other words, they are advocating for inter-sectoral collaboration as the only strategy to adequately address the impact of this pandemic on the lives of children.

If families can no longer shoulder the burden of taking care of those children who have been affected or infected by HIV/AIDS, what alternative model of care is best suited to provide care and support for these children? Clearly there is an increasing need for alternative, community-based care models that will support them in their learning, by collaborating with schools to reduce their chances of dropping out. An example of this is the drop-in site model, which offers a unique strategy to support orphaned and vulnerable children within their communities.

The drop-in centre as an alternative community response to vulnerability

The drop-in centre is an alternative, community-based response that encourages local people to actively participate in local caring initiatives. This transforms and strengthens the community-based model of care, thus enhancing children's access to basic services within their communities. Most importantly, it offers communities a sense of ownership of projects, responsibility and self-reliance, and gives them an opportunity to decide how they want to support those members who are vulnerable.

Mahlase (2008) defines the drop-in centre as a community-based initiative practised in South Africa, particularly in KwaZulu-Natal, that incorporates early childhood development and home-based care. These centres, he adds, provide physical nourishment, while taking care of educational and pastoral needs of orphaned

and vulnerable children. Others define the drop-in centre as an all-embracing modern way of providing care and support to orphaned and vulnerable children, supplying them with all the requirements of schooling (i.e. uniforms, stationery and other school equipment), providing three meals a day and teaching various kinds of skills like gardening, beadwork, pottery, and basket weaving to generate income (Halkett, 1999, p. 12).

Photo 1: Young people at Litsemba 'drop-in' Centre. (http://www.mamkhulu.org/Litsembacentredropincentre)

In addition, drop-in centres play a critical role in attending to material, pastoral and psychological needs of children. For example, in the absence of parents and other caregivers, drop-in centres are better positioned, through multi-sectoral collaboration, to provide for physiological needs (in the form of food, clothing, medical care, and school supplies), and to ensure that children get age appropriate guidance and assistance (viz. capacity building, pastoral and psychological support) to develop positive self-concepts. This becomes possible because a number of professional, semi-professional and lay people are employed by drop-in sites, and there are many volunteers from the community who come forward to assist or to learn skills (Mahlase, 2008). Some of the services provided for children at these centres, as enumerated by Mahlase (2008, p. 30) include, but are not limited to, the following; referrals, the provision of material assistance, development and implementation of programmes in early childhood and youth development, the supervision of home circumstances,

monitoring of home work and school attendance, and the creation of balanced plans to care for children. Litsemba Youth Care Centre runs a teenage pregnancy club, a soccer camp, and a hope club in addition to English lessons and Bible studies (http://www.mamkhulu.org/litsembacentredropincentre) whilst Sithabile focuses on education and skills training like self-defence for women, carpentry, candle making, panel beating, and training in early childhood development (ECD)[3] (http://www.Sithabile.com).

The biggest advantage of drop-in centres, according to Mahlase (2008), is that they develop the capacity of local people to look after vulnerable children in environments that are friendly, and which promote self-reliance. This is supported by Guest (2001, p. 12) who contends that in contexts where there are orphaned children, the best alternative is to keep them within their communities and also keep siblings together, which is what drop-in centres attempt to do. However, in communities where attitudes towards those affected by, and infected with, HIV/AIDS are negative; the quality of support provided is likely to be compromised, as people may be reluctant to be associated with such a service centre, for fear of social reproach.

In contexts where communities are better positioned to take care of the needs of vulnerable children, what strategies can they employ to be effective? Richter *et al.* (2004, p. 15) have identified five strategies employed by community-based organisations to cater for the needs of orphaned and vulnerable children:

1. Strengthening and supporting the capacity of families to protect and care for their children;
2. Mobilising and strengthening community-based responses;
3. Strengthening the capacity of children and young people to meet their own needs;
4. Ensuring that governments develop appropriate policies, including legal and programmatic frameworks, as well as, essential services for most vulnerable children, and lastly; and
5. Raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS.

These strategies emphasise giving life skills to the children and their families so that they can eventually take responsibility for themselves. Such strategies are effective in the long run, since they do not create dependence, and they are able to reach as many families as possible. It is important to note that Richter *et al.* (2004) also discredit community-based models on the basis that they tend to focus on material support and that they are conceived as poverty alleviation projects. However, the drop-in centre approach appears to be different because it has been conceptualised as a developmental social welfare principle that promotes community empowerment to take informed decisions on the implementation and evaluation of locally established initiatives (Mahlase, 2008). The developmental social welfare principle encourages the

capacitating of local people to engage in income generating initiatives, the provision of relevant skills and useful knowledge to address immediate and real needs (*ibid.*).

What is evident is that drop-in centres are designed to provide a holistic service aimed at reducing the vulnerability of HIV/AIDS-affected and -infected children. What is also emerging is that HIV/AIDS is a health and social crisis that cannot be understood or tackled in isolation. It requires a multi-sectoral approach to affect effective intervention. Although this article is not looking at preventative measures, it goes without saying that a similar multi-pronged approach is necessary to curb the persistent spread of this disease.

Developing countries, such as South Africa, have a number of problems that hinder the provisioning of care to HIV/AIDS orphans. One of them is the sustainability of projects that support vulnerable children. However, since the majority of personnel in the drop-in centre model are from the community it services, it should not be threatened by sustainability challenges. At the very least, drop-in centres take a more realistic and sustainable approach to the problem of supporting orphaned children. What could be a problem, though, is if these centres fail to establish links, or partnerships with schools, as this would mean they are not providing appropriate support that would reduce chances of children dropping out. This applies to all other service providers like the Departments of Home Affairs (for birth certificates and ID documents) and Social Development (for child-support grants and disability grants) who are essential to the process of dealing with the issues associated with child deprivation. In establishing these networks, a potential challenge to cripple drop-in centres could be the red tape involved in getting government support in the form of funds or services.

Conclusion

The constant increase in the number of orphans in the face of insufficient grants, lack of trust, and inadequate resources, poses serious challenges to the proper care of orphaned children. At the same time, it points to the need to strengthen community-based projects to support existing extended family kinship. In communities where there are no orphanages, and where Western adoption is not an option, the drop-in centre seems to be the only viable strategy to provide meaningful care for children who would otherwise find themselves on the streets.

What has emerged from this literature survey is that the success of drop-in centres depends on the collaboration of various service providers, such as the Departments of Home Affairs, Health, Education, and Social Development. The Memorandum of Understanding (MoU) between these departments must be clearly communicated to all employees to ensure that they are all aware of their role in making this partnership work, so as to benefit vulnerable children and their communities as much as possible. The next step is to interrogate the experiences of children who are beneficiaries of this scheme with the intention to establish the programmes followed and the successes and challenges experienced, if any.

Photo 2: Children playing at Sithabile drop-in centre, eastern Gauteng. (http://www.sithabile.com/life%20in%20the%20centre/index)

References

Clarke, G. (2004). *SA AIDS orphans robbed of childhood.* Retrieved October 26, 2010, from http://www.iafrica.com.

Department of Education. (1997). *Quality education for all: Overcoming barriers to learning and development.* Pretoria: Government Printers.

Department of Education. (2001). *Education white paper 6 – Special needs education: Building an inclusive education and training system*. Pretoria: Government Printers.

Department of Health, KZN. (n.d.) Retrieved October 26, 2010, from http://www.kznhealth.gov.za/aidsstrat.pdf.

Children in Distress Network. (n.d.) Retrieved October 26, 2010, from http://www.cindi.org.za.

Gouws, J. & Desmond, C. (Eds.). (2002). *Impacts and intervention: The HIV/AIDS epidemic and the children of South Africa.* Pietermaritzburg: University of Natal Press.

Halkett, R. (1999). *HIV/AIDS and the care of children. Braamfontein: South Africa National Council for Child and Family Welfare.*

Harber, M. (1999). *Models of care for AIDS orphans: Lessons from sub-Saharan Africa. Durban: University of Natal, Centre for Social and Development Studies.*

Human Sciences Research Council. (2010). *South African national HIV prevalence, incidence, behaviour and communication survey, 2008*. Cape Town: HSRC Press.

Moletsane, R. (2003). Another lost generation? The impact of HIV/AIDS on schooling in SA. *International Journal of School Disaffection, 1*(2), 7-13.

Mahlase, Z.R. (2008). Addressing the pastoral and educational needs of children who come to two drop-in sites located in the Ethekwini Region: A case study of personnel at bakithi and Grace drop-in sites. Unpublished MEd dissertation, University of KwaZulu-Natal, Durban, South Africa.

Mamkhulu. (n.d.) Retrieved September 3, 2011, from http://www.mamkhulu.org/litsembacentredropincentre.

Mwase, C. (2000). Schooling cannot be sacrificed. *Children First*, *4*(31) 23-25.

Pharoah. (2004). A Generation at Risk?: HIV/AIDS, vulnerable children and security in Southern Africa. Monograph #109. Retrieved October 27, 2010, from http://www.iss.org.za/pubs/monographs/no109/htm.

Phiri, S.N. & Tolfree, D. (2005). Family- and community-based care for children affected by HIV/AIDS: Strengthening the front line response. In G. Foster, C. Levine and J. Williamson (Eds.). *A generation at-risk. The global impact of HIV/AIDS on orphans and vulnerable children,* p. 11-36. New York: Cambridge University Press.

Richter, L., Manegold, J. & Pather, R. (2004). *Family and community interventions for children affected by AIDS*. Pretoria: HSRC Press.

Rispel, L. & Popay, J. (2009). Confronting social exclusion, HIV and gender inequalities in South Africa. *Agenda*, *81*, 90-100.

Sithabile Child and Youth Centre. (n.d.) Retrieved September 3, 2011, from http://www.sithabile.com.

Zhang, L., Li, X., Kaljee, L., Fang, X., Lin, X., Zhao, G., Zhao, J. & Yong, Y. (2009). I felt I have grown up as an adult: Caregiving experience of children affected by HIV/AIDS in China. *Child: Care, Health and Development*, *35*(4), 542-550.