

**THE JAMES 1:27 TRUST PROGRAMME: A CASE STUDY OF AN  
INFORMATION, COMMUNICATION AND TECHNOLOGY (ICT)  
RESPONSE TO ORPHANS AND VULNERABLE CHILDREN IN THE  
CONTEXT OF AN HIV AND AIDS EPIDEMIC**

by

ROBERT ANTHONY BOTHA

submitted in accordance with the requirements for the degree of

MASTER OF ARTS

in the subject

SOCIAL BEHAVIOUR STUDIES IN HIV/AIDS

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: MS ELIZE KOEN

MARCH 2010

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## **DEDICATION**

The study is dedicated to the memory of Rev Peter Wilson, a founder member of the James 1:27 Trust. May the generations that follow be inspired by his sacrificial leadership and service to the frightened, hungry and grieving child.

*Jesus Hominum Salvator*


## **ACKNOWLEDGEMENTS**

It seems appropriate that any study of this nature should begin with acknowledgement of those that made this submission possible. In this instance acknowledgement is given to UNISA's Department of Sociology and the Unit for Social Behaviour Studies in HIV and AIDS who generously imparted the value of education. Professor Carol Allais who inspired the courage to study again, Leon Roets who gave meaning to the truth that passion without knowledge is folly and to Dr Gretchen du Plessis for the unenviable task of ensuring academic excellence, is hereby also acknowledged. But as we all know, at the end of the day, it is the supervisor who has to wade through half-baked concepts, pretensions to knowledge and clumsy attempts at research. In this instance, a great debt is owed to Elize Koen who listened, imparted understanding, academically coached and provided essential mentoring. The outcome of which was a navigational map from which an inexperienced sociologist and social researcher could navigate. It is an important truth that this study is indeed as a result of her dedication and commitment. The submission of this study would not have been possible without her monumental effort. To Jannie Loubser and Stanley Simpson from APD, our colleagues at Xtend BI, who are my travelling companions along this journey in building the James 1:27 Trust, I acknowledge your brave commitment to the belief that technology is there to serve the best interests of all. Without Jannie's generosity and the technical skill and commitment of his company the James Model would not have been born. To my wife and family, I acknowledge their patience and support for indulging this academic pursuit and finally to the James community for giving purpose and opportunity to serve. Thank you!

## DECLARATION

Student number: 659-175-2

I, declare that **THE JAMES 1:27 TRUST PROGRAMME: A CASE STUDY OF AN INFORMATION, COMMUNICATION AND TECHNOLOGY (ICT) RESPONSE TO ORPHANS AND VULNERABLE CHILDREN IN THE CONTEXT OF AN HIV AND AIDS EPIDEMIC** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



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**ROBERT ANTHONY BOTHA**

28 March 2010

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**DATE**



## **SUMMARY**

This case study examines the James 1:27 Trust as an information, communication and technology response to the plight of orphans and vulnerable children within the context of an HIV and AIDS epidemic. The James 1:27 Trust demonstrates how social networks can be mobilized in support of children at risk. The use of business information and management systems to administer concepts such as “virtual adoption” is deemed an important innovative contribution. The James 1:27 Trust and its model is studied as a contributor in finding solutions to scale and multiply levels of care by community and faith-based organisations to orphans and vulnerable children. The James 1:27 Trust is located at the Innovation Hub in Pretoria, Africa’s first internationally accredited science park.

**Keywords:** James Model, virtual adoption, management system for orphans and vulnerable children (MSOVC), business information and management systems, enterprise resource management, life cycle management, talent management

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## **LIST OF ACRONYMS**

ACRWC	African Charter for the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
AU	African Union
BI	Business Intelligence
CBO	Community-Based Organisation
CHH	Child-Headed Households
CRC	Convention on the Rights of the Child
CSI	Corporate Social Investment
CSG	Child Support Grant
DOH	Department of Health
DSD	Department of Social Development
ERP	Enterprise Resource Planning
FBO	Faith-Based Organisation
FCG	Foster Child Grant
HANIS	Home Affairs National Identification System
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Centre

ICT	Information Communication Technology
IDP	Integrated Development Plan
LCM	Life Cycle Management
MDG	Millennium Development Goal
MIS	Management Information Services
MRC	Medical Research Council
MSOVC	Management System for Orphans and Vulnerable Children
NACCW	National Association of Child Care Workers
NEPAD	New Partnership for Africa's Development
NIRSA	National Institute for the Reformation of South Africa
NGO	Non-Governmental Organisation
NPO	Not for Profit Organisation
NSP	National Strategic Plan
OECD	Organisation for Economic Cooperation and Development
OVC	Orphans and Vulnerable Children
PBO	Public Benefit Organisation
PLHA	Person Living with HIV and/or AIDS
PLM	Product Life Cycle Management
PMTCT	Prevention of Mother-to-Child Transmission (of HIV and AIDS)
RSA	Republic of South Africa
SANAC	South African National AIDS Council
SASSA	South African Social Security Agency
StatsSA	Statistics South Africa
TAC	Treatment Action Campaign
TRIPS	Trade – Related Aspects of Intellectual Property Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCRC	United Nations Convention on the Rights of the child
UNICEF	United Nations Children's Fund
UNGAHRC	United Nations General Assembly's Human Rights Council
UNGASS	United Nations General Assembly Special Session

UNSC	United Nations Security Council
WHO	World Health Organisation
WTO	World Trade Organisation

## **CHAPTER 1:        SITUATING THE RESEARCH PROBLEM**

*“I appeal to you to pay greater attention to the extraordinary proliferation of AIDS orphans. The number has now reached 11 million. By the year 2010, 20 million African children will have lost one or both parents to AIDS. On the small and fragile shoulders of the older AIDS orphans – sometimes only ten years old or less – is placed the heavy task of caring for their younger siblings and other children bereft of their parents. In makeshift households, far from schools, far from opportunities – indeed suddenly far from childhood itself - they face the bleakest of futures. It would be unconscionable to allow their plight to persist any longer.”*  
*Kofi Annan former Secretary General at the XXII Africa-France Summit in Paris on 20 February 2003.*

### **1.1     Introduction**

The chapter provides a type of map from which to navigate through the study. It introduces the research problem, the point of focus of the study, the James 1:27 Trust and its model, the rationale and objectives for the study and identifies the research questions. In addition, key terms used throughout the study are defined.

### **1.2     Problem Statement**

There is little doubt that the HIV and AIDS epidemic is a serious problem for South Africa. With 5,7 million people living with HIV, the country is home to the largest number of people living with HIV in the world (UNAIDS 2009). One of the most tragic consequences of this is the proliferation of orphans and vulnerable children. South Africa has more than 1,5 million maternal orphans (South Africa, Dept. of Social Development 2009:1). Mhikze (2006:17), citing Mahoney & Filer (1996), states that “the survival of the family unit is highly dependent on its ability to absorb external challenges and adapt accordingly. One external challenge that the family is confronted with, is the survival of a social unit without a parental subsystem (i.e. a child-headed household)”. Traditionally, the extended family absorbed children at risk and the concept of an orphan did not exist. However, the numbers of children at risk are just too large and local communities are no longer able to cope (Save the Children, UK 2005).

During a recent national consultation in response to the plight of orphans and vulnerable children (OVC), consensus emerged that the combined efforts of all the care-based organisations working in this field, reach only 10% to 15% of children at risk (NIRSA 2009:5). It is reported that of the 1,5 million maternal orphans, only 1 682 children were adopted and 494 992 placed in foster care in 2007/2008 (South Africa, Dept. of Social Development 2009:1). A failure to reach these children will increase their vulnerability with all the negative consequences to the individual, family, community and society that this brings.

The South African government, in their 2010 budget, have proposed an allocation of US\$1.1 billion (R83 billion) as a response to the HIV and AIDS epidemic, a 33% increase from 2009 levels. The amount allocated is intended to more than double the number of people on antiretroviral treatment to 2.1 million and to provide increased social support to women and children. This allocation is according to UNAIDS, the biggest domestic investment made by any developing country on the AIDS epidemic to date. Mr Michel Sidibé, UNAIDS Executive Director has responded by stating that: “South Africa can directly change the trajectory of the AIDS epidemic with such bold investments....This budget is pro-people and must serve as a model for increasing investments in health, education and social welfare even in times of economic crisis” (UNAIDS 2010:1)<sup>1</sup>. While UNAIDS claim that this will put South Africa on course to meet its universal access targets and Millennium Development Goals, the reality is that, as argued in this study, this will not happen unless corporate social investment (CSI) modernize their approach and civil society starts to mobilise a much more bold response. The reason being that the HIV and AIDS epidemic is located in the context of a broader socio-economic challenge relating to poverty and under-development.

Good practice, as determined by the United Nations and its Agencies, dictates that the care of children be located within family-based care units. Through the Human Rights Council, the United Nations General Assembly have published guidelines recommending “efforts to keep children in, or return them to, the care of their family, or failing this, to find another appropriate and permanent solution, including adoption and *kafala* of Islamic law” (UNGA Human Rights

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<sup>1</sup> The reference is from a media statement made by on 19 February 2010 by UNAIDS.

Council 2009:3). The main principle and ethos behind these guidelines is that all decisions and policies be based on what should be considered in the best interests of the child and that all forms of care be based on the principle that the family is considered the natural environment for the growth, well-being and protection of children (UNGA Human Rights Council 2009:3).

How this is done is an important issue and as such is also a matter for research. Solutions need to be found, with social research playing an important role in this regard.

Against this background, a qualitative research method with a case study approach was selected to study the James 1:27 Trust, an information communication and technology (ICT) response to the plight of orphans and vulnerable children. The James 1:27 Trust draws its mandate, name and inspiration from the biblical injunction found in the New Testament Book of James Chapter 1 verse 27, which states: "Pure and lasting religion in the sight of God our Father means that we must care for orphans and widows in their troubles, and refuse to let the world corrupt us" (Bible 1998:1235).

The James 1:27 Trust, located at the Innovation Hub in Pretoria, is at present developing the James Model which can be regarded as a social innovation project. The reason for building this model is to enable existing care-based organisations to increase the present levels of care to OVC in order to match the extent of the OVC problem. The James Model is premised on the argument that levels of care need to scale, from present levels of 15% to at least 60%. However, this is not possible given that local communities are already over-burdened and in addition, that existing care-based organisations are stretched and often struggling to cope with levels of administration and requirements of transparency with regard to financial management.

The James Model relies heavily on the concept of "virtual adoption" and is under-girded by what the James 1:27 Trust refers to as "MSOVC", a management system for orphans and vulnerable children. The "virtual adoption" concept is based on the African premise that "it takes a village to grow a child". The James Model proposes that the concept "village" be extended to include the "global village". The connection between the two villages represents the "virtual village". It



is within the dimension of the “virtual village” that traditional concepts such as the extended family, community and society are expanded and given a virtual overlay.

While there is consensus across the field that the multiplication of care to children at risk is urgently needed, uncertainty remains as to how to actually achieve this objective. It would seem that there are two main challenges. The first relates to finding new sources of sponsorship to meet the needs of children at risk, and the second to the administration and management of the funds received by the sponsors and to the sponsored care of the children themselves. The whole concept of “virtual adoption” as promoted by the James Model, can be regarded as an innovative response to the first challenge. The James 1:27 Trust’s development of a management system for orphans and vulnerable children (MSOVC) can be regarded as a response to the second challenge.

The sociological construct of social capital guided this study on a theoretical level. This construct offers a valuable theoretical framework in which to unpack the concept of “virtual adoption” since it allowed the researcher to consider the important role of social networks within a norms (including regulations), values and sanctions-based framework. Furthermore, the information, communication and technology dimension of the James Model, which entails the application of business information systems together with business intelligence tools in the civil society arena, provides a technological overlay to the study.

### **1.3 Focus of the study**

The focus of the study is on the James 1:27 Trust’s “story”, its narrative, from the conceptual design of its model, to the James 1:27 Trust’s founding and distillation of its core objectives. The study identifies the key critical incidents that led to what can be considered as the “DNA” or identity of the James 1:27 Trust. The James 1:27 Trust is studied in the context of an HIV and AIDS epidemic and orphans and vulnerable children crisis, and also as a social innovation and technology driven organisation that is further contextualised by its faith-based worldview.<sup>2</sup> The

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<sup>2</sup> The James 1:27 Trust is driven from a set of values and ethics that reflect the thinking and philosophical and ideological choices made by the key social actors involved with the Trust. The outcome of which, it is thought,

aim of the study was to capture what can be considered the “soul” (DNA and core substance) of the James 1:27 Trust. It is the James 1:27 Trust’s *raison d’être*<sup>3</sup>, as being interpreted by the social actors themselves.

#### **1.4 Rationale for the study**

In this regard, the key question as framed by Marchall and Rossman (1999:5) is “so what?”. What is the value and contribution of the study? How does the study contribute towards social research, critical thought, best practice and policy development? In response, it is felt that the study enhances what can be considered good practice within an orphans and vulnerable children domain and context, with the recommendations made in the study having a potential impact on policy development, particularly if the James 1:27 Trust’s model is accepted as an innovative way to multiply levels of adoption and foster care.

However, a single day of grief and hunger, or a single night of risk for any child is sufficient motivation to respond timeously to intervene. If the James 1:27 Trust and its model can in any way respond to this challenge, then that in itself more than adequately justifies it being studied.

In the social research domain of children at risk, there is general consensus over what is accepted as good practice. The term “best practice” is becoming less popular as it is deemed somewhat presumptuous. There is also some sensitivity concerning the terminology used to refer to the children. While generally the term “orphans and vulnerable children” (OVC) is used, it is also widely acceptable to use the term “children at risk”. The reason for this sensitivity relates to issues of stigmatisation and labelling. The children’s identities are negatively framed through the stigmatization and labelling process, thus affecting self-esteem issues. As stated above, the building blocks for good practice can be considered to be based on what the United Nations General Assembly’s Human Rights Council referred to as guidelines recommending “efforts to

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influences the way in which these social actors see the problems and social challenges facing the world, thus determining their “world view”. In the instance of the Trust this view is premised on a biblical approach to life and community development and as such needs to be stated from the outset of the study in order to better understand the context and background from which the Trust operates.

<sup>3</sup> French for “reason for existence”.

keep children in, or return them to, the care of their family, or failing this, to find another appropriate and permanent solution” (UNGA Human Rights Council 2009:3).

The value of this case study therefore, lies in the identification of the core objectives of the James 1:27 Trust and its model and how these objectives relate to “efforts to keep children in, or return them to, the care of their family, or failing this, to find another appropriate and permanent solution, including adoption” (UNGA Human Rights Council 2009:3). The core objectives are of significance not only in relation to the model itself but also in terms of their possible usefulness to the broader children at risk care-based community. The value of the study also perhaps lies in introducing into the social science research arena the concept of “virtual adoption”. It is felt that the study of “virtual adoption” will still in time require a complex multi-disciplinary response to all its unknown and untested implications. There is also value in the study of the James 1:27 Trust’s use of business information and management systems and business intelligence tools in order to administer concepts such as “virtual adoption”. The study will therefore further encourage the interface between sociology and information technology sciences. The information society forms the context in which these two important disciplines could be brought together. Therefore, it is perhaps through the James 1:27 Trust’s development of its Management System for Orphans and Vulnerable Children (MSOVC) that the possible application and usefulness of the “virtual adoption” concept may best be illustrated.

Furthermore, South Africa’s history provides a critical example of how national mobilisation and international solidarity have been used in the past in the form of the anti-apartheid movement to leverage resources in the pursuit of social transformation. Armed with this precedent, the information society and its inherent social capital provides unique opportunity to ensure that the global and the local village share responsibility and resources. How these are managed and administered is of great value, hence the importance of studying the James Model as a social innovation response within an information, communication and technology (ICT) environment.

In addition, the study of the James 1:27 Trust, as the focus of this research, it is hoped, will contribute towards the James Model’s further development and its contribution to existing models of care within the OVC domain.

Also, it is hoped that the study will further contribute towards an understanding of how social innovation projects such as the James Model can be used to migrate business information systems into the civil society domain. While the present study is limited to the James 1:27 Trust and the James Model, it is further hoped that it will provide a platform for later research in which more of the key assumptions on which the James Model is based, can be tested. It can also be used as a comparative example in the study of other models and social innovation initiatives.

### **1.5 Objectives of the study**

- i. To identify the core identity and objectives of the James 1:27 Trust and its model;
- ii. To view the James Model's concept of multiplication in terms of the construct of social capital;
- iii. To study the James Model as a social innovation response.

### **1.6 Research Questions**

- i. What is the core identity and objectives of the James 1:27 Trust and its model?
- ii. What is the James Model's concept of "multiplication of care of orphans and vulnerable children"?
- iii. How does the James Model relate to the theoretical construct of social capital?
- iv. What constitutes the social innovation of the James Model?

### **1.7 Definition of key terms**

#### *Best interest of the child*

"A flexible standard that takes into account the relevant factors for the individual child as well as all other factors of the child" (DSD 2009:4).

#### *Business Information Management Systems*

See Management Information Systems

### *Business Intelligence Tools*

“The term Business Intelligence (BI) represents the tools and systems that play a key role in the strategic planning process of the corporation. These systems allow a company to gather, store, access and analyze corporate data to aid in decision-making. Generally these systems will illustrate business intelligence in the areas of customer profiling, customer support, market research, market segmentation, product profitability, statistical analysis, and inventory and distribution analysis to name a few” ([www.webopedia.com](http://www.webopedia.com)).

### *Care*

“Steps taken to promote a person’s well being through medical, psychosocial, spiritual and other means” (DSD 2009:4).

### *Care-giver*

“According to the Children’s Act 38 of 2005, a care-giver means any person, other than a parent or guardian, who factually cares for a child and includes amongst others the foster parent, the person who cares for the child whilst the child is in temporary safe care, the manager of a child and youth care centre, the person at the head of a shelter, or a child and youth care worker who cares for the child within the community. The child at the head of a child-headed household is also defined as a care giver in the Act” (DSD 2009:4).

### *Child*

“The New Dictionary for Social Work defines a child as a person under the age of 18 in terms of the Child Care Act No.74 of 1983” (Mkhize 2006:30).

### *Child-headed household*

Section 137 of the Children's Act 38/2005 as amended stipulates the following:

- (1) The provincial head of Social Development may recognize a household as a Child headed household if –
- (a) the parent, guardian or caregiver of the household is terminally ill, has died or has abandoned the children in the households;
  - (b) no adult family member is available to provide care for children in the household;
  - (c) a child over the age of 16 years has assumed the role of care-giver in respect of the children in the household; and
  - (d) it is in the best interest of the children in the household
- (Children's Act 38/2005: Section 137).

“A child-headed household is a unit constituting siblings who are children. The absence of a parental subsystem is the main feature of the household, with the caring role within the unit performed by children” (Mkhize 2006:12).

### *Cluster foster care*

“Cluster foster care refers to the reception of children in foster care in accordance with a cluster foster care scheme registered by the provincial head of social development. Cluster foster care is set up in a family-orientated environment where a group of foster children is cared for by an active member” (DSD 2009:4).

### *Cluster foster care scheme*

“Makes provision for the reception of more than six children in foster care, managed by a non-profit organisation and registered by the provincial head of social development” (DSD 2009:4).

### *Epidemic*

“A widespread outbreak of an infectious disease: many people are infected at the same time”

([www.websters-online-dictionary.org/definitions/epidemic](http://www.websters-online-dictionary.org/definitions/epidemic)).

### *ERP*

“Short for *enterprise resource planning*, a business management system that integrates all facets of the business, including planning, manufacturing, sales, and marketing. As the ERP methodology has become more popular, software applications have emerged to help business managers implement ERP in business activities such as inventory control, order tracking, customer service, finance and human resources” ([www.webopedia.com/TERM/I/ERP.html](http://www.webopedia.com/TERM/I/ERP.html)).

### *Evaluation*

“An appraisal of the value of something”.

([www.websters-online-dictionary.org/definitions/evaluation](http://www.websters-online-dictionary.org/definitions/evaluation)).

### *Foster Parent*

“This refers to a person who accepts responsibility for a (related/unrelated) child who has officially been placed with them by an order of the Children’s Court. This could also include or refer to an active member of an organisation operating a cluster foster care scheme and who has been assigned responsibility for the foster care of a child” (DSD 2009:4).

### *Foster child grant (FCG)*

“Foster child grant refers to the social security grant payable to a foster parent who has a child placed in their care by an order of the court” (DSD 2009:4).

### *Designated social worker*

“A designated social worker refers to a social worker in the service of the National or Provincial Department of Social Development; a designated child protection organisation or a municipality” (DSD 2009:4).

### *Drop in Centre*

“A facility providing basic services aimed at meeting the emotional, physical and social development needs of vulnerable children” (DSD 2009:4).

### *Home and Community-based Care*

“Home and community-based care is the provision of comprehensive quality health and social services in the home and community in order to promote, restore and maintain people’s maximum level of comfort, social functioning and health. The Policy Framework for child headed households is a Department of Social Development initiative. The vision of the framework is to reach out to all child headed households and to provide services that will improve their lives through a coordinated service delivery model” (DSD 2009:4).

### *HIV and AIDS*

“The human immunodeficiency virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS). It can take 10-15 years for an HIV-infected person to develop AIDS; antiretroviral drugs can slow down the process even further. HIV is transmitted through unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood, sharing of contaminated needles, and between a mother and her infant during pregnancy, childbirth and breastfeeding” ([www.who.int/topics/hiv\\_aids/en/](http://www.who.int/topics/hiv_aids/en/)).

### *Household*

“A household can be defined as a group of individuals who are sharing a residence and are involved in continuous and intense social interaction, which is based on loyalty and authority. Furthermore a household is part of other social structures such as the neighbourhood, the local community and the state” (Mkhize 2006:11).

### *ICT*

“Short for *Information and Communications Technology*, it is the study or business of developing and using technology to process information and aid communications” ([www.webopedia.com/TERM/I/ICT.html](http://www.webopedia.com/TERM/I/ICT.html)).



### *Management Information System*

“Short for management information system or management information services, and pronounced as separate letters, MIS refers broadly to a computer-based system that provides managers with the tools for organizing, evaluating and efficiently running their departments. In order to provide past, present and prediction information, an MIS can include software that helps in decision making, data resources such as databases, the hardware resources of a system, decision support systems, people management and project management applications, and any computerized processes that enable the department to run efficiently”

([www.webopedia.com/TERM/I/MIS.html](http://www.webopedia.com/TERM/I/MIS.html)).

### *Monitoring*

“The act of observing something and sometimes keeping a record of it”

([www.websters-online-dictionary.org/definitions/HIV](http://www.websters-online-dictionary.org/definitions/HIV)).

### *Orphan<sup>4</sup>*

“According to the Children’s Act (No 38 of 2005), an orphan is a child who has no surviving parents to care for him or her (DSD 2009: 4). The term 'orphan' therefore refers to any child under the age of 18 who has lost one or both parents. If both parents have been lost, the term 'double orphan' is used” (Save the Children, UK 2006: 6).

### *Orphans and Vulnerable Children (OVC)*

“The term AIDS orphan is generally not used, as it is misleading, because it infers that the child is HIV-positive, which can contribute to stigma and discrimination. As a result the term orphans and vulnerable children is preferred” (UNICEF 2005).

### *Partnerships*

“Relationships that are built with other organisations to support existing initiatives within the workplace and the community” (DSD 2009).

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<sup>4</sup> Definitions remain problematic in that terms such as “orphan”, “vulnerable children” and “child-headed household” vary from country to country and are not viewed uniformly (Save the Children 2006: 6).

### *Pandemic*

“Epidemic over a wide geographical area. An epidemic that is geographically widespread: occurring throughout a region or even throughout the world” ([www.websters-online-dictionary.org/definitions/pandemic](http://www.websters-online-dictionary.org/definitions/pandemic)).

### *Primary care-giver*

“A primary care giver is defined as any person older than 16 years, whether or not related to a child, who takes responsibility for meeting the daily needs of that child” (DSD 2009).

### *PLM*

“Short for Product Lifecycle Management, it refers to a set of software tools used for mechanical design, analysis and manufacturing to support products from when they are first conceived through distribution and retirement. PLM is assembled from various software programs, rather than purchased outright as a single commercial off-the-shelf product. Once assembled, a well-designed PLM system will manage product specifications and formulas, provide production histories, create complete product genealogies, and track total product quality” ([www.webopedia.com/TERM/I/ERP.html](http://www.webopedia.com/TERM/I/ERP.html)).

### *Social Assistance*

“Social assistance is an income transfer in the form of grants or financial award provided by government. Grants in South Africa include: disability grant; a grant for the aged; war veteran's grant; grant-in-aid; foster child grant; care dependency grant and child support grant” (DSD 2009).

### *Social Service Professional*

“Includes a probation officer, development worker, child and youth care worker, youth worker, social auxiliary worker and social security worker who are registered as such in terms of the Social Service Professions Act, 1978” (DSD 2009:6).

### *Supervising Adults*

“This refers to a person, an organ of state or non-governmental organization determined by the provincial head of social development and officially placed with the child headed household by the Children’s Court order to care, protect and access grants and other social benefits on behalf of the child-headed households” (DSD 2009:5).

### *Virtual Adoption*

A form of supplementary support in which a virtual extended family (cluster or team) through a community-based organisation get matched with a vulnerable family (child care unit) and in so doing support the legal guardian or primary care-giver to ensure family-based care of the children entrusted to them.

### *Vulnerable children*

“In the context of children made vulnerable by HIV and AIDS, the term narrowly refers to children: having a chronically ill parent; living in a household with an ill adult; living in a household in which there has been a death of an adult in the last 12 months; living outside of family care – in an institution or on the streets” (Save the Children, UK 2006: 6)<sup>5</sup>.

A broader definition includes: “de facto child-headed and grandparent headed families, where parents are away for extended periods of employment; children experiencing discrimination as a result of a family member’s HIV status or who have HIV themselves; children in households that have taken in orphans. Vulnerable children include amongst others: chronically and / or terminally ill children; orphaned children; children with physical disabilities and incurable diseases; children infected and affected by HIV and AIDS; children from dysfunctional families; children in homes headed by other children; children in poor households and communities; children living and working on the streets; unaccompanied minors; children whose parents have migrated” (UNICEF, Children on the Brink 2004)<sup>6</sup>.

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<sup>5</sup> The definition derives from outcomes of UNICEF’s Second Phase of Rapid Assessment, Analysis and Action Planning Process (RAAAP) for Orphans and Vulnerable Children, in Kenya 2005.

<sup>6</sup> “However definitions of vulnerability vary between countries in the region and can include children from poor families, those who lack adequate care and protection, children with disabilities and those who have unfilled rights. Increasing food insecurity, exploitation, conflict and civil strife are also contributory factors regionally that further intensify the vulnerability of children. It is now generally accepted that interventions should not seek to

## **1.8 Outline of the study**

- Chapter 1: Situating the research problem
- Chapter 2: Literature review: HIV and AIDS and the proliferation of orphans and vulnerable children
- Chapter 3: Social capital as a conceptual tool
- Chapter 4: Research methodology
- Chapter 5: Analysis of the James 1:27 Trust model and interpretation of its contribution
- Chapter 6: Conclusions and recommendations

## **1.9 Conclusion**

The study is the result of several years of research in which many fears and doubts seemed to potentially overwhelm the researcher. There remained, however, a compelling conviction that the problem of scaling and multiplying existing levels of care by care-based organisations to match the extent of the orphans and vulnerable children crisis, was important enough to investigate and that the focus of this study, the James 1:27 Trust and its model, could well offer a potential contribution.

Given that the study is a dissertation of limited scope, the literature review presented in chapters 2 and 3, locating the Trust in an HIV and AIDS epidemic, with a proliferation of orphans and vulnerable children, is merely intended to provide a brief overview. It does not attempt to provide a comprehensive review. The introduction of social capital as a theoretical construct not only provides an important conceptual framework for the study but also presents the study from a sociological perspective.

While a case study and qualitative approach will be used, some challenges presented themselves when doing the study. Given that the researcher is also the founder of the Trust, an attempt was

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discriminate between causes of vulnerability – singling out children as affected or infected by HIV/AIDS can cause further stigma and resentment. Therefore in recognition of these factors the term vulnerable children include all vulnerable children, not just those affected or infected by AIV/AIDS” (Save the Children, UK 2006 :7).

made to separate the two roles. However, the bias that comes from such a situation needs to be declared from the outset. There are, however, advantages in that unique and intimate insights from the founder are woven into the study, providing a richer perspective when completing the research analysis. The same can be said of the key informants. They are also social actors with an intimate experience of the James 1:27 Trust. While the study therefore remains of limited scope with a notable insider perspective, the hope is that further studies of the model could also provide a more independent analysis of its contribution.

## **CHAPTER 2: LITERATURE REVIEW - HIV AND AIDS AND THE PROLIFERATION OF ORPHANS AND VULNERABLE CHILDREN**

*“New developments in South Africa comfort me in my conviction that change is possible: I am thrilled to learn that President Zuma has made clear his goal of accelerating the AIDS response by cutting new infections in half and scaling-up treatment to 80% of those in need by 2011. As the leader of the country with the world’s largest AIDS epidemic, President Zuma must be congratulated.”*

*Quote by Michel Sidibé, newly appointed Executive Director of UNAIDS,  
23 June 2009.*

### **2.1 Introduction**

This chapter discusses literature relating to the research problem. It locates the focus of the case study, the James 1:27 Trust and its model, within a broader context of an HIV and AIDS epidemic and the crisis faced by orphans and vulnerable children.

### **2.2 Global perspective of the HIV and AIDS pandemic**

The pandemic globally is now officially regarded as a security threat. The United Nations Security Council (UNSC), in their first ever debate on health issues, has suggested that the AIDS pandemic is a threat to world peace and international security. The United Nations Security Council on 17 July 2000 passed Resolution 1308 stating that the HIV and AIDS pandemic is exacerbated by conditions of violence and instability, which increase the risk of exposure to the disease. The resolution held that if unchecked the HIV and AIDS pandemic may pose a risk to stability and security (UNSC 2000). UNAIDS has warned that many more people are dying of AIDS than as a result of war or conflict (UNAIDS 2003).

In their latest report on the global AIDS epidemic, UNAIDS (2008) claim that the percentage of people living with HIV is estimated at between 30 to 36 million people with Sub-Saharan Africa remaining most affected, accounting for 67% of all people living with HIV and for 72% of AIDS deaths in 2007. The report indicates that globally the pandemic is stabilizing and that the rate of new infections has fallen in several countries, including countries in Sub-Saharan Africa. Globally, the annual number of new HIV infections has declined from 3 million in 2001 to 2,7 million in 2007 (UNAIDS 2008:1).

Despite these positive developments, the number of AIDS-related deaths, especially in the developing world, threaten advances made in achieving the Millennium Development Goals (MDGs) - which remain the global benchmark in measuring development. The MDGs range from eradicating extreme poverty and hunger to achieving universal primary education; promoting gender equality and empowerment of women; reducing child mortality; improving maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability and developing a global partnership for development. While combating HIV and AIDS is listed as one of the MDGs, most of the other goals are also seriously negatively impacted by the pandemic. As a result UNAIDS are now calling for an AIDS plus Millennium Development Goals framework (UNAIDS 2009).

While at a global level the annual number of AIDS deaths has declined, the HIV epidemic cannot be reversed and universal access to treatment therefore remains a top priority and essential to saving millions of lives. Given that once on treatment, it is for life, treatment programmes therefore need to be sustained for the long term, and as a result second - and third - line therapies, which are further levels of treatment, need to be more affordable (UNAIDS 2009). “At the beginning of treatment, the combination of drugs that a person is given is called first line therapy. If after a while HIV becomes resistant to this combination, or if side effects are particularly bad, then a change to second line therapy is usually recommended. Second line therapy will ideally include a minimum of three new drugs, with at least one from a new class, in order to increase the likelihood of treatment success” ([www.avert.org/treatment.htm](http://www.avert.org/treatment.htm)).

As a result, access to cheaper drugs, particularly for the developing world, is critical in terms of sustainability. UNAIDS have questioned whether the treatment route is in the long term sustainable without a decrease in the rate of new HIV infections. In this regard, the development of prevention movements (groups, committed individuals, teams, clusters and networks) in support of combating HIV infection, at national level in every country together with community mobilization, is of fundamental importance<sup>7</sup>. UNAIDS are prioritising at national level the “Three Ones” - one national strategic framework, one national AIDS authority, and one national monitoring and evaluation system (UNAIDS 2008). In addition, efforts to reduce the societal factors that increase HIV risk, such as gender inequity, stigma and discrimination, and social marginalization, are continuously addressed. Particular attention is also needed for high risk groups such as men who have sex with men, injecting drug users and sex workers. As such, treatment, prevention, care and support still remain the top traditional focal areas (UNAIDS 2008).

In reference to the US\$14 billion spent globally on AIDS last year, the Chief Executive Officer (CEO) of UNAIDS, Michel Sidibé, has stated that while universal access to treatment remains a top priority, the present two-tiered system of global AIDS treatment needs to change. By this is meant the practice of using outdated drugs for people in the developing world. While UNAIDS estimate that some 3.2 million people are on treatment in Africa, only about 3% are on second-line treatment<sup>8</sup> and beyond. In this regard, UNAIDS is working with the World Trade Organization (WTO), World Health Organisation (WHO) and the World Intellectual Property Organization (WIPO) to find ways of securing better access under the existing Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS Agreement), ensuring more affordable treatment (UNAIDS 2009).

Mr Sidibé has also argued that, in order to “break the trajectory of the epidemic” UNAIDS have to put their focus back on HIV prevention, which he believes has been systematically underinvested. In addition, UNAIDS is calling for embedding AIDS work more closely in

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<sup>7</sup> The Report of the Asia Commission pointed out that for every dollar spent on preventing HIV, eight dollars on treatment costs can in the future be saved (UNAIDS 2009).

<sup>8</sup> Once second line therapy has proved ineffective, the drug regime moves to third line therapy which is a more advanced combination of ARV drugs. <http://www.avert.org/treatment.htm>.



primary health services<sup>9</sup>, maternal and child care, sexual and reproductive health programmes and the tuberculosis community. Tuberculosis remains one of the most common causes of illness and death among people living with HIV (UNAIDS 2009).

UNAIDS are also focusing on the removal in all countries of punitive laws that discriminate against men who have sex with men, sex workers, injecting drug users, migrants and people living with HIV. Punitive laws create barriers to reaching the above mentioned categories of people with education, prevention and care strategies, thus negatively impacting the desired outcome of reducing levels of infection.

Challenges in the developing world relating to treatment include the following: universal access to treatment remains elusive, with millions still without treatment; access to testing facilities is problematic and as a result timely initiation of treatment is delayed; there is also poor clinical and laboratory management in particular and problems relating to drug resistance remain. There are also policy issues as to who ought to be on second or third line therapy (UNAIDS 2009).

However, the development of an HIV vaccine still remains the ultimate hope of ending the pandemic (UNAIDS 2009).

### **2.3 African Overview**

***“Let AIDS not be an obstacle but let the AIDS response provide an opportunity to transform the continent.”***

***Michel Sidibé, Executive Director of UNAIDS***

This section focuses on an overview of the HIV and AIDS pandemic from an African perspective. UNAIDS estimate that there are 22 million people living with HIV in Africa and that for every two people who start on antiretroviral treatment, five are newly infected with HIV (UNAIDS 2008:1). The implication of this, according to Michel Sidibé the Executive Director of UNAIDS, is that the number of people in need of treatment will always increase. Added to this is

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<sup>9</sup> “Embedding” means integrating HIV strategies into the sector.

the issue of allocating resources to the prevention, treatment and care of other communicable diseases such as tuberculosis (TB) and malaria. As a result, Sidibé argues that in order to break the trajectory of the epidemic, new HIV infections have to be stopped, which means focusing on prevention (UNAIDS 2009). Furthermore, given that 80% of the 4 million people on treatment globally live in Africa and that 80% of the drugs distributed in Africa come from abroad, treatment has to be more affordable. Sidibé also argues that not only are the drugs expensive but they do not work in-perpetuity and that after a period of time the patient will need to move from first-line treatment for AIDS-related illnesses to second-line treatment. As far as costs are concerned, first-line treatment costs \$92 per patient per year and second-line treatment costs \$1,000 just for AIDS drugs. As a result less than 4% of patients are on second-line therapy (UNAIDS 2009). These figures once again raise the whole issue around the sustainability of treatment

([www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090702\\_Made\\_in\\_Africa.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090702_Made_in_Africa.asp)).

UNAIDS, at the African Union Summit<sup>10</sup>, called for a single African Drug Agency, similar to the European Medicines Agency, which will be able to regulate the pharmaceutical sector. The Union proposed that Africa have a central authority to guarantee the quality of manufactured drugs. The agency will also integrate the pharmaceutical market in order to attract private sector investments for the manufacture of medicines within Africa. According to UNAIDS, the Agency will ensure that there is a level playing field for manufacturers to compete and it will assist in removing bottlenecks for access to medicines and other development related issues, the outcome of which it is hoped will contribute to an AIDS plus MDG movement in Africa ([www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090702\\_Made\\_in\\_Africa.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20090702_Made_in_Africa.asp)).

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<sup>10</sup> The Summit was held on 2 July 2009.

With regard to mother-to-child transmission of HIV, it is argued that while vertical transmission<sup>11</sup> has been reduced nearly to zero in Europe and North America, nearly 300 000 newborn children are infected with HIV through vertical transmission in Africa (UNAIDS 2008:1).

## **2.4 South African Overview**

### **2.4.1 Context for a South African overview**

South Africa's gini coefficient measuring inequality of income and wealth, is one of the highest in the world. This gap is dramatically reflected in the contrast between South Africans living in first and third world conditions, with the latter representing 50% of our population living below the breadline. Millions of South Africans are living in conditions of unemployment, abject poverty and malnutrition ([www.sarpn.org.za](http://www.sarpn.org.za)).

The big question that arises in this debate is whether or not HIV and AIDS is a disease of poverty. If so, appropriate policies and interventions would then need to be aligned with the causes of the disease, and not just be along biomedical lines with a resultant focus on treatment.

Compion (2007:133), citing Bilton states that there are two dominant contemporary schools of thought about the aetiology of HIV and AIDS. The first is a predominantly biomedical viewpoint in which HIV infection is generally viewed as a biological disease, caused by a pathogenic virus as a "consequence of certain malfunctions of the human body". Alternatively HIV and AIDS can be viewed in the context of poverty, marginalisation and development, with poverty seen as the root cause of ill health and disease. In this regard, Compion (2007:133) citing Amrith, states that health care is then linked to socio-economic development with primary health care<sup>12</sup> at the

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<sup>11</sup> Vertical transmission is the passing of HIV from a mother to her unborn child.

<sup>12</sup> Primary health care as defined by the World Health Organization in 1978 is: essential health care; based on practical, scientifically sound, and socially acceptable methods and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination (WHO & Unicef 1978).

centre of the public health care system.

While the socio-economic developmental approach is championed by the South African government, led by the Department of Health, the biomedical approach is supported by the donor community and by AIDS activists, such as the Treatment Action Campaign (TAC). The TAC have campaigned that access to antiretrovirals (ARVs) be considered a constitutional right and consequently have lobbied nationally and internationally for cheaper generic ARV drugs. The Constitutional Court ruled in favour of the TAC, finding that it is unlawful for the government to deny HIV and AIDS-related medical treatment and as such compelled the government to provide, in this instance, free treatment to HIV positive pregnant women (TAC 2007). Compion (2007:134), citing Vandormael, states that this approach falls within the western world's mindset "which considers HIV and AIDS to be a medical problem, or disease curable by the invention of some vaccine, or by the development of an advanced series of medical intervention programs".

A criticism of the biomedical model is that by focussing on HIV and AIDS as merely a biological disease, it ignores the socio-economic and development related aspects of the virus. The biomedical approach encourages the state to overly focus on a purely clinical healthcare system that ignores state responsibility to provide a safety-net for the poor. Such a safety-net would involve the formation of systems that prevent the spread of communicable diseases such as HIV as well as encourage conditions of health such as good nutrition.

#### **2.4.2 Extent of the HIV and AIDS epidemic in South Africa**

According to UNAIDS (2008), South Africa has the largest number of HIV infections in the world. While 6.8 out of every 10 people living with HIV globally are in Sub-Saharan Africa, 1 out of every 4 of those infected in Sub-Sahara are South African citizens. Estimates indicated that about 5,54 million people are living with HIV in South Africa<sup>13</sup>, with 18,8% of the adult

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<sup>13</sup> The main sources used in this section in estimating the extent of the epidemic include: the annual antenatal clinic surveys conducted by the Department of Health; the mortality data published by StatsSA, the South African Statistical Services and by the Medical Research Council (2001) and the household surveys published by the HSRC

population (15-49 years) affected

([www.unaids.org/pub/Report/2008/south\\_africa\\_2008\\_country\\_progress\\_report\\_en.pdf](http://www.unaids.org/pub/Report/2008/south_africa_2008_country_progress_report_en.pdf)).

Table 1: Summary of HIV and AIDS Statistics for South Africa<sup>14</sup>.

<i>Description</i>	<i>Value</i>	<i>Date</i>	<i>Source</i>
People with HIV (prevalence)	5.6 million	2008	ASSA2003 (2005)
People with HIV	5.4 million	2006	Department of Health (2007)
People over the age of two with HIV	10.8%	2005	HSRC (2005)
Females over the age of two with HIV	13.3%	2005	HSRC
Males over the age of two with HIV	8.2%	2005	HSRC
Pregnant women with HIV	29.1%	2006	Department of Health
Rate of new infections for people over the age of two (incidence)	2.7%	2005	HSRC
Rate of new infections for females over the age of two	3.6%	2005	HSRC
Rate of new infections for males over the age of two	1.5%	2005	HSRC
Babies infected Perinatally	39,000	2008	ASSA2003
Babies infected via breast milk	26,000	2008	ASSA2003
Total babies infected	64,000	2008	ASSA2003
Projected AIDS deaths in year	370,000	2008	ASSA2003
Projected AIDS deaths in year	400,000	2011	ASSA2003
Cumulative AIDS deaths	2.5 million	June 2008	ASSA2003

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in 2002, 2005, 2008. The TAC has admitted that all three sources are very useful and by and large sound (Geffen 2006).

<sup>14</sup> The above statistical table was taken off the official website of the TAC <http://www.tac.org.za/community/keystatistics>

People enrolled in the public sector antiretroviral programme	488,739	End of 2007	South African report for UNGASS
People who have actually initiated antiretroviral treatment in the public health system	371,731	End Nov. 2007	South African Report for UNGASS
People on antiretroviral treatment in the public health system	350,000	2008	Aspen Pharmacare estimate as quoted in Business Day (2008)
People on treatment in the private health system	100,000	2007	Joint Civil Society Monitoring Forum (2007)
People requiring treatment but not receiving it	524,000	2008	ASSA2003

Source: (TAC 2009).

While the figures in Table 1 indicate a trend towards a stabilization of the HIV epidemic, they also confirm that South Africa is in the grips of an HIV epidemic that has developed into a massive AIDS epidemic (TAC 2008).

### 2.4.3 Response to the HIV and AIDS epidemic in South Africa

The national response at government level can be found in the Department of Health's National Strategic Plan (NSP). The main interventions that are listed in the NSP reveal a blend of both the biomedical as well as the developmental approaches. This can be observed when one looks at the primary aims and the four key priority areas of the NSP. The targets of this Plan are informed by broad and comprehensive consultation that include civil society, scientists, labour, business, traditional leaders, lobby groups and health workers who have extensive experience in the area of HIV and AIDS.

The two primary aims of the NSP 2007 – 2011 are to reduce the rate of new HIV infections by 50% by 2011; and to reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all HIV positive people and their families by 2011 (DOH 2007).

The four key priority areas of the NSP include: prevention; treatment, care and support; human and legal rights; and monitoring, research and surveillance. In addition, issues covering socio-economic factors which impact on the epidemic include amongst others: unequal gender and sexual relations that put women at risk; unprotected and unsafe sex; alcohol and drug abuse (DOH 2007).

In 1997 the Inter-Ministerial Committee was established under the chair of the then Deputy President. This Committee was succeeded in January 2000 by the establishment of the South African National AIDS Council (SANAC) providing a multi-sectoral approach to the implementation, coordination and monitoring of HIV and AIDS related programmes. As a consequence, the first 5-year National Strategic Plan (NSP 2000-2005) was launched. SANAC is at present co-chaired by a representative from the non-governmental sector. It also includes representatives from government, the private sector and civil society as well as representatives from organisations representing people living with HIV and AIDS. The membership of SANAC consists of representatives of 18 sectors of civil society as well as from 8 government ministries. SANAC is intended to be the primary co-ordinating body for the management of HIV and AIDS in South Africa.

The literature reviewed on government policy indicates that the South African government considers prevention as the top priority and the most sustainable response to HIV and AIDS (DOH 2007). The intention is to ensure that the large majority of South Africans who are HIV negative remain so (DOH 2007). However, by all accounts it would seem that behavioural change remains a challenge and that consistent condom use among the youth is not optimal. In terms of distribution, in 2006, some 376 million male condoms were distributed while 256 million were distributed in 2007. In both 2006 and 2007 3.6 million female condoms were distributed (DOH 2007).

The South African government have in their 2010 budget proposed an allocation of US\$1.1 billion (R83 billion) as a response to the HIV and AIDS epidemic, a 33% increase from 2009 levels. The amount allocated is intended to more than double the number of people on

antiretroviral treatment to 2.1 million and to provide increased social support to women and children. This allocation is according to UNAIDS, the biggest domestic investment made by any developing country on the AIDS epidemic to date. Mr Michel Sidibé, the UNAIDS Executive Director has responded by stating that: “South Africa can directly change the trajectory of the AIDS epidemic with such bold investments....This budget is pro-people and must serve as a model for increasing investments in health, education and social welfare even in times of economic crisis” (UNAIDS 2010:1)<sup>15</sup>.

The new Minister of Health in President Jacob Zuma’s Cabinet, in reponse to the 33% increase in budget is reported to have said that: *“We can’t keep on increasing by 33 percent, we have got to cut the rate of infection. That’s where prevention comes in. If we keep on increasing that by 33 percent we will reach a situation in South Africa where the whole budget must go to the treatment of AIDS. I don’t think any country can afford that; so our war of prevention is extraordinarily important”*. It was reported that he added that government would not abandon those needing treatment where prevention had failed. *“We do accept the fact that we do have so many people on treatment might be a failure of prevention. But you can’t say now we have to prevent and stop treating”* (SAPA 2010:2).

Table 2: Estimated HIV prevalence among antenatal clinic attendees, by age:

Age	2001	2002	2003	2004	2005	2006	2007
group (years)	prevalence %	prevalence %	prevalence %	prevalence %	prevalence %	prevalence %	prevalence %
<20	15.4	14.8	15.8	16.1	15.9	13.7	12.9
20-24	28.4	29.1	30.3	30.8	30.6	28.0	28.1
25-29	31.4	34.5	35.4	38.5	39.5	38.7	37.9
30-34	25.6	29.5	30.9	34.4	36.4	37.0	40.2
35-39	19.3	19.8	23.4	24.5	28.0	29.6	33.2
40+	9.8	17.2	15.8	17.5	19.8	21.3	21.5

Source: ([www.tac.org.za/community/keystatistics](http://www.tac.org.za/community/keystatistics))

<sup>15</sup> The reference is from a media statement made on 19 February 2010 by UNAIDS.



Table 3 : Estimated HIV prevalence among antenatal clinic attendees, by province :

Province	2001 prevalence %	2002 prevalence %	2003 prevalence %	2004 prevalence %	2005 prevalence %	2006 prevalence %	2007 prevalence %
KwaZulu-Natal	33.5	36.5	37.5	40.7	39.1	39.1	37.4
Mpumalanga	29.2	28.6	32.6	30.8	34.8	32.1	32.0
Free State	30.1	28.8	30.1	29.5	30.3	31.1	33.5
Gauteng	29.8	31.6	29.6	33.1	32.4	30.8	30.3
North West	25.2	26.2	29.9	26.7	31.8	29.0	29.0
Eastern Cape	21.7	23.6	27.1	28.0	29.5	28.6	26.0
Limpopo	14.5	15.6	17.5	19.3	21.5	20.6	18.5
Northern Cape	15.9	15.1	16.7	17.6	18.5	15.6	16.1
Western Cape	8.6	12.4	13.1	15.4	15.7	15.1	12.6
National	24.8	26.5	27.9	29.5	30.2	29.1	28.0

Source: ([www.tac.org.za/community/keystatistics](http://www.tac.org.za/community/keystatistics))

UNAIDS in their country report provide the following statistics for SA:

Number of people living with HIV: 5 700 000 [4 900 000 - 6 600 000]
Adults aged 15 to 49 prevalence rate: 18.1% [15.4% - 20.9%]
Adults aged 15 and up living with HIV: 5 400 000 [4 700 000 - 6 200 000]
Women aged 15 and up living with HIV: 3 200 000 [2 800 000 - 3 700 000]
Children aged 0 to 14 living with HIV: 280 000 [230 000 - 320 000]
Deaths due to AIDS: 350 000 [270 000 - 420 000]
Orphans due to AIDS aged 0 to 17: 1 400 000 [1 100 000 - 1 800 000]

Table 4: UNAIDS statistics for South Africa

Source: UNAIDS (2008) [Epidemiological Fact Sheet on HIV and AIDS \(South Africa\)](#)

As is the case with many strong drugs, levels of toxicity of HIV and AIDS treatments must be managed. In order to manage and constantly evaluate a patient's toxicity level, a competent laboratory infrastructure becomes very important. Additionally, nutritional supplements are needed to ensure that patients can take their medication on a full stomach. Nevertheless, issues of toxicity are a concern in many chronic and other acute forms of illness treatment and should not as such be used as an excuse in the case of HIV and AIDS to exclude people from receiving treatment. This topic came up in a review that dealt with the context of a global North-South divide regarding issues of HIV and AIDS treatment for poor people. The review seemed to indicate that it is often assumed that the poor and the uneducated are less likely to comply with a stringent medication regime and are at most risk of defaulting on treatment, thereby increasing the risk of developing drug-resistance. Work by the international NGO, *Medecins sans Frontieres*, among women in the Khayelitsha informal settlement in Cape Town, South Africa, reveals levels of compliance that outperform first world groups that were on similar medical regimes (MSF 2009). This study shows that poor people, given the right care and education about their treatment, are just as likely to comply with their treatment regimes as any other person.

It seems important for researchers and caretakers to monitor levels of compliance when people are on ARVs. This is particularly relevant given that non-compliance carries the risk of the person developing a drug resistant strain of the virus. In an epidemiological environment this could be catastrophic. South Africa's experience in combating Tuberculosis (TB) is a good case in point. Through non-compliance in taking TB medication, patients have in certain instances developed a form of drug resistant TB which is then spread to others. This example was used to illustrate the planning and rolling out of ARV programmes at a national level. TB and HIV are closely linked in epidemiological and social respects, and it is estimated that of the 5.4 million South Africans infected with HIV, 33% (1.8 million) will develop TB in their lifetime. Adequate and effective care of both diseases therefore becomes essential (Compion 2008).

In terms of mother-to-child transmission prevention programmes, the review covered government's claims that 60% of known pregnant women living with HIV are receiving appropriate services (DOH 2007).

According to the NSP, an important target is to ensure the reduction of new infections among the 15 to 24 age group, which has a rate of infection of 8,7%. As a result the NSP considers that the future course of the HIV and AIDS epidemic will still depend on the sexual behavior and life style choices that young people adopt (DOH 2007).

#### **2.4.4 Impact of the HIV and AIDS epidemic in South Africa**

In terms of the socio-economic impact of HIV and AIDS, the literature reviewed confirmed that there has been an impact at both macro and micro economic level. A list of just some of the collateral damage includes loss of labour, production and productivity through AIDS-related death and sickness, lack of foreign direct investment as a result of international perceptions, increased medical aid and insurance costs, tremendous pressure on our public health care systems with dramatic increases from the state's annual budget and reallocation of state resources. The fact that the country's growth and development and poverty reduction strategy, the Accelerated Growth Strategy for South Africa, has now attempted to mainstream HIV and AIDS, is also significant.

At the household level, the impact of the HIV and AIDS epidemic has also been significant. Levels of infection translate to most of the general population being affected in one way or another.

## 2.5 The proliferation of orphans and vulnerable children

*“My sister is six years old. There are no grown-ups living with us. I need a bathroom tap and clothes and shoes. And water also, inside the house. But especially, somebody to tuck me and my sister in at night.” Emma, aged 13*

### 2.5.1 Overview

The section of this chapter attempts to cover the scale of the OVC problem from an African and national perspective. It locates the problem within a legal and child rights context and covers a few models of care by briefly referring to what is generally considered, good practice. It would seem that there is consensus, from the United Nations right through to the level of the local community, that family-based care is preferable to institutional care and that integrated community development principles need to be respected and applied in the process of caring for children at risk.

The problem with statistics as quoted in the above section is that they do little to expose the depth of suffering, hopelessness and desperation of the millions affected. The literature review on the subject indicates that in terms of collateral damage, South Africa, like the rest of Sub-Saharan Africa, is in the grip of an orphan crisis.

It appears that the local community, in the form of community and faith-based organisations, is the first line of defence and are struggling to absorb the scale of the problem. Estimates vary, but it would seem that only 10% to 15% of children at risk are receiving care from these organisations (NIRSA 2009). As a consequence, life for children at risk becomes progressively difficult, increasing the risk of movement from affected to infected. Given the high levels of teenage pregnancy, the cycles of orphan-hood continue, the difference being that the next generation are even worse off. Orphaned young mothers are leaving babies orphaned. The situation is one in which the poor become destitute and the destitute become desperate. The cost to the individual, family, community and society is immense. How this will impact on countries such as South Africa being able to achieve their millennium development goals and New

Partnership for Africa's Development goals (NEPAD), remains of great concern.

### **2.5.2 African perspective**

Earlier estimates indicate that there are more than 11 million children under the age of 15 in sub-Saharan Africa who have lost at least one parent to AIDS-related illnesses (UNICEF 2008:42). More than half of those orphaned are between the ages of 10 and 15, and of the total number of orphans in the world, 85% are in Sub-Saharan Africa. According to UNICEF (2008:42), by 2010 there will be approximately 15,7 million children in sub-Saharan Africa who have lost at least one parent to AIDS. This concern was expressed seven years ago by Kofi Annan, the former Secretary General of the United Nations: *"I appeal to you to pay greater attention to the extraordinary proliferation of AIDS orphans. The number has now reached 11 million. By the year 2010, 20 million African children will have lost one or both parents to AIDS. On the small and fragile shoulders of the older AIDS orphans – sometimes only ten years old or less – is placed the heavy task of caring for their younger siblings and other children bereft of their parents. In makeshift households, far from schools, far from opportunities – indeed suddenly far from childhood itself - they face the bleakest of futures. It would be unconscionable to allow their plight to persist any longer"*(Kofi Annan former Secretary General at the XXII Africa-France Summit in Paris on 20 February 2003).

To confirm this prediction, Save the Children UK, an international NGO working in the OVC field have stated that: "Southern Africa is in the middle of a protracted and unprecedented disaster, and with HIV and AIDS at its centre, the consequences for children are tragic" (Save the Children 2005). Their estimates indicate that there are more than 12 million children in sub-Saharan Africa that have been orphaned, with millions more living with sick parents. In Africa the most effective support and assistance is from the poor helping the destitute (Save the Children 2005).

The death of the parent also brings with it many other problems: funeral costs, financial insecurity as a result of the lack of the parents' income, risk of loss of shelter and home, displacement from family and friends, separation from siblings, often unwelcome moves to

homes that are already overburdened, and inclusion in granny-headed homes with large numbers of other children. In addition, for many children there is the pain of the stigma and discrimination often attached to AIDS-related deaths in the family.

The UNICEF report (2008:42) further indicates that children can no longer rely on the support of the traditional extended family system. “This coping mechanism has been over stretched by poverty and by the sheer numbers of children to be cared for...without the education and socialization that parents and guardians provide, children cannot acquire the skills and knowledge they need to become fully productive adult members of society.”

### **2.5.3 South African perspective**

One of the consequences of the AIDS epidemic is that South Africa’s morbidity and mortality rates continue to increase, resulting in a growing number of orphans and vulnerable children (OVC) of which those living in child-headed households, remain particularly vulnerable and most at risk (UNAIDS 2008). The phenomenon of child-headed households is very un-African in the sense that the extended family has always absorbed orphaned children. Present levels of poverty and the scale of the problem have, however, eroded the capacity of the extended family to manage the added levels of responsibility to care for the affected children (Save the Children 2005). In many instances the extended family itself is in the process of disintegration. These children now not only have to care for themselves but also have to assume a caring responsibility for their younger siblings. They find themselves in roles of responsibility that they are unprepared for, with little access to resources. It is a nightmare scenario that is, in a sense, a gross violation of their rights.

The following media statement was done during an official press release by the former Minister of Social Development, Dr Zola Skweyiya. The statement carried in the local media states:

*“The number of orphaned children in South Africa is estimated at 1,5-million. Although the country had done incredibly well to provide a safety net for the poor, which included giving a child support grant to 8,3-million children, more needed to be done.... South Africa is facing a*

*challenge of increasing numbers of orphaned children, abandoned babies, worrying levels of abuse, neglect and exploitation of children. Most of these children need permanent homes....children being abandoned and neglected could be partly attributed to high levels of poverty, unemployment and unwanted teenage pregnancies. Foster care was a useful short-term intervention, while encouraging families to adopt children was a permanent solution” (Dr Zola Skweyiya, The Star: 28 October 2008).*

While the South African government is providing child care grants to 8,3 million children and support to 20 657 child-headed households<sup>16</sup>, many children still remain extremely vulnerable. Their vulnerability is particularly acute just after the death of their mother. According to the South African Social Security Agency's statistics, only 494 992 children were in foster care and receiving the foster-care grant. The backlog of about 157 000 reported cases of foster care waiting to be finalized is as a result of a shortage of social workers. Furthermore, according to the adoption register, the number of adoptions in South Africa was low because of a lack of awareness of adoption services, among other factors. The process itself is also very complex and bureaucratic. In the 2007/2008 financial year, only 1 682 children had been adopted (DSD 2008).

The literature reviewed further confirms that the number of children living in child-headed households is estimated at 148 000 (South Africa Child Gauge 2008). *“These children are often found to be fulfilling parenting roles and tasks e.g. household chores, helping siblings with homework, providing emotional support, taking care of ill parents and providing spiritual guidance to family, siblings etc. They are vulnerable to all types of abuse including contracting HIV and AIDS because the family environment that served as a safety net has been eroded. These children are often poor; they live in poor conditions and are exposed to hard labour. They are at risk of poor education as they quite often lack money to pay for their schooling or that of their siblings. Other risks are unemployability because of poor education and lack of skills; disease; commercial sex work, crime; pregnancy; poor or no shelter and no knowledge about their rights” (South Africa Child Gauge 2008).*

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<sup>16</sup> The support takes the form of food parcels, support in accessing public health services as well as free education where possible.

It would appear from the literature cited above that one of the best methods of dealing with orphan-hood is to delay the death of the mother. Access to treatment is therefore essential. In this regard, South Africa has the largest ARV roll-out globally - 350 000 South Africans out of a total of 524 000 needing treatment - now have access to ARVs. While this is more than 66%, efforts to increase access remain a top priority (DOH 2007).

The current Minister of Social Development, Edna Molewa, has recently announced that once a child is registered for the Child Support Grant, such a child will receive it until the age of 18 years. The age extension was approved by Cabinet in October 2009, following the realization that more than 2 million children between the ages of 15 to 18 years of age continued to live under harsh conditions of poverty. Currently the Child Support Grant is R240 per month per child (<http://www.dsd.gov.za/>).

The literature reviewed highlighted the extent to which OVC have to cope with emotional trauma as they deal with the death and often multiple loss of parents and siblings. They have to face sibling dispersal, relocation and reconstitution of the family which is often in hostile circumstances. Instances of relatives plundering possessions are not uncommon. In child-headed households the children miss out on the opportunity to learn from and identify with adult role models. *“The presence of parents within a home environment gives children opportunity to interact, to observe, to admire or dislike, to be rewarded by, to learn from and identify with. In a child-headed household children are deprived of this opportunity and their social functioning is somehow affected”* (DSD 2009).

There is general agreement that children from child-headed households are more likely to:

- do badly in school and/or drop out of school, which consequently leads to poor education;
- begin working at an early age and get poorly paid;
- have poor health and nutrition;
- experience high morbidity and mortality rates;



- lose their rights to own land and property;
- lack the love, care and attention which is usually given by parents;
- experience stigma and discrimination;
- experience exploitation and abuse;
- experience teenage pregnancy.

(DSD 2009)

#### **2.5.4 Legal and Policy Framework**

In term of the legal framework, at international level South Africa's children's rights are protected by both the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter for the Rights and Welfare of the Child (ACRWC) in which parties are committed to the principle of putting the interests of children first. South Africa is also a signatory to the Convention on the Elimination of Discrimination Against Women, the Optional Protocols to the CRC and the International Labour Organisation (ILO), Convention on the Worst Forms of Child Labour. In addition, South Africa has also acceded to optional protocols on the Sale of Children, signed optional protocols on Child Prostitution and Child Pornography and ratified optional protocols on the Involvement of Children in Armed Conflicts. The UNCRC covers nearly all the civil, social, political and cultural rights of children.

At regional level South Africa has signed the Southern African Development Community (SADC) Declaration on HIV and AIDS, committing the country to regional collaboration on HIV and AIDS issues. While the Declaration does not, however, explicitly deal with orphaned and vulnerable children, it does provide important guiding principles in responding to affected children.

At national level, children's rights are protected by the Constitution of the Republic of South Africa Act No. 108 of 1996. In terms of domestic law, the Children's Act 38 of 2005 unpacks the practical implications of these rights for children. The Children's Act aims to set out principles relating to the care and protection of children; to define parental responsibilities and rights; to make further provision regarding children's courts; to provide for partial care of

children; to provide for early childhood development; to provide for the issuing of contribution orders; to provide for early intervention services; to provide for children in alternative care; to provide for foster care; to provide for child and youth care centres; to make new provision for the adoption of children; to give effect to the Hague Convention on Inter-country Adoption; and to prohibit child abduction and to give effect to the Hague Convention. In addition, section 137 of the Children's Act as amended, makes provision for a child-headed household to function under the general supervision of an adult designated by a Children's Court or an organ of state or a non-governmental organisation determined by the Provincial Head of the Department of Social Development.

Constitutional rights provide for every person to have the right to access social security. If people are unable to support themselves and their dependants, this right includes appropriate social assistance and obliges the state to take reasonable legislative and other measures within its available resources to achieve the progressive realisation of these rights. The Social Assistance Act No. 13 of 2004 inter-alia provides for the rendering of social assistance to persons in need and who qualify according to a means test. In this regard, the South African Social Security Agency Act, 2004 (Act No. 9 of 2004) provides for the establishment of the South African Social Security Agency which acts as an agent for the administration and payment of social assistance (SASSA: 2009). Other legislation that has relevance includes the South African Schools Act 84 of 1996.

At a continental level, an important development has been the hosting of the First International Conference in Africa on Family-Based Care for Children in Nairobi in September 2009. The 419 delegates from 45 countries concluded that the family remains the best institution to raise children and that the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) provide a comprehensive framework for family-based care.

In terms of domestic policy, the Government's White Paper on Social Welfare (1997) still remains the primary source document on policy for children at risk. What is significant is that the White Paper highlights the responsibility of the State to ensure that disadvantaged families,

including children living in a child headed-household, will be assisted with social relief and concessions such as nutrition, transport, burial costs and school books. This is an important development, particularly in terms of advocacy issues. Other relevant policy documents include the National Policy Framework and Strategic Plan for the Prevention of Child Abuse, Neglect and Exploitation. The International Labour Organization's documentation on the Elimination of the worst Forms of Child Labour is also important. Under consideration by the South African Department of Social Development at present is the Draft Policy Framework and Strategy for Statutory Services for Child Headed Households (DSD 2009).

#### **2.5.5 Circumstances of OVC**

Save the Children UK (2006:6) have estimated that more than 50% of Southern Africa's population are below the age of 18, of which more than 14% are already orphans. They estimate that of the 3,2 million orphans, 48% have been orphaned due to AIDS: *"Southern Africa is in the middle of a protracted and unprecedented disaster, and with HIV and AIDS at its centre, the consequences for children are tragic. More than 12 million children in sub-Saharan Africa have already been orphaned, and millions more are living with sick parents"* (Save the Children UK, 2006:8).

While children in each Southern African country have some unique circumstances to face, such as starvation and political turmoil in Zimbabwe to post-conflict reconstruction challenges in Angola and Mozambique and the DRC, children throughout the region are suffering as a result of poverty and AIDS-related conditions.

At present, the majority of South African children continue to experience the socio-economic backlash of the historical past, the consequences of apartheid, as well as the realities of South Africa being a developmental state.

A typical example for many households is an HIV positive father/adult partner, working away from home, returning and infecting their mother who only discovers her status when she has to go for prenatal check-ups (UNICEF 2008). Within this emotionally charged environment the

journey towards orphan-hood begins. Medical expenses start to erode their household income. The situation deteriorates as the breadwinner parent becomes too ill to work. The family is now left to cope with additional expenses relating to home-based care. In circumstances where the ill parent is the only breadwinner the situation is much more difficult. In these circumstances it is often the girl-child that is pulled out of school to reduce school expenses and to assist with the home-based care of the sick parent. Household stress incrementally increases in the midst of anxiety and fear of death, destitution as well as the trauma of stigma and discrimination.

The death of any child's parent is traumatic. When the death is as a result of AIDS-related illnesses the tragedy is even more devastating. The implication is that the second parent is probably also infected and will also get sick and die. The pain of loss and grief is compounded by feelings of shame and isolation. Levels of abuse and exploitation increase, compounding the risks of the children becoming infected themselves. The above hardships are often in the context of stigma and discrimination as a result of perceptions towards the HIV and AIDS epidemic.

Once the parent dies, the household is forced to deal with funeral costs as well as the risks of protecting property and family from separation (siblings being separated from each other as different family members care for different children). In some circumstances the last baby born to the sick mother may also be HIV positive, thus increasing the burden of care of the young sick sibling. These stressful circumstances impact negatively on the normal process of bereavement. This in turn impacts on the emotional and psychological development of the child, contributing to incidences of dysfunctional behaviour and subsequent dependency related problems.

While demands for school fees, costs for books, stationery and school uniforms is an issue for most households, for orphans in AIDS-affected households, the problems become insurmountable, with access to education being compromised: *“Access to education for orphans becomes a critical issue; they are more likely to drop out, perform poorly, or not be enrolled at all. Children orphaned due to AIDS are also more likely to suffer from malnutrition, further robbing them of their potential. Much has been said of a 'lost' generation of parentless children growing up abandoned and bitter to become a budding security risk to the rest of the community. But it is society that must be held accountable for how it treats its most vulnerable members.*

*Without proper support and care, orphans are more likely to end up on the streets, be exploited as cheap labour, take drugs or sell their bodies - victims of society's neglect and policy failure”* (Save the Children 2005:8).

While many orphaned children are taken care of within their community, it is often the granny that is left responsible for the care of her orphaned grandchildren. With meagre resources, tired and already overburdened, she has to face a whole new set of responsibilities. From a social work perspective, attempts are made to keep orphaned siblings together at all costs. In this regard, a foster mother is generally identified and foster care grants are awarded. Child care grants are less in monetary value and easier to get than foster-care grants. The reason is that the administrative process for child care grants is less complicated. Research has also shown that foster parents experience a lot of frustration with the welfare system. They often have to wait for grants for long periods. Foster-care parents have also to be reviewed annually adding to the burden of administration. The process is such that foster parents would have to wait in long queues. Foster care grants are also sometimes suspended without any notice. The consequence of this is that fostering children is not made easier by the welfare system (Mkhize 2006).

Save the Children UK (2006:8) found that the "burden of care for orphaned and vulnerable children has been largely taken up by extended families and at community level. These traditional support systems are under severe pressure and in danger of becoming overwhelmed" (Save the Children 2006:8).

There are also circumstances when orphaned children cannot be cared for by a granny or adult family member and have to take care of themselves. These children live in what is termed “child-headed households”.

In a doctoral study on the social functioning of child-headed households, Mkhize (2006: 22) found that “child-headed households are a deviation from the norm and a disaster” and that they “create a situation where needs of children are unmet and their rights are eroded”. The study found that these households are at risk in view of the fact that the care-giving role of an adult is abdicated to children. “The phenomenon of a child-headed household presents a shift from a

structural family since a significant subsystem of a family (i.e. the parental subsystem) is non-existent” (Mkhize 2006:22).

The study concludes that the extended family, as a result of being overwhelmed, is no longer the primary solution for orphaned children and that social workers have to create alternative options for the substitution of an adult in a child-headed household (Mkhize 2006). The findings indicate that given the extent of the OVC crisis, extended families cannot cope with the number of children that they have to absorb. As a result Mkhize (2006) is arguing for interventions that keep the children in their original household and where they are child-headed to add an adult to the care unit. This will accordingly assist in the transfer of child and foster care grants to the vulnerable family.

#### **2.5.6 Description of needs**

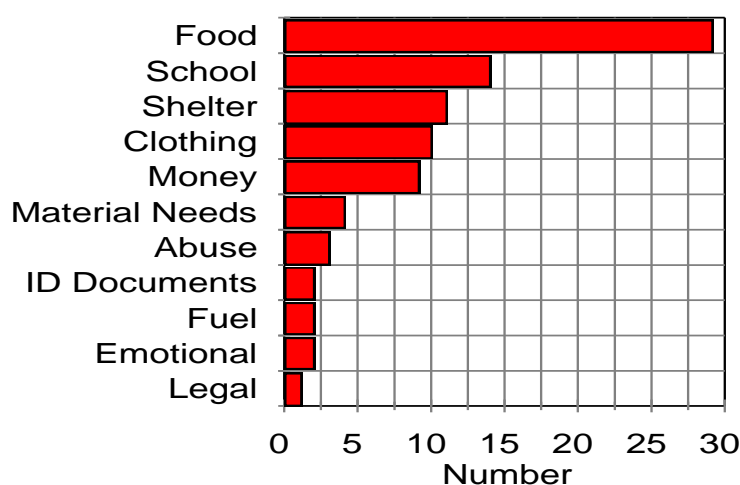
A critical factor in identifying the needs of child-headed households is to interview the children themselves. In this regard, reference is made to recommendations found in a base-line survey on child-headed households in the Pietermaritzburg area of Kwa-Zulu Natal, conducted by the then University of Natal. The University’s local community-based partner was Thandanani Children's Foundation, who are at present working with about 3000 orphaned and vulnerable children (Ewing 2003).

A qualitative research methodology was used in this study and a sample of 45 child-headed households (112 children) was drawn. One of the main outcomes from the study was that only one household was receiving any form of social grant. Nearly half the children were not attending school, many because they could not pay the fees. The worst problems as identified by the children in the child-headed household were: food security; shelter; lack of clothing; lack of money; problems coping with responsibilities and lack of access to education (Ewing 2003).

The study recommended that needs as identified by the children should be prioritised and ranked in terms of importance given by the children themselves. The study recommended that assisting child-headed households to obtain child care and foster care grants is a critical way of ensuring

the survival of these households and that this service should be prioritized over other forms of assistance.

**Graph 1: Problems facing Child-Headed Households**



Graph taken from Ewing (2003).

In terms of the above graph, the overwhelming need expressed by the children was for food security and assistance in staying in school. This was followed in order of priority by needs for shelter, clothing, money, material needs, prevention of abuse, ID documents, fuel, emotional and legal assistance.

### **2.5.7 Locating care within a community development approach**

The literature reviewed identified that good practice requires that the care of children at risk be located within broader community-based development. Community-based development is generally regarded as development that is community-located and controlled. It is community-located in that the action takes place within the geographical location of the actual community. While the intervention (development action) can be undertaken by the community itself, it can also come from an outside agency. It is community-controlled when the development activities and values and norms are decided by and carried out by the community with members feeling a

sense of ownership over the activity.

Save the Children UK (2005) found that communities are taking responsibility, providing care and support and that in many countries in Africa, the most effective “aid” currently consists of the poor helping the destitute. They argued in their *Bottlenecks and Drip-feeds Report* (2005) that while a number of key international donors, such as the US Government's Presidents Emergency Plan for AIDS Relief (PEPFAR) programme, World Bank programmes and the UK Department for International Development's HIV strategy, acknowledge the importance of supporting vulnerable children and recognise the importance of funding community-based initiatives, the reality is that “too little of this money is currently reaching community initiatives” (Save the Children 2005:2).

*“The routes for getting funding from governments and donors to community organisations are long and complex. Central government money is cascaded down through departments, different government levels and through sub-contracted organisations. Our research found bottlenecks at every level. Much of it never reaches community groups. Furthermore, conditions placed at all levels on spending make it hard for community-focussed organisations to access funding”* (Save the Children 2005:2).

### **2.5.8 Models of Care**

The UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) provide a comprehensive framework for family-based care. The United Nations General Assembly have in addition adopted guidelines for alternative care of children (UNGA 2009). Through the Human Rights Council they have published a document that sets out what is generally accepted as “good practice”. The guidelines basically recommend “efforts to keep children in, or return them to, the care of their family, or failing this, to find another appropriate and permanent solution, including adoption and *kafala* of Islamic law”<sup>17</sup> (UNGA Human Rights Council 2009). The main principle and ethos behind the guidelines is that

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<sup>17</sup>Kafala is Arabic for guardianship. “Basically, Islamic law does not allow adoption (taking someone else's child as your own); the nearest thing that is fostering ([http://www.proz.com/kudoz/arabic\\_to\\_english/law\\_general/727145-kafala.html](http://www.proz.com/kudoz/arabic_to_english/law_general/727145-kafala.html)).



all decisions be based on what should be considered in the best interests of the child and that the family is considered the natural environment for the growth, well-being and protection of children (UNGA Human Rights Council 2009).

In this regard, the First International Conference in Africa on Family-Based Care for Children, held in Nairobi reaffirmed the above principles, in particular the right of children to a family, with the family being regarded as the best institution to raise children (ANPPCAN 2009:1)<sup>18</sup>. The Nairobi Conference recommended the need for institutions to shift from their current practice of long term institutionalization of children to family-based care. They recognised the need for the establishment of community-based structures, such as child welfare committees in order to support the provision of basic services to children and their families, such as education, health and HIV and AIDS treatment in order to keep children in families. They supported calls for children to be consulted according to their evolving capacities and their input to be considered at every stage of the process. In terms of institutional care it was felt that while it may at times be necessary as a temporary / transitional measure for children under special circumstances, such care should be a measure of last resort. They noted the phenomenal and unregulated growth of institutions for child care in Africa.

Table 5: Recommendations from the Nairobi conference:

The need for institutions to shift from their current practice of long term institutionalization of children to family-based care.
The establishment of community-based structures, such as child welfare committees.
The provision of basic services to children and their families, such as education, health and HIV and AIDS treatment in order to keep children in families.
The development and adoption of systematized practices for alternative family-based care, including strict and proper supervision, monitoring, evaluation and follow-up mechanisms.
The provision of programmes geared towards providing care for families, especially for the elderly and young adults; the adoption and application of rights-based approaches in

<sup>18</sup> African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN). (<http://www.anppcan.org/node/>).

the provision of family-based care.
Specific initiatives that enhance the function of the family unit such as training in child care, economic empowerment and group and community support as preventative strategies.
That children be consulted according to their evolving capacities and that their input be considered at every stage of the process.
They recognized that institutional care may at times be necessary as a temporary / transitional measure for children under special circumstances, but noted the phenomenal and unregulated growth of institutional care of children in Africa

Source: (Nairobi Conference 2009).

In terms the different models of care that are being promoted in South Africa, the following models were identified as being generally considered as good practice. Some of the most popular models include the Isibindi Model, SA Cares for Life Cluster Model; Save the Children Model and World Vision Model.

The National Association of Child Care Workers (NACCW), a national NGO, favours the Isibindi Model (NACCW 2009: 1). The *Isibindi Model* is structured around a community-based child and youth care worker programme in which development support to children and families rendered vulnerable as a result of the HIV and AIDS pandemic is given. It claims to be a “cost-effective model operating at prevention and early intervention levels of the child in partnership with a range of inter-sector role-players. The overall goal is to create safe and caring communities for vulnerable children, and youth at risk through a developmental child and youth care work response” (NACCV 2009:3).

The essential elements of the Isibindi Model are as follows:

<ul style="list-style-type: none"> <li>• The model incorporates and builds on the model of family preservation and focuses on children and youth made vulnerable through the illness or death of one or both parents which may result in their becoming part of child-headed households.</li> </ul>
<ul style="list-style-type: none"> <li>• It reflects an ecological perspective of the needs of vulnerable children. Trained child and youth care workers work in the life-space of children and youth in the community, using a developmental strengths-based approach. The intervention is expected to enable children and youth to acquire skills that will increase their competency in their living environment. The intervention will also facilitate emotional support to children and youth as they are prepared to adjust to an environment in which normalisation of the living context increasingly means the absence of one or both parents.</li> </ul>
<ul style="list-style-type: none"> <li>• Trained child and youth care workers work within the context of a developmental assessment and promote the experience of belonging, mastery, independence and generosity as a means to healthy development. All significant child and youth care work methodologies and approaches are incorporated in the model, including group processes, individual contacts, life space work, visits, referrals, support, relevant counselling, developmental assessments and planning.</li> </ul>
<ul style="list-style-type: none"> <li>• In this model, children and youth are the focus of services in the context of the family, extended family, neighbourhood and community with a service provider and/or the state acting as a protective mechanism.</li> </ul>

Table 6: Essential elements of the Isibindi Model

Source: ([www.naccw.org](http://www.naccw.org))

SA Cares for Life is a CBO that has promoted what it refers to as the *cluster concept*, where child-care-units are clustered around cluster mothers. The concept has now been accepted by the Department of Social Development, and provision is now made for child care and foster care grants to be distributed within a cluster care concept (Van der Berg 2009:1). The clusters consist of 2 care workers who care for a maximum of 30 families per cluster.

The cluster model ensures that care workers provide the following services to the families:

○ Psycho-social support
○ Assisting families to obtain ID and birth certificates
○ Emotional Support
○ Assisting families to obtain government grants
○ Identifying children in need / danger
○ Assisting families to utilize resources available
○ Assisting families to manage money
○ Assisting families to find / create job opportunities
○ Assisting families in preparing children for crises situations (like the death of a parent)
○ HIV Education
○ Identifying orphan and vulnerable children

Table 7: SA Cares for Life's Cluster Model

Source: ([www.sacares.co.za](http://www.sacares.co.za))

*“The aim of cluster care is not to make the community dependent on support. The aim is rather to assist in crisis intervention and then to empower the family to cope independently. Therefore the aim is to have an in- and out flow of families in the clusters” (Van der Berg 2009:1).*

While the institutional models of orphanages, children's homes and shelters are also widely supported, experience has shown that the children growing up in these institutions, as long term placements, are often stigmatized with the consequent damage being life-long. This model is very costly and is not suitable considering the scale of the OVC problem (NIRSA 2009).

However, there is generally no-one-size fits all approach when selecting from different models of care. The unique and peculiar characteristics of each community, as well as their varying access to resources, requires different models of care. What is generally encouraged by the Department of Social Development are drop-in centres set up in areas of need, to which children can come after school and during holidays for specific support and care yet returning to their family units at night. The advantage is that these centres also act as day-care centres for pre-schoolers. They also provide access points for state social workers. The centres offer an opportunity for

homework supervision, life skill coaching and sport development as well as peer education.

Another model of care is that of World Vision's faith-based approach to development. In a report that World Vision commissioned, James (2008) states: *"Faith now matters in development. During the last decade, government scepticism about the integration of faith and development has altered considerably. It is no longer taboo. Most aid departments of governments in North America and Europe are now actively trying to understand and engage with the faith dimension to development. They are particularly interested in the local religious institutional expressions of faith, such as churches, temples or mosques. They see the potential for them to reach the poorest communities. Some donors, like the US, have significantly increased their support to faith-based organizations (FBOs). Others, especially in Europe, are more open in their thinking, but their funding practice remains ambivalent"* (James 2008:5).

James (2008:5) in the above report acknowledges concerns about the need for separation between religion and the state and as a consequence that issues of development should remain separate from issues of faith. Furthermore South Africa is a secular state with a diverse population of different faith and non-faith backgrounds. As such, government cannot be seen to be propagating a particular religious faith. As James (2008:5) points out, governments in general are prepared to *"engage with the institutional aspect of faith (the religious institutions), but are concerned about the spiritual aspect of faith (the belief in God). Secular donors would like a sanitized separation between the institutional and the spiritual element....Until very recently, official aid donors have viewed religion with skepticism. The connections between faith and development were 'fragile and intermittent at best, critical and confrontational at worst'. Religion has traditionally been seen as: divisive – a rallying point for division and conflict; regressive – maintaining (if not indeed promoting) injustices such as slavery, colonialism, apartheid and gender inequalities; irrelevant – development being an autonomous technical discipline, about which religion has nothing valuable to say; insensitive - exported in culturally highly insensitive ways; proselytizing – seeking to convert others to their faith"*.

In recent years, as indicated in the World Vision report, UN Conferences have committed themselves to recognizing the spiritual dimension in development:

An example of United Nations Multilateral conferences where recognition of spirituality in development:

• spiritual development (UN Conference on Environment and Development 1992)
• initiatives that require a spiritual vision (Habitat Agenda 1996)
• addressing spiritual needs (Copenhagen Declaration on Social Development 1995)
• recognizing that “religion, spirituality and belief play a central role in the lives of millions of women and men” (Platform for Action 1995)

Table 8 UN Multilateral conferences recognition of spirituality in development

Source (James 2008:5)

A further useful discovery in the literature review was a “Faith in Action” document that sets out 12 strategies for supporting vulnerable children. These strategies enjoy support among many of the care-based organizations (NIRSA 2009).

Table 9: Faith in Action’s 12 strategies

1. Focus on the most vulnerable children, not only those orphaned by HIV/AIDS.
2. Strengthen the capacity of families and communities to care for children.
3. Reduce stigma and discrimination.
4. Support HIV prevention and awareness, particularly among youth.
5. Strengthen the ability of caregivers and youth to earn livelihoods.
6. Provide material assistance to those who are too old or ill to work.
7. Ensure access to health care, life-saving medications, and home-based care.
8. Provide daycare and other support services that ease the burden on caregivers.

9. Support schools and ensure access to education, for girls as well as boys.
10. Support the psycho-social, as well as material, needs of children.
11. Engage children and youth in the decisions that affect their lives.
12. Protect children from abuse, gender discrimination, and labor exploitation.

(Source: Faith in Action 2009)

Finally, in terms of impact, it is South Africa's social security assistance programme which remains one of the most important drivers of poverty eradication. The grant system has increased over the past decade, with coverage increasing from 2.5 million beneficiaries in 1998 to more than 12.3 million in 2008 (Review of Child Support Grant 2008). A recent informal call to the Department of Social Development confirms that as of February 2010 more than 9 million children are receiving child support grants monthly. Receipt of the grant entitles the child beneficiary automatically to fee waivers for schooling up to grade 12 and to free health care at all levels. The child support grant together with the foster care grant not only plays an important role in the alleviation of income poverty, but also allows poor children to exercise their rights to access education and basic health services (Review of Child Support Grant 2008).

### **2.5.9 Challenges for the future**

Some challenges for the future can be identified from the literature review. In terms of the HIV and AIDS epidemic, South Africa has made some remarkable progress and it can be considered an achievement in being able to balance the biomedical and development approach. While the government's policies are good, implementation remains a challenge. While access to treatment remains a top priority, present levels of infection challenge the sustainability of the ARV option. Already there is pressure to migrate to second-level therapy which is at present prices, unaffordable at a national roll-out level. A breakthrough in prevention therefore remains a key strategy. Calls by UNAIDS for prevention movements need to be heard. In the interim as the HIV epidemic becomes an AIDS epidemic, AIDS-related deaths will continue to increase, resulting in a proliferation of orphans and vulnerable children. While good practice exists and the state and civil society are bravely facing the OVC challenge, the need exists for community-

based and faith-based models of care to scale and multiply levels of care.

Having credited the role of the state in the above section, it is also evident from the literature review that the African idiom that “it takes a village to grow a child” remains central to the discourse on the plight of OVC (NIRSA 2009). This responsibility cannot only be outsourced as an institutional obligation of the state (Compion 2008). The question that must therefore be asked is: who is responsible? Is only the “local village” or is the “global village” also responsible to provide care for OVC? If so, can the two villages together provide the resources needed?

The analysis and description of the James 1:27 Trust and its model provided in chapter 5 will illustrate how this bringing together of the two villages can offer a possible breakthrough. In preparation for this chapter, chapter 3 introduces the concept of social capital.



## CHAPTER 3: SOCIAL CAPITAL AS A CONCEPTUAL TOOL

*Turning and turning in the widening gyre  
The falcon cannot hear the falconer;  
Things fall apart; the center cannot hold;  
Mere anarchy is loosed upon the world,  
The blood-dimmed tide is loosed, and everywhere  
The ceremony of innocence is drowned;  
The best lack all conviction, while the worst  
Are full of passionate intensity...*  
William Butler Yeats (1865-1939)

### 3.1 Context and Background

While the definition and conceptualization of social capital is still being debated, reliance was placed on academic inputs from sociologists such as Halpern, who argue that social capital is the most important and exciting concept to emerge out of the social sciences in the past fifty years (Halpern 2005:1). Definitions of social capital differ substantially (Dolfsma and Dannreuther 2003; Foley and Edwards 1997) and the concept on a theoretical level means different things to different people. In sorting through these differences, what is helpful is a table of definitions produced by Adler and Kwon (2002), as well as definitions from the World Bank and other think tanks. Also considered is the approach of the Organisation for Economic Cooperation and Development (OECD) towards the concept. In terms of the correlation between ICT-based community networks and the extent of a social environment or community's pre-existing social capital, references were made to work done by Sullivan *et al* (2002) as well as Davies (2003).

The negative impact of the HIV and AIDS epidemic and collateral damage on individuals, households, families, communities and society at large, is immense. As a consequence, the proliferation of orphans and vulnerable children (OVC), given present mortality rates, is of particular concern. The death of the mother is a devastating blow to the children in the home. In a very real sense her loss results in things "falling apart", and "the centre cannot hold", the

consequence of which is a tragic loss of the innocence of childhood: “the ceremony of innocence is drowned”. Life in all its cruelty becomes dramatically exposed.

Given the scale of the epidemic, degree of poverty and South Africa’s peculiar history, the question that arises is: who in society is responsible for the children affected by HIV and AIDS? The answer is of critical importance in that it identifies the source from which resources need to be made available and transferred. Therefore, without diminishing the responsibility of the state in meeting its constitutional obligations in providing a social security net, common sense also demands that resources are needed from a broader stakeholder group. In this regard, capital that can be leveraged from stakeholder groups in business and civil society in order to supply these resources, need to be secured. In this regard, concepts such as social capital are of great value. Given the interconnectedness of our global society, the question arises as to whether social capital at a broader global and macro level can be mobilised. This is particularly relevant in the context of the opportunities inherent in the information society as part of the digital age.

It is suggested by the researcher that social capital offers a unique opportunity to leverage benefit in mitigation of the negative impact of the HIV and AIDS epidemic. It therefore needs to be considered whether social capital can be used to both understand the negative consequences of the HIV and AIDS epidemic, in terms of the depletion of the social capital of those affected by the epidemic, as well as offering a valuable source of leveraging resources for the benefit of those affected. It must be noted, however, that there is debate as to whether the conceptual framework of social capital is sufficiently refined to allow for scientific measurement (Halpern 2005).

While social capital can generally be regarded in terms of social networks, norms (including regulations), values and sanctions, it also relates to other forms of capital. Social networks create a structure in which other forms of exchange take place. Included in this exchange is the transfer of other forms of capital: human, labour, intellectual, infrastructural etc.

It is argued in this study that the information society has opened up new possibilities in applying the concept of social capital. Advances in information, technology and communications provide

access to social networks and structures allowing an exchange of resources. The ability to secure a regulatory environment mitigates against the inherent dangers of such an open society. Regulations in this context refer to internet law, internet crime, as well as a host of international telecommunication laws and protocols, as well as generally accepted norms and standards determining what can be acceptable behaviour and conduct for the worldwide web and virtual society.

South Africa's history is informative in illustrating the benefits of social capital for social transformation. For example, social networks and structures at national and international level, held together by common political and liberation objectives, were successfully used to mobilise a valuable source of solidarity, political and economic leverage and transfer of resources for the anti-apartheid movement. Socialist and faith-based movements found common ground in a shared value system in advancing democracy, human rights and the calls for the end to racial discrimination. The anti-apartheid movement thus remains a powerful example of the value of social networks in the transfer of resources in solving a national problem and in pursuing the objectives of social justice. The anti-apartheid movement demonstrated how ordinary citizens were mobilised around a cause and together were able to take actions which profoundly influenced the birth of democracy in South Africa. For example, when political activists were imprisoned by the apartheid government, South African citizens, together with members of churches internationally, made deposits of money to fund legal assistance for the activists awaiting trial. How this experience relates to responding to the crisis of children at risk within an HIV and AIDS is of national value and research interest.

### **3.2 Theoretical overview**

As definitions of social capital differ substantially, Halpern (2005) in commenting on Dolfma and Dannreuther's (2003) as well as Foley and Edwards's (1997) study states, and given that the concept on a theoretical level means different things to different people, state that its meaning remains unclear. Social capital, it seems, is in a relatively early stage of theorization. A consequence of this is that "...work is needed to obtain validity of both conceptualization as well as operational application" ([www.socialcapitalgateway.org](http://www.socialcapitalgateway.org)).

However, as Halpern states, if one places reliance on theorists such as Hanifan (1916), social capital can be understood to refer to common daily expressions and daily habits “of friendship and common civility – the informal and comforting social norms of everyday life” (Halpern 2005:10). While for Bourdieu the concept focuses on the material benefits of individual social networks, Putman, who seems to have popularised the concept, focuses more on social networks and how they relate to public benefit. This seems to contrast with Bourdieu’s narrower focus on private benefit (Halpern, 2005:10).

In sorting through these differences, what was helpful was a table of definitions produced by Adler and Kwon (2002), a modified version of which is as follows:

Table 10: List of summarised definitions of social capital.

Authors	Definitions of Social Capital
Belliveau, O'Reilly, Wade	An individual’s personal network and elite institutionalised affiliations (Belliveau <i>et al</i> 1996:1572).
Bordieu	The sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalised relationships of mutual acquaintance and recognition (Bourdieu and Wacquant 1992: 119).
Burt	Friends, colleagues, and more general contacts through whom you receive opportunities to use your financial and human capital (Burt 1992:9); the brokerage opportunities in a network (Burt 1997:355).
Knoke	The process by which social actors create and mobilize their network connections within and between organizations to gain access to other social actors’ resources (Knoke 1999:18).
Portes	The ability of actors to secure benefits by virtue of membership in social networks or other social structures (Portes 1998:6).
Brehm Rahn	The web of cooperative relationships between citizens that facilitate resolution of collective action problems (Brehm and Rahn 1997:999)

Coleman	Social capital is defined by its function. It is not a single entity, but a variety of different entities having two characteristics in common: they all consist of some aspects of social structure, and they facilitate certain actions of individuals who are within the structure (Coleman 1990:302).
Fukuyama	The ability of people to work together for common purposes in groups and organizations (Fukuyama 1995:10).  Social capital can be defined simply as the existence of a certain set of informal values or norms shared among members of a group that permit cooperation among them  ( <a href="http://www.imf.org/external/pubs/ft/seminar/1999/reforms/fukuyama.htm">www.imf.org/external/pubs/ft/seminar/1999/reforms/fukuyama.htm</a> ).
Inglehart	A culture of trust and tolerance, in which extensive networks of voluntary associations emerge (Inglehart 1997:188).
Putnam	Features of social organizations such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit (Putnam 1995:67).
Thomas	Those voluntary means and processes developed within civil society which promote development for the collective whole (Thomas 1996:11).
Nahapiet and Ghoshal	The sum of the actual and potential resources embedded within, available through, and derived from the network of relationships possessed by an individual or social unit. Social capital thus comprises both the network and the assets that may be mobilized through that network (Nahapiet and Ghoshal 1998:243).
Woolcock	The information, trust, and norms of reciprocity inherent in one's social networks (Woolcock 1998:153).
Dekker and Uslander	Social Capital is about the value of social networks, bonding similar people and bridging between diverse people, with norms of reciprocity (Dekker and Uslander 2001).
Halpern	Social Capital refers "to the social networks, informal structures and norms that facilitate individual and collective action" (Halpern 2005: 1).

Source: Adler and Kwon (2002)

The above list illustrates the diversity of views that exists with regard to the meaning of the concept of “social capital” and illustrates the difficulty in deciding on a precise definition. The fact that the definitions are so broad and often vague is problematic and adds to the view that there is a lack of rigorous conceptualisation of the concept (Krishna and Uphoff 2002). As a result it seems that there is a danger that we may reach a point where the term might be used in whatever way it suits the purpose at hand and thus be rendered meaningless.

Despite these challenges Halpern (2005:1) is of the view that social capital remains the most important and exciting concept to emerge out of the social sciences in the past fifty years. At a more simplistic level, Halpern’s thinking is that social capital can be regarded as a term to refer to how people, through the social fabric of their community and civil society, are connected with one another (Halpern 2005:1). Halpern (2005) believes that most people are located within a series of different social networks and associations. These ordinary, everyday networks, their social customs and the bonds that hold them together, are what is meant by social capital.

Perhaps an important addition is that social capital not only refers to social networks and structures but also to the productive benefits stemming from them. This is an important qualifier (<http://www.socialcapitalgateway.org>).

Halpern seems to combine different approaches and builds the concept of social capital within a framework of networks (social network theory), characterised by norms and values (shared expectations about acceptable behaviour as well as about the value of the networks and what they can provide) which are in turn regulated through sanctions (setting out a system of punishments and rewards) that ensure the enforcement of norms and as such maintain the integrity of the network (Halpern, 2005:10).

An alternative framework that is helpful in unpacking different dimensions of social capital is that of Narayan and Cassidy (2001). Their practical approach divides social capital into group characteristics; generalised norms; togetherness; everyday sociability; neighbourhood connections; volunteerism and trust.

What makes social capital complex is that it can also be located at different dimensions and levels. The common approach seems to distinguish between different levels, namely the level of the individual and group, both informal and formal, the level of the community, the national and the global level, included in which are ethnic groupings (Bankston and Zhou 2002; Coleman 1988; Portes 1998; Putnam 1995; Sampson et al 1999). Therefore social capital can be viewed at micro (individual), meso (group) and macro (societal) levels.

A further useful insight is that of Kilby (2002), who argues that social capital exists within the context of belonging or participating in one's family, community, profession, and country. Adler and Kwon (2002) argue that the social structure in which the actor is located determines the level at which social capital lies.

Social capital at the micro level is generally regarded as an individual's personal network and elite institutionalised affiliations (Belliveau et al 1996:1572). It refers to the value and support that can be accrued by virtue of membership of social networks or other social structures (Portes 1998:6). At the meso level (community) the focus shifts from social networks and social support of the individual to the social cohesion and broader dimensions of society at community level (Narayan and Cassidy 2001). At this level the issue is how social networks and structures are leveraged in order to ensure some collaborative and collective action. The emphasis is generally on some positive outcome. Community crime neighbourhood-watch structures are a good case in point. The macro-level refers to the institutional context in which social structures and networks such as organizations, operate (Bain and Hicks 1998).

Social capital as a macro level concept has received support within the global development agenda. Citing Halpern (2005), the World Bank definition of social capital is as follows: *"Social capital refers to the institutions, relationships, and norms that shape the quality and quantity of a society's social interactions. Increasing evidence shows that social cohesion is critical for societies to prosper economically and for development to be sustainable. Social capital is not just the sum of the institutions that underpin a society - it is the glue that holds them together"* (World Bank Report 1999).

In support, the Organisation for Economic Cooperation and Development (OECD) defines social capital as “networks together with shared norms, values and understanding that facilitate co-operation within or among groups” (OECD 2001:41).

As Halpern (2005) argues, while this “big tent” approach enjoys support from organisations such as the World Bank and the OECD, as it accommodates a more political and institutional approach, it is criticized in that by becoming so wide it has detracted from informal networks which are regarded by some as the heart of the concept.

A further theoretical development has been to identify “types” of social networks. These networks can be classified by their degree of homogeneity. Healy (2004) states in this regard that social capital comes in different forms, which he references as "bonding", "bridging" and "linking".

*“Bonding refers to social ties, obligations and trust among people who are alike by virtue of, for example, their gender, ethnicity or social background. Bridging social capital is where people are not alike and where trust and engagement is built up. The third form, linking, refers to social ties among individuals or groups at different levels of social status or power. This is about a vertical dimension of social capital, connecting people in power with those who are not in power”* ([www.spear.govt.nz/publications/spear-bulletin/2004/july-2004/2004-07-bulletin-value-of-social-capital-in-re.html](http://www.spear.govt.nz/publications/spear-bulletin/2004/july-2004/2004-07-bulletin-value-of-social-capital-in-re.html)).

This classification is, however, complex, in that degrees of homogeneity and heterogeneity are relative. In attempting to deal with this issue reference is often made to the notion of weak and strong ties (Granovetter 1973). It must be noted, however, that bonding is different from strong ties. It is possible to have strong ties in a context of weak bonding.

Examples of bonding social capital include ethnic fraternal organizations such as sporting teams like Orlando Pirates, Benoni Bowls Club or religious-based groups such as the Zionist Christian Church. Examples of bridging social capital include movements such as the Anti-Apartheid Movement, youth service groups such as Scouts, Rotary and Lion Clubs as well as religious



organizations such as the South African Council of Churches.

In addition, Woolcock (1998) also refers to a third dimension of social capital, namely linking social capital, which, it is argued, refers to ties and social networks within a power hierarchy consisting of various domains: political, economic, and ecclesiastical, the latter being referred to as religious-based power.

Putnam (1995) argues that volunteer associations play an important role in facilitating the bonding, bridging and linking of social capital. Surveys confirm that individuals who belong to voluntary organisations experience higher levels of trust of others and as a result are more likely to be engaged in community action. When it comes to the application of the concept of social capital therefore, a key question is why social capital and social networks are important for the individual, the community and for society at large. Furthermore the consequences for individuals, communities and societies when they are characterised by limited social capital, is of importance, particularly when being studied in the context of the impact of an epidemic such as HIV and AIDS.

### **3.3 Social capital and practical theology**

The trend in knowledge management is to integrate different disciplines. The creativity and innovation that comes from this cross-pollination offers potential breakthroughs in what have been intractable problems in the past. This is particularly true in the study of communicable diseases such as HIV and AIDS.

The understanding of causes, consequences of, and interventions in an epidemic, demands a holistic, interdisciplinary multi-dimensional approach. In this regard, the location of the concept of social capital within a broader “capital” context allows for the consideration of social capital in a spiritual way.

Practical and contextual theology offers an important contribution to understanding the social capital inherent within faith-based organisations and institutions. Levels of bonding, bridging

and linking contribute to influencing not only levels of social capital within HIV affected communities but also to contributing towards the survival of affected individuals and families.

Areas of possible research include the extent to which faith-orientated individuals are contributing to the social capital of their own faith-based community (bonding social capital), and whether they are contributing to the social capital of the wider community (bridging social capital).

*“The term theology may bring to mind images of large musty books in seminary or university libraries. However, theological reflection – that is, the understanding of the faith – can be far more appealing and relevant than that. In the early centuries theology was mostly a meditation on Scripture. From the twelfth century in Europe theology began to be studied as an intellectual discipline. In recent times we have come to realise that theology can reflect on the presence and action of Christians in the world, sometimes beyond the visible boundaries of the Church”*  
(<http://dlibrary.acu.edu.au/research/theology/ejournal/aejt>).

In particular, practical theology can contribute to the debate on questions of prevention and HIV, sexual behaviour and norms, and levels of responsibility. Also of importance is the ethical and moral response, at micro, meso and macro-level, to the present OVC crisis. The impact of the death of the mother in leveraging social capital within her faith-based network such as the local church, is also of relevance.

Social capital, in the form of social networks inherent in the local church, faith and community-based organisations as well as within national, regional and international associations, alliances, networks and structures, offers strategic resources in building a multi-sector response to the pandemic.

### **3.4 Social capital and orphans and vulnerable children**

According to the former Minister of Social Development, Dr Zola Skweyiya, the high number of children being abandoned and neglected could be partly attributed to high levels of poverty, unemployment and unwanted teenage pregnancies and although the country had done "incredibly well" to provide a safety net for the poor with child support grants given to 8,3 million children, more needed to be done. South Africa is therefore "facing a challenge of increasing numbers of orphaned children, abandoned babies, worrying levels of abuse, neglect and exploitation of children" (Skweyiya 2008:1).

The conditions faced by these affected children demonstrate how the HIV and AIDS epidemic has disrupted their lives. The sickness and death of the parent, in particular the mother, has a devastating effect on eroding the access that the children have to the social structures and networks of the mother. It is a tangible demonstration of how their social capital can be destroyed or severely damaged.

By illustration: a father when returning home terminally ill can, in so doing, unplug his family from access to the social capital found in his place of work. For example, a gardener through access to his employers, in addition to his salary, is generally able to secure stationery, clothing and food for his children from his employees. By permanently leaving his place of work due to ill health, he disconnects his family from this social support structure and network. There is therefore a decrease in his family's social capital.

One can trace this pattern through the death of the father and eventual death of the mother. The death of the mother generally affects access for the children to the social networks and structures of the mother. The bond between the children can be weakened through separation and the bridge connecting them to other relatives and friends of their mother may be weakened and even lost. The vertical link provided by the mother ensuring access to different levels of power and influence may also be affected. The mother is a kind of social plug into the extended family and community. Her relations, friendships and associations are extended to her children. The children benefit from this network. The reverse is also true, in that through her death, the

children may lose contact with their mother's relations, friendships and associations and as a result experience a loss of the benefit that had formally accrued to them, and consequently a loss of social capital.

An example of how bonding social capital could be negatively affected may be as follows: supportive ties linking the children within their homogeneous groups such as family and neighbours as well as membership of associations such as the local church, may be negatively impacted. It is also likely that some of the older siblings may have to leave school in order to find work and an alternative source of income for their family. The loss of contact with their educators and peers is a definite depletion of their social capital, the negative effect of which may have long term implications. For example, a young adult who fails to complete his/her secondary education may not have access to tertiary education. Their non-participation at this level will exclude them from the social capital that would have accrued had they had entry into these social networks. As a result they will be unable to leverage the benefit in their later professional and private lives.

Often the young girl-child tries to compensate for the loss of resources inherent in the depleted or lost social capital, by providing a form of alternative social networks such as forming relationships with older men. These in turn may put her further at risk and may result in her straying into situations where she, because of differences in age, lacks the power to ensure her safety from unprotected sexual contact.

A loss of bridging social capital can be explained in the following circumstances: the loss of the parent/s often results in a further weakening of the ties that connect them horizontally outside of their homogeneous group providing access to other communities and cultures; and of course the benefits that accrue through access to these groups.

The depletion of bonding and bridging social capital ultimately affects the vertical ties across boundaries of power, and access to linking social capital.

Furthermore, the depletion of the above forms of social capital will result in a negative capacity

for the orphaned and vulnerable child to ensure reciprocity, in terms of future interactions with others. Expectations of reciprocal exchange of benefit to the recipient of social capital can be compromised, which in turn can also have a negative impact on relationships of trust. For example, an orphan generally suffers a loss of status in the community. If their parent is expected to have died as a result of AIDS, the stigma surrounding these circumstances will compound the prejudice that they experience. This loss of status and standing in their community can result in a myriad of negative implications, from general self-esteem to projected negative expectations of others. How the status of orphan-hood affects issues of perceived trustworthiness is also relevant. Children in child-headed households may have little bonding, bridging and linking social capital, as they have become among others, disconnected and isolated.

As the epidemic destroys social capital at one level, possibilities exist for it to be transferred from another. Vulnerable children, through the support of social networks such as extended family members, particularly grannies, caring neighbours and school teachers, often have access to leveraging support, albeit to a limited extent. This access to social capital is also often present through access to community and faith-based organisations. These in turn function at different levels. Some, through broader social networks, have access to social capital at national and even global level. Some churches for example belong to national and international networks. Possibilities therefore exist for leveraging resources at not only a micro but also at the meso and macro levels. This was particularly evident during the anti-apartheid period when resources could be accrued through the international solidarity movement, as described in section 3.1 above.

### **3.5 Social capital and the information society**

The application of social capital within information, communication and technology (ICT) related fields is increasingly significant. The information society has literally come of age, providing opportunity for social capital modelling in virtual communities. The information society offers unique opportunity for bonding, bridging and linking social ties. An example of this is how the African Diaspora (Africans living outside of Africa) is held together within social networks, reflecting the capacity in which the Diaspora works together for the common benefit

of their community and at times broader society. This takes place through mutual help, and engagement in what Kealy (2004) refers to as social capital characteristics in which reciprocity, voluntary engagement and self-regulation are demonstrated and in which trust, shared values and identity are modelled.

What is also of great interest is the impact of information and communication technology on the social capital of the youth. Cell phone texting such as MXIT and internet contact through virtual social networks such as Facebook is growing at a phenomenal rate. These social networks could be used to make people aware of social justice issues and recruit participation in social activism.

It is now generally recognised that ICT has the potential to strengthen social capital (Davies 2003). *“ICT can allow new, non-geographical based groups to form; can allow people to maintain ties despite separation by space and time zone; can facilitate just-in-time social ties; and can extend the value of social networks through automated recommender systems, where relevant information is automatically forwarded to friends of friends”* (Resnick 2002).

What is significant with respect to the position of OVC, is that ICT networks have the potential to connect those well resourced with those in need. This can be done at macro level such as between mobilising global networks, like international Church denominations or professional associations and then linking them with community networks, which in turn at micro level offer opportunity for using personal networks to lift individuals and communities out of poverty.

*“The life chances of disadvantaged individuals can be transformed by the presence in their personal networks of even a single employed individual. Policies to aid the development of personal and social networks may therefore help to reconnect disadvantaged individuals and communities to the social and economic mainstream”* (Halpern 2005:313).

An example of this is World Vision’s “Adopt a Child” programme, in which personal networks of sponsors are leveraged and then matched with children at risk. In this process resources in the form of financial contributions are sponsored, so that food, school fees, uniforms and stationary are supplied.

What social capital within the information society offers is perhaps not only in network theory but also in the realm of norms (including regulations) and values and what Halpern refers to as “creating a contemporary shared moral discourse” (Halpern 2005:318).

### **3.6 Conclusion**

There is little doubt that the concept of social capital offers exciting opportunities as well as some real challenges in translating the theoretical into the practical applications of how it can benefit orphan and vulnerable children within the context of a HIV and AIDS pandemic. How this is done forms a critical part of this study and is the objective of the next chapter in which the methodology of the study is covered. Chapter 5 covers the James 1:27 Trust and its model and will demonstrate among others, the role played by social capital from the Trust’s genesis to its present day operations.

## **CHAPTER 4: RESEARCH METHODOLOGY**

*“Substantive problems must thus be translated into the vocabulary of social inquiry....Working out a way of thinking through the choices and some appropriate sequences of tasks will allow you to answer a research question”.*

*Robert Alford*

### **4.1 Introduction**

The purpose of this study was to describe and examine the James 1:27 Trust and its model as an information, communication and technology response to the plight of orphans and vulnerable children in the context of an HIV and AIDS epidemic. The objectives for the study were set as: to identify the core identity and objectives of the James 1:27 Trust and its model; to view the James Model’s concept of multiplication in terms of the construct of social capital and to study the James Model as a social innovation response.

In this chapter the research design and research methods of this study are discussed.

### **4.2 Research Design**

This is a qualitative study that employs a case study approach. Babbie and Mouton (2001:646) define qualitative analysis as: “The non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships”.

This research explores some of these underlying meanings through a qualitative methodology.

The study was based on a qualitative approach in that it set out to uncover the subjective experiences and interpretations of the social actors involved in the James 1:27 Trust. They themselves describe through their own personal observations and experiences what they perceive the James 1:27 Trust to be; the meaning that they attach becomes the meaning that is assigned.

The James 1:27 Trust and its model is therefore studied in what can be considered a more natural setting, thus encouraging what Marchall and Rossman (1999:5) describe as analysis and interpretation that brings meaning “in terms of the meaning people bring to them”. The study of the James 1:27 Trust and the James Model is therefore done through the perspective and world



views of those who built the James Model. The subjective inputs of the key players in the Trust - whether in the form of their views and opinions as expressed during interviews, or descriptions and interpretations of their experiences as set out in their personal narratives, or in the form of input offered during key meetings that contributed to the substance of the official source documents of the James 1:27 Trust – are seen as important and served to inform what can be identified as the core objectives or the “DNA” and “soul” of the organisation. This is particularly relevant given that the James 1:27 Trust is positioned as a contributor to social justice. The inherent values of the Trust and the trustees, both declared and undeclared, are therefore considered relevant, not only for the Trust itself, but because of its potential involvement and participation within the OVC domain. A qualitative method was also attractive because to date the James Model has not been studied.

This research is based on a case study in what Yin (1994:1) refers to as a “contemporary phenomenon within its real-life context and boundaries”. The context refers to the Trust as it has developed over time within a particular environment and within certain clear boundaries that are fore-grounded. According to Yin (1994), in a case study, it is important to be clear about the parameters and focus of the research.

In light of this issue of parameters and focus, Babbie and Mouton (2001:646) define a case study as: “....an intensive investigation of a single unit. This unit can vary: from individual people, families, communities, social groups, organisations and institutions, events and countries”.

In this regard the unit of analysis, the James 1:27 Trust itself, is the main focus of analysis. The research design is therefore considered as a qualitative description of a single-case study as opposed to multiple case studies in which many models of care are studied. Furthermore, the study of this single case can be described as descriptive, as opposed to explanatory or exploratory, in that it set out to identify and describe the James 1:27 Trust’s core identity and objectives.

In order to conduct the case study, the researcher required what Yin (1994) describes as a good knowledge base of the focus of the study. In this instance, the researcher is the founder of the

James 1:27 Trust. As a result there is sufficient insight into being able to frame the questions that were posed to the key informants and sufficiently broad understanding in order to identify the themes and patterns that emerged from their responses during the data analysis. The analysis of the narratives was also dependent on this insight and background knowledge. This was also necessary because the research design included an analysis of source documents that covered the full spectrum of the governance and operations of the James 1:27 Trust.

In terms of the epistemology of the study, Babbie and Mouton (2001: 642) define epistemology as: “The study of the nature and origins of knowledge”. The study was intuitive, in the sense that personal narratives as well as key informant interviews were used. It was authoritative, in that the literature review consulted reports and publications that enjoy credibility, examples of which are United Nations reports as well as studies from international NGOs such as Save the Children, UK, all of whom were referred to in the study. During the review of the literature, links were made to collaborate the interconnectedness between the epidemic and the proliferation of children at risk. The study collaborates the extent of the epidemic and the scale of the plight of orphans and vulnerable children.

### **4.3 The research setting**

The study was located at the offices of the James 1:27 Trust at the Innovation Hub in Pretoria. Access was made possible to all the electronic archives of the James 1:27 Trust and the researcher had unrestricted access to the source documents of and social actors involved with the James 1:27 Trust<sup>19</sup>. This access was a result of the researcher being an insider to the organisation. The researcher as the founder and presently active participant in the management of the James 1:27 Trust had an intimate view of the James 1:27 Trust and the workings of its model. The advantage of this is that there is a continuity of experience in terms of the conceptual design and inspiration from the early development of the James Trust to its present day-to-day operations and management. This is perhaps the real value in choosing a qualitative approach.

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<sup>19</sup> Access was made possible in that the researcher is working at the Trust.

#### **4.4 Sampling procedures**

According to Mouton (1996:132) “The aim of sampling in social research is to produce representative selections of population elements ... scientific sampling aims to avoid the pitfalls of biased and unsystematic sampling”.

Babbie (1991:645) also makes a distinction between probability and non-probability sampling techniques. A probability sample is a “sample selected in accord with probability theory, typically involving some random-selection mechanism”. A non-probability sample is “a sample selected in some fashion other than any suggested by probability theory such as for example purposive ... samples” (Babbie 1991:644).

About sixty two documents of the Trust were sampled (see Table 11 below). In this instance a purposive sampling technique was chosen. No probability theory was used and the data selected was purposive in that there was intent in selecting the specific sources of data that were analysed. Given the fact that access was given to the full archives of the James 1:27 Trust, a purposive sampling technique was selected with the intent to narrow down the scope and focus of the source documents consulted.

The source documents selected were categorised and listed in terms of the date on which they were created. The reason for this was to try and create a time line, noting the sequence of events reflecting incidents which are linked to specific markers that indicate the development of the core identity and objectives of the James 1:27 Trust.

In addition to the source documents of the James 1:27 Trust, the other forms of data collected included the personal narrative of the founder of the James 1:27 Trust and a personal narrative of a beneficiary of the Trust, as well as semi-structured in-depth interviews with four key informants. Purposive sampling was also used to select the key informants. They were selected on the grounds that they have been associated with the James 1:27 Trust from its inception and are still active at present. Two of the key informants are founding Trustees and the other two key informants have been associated with the James 1:27 Trust as leaders of community-based

partner organizations since its inception.

The advantage is that this insider view of the James 1:27 Trust and its model by the founder and the key informants enhanced the qualitative nature of the study. The disadvantage is that the study could be biased in the sense that the social actors are sharing their observations and experiences from within the subjective context of the James 1:27 Trust itself. They are not “objective” observers but rather intimate players. However, the question of bias is not inherently negative, as it has the advantage of offering an insider’s view to the Trust’s past development and present day operations. In terms of a qualitative research approach, this can be regarded as positive.

#### **4.5 Data collection methods**

Different sources of data were used to gather information in the study. These consisted of the source documents of the James 1:27 Trust, from which the core objectives are identified. The identification of the core objectives constitutes a very important part of the research. The other sources of data consisted of the personal narrative of the founder, which was analysed to identify critical incidents that contributed to the development and distillation of the core objectives of the James 1:27 Trust. The third source of raw data was the narrative of a beneficiary. This data-source was analysed to illustrate how the James 1:27 Trust’s core objectives are manifested in a real-life case. The fourth data gathering technique used was that of the key informant interviews. The intent of these interviews was to gather the views and reflections of four important informants on the James 1:27 Trust.

In terms of the source documents, the James 1:27 Trust has an electronic archive in which all the documents are filed and categorised, making access relatively easy. The archives were accessed in order of the folders in which the documents are filed. The time frame for the sample (see Table 11) covered the period from the official launch of the James 1:27 Trust on 11 October 2004 to the present date.

In terms of managing the source documents, they were selected according to their value for the research. The source documents were tabulated as indicated in the table below with specific notation of the dates on which they were created. All the documents were given source references which were used during the data analysis process. The table below sets out how the selected source documents were categorised:

Table 11: Categorised source documents

Categories	Document	Date of origin	Reference
Founding Documents	James 1:27 Trust Deeds	09/12/2004	1.0
	Legal Opinion: Section 18(a) Tax Exemption	24/11/2008	1.1
Historical Interest Documents	Ministry Launch	11/10/2004	1.2
Governance Documents	Minutes Strategic Planning	06/02/2010	2.1
	Minutes Strategic Planning	13/06/2009	2.2
	Minutes Strategic Planning	21/07/2007	2.3
	Minutes Board of James 1:27 Trustee meeting	05/12/2009	2.4
	Minutes Board of Trustee meeting	21/01/2009	2.5
	Minutes Board of Trustee meeting	06/12/2008	2.6
	Minutes Board of Trustee meeting	20/09/2008	2.7
	Minutes Board of Trustee meeting	17/05/2008	2.8
	Minutes Board of Trustee meeting	02/02/2008	2.9
	Minutes Board of Trustee meeting	06/10/2007	2.10
	Minutes Board of Trustee meeting	21/07/2007	2.11
	Minutes Board of Trustee meeting	03/02/2007	2.12
	Minutes Board of Trustee meeting	29/09/2006	2.13
	Minutes Board of Trustee meeting	22/07/2006	2.14
	Minutes Board of Trustee meeting	18/02/2006	2.15
	Minutes Board of Trustee meeting	18/08/2005	2.16
	Minutes Board of Trustee meeting	30/04/2005	2.17
	Minutes Board of Trustee meeting	26/02/2005	2.18
	Minutes Board of Trustee meeting	11/09/2004	2.19
	Minutes Board of Trustee meeting	17/07/2004	2.20
	Annual Report (latest)	14/01/2010	4.0
Financial Statements	Auditors Reports (latest)	June 2009	5.0
	Budgets (latest)	06/08/2009	5.2
Presentations on the James 1:27 Trust and James Model	Presentation: Strategic Plan	13/08/2008	6.0

	Presentation: Strategic Plan	06/02/2010	6.1
	Presentation: Thandanani	06/06/2008	6.2
	Presentation: Grant Thornton	21/06/2008	6.3
	Presentation: Operationalization of project	25/05/2009	6.4
	Presentation: World Vision	27/11/2009	6.5
	Presentation: Africa Enterprise	06/06/2008	6.6
	Presentation: SAGEM	04/08/2008	6.7
	Presentation: Save the Children UK	11/04/2008	6.8
	Presentation: Ikageng	07/08/2008	6.9
	Presentation: SAP	12/05/2008	6.10
	Presentation: Tshikululu Social Investment	03/06/2009	6.11
	Presentation: NIRSA Conference	16/11/2009	6.12
Reports	Report: Deputy President	05/08/2008	7.0
	Report: Musina	01/01/2009	7.1
	Report: Lawyers for Human Rights	13/01/2009	7.2
	Report: CEO	03/12/2009	7.3
	Report: Department of Social Development	02/02/2009	7.4
Technical Documents	User Case Requirement	2005	12.3
	Technical Overview	14/10/2009	12.2
	Report: APD Technical Progress	13/06/2009 05/12/2009	7.5
Informal Notes and Observations	Observations discussions and informal notes (technical team) : Stanley Simpson, Johan Brinders, Paul Strodiak		11.0;11.1;11.2
	Observations discussions Catherine Makwakwa		11.3
Funding Applications	Funding Application: Global Fund	12/03/2009	8.0
	Funding Application: Anglo American Chairman's Fund	14/07/2009	8.1
	Funding Application: Community Impact James 1:27 Trust	06/08/2009	8.2
	Funding Application: SAP	03/12/2009	9.0
Contracts and Agreements	Contracts and Agreements: Singularity	15/12/2008	10.0
	Contracts and Agreements: Ikageng	28/01/2009	10.1
	Contracts and Agreements: SPII	16/05/2007	10.2

	(Dept of Trade and Industry – IDC)		
	Contract M & E (P Strodike)	26/01/2010	10.3
Brochures	Brochure: first	2005	12.0
	Brochure: latest	6/02/2010	12.1
Conferences	NIRSA Consultation Notes	13/11/2009	13.0
Policy Documents	Policy Guidelines: DSD	13/11/2009	14.0
	Policy Guidelines: UN	13/11/2009	14.1
	James 1:27 Trust Policy Documents and Standard Operating Procedures	2008-2010	14.2

The fact that the researcher is the founder assisted greatly in that as the founder the researcher already had an intimate knowledge of the source documents and was therefore able to identify what source documents could be selected and considered useful for the research process.

The founder documented and digitally recorded his personal journey as it related to the founding of the James Trust. The narrative covered key incidents in the life of the founder between 1998 and 2008. What was important was to capture the events and experiences behind the inspiration that led to the founding of the Trust and as a result the Trust's commitment to social action. The critical incidents provide a source of personal information from which to track how decisions and choices were made in the development of the Trust's core objectives. They provide a background to understanding how the core objectives of the Trust's model evolved. The incidents are also significant in that they illustrate how the social network of the founder was instrumental in providing influence, lending direction and sharing inspiration.

The beneficiary's narrative consisted of a personal letter sent to the James 1:27 Trust documenting her story and involvement with the faith-based organisation through which the Trust worked.

Semi-structured, in-depth interviews were done with the four key informants mentioned in section 4.4 above. They were all asked questions that covered the same set of topics. The reason for the key informant interview questions being in-depth and semi-structured was to allow for the informant's world view, values, focus areas, observations, insights, opinions and perspectives to become apparent. The interview took the form of a conversation in which the informant was

probed and prompted for more “in-depth responses” to the questions. These were necessary in that they allowed the researcher to interpret and identify the meanings assigned to the James 1:27 Trust and its model by the informants. In a sense, the interviews allowed for the James 1:27 Trust’s narrative to emerge from its genesis to present application. In this regard, the personal memories of the informants were relied upon to assist in understanding why the model is as it is today and what key challenges exist for the future. The information given by the informants was used to obtain a more in-depth understanding of the identity and core objectives of the James 1:27 Trust and its model.

The questions asked during the key informant interviews were thematically clustered and sequenced. The first phase of the interviews covered an introduction to the extent of the HIV and AIDS epidemic and the consequent collateral damage faced by orphans and vulnerable children. The objective was to determine the informants linking of the epidemic to the scale of the OVC problem. The questions were framed in order to determine whether the informant related the need for multiplication of care to children at risk to the fact that the HIV epidemic has become an AIDS epidemic with an increase in orphan statistics. The need for the multiplication of levels of care was therefore explored. The next phase of the interviews dealt with the informant’s perceptions, knowledge and experience of the James 1:27 Trust. The questions related to the uniqueness and core purpose of the James 1:27 Trust. Its mandate, vision, mission and values were covered. The interviews probed issues such as the identification of the James 1:27 Trust as an enabler to the CBO community in order for them to provide more effective care and to scale operations, as opposed to the James 1:27 Trust being a care provider itself. The personal involvement of the informant in the James 1:27 Trust was also explored. In terms of the James 1:27 Trust’s model, the questions related to the informant’s knowledge of the core characteristics of the model, its strengths and weaknesses, as well as the informant’s personal feelings about the model, and about its use of technology. The interviews also covered what the informants thought were the guiding principles upon which the model was based, and whether the model has changed over time, and if so, what the changes were and what caused them. The entry of the informant into the James family<sup>20</sup> was identified with the particular social network used. The

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<sup>20</sup> The James family refers to the Trustees, secretariat, volunteers, associated CBO and FBO partners, business partners, sponsors and of course the children themselves.



following issues were also covered: the concept of “virtual adoption”, the policy of “no contact” between sponsor and children; issues around dependency; and long term sustainability of the James 1:27 Trust. The final phase covered issues that relate to the technical specifications around the James 1:27 Trust’s model. The informants were probed to identify their depth of knowledge around the technology, their feelings around its use and the general expectations around what it could deliver. The key informant interviews were digitally recorded with notes taken during the interviews.

## **4.6 Data analysis**

A qualitative content analysis was used to analyse the gathered data. Content analysis refers to what Babbie (2007:320) defines as “.....the study of recorded human communications”. In this regard, the “recorded communication” that was studied was the source documents of the James 1:27 Trust, the personal narratives of the founder and a beneficiary, as well as interviews with key informants.

### **4.6.1 Source documents of the James 1:27 Trust**

The contents of the source documents of the James 1:27 Trust (listed in Table 11) in section 4.5 of this chapter) record the James 1:27 Trust’s genesis and conceptual beginnings to its present day operational activity.

Firstly, the source documents were categorised in terms of the following categories:

- 4.6.1 Founding documents were chosen because they provided important information on the ideas that were central during the establishment of the James 1:27 Trust in 2004. They also provide the statutory identity of the Trust.
- 4.6.2 Historical documents were selected in that they provided insight in terms of the original vision and purpose of the Trust.
- 4.6.3 Governance documents were useful in that they reflect the decisions and strategic choices made by the board of trustees. They also provided a review of achievements and outcomes of the operations of the Trust.

- 4.6.4 Financial statements were reviewed in that they provide through the budget a sense of the Trust's growth and level of responsibility. The audited statements and management reports by the auditors provide insight into how the Trust is managed in terms of corporate governance principles.
- 4.6.5 Presentations were selected in that they highlight the core objectives of the Trust and the technical specifications that the model promotes. They also provide insight into the role players with whom the Trust is interacting
- 4.6.6 Reports were chosen in that they set out in detail the progress to date in building the James Model. They helped provide markers to measure the developmental stages of the Trust and its model.
- 4.6.7 Technical documents were used in order to understand the technical specifications of the Trust and its model. They also illustrated areas of innovation and development.
- 4.6.8 Technical notes and observations were selected in that they helped provide detail into understanding the technical specifications of the James Model. They reflect some of the observations and insights of the technical developers of the James Model.
- 4.6.9 Funding applications were selected in order to understand how the Trust was marketing its model and scoping its deliverable outcomes.
- 4.6.10 Contracts and agreements were selected in that they indicate the relationship that the Trust has with its employees and contract workers. They provided insight into the inner workings of the secretariat.
- 4.6.11 Brochures were relied upon to understand what the Trust is, how it projects and markets itself and what it considers are its core characteristics.
- 4.6.12 Conference documents were selected in that they helped identify the core characteristics of the Trust. These in turn provide definition and identity in terms of the Trust's role within the OVC domain and the contribution of its model in the field. The documents helped locate the Trust as a player in this domain.
- 4.6.13 Policy documents were important in that they provided a useful perspective into the development of some of the core characteristics of the Trust's identity. The documents reveal how the Trust is located as a player within the boarder OVC domain. Its position and contribution are in this regard highlighted.

Secondly, through the use of the technique of open coding, the documents in each of the categories were individually analysed to allow for the emergence of central themes and concepts.

The open coding of the minutes from the two strategic planning sessions (source documents 2.1; 2.2; 2.3) allowed for the emergence of the central themes. These central themes can be seen to reflect the core objectives of the James 1:27 Trust. The following eight core objectives were identified:

Table 12: Core objectives of the James 1:27 Trust

1. To identify, through accredited community-based and faith-based partners, orphans and vulnerable children.
2. To match these children with family-based care units with cyber sponsor cluster/teams in order to constitute what is termed “virtual adoption”.
3. To use MSOVC (Management System for Orphan and Vulnerable Children) as a business information and management system to manage within a life cycle approach, the holistic development and ministry of the children.
4. To promote MSOVC as an enabler to scale existing levels of care to match the extent of the OVC crisis.
5. To comply with good practice and community development principles.
6. To encourage a menu driven approach to sponsored goods and services.
7. To ensure designated and secure delivery of sponsored goods and services.
8. To sustain sponsorship through periodic progress reports.

(Source document 2.1)

Having these eight core objectives identified in the early stages of organising the data from the source documents of the James 1:27 Trust, proved useful in order to come to an understanding of the James 1:27 Trust’s history, development, application, challenges and identity. In addition to the minutes of the two strategic planning sessions, the most useful documents proved to be the technical overviews and project management updates (source documents 7.5 &12.2) as well as

the presentations to funders such as Tshikululu Social Investment and SAP (source documents 6.11 & 9.0).

With regard to the emergence of central concepts, the open coding of the source documents assisted in the distillation of the vocabulary of key concepts and terms used in the James 1:27 Trust and its model. These concepts are reflected in the core objectives of the Trust. The source documents reflected the evolution of the vocabulary of key concepts such as ‘virtual adoption’, ‘virtual sponsors’, ‘cyber sponsors’, ‘sponsor clusters’, ‘sponsor teams’, ‘vulnerable-families’, ‘child-care-units’, ‘James family’, ‘James platform’, ‘James exchange’, ‘MSOVC’, ‘business information and management systems’, ‘business intelligence tools’, ‘enterprise resource management’, ‘Life cycle management’ and ‘talent management’ etc.

The data from the above source documents was organised through compiling a table which firstly listed the eight core objectives and secondly matched the different source documents to each of the core objectives. This table was then used to provide structure to the process of interpreting the data contained in the source documents.

#### **4.6.2 Personal narrative of the founder of the James 1:27 Trust**

The personal narrative of the James 1:27 Trust’s founder was digitally recorded, transcribed and then analysed. The qualitative nature of this analysis was aimed at identifying “critical incidents” in the life of a key social actor, the founder, that laid the foundation for the establishment of the James Trust and the development of its objectives. The historical set of key events were, as reflected in the narrative, listed sequentially in order to identify critical incidents. In addition to identifying the critical incidents, the researcher also set out to uncover the meanings assigned to the incidences by the founder. These were then matched with the core objectives of the James 1:27 Trust as set out in Table 13 below.

Table 13: Critical incidents from founder's narrative:

<i>Critical incident</i>	<i>Meaning assigned by the founder</i>	<i>Core objectives of the James 1:27 Trust</i>
Illness and recovery of founder	The illness and recovery of the founder and his identification with the plight of children being orphaned and left vulnerable.	Objective 1
Contact with the anti-apartheid activists in France	The role of the anti-apartheid movement and their value in terms of mobilization of ordinary people.	Objective 1
Dinner in Paris with a French smart-card manufacturer	The problem is not money but secure transfer.	Objective 3
Meetings with Secours Catholique a and Médecins du Monde (two French NGO's active in SA)	Sustainable support must not include direct contact between the sponsor and the children.	Objective 5
Friendship and inspiration from Father Emmanuel Lafonte (social activist living in Soweto for 13-years)	Regular reporting and documenting the narrative of the children remains a key source of emotional contact and encourages sustainable sponsorship.	Objective 8
Lunch meeting with SAP (Paris) representative	Sponsor is best served through subscription of products and services.	Objective 6
Experience shared by French AIDS NGO, Ensemble Contre Le Sida	Monthly sponsorship should not be more than R150 per month.	Objective 6
NIRSA Consultation	Levels of care need to scale from 15% to 60%.	Objective 4
Diplomatic contact with French overseas development assistance (ODA) and NGO's active in SA	Integration of different stakeholders is essential.	Objective 6
Meeting with present technical	Business information and management	Objective 4

partner of the Trust at the Innovation Hub, Pretoria	systems provide an opportunity to for civil society to scale.	
Same as above	Any OVC management system needs a bouquet of different systems that need to be integrated and automated.	Objective 3
Contact with Tshikululu Social Investment and other corporate social investment (CSI) specialists	CSI must migrate to a social capital model.	Objective 2
No single incident but an outcome of observation with several CBOs and FBOs	Holistic development and ministry are both needed.	Objective 3

The above critical incidents were identified from anecdotal and personal reflections of the founder. They represent specific incidents and events that shaped the views, opinions and impressions of the founder. These subjective imprints formed a foundation from which the core objectives of the Trust were developed. They also identify the key assumptions upon which the James Model was built.

The issue of the founder's social networks and how they influenced the distillation of the core objectives and underlying assumptions of the Trust and its model was also considered.

#### **4.6.3 Key informant interviews**

The topics and questions covered during the key informant interviews were formulated after the core objectives of the James 1:27 Trust were identified and as such were structured around the core objectives. The views of the key informants represent reflections on various issues, some of which relate directly to the James 1:27 Trust, in terms of the Trust and its model's objectives, identity (including values) and sustainability, while some relate to broader issues. These included: the OVC crisis; needs of the children and existing levels of care and support; models of care and the broader role of civil society as explained in section 4.5 above.

The responses of the key informants were then firstly tabulated in such a way that they could be compared to each other in order to identify themes and patterns. The issue of interconnectedness between the social actors as they related to each other through their respective social networks was also considered.

#### **4.6.4 Narrative of the beneficiary**

As stated above, the beneficiary's narrative consisted of a personal letter sent to the James 1:27 Trust, documenting her involvement with the faith-based organisation through which the Trust worked.

The letter was analysed and referenced against the core objectives. The matching of the objectives to incidents as reflected in the letter created a practical demonstration and real-life example of the application of the James 1:27 Trust's core objectives. These incidents, as identified in the beneficiary's narrative, were also matched against the critical incidents of the founder. These two-way processes of referencing and matching were then used in the interpretation and analysis of the core objectives.

#### **4.7 Trustworthiness of the data**

The validity of the case study has to do with the trustworthiness of the findings. The source documents of the James 1:27 Trust are the primary source of data in this regard. According to Mouton (1996:144) "By definition, documentary and archival sources have already been produced. What is important, is that the researcher should take steps to ensure the authenticity of such sources ... archival sources do not allow for much control ... these data categories are low on reactivity and for this reason do not pose as big a threat to the eventual validity of the findings". The issue therefore is whether the source documents are authentic. In this case, given the sophisticated electronic library of the James 1:27 Trust, all these documents can be accessed and inspected. Concerning the key informant interviews, issues of reliability and validity relate to the accuracy of the note taking during their interviews. There is, however, a digitally recorded transcript of the interviews. With regard to the narrative of the beneficiary, the data source used

was a hand written letter, which can be seen as reliable as its authenticity is easily verified. The letter was also written without any prompting from any of the other informants involved in the study. Furthermore triangulation was used in the study. Triangulation reflects a combination of different data gathering techniques in order to enhance the trustworthiness of the findings.

## **4.8 Ethical considerations**

Babbie (2005), in dealing with ethical issues in social research, covers the following key considerations: voluntary participation; no harm to the participants and anonymity and confidentiality.

### **4.8.1 No harm**

According to Babbie (2002), no harm refers to the research not endangering anyone involved in the research either physically, psychologically or socially. Issues of embarrassment apply.

“Social research should never injure the people being studied regardless of whether they volunteer for the study or not ....” (Babbie 2002:522).

This particular case study had only one real risk in this regard and this related to the personal narrative of the beneficiary. In this instance there was a risk that she may be embarrassed or be overwhelmed with emotion given the traumatic nature of her participation. As a result it was decided to rather allow her the privacy of drafting her own letter in which she could reveal personal information to the degree that she was comfortable. The letter proved sufficient for the nature of the study and the beneficiary was comfortable in having the information shared. She was guaranteed confidentiality.

### **4.8.2 Voluntary participation: informed consent**

The researcher declared to all the informants and to the beneficiary that he was conducting research, the details of which were contained in a letter of introduction. All of the key informants, as well as the beneficiary whose personal narrative was used, were issued with letters



setting out the background, purpose and objectives of the study. They were informed of the voluntary nature of the study and that they could withdraw at any stage in the process. The letters attached as Annexure A, contain a consent form which was signed by the research participants.

#### **4.8.3 Confidentiality**

None of the informants can be considered to enjoy anonymity in that the researcher selected them purposefully and is aware of their identity. Confidentiality was however ensured. In terms of the key informant interviews, confidentiality was ensured in that the reference to the informants was always stated as informant 1, 2, 3 etc. Thus their identity was protected. In terms of the personal narrative of the beneficiary, she is referred to throughout the study as a beneficiary and thus confidentiality was ensured and her identity protected.

#### **4.9 Conclusion**

The research methodology used in this study was a qualitative methodology with a case study approach. The qualitative nature of the study aimed at studying the James 1:27 Trust and its model through identifying the subjective experiences, perceptions and interpretations of the social actors involved. A qualitative analysis of the content of key source documents of the James 1:27 Trust was also done. The distillation of these processes was the identification of some of the key assumptions and core objectives upon which the Trust and its model is based.

Furthermore, the analysis of the above mentioned sources of data helped to identify the following critical issues: to what extent must the level of care within the OVC domain multiply in order to match the scale of the problem? What is the link between the HIV and AIDS epidemic and the extent of the OVC crisis? How well positioned is the James 1:27 Trust and its model to enable care-based organisations to scale? How significant is the migration of the technology to the OVC domain? What impact is the Trust perceived to be making and how sustainable is it in terms of its future? What are the implications of virtual adoption?

From these questions emerged clear trends and patterns which will be discussed in chapter 5.

## **CHAPTER 5: ANALYSIS OF THE JAMES MODEL AND INTERPRETATION OF ITS CONTRIBUTION**

*“The sole object of the Trust is the care and/or counselling of abandoned, abused, neglected orphaned and vulnerable children specifically in response to the HIV and AIDS epidemic, acting through community based and faith based organisations and ensuring the secure transfer of resources to these children, thereby creating an environment to allow such children to develop into their full potential”.*

*Taken from the founding Trust Deeds of the James 1:27 Trust*

### **5.1 Introduction**

The purpose of this study was to describe and analyze the James 1:27 Trust and its model. The objectives of the study included: to identify the core identity and objectives of the James 1:27 Trust and its model; to view the James Model’s concept of multiplication in terms of the construct of social capital and to study the James Model as a social innovation response.

This chapter describes the James 1:27 Trust and its model as a response to the OVC crisis. The chapter deals with the origins and purpose of the James 1:27 Trust. It describes the mandate, vision, core objectives as well as the key features that hold the Trust together. Also covered are some of its strengths, weaknesses and opportunities. This chapter further looks at the Trust’s challenges and what contribution and impact it can make in terms of present and future operations. Issues of sustainability and existing challenges are also covered.

### **5.2 The James 1:27 Trust**

#### **5.2.1 The purpose of the James 1:27 Trust**

The James 1:27 Trust is developing a management system for orphans and vulnerable children (MSOVC). The system is run off an information, communication and technology (ICT) platform

and is considered a social innovation project, hence its inclusion at the Innovation Hub in Pretoria, Africa's first internationally accredited science park (Source document 12.1).

The vision of the James 1:27 Trust is "to multiply the care of orphans and vulnerable children to match the scale of the need" (Source document 2.1). The long term focus of the Trust is therefore to be an enabler to care-based organisations, the purpose of which is to reach more children at risk and in so doing multiply existing levels of care. The intent is for the Trust to enable care-based organisations to be not only more efficient and effective in their operations, but also to be able to respond to the increased administrative load in caring for substantially more children at risk.

The mission of the Trust is contained in its core objectives and can be summarised as follows: to promote the concept of "virtual adoption", enabling accredited community and faith-based organisations to multiply existing levels of care to orphans and vulnerable children within community-based principles; the management and administration of which will be based on MSOVC; ensuring matching of sponsors and children through a menu-driven set of sponsored options within a secure delivery system; the sustainability of which is ensured by the regular reporting on the narrative of the children's lives (Source document 4.0).

In terms of the analysis of the source documents, the point of departure in the process was to start with the latest strategic planning documents. A comparison was done between the first and most recent strategic planning outcomes as set out in the strategic planning documents of the Trust. Differences in terms of the mandate, vision, mission statement, core characteristics, objectives and values were noted. While the mandate and values have remained the same, the vision has distilled, with the scaling of care to orphans and vulnerable children becoming the point of focus as opposed to that of technology. The mission statement has also changed to reflect what was previously listed as the Trust's core characteristics.

### **5.2.2 The Trust as an organisation**

The James 1:27 Trust is a legal authority that is registered at the Master of the Supreme Court (trust deeds) and at the Department of Social Development as a public benefit organisation (PBO) and with the Receiver of Revenue (SARS) as a not-for-profit organisation (NPO). At present the Trust consists of a Board of 6 Trustees with elected posts of Chairperson, Treasurer and Secretary. The board meet quarterly and provide strategic leadership and governance oversight. The board approve policy and are responsible for ensuring good governance. The board also have a yearly strategic planning session in which they review the past performance of the organisation and update the vision, mission and strategic thrusts of the Trust. From these strategic thrusts derive the key performance areas for the Trust's business plan, from which all performance agreements are approved. The budget and various operational and marketing plans are then approved.

The board approves newly accredited community and faith-based partners. At present the Trust's main CBO and FBO partners are SA Cares for Life, Lefika La Botshabelo OVC Centre, Thandanani Children's Foundation, Tshwelopele Step by Step Ministries and Berakah Education Foundation. While all of the above organisations are receiving support from the Trust, the main technical implementing partners are SA Cares for Life and Lefika. The Trust is also associated through contacts with the Child Welfare Group, World Vision and Save the Children, UK. The Trust is involved with the National Institute for the Reformation of South Africa (NIRSA).

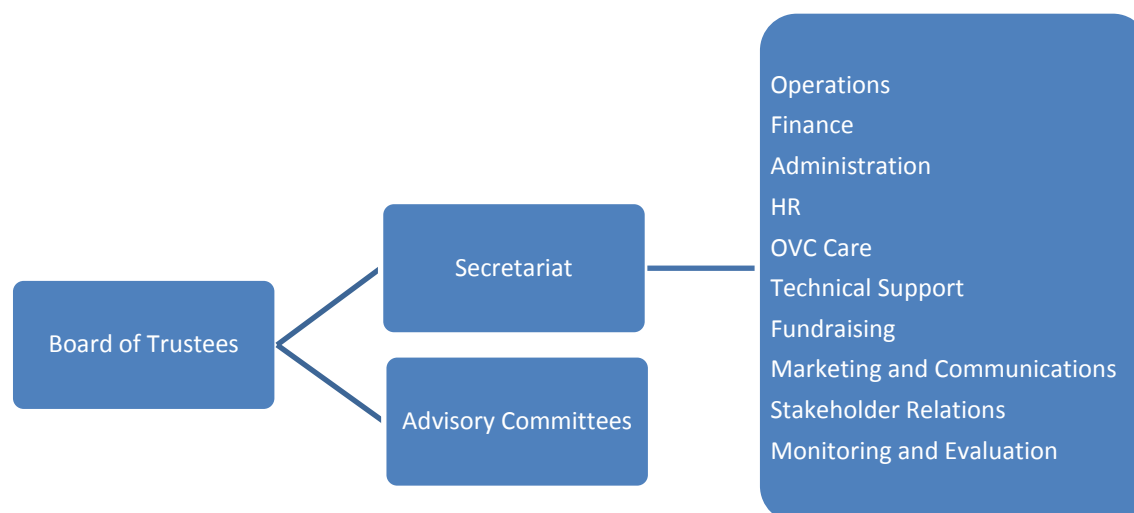


Diagram 1: Organogram of the James 1:27 Trust

The above depicts a brief outline of the organogram of the Trust. The Trust also consists of a secretariat which is the operational arm of the Trust. The head of the secretariat is the Chief Executive Officer (CEO) of the Trust. The CEO is appointed by the board of trustees and the latter consists of a CEO, operations manager, OVC coordinator and IT support (4 full time staff members). Other staff members include administrative support and an accountant (part time posts). The Trust has contractual relations with professional service providers. These include: IT software development; communications and marketing; events; fundraising and monitoring and evaluation.

In addition, the Trust has a platform for professional volunteers who serve on different advisory committees these include: technical; financial; human resources; marketing and OVC care cycle development committees. At present all of the above committees, with the exception of the finance committee are operational at one level or another. In some instances the committee at this stage consists of only one professional. The intent, however, is to grow each committee to a fully functioning operational arm of the Trust.

In terms of its operational capability the Trust is at present providing emergency relief on a monthly basis to a few hundred children. The Trust's practical interventions and support for their community-based partners can be summarised as follows:

Table:14 Recent list of the Trust's practical interventions.

<i>Community-based partner</i>	<i>Intervention provided by the Trust</i>
SA Cares for Life	MSOVC 1.0 implemented. Both SAP Business One and Windchill operational. SA Cares are a community-based organisation functioning at a national level reaching 3000 children.
Lefika La Botshabelo OVC Centre	After-school feeding programme in Stinkwater. Programme feeds more than 600 children 3 times a week. MSOVC 1.0 at early stages of implementation.
Berakah Educational Trust	Emergency food supplies provided on a monthly basis, feeding about 200 children at an after-care centre in Mamelodi. Berakah has also begun to market the "virtual adoption" concept.
Tshwelopele Step by Step	Emergency food supplies (weekly) for about 70 vulnerable children in Pretoria East.
Masvingo Children's Feeding Project	Feeding of about 39 orphans and vulnerable children at a feeding programme in Masvingo (Harare).
Thandanani Children's Foundation	Support for one functioning virtual family. The sponsorship extends over an 8 year period and is the most extensive example demonstrating the James Model's virtual sponsorship. Thandanani is based in Pietermaritzburg and is caring for about 3000 OVC.

### 5.2.3 Origins of the James 1:27 Trust

The James 1:27 Trust draws its mandate, name and inspiration from the biblical injunction found in the New Testament Book of James Chapter 1 verse 27, which states: "Pure and lasting religion in the sight of God our Father means that we must care for orphans and widows in their troubles, and refuse to let the world corrupt us" (Bible 1998:1235). The James 1:27 Trust was officially launched on 11 October 2004. The origins of the Trust can be traced to the inspiration of its founder who is the researcher of this study. The founder served as first secretary political at the South African Embassy in Paris from 1999 to 2003. As part of the work covered, the founder was responsible for bilateral cooperation in the field of Health and Social Development, with a particular focus on AIDS-related issues. He approached the work with particular personal commitment as he was at that time in remission for acute-myeloid leukaemia, a form of bone marrow cancer. He had already had chemotherapy and a stem cell rescue and was posted to Paris 6 months after the last round of treatment (Narrative Founder).

*"In a sense, I felt that my life was spared as a result of faith, good diagnostics, advanced treatment and a support network. During my posting to Paris, I developed a deep compassion and commitment to use my time in remission to contribute to the struggle against AIDS, and to use my role as a diplomat to make a difference. The long periods of hospitalization and exposure to other patients left me with a compassion for the dying. In particular I felt concern for children who had been orphaned. I was also struck with the fact that at no stage did I experience any stigma as a cancer sufferer, a position not shared by those who were dying of AIDS-related illnesses"* (Narrative Founder).

The founder felt that in finding solutions to present problems, past successes in history needed to be used as a point of reference. He thought that the success of the anti-apartheid movement internationally and nationally offered a good example of how to mobilize thousands of ordinary people. UK based International Defense in Aid Fund and Christian Action were two powerful organizations that modeled how networks of volunteers across the world could be matched with households in South Africa when adult caregivers were in prison or in exile, and in so doing the families in need were supported. As such, the founder felt that we already have within our

history a model of international solidarity. Contact with the South African Diaspora (South Africans living abroad) in France further encouraged the concept of people to people contact in the pursuit of building teams of supporters. He felt that these supporters could be mobilized in support of building a solidarity movement in support of children at risk (Narrative Founder).

He reasoned that in terms of the South African Diaspora, family links in South Africa already exist and can be used to build a national and international network base for sponsorship. The objective being to match virtual support teams with child-care-units (vulnerable-families) through community-based organizations. These sponsors would form clusters or teams which would have both national and international members, and in so doing create a type of extended virtual family to share the responsibility of caring for the affected children (Narrative Founder).

On his return from Paris in November 2002, a faith-based organization, Hearts of Compassion, offered to take this concept and help develop an operational model. It was from among this group that a decision was taken to brand the concept James 1:27 and register it as a Trust. There was a real debate about using a biblical reference in the name. Some felt it might detract from the scope of the organization's reach, which was beyond just the faith-based community. However, the scripture had been on the wall of the founder's office for a number of years and it was decided that it was part of the core identity or "DNA" of the organization. Hearts of Compassion then helped facilitate a broader stakeholder discussion forum that eventually drafted a project charter that formed the basis for the registration and launch of the Trust. The stakeholder group consisted of various interested parties: community and faith-based organizations; local community leaders and business representatives. The Project Charter was led by consultants from a South African IT company. The outcome of this was the official launch at the Hatfield Christian Church and blessing ceremony of the James 1:27 Trust on 11 October 2004 and the registration of the Trust with the Master of the High Court on 10 December 2004 (Narrative Founder).

In order to develop the technical specifications of the James Model, a national telecommunication provider was approached to sponsor some of their research and development engineers to assist in drafting what is termed a "user requirement specification" (URS) which



amounted to a document describing the functionalities that the Trust wanted to include in its Model. After many hours of volunteer service a URS was produced (Source document 1.1). Based on this URS a technical partner was sought. The James Trust believed they had found such a partner in an IT company located at the Innovation Hub in Pretoria. The company has housed the James 1:27 Trust's secretariat ever since and has funded the development of the James 1:27 Trust's technical model.

### **5.3 The James 1:27 Trust's model**

The James 1:27 Trust and its model can best be described in terms of the following eight core objectives:

**Core objective 1: To identify, through accredited community and faith-based partners, orphans and vulnerable children.**

In the second half of 2001 the founder was invited as a guest speaker to a fund-raising lunch in Oxford, England. The organizer was trying to raise funds for children orphaned as a result of AIDS. The net effect of researching information for the visit was that he had come to believe that the battle against HIV and AIDS in Africa is being lost. In response, he began to explore the possibility of what more could be done. He felt that the response to the OVC crisis would need to be scalable and able to multiply care to children at risk as well as be able to integrate government, business, civil society and ordinary public at local, provincial, national, regional, continental and global level. By breaking the paralysing ocean of orphan statistics into manageable individual households (caring units) and by sharing the identity, faces and stories of these children, an emotional link could be established between virtual sponsors and the children and in so doing, create a sustainable model. The founder also realised that for security and practical reasons, no direct contact should be allowed between the children and the sponsors and that all contact with the children be done through community-based organisations.

The intent was for the James 1:27 Trust to be an enabler of care-based organisations as opposed to being a direct provider of care. The reason for this is that it has taken many of the care-based

organisations decades to get to their current levels of operational capacity. Each community has its own socio-economic and political environment which requires knowledge and understanding. It was felt that it would be of strategic value to rather assist these organisations to increase their levels of care and numbers of children reached. An enabling model had to therefore be built which could service these care-based organisations. The idea was that various community and faith-based organisations active in the OVC domain, would accredit with the James 1:27 Trust. The selection of these partners would be based on their compliance with what is generally considered good practice principles. In this regard, a kind of informal quality management system could be developed. The system would assist institutions such as government departments who have the responsibility of renewing registration of credentials such as those of NPO (not for profit) and PBO (public benefit organisations) with monitoring and evaluation. The James 1:27 Trust then signs a Memorandum of Understanding with the partner organisation and undertakes to either install the James 1:27 Trust's management system for orphans and vulnerable children (MSOVC) within that organisation as a stand-alone system, or the James 1:27 Trust's Secretariat acts as a management service (using MSOVC) for the organisation.

The business model is based on selling user rights to MSOVC. If the care-based organisation purchases its own MSOVC, then the Trust will assist as a help desk, providing training and support. New research and development would obviously also flow to the care-based organization. This would be suitable for bigger organisations that already have an infrastructure to accommodate MSOVC. For smaller organisations the Trust's secretariat could act as a management service provider in which MSOVC is used as a platform (Source document 2.2).

The community-based organisation and faith-based organisation, using their own selection criteria, could then identify child-care-units (vulnerable-families). The children would be interviewed and their needs and priority concerns identified. A "care-cycle" and accompanying budget would also be developed for each household/family, thus acting as a type of individual development plan (Source document 12.2).

These vulnerable families are parked in a waiting system (priority listing in terms of vulnerability) from which they are then matched with sponsors that have been mobilised. These

sponsors are referred to as virtual support clusters or teams. These are intended to be both nationally and internationally recruited. Either the MSOVC host organisation or the James 1:27 Trust itself could be responsible for the mobilization of the sponsors.

As discussed earlier, the Trust is seen as an enabler, not a provider of care. The interviews with the key informants confirmed the role of the James 1:27 Trust as such, with responsibility resting on the CBO to provide care. *“The role of the James 1:27 Trust is to firstly develop the Model and then secondly to implement it. It is not the role of the James 1:27 Trust to provide care. The James 1:27 Trust is responsible to help the caregivers [CBOs] use the Model. It is the CBO that must provide the care”* (Informant 1).

**Core objective 2: To match these children within family-based care units with cyber sponsor cluster teams in order to constitute what is termed “virtual adoption”.**

*“If we accept our world as a global village which is well resourced, and that together we can share the surpluses we generate with children and families in need wherever they might live, then the challenge is to construct a connection and meeting place between the local and global villages. The local community, who have to care for the children, are linked with a virtual community, from the global village, who will provide the necessary critical funding to finance the needs of the children”* (Narrative Founder).

The James model relies on using existing social networks from which the virtual sponsor teams are mobilised. The objective is to target networks that have both a national and international base. These networks may include faith-based affiliations; community-based organisations; non-governmental organisations; academic institutions; professional associations etc (Narrative Founder). In order to protect the children involved, the contact with the cyber sponsors will be limited to the local organisations (CBO and FBO). The organisations are tasked with regularly reporting to the sponsors on the wellbeing of the children. This feedback will contribute to forming an emotional link, which will make the sponsorship sustainable (Narrative Founder).

The information society is significant in this regard, offering opportunity to tap into socially-aware individuals such as the anti-apartheid networks, in which the church played a significant role. The Diaspora (made up of South African emigrants) is potentially a significant source of support.

The James Model refers to “virtual adoption” as a form of a virtual extended family playing a supportive role to a local community and locally located legal guardian (adoptive or foster parent). The virtual sponsors provide supplementary support through the transfer of resources in the form of sponsored goods and services. This is seen as a kind of incentive to the local community to adopt or foster. This virtual sponsorship constitutes what the Trust refers to as “virtual adoption”. Their attempt at a definition is as follows: *“A form of sponsorship in which an individual, cluster or team of sponsors gets matched, through a community-based organisation, with a vulnerable family (a child care unit) and supports the adopting parent/s or foster care guardian/s in terms of the family-based care of the children entrusted to them”* (Narrative Founder).

The transfer of resources is managed through the vehicle of MSOVC. The “virtual adoption” is not legally binding and allows no enforceable rights of access or contact with the children. It is a means of creating a transfer of resources through the matching of the virtual sponsors with vulnerable-families which are referred to as child-care-units in the James Model (Source document 13.0).

The sponsors are matched with the child-care units (vulnerable-families) through the CBO. The virtual sponsors are composed of individual sponsors at both national and international level.

In terms of mobilizing the business community, the James Model encourages the focus of corporate social responsibility/investment to be more infrastructural and administrative based and for the corporation to try and mobilize and leverage its social networks (employees, clients, customers, shareholders) to form the virtual sponsor clusters/teams etc. (Source document 12.0).

*“The corporate world also offers unlimited scope. Employees can be mobilised and in so doing the emphasis of social corporate responsibility can include employee and other stakeholder (customers and clients, shareholders) involvement. An ideal situation would be where there can be a combination of a budget for corporate social investment (CSI) as well as the mobilization of employees in their personal (as sponsors) and professional capacity (as mentors and coaches) and in so doing transfer skills and technology”* (Narrative Founder).

The long term strategy is to match rate payers within a community tax system (ratepayers association) in which ratepayers voluntarily elect to become part of the “virtual adoption” (virtual sponsor) system. The tax could be referred to as the “James Tax”. The virtual clusters can be formed from a clustering of both city level sponsors as well as international sponsors. This is particularly innovative if one considers, for example, a city like Tshwane which has a smart city agreement with Olu, a City in Norway. Rate payers in both cities could be mobilized to form part of these virtual sponsor clusters. One can even attempt to match sponsors within geographical locations such as streets, suburbs etc. These virtual sponsor clusters are then matched through city level accredited CBOs and FBOs with vulnerable families (Source document 8.1).

Quotes from some of the key informants is instructive in this regard:

*“There needs to be awareness for the need to be less dependent on international donor assistance and corporate social investment and more dependent on individual sponsors, particularly in light of the recent economic crisis* (Informant 1). *“A fast changing world, with sponsors also changing. However children are there for the long haul and need long term sponsorship”* (Informant 2). *“Orphan care should be holistic within the community taking responsibility with children cared for within a family model”* (Informant 3).

Comment by another informant confirms the technology focus of the Trust: *“In comparison with other NGO's, [the Trust is] far more sophisticated. Its vision is to offer a technology driven solution”* (Informant 4).

An example is that of the narrative of a beneficiary who was introduced to the James 1:27 Trust through a faith-based organisation. The beneficiary was matched with a sponsor who has been supporting her since 2005.

The analysis of the narrative of the beneficiary illustrates how the Trust's core objectives are manifested in a real-life case. The narrative demonstrates how the beneficiary was introduced to the Trust through a faith-based organisation. Her selection was based on criteria followed by that organisation. The beneficiary was matched with a sponsor and has been supported for a period of 5-years. A separate group took responsibility to pray for her. This has been the case over a 3-year period. Concerning the concept of "virtual adoption", the story illustrates that the virtual sponsors were a cluster group as opposed to a team, in that its members, the financial sponsor and the prayer support team, had had no contact or knowledge of each other. After 5 years the sponsor cluster has also not grown and still consists of only one person. However, the respondent now has a full scholarship to repeat her grade 12 at a college in Pretoria. This has necessitated her relocation to Pretoria. Monthly costs now also include transport and accommodation. The day care costs have continued. The monthly care costs of R700 have now escalated to about R1100 per month excluding the FET costs of about R8000 per year. The budget for the FET have come from a separate education fund, thus illustrating how the model integrates service silos, such as education, with monthly food sponsorship that is matched and designated to specific vulnerable households such as that of the beneficiary. The fact that the beneficiary has had no contact with either her sponsor or prayer group confirms the model's policy guidelines that contact between sponsor and the vulnerable family is discouraged.

The narrative of the beneficiary confirms that sponsored food parcels and payments for day-care took place regularly. The Trust's financial system (SAP Business One) was used to manage all incoming funding and expenses. The system also produced for the sponsor a yearly tax exemption certificate. A monthly food parcel was sponsored over a 5-year period. It was considered to be secure in that the household took possession of the parcel. What the narrative highlights however, is that once delivered, the older brother sold some of the food in order to purchase drugs and therefore contradicts the assertion that the model can ensure a secure delivery of sponsored goods and services. Once delivered, the system is unable to ensure further security.

This problem identified by regular visits by the FBO representative and consequently the beneficiary was relocated to alternative accommodation. What the narrative highlights is that the beneficiary took responsibility for the situation and that she could rely on the FBO. The analysis of this narrative confirms that regular reports were not done by the FBO. The fact that the FBO representative was also a Trustee kept the Trust informed of developments concerning the beneficiary.

**Core objective 3: To use MSOVC (Management System for Orphans and vulnerable children) as a business information and management system to manage, within a life cycle approach, the holistic development and ministry of the children.**

*“The tools offered by the information, communication and technology environment make possible solutions to what have been intractable problems in the past. The question is how these tools can benefit the care of OVC in the context of a generalized HIV and AIDS epidemic”*  
(Narrative Founder).

The business community, in functioning and competing within a globalised world, has had to deal with concepts such as massification and multiplication. An enterprise, whether small, medium or large, when responding to needs to scale-up and increase (multiply) production, has had to deal with the management of complex business systems. The same is true for community-based organizations. In order for them to scale their delivery of services to children at risk they also have to deal with issues of multiplication. In this regard they face the limitations of their administration and delivery systems with regard to financial management, logistics, supply chain, inventory control and sponsor relations. If one has to introduce thousands of sponsors through the virtual adoption model, each requiring administration and reporting obligations, it would be an impossible task to administer the system without some innovative business information and management system (Source document 11.3). For example, Thandanani Children’s Foundation, who are well respected as a well-run CBO, after 15-years in the OVC field, are reaching about 3000 children out of a total, by their own estimation, of 50 000 children

at risk in their municipal area of greater Pietermaritzburg and surrounding areas (Informant 1).

In this regard, the James 1:27 Trust has developed what they refer to as the Trust's management system for orphans and vulnerable children (MSOVC), which essentially is a management platform that incorporates various business information management systems. MSOVC consists of a product life cycle management (PLM) tool, an enterprise resource planning (ERP) tool, a remote terminal (biometric scanners) and a talent management tool. Added to this is a business intelligence tool that allows for a dashboard of strategic information for management purposes. The dashboard refers to information that is compiled from various sources in order to assist in the decision making process of an organisation. What is still missing in MSOVC is a quality management system which would allow for the monitoring and evaluation of the services and care provided to the beneficiaries. The intention is for these tools to firstly function within their individual capability (MSOVC 1.0) and to then be integrated (MSOVC 2.0) and finally to be automated (MSOVC 3.0) (Source document 11.0).

The software solutions chosen for the James Model include SAP Business One as the enterprise resource planning (ERP) system, PTC's Windchill as the product life cycle (PLM) system, Talentek for the talent management system and the Sagem Morph 2 as potentially the remote terminal. The James Model's monitoring and evaluation tool has yet to be chosen (Source document 6.2).

Whatever information technology management system used will have to be able to scale. In this regard issues around integration between different software applications into an automated system, become relevant. At present the Trust is using different standalone software systems, each having enormous functional application. However they are doing different things and need to be able to "talk" to each other. For example a care intervention with a child has many possible, in terms of administration, implications. The following simple example illustrates the complexity of the process of providing extra English tuition for a child. Firstly, the tuition has to be budgeted for and included in the development strategy and plan for that child. Someone has to pay for the tuition fees and as such a sponsor designated to pay for that service has to be raised. The teacher providing the tuition has to be screened and selected and his/her



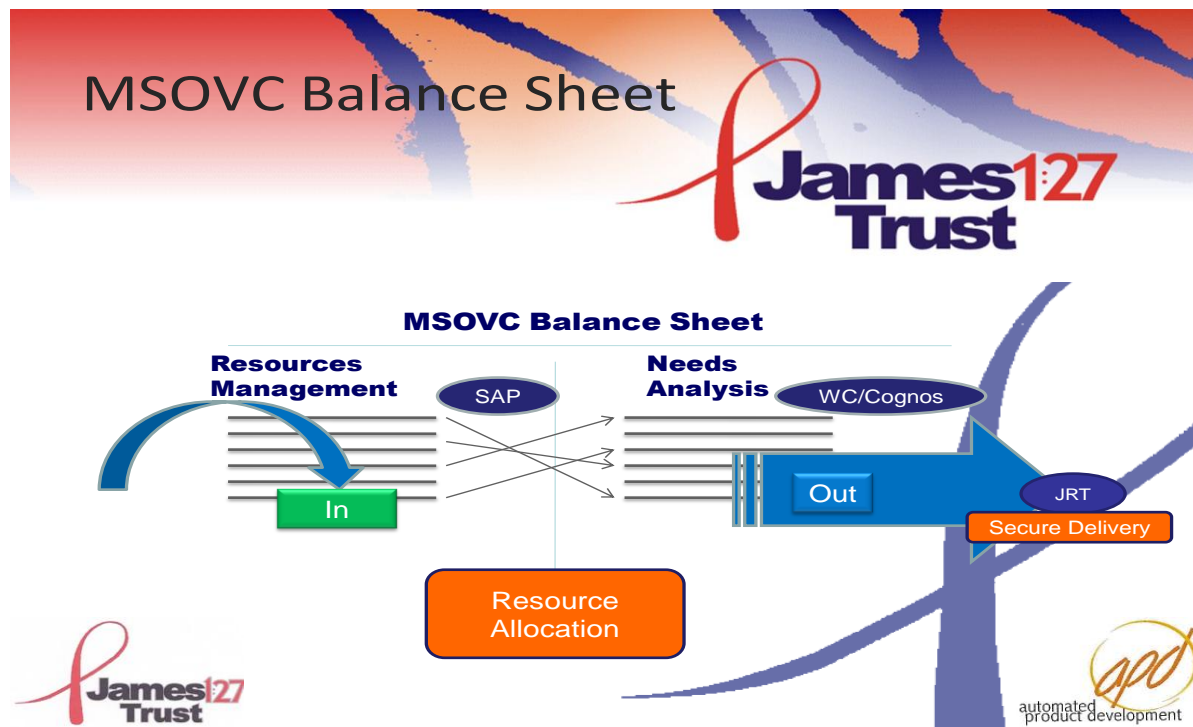
performance evaluated and monitored. The teacher has to provide a quote for the service, which has to be accepted. Terms and conditions have to apply. The child has to get to the venue and may need transport. A register and record has to be kept of the tuition attendance. The progress of the child has to be measured against performance at school. The teacher has to be paid and a report has at some stage to be written to the sponsor. In all of the above processes financial transactions occur and sponsored money designated for the child's English lessons comes in. It has to be matched against that particular household and against an education budget. It then has to be paid with appropriate receipts and invoices in place etc. There is also the whole documentation flow from gathering the CV and qualifications of the teacher to progress reports of the child. The above is a simple example of one single intervention for one child. Multiply this exponentially and then the need for the integration between the various management systems becomes apparent as does the need for automation<sup>21</sup>.

When thousands of individual sponsors are matched with thousands of family care units, automation of the management system will be essential. An added complication that the care-based organizations face is the scale at which they deliver this care. When we are dealing with thousands of children, we need to pay special attention to how we manage the changing needs of vulnerable children and what tools and methods we employ. *"The key being to manage by exception and therefore suitable IT systems become important"* (Source document 12.2).

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<sup>21</sup> The principle being to manage by exception with all processes and work flows worked out and regulated allowing for automation.

Figure 1: The MSOVC technical platform



(Source document 6.2)

The above diagram illustrates how a balance kind of balance sheet can be kept through the use of MSOVC. Resources coming in from sponsors are matched with expenses and costs resulting from the care of the beneficiaries with whom the sponsors have been matched. SAP Business One is the software system that manages the financial flows while Winchill (WC) manages all the data and documentation requirements. The latter refers to the management and administration of data recording, storage and verification control (change management). It also relates to security and access control and the ability to “mine” relevant data in terms of reports that are required. The James Remote Terminal (JRT) manages the secure delivery interface with the beneficiary.

## Life Cycle Management

*“The Product Life Cycle Management (PLM) solution chosen by the James 1:27 Trust is a product known as Windchill, which is a product used by Fortune 500 companies to manage the world’s most complex business systems” (Source 6.5).*

*“Windchill cost 1 billion US dollars to develop, why not use it? Furthermore if SAP runs 60% of corporate South Africa and most of the big municipalities, why not use their off the shelf ERP system, SAP Business One?” (Personal Narrative).*

Windchill is considered by the James 1:27 Trust to be more than able to provide the data management tool needed by the James Trust. It is also powerful enough to be able to scale (increase in scope and size). It has a federated capability to "speak" or "hold hands" with other potential databanks such as those belonging to Home Affairs, Social Development, Health, Education. It interfaces with a banking system and can track and automate the whole financial management of sponsored products and services. It has a forensic capability in that it records any data changes in the data and version control making for a very secure data management system. It also is web-based which means that it is suitable to working with many stakeholders nationally and internationally (Source document 12.2).

To quote the technical project manager of MSOVC: *"The Windchill PLM suite performs web centric data management, visualization, workflow and configuration management of product data from cradle to grave in a highly complex environment, whilst providing seamless, 3rd party interfacing in a federated architecture. The same Windchill PDMLink solution is suitable to managing the data of anything or anybody, not just products. From the James 127 perspective, orphan data and its changes over time, with the monthly record keeping of donations given and proof of disbursement to the end of the chain and the feedback to the donor, all require the disciplines of secure, web based access, data management, workflow and visualisation as well, just like complex products do"* (Source document 12.2).

*“In addition, people, attributes, documents and projects all mature and change over time. Seeing this maturing process in the form of a lifecycle is helpful to understanding how Windchill can manage this progression from concept to retirement. Windchill, the MSOVC pillar for documentation and data management, is more than a database or data manager. It is at its core, a lifecycle management system, as it understands the concept that everything has a lifecycle, and consequently manages everything as such”* (Source document 10.2).

*“Product lifecycle management (PLM) is the process of managing the entire lifecycle of a product from its original design and conception through to the manufacturing process, service delivery and actual disposal. PLM integrates people, data, processes and business systems and provides a product information backbone for companies and their extended enterprise. PLM provides a central system to manage information and provides communication throughout the entire lifecycle of a product” (Source 10.2).*

Some of PLM’s benefits include:

- Single source of data and documentation information/content.
- Complete product (service) definition and collaboration capabilities.
- Repeatable, end-to-end process support and automation.
- Secure, industry-standard internet architecture delivering a safe, high-performing technology platform.
- As an integral component of PTC’s Product Development System, Windchill manages all product content and business processes throughout the product lifecycle.

Figure 2: Windchill functionality



(Source document 6.2)

There are significant benefits when applying life cycle management into the OVC domain. Life cycle management enables an organisation to manage the individual and household development plan of children within a lifecycle philosophy. For example, at SA Cares for Life the children's development plan includes an emergency, holistic development and an independent phase. The emergency phase covers issues such as security and risks of abuse, shelter, food security, access to social security and access to schooling. The holistic development phase will include psycho-social support, life skills, cultural development etc. The independent phase includes various life skills, development and preparation for independent adult responsibility. Save the Children UK also have their own holistic development plan as do most of the CBO community. The James Model has created a technical platform in which these care interventions can be grouped within phases or care-cycles in which all the documentation and data is managed. MSOVC has at present more than 288 data attributes that can be used and populated by the different CBO users (Source document 11.0).

Different care-based organisations require different data. The Trust, after consultation with many care-based organisations, identified 288 possible data attributes. These range from age and gender to whether the home has access to electricity. Different organisations can therefore select which data attributes they would like to populate. The organisations also follow different care strategies. For example, some provide only for emergency relief such as food parcels while others facilitate a whole range of holistic development interventions. These are clustered and grouped according to their particular care menu. For instance, some organisations divide their care into categories such as food and nutrition, health, education, psycho-social support, financial resilience and safety and security etc.

The MSOVC databank can also be potentially linked to research units at universities as well as centres such as the Human Sciences Research Council (HSRC), Medical Research Council (MRC), National Research Foundation (NRF), as well as NGO umbrella organizations. The benefit being that should information be required, the data can be “mined” from a cross section of care-based organisations. This is particularly useful for policy research and development.

The analysis of the source documents of the Trust further highlighted that the issue of access to

what is considered confidential information by research and other units, is potentially problematic: *“There are a number of legal issues affecting the rights of the child that need to be carefully considered. There is a school of thought opposed to such databanks. The arguments vary from philosophical - in that stigmatisation can be further increased - to concerns for the administrative expenses involved. Some believe that by the time the databanks are developed they are already out dated. The counter-argument favours the benefits gained by individualising each child's rights and personalising their needs. The use of Windchill PLM allows for the secure management of data”* (Source document 5.2).

## **Enterprise Resource Planning**

While living in Paris and speaking to people about solidarity with orphans in Africa, the founder became convinced that enough goodwill existed to make a difference, but that the public was fatigued by concerns of high administration costs of charities and the risks of corruption. Ordinary people were prepared to give, but wanted to be sure that what they actually gave reached the intended beneficiary (Narrative Founder).

*“The problem in my mind became clearer. I realised that the issue was not money but rather secure transfer of support. A breakthrough came when a consultant at SAP, a large European financial consultancy agency, raised the potential of what the subscription method could bring to the charity world. Instead of transferring money to charities and beneficiaries, sponsors could purchase products and services directly. A product may be a food parcel and a service may be the payment to a caregiver for the care of a child or children. The direct payment could be audited as a stock control system and could verify the actual delivery. The sponsor could also choose exactly what service or product he or she wanted to purchase. Thus the concept of “designated giving” was introduced into the conceptual design of the James Model. A further breakthrough came during a dinner party with a French smart card manufacturer, where I was briefed on the potential of biometric and smartcard technology thus ensuring the secure transfer of sponsored services or products. The French invented smartcard technology and were looking for additional applications of the technology”* (Narrative Founder).

Armed with the above ideas, the founder looked at the sponsorship models of international charities like World Vision. In essence they had already pioneered the concept of matching sponsors with individual orphans or children in need. They all encouraged a debit order system where the money is transferred into a pool of funds from where the child being supported is funded. A certain percentage, which varied, was used for the administration costs. On reflecting on the above models, he felt we should move away from child sponsorship to household sponsorship. He also wanted to move away from the concept of selecting a child from a list of photographs and also wondered whether it would be possible to ensure that 100% of the sponsored amount actually goes to the beneficiary, and for the administrative costs to be funded in an alternative way (Narrative Founder).

In addition, the hope was to create a system where the financial flow from the sponsor (debit orders) to the actual payment of the sponsored service or product could be traceable (audited flow) and secure. It was envisaged that each stage of financial flow would have some automated signal indicating where the payment was in the system. The answer to the above wish list came in the form of data management software. It became evident in consultations with various ICT companies that a solution to the above challenges could be found. Informal discussions also opened the further possibility of using corporations to mobilise their employees in forming sponsor teams to sponsor vulnerable-families. Corporations could use their social responsibility budgets to transfer funds in order to assist in building an administrative infrastructure in which their employees could be mobilised. This may well involve technology transfer, as is the case with some of the IT partners of the Trust (Narrative Founder).

Figure 3: SAP Business One functionality



(Source document 6.11)

The selected Enterprise Resource Planning (ERP) system, SAP Business One, offers all the necessary modules (components) required for a Supply Chain Management System (SCM) that ensures full accountability of all financial transactions. This is governed by the setting up of a chart of accounts (financial set of records) in such a way that services to beneficiaries within the OVC domain could be managed in terms of allocation and applications of funds as pledged by the sponsors. The advantage of an ERP is that the organizations' accounting systems, financial management, logistics, operations, customer relations, procurement and provisioning (supply chain) are integrated into a single system (Source document 11.1).

One of the key informants had the following comment in response to ERP: *"Exciting! I see the result of coordinated activity also delivery being free from corruption and the children getting what is due to them as well as a coordination of all the role players"* (Informant 3)



## Remote Terminal Capability

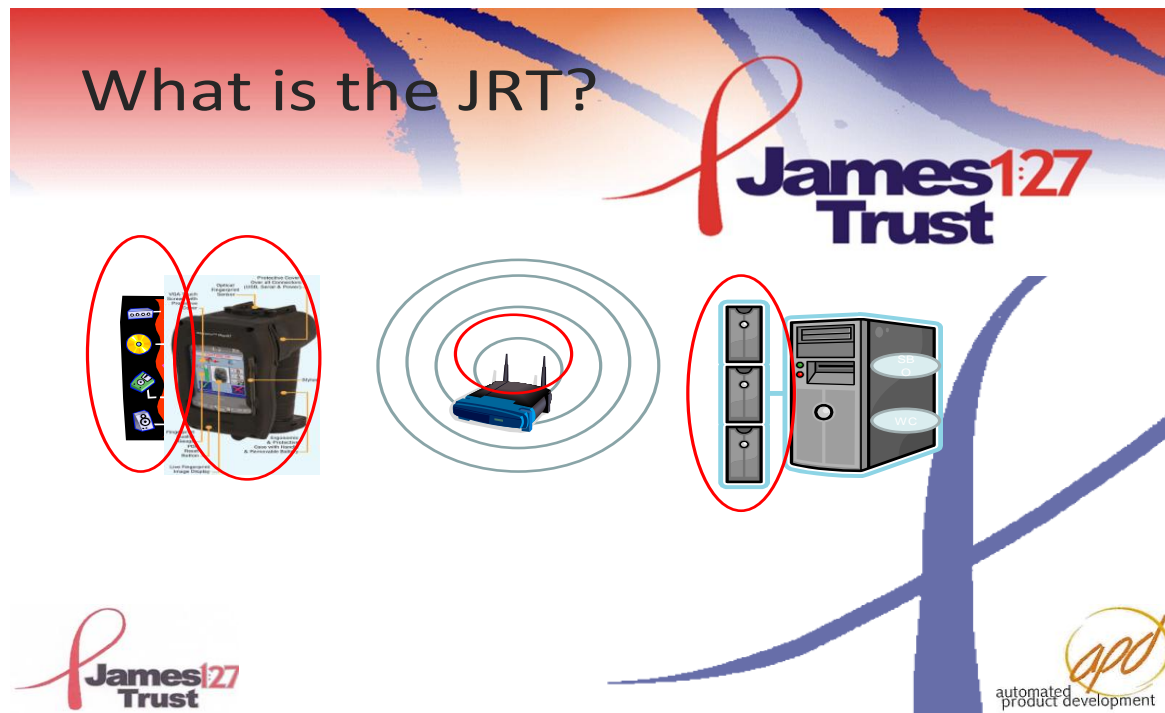
The aim of the James Remote Terminal (JRT) is to facilitate the frequency and accuracy of data capturing.

*“Both the frequency and accuracy of the data captured is problematic. Without accurate and up-to-date information, it is impossible to properly or efficiently cater for the needs in a community. What you don’t know, you can’t address. Add to this that most volunteers and social workers don’t like writing or filling out forms. This is part of the problem. We have found that even in some of the better CBOs, household data is only revised once a year. Another contributing factor to the data capturing problem is also due to the hard costs associated with data capture, that’s not to mention the admin avalanche caused by a higher frequency of capture. With our wireless James Remote Terminal (JRT) we aim to ease this process of data capture. Programmed with a simple, easy to follow info template, a volunteer follows predefined steps and makes selections from discreet sets of answers, to build a complete needs analysis of a specific household and the individuals that live there. Once complete, this info is wirelessly communicated to the MSOVC server for analysis by the CBO executive” (Source document 11.0).*

In terms of the model’s remote terminal capability (in this instance a portable hand held device that can be used to record data inputs), the Sagem Product Range is at present being considered. The objective of the James Remote Terminal (JRT) is to ensure remote including rural locations) data capture (for example names and contact details), secure identification of beneficiaries as well as the recording of distribution of services and products. All of these will improve the logistical capacity of the care-based organisation providing the service, as well as monitoring and evaluation, in order to ensure standards of delivery to the beneficiaries. Reliance in this regard is being placed on biometric technology (finger print) and wireless communication. The remote terminal will enable MSOVC to uniquely identify a recipient through their finger print and acknowledge secure delivery through recognition of the finger print, capture changes in descriptive attributes that relate to the beneficiary, such as that they may still not be receiving primary health. This information is to be used by a CBO head-office for follow-up purposes. The field workers of the particular organisation therefore use the remote terminal as a type of

portable office allowing them to select administration options in the performance of their service delivery to the beneficiary, which in this instance are the children. Using the JRT makes for a more paperless and efficient system (source document 11.0).

Figure 4: Functionality of the James Remote Terminal



(Source document 6.5)

The above diagram reflects how a portable biometric scanner is linked through a “general packet radio service (GPRS) system”, as used by most global systems for mobile communication (GSM). In other words, through mobile connectivity the remote terminal is connected and linked to a central data centre (server) such as the one hosted by the James 1:27 Trust at the Innovation Hub. The head-office of a particular CBO or FBO can then phone their own mobile device (remote data terminal) and download the data that has been captured. The hosting of the captured data on the server can have all the prerequisite levels of security needed.

At this stage of the development of the James 1:27 Trust’s model, the use of smartcards has been shelved. However, in documenting the development of the model it would seem that the idea of using smartcards was an important part of the conceptual development of the model.

*”It is planned that each family’s caregiver (normally eldest female child) will receive an identification smart card. Cards will have biometric identification (fingerprint) technology for verification. They will not be used for issuing cash, but instead as a token for transferring funds from the child to the service provider. Negotiations with the banks, supermarkets and other service providers are required in this regard. The smart card not only securely identifies the child receiving support, but also in the case of the distribution of a food parcel paid for by the sponsors, the card is able to register at both the bank and supermarket. This makes stock control secure and provides an independent verification that the food parcel has in fact been ordered and securely delivered to the right beneficiary. Information about every transaction will be recorded, traceable and verifiable to prevent fraudulent use by service providers or beneficiaries. An ability to achieve this objective will make for more effective marketing and mobilising of international sponsors” (Source document 5.2).*

The Trust believed at the time that its approach was a forerunner to what the Department of Home Affairs was doing as part of the HANIS project: a centralized Population Register database of South African citizens is kept by the Department of Home Affairs. This database maintains a life profile of each person by capturing the records and updating them on an on-going basis through what is termed The Population Register. In order to verify a person’s unique identity, biometric identification technology in the form of fingerprints is kept. This project is known as HANIS (Home Affairs National Identification System) (Source document 5.2).

*‘The [HANIS] system restricts persons to a single unique identity number, which will be used as a key to identify individuals on various systems within the Public and Private sectors. A Smart Card will allow three levels of verification to ensure that the person is who he/she claims to be. This verification service will be used extensively whenever an individual receives a government grant or other service. To this extent HANIS will ensure control within the pension payment system; unemployment and health system; and others. The Smart Card component ensures the verification (authentication) of an individual in any transaction, which may be required for future e-commerce: - It is hoped that in so doing private users (e.g. banks) can verify the identity of card users. The potential is for this card to be used by Departments such as Social*

*Development, in the payment of social grants. South African banks have indicated their support to participate in such a project. The payment application on the smart ID card will be used primarily for the payment of social grants such as pensions, UIF and for interest for the James Trust, the payment of child and foster care grants” (Source document 5.2).*

## **Talent Management**

Most community-based organisations rely on a mix of permanent, part time and volunteer staff. Added to this is a complex array of other players such as social workers, care mothers, cluster mothers and care workers.

Labour practice requires employees to sign performance agreements against which they have to be appraised (and as a result rewarded) and have their individual development plan updated. In order to provide professional services this principle should apply to volunteers as well. The latter also need a job description with measurable outcomes. While their reward may just be affirmation, this too is important. When one is managing a community-based organisation with large numbers of full-time, part-time and volunteer staff, this management process could become onerous. A failure to comply with these professional standards often results in poor leadership, mismanagement, and demotivated staff. Hence the need for talent management software.

The Talent Management software being considered by the James 1:27 Trust, is Success Factors, (a Talentek product) thus offering a unique opportunity for MSOVC to have within its ICT platform an additional HR software solution. Generally the software is suitable for a web-enabled environment in which geographical location becomes of minor consequence. A typical dashboard, similar to that of a vehicle (indicating when the fuel is low the car is going too fast etc.) will offer reporting capabilities which become important in managing donor expectations in addition to internal requirements. For example, all CBOs, like other organisations, need to manage their performance management and development system (PMDS). A PMDS item of a dashboard will give the CEO an indication of whether his organisation is financially in the red, yellow or green. Just the colour will tell her/him whether there is a potential problem. The business intelligence and management system to be selected by the Trust will manage the PMDS

flow of the particular CBO or FBO will provide a quick overview as to the state and condition of the efficient management of an organisation (Source document 12.1).

An interesting remark was made by one of the informants in this regard: *"Talent Management allows for not only looking at HR and staff performance but the management of children's talent as well, making them responsible and accountable in the community"* (Informant 3). This comment introduces the whole issue of talent management software being used in creating an individual development plan for each child. This is particularly relevant if one considers that a child status index (measuring vulnerability) needs to inform the child care plan. The care plan has the potential to emerge into an individual development plan not that dissimilar in concept to that of a performance appraisal, in which remedial and further development is introduced, as well as that of the concept of reward.

**Core Objective 4: To promote MSOVC as an enabler to scale existing levels of care to match the extent of the OVC crisis.**

There is general consensus that only a small percentage of children at risk are being reached by care organizations.

The need to scale was confirmed during the interviews with the key informants. The pattern in their responses was to estimate that only between 10% to 15% of children at risk are being cared for by care-based organisations.

*"While 15% is punted as the present levels of care by care-based organizations, I think the figure could be smaller - around 10%, not more than 20%. The target should be 30% in 5 years, and 60 - 80% longer term....Without MSOVC it's not possible for care-based organizations to scale.... After 20 years, Thandanani (a care-based organisation in Pietermaritzburg) is caring for about 3000 orphans and OVC's out of a need of 50 000 in the greater Pietermaritzburg area. I think it is impossible to reach this number of children without more sophisticated IT tools....It is a necessary tool for Thandanani to go the next level, therefore it is critical to stay involved. It is about mobilizing ordinary SA people who will get involved and will themselves become the*

*marketers. Involvement in development and involvement in rollout are two separate phases”* (Informant 1).

*“The National Institute for the Reformation of South Africa’s (NIRSA) consultation on the plight of orphans and vulnerable children confirmed for me the fact that only 15% of children at risk are being cared for by care-based organisations. I was also shocked that of the 1,5 million maternal orphans only about 1700 were adopted in one year. It made me realise that the new Child Care Act needs to include additional incentives to encourage adoption. I also realised that as presented in one paper, virtual adoption is an innovative possible solution to encouraging the local community to adopt and foster. The qualification, as always, was that direct contact not be allowed”* (Narrative Founder).

A further comment made by one of the informants confirms the general perception that only 15% of children at risk are being reached: *“I agree with NIRSA that only about 15% of children at risk are being cared for”* (Informant 3).

As a consequence, present levels of care need to be doubled and redoubled in order to match the scale of the problem. Care-based organizations find themselves with two main challenges in order to substantially scale care. The first relates to the source of funding and secondly the administrative platform to manage such an increase in funding and care responsibility (Source document 13.0).

The James Model addresses these concerns with two main innovative solutions. For the first challenge the Model advocates relying on social networks and their inherent resources as a means of increasing funding. In this regard they promote the concept of “virtual adoption”. The second challenge is addressed by using an ICT platform with business information and management systems and business intelligence tools incorporated into what the James 1:27 Trust refers to as MSOVC as discussed above under core objective 3 (Source document 12.1).

The concept of virtual adoption represents a fresh approach to dealing with the problem of scaling care to OVC. It is a form of sponsorship in which an individual, cluster or team of sponsors gets matched through a community-based organisation with a vulnerable family such as

a child-headed household with supplementary support flowing to the legal guardian, adopting parent/s or foster care guardian/s or primary care giver of the children entrusted to them.

The matching with OVC can be done on different levels. The virtual sponsors can be matched with individual children, households, clusters (group of households), and even a village, each constituting a care unit. The idea being that a care unit can be defined according to the structure being used by the care-based organisation. For example, World Vision's adopt-a-child is at an individual level (although they work as an organisation at all the levels); Thandanani Children's Foundation work at household level; SA Cares for Life works at a cluster level in which several households are grouped together under a single cluster mother; Tshwelopele Step by Step Ministry work at a village level. In the same vein it is therefore possible to cluster the virtual sponsors at individual, household, cluster or village level. This matching can in certain circumstances also be at institutional level with sponsored support flowing to places of shelter etc.

The term "virtual sponsor" comes from the online community. It goes beyond geographical contact and boundaries and is located in the information society - that virtual space where people interact through the internet and web. According to one of the informants: *"Virtual adoption is a buzzword and is needed. I like the word, it is fresh and modern and it is administered by virtual systems"* (Informant 2). While all the informants supported the concept of "virtual adoption", for one informant it was a reluctant acceptance: *"Not great from a traditional point of view but traditions are not working. We need innovative alternatives. The global village needs to be mobilised. In the traditional village everyone knows each other and is related. This is no longer the case"* (Informant 3).

**Core Objective 5: To comply with good practice and community development principles.**

The development of the James Model was influenced by existing models of care which contain elements of what is generally considered "good practice". During the NIRSA consultation that the Trust co-hosted, the Faith in Action strategies were used as a point of consensus among all

the CBOs and reflect a general point of convergence. These strategies, as depicted in Table 15 below, have influenced the James Model.

Table 15: Matching of Faith in Action's 12 strategies

Strategies	Core Objectives of the James 1:27 Trust
Focus on the most vulnerable children, not only those orphaned by HIV/AIDS	Core objective 2
Strengthen the capacity of families and communities to care for children	Core objective 2
Reduce stigma and discrimination	Core objective 5
Support HIV prevention and awareness, particularly among youth	Core objective 5 & 6
Strengthen the ability of caregivers and youth to earn livelihoods	Core objective 5 & 6
Provide material assistance to those who are too old or ill to work	Core objective 5 & 6
Ensure access to health care, life-saving medications, and home-based care	Core objective 5 & 6
Provide daycare and other support services that ease the burden on caregivers	Core objective 5 & 6
Support schools and ensure access to education, for girls as well as boys	Core objective 5 & 6
Support the psycho-social, as well as material, needs of children.	Core objective 5 & 6
Engage children and youth in the decisions that affect their lives	Core objective 5 & 6
Protect children from abuse, gender discrimination, and labor exploitation	Core objective 5

(Source: Faith in Action 2009)

The cluster care model as promoted by SA Cares for Life has also had a significant impact on the James Model. At first the James Model identified a single family-based care unit as its point of focus<sup>22</sup>. As a result of the cluster concept promoted by SA Cares, the James Model now also

<sup>22</sup> At present the James Model includes the following care units: a village, a cluster, a household and an individual.



covers the care of children in households which are clustered together with other households under the care of a single cluster mother.

The following Table identifies the areas of care provided for in a cluster model:

Services provided by Care Worker	Core Objectives of the James 1:27 Trust
Psycho-social support	Core objective 5 & 6
Assisting families to obtain ID and birth certificates	Core objective 6
Emotional Support	Core objective 6
Assisting families to obtain government grants	Core objective 6
Identifying children in need / danger	Core objective 1
Assisting families to utilize resources available	Core objective 5
Assisting families to manage money	Core objective 6
Assisting families to find or create job opportunities	Core objective 5 & 6
Assisting families in preparing children for crises situations (like the death of a parent)	Core objective 5 & 6
HIV Education	Core objective 5 & 6
Identifying orphan & vulnerable children	Core objective 1

Table 16: Cluster care services

Source: (www.sacares.co.za)

The Isibindi Model confirmed many of the good practice principles that the James Model promotes. In summary the main features of the Isibindi Model that are supported in the James Model include: family-based care; participative decision making and community development principles. Their focus on the youth, with priority attention given to child-headed households is also supported by the James Model.

The following Table identifies the key characteristics of the Isibindi model:

Elements of Isibindi Model	Core Objectives of the James 1:27 Trust
<ul style="list-style-type: none"> <li>The model incorporates and builds on the concept of family preservation and focuses on children and youth made vulnerable through the illness or death of one or both parents and which may result in their becoming part of child-headed households.</li> </ul>	Core objective 5
<ul style="list-style-type: none"> <li>It reflects an ecological perspective of the needs of vulnerable children. Trained child and youth care workers work in the life-space of children and youth in the community, using a developmental strengths-based approach. The intervention is expected to enable children and youth to acquire skills that will increase their competency in their living environment. The intervention will also facilitate emotional support to children and youth as they are prepared to adjust to an environment in which normalisation of the living context increasingly means the absence of one or both parents.</li> </ul>	Core objective 5
<ul style="list-style-type: none"> <li>Trained child and youth care workers work within the context of a developmental assessment and promote the experience of belonging, mastery, independence and generosity as a means to healthy development. All significant child and youth care work methodologies and approaches are incorporated in the model, including group processes, individual contacts, life space work, visits, referrals, support, relevant counselling, developmental assessments and planning.</li> </ul>	Core objective 5 & 6
<ul style="list-style-type: none"> <li>In this model, children and youth are the focus of services in the context of the family, extended family, neighbourhood and community with a service provider and/or the state acting as a protective mechanism.</li> </ul>	Core objective 5 & 6
<ul style="list-style-type: none"> <li>All processes and methods relevant to community development are incorporated in the model. Any risk experienced at the first level (of family), will be compensated for by a focused intervention which, while promoting interconnectedness of the family to the extended</li> </ul>	Core objective 5

family, neighbourhood and community will empower children and youth with life skills.	
• The training provided to child and youth care workers facilitates an understanding of the importance of contemporary communities in reversing the impact of challenges in the environment and children and youth internalising roles of impotence and inferiority.	Core objective 5 & 6
Focuses on facilitating, encouraging and developing a strong community-base and community involvement in healing the broken circles of young people. It encourages care-givers to recognise the resource potential within communities - including those of religious, social, business and educational institutions that can equip children and youth, to deal responsibly with the emotional, material and ecological hazards that they face as they watch parents become progressively ill and die.	Core objective 5 & 6
• The project terminates if the monitoring and evaluation processes show that it is not sustainable. Sustainability relates to all aspects of the project including the attaining of project goals, its acceptance by stakeholders, the adherence to the integrity of the model, as well as financial sustainability.	Core objective 5
• The model embodies inter-sectoral collaboration.	Core objective 5
• Child-headed households are considered a priority in the context of the project.	Core objective 1
• A child and youth care component made up of programmed intervention with individual families and/or a cluster of families by teams of trained child and youth care workers working under the leadership of a project manager doing life space work.	Core objective 6

Table 17: Characteristics of the Isibindi Model

Source: (www.naccw.org)

The above table illustrates an application of the Isibindi principles within the James Model. The Isibindi Model is a good example of distilled good practice from within the practitioners active

in the OVC domain.

The founder's meetings with Médecins sans Frontières (Doctors without borders) who are doing pioneer ARV work on the Cape Flats, cautioned that any model involving sponsorship for children will need to ensure that a legal framework exists in which children's rights are protected. They cautioned against allowing contact between the cyber sponsors and the sponsored children. By limiting the expectations on both sides, the sustainability of the support can be protected (Narrative Founder).

The James Model was also informed through a French church leader involved in the anti-apartheid struggle who argued against allowing direct communication between the children and their sponsors. From his experience he found that the relationship was not equal in terms of power. As such great potential existed for manipulation, leading to eventual disappointment and a souring in the relationship (Narrative Founder).

Furthermore, the use of cyber and internet access also increases the risks of child trafficking and exposure to pedophiles. As such, care needs to be taken to ensure that the cyber sponsor teams don't have direct contact with the children. The contact must be done through reports done by the CBOs and posted as an electronic update that only the sponsor can read. The personal details of the children are also protected (Narrative Founder).

The James Model was also informed by the influence of Thandanani Children's Foundation and their research on OVC care. In many ways Thandanani pioneered good practice in the OVC domain. They have more than two decades of experience in OVC care within the context of community development.

*"The James model was inspired by Thandanani with the James model using much of Thandanani's community development approach to caring for OVC"* (Narrative Founder).

Given that good practice exists and is relatively identifiable, the James 1:27 Trust has built these expectations into the selection of their CBO and FBO partners. These expectations are also

reflected in the Memorandum of Understanding that they sign with their CBO partners (Source 10.1). These good practice principles relate to policy guidelines as set out by the Department of Social Development (Source document 14.0).

Consequently the Trust promotes the principle that the CBO is the source of contact with the children. CBOs and FBOs make the selection of children through their own criteria, administer care and report on the children's development. The objective of this is to care for the children within a community-located and owned approach. The local community have the historical and cultural background, know local conditions and have a sense of political savvy and intelligence (information) concerning what is happening in the community. The objective of community development is that while selected children benefit from care, the community must also derive benefit. The general practice is to separate interventions into three phases: emergency, rehabilitation and development<sup>23</sup> (Source document 12.1).

All the informants supported the fact that the model does not allow direct contact between the sponsors and the children. *"Children need to take on the identity of their own community. We don't want them to identify with the sponsor but with their own community. The children must not feel themselves being bought by food"* (Informant 3). This viewpoint questions whether the contact will be inherently more negative than positive. *"While both Secours Catholique and Médecins Sans Frontières argued against allowing direct contact between sponsors and beneficiaries (children at risk), it was a catholic priest involved in community development work who convinced me that allowing contact puts an expiry date on the support in that in time relations will sour as a result of neither side being able to manage expectations. That is not to mention all the child protection and privacy issues as well as the impossible task of managing supervised visits"* (Narrative Founder).

**Core Objective 6: To provide a menu driven list of sponsored services to the above teams.**

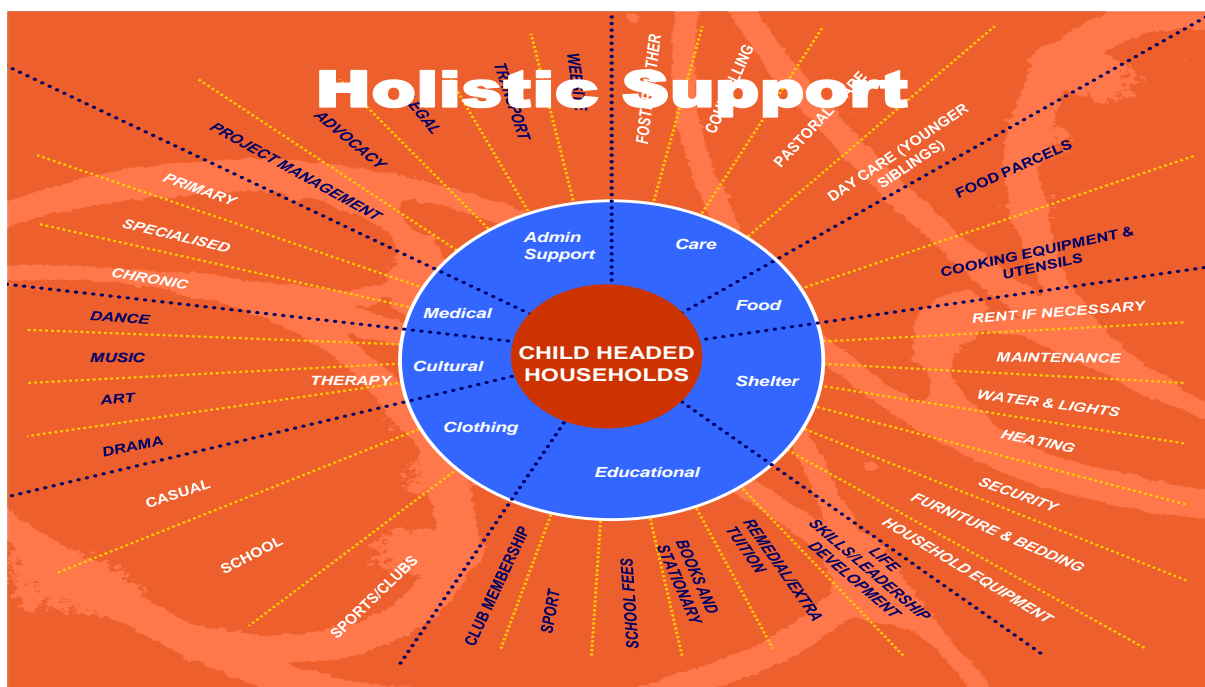
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<sup>23</sup> In essence emergency relief is an immediate response in which the focus is on relieving the danger and immediate risks in the situation. Rehabilitation deals with healing the wounds and restoring autonomous functionality. Development deals with holistic care within a community located paradigm that is sustainable and capable of delivering independence as opposed to creating a dependency situation.

Once children have been identified by the CBO in terms of their vulnerability, using assessment tools such as the child status index, a care plan is developed. The plan is intended to be a holistic development plan, from which a budget is then compiled. The development plan and budget form what is termed a “care cycle”. All relevant documentation and data relating to the development plan of the children is attached to the “life cycle”. The life cycle reflects the process and sequencing of services and delivery of care in which the needs of the children are then matched with sponsored resources. A care and life cycle approach allows for age appropriate interventions and support.

The life cycle is also sequenced according to the approach of each CBO. For example, SA Cares for Life separates their interventions into an emergency phase and a holistic development and independence phase. The emergency phase relates primarily to safety, shelter and food security, while the holistic development phase refers to a whole range of psycho-social and educational interventions and support. The independence phase deals with life skills and the preparation for adult life and responsibility. The life cycle philosophy takes away the unrealistic concept of support terminating when the child reaches the age of 18 and introduces a calibrated approach of support in which the scale of support moves from high levels of dependence to independence (Source document 11.0).

Figure 5: Example of the kinds of support promoted by the James Model



(Source document 6.2)

The above diagram locates the vulnerable household in the centre of the care-cycle. The main needs of the children are clustered and grouped into specific interventions and options for support. These are based on the identifiable needs of the children which are indicated by the children themselves through a participative decision making process.

The following extract taken from the narrative of the beneficiary illustrates the importance of addressing their needs: *“And hoping that one of the good days when [I] am working [I] am going to help other orphans like they helped me to reach where I am today and share, experience with them and tell them that no matter what everybody says always remember that education come first”* (Narrative of beneficiary).

*“Funding for the care and support comes from the cyber sponsors. The sponsorship includes payment for food, shelter, clothing, education, medical and other care. In following a subscription method, an attempt is made to reduce the exchange of money. Given that the problem for concerned residents in the global village is not money but rather the secure transfer of funds, advances in smart-card and biometric technology have made it possible to ensure a*

*secure transfer from the sponsor to the child-headed household being supported”* (Narrative Founder).

The concept of care-cycles<sup>24</sup> allows for different sources of funding to be integrated and coordinated into the individual development plans of each child-care unit. The resources required and referred to, could come from a combination of state, business and civil society sources. The state could provide resources in that access of services are provided for by the Departments of Social Development (social security and various psycho-social services), Health (free access to primary health care) Education (access to free schooling in certain circumstances) and Home Affairs (access to documentation such as identification documents, birth and death certificates etc.) as well as through local government services, such as access to a free quota of water and electricity etc. Business could provide resources in that many corporate social investment budgets could be allocated to the care of children at risk. Some funds could be designated for food security while others for educational support etc. Civil society could contribute resources in that many ordinary citizens could be paying for the monthly support of vulnerable children (source document 10.3). The intention is to develop young adults capable of sustaining an independent life through the above sources of support.

In addition, there is a whole range of international foundations and international government development and donor agencies involved. The most significant of these in the OVC domain is the USAID’s PEPFAR (President’s Emergency Plan for Aids Relief), which is playing a significant role in the HIV and AIDS domain (source document 11.3).

In terms of civil society and virtual sponsors, the intent is to cluster these sponsors into a system in which they are matched with the family-based care units through CBOs. The matching is essential in that it provides the emotional link for long term sustainability of support. The clustering is also useful in that the provision of sponsorship is shared among a group of supporters. For example, each sponsor can give about R150 per month, the clustering of which can add up to a family care unit budget of a few thousand rand. As the needs for the family grow,

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<sup>24</sup> Care cycles relate to breaking up the development interventions for the children into specific phases from where they are more effectively managed and administered.



so too can the number of cluster sponsors. If one sponsor falls away the impact is not as devastating. The children's development strategy can also extend beyond 18 years and can include support for young adults involved in tertiary education. This offers opportunity for micro-credit and loans, an area in which organizations such as KIVA are doing amazing work. Within 5 years they have been lending over 100 million dollars in the developing world with about 98% return ([www.kiva.org](http://www.kiva.org)).

The inspiration for mobilizing small amounts from a large number of people came from contact which the founder had with France's civil society which made him realise the value of mobilising small amounts of money from large numbers of the public. A French AIDS NGO, Ensemble Contre la Sida, demonstrated how they raised millions of Euros from the public through thousands of people giving small amounts. From experience they discovered that those who make monthly donations to charity are willing to make a monthly donation of about 15 Euros/R150 per month (Narrative Founder).

The sponsors are regarded as social investors who select to either sponsor a child-care-unit (vulnerable family) or a particular service or sponsored product. The principle is that the sponsor is offered a choice and given a "menu" of sponsored goods and services from which to choose. If they select to be matched with a family, their monthly contributions go towards the budget of the care-cycle of each family. If they select to be matched with a service (such as additional tuition, psycho-social support etc.) or product (food parcels etc.) their funds go into a silo from which many families are supported. Monthly contributions from each sponsor are intended to be about R150. An efficient debit order system administers the contributions (Source document 12.2).

*"Shopping in Europe made me aware of the notion of going green, buying organic, and sourcing free trade products. This made me realise that sponsors of children at risk also need choice"* (Narrative Founder).

**Core Objective 7: To ensure designated and secure delivery of services.**

A hallmark of the James Model is that the amount sponsored is used exclusively for its designated purpose. There is no administrative skimming. Administrative costs are covered from a different funding strategy. The technology employed also ensures a secure delivery as was illustrated above. The perceived problem is not money and generosity of spirit, but a rather lack of confidence in the actual use and allocation of the money. There is a general concern as to whether the beneficiaries actually receive the sponsorship. In this regard, the James 1:27 Trust has access to portable biometric scanners which are intended for identification purposes in order to ensure secure delivery (source document 12.2).

*“Paris gave me some important sources of the DNA that constitutes what is referred to as MSOVC. SAP Paris gave me the idea of subscription of sponsored goods and services. Just as one subscribes to a weekly newspaper one can subscribe to a food parcel....A friend over dinner inspired me with the idea that the problem is not money but secure transfer, solve this problem and the nut can be broken....technology holds the key....this led to SAGEM’s biometric technology informing the introduction of the James remote terminal....”* (Personal Narrative).

**Core Objective 8: To sustain sponsorship through periodic progress reports.**

This includes responding to reporting requirements as each individual sponsor requires feedback. The reporting is generally done by the social worker and/or child care worker and acts as a kind of an update on the progress of the children. This report is then loaded onto the website of the Trust and through the MSOVC interface it can be securely accessed by the sponsors. The progress reports help ensure an emotional link for the sponsors of the children that they sponsor. The details of their lives, hardships and challenges that they face as documented and reported on, makes for the emotional context. This facilitates sustainable support in that once the sponsors care and are concerned about the children, they tend to remain long term supporters. Direct contact however, between the children and sponsors is discouraged.

Extracts from the beneficiary’s narrative provide evidence of the power of personal narrative in building an emotional link between the sponsor and the children without them having to have direct contact with the sponsor: It also highlights the emotional context in which the children are having to cope: *“But she was doing this to us because we were little children and couldn't stand*

*up for ourselves.... I think that what made my brother smoke glue was that he was leaving [living] under pressure of my grandmother, maybe he thought that if he smoke glue all the problems would go away, but he thought wrong my grandmother was still behind his back... before his mother died, she told my mother that she must take her son and raise him well with love because she is leaving this world and she go to the new world were she won't die no more....The reason that my mother got sick was that her baby boy died on the 8th of January in 2004 so my mother couldn't handle the death of her son, so my mother passed away on December and she was buried on 2004.12.04 on Saturday. The day we were burying my mother, my sister wasn't there she was at the hospital, she just had rush all over her body than we took her to hospital and the week we have sent my sister to the hospital was the week when we were burying my mother....then on Friday after the burial of my mother my sister passed away ... after all the funeral my family were fighting for my mothers propertie .... then my family told my stepfather to move out of his own home....After they have chased my stepfather away, they took all the blankets and comfort and we were left with nothing and if I call them and tell them that I want something, they would tell me that those things doesn't belong to you and that person was not your mother they would say that that they have found me on the street that I should go and look for my mother and father....that in life opportunity only comes once and when it comes once and it comes dont let it go just hold on it.....he [her brother] would tell his friend to give him money not much just money that can buy give and they can sleep with me but it never happened because I was hiding myself were they cannot found me. Leaving [living] with a persons who sells you is not save [safe]” (Narrative beneficiary).*

#### **5.4 The way forward**

To date, the Trust has built its business model around two main strategies. The first is to develop the Trust's own MSOVC capability. The Trust's secretariat will be able to offer community and faith-based partners in the OVC domain professional services in order to manage and administer an MSOVC service. The second is to implement a stand-alone MSOVC system for the organisation. The Trust together with the organisation will collaborate in getting funding for the implementation. A standard implementation involves scoping and developing a user care requirement for a user adoption for SAP Business One, Windchill, the talent management system

and or the James Remote Terminal (which should be operational by October 2010). Each of the software tools selected require licenses for each user as well as annual maintenance agreements and training and support from a help desk. The latter is normally in the form of a service agreement. In order to cover the costs of these licenses and service agreements, the Trust has registered with the Receiver of Revenue (SARS) and enjoys benefits under section 18 (A) of the Income Tax Act 58 of 1962. The benefits include the right of issuing a certificate allowing for a tax right-off of donations up to the value of 10% of taxable income. This has had considerable implications for IT companies such as SAP, PTC and Sagem. In terms of the pilot site for MSOVC, SA Cares for Life has been selected. At present SAP Business One and Windchill have been installed for them. The full MSOVC roll-out is expected to be completed during the course of 2010. The Trust has several other CBO and FBO partners with whom it is collaborating. In order for the MSOVC product to be further developed, maintained and deployed, it would be necessary to establish at the Trust Secretariat a help desk and service centre that can oversee all interfaces and support to users of the system.

An outcome of the key informant interviews was that not all the technical detail of the model was understood by all the informants. Levels of knowledge on the technology part of the model varied. The term MSOVC was also not consistently used. There was however consensus on the extent of the OVC crisis and its link to the HIV and AIDS epidemic. There was also consensus that present levels of OVC care are not more than 15%, and that as a result levels of care have to dramatically scale. In this regard the James Model was accepted as a necessary and innovative response. The need for a technology driven solution was accepted. What was surprising was that not all the informants were positive about the concept of “virtual adoption”. The use of the word was positively considered by informants 1, 3 and 4 but negatively viewed by informant 2. The latter, however, admitted that traditions had changed and innovations such as “virtual adoption” was necessary. The qualifying rider by all informants was that direct contact between virtual sponsors and the children should be prohibited. The other surprising pattern that emerged from the key informant interviews was that all four informants felt that the James 1:27 Trust was not to preoccupy itself with providing care for children in need but that it was to focus on building the James Model as an enabler to CBOs in order for them to provide the delivery of care. While this view was to be expected from the two leaders of CBOs, it was a surprise coming from the

two Trustees.

There was also consensus that the James 1:27 Trust's main priority was the development of the James Model, after which it was to focus on implementation and roll-out. Concerns around sustainable funding in this regard were raised by all of the four informants. On the whole, the key informant interviews confirmed that there was very little variance in the meaning attached to the core objectives by the informants and that these were consistent with those of the founder as evidenced from his personal narrative.

## **5.5 Strengths and weaknesses of the James 1:27 Trust and its model**

A major strength of the Trust and its model, as evidenced throughout the study, is its technology base. The leveraging of business information management systems is a significant migration from the business community to civil society and can be considered a social innovation project. The inclusion into the model of the good practice as experienced within the OVC domain is also recognisable. The guiding principles of the model from child protection issues right through to family-based care, falls all within the UN and international NGO as well as government policy and recommendations. In terms of the Trust and its model's strengths and weaknesses, the study seems to confirm that the strengths can be clustered around the technological and conceptual development and social innovation of the model. It addresses the key issues of a need for care-based organisations to scale by introducing virtual support and adoption and by demonstrating how IT can be used to manage and administer such support. The targets of increasing care from 15% to 60% now become more realistic.

The weaknesses relate, as evidenced in the narrative of the beneficiary, to some of the operational aspects of the functioning of the Trust's secretariat. In addition, while the Trust has evidence of virtual and cluster adoption, it is at this stage on a small scale and the potential challenges associated have yet to be identified. Issues of sustainability remain an area of concern, particularly for the informants. While the study identified the mobilisation of social networks in order to leverage more resources in support of orphans and vulnerable children, the model does not deal with practically how this will be done, although some references to the migration of

corporate social investment (CSI) to its stakeholders and people, was given in the study.

## **5.6 Conclusion**

The chapter has described the James 1:27 Trust and its model as a response to the OVC crisis and covered the origins and purpose of the Trust. It has described the mandate, vision and core objectives. The narrative of a beneficiary was used to illustrate a practical real life application of the work of the Trust. The narrative of the founder was used to provide more intimate detail and to highlight some of the critical incidents that contributed towards the Trust and its model's development. The themes and patterns that emerged from the key informant interviews were used to add additional perspectives into how the core objectives are perceived. The purpose of this chapter was to highlight the identity and character of the Trust and its social actors.

In terms of the overall perception, it would seem that the Trust is well placed at the Innovation Hub in Pretoria to play its role within the OVC domain as a social innovator, introducing a model in which multiplication of care is possible, the management of which will necessitate a reliance on business information and management systems. While each will bring their own challenges, the extent of the problem and the opportunity that the information society offers makes for an inevitable path to follow.

## **CHAPTER 6: CONCLUSION AND RECOMMENDATIONS**

### **6.1 Introduction**

This chapter concludes the study and provides a summary of the research findings. It considers some of the limitations of the study and makes some suggestions for future research as well as some recommendations concerning policy and practice.

The stated purpose of this research was to study the James 1:27 Trust and its model from a sociological perspective. The objectives of the research were to identify the Trust and its model's core objectives. The study also aimed to examine what is considered socially innovative about the Trust and its model and how they relate to the theoretical construct of social capital.

### **6.2 Summary of research findings**

The research has distilled what can be considered the key assumptions upon which the core objectives of the James 1:27 Trust and its model are based. These assumptions are discussed in this section and can be said to reflect a summary of the research findings.

#### **6.2.1 Continued proliferation of orphans and vulnerable children expected.**

As a result of the HIV and AIDS pandemic, there is a general proliferation of orphans and vulnerable children throughout sub-Saharan Africa. Estimates indicate that there are more than 12 million children that have been orphaned, with millions more living with sick parents. In South Africa alone, estimates in 2008 confirmed that there are more than 1,5 million maternal orphans and many more children that are considered vulnerable. As pointed out in chapter 2, care-based organizations are reaching only 15% of children at risk and a dramatic increase in levels of care is needed. A recent target set at a national consultation, generally referred to as the NIRSA consultation, which was co-hosted by the James 1:27 Trust, indicated that at least 60% of children at risk need to be reached. This means that existing levels of care need to double and redouble within the next ten years. This is not possible without substantive social innovation

within the OVC domain. The innovation relates to both the provision of increased sponsorship and resources to the management and administration thereof. In addition, the management system needs to allow for more efficient and effective access to social security and other state benefits.

### **6.2.2 Consequences of increased levels of OVC deemed catastrophic**

As emphasised in chapter 2, the socio-economic impact of the epidemic has had devastating consequences at all levels of society, the most tragic of which has been the proliferation of orphans and vulnerable children. The phenomenon of an orphan is very un-African in the sense that the extended family has always absorbed orphaned children. Present levels of poverty and the scale of the problem have, however, eroded the capacity of the extended family to manage the added levels of responsibility to care for the affected children. In many instances the extended family itself is in the process of disintegration. Research confirms that new ways of coping, beyond the traditional method, are now needed. The alternative of children caring for themselves in child-headed households in which children assume a caring responsibility for their younger siblings and as a result find themselves in roles of responsibility that they are unprepared for, with little access to resources, is generally considered unacceptable.

Issues of abuse, neglect, forced exclusion from education and recruitment into unlawful labour practice (child labour), as well as early entry into sexual contact, make for a catastrophic situation. In many instances, children affected by HIV and AIDS in these circumstances, are themselves more prone to risk of infection.

### **6.2.3 Good practice exists and is identifiable**

It is encouraging that consensus exists at international and national level as to what constitutes good practice in the care of OVC. The most important principles in this regard can be summarised as follows: all decisions concerning children must be made in the best interests of the child; children's rights are to be protected; decisions regarding children must be made in consultation with the children; the care of children should take place within family-based care



units as opposed to institutional care; community development principles need to apply; interventions should take place within a holistic development approach and adequate monitoring and evaluation should be adhered to.

The United Nations Human Rights Council has published guidelines in this regard (UNGA Human Rights Council 2009:3). The James 1:27 Trust and its model are based on these principles. The Trust's reliance on the conventions on the rights of the child also create an important structure in which the Trust is able to relate to a whole host of stakeholders, with the child rights language being the common meeting place. This is an important finding in the research in that the James Model has the potential for multiplication. As such, its alignment to good practice principles is therefore crucial.

As discussed in chapter 5, the Trust promotes family-based care through the strengthening of the household care unit. If at all possible, children are kept in their homes together. Community development principles relate to the Trust working with community partners where local champions and owners of OVC work are located. These partners subscribe to community development principles themselves. They work together with the stakeholders in the community through child care forums and other structures in which there is participative decision making, involving as broad a stakeholder group as possible. Local councillors, social workers, teachers and principals, church leaders, police, primary health care and other community located workers are all mobilized. The idea is to coordinate the interventions in order to promote sustainability of the project. The input and participation of the children themselves remain cardinal. A holistic development approach is promoted by the Trust in that the interventions regarding the children are seen through as integrated and as comprehensive an approach as possible.

#### **6.2.4 State must fulfil its obligations**

While the care of children is located within communities, the state must fulfil its obligations in terms of its international, constitutional and legal obligations. The research found, as discussed in chapter 2, that while policy and legislative frameworks were adequate, a gap existed in terms of their application. Evidence indicates that although present levels of foster care and child care

grants are increasing and are making a substantive contribution to poverty relief, backlogs in foster care applications and a shortage of social workers to process applications are frustrating the system. Levels of adoption are also insignificant. A greater collaborative effort is needed between civil society and government at different levels, in order to streamline the implementation of government policies.

However, the 33% increase in the South African government budget allocation as a response to the HIV and AIDS epidemic, will more than double the number of people on antiretroviral treatment. This access should delay orphan-hood in many instances. The increase in the age limit to 18 years for qualification for child support grants is also a welcome step. The government's response, as indicated above and set out in the NSP, is a blend of the biomedical and developmental approaches to dealing with the HIV and AIDS epidemic, both of which, it is argued by the researcher, are important.

#### **6.2.5 Present scale and level of OVC is too large for the local community to cope**

The traditional African belief system claims that it takes a village to grow a child. While the local "village" (community) offers unique opportunity for the care of OVC within the paradigm of community-based care and development, the pressures on households and extended family units created by present levels of HIV and AIDS infection and levels of morbidity, have overwhelmed the local community. While efforts at community level are to be encouraged, the question that arises concerns the role of the global village. The James 1:27 Trust has argued that if it takes a village to grow a child, why must this be limited to only the local village? The Trusts asks whether or not the global village is also responsible, and if so, to what extent should it share responsibility for the care of children at risk?

If one takes present levels of care to be reaching only 15% of children at risk and if one agrees with researchers that the community is already overwhelmed with the problem, then the issue of mobilizing the global village, with all its risks and drawbacks, becomes necessary.

### **6.2.6 Global village needs to share responsibility and transfer resources**

In terms of this study, the model of the James 1:27 Trust is an example of a social innovation project in which information communication technology is used as a platform from which to leverage social capital in order to link the two villages (local and global villages) and to transfer resources to the OVC domain. The case study highlights how the James Model is designed as an enabler for the scaling of care and leveraging of social capital. Given the interconnectedness of our global society, how resources at a broader global and macro level can also be mobilised, needs to be addressed. A quantum leap in approach and leadership is therefore needed. Policies and strategies also need to be mobilised using a multi-sectoral approach, promoting interventions and solutions that are not only holistic in application but sustainable in terms of resources.

In terms of who needs to take responsibility, the findings of the research indicate that it is a greater partnership of stakeholders (government, business, civil society) that is needed. The local and the global village must together ensure adequate caring and sharing of what each has to offer. Cooperation may allow for the holistic development of each child through the leveraging of both villages' spiritual, social, human, cultural and financial capital. The social capital inherent in the local church, faith and community-based organisations as well as within national, regional and international associations, alliances, networks and structures offers strategic resources in building a multi-sectoral response to the pandemic. It is in this context that the James Model, as described and analysed in chapter 5, hopes to make a contribution. The James Model illustrates how this bringing together of the local and the global villages can offer a possible technological breakthrough regarding scaling-up levels of care and support for OVC. It is a response to the fundamental need to source resources. Some of the possibilities the James Model offers are: matching of sponsors with beneficiaries; allowing sponsors a menu of different services and products to sponsor; ensuring the secure delivery of the sponsored goods and services; administering the sponsored resources within a care cycle in which holistic development within community development principles are practiced; ensuring that the children's best interests are of primary concern and that they are kept within family-based care units and that regular reports on their development and progress are provided to the sponsors.

### **6.2.7 Information society offers unique opportunity**

The discussion of the James Model provided in chapter 5 illustrated that the potential exists to connect those in need (OVC) with those well-resourced, in the context of an information society, through the use of sophisticated ICT and the mobilisation of virtual social networks. In terms of the James Model, networks refer to professional associations (e.g. medical specialists), educational institutions (secondary and tertiary educational institutions), social networks (faith – based groupings, sporting association, social benefit associations such as Rotary and Lions etc). As discussed in chapter 5, the Trust’s long term goal is to mobilize communities worldwide through their local municipal authority. When paying their community taxes, citizens can elect to contribute towards a type of “OVC” tax which is then through the MSOVC type system matched and then designated to an individual child-care unit. This is a kind of World Bank project.

The “virtual” component of the James Model just means that the social network is held together through the worldwide web with participants connected through the internet with each other. Social network sites such as Facebook are a valuable source of mobilization. These contacts can then be plugged into supporting the children.

The James Model illustrates how the social capital of OVC can again be increased, this time from a broader base to multiply levels of care in order to help lift children at risk, especially those in child-headed households, out of poverty, and thus by implication to some degree also their local family-based care groups and communities, and to give these children a second chance in life. The aim of this study and research project was to provide an in-depth, qualitative description of these and other features of the James Model and the James Trust. The discussion in chapters 2 and 3 served to situate the James Model in its broader social context. The origin, purpose, aims, developmental process and key features of the James Model were discussed in detail in chapter 5, where the findings of this study were presented.

### **6.2.8 Matching of virtual sponsors with vulnerable care units**

Good practice dictates that the care of children at risk be located within a broader community-based development approach (as opposed to institutional care). In this approach interventions (development action) can be undertaken by the community itself, or come from an outside agency or be a combination of both. A further review of the literature indicates that a number of groupings inside and outside South African society have attempted to take responsibility for the orphan crisis in the context of a community-based development approach. A number of models of care were identified in chapter 2 as being generally considered as good practice e.g. the Isibindi Model, SA Cares for Life Cluster Model and World Vision Model. In chapter 5 it was indicated that some of the best practices of these models that influenced the development of the James Model, were based on the following core principles: that all decisions be made in the best interests of the child; that children participate in the decision making process; that children be cared for in family-based care units; that siblings are kept together; that interventions be integrated and coordinated into a holistic development strategy; that community development principles apply; that children's rights be protected; that direct contact with the children be discouraged.

### **6.2.9 Possibility of “virtual adoption”**

As stated earlier in the study in chapter 2, the United Nations Human Rights Council have published guidelines recommending that all decisions and policies be based on what should be considered in the best interests of the child and that all forms of care be based on the principle that the family is considered the natural environment for the growth, well-being and protection of children or failing this, to find “another appropriate and permanent solution, including adoption and *kafala* of Islamic law” (UNGA Human Rights Council 2009:3).

The problem is that in South Africa, an insignificant number of children were adopted<sup>25</sup>. Therefore not only must policy considerations be given to increase incentives to adopt children but new ways of adoption also need to be explored. The important qualifier in this regard is to

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<sup>25</sup> In 2007/8 the official figure was 1684 children were officially adopted (DSD 2008).

keep within the recommended guidelines of the United Nations Human Rights Council (UNCHR). Family-based care and keeping siblings together remain of paramount importance.

“Virtual adoption”, as promoted by the James Model, refers to a form of sponsorship in which an individual, cluster or team of sponsors get matched, through a community-based organisation, with a vulnerable family (a child care unit) and support the adopting parent/s or foster care guardian/s in terms of the family-based care of the children entrusted to them. The virtual adoption supplements the geographical adoption with the two layers playing different roles and having different rights and levels of responsibility. The geographical “parents” have legal standing and have physical contact with the children, while the virtual “parents” have no visiting rights and are generally a resource-based sponsorship group. Their support, however, is critical, in that it provides an incentive to encourage geographical adoption.

### **6.3 Summary of the research questions**

#### **6.3.1 Research question 1:** *What is the core identity and objectives of the James 1:27 Trust and its model?*

The core identity of the Trust can be summarised in terms of the Trust’s own stated vision which is to multiply the care of orphans and vulnerable children to match the scale of the need. The name of the Trust is perhaps also instructive as to what can be considered the core identity of the Trust. While it locates the Trust in a faith-based domain, the Trust’s application is deemed wider.

In terms of the core objectives of the Trust and its model, the study identified the following core objectives:

- To identify, through accredited community and faith-based partners, orphans and vulnerable children.

*Progress to date:* at present the Trust has informally accredited 6 community and faith based organizations (4 community-based and 2 faith-based).

- To match these children within family-based care units with cyber sponsor cluster teams, in order to constitute what is termed “virtual adoption”.  
*Progress to date:* while emergency relief is functioning with the Trust through its partners, feeding about 650 children from 1 to 3 times a week, the Trust has only 2 families functioning at a virtual sponsorship basis. In the near future the Trust intends to support 10 more families. Two-years ago the Trust supported 31 households with a care-based organisation in Soweto, but the logistics were too complicated to sustain. At the time the Trust’s operational capability as it is at present, was not fully operational.
- To use MSOVC (Management System for Orphans and Vulnerable Children) as a business information and management system to manage within a life cycle approach, the holistic development and ministry of the children.  
*Progress to date:* MSOVC 1.0 has been implemented with the Trust’s first CBO partner, SA Cares for Life. They have migrated their financial systems from Pastel to SAP Business One’s Enterprise Resource System. They are also in the process of moving from their MS Access based data system to the Windchill Life Cycle Management System. They are expected to go live on the system on 1 August 2010. This breakthrough makes SAC for Life probably the first CBO to run off SAP Business One in South Africa and most likely the first to use a data and documentation life cycle management system such as Windchill.
- To promote MSOVC as an enabler to scale existing levels of care to match the extent of the OVC crisis and to comply with good practice and community development principles.  
*Progress to date:* the scaling of care to levels anticipated requires a migration to the “virtual adoption” model and to the roll-out of MSOVC 2.0 and 3.0. MSOVC 1.0 consists of the individual user adoption of the core software solution systems such as SAP Business One and Windchill. MSOVC 2.0 speaks to their integration, including a remote terminal capability as well as a monitoring and evaluation functionality and a functioning talent management system. MSOVC 3.0 addresses the automation of the integrated system.

- To provide a menu driven list of sponsored services to the above teams.  
*Progress to date:* MSOVC 1.0 has conceptually addressed this issue. The breakthrough has come through the leveraging of concepts developed by UNAIDS, such as the child status index and as a consequence the development of child care plans and care cycles. The Trust is at present constructing work flows from these care plans and structuring their implementation at individual, household, cluster and village level.
- To ensure designated and secure delivery of services.  
*Progress to date:* while the SAP Business One system has already added to this objective, it will require the implementation of the James Remote Terminals to fully ensure secure transfer. This forms part of MSOVC 2.0.
- To sustain sponsorship through periodic progress reports.  
*Progress to date:* this objective has not been fully realised. The recent acquisition of communication technology is expected to help facilitate reaching of this objective. This issue remains a core part of the James Model and vision.

### **6.3.2 Research question 2:** *What is the James Model's concept of "multiplication of care of orphans and vulnerable children"?*

Organizations like the James 1:27 Trust have accepted the challenge of enabling existing care-based organisations to increase their operational capacity in order to reach more children at risk. The target is to double and redouble existing levels of care<sup>26</sup>. The motivation is that in order to match the scale of the OVC crisis, at least 60% of children at risk need to be reached.

The implications for not achieving this goal are dire if one considers the consequences for children not reached. As levels of vulnerability increase, the time frames for intervention are very tight. Children who have just lost a mother would need to receive assistance within hours. In fact, the children would have needed support much earlier.

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<sup>26</sup> It is perhaps too early to tell whether the Trust has been able to achieve its reach its intended mandate of enabling the multiplication of care. SA Cares for Life, the Trust's main CBO implementing partner has only recently started with the user adoption of MSOVC.



The assumption that multiplication of care is necessary was tested and confirmed through the literature review, particularly the outcomes of the NIRSA consultation where it was agreed that only 15% of children at risk are being cared for by care-based organisations. Therefore, in order to match the scale of the OVC crisis, the number of children being reached has to double and redouble in order to reach a target of 60%. The 60% target is set as a realistic number if there is going to be a substantive response to the OVC crisis. The issue of care relates to the practice of holistic development within a life cycle approach. The latter refers to breaking up the management and administration of the development strategy and plan for each child and household into phases which are grouped into cycles. This is useful from a curriculum development approach in which a check list can be managed, as well to the actual data and documentation management that relates to each point of intervention.

### **6.3.3 Research question 3:** *How does the James Model relate to the theoretical construct of social capital?*

The model is based on a need for the mass mobilisation of sponsors of OVC and the multiplication of the number of children at risk being cared for by care-based organisations. The multiplication is based on the social network theory, the argument being that social capital is used to leverage the multiplication of ordinary people as sponsors. Each person recruited into the care programme as a sponsor becomes a catalyst for recruiting additional sponsors from among their social networks. The theoretical construct of social capital lends itself to the information, communication and technology environment, in which norms and regulations as well as values and sanctions can be promoted, holding the social network together. Given that mobilization of the network is based on referrals and “word of mouth”, trust becomes an essential element. Person A got involved because they know person B who got involved because of person C. Person A gets involved because they trust B who got involved because they trust person C. To hold the interconnecting links of trust together requires norms and regulations. These set out the standards and define expectations. They create the predictable threads that hold everything together. The regulations stipulate the do and don’ts of the system. But as is the case with most social networks, sanctions apply when these regulations are ignored and not respected. These sanctions may just mean exclusion from the network. What is important is that when

these social networks grow, their management and administration becomes impossible to manage manually. The information and technology environment is, however, ideally suited in holding the whole system together. ICT lends itself to a regulatory environment in which norms can be promoted.

The social capital of the founder is demonstrated in the case study, in that the majority of the social actors involved in the Trust can be traced as part of the founder's social network. The founder was able to identify a social justice issue, in this instance the OVC crisis within an HIV and AIDS epidemic, and then integrate many components of his social capital in order to mobilize them in response.

#### **6.3.4 Research question 4:** *What constitutes the social innovation of the James Model?*

Firstly, social innovation can be identified in the introduction of “virtual adoption”, in which a virtual extended family, consisting of a cluster or team of sponsors, gets matched with a child care unit (vulnerable family) through a community-based or faith-based organisation in which community development and good practice is promoted. In this way, resources are transferred to the care of the children involved. These care units can be at different levels, which can include being matched with a village, cluster, household, or an individual.

What makes “virtual adoption” innovative is the escalating of the shared responsibility for the holistic care of children, to a global level. While individual sponsors at a macro level continue so sponsor children, as is the case in World Vision's adopt-a-child, this concept has yet to migrate to a cluster and team approach as well as to the comprehensive care and resources needed in terms of holistic development. In the past only a minor selection of care interventions have been sponsored in this manner. The application therefore of cluster teams of sponsors, collaborating and selecting from predetermined menus sponsored goods and services, makes for an innovative approach and heralds a likely breakthrough. The concept of shared responsibility between the geographical legal guardians and care-workers and the virtual extended family of sponsors within a hierarchy of rights and obligations, while complex, is also innovative.

The second social innovation consists of the development of the Trust's management system for

orphans and vulnerable children (MSOVC). The system is an information, communication and technology-based solution, in which business information and management systems are used. The characteristics of this are: the use of enterprise resource management; life cycle management of data and documentation; talent management software; and the use of a remote terminal capability. The system has also the potential to include an integrated monitoring and evaluation component.

The value of introducing business information and management systems into the OVC domain is to make the management and administration of existing care-based programmes more efficient and effective and to allow the care-based organisations to scale and multiply the extent of their operations. The technology platform offers a means of managing concepts such as “virtual adoption”. While MSOVC introduces concepts such as enterprise resource planning, life cycle management and talent management, these are not only systems and technology driven tools but are also philosophies introducing different approaches and ways of thinking. They offer a new approach to doing things, all of which have a sociological dimension. Just one example is the life cycle management philosophy. Traditionally, care-based organisations stop all support once a child is 18 years of age. Social security in the form of child support grants also terminates at the age of 18. However, in a life cycle philosophy care is provided for a much longer period with the interventions being age appropriate, for example the funding of tertiary studies or access to micro-credit for entrepreneurial initiatives. The Trust has a particularly interesting set of life cycles which include: relational, historical, foundational, transformational, generational and eternal. The relational cycle refers to contact with the children either directly or virtually through an approved coaching and mentoring programme. The historical dimension refers to conferring respect and honour on the child through the recognition of their history. The foundational dimension refers to the self-concept of the child and speaks to their identity and their foundations within their household and community. The transformation aspect refers to the healing and restoration journey in which the child is able to experience healing from within circumstances that they would not have chosen. The generational dimension relates to the concept of dealing with each generation’s choices and pain in order to build a better future for the next. The eternal dimension covers bridging the divide between the grieving child and the mother or parent that has died. It is the spiritual glue that holds everything together.

#### **6.4 Limitations of the study**

The study is, however, limited in that a single case study was selected, the James 1:27 Trust and its model being the only model that is studied in any great depth. Other models, such as those of World Vision, SA Cares for Life and the National Association of Child Care Worker's Isibindi Model, while referred to, are not studied in any great depth. This is considered a limitation in that it begs the question: What is the justification of yet another model like the James Model when all these other tried and tested models exist?

Furthermore, while other international organisations such as Compassion International, Save the Children and Tear Fund have their own information technology platforms, these were not included as a comparative study when analysing MSOVC, the Trust's management system for orphans and vulnerable children.

The literature review on the HIV and AIDS epidemic was also limited to fit a dissertation of limited scope. The enormity of the subject matter of HIV and AIDS was at first overwhelming, but the UN documentation and reports as well as South African government policies and specific references to the Treatment Action Campaign and some academics such as Compion (2007) and Mhkize (2008), helped narrow the scope of the study.

While the Trust co-hosted the NIRSA consultation in November 2009, the consultation's final report was not ready for publication and as such could not be referenced to the extent that it could have been. It was hoped that it would have been used more widely in this study. The consultation was however representative of the major faith-based organisations working in the OVC domain. It also hosted a significant number of church and denominational representatives, which in terms of social networks represents a significant constituency.

As indicated in chapter 1, another limitation is that bias has probably resulted from the fact that the researcher was the co-founder of the Trust and an insider.

## 6.5 Suggestions for further research

In terms of some suggested areas for further research:

- *The issue of “big society”<sup>27</sup> in which individual talent management is extended to include a volunteer approach to solving community and society problems.* The application of the theoretical construct of social network theory and social capital within an ICT enabled environment, such as that found in the James Model’s MSOVC system, offers an example of how this can be done.
- *The concept of “virtual adoption” as a response to the HIV and AIDS epidemic and proliferation of an OVC crisis in South Africa.* At present the term is merely conceptual and has up until now no theoretical and social research credentials.
- *The effectiveness of the James Model in enabling care-based organisations to scale-up the numbers of children reached in order to match the scale of the OVC crisis within the context of an HIV and AIDS epidemic.* The reality of increased numbers of children at risk necessitates new ways of finding resources to ensure the children’s care as well the management of these resources. The issue of multiplication of levels of care will remain an important challenge for social and other practitioners and researchers for the future.
- *The migration of care-cycles within the holistic development strategy of OVC to an information technology enabled life-cycle management philosophy.* There exists vast opportunity for the migration of engineering and ICT concepts such as the above into the social research domain.
- *The rights of the “virtual families” in relation to those of the “natural families” within the context of “virtual adoption”.* This is probably one of the most critical areas for further research, as the child rights approach is firmly located in a broader human rights framework. Conflicting areas of rights necessitate a careful and measured approach, which in this instance could be well served through further research and case study.
- *The migration of enterprise resource planning tools in managing the resources of care-based organisations in the OVC domain within the context of a HIV and AIDS epidemic.*

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<sup>27</sup> Reference to a BBC programme on BBC World in which the volunteerism spirit within society is mobilized in response to problems in society.

The competition around resources and the efficient and effective utilization of these remains a major issue for research. In this regard, the use of business information management systems and business information intelligence tools make for an important contribution to the study of social innovation and entrepreneurship.

- *The legality around the use of biometric technology and children within a sponsorship context.* The topic is an ideal area for the study of a multidisciplinary approach that involves a child rights approach.

## **6.6 Recommendations for policy and practice**

South Africa has more than 1,5 million maternal orphans of which only 10% to 15% of children at risk are being reached by care-based organisations. Furthermore, statistics indicate that only 1 682 children were adopted and 494 992 placed in foster care in 2007/2008. As a result, new innovative ways are needed to increase the levels of adoption and foster care. In particular, existing legislation needs to create incentives for encouraging adoption. An innovative response, as promoted by the James Model, is to develop the concept of “virtual adoption” in which the virtual family, cluster, team and sponsor unit participate with the legal guardian in sharing resources in the care of OVC. One of the biggest policy issues is that of visiting rights and access rights of the virtual sponsors. Legal issues involving “virtual adoption” and “virtual support” will need much further development and policy consideration.

The backlog of about 157 000 reported cases of foster care waiting to be finalized is as a result of a shortage of social workers and needs urgent attention. Such delays have serious implications for the wellbeing of the affected children. The streamlining of social security applications remains of paramount concern. Training institutes throughout the country need to be encouraged in the training of social workers.

Policy issues around dependency also need to be explored. The big issue in any development process is the migration from emergency relief, to rehabilitation, to development. The risk of creating dependency in any care model remains real. The only safeguard is to ensure that good practice, in terms of community development principles, remains central.

## **6.7 Conclusion**

The extent of the HIV and AIDS epidemic, and the long term consequences and collateral damage as evidenced by the proliferation of orphans and vulnerable children, is an issue that will continue to face South Africa and sub-Saharan Africa for decades to come. It is also clear that the local community cannot continue to absorb the problem. The traditional extended family is no longer able to cope. New ways of providing care need to be found. The concept of building national and international solidarity around the problem offers new hope. The sharing of responsibility and resources make for a meaningful contribution. In this regard, South Africa's history, in which social networks were mobilized as part of the anti-apartheid movement, is instructive.

The James Model, in which ordinary people are mobilized at a level that is scalable, provides an exciting possibility to match the scale of the problem. If care-based organisations have to scale from 15% to 60%, then a multiplication paradigm becomes necessary.

In this regard, the innovative concept of "virtual adoption" is significant. The concept amplifies the extended family to include a virtual layer, thus introducing much needed critical resources into the equation. The idea of clustering and matching virtual sponsors into teams and sponsor units and then through community-based organisations, match them with care-based units and vulnerable children, heralds a potential breakthrough.

The social capital construct offers a sociological frame in which to build this matching of sponsors and children. The construct of values and regulations is ideal in that it provides the foundation for building relationships. Issues around children's privacy and protection also remain of paramount importance. Balanced against this is the need for information and reporting in order to create the emotional link between sponsors and vulnerable families to sustain long term support.

The social capital construct also covers the important dimension of sanctions. There will be those that break the rules or who want to function and operate outside of the rules. The concept of sanctions is therefore a useful add-on to the James Model. The construct also assists the understanding of the model through a sociological perspective.

While the concept of “virtual adoption” is significant in terms of social innovation, so too is the migration of business information and management systems into the OVC domain in order to administer and manage the “virtual adoption” concept. In this regard, the James 1:27 Trust’s management system for orphans and vulnerable children is an important social innovation contribution.

This technical bridge offers an exciting meeting place between the disciplines of sociology and information and business sciences, the complexity of which spills over into many other disciplines.

Perhaps the most important outcome of this study has been the distillation of questions that relate to the issue of “virtual adoption”, and the rights of the virtual family in relation to the rights of the children, the rights of the geographical family, and the interests of the community with regard to development. Virtual family members may want to sponsor much more than what would be considered necessary from the CBO’s perspective and want to exercise rights beyond their status. Herein lies a potential conflict of interest, while the CBO will have as paramount, the community’s interests at heart, the virtual family will place the individual vulnerable family’s interests as overarching.

Perhaps the most appropriate way to conclude this study is by asking the question: how do we weigh the individual interests of the children against the community interests where the children are located? This, it is suggested, will be an important debate for the future in the application of the concept of “virtual adoption” as promoted by the James Model.



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## **APPENDIX A.        CONSENT FORMS**

Attached is a copy of the consent form signed by the research participants.

FAX TO: ROBERT BOTHA

FAX NO: 012 844 0480

FAX FROM:

DATE: 19 FEBRUARY 2010

**SUBJECT: CONSENT FORM FOR PARTICIPATION IN A KEY INFORMANT INTERVIEW  
FOR ROBERT BOTHA**

*Please note that this consent form confirms my participation in key informant interview as part of Robert Botha's research towards the completion of his Dissertation with Limited Scope towards a MA degree in Social Behaviour Studies in HIV and AIDS with the Unit for Social Behaviour Studies in HIV/AIDS and Health (USBAH), Department of Sociology, UNISA.*

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**SIGNATURE OF RESPONDENT**

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**DATE**

## **APPENDIX B. LETTER OF INTRODUCTION TO PARTICIPANTS (example)**

12 January 2010

Dear Informant

### **PARTICIPATION IN A KEY INFORMANT INTERVIEW**

This letter serves as an invitation for you to participate in a key informant interview as part of my research towards the completion of my Dissertation with Limited Scope towards a MA degree in Social Behaviour Studies in HIV and AIDS with the Unit for Social Behaviour Studies in HIV/AIDS and Health (USBAH), Department of Sociology, UNISA. The Title of the Dissertation is "The James 1:27 Trust Model: a case study of an ICT response to orphans and vulnerable children in the context of an HIV and AIDS epidemic". The dissertation is being supervised by Ms Elize Koen (Cell 082 825 3058) from UNISA's Department of Sociology.

The contents of your responses will be considered confidential and your identity will not be disclosed. At any stage in the interview you are free to withdraw.

The interview will take place at your earliest convenience and will consist of a conversations in which you will be asked questions relating to your involvement with the Trust and the James Model. As a result, you are kindly requested to be as frank as possible reflecting your own personal opinion.

Please find attached a consent form that must be faxed to 012 844 0489 as a matter of priority.

Thank you for agreeing to participate in this research project.

Kind regards



**ROBERT BOTHA**

Student Number 0659 –175-2  
ID 6410035041081 Celll: 084 565 4446  
Email: [robertbotha@telkomsa.net](mailto:robertbotha@telkomsa.net)

## APPENDIX C. KEY INFORMANT INTERVIEW SCHEDULE

<b>INTRODUCTION</b>
1) From your perspective what is the scale of the problem facing orphans and vulnerable children in South Africa?
2) How is the problem located within the broader HIV and AIDS epidemic?
3) As a consequence what would you say are the most important needs of these affected children?
4) From what you know, what care is at present being provided?
5) Are there any particular models of care that you are aware of?
6) Do you think that the levels of care being provided is sufficient?
7) To what extent should these levels of care be scaled up?
8) In this regard what, if any, is the role of civil society?
9) How do you personally feel about the situation?
<b>FOCUS ON THE TRUST</b>
10) What is the distinction between the James 1:27 Trust and the James Model?
11) In terms of providing care, how do you see the Trust being positioned within civil society?
12) What is the unique role of the Trust in this regard?
13) Do you feel the Trust is playing an innovative role?
14) How technology driven is the Trust?
15) Is the Trust in your opinion focused enough on providing actual care to the children?
16) How do you see your personal involvement in the Trust?
<b>FOCUS ON THE MODEL</b>
17) What is the James Model?
18) How do you feel about the model?
19) What is your hope and aspiration for the model?
20) What are the key characteristics of the model?
21) What are the Model's strengths?
22) What are its weaknesses?
23) What are the guiding principles upon which the model is based?
24) How did model change over time?

25) What caused the changes?
26) What has been your personal involvement in the development of the model?
<b>PERSONAL NARRATIVE</b>
27) How did you get involved in the Trust?
28) Where there any critical incidents in your personal life that led to your involvement?
29) Was there any particular social network that contributed to your involvement?
30) How important is your social network in contributing to your involvement in the Trust?
<b>SOME ISSUES</b>
31) “Virtual Adoption” what do you understand by the concept?
32) How do you think about it?
33) How does Virtual Adoption support the role of the extended family?
34) How do you feel about this?
35) Why does the Trust not advocate direct contact between the children and the virtual sponsors?
36) What are the reasons for this policy?
37) What experience have you had to inform your views in this regard?
38) How does the Trust intend mobilising these sponsor networks?
39) What network can you personally mobilise?.
40) How will you do this?
41) What are the risks involved?
42) What do you understand about Life Cycle Management?
43) How does it relate to the care cycles of the children?
44) What do you understand about enterprise resource management?
45) How important is this in scaling up the care of children at risk?
46) What is your understanding of the Trust’s remote terminal capability?
47) How important is it?
48) What do you understand about the Model’s inclusion of talent management?
49) What are the inherent risks in causing dependency?
50) Would you regard the Trust as forming part of a faith-based response?
51) What makes it faith based?

52) How important are the values of the Trust?
53) What is the future direction of the Trust?
54) How do you see your personal involvement?