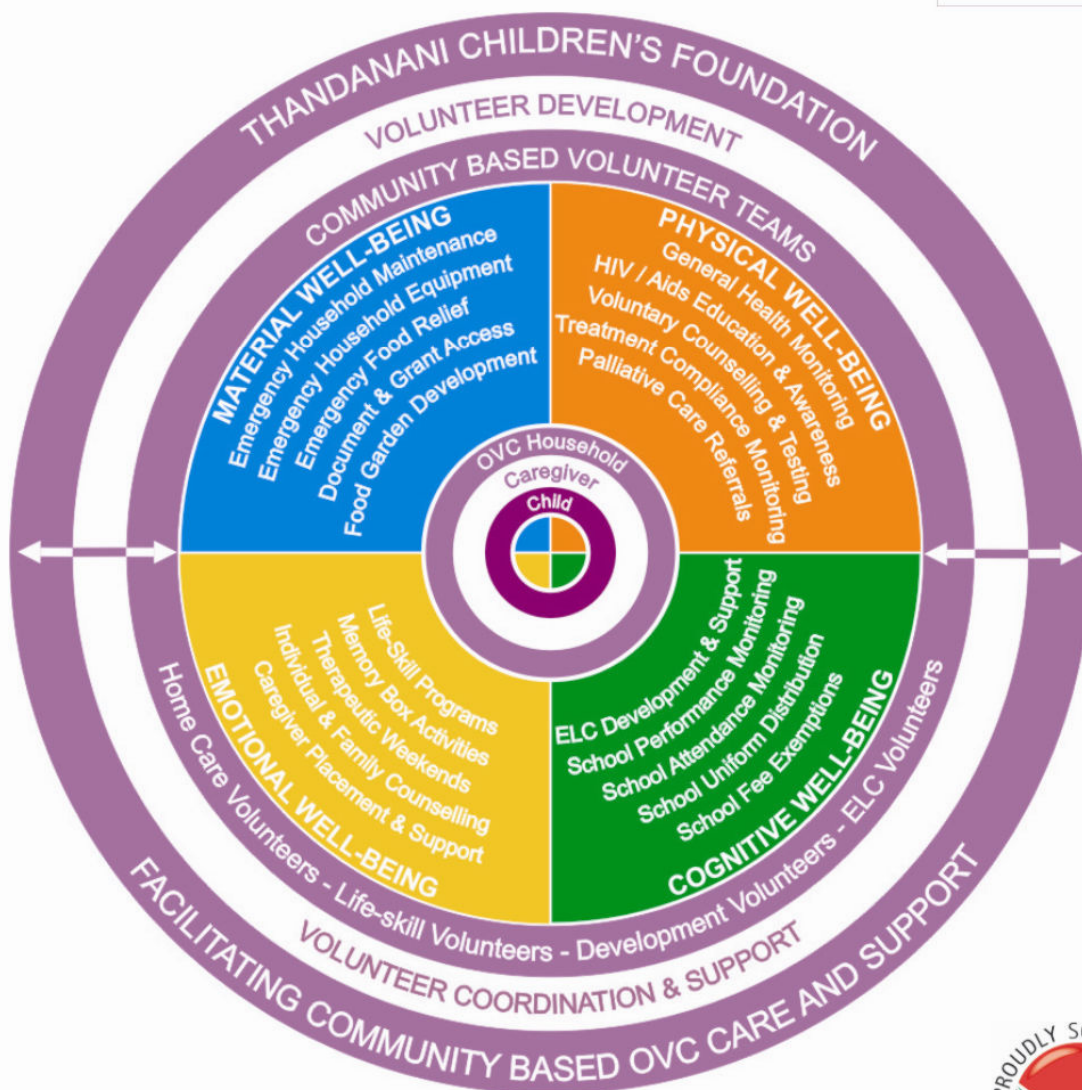




THANDANANI
CHILDRENS FOUNDATION

An introduction to

THANDANANI CHILDREN'S FOUNDATION



Facilitating community based care and support for orphans and other vulnerable children



An Overview of Thandanani Children's Foundation

THE PROBLEM

Despite South Africa's successful transition to democracy; poverty, illiteracy and HIV/AIDS continue to dominate the lives of millions of South African children and their families.

- 68% of all children in South Africa (approximately 18 million) and 70% of children in KwaZulu-Natal (approximately 3.8 million) live in poverty;
- 16% of all children in South Africa and 17% of children in KwaZulu-Natal live in households where there is child hunger (the lack of regular meals).
- 21% of all children in South Africa and 26% of children in KwaZulu-Natal have been orphaned (either single or double);
- 29% of all pregnant women in South Africa and 39% of pregnant woman in KwaZulu-Natal are HIV positive (the highest prevalence rate in the world); and
- 2.1% of all children in South Africa and 3.2% of children in KwaZulu-Natal are HIV positive.¹

Children growing up in these circumstances are rendered extremely vulnerable by, amongst others:

The demands of having to care for dying parents

The trauma associated with the loss of their parents

The loss and lack of material security (household income, shelter, security of tenure and physical protection)

The lack of food security resulting in hunger and an increased risk of malnutrition

The loss of childhood as a result of having to take on adult roles (e.g. provider and caregiver to younger siblings)

This results in:

An increased likelihood of absenteeism, failure and premature exiting from formal schooling

An increased risk of substance misuse and involvement in (survival) crime

An increased vulnerability to exploitation (violence, sexual abuse, child labour etc)

An increased vulnerability to emotional and behavioural difficulties

An increased vulnerability to HIV infection and teenage pregnancy

Ultimately, this maintains the cycle of poverty and undermines the ability of the child to live a full and meaningful life.

¹ Statistics quoted are from the 3rd edition of the South African Child Gauge (2007/8) compiled by the Children's Institute at the University of Cape Town



Founded in 1989, Thandanani Children's Foundation is a registered non-profit organisation that facilitates community based care and support for orphans and other vulnerable children (particularly those affected and infected by HIV/Aids) in the KwaZulu-Natal Midlands (South Africa).

We have a well-established system of volunteer driven community based care and support for orphans and other vulnerable children (and their households) that is aimed at capacitating and supporting community based volunteer teams to respond to the basic material, physical, cognitive and emotional needs of orphans and vulnerable children (OVC) within communities around Pietermaritzburg and Richmond.

In brief, we do this by training, monitoring and supporting community-based volunteers in:

- The provision of home visits aimed at identifying and addressing the basic material, physical, cognitive and emotional needs of OVC's.
- The implementation of life-skill, caregiver support and community awareness programmes
- The development & maintenance of community and household based food gardens
- The running of Early Learning Centre's (ELC's) and the provision of early childhood development & care activities at these centres.

With the support of Thandanani staff, volunteers then address the basic material, physical, cognitive and emotional needs of OVC households in their community by:

- Identifying indigent OVC households in their community and assessing their needs
- Conducting regular home visits to monitor the basic material, physical, cognitive and emotional needs of these households and their members
- Accessing support from Thandanani for those households identified as being in dire need of emergency assistance (including emergency food supplies, critical household maintenance, resources and equipment)
- Working with Thandanani's Social Workers and the extended family to identify and place an adult caregiver in the household.
- Facilitating access to critical documentation (birth certificates and identity documents)
- Facilitating access to relevant state grants
- Facilitating access to school fee remissions.
- Accessing (via Thandanani) and distributing school uniform items to OVC's.
- Conducting regular school visits to monitor the attendance and performance of OVC's in their care
- Facilitating OVC and caregiver access to local primary health care facilities whenever necessary
- Facilitating OVC & caregiver access to professional welfare services and counselling provided by Thandanani
- Facilitating OVC access to Life-skill and therapeutic programmes and camps
- Facilitating community based caregiver support programs
- Conducting awareness campaigns (on issues related to child rights and care) within their communities.
- Supporting the development of Early Learning Centres (day care centres) for pre-school OVC's (in 6 communities currently)
- Establishing and running food kitchens and food gardens at these Early Learning Centres
- Establishing and maintaining community and household food gardens for the benefit of OVC households



OUR VISION: Our vision is that communities provide safe and nurturing environments for orphans and other vulnerable children (particularly those affected and infected by HIV/Aids) within their communities of origin.

OUR MISSION: Our Mission is to build the capacity of the Msunduzi (Pietermaritzburg) and Richmond communities in the Midlands of KwaZulu-Natal, South Africa to respond to the basic material, physical, cognitive and emotional needs of their orphans and vulnerable children (OVC).

OUR OBJECTIVES:

- Training: To develop the capacity of community based volunteers to provide effective care and support to OVC's and their caregivers
- Direct Household / Child Support: To enhance the material and cognitive well-being of OVC's and their caregivers through a structured system of volunteer driven home based care and support
- Welfare Services: To enhance the emotional well-being of OVC's and their caregivers through direct access to a range of professional welfare services and therapeutic programs
- Health Services: To enhance the physical well-being of OVC's and their caregivers through access to a range of professional Health Services
- Early Learning Centre Support: To enhance the capacity of community based Early Learning Centre's (Crèches) to provide effective care and support to pre-school aged children within their community (Cognitive well being).

OUR BENEFICIARIES

The communities in which we work The province of KwaZulu-Natal, South Africa is recognised as having one of the highest rates of HIV infection in the world. According to the UNAIDS/WHO Aids Epidemic Update for Sub Sahara Africa (2007), 39% of pregnant women in KwaZulu-Natal are HIV positive. High rates of unemployment and low levels of literacy also characterise many communities in the province.

Thandanani Children's Foundation has worked in 11 communities in the Msunduzi municipality in the KwaZulu-Natal Midlands since 1995 and 7 communities in the Richmond municipality since 2004.

The Msunduzi Municipality

The Msunduzi Municipality is located approximately 80km, inland from Durban. The Municipality is the second largest urban centre in KwaZulu-Natal, and includes the city of Pietermaritzburg (the administrative capital of the Province), and surrounding peri-urban and semi-rural areas.

The Municipality has a total population of just over 600 000 inhabitants and an economically active population of approximately 250 000. Of these 39% are unemployed and 36.5% have a monthly income of between 1 and 800 Rand per month. Approximately 24% of the population live in informal or traditional housing and an estimated 20% of residents aged 20 years and over are functionally illiterate. *(Quarterly Economic and Business Report - Pietermaritzburg and UMgungundlovu District – 4th Quarter 2007)*

There is also a high prevalence of HIV/AIDS in the area. In 2008 45.7% of women visiting antenatal clinics within the uMgungundlovu district were HIV+. Most AIDS related deaths occur in the 20 - 39 age group. By 2010 it is estimated that KwaZulu-Natal will have 500 000 orphans and Pietermaritzburg 50 000.

The Richmond Municipality

Richmond is a predominantly rural and agriculturally based municipality situated approximately 44 kilometres south of Pietermaritzburg.

According to the 2001 census Richmond has a population of 63 222 with 67% of these being under the age of 29. The population is spread unevenly among the seven municipal wards surrounding the central town of Richmond, with the majority of residents living in rural areas characterised by low levels of service delivery and high unemployment and poverty. Only 32% of the total population are formally employed and 77% of households are subsisting on less than R1 500 a month. Educational levels are also particularly low. Only 40% of the population have progressed to secondary school and just 10% have matriculated. As is the



case in Pietermaritzburg HIV prevalence rates are also high. *(Richmond Municipality Integrated Development Plan Review 2007/8)*

Although currently experiencing a period of relative peace and stability, Richmond has had a particularly violent recent past. In the 1990's Richmond experienced such high levels of political violence that the military was used in an attempt to bring the situation under control. This, together with a high prevalence of HIV/AIDS, has increased the vulnerability of children living in the area.

Community Engagement

Over the years Thandanani has established a positive presence in communities around both Pietermaritzburg and Richmond. Initial entry involved extensive consultations with local leaders and community structures following which our first volunteer teams were set up and indigent OVC households were identified and supported. Since then we have maintained our liaison with local leadership and community structures and have continued our recruitment of volunteers from within these areas.

These volunteers identify indigent OVC households in their community on an ongoing basis and inform us of the needs and challenges of these households. Thandanani Staff also do regular independent home and community visits and are very familiar with the challenges and issues faced by the beneficiaries we support.

It is this accumulated experience on the part of staff and volunteers that continues to inform and shape our interventions and ensures that we meet the critical needs of the children & caregivers we support.

Beneficiary Selection

The following criteria are used to identify vulnerable households in the communities in which we work:

- There is at least one orphan under the age of 18 living in the household, or
- The biological parent(s) have abandoned the child(ren) (their whereabouts being unknown), or
- The parents/caregiver is terminally ill, or
- The caregiver/parent is physically, mentally or emotionally incapable of providing appropriate care to the child(ren)

AND

- The household income is inadequate to meet the basic needs of the child(ren), or
- The care given by the parent/caregiver is inappropriate (i.e. there is physical, sexual, emotional or economic abuse, neglect and/or exploitation) or
- The child(ren) displays emotional and behavioural difficulties that necessitate support.

Once identified as vulnerable in terms of these criteria, households are supported via a structured system of household intervention that is designed to systematically address their basic material, physical, cognitive and emotional needs and move them from a state of vulnerability to increased stability and self-reliance within a three to four year period. Once this happens households exit our system and function independently of our support. This movement of households through our system ensures that households do not become dependent on Thandanani and that Thandanani itself is able to take on new households without creating an unsustainable demand on our capacity and resources.

Beneficiary Numbers

With a staff of 20 and a team of 134 volunteers, Thandanani currently supports 2873 children and 1043 caregivers in 1045 households across 17 historically disadvantaged communities. We also currently support 6 Early Learning Centre's and facilitate the establishment of food gardens within these communities. Our projected beneficiaries for 2010/11 are as follows:

	Total	Male	Female	Black	Indian	Coloured	White
Volunteers	150	11	139	150			
Caregivers	1150	86	1064	1150			
OVC's	3160	1610	1650	3160			

PHOTO COLLAGE OF ACTIVITIES & SERVICES



OUR INTERVENTIONS: ANNUAL LOG FRAME

TRAINING: OBJECTIVE: To develop the capacity of community based volunteers to provide effective care and support to OVC's and their caregivers						
Activity	Output	Output Indicator	Beneficiaries	Duration / Scheduling	Outcomes / Impact	Outcome / Impact Indicator
Train Home Care volunteers	The Training Team & Development Staff facilitate the training of Home Care volunteers in critical issues related the material, physical, cognitive and emotional well-being of OVC's	Number of volunteers trained per module	Between 15 and 25 volunteers	Feb = Induction (3 days) Mar = Material Well-being Level 1 (3 days) & level 2 (3 days) Apr = Food Garden Development (5 days) & Physical Well-being (3 Days) May = Cognitive Well-being Level 1 (3 days) & Level 2 (3 days) June = Emotional Well-being (3 days) & Memory Work (3 days)	Home Care volunteers are able to effectively identify and respond to the basic care and support needs of OVC households.	80% of volunteers undertaking this training complete all modules and are assessed to be competent in the delivery of related activities
Train Food garden Volunteers	The Training Team & Development Staff facilitate the training of Food Garden Volunteers in advanced food garden Development & Maintenance	Number of volunteers trained per module	Between 4 and 6 volunteers	Apr = Food Garden Development (5 days)	Food Garden volunteers are able to support caregivers in the establishment & maintenance of household food gardens	80% of volunteers undertaking this training complete the training and are assessed to be competent in the delivery of related activities
Train Life-skill Volunteers	The Training Team & Welfare Staff facilitate training of volunteers specialising in the facilitation of OVC life-skill programs and caregiver support groups	Number of volunteers trained	Between 15 and 25 volunteers	Feb – June = OVC Life- skill Program Facilitation (Theory & practical) Feb – Nov = Caregiver support group facilitation (Theory & practical)	Life-skill Volunteers are capacitated to facilitate life-skill programs for OVC's and support groups for caregivers.	80% of volunteers undertaking this training are assessed to be competent in the delivery of OVC life-skill programs and caregiver support groups.
Train Health Care Volunteers	The Training Team & Health Staff facilitate training of volunteers to facilitate HIV Awareness, Access to VCT, Treatment Compliance and Care & Support at the household level	Number of volunteers trained	Between 15 and 25 volunteers	Mar & April - Health Care Modules 1, 2 & 3 (15 days) Oct & Nov - Health Care Modules 1, 2 & 3 (15 days)	Health Care Volunteers are capacitated to undertake HIV awareness, facilitate access to VCT, undertake treatment compliance monitoring and provide appropriate care & support at the household level	80% of volunteers undertaking this training are assessed to be competent in the delivery of basic HIV related health care at household level
Train ELC staff	The Training Team & Child Care Worker facilitate access to Early Child Care & Development Training for ELC Staff.	Number of ELC staff trained	Between 2 and 4 ELC staff	As per the availability of suitable external workshops / programs	ELC staff are capacitated (at various levels) with the skills necessary to provide appropriate care and stimulation to children attending Early Learning Centre's supported by Thandanani.	80% of staff embarking on training successfully complete the training.

DIRECT CHILD / HOUSEHOLD SUPPORT

OBJECTIVE: : To enhance the material and cognitive well-being of OVC's and their caregivers through a structured system of volunteer driven home based care and support

Activity	Output	Output Indicator	Beneficiaries	Duration / Scheduling	Outcomes / Impact	Outcome / Impact Indicator
Allocate a community volunteer to care for and support each household.	Home Care Volunteers are each allocated responsibility for a minimum of 5 and a maximum of 10 households on an annual basis and regularly visit these households to provide care and support (in accord with the TCF's staged model of household support and development)	Number of home visits by volunteers	All households on TCF's database (1000 – 1200)	Allocation made / reviewed annually. Home visits are conducted weekly, fortnightly, monthly or quarterly depending on the developmental stage of the household.	The basic material, physical, cognitive and emotional needs of OVC's are monitored and responded to.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires regular home visits by volunteers)
Facilitate emergency maintenance or equipping of OVC households	Home Care Volunteers report houses requiring emergency maintenance or basic household equipment and the Development Facilitator formulates and implements a response plan.	Number of households where maintenance work is undertaken Number of households provided with basic household equipment	Maintenance on up to 10 OVC households per annum and basic equipment provision to between 50 and 100 households per annum	As required	OVC's Households are provided with safe shelter and basic cooking and sleeping equipment.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires households to have adequate basic shelter and basic cooking and sleeping equipment)
Provide emergency food assistance to households identified as being in dire need.	Home Care Volunteers identify households requiring emergency food support and report these to their Development Facilitators. Development Facilitators conduct a home visit to verify the need and issue food vouchers accordingly.	Number of households issued with food vouchers	Between 10 and 20 households per month	Until situation is stabilised and/or grants are obtained	In the event of inadequate food supplies, OVC's households are provided with emergency support.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires households to have basic food security)
Facilitate access to documents, social grants and other forms of government support.	Home Care Volunteers determine which of their households qualify for grants and facilitate appropriate document and grant applications within 3 months of having been allocated responsibility for a household.	Number of document & grant applications Number of documents and grants secured	Between 100 and 150 Caregivers not yet in receipt of grants	3 to 12 months	OVC's households are assisted to access state support grants to which they are entitled.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires caregivers to be in receipt of grants)
Facilitate access to school fee exemptions	Home Care Volunteers identify qualifying OVC's in their area and assist caregivers to apply for fee exemptions from the relevant schools. DF's monitor and report back on the outcome of these applications at the end of the first quarter each year.	Number of fee exemptions secured	Between 1000 & 1250 OVC's who meet DOE criteria	1 st quarter of each year	Caregivers are assisted to secure fee exemptions for the children in their care	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires fee exemptions to be in place or fees to be paid)
Facilitate the distribution of school uniform items to qualifying OVC's	Home Care Volunteers identify qualifying OVC's in their area. DF's prioritise these and secure and distribute school uniform items accordingly.	Number of OVC's receiving school uniform items	Between 200 and 400 OVC's who meet TCF's school uniform item replacement criteria	1 st quarter of each year	OVC's are provided with decent school uniforms.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires at least 1 OVC per household to have received a school uniform item)
Facilitate the monitoring of school attendance and performance	Home Care Volunteer conduct school visits once every quarter to monitor the school attendance and performance of school going OVC's in the households allocated to them. Development Facilitators conduct a random unannounced school visits to schools in their area to verify volunteer compliance and reports.	Number of school visits by volunteers Number of school visits by staff	All school going OVC's (Between 2000 & 2500)	Quarterly	The school attendance and performance of OVC's is monitored and potential difficulties are identified and addressed. Volunteers are able to demonstrate interest in and encourage school attendance and performance of OVC's in the households allocated to them.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires regular school visits to be conducted)

DIRECT CHILD / HOUSEHOLD SUPPORT

OBJECTIVE: : To enhance the material and cognitive well-being of OVC's and their caregivers through a structured system of volunteer driven home based care and support

Activity	Output	Output Indicator	Beneficiaries	Duration / Scheduling	Outcomes / Impact	Outcome / Impact Indicator
Facilitate the establishment / support of household food gardens.	Home Care volunteers facilitate the establishment & support of food gardens at households allocated to them.	Number of new household food gardens established Number of existing food gardens supported	80 OVC Households	Annually	OVC households are assisted to establish and maintain a food garden to supplement their food security needs.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires households to have basic food security)
Facilitate developmental partnerships with existing community food gardens to supply OVC households with fresh produce.	TCF's Development Facilitator (Livelihood Security) establishes a developmental partnership with an existing community food garden and TCF develops the capacity of that food garden to supply an agreed number of OVC households in their community with regular fresh produce.	Number of existing community food gardens receiving developmental support from TCF Number of OVC households supplied with fresh produce from these gardens	5 – 10 OVC households per community food garden	Quarterly	Community food gardens are developed and supported to assist in meeting the food security needs of OVC households in their community.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires households to have basic food security)
Monitor and support Home Care Volunteers	Development Facilitators conduct random unannounced monitoring visits of households and hold regular planning & support meetings with their volunteer teams.	Number of monitoring home visits by staff Number of volunteers attend 80% of team meetings	Between 80 – 100 home care volunteers	1 monitoring home visit by staff per volunteer per quarter At least 1 volunteer team meeting per month	Home care volunteers receive regular monitoring, support and guidance from Development staff in the planning and implementation of direct child / household support activities in their community.	Annual performance appraisal ratings of staff by volunteers indicate "Good" to "Excellent" ratings with respect to the "Monitoring and support of Volunteers"

WELFARE

OBJECTIVE: To enhance the emotional well-being of caregivers and OVC's through direct access to a range of professional welfare services and therapeutic programs

Activity	Output	Output Indicator	Beneficiaries	Duration / Scheduling	Outcomes / Impact	Outcome / Impact Indicator
Provide access to professional counselling services	Welfare staff are available to provide professional assistance to OVC's & caregivers	Number of intake interviews and counselling sessions	Caregivers & OVC's (needs based)	Up to 20 hours per week	Caregivers and OVC's receive professional assistance in addressing personal challenges and issues	Service Satisfaction records indicate "Good" to "Excellent" ratings by 80% of sampled clients
Identify and place (in consultation with extended family / community members) caregivers in each OVC household	Welfare staff place an adult caregiver in newly identified households where no adult supervision is present (i.e. Child headed households)	Number of caregivers placed	Child Headed Households / OVC's (Needs based)	Within 30 days of identification of a new OVC household	OVC's have an adult caregiver resident in their household.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires the permanent presence of an adult caregiver in each household)
Facilitate access to foster care grants	Welfare staff undertake the necessary assessments, secure the necessary documents and submit formal court applications for foster care	Number of foster care applications submitted Number of foster care applications & grants approved	Between 100 – 200 OVC's	Applications submitted within 60 days of identification of a new OVC household	Caregivers are assisted to formally foster and secure foster care grants for the children in their care.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires caregivers to be in receipt of grants)

WELFARE						
OBJECTIVE: To enhance the emotional well-being of caregivers and OVC's through direct access to a range of professional welfare services and therapeutic programs						
Activity	Output	Output Indicator	Beneficiaries	Duration / Scheduling	Outcomes / Impact	Outcome / Impact Indicator
Facilitate Life-skill programs for OVC's	Life-skill volunteers facilitate community based Life-skill groups and camps for OVC's	Number of OVC's completing TCF's Life-skill groups & camps	160 OVC's between the ages of 11 and 14.	A 2 hour life-skill session every fortnight over 3 months followed by a 5 day residential life-skill camp	OVC's are provided with access to a structured life-skill program aimed at facilitating personal development and enhancing resilience.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires access to TCF's life-skill program)
Facilitate Support Groups for Caregivers	Life-skill volunteers facilitate community based support groups for caregivers	Number of Caregivers completing TCF's caregiver support program	120 – 180 Caregivers per annum	6 hours every month for 6 months	Caregivers are provided with access to a support program aimed at identifying and addressing difficulties they face and enhancing the care and support they provide to the children in their care.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires access to TCF's caregiver support program)
Facilitate memory work with OVC households	Home Care volunteers undertake Memory box work with OVC households allocated to them	Number of households where memory work has been completed	At least 5 households per quarter per community	16 hours per household	OVC households are provided with access to a tool that facilitates bereavement and enhances resilience	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires the completion of a memory box)
Coordinate the delivery of therapeutic programs & groups by life-skill volunteers	Welfare staff hold regular planning & support meetings with Life-skill volunteer and undertake regular monitoring visits of volunteer facilitated programs	Number of Life-skill volunteers attending at least 80% of meetings Number of program monitoring visits by staff	Between 25 to 35 Life-skill volunteers	Monthly meetings 1 monitoring visit per program / area per quarter	Life-skill volunteers receive regular monitoring, support and guidance from Welfare staff in the planning and implementation of community based therapeutic programs and groups.	Annual performance appraisal ratings of staff by volunteers indicate "Good" to "Excellent" ratings with respect to the "Monitoring and support of Volunteers"

HEALTH						
OBJECTIVE: To enhance the physical well-being of caregivers and OVC's through access to a range of professional Health Services						
Activity	Output	Output Indicator	Beneficiaries	Duration / Scheduling	Outcomes / Impact	Outcome / Impact Indicator
Undertake general health monitoring of OVC's & caregivers	Home Care Volunteers monitor the Physical Well-being of OVC's during their regular home visits. If a child is found to be ill they should accompany the caregiver and child to the clinic to ensure appropriate treatment. Should monitoring indicate ongoing concerns these should be reported to TCF Health Care staff for further assessment and intervention.	Number of clinic visits Number of reported incidents of ongoing health difficulties	All Caregivers (1000 – 1200) & OVC's (2700 – 3200)	Monitoring home visits are conducted weekly, fortnightly, monthly or quarterly depending on the developmental stage of the household. Annual clinic visits are conducted per child	The health of OVC's and caregiver's is monitored on a regular basis and where concerns are identified, access to appropriate assessment & treatment is facilitated.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires an annual clinic visit per child and the addressing of any ongoing health concerns)
Engage caregivers & OVC's in general health and HIV/AIDS awareness & education	Health Care Volunteers engage household members in age appropriate health and HIV awareness and education.	Number households where health education visits have been undertaken & completed	300 – 400 households per year	Ongoing as per roll out plan	Caregivers, children and other household members are educated and informed about basic health and HIV related issues enabling them to be more proactive in their health and risk management practices.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires engagement of household members in general health and HIV/AIDS awareness discussions unless the offer of this service is specifically declined)

HEALTH						
OBJECTIVE: To enhance the physical well-being of caregivers and OVC's through access to a range of professional Health Services						
Activity	Output	Output Indicator	Beneficiaries	Duration / Scheduling	Outcomes / Impact	Outcome / Impact Indicator
Facilitate access to VCT services	Health care volunteers engage household members in VCT awareness & education and TCF's Health Care staff undertake VCT at the household or via accompanied clinic visits.	Number of adults & children who undertake VCT. Number of adults & children who test positive	250 - 300 adults and 350 - 400 OVC's test per annum and an estimated 100 adults and 50 children who test positive receive post test support visits by Health Care volunteers & staff	Ongoing as per roll out plan	Caregivers and OVC's are provided with access to VCT services and those who consent & test positive receive ongoing support.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires engagement of VCT issues with each household and the provision of ongoing support to those who test positive unless the offer of this service is specifically declined)
Undertake treatment monitoring & support	Health Care Volunteers undertake weekly treatment compliance monitoring and support visits to those family members who are on antiretroviral treatments.	Number of adults and children receiving regular treatment monitoring & support visits	50 -75 adults and 20 - 28 children who are on ART receive weekly treatment adherence and support visits from volunteers	Ongoing as per need	Caregivers, children & other household members on ARV's are supported in their compliance with treatment and in the management of their overall health and well-being.	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires the provision of regular treatment compliance and support visits to household members who are HIV+ unless the offer of this service is specifically declined)
Ensure referrals to palliative care when necessary	Health Care Volunteers facilitate access to palliative care services when necessary	Number of adults or children referred to palliative care services	Needs based	Ongoing as per need	Caregivers, children & other household members receive palliative care when required	80% of OVC household's progress through the TCF's stages of household support and development within the timeframes set. (Progress requires the referral of household members to palliative care services whenever necessary)

EARLY CHILDCARE						
OBJECTIVE: To enhance the capacity of community based Early Learning Centre's (Crèches) to provide effective care and support to pre-school aged children within their community.						
Activity	Output	Output Indicator	Beneficiaries	Duration / Scheduling	Outcomes / Impact	Outcome / Impact Indicator
Monitor & provide support to ELC's & ELC staff	The Child Care Worker visits each ELC at least once a month and hands on supervision of ELC staff takes place	Number of ELC visits by staff	Between 15 to 25 ELC staff	Monthly	All TCF supported ELC's receive monitoring and ELC staff are provided with professional support and supervision.	75% of TCF supported ELC's progress through the TCF's stages of ELC support and development within the timeframes set. (Progress requires regular monitoring & support visits by TCF staff)
Monitor & support children attending ELC's	The Child Care Worker undertakes individual interventions on the basis of need.	Number if individual cases attended to	150 - 200 Children attending TCF supported ELC's	Monthly	Children attending the ELC's have access to professional individual counselling & support	75% of TCF supported ELC's progress through the TCF's stages of ELC support and development within the timeframes set. (Progress requires the undertaking of needs based interventions with individual children)
Conduct Life-skill lessons at ELC's	The Child Care Worker conducts regular "Life-skill lessons" at ELC's	Number of Life skill lessons conducted	150 - 200 Children attending TCF supported ELC's	1 Life skill lesson per ELC per quarter	Children attending the ELC's have access to developmentally focused group activities	75% of TCF supported ELC's progress through the TCF's stages of ELC support and development within the timeframes set. (Progress requires quarterly life-skill presentations to have been conducted)

EARLY CHILDCARE**OBJECTIVE: To enhance the capacity of community based Early Learning Centre's (Crèches) to provide effective care and support to pre-school aged children within their community.**

Activity	Output	Output Indicator	Beneficiaries	Duration / Scheduling	Outcomes / Impact	Outcome / Impact Indicator
Undertake equipment provision of ELC's	The Child Care worker provides ELC's with the basic equipment necessary for their registration with the DOW	Number of ELC provided with equipment	20 - 30 Children attending 1 TCF supported ELC	1 ELC's per annum	ELC's are equipped and resourced to provide appropriate care and stimulation to the children attending the ELC and that they meet the basic equipment requirements for registration with the DOW.	75% of TCF supported ELC's progress through the TCF's stages of ELC support and development within the timeframes set. (Progress requires the availability of basic equipment)
Facilitate infrastructure development at ELC's	Development Facilitators, in consultation with the Child Care Worker & ELC staff, identify and prioritise ELC development needs in accord with TCF's ELC development model and then implement appropriate infrastructure development activities	Number of ELC where infrastructure development is completed	20 - 30 Children attending 1 TCF supported ELC	1 ELC's per annum	ELC's are assisted to ensure that their physical infrastructure is safe and appropriate to the needs and number of children at the ELC and that they meet the basic infrastructure requirements for formal registration with the DOW.	75% of TCF supported ELC's progress through the TCF's stages of ELC support and development within the timeframes set. (Progress requires appropriate infrastructure)
Facilitate the establishment & support of ELC based Food gardens & kitchens	Development Facilitators facilitates the establishment and support of ELC food gardens & kitchens	Number of ELC food gardens established / supported Number of ELC food kitchens established / supported	20 - 30 Children attending 1 TCF supported ELC	1 ELC's per annum	ELC's have improved capacity to meet the basic nutritional needs of the children attending the ELC.	75% of TCF supported ELC's progress through the TCF's stages of ELC support and development within the timeframes set. (Progress requires the development of a food garden & kitchen)
Assist ELC Committees to formalise their registration with the Dept of Welfare	The Child Care Worker assists ELC Management Committees to complete and submit their application for formal registration with the Department of Welfare (DOW)	Number of applications submitted Number of applications approved	20 - 30 Children attending 1 TCF supported ELC	1 ELC's per annum	ELC's are assisted to formalise their structures and systems and access state support for their activities.	75% of TCF supported ELC's progress through the TCF's stages of ELC support and development within the timeframes set. (Progress requires registration with the DOW)

MONITORING & EVALUATION

Thandanani currently has a comprehensive database of the households we support. We are busy extending this database to capture the specific services delivered to each household, individual in that household or ELC (which we currently do using pen & paper records) so that we will be able to generate reports indicating the full extent of service delivery to specific households, individuals or ELC's (Output Indicators) and also track the movement of these households and ELC's through the various stages of our household and ELC support & development models over time (See tables below). It is this movement of households and ELC's from a state of vulnerability to increased stability and self reliance over time which will then be used as an indicator of our overall impact (Outcome Indicator). This extension of our database is scheduled to be completed by December 2009 and our first fully automated reports are planned for March 2010.

SEQUENCING OF HOUSEHOLD INTERVENTIONS

Stage 1: Identification 3 months	Stage 2: Intervention 12 – 24 months	Stage 3: Monitoring 12 months	Stage 4: Withdrawal 12 months
Household baseline assessment		Household baseline reassessment	
Volunteer assignment & fortnightly home visits	Monthly home visits	Quarterly home visits	Six monthly home visits
Emergency food relief (needs based)	Emergency food relief (needs based)		
Caregiver placement (needs based) & document & grant applications	Grant usage monitoring	Grant usage monitoring	Grant usage monitoring
Assessment of critical furniture & equipment needs	Provision of critical furniture & equipment		
Assessment of critical household maintenance needs	Emergency household repairs (resource dependent)		
	Household food garden development (Voluntary)	Food garden monitoring & support (Voluntary)	Food garden monitoring & support (Voluntary)
Health assessment	General health monitoring & facilitated access to state health services Health Education & VCT (Voluntary)	General health monitoring (Including treatment compliance monitoring if household members are on ATV's) & facilitated access to state health services	General health monitoring (Including treatment compliance monitoring if household members are on ATV's)& facilitated access to state health services
School attendance & performance assessment	School attendance & performance monitoring	School attendance & performance monitoring	School attendance & performance monitoring
	School fee remission applications (for qualifying OVC's)	School fee remission applications (for qualifying OVC's)	
	School uniform provision (needs based)	School uniform provision (needs based)	
	Access to individual or family counselling (voluntary)	Access to individual or family counselling (voluntary)	Access to individual or family counselling (voluntary)
	Family engagement in memory / bereavement work (voluntary)		
	Access to OVC life-skill programs & camps (voluntary)	Access to OVC life-skill programs & camps (voluntary)	Access to OVC life-skill programs & camps (voluntary)
	Access to caregiver support & savings groups (voluntary)	Access to caregiver support & savings groups (voluntary)	Access to caregiver support & savings groups (voluntary)

SEQUENCING OF ELC
SUPPORT & DEVELOPMENT
INTERVENTIONS

Stage 1: Assessment 1 month	Stage 2: Development 24 to 36 months	Stage 3: Registration 12 months	Stage 4: Independence 6 Months
ELC Baseline assessment & partnership agreement		Undertake baseline reassessment.	
	Facilitate establishment of School Governing Body (SGB) and provide support	Assist the SGB to complete and submit an application for formal registration with the Dept of Welfare	Within 6 months of DOW registration phase out regular support visits and activities but remain available to provide support on request.
Formulate ELC staff development plan	Initiate & complete ELC staff development plan		
	Provide supervision & guidance to ELC staff in designing and implementing activity programs for children (daily, weekly & annual)	Monitor & support staff in implementing activity programs for children	
	Implement program of "life lessons" for children	Continue program of "life lessons" for children	
	Identify children requiring individual intervention and respond accordingly	Identify children requiring individual intervention and respond accordingly	
Formulate ELC infrastructure development plan	Initiate & complete ELC infrastructure development plan (Resource dependent)	Monitor & support ELC in independent infrastructure maintenance & development	
Formulate ELC equipment & resource development plan	Initiate & complete ELC equipment & resource development plan	Monitor & support ELC in independent equipment & resource development	
Formulate food garden & kitchen development plan	Initiate & complete ELC food garden & kitchen development plan	Monitor & support ELC in independent maintenance of food garden & kitchen	

OUR BUDGET PROJECTIONS			
	2010/11	2011/12	2012/13
Training & Advocacy Services (RICH)	185,699	198,698	212,606
Staffing (Director % of salary)	16,709	17,879	19,131
Staffing (Training & Communications Co-ord)	74,714	79,944	85,540
Staffing (Trainer)	49,400	52,858	56,558
Materials (Training & Community Campaigns)	5,550	5,939	6,354
Delivery (Training & Community Campaigns)	39,325	42,078	45,023
Training & Advocacy Services (PMB)	277,932	297,387	318,204
Staffing (Director % of salary)	16,761	17,934	19,189
Staffing (Training & Communications Co-ord)	112,071	119,916	128,310
Staffing (Trainer)	74,100	79,287	84,838
Materials (Training & Community Campaigns)	9,350	10,005	10,705
Delivery (Training & Community Campaigns)	65,650	70,246	75,163
Community Development & Direct Child Support (RICH)	852,435	912,105	975,953
Staffing (Director % of salary)	67,906	72,659	77,745
Staffing (Development Coordinator x1)	74,258	79,456	85,018
Staffing (Senior Development Facilitator Rich x1)	123,702	132,361	141,626
Staffing (Development Facilitators x 2 - Rich)	221,340	236,834	253,412
Staffing (Development Facilitator - Livelihood Security)	44,429	47,539	50,867
Staffing (Development Facilitator - Household Database)	49,400	52,858	56,558
Home Care & Community Development Volunteer Stipends & Travel	128,250	137,228	146,833
Home Care & Community Development Volunteer Coordination & Support	18,900	20,223	21,639
Community / Household Food Garden Development	25,000	26,750	28,623
Emergency Material Security (Housing & Furniture)	17,500	18,725	20,036
Emergency Material Security (Relief Food Supplies)	30,000	32,100	34,347
Cognitive Well-being & Development (Schooling)	33,750	36,113	38,640
Transportation (Goods, Materials & Client Refunds)	18,000	19,260	20,608
Community Development & Direct Child Support (PMB)	1,170,613	1,252,556	1,340,235
Staffing (Director % of salary)	72,940	78,046	83,509
Staffing (Development Coordinator x1)	111,387	119,184	127,527
Staffing (Senior Development Facilitator Pmb x1)	132,769	142,063	152,007
Staffing (Development Facilitators x 2 - Pmb)	360,422	385,652	412,647
Staffing (Development Facilitator - Livelihood Security)	66,644	71,309	76,301
Staffing (Development Facilitator - Household Database)	74,100	79,287	84,838
Home Care & Community Development Volunteer Stipends & Travel	155,250	166,118	177,746
Home Care & Community Development Volunteer Coordination & Support	23,100	24,717	26,447
Community / Household Food Garden Development	35,000	37,450	40,072
Emergency Material Security (Housing & Furniture)	25,000	26,750	28,623
Emergency Material Security (Relief Food Supplies)	45,000	48,150	51,521
Cognitive Well-being & Development (Schooling)	45,000	48,150	51,521
Transportation (Goods, Materials & Client Refunds)	24,000	25,680	27,478
Early Childcare Services (RICH)	37,464	40,087	42,893
Staffing (Director % of salary)	2,844	3,043	3,256
Staffing (Childcare Workers x1)	-	-	-
ELC Volunteer Stipends & Travel	17,100	18,297	19,578
ELC Volunteers Coordination & Support	2,520	2,696	2,885
ELC Infrastructure Development	8,000	8,560	9,159
ELC Food Garden /Kitchen Development	7,000	7,490	8,014
Early Childcare Services (PMB)	178,851	191,371	204,767
Staffing (Director % of salary)	13,578	14,529	15,546
Staffing (Childcare Workers x1)	101,223	108,309	115,891
ELC Volunteer Stipends & Travel	42,750	45,743	48,944
ELC Volunteers Coordination & Support	6,300	6,741	7,213
ELC Infrastructure Development	8,000	8,560	9,159
ELC Food Garden /Kitchen Development	7,000	7,490	8,014
Welfare Services (RICH)	455,405	487,283	521,393
Staffing (Director % of salary)	35,992	38,511	41,207
Staffing (Welfare Co-ord x1)	74,714	79,944	85,540
Staffing (Social Worker x1)	140,759	150,612	161,155
Intern Social Worker	12,000	12,840	13,739
Life-skill Volunteer Stipends & Travel	34,200	36,594	39,156
Life-Skill Volunteer Coordination & Support	5,040	5,393	5,770
Emotional Well-being - Life-skills Programmes	25,200	26,964	28,851
Emotional Well-being - Life-skill Camps	112,500	120,375	128,801
Emotional Well-being - Caregiver Support Programme	15,000	16,050	17,174
Welfare Services (PMB)	535,608	573,101	613,218
Staffing (Director % of salary)	36,879	39,460	42,223
Staffing (Welfare Co-ord x1)	112,071	119,916	128,310
Staffing (Social Worker x1)	145,018	155,170	166,032
Intern Social Worker	12,000	12,840	13,739
Life Skill Volunteer Stipends & Travel	62,700	67,089	71,785
Wellness Volunteer Coordination & Support	9,240	9,887	10,579
Emotional Well-being - Life-skills Programmes	25,200	26,964	28,851
Emotional Well-being - Lifeskill Camps	112,500	120,375	128,801
Emotional Well-being - Caregiver Support Programme	20,000	21,400	22,898
Health Services (Rich)	300,384	333,322	356,654
Staffing (Director x 6% of salary)	24,986	26,735	28,607
Staffing (Health Services Coordinator)	74,711	79,941	85,537
Staffing (Nurse)	154,086	164,872	176,413
Senior Health Care Volunteer Stipends	3,075	9,000	9,630
Health Care Volunteer Stipends	19,575	25,542	27,330
Volunteer Coordination & Support	4,200	6,098	6,525
HIV Education & Prevention Materials (Per Household)	2,550	2,729	2,919
VCT Materials	7,000	7,490	8,014
Caregiver / OVC Travel Costs to Clinics	4,200	4,494	4,809
Adherence Monitoring & Home Based Health Care Materials	6,000	6,420	6,869

OUR BUDGET PROJECTIONS			
	2010/11	2011/12	2012/13
Health Services (Pmb)	362,249	404,911	433,254
Staffing (Director % of salary)	25,911	27,724	29,665
Staffing (Health Services Coordinator)	112,067	119,912	128,306
Staffing (Nurse)	154,086	164,872	176,413
Senior Health Care Volunteer Stipends	4,050	13,500	14,445
Health Care Volunteer Stipends	30,450	38,313	40,995
Volunteer Coordination & Support	6,300	9,148	9,788
HIV Education & Prevention Materials (Per Household)	3,825	4,093	4,379
VCT Materials	10,500	11,235	12,021
Caregiver / OVC Travel Costs to Clinics	6,300	6,741	7,213
Adherence Monitoring & Home Based Health Care Materials	8,760	9,373	10,029
General Operating Expenses (Rich)	399,848	427,838	457,786
Staffing (Director % of salary)	34,675	37,103	39,700
Staffing (Finance / Admin Manager x1)	88,642	94,846	101,486
Staffing (Receptionist / Admin Assistant x1)	29,131	31,171	33,353
Staffing (Office Assistant x1)	-	-	-
Buildings & Equipment (Rent, Insurance & Maintenance)	60,000	64,200	68,694
IT & Telecommunications	84,000	89,880	96,172
Database Management	16,800	17,976	19,234
General Office Administration	14,400	15,408	16,487
Auditing	10,000	10,700	11,449
Finance & Accounting Charges	10,200	10,914	11,678
Fundraising & Marketing	32,000	34,240	36,637
Staff Development	20,000	21,400	22,898
General Operating Expenses (PMB)	646,869	692,150	740,600
Staffing (Director % of salary)	42,625	45,609	48,801
Staffing (Finance / Admin Manager x1)	132,962	142,270	152,229
Staffing (Receptionist / Admin Assistant x1)	43,697	46,756	50,029
Staffing (Office Assistant x1)	40,384	43,211	46,236
Buildings & Equipment (Rent, Insurance & Maintenance)	96,000	102,720	109,910
IT & Telecommunications	133,200	142,524	152,501
Database Management	27,000	28,890	30,912
General Office Administration	22,800	24,396	26,104
Auditing	16,000	17,120	18,318
Finance & Accounting Charges	16,200	17,334	18,547
Fundraising & Marketing	46,000	49,220	52,665
Staff Development	30,000	32,100	34,347
TOTAL	5,403,357	5,810,808	6,217,564

Budget Analysis			
Staffing Rich	1,394,400	1,492,008	1,596,448
Staffing PMB	1,993,698	2,133,257	2,282,585
TOTAL Staffing	3,388,097	3,625,264	3,879,033
Activities & Admin Rich	836,835	907,324	970,837
Activities & Admin PMB	1,178,425	1,278,219	1,367,695
Total Activities & Admin	2,015,260	2,185,544	2,338,532
TOTAL	5,403,357	5,810,808	6,217,564
Staffing Rich	41%	41%	41%
Staffing PMB	59%	59%	59%
TOTAL Staffing	63%	62%	62%
Activities & Admin Rich	42%	42%	42%
Activities & Admin PMB	58%	58%	58%
Total Activities & Admin	37%	38%	38%
TOTAL	100%	100%	100%

HOW YOU CAN HELP

As an individual:

- You can **get a My School / My Village card** and every time you swipe your card Thandanani will receive a donation via the My Village program. This costs you absolutely nothing but makes a huge difference to us. To apply for your card please call the My School / My Village client services on 0860 100 445 or go to <http://www.myschooltest.co.za/application/villages/index.php> and select Thandanani as your Village of choice under “other” in the drop down menu. Once you have registered, My Village will send you a welcome pack, your personalised My Village supporter card and a detailed list of the many retail outlets where you can use your card. Remember every swipe counts!
- You can **become a household sponsor** - Thandanani Children's Foundation has a Household Sponsorship Programme that enables individuals or groups of individuals to "adopt" and support orphans and vulnerable children living in poverty. The recipients of this form of support are orphans or other vulnerable children living in extreme poverty. This programme not only provides these children with much needed support but also offers private individuals and small donors an affordable means to meaningfully contribute to the well-being and development of others. Monthly sponsorships start from as little as R200 per month. Please visit our website (www.thandanani.org.za) for more details on our sponsorship system
- You can **purchase a critical item** for an orphan or vulnerable child - For those who would like to support a child but who cannot commit to a regular monthly sponsorship, once-off contributions can also be made buy “purchasing” one of the following items.

			
School uniform items and stationary from R50	A month's Groceries from R200	Tools & equipment for a food garden from R100	Basic household equipment like pots & pans from R100
			
Basic household furniture like beds and bedding from R200	Personal items such as toiletries and casual clothes from R100	"Luxury Items" such as toys and sports equipment from R100	Household maintenance materials from R500

As a business:

- You can **allocate some of your Corporate Social Investment funding** to Thandanani and benefit from our BEE profile
- You can **incorporate us as a “community partner” in any BEE restructuring** and benefit from our BEE profile
- You can **use our “Community Participation Projects” as team building and staff development activities** for your employees
- You can **host a public fundraising & marketing event** and nominate Thandanani as a beneficiary
- You can **organise your staff into “household sponsorship teams”** and get them to co-sponsor some of our households with you.

If you would like more information about any of these options or the work that we do please feel free to contact us directly.

We would love to hear from you.

Organisational Details

Thandanani's current auditors are:

E.M. LUIZ, Chartered Accountants (S.A.)
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Docex 21, Pietermaritzburg
Tel : +27(0) 33 345 0282
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Registration Details:

Non Profit Organisation:	Reg. No. 006-136NPO
Section 21 Company:	Reg. No. 2002/005186/08
Section 18A Public Benefit Organisation:	Reg. No. 930003417
SARS P.A.Y.E:	Reg. No. 7090709751
SARS UIF:	Reg. No. U090709751

Banking Details:

Standard Bank, Longmarket Street
Account Number 052131327
Branch Code 05-75-25
Swift Code SBZAZAJJ

Contact Person:

Duncan Andrew (Director) Email: duncan@thandanani.org.za

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