

https://dspace.org/

The state of our children's homes: a descriptive study of conditions and resources within childrens homes in the greater Johannesburg area with special reference to the impact of the HIV/AIDS epidemic on these facilities and the training/expertise of caregivers working in these homes

Meiring, Michelle Adrienne

2008-10-15T11:04:04Z
http://hdl.handle.net/10539/5758

Downloaded from a DSpace repository. https://dspace.org/

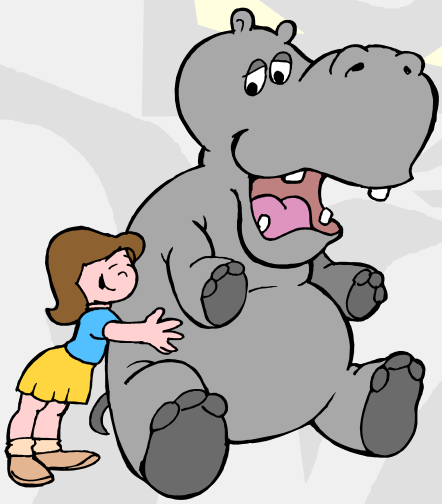
APPENDICES

1. 2005 Annual review of the Children's Homes Outreach Medical Programme (CHOMP)
2. Rapid telephonic appraisal questionnaire
3. Questionnaire used for the in-depth analysis of the 24 study homes
4. Demographic data collection sheet for children in the study homes
5. Caregivers questionnaire /data collection form
6. Pop Quiz administered to 50 RCCW
7. Johannesburg Child Welfare Society (JCWS) HIV testing policy
8. List of registers and documents to be kept in a children's homes contained in the Regulations under the Child Care Act.

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

CHOMP

CHILDREN'S HOMES OUTREACH MEDICAL PROGAMME





ANNUAL REVIEW

2005

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

CONTENTS:

THE BEGINNING OF CHOMP - MY STORY …….p3- 4
Dr Michelle Meiring

DIRECTOR'S REPORT……..p5

MISSION + VISION…….. p6

PARTNERS, ADVOCACY AND COLLABORATIONS……..p7

PROJECT OVERVIEW……p8

THE CHOMP TEAM……p9 - 10

ABANDONED BABY PROJECT……p11 - 12

CHOMP CLINICS……p13 - 14

ANTI-RETROVIRAL TREATMENT IN THE HOMES…….p15 - 16

HEALTH + IMMUNISATION AUDITS IN THE HOMES……p17 - 18

PALLIATIVE CARE COMPONENT……..p19 - 20

TRAINING DEPARTMENT……p21 - 22

KATLEHONG PROJECT……..p23 - 24

FUNDERS AND SPONSORS……p25

WISH LIST……..p26

THUSANANI CHILDREN'S FOUNDATION……..p27 - 28

CONTACT NUMBERS……p29

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

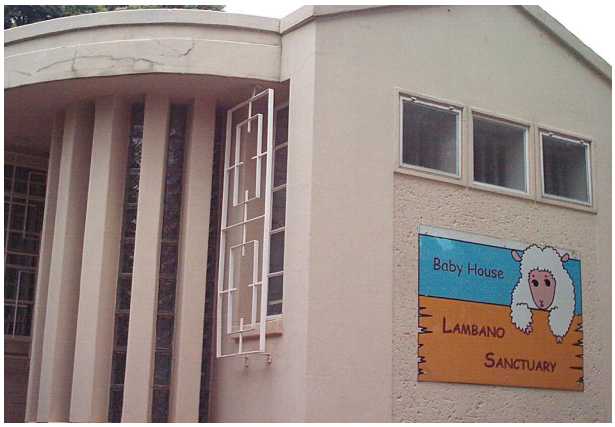
The Beginning of CHOMP – My story

By Dr Michelle Meiring

"Our truest life is when we are in our dreams awake."
Henry David Thoreau

I guess for me the idea of a project like CHOMP arose out of my experience as a Paediatric Registrar in 2000. I lived in Heidelberg at the time and had to travel to Baragwanath and back every day. That left plenty of time for listening to the radio, thinking and dreaming…. (thankfully I didn't have any accidents!)

One day while driving to work listening to the radio, I heard the story of a woman who had started a children's home for HIV infected children in Johannesburg and was looking for some professional medical assistance. Given the life of a Paediatric Registrar, I didn't really feel I had the time (or the energy) to get involved in anything more than my clinical duties at the hospital but somehow felt compelled to investigate.



Lambano Baby Sanctuary in Kensington, JhB.

It was this involvement with Lambano Baby Sanctuary that got me in to the whole "children's homes business". They taught me how to love "AIDS babies" again. As a registrar in the pre- antiretroviral era, like many of my colleagues, I was numbed by the number of children dying from AIDS in the hospital. I wouldn't look them in the eye; I wouldn't bond, because I knew they were only going to die on me. I was angry with them when I'd been up all night trying to save them, and they'd just turn around the next day and die.

The tremendous love this home showed to these children made them "more human again" and the use of privately sponsored anti-retroviral treatment restored my defeated spirit. I quickly became more interested and fulfilled by my volunteer job than "my real job". I ruminated on that Heidelberg road again, about how I could turn my volunteer job into a career.

At the end of my "reg time" in June 2002, I joined Dr Tammy Meyers at the Paediatric HIV treatment clinic at the Chris- Hani Baragwanath Hospital. It was then that I met Dr (now Prof) Gayle Sherman. I'll never forget one of our first conversations where we shared similar experiences of "mislabeled HIV babies" in children's homes. Gayle had been asked by the Department of Health to assist with early HIV diagnostic testing at Ethembeni Children's Home as far back as 1997.

Towards the end of 2002, Gayle and I started to talk to people about starting what we then called "the orphanage project". We called a meeting in August 2002 of children's homes that we knew of to get an idea of the need and their interest in such a project. We also approached organisations such as Childline and the Johannesburg Child Welfare Society to get input from them.

Gayle continued to write funding proposals and more funding proposals and when we finally got a "YES" from the Rockefeller Brother's Fund, the project was started in January 2003. I and my unborn baby were the project's first employees. Gayle, although she never collected a salary from the project, continued to direct it, manage the finances and write more proposals. During my maternity leave, Drs Terri Nunes and Stephanie Jones assisted by a newly appointed project coordinator, Jana Perold, kept the project going.

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

After my daughter Kerry was born, I decided to work from a "consulting room" that I set up at the back of my house. This didn't last for very long. After Kerry contracted "roseola" from one of the homes' babies; I decided it probably wasn't such a good idea!

Dr Stephanie Jones joined the project full time in 2004 when our Anglo American Funds came through. The two of us initially worked from a shared office at Coronation Hospital and invested in "time-shared" space with the Coronation PMTCT clinic. Stephanie was a joy to work with: her enthusiasm for life, exceptionally gentle bed-side manner and passion for palliative care were very contagious.

We were fortunate to get space at the Memorial Institute for Child Health (TMI) in Braamfontein in the early months of 2004. This Institute that was formally the Johannesburg Children's Hospital has become the home of several NGO projects working in the children's sector. It is an honour and privilege to work alongside people from organisations such as the Teddy Bear Clinic, Childline, The Sunshine Center etc. It is also extremely handy to have the Department of Community Paediatrics, the Dentists and child and adolescent psychiatrists on our doorstep! Renovations for this space were gratefully sponsored by Naledi: a Luxemburg based adoption agency.



CHOMP March 2004: Michelle, Thabi and Stephanie



Dr Gayle Sherman: Project Director

Thabi Mbuyisa, our second project co-coordinator joined us in 2004. The project's training component received a boost of vivacious energy when Samantha Stewart was employed on a part time basis to assist with project management and training in August 2004. When Stephanie left towards the end of 2004, Dr Janet Lumb was employed as a sessional Paediatrician to help with the clinical load.

Gayle resigned as Project Director at the end of 2004 to devote more time to improving early HIV testing for infants nationally and handed the reigns on to me in 2005. Although initially quite daunted by this prospect it has been a tremendous privilege to be given an opportunity to direct this project. I will always be grateful to Gayle for starting the project and for all that she taught me during our time on the project together.

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

DIRECTOR'S REPORT

By Dr Michelle Meiring

Despite children's homes being called "the last resort" in the AIDS orphan crisis, I think they are also an "under-recognised resource" in the crisis. Homes like the Cotlands and Lambano Baby Sanctuaries not only serve their resident populations of HIV affected children, but have used their experiences gained from looking after these children, to run extensive community based outreach projects for HIV affected children in the community setting.

CHOMP has followed suit and is increasingly finding itself getting involved in community based initiatives. In its 2 ½ years of operation the project has come to experience first hand the negative impacts on children of the residential model of care especially in large institutions. Children growing up in large homes may experience long term psychological consequences from the "multiple caregiver system" in which they are not able to bond to "a significant other". We have also seen the devastating effect that outbreaks of infectious diseases can have on children living close together in large institutions.

CHOMP has however also experienced the tremendous role "high turnover homes" such as the Princess Alice Adoption home, the Love of Christ Ministries, the Door of Hope, Villa Lubet and Impilo (to name a few) are playing by providing "first class temporary residential care" to HIV affected children whilst finding prospective adoptive and foster care families for them.

The residential care sector is starting to transform and de-institutionalized models of care such as the St George's Children's Homes' Rearabilwe project, the St Peter's Child Care Model in Johannesburg and the St Philomena model of care in Durban bear testimony to this.

CHOMP owes "what it is today" to the inspirational managers and child care workers it has had the pleasure to be involved with in the children's homes. These are the true "front-line" workers who sacrifice self in the care of our countries most precious asset- its children.

It is with great pleasure that I write my first Director's Report for the CHOMP project. Since this is our first "public review" this booklet contains not only our achievements for 2005 but also reviews the projects challenges and achievements over the past 2 ½ years.

2005 has indeed been - as a recent bill board puts it -"two thousand and thrive!" The project has grown from a team of four in January 2004 to a team of eight in August 2005. This has been made possible largely due to the generous financial support of new donors that are associated with the Anglo American Chairman's Fund. We are very grateful that Mr Clem Sunter, Chairman of the Anglo American Chairman's Fund has agreed to address our first review and continue in his inspiring quest to mobilize the private sector to respond to the War on HIV/AIDS in South Africa.

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

VISION AND MISSION:

CHOMP is a syndicate of the WHC (Wits Health Consortium) that is committed to improving the medical care of orphaned and vulnerable children (OVC) with special emphasis on those affected by HIV/AIDS.

We aim to do this by partnering with Government & other organizations to:

- **provide proper early HIV diagnostic testing;**
- **assist in meeting the medical requirements for permanency planning (adoption or foster care)**
- **provide training for caregivers;**
- **advocate for good medical & palliative care of OVC;**
- **influence policy around OVC.**

Whilst we started off and will continue to serve the children's homes population, we plan to extend our project to OVC's in the community and also beyond our provincial border.

Our core values include:

- **Respect, for each other, the children and the careworkers we work with,**
- **Confidentiality regarding the children and organizations we work with,**
- **Accountability to the children we are trying to help and to our funders.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

PARTNERS, ADVOCACY AND COLLABORATIONS:

CHOMP believes that the best responses to the AIDS orphan crisis are collaborative responses between individuals and groups working in both government and non-government organisations.

Our list of organisations with which we currently work, bears testimony to this:

- **The Abandoned Baby Forum**
- **Adoption agencies (ABBA, Naledi, K+ S adoptions etc)**
- **The AIDS Law Project (WITS)**
- **Asiphilisani (Wits Paediatric HIV Clinics)**
- **Childline**
- **The Children's Rights Centre (CRC)**
- **The Department of Environmental Health**
- **The EPI and CDC directorates of the Department of Health**
- **The Department of Social Development (DSD)**
- **Dieticians at the Chris Hani Baragwanth hospital**
- **Doctors from the National Institute for Communicable Diseases (NICD)**
- **The Gauteng Plan of Action for Children (GPAC)**
- **Heartbeat**
- **The Gauteng Children's Homes**
- **The Hospice and Palliative Care Association of South Africa (HPCA)**
- **Hospice Wits**
- **The Johannesburg Child Welfare Society (JCWS)**
- **The Mondeor Methodist Church**
- **Nampak**
- **The National Association of Child care workers (NACCW)**
- **Sister Daryl Jennings**
- **Thusanani (a group of Occupational Therapists working in the children's homes)**

CHOMP also believes in playing a strong advocacy role to improve the quality of life for orphaned and vulnerable children in all settings. To this effect the project has presented its concerns about the health of children to various forums and meetings.

- **Presentations have been made to the The Gauteng Plan of Action for Children (GPAC).**

- **CHOMP presented at meetings of the Local, Provincial and National EPI and CDC directorates at the time of the measles outbreak in the homes (Oct 2003-July 2004) where 58 children contracted measles and 11 died as a result.**

- **CHOMP was able to set up a system to link homes to the Department of Health's outbreak response teams. The previous system was non- functional and in fact many of the homes did not know that it existed and did not know how to access it.**

- **The project has also been facilitating meetings between unregistered facilities and the Departments of Social Development and Environmental health to assist them in the registration of their facility.**

- **The Aids Law Project, at CHOMP's request also wrote a booklet for the homes on "how to register" to provide homes with the necessary information and contact details in this regard.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

- **CHOMP has also intervened and advocated for improved management of individual children from homes who had been mismanaged or discriminated against in public health facilities.**

The project's director serves on a number of task teams, boards and committees that include:

- **The Cotlands Baby Sanctuary Board of Management.**
- **A children's homes task team formed by GPAC to address the health of children in homes as well as the unregistered children's homes.**
- **A task team of "Concerned Paediatricians" to ensure adequate training of professionals in aspects of Paediatric Anti-retroviral treatment.**
- **The Civil society representation of a National DSD led initiative to develop a policy framework and Implementation Plan to address the needs of Orphaned and Vulnerable Children.**
- **A steering committee to establish the "Palliative Care Society of South Africa."**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

OVERVIEW OF THE CHOMP PROJECT AND FUTURE PLANS:

The CHOMP project has been structured to assist in meeting orphaned and vulnerable children's medical needs at various points of vulnerability that they may experience during their lives.

These include: at the time of abandonment, whilst in a children's home, in the adoption process, during periods of illness, if infected in the pre-HAART period, for a select few in the HAART period and also at the time of death.

The project currently consists of the following components:

1) The Abandoned Baby Project
2) The CHOMP Clinics
3) Anti-retroviral treatment in the children's homes
4) Health and Immunisation Audits in the children's homes
5) Palliative Care
6) Training Component
7) Katlehong Project

The project aims in the future to expand the current components as listed above: details on these expansions are contained in the reports for each component.

The project also plans to extend its services beyond the residential care setting and the Gauteng Province. To meet this objective it plans to:

1) Pilot an alternative model of care for orphans in the Katlehong area:
This pilot aims to demonstrate how a children's home in Katlehong can "de-institutionalise" and become a valuable resource to the community by becoming an assessment centre for children in need of care. The home will admit only abandoned babies (while permanency planning arrangements are being made) as well as ill children requiring palliative care. The mainstay of care will occur in small family-like foster care units within the community which will be supported by the home. The home will also be able to provide respite care for ill children living in child and granny-headed households.

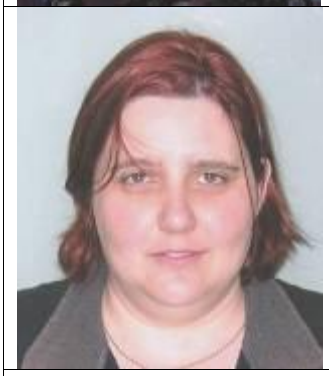
2) Start a "CHOMP Durban":
CHOMP was approached by the Durban based Children's Rights Centre to start a similar project for children's homes in Durban. A General practitioner and part time Paediatrician have already been identified to work in the Durban based project. Discussions have been entered into with the Superintendent of McCord Zulu Hospital as well as with Paediatricians from the King Edward Hospital for assistance in setting up the project. Some of the Durban children's homes have also been involved in discussion around duplicating the Johannesburg based CHOMP project in their setting.

3) Change its name:
As the project is no longer focused exclusively on OVC's in the children's homes it needs to change its name to reflect this mission. This is not an easy task: one idea has been to name the project "MOOVE: Medical Outreach to Orphaned and Vulnerable Children". Any further suggestions from the public would be most welcome!

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

THE CHOMP TEAM:

The CHOMP team currently consists of the following members:

	Dr Michelle Meiring: Director, Paediatrician **As director of this ever expanding project I sometimes ask myself "what have I got myself in to?" But thanks to the support of a strong team and the inspiration of the "front-line" people from children's homes and community based organisations with which we work: it is an honour and a privilege to be given this opportunity to make a difference in the lives of orphaned and vulnerable children.**
	Ms Samantha Stewart: Deputy Director: **As deputy director I have two portfolios: Project management and Training.** **I have a varied background including a BSC(hons) in Microbiology but my first passion is definitely training and I love to see that moment of dawning comprehension on a persons face. What gives me satisfaction is being able to make a difference in this world and working for CHOMP definitely gives me that.**
	Sr Deliwe Luthuli **My role at CHOMP is as a primary health care and community health nurse. I have worked in the children's home arena and am able to apply my personal experience to the challenges faced in other homes while doing health and immunization audits.** **I enjoy working with the rest of the CHOMP staff as a team and working in such a varied environment has expanded my knowledge and will hopefully help me to ultimately impact on the health of the children we serve.**
	Sr Catherine More **My main role in the CHOMP project is working in the Katlehong Project where I also assist in the training of caregivers. I enjoy spending time with "grass –roots" workers in the community and finding ways to maximise their potential. I am excited by the project's palliative care component, as have also previously worked in this new developing and much needed field.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

	Ms Fiona Shepherd: **My role at CHOMP as training co-ordinator gives me an opportunity to meet many different and interesting people. I enjoy the interaction and the opportunity to learn from others. The training aspect appeals to my creative side and I especially enjoy developing visual aids for training.**
	Ms Jacqueline Barnard **My role at CHOMP is as Clinic and Office Administrator. I am the one who keeps the home fires burning when the doctors are all out attending to emergencies and doing training. My previous experience was in the private sector and working at CHOMP has been an eye opening experience.**
	Dr Janet Lumb **I started working at CHOMP in September 2004 as a Sessional Paediatrician. Seeing children that pass through our clinic get adopted or get started on ART has given me a new hope for abandoned and HIV positive children.**
	Dr Vas Pillay **I have only recently joined the CHOMP team as a Paediatrician. Like Michelle, my previous experience in government hospitals was of babies with HIV dying. It has been uplifting to work at CHOMP and to see healthy kids getting placed in adoptive homes and HIV positive kids doing really well on ART.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

ABANDONED BABY PROJECT (ABP)



THE NEED:

CHOMP became aware of the need to improve the emergency medical care of the abandoned newborn when asked to address a meeting of the abandoned baby forum. This Department of Social Development led forum consists of policemen and women as well as social workers and was established to address the plight of the abandoned baby.

CHOMP had also received several "calls for help" from social workers and caregivers struggling to tie off bleeding umbilical cords etc.

AIM:

- **The ABP aims to decrease vulnerability resulting from abandonment in the newborn period. This is achieved by training first contacts (policemen and social workers) in emergency procedures that may be necessary when faced with a newly delivered and abandoned baby. The ABP also supplies these persons with kits containing all the necessary equipment that they may need to render assistance.**

ACHIEVEMENTS:

- **Training on the emergency care of the abandoned newborn has been conducted at two gatherings of the Abandoned Baby Forum: one in Sebokeng and one in Central Johannesburg.**



- **One hundred abandoned baby packs were assembled, of which 65 have already been distributed. The contents of the pack includes medical equipment (sterile gloves, an umbilical cord clamp, sterile blade to cut the cord if necessary, an alcohol swab and space blanket), clothes (vest, babygrow, cap, booties and mittens), toweling nappy (used for drying), baby blanket, baby wipes, disposable nappies, autoclaved (sterile) baby bottle and tin of infant formula (Nan Pelargon).**

- **Each kit is contained in a sealed bag that also has a printed copy of guidelines for policemen and social workers on the emergency management of the abandoned newborn.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

CHALLENGES:

- **Getting accurate statistics on abandonment.**
- **Convincing policemen and women with no First Aid training that they should intervene in an emergency.**
- **Ensuring that abandoned babies receive Nevirapine within 72 hours of delivery.**

FUTURE PLANS:

- **Smaller more hands on training at individual police stations and social work agencies.**
- **Advocating that all abandoned newborns presenting to medical facilities (clinics, hospitals, paediatric casualties etc) within 72 hours of birth, receive Nevirapine to prevent mother to child transmission of HIV.**

WITH THANKS TO THE FOLLOWING INDIVIDUALS, SPONSORS AND DONORS:

The Abandoned Baby Forum:

Jerry Skosana
Tembi
Kay McCrindle

Professionals contributing to the compilation of the guidelines:

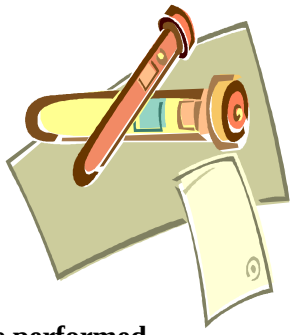
Prof PA Cooper (Neonatologist and Head of Paediatrics, JhB General Hospital)
Prof GG Sherman (Paediatric Haematologist and HIV testing expert: NHLS)
Dr AH Coovadia (Paediatrician and resuscitation expert: Coronation Hospital)
Mrs K. McCrindle (Social Worker: Johannesburg Child Welfare Society)

Sponsors and Donors:

Hazel Gordon
The Mondeor Methodist Church
Orange Baby Project (PHRU)
The Johannesburg General Hospital
Nampak
Pick 'n Pay
Dischem
Ackermans
Sister Mapula of the Central Sterilising Department of the Johannesburg General Hospital for assistance with auto-claving the baby bottles.



pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!



THE CHOMP CLINICS

THE NEED:

One of the reasons the CHOMP project was started was the discovery by its founding members, of children in institutions who were being mislabeled as being "HIV positive" based on a misunderstanding of HIV testing in children. Accurate HIV testing in infants less than 18 months of age requires that an HIV PCR test be performed. Prior to the roll-out of anti-retroviral drugs in state facilities, HIV PCR testing was not accessible largely because of cost constraints. Dr Sherman through various proposals initially sourced funding for HIV PCR testing to be performed in children's homes by the CHOMP project.

Early exclusion of HIV infection in exposed infants (born to HIV positive mothers) greatly improves their adoption potential by pronouncing them "fit for adoption" at an earlier age. A need for improved coordination of other investigations necessary for adoption purposes was also identified and is provided by the CHOMP clinics. The clinics have also expanded to deal with other needs as set out in the clinic aims.

AIMS:

- **To provide accurate early HIV testing for children in homes or in community based orphan projects requiring this for permanency planning or diagnostic purposes.**
- **To conduct medical examinations and write reports for the purpose of adoption or foster care.**
- **To perform the necessary investigations to prepare an HIV infected child for anti-retroviral treatment and to assist in accessing state-run Paediatric anti-retroviral treatment sites.**
- **To provide specialist Paediatric input for children from homes with complex medical problems.**
- **To evaluate patients for admission to the paediatric in-patient unit at Hospice Wits.**

ACHIEVEMENTS:

- **To date, the CHOMP clinics have seen 949 children from children's homes in and around Johannesburg.**

- **A total of 404 children are known to have been placed out of the homes with the assistance of the CHOMP clinics. Of these children, 162 were adopted internationally, 145 locally, 55 have been fostered by local families and 42 have been placed back with biological or extended families. Sadly 39 children from our data base have died, mostly from HIV related conditions.**

- **As a result of much of this work, CHOMP's founder and former project director, Dr Gayle Sherman, has written guidelines for accurate early diagnostic testing of exposed infants to facilitate adoption in resource poor settings. The guidelines were adopted by the HIV Clinicians Society and tested for accuracy in a study of 300 infants born to HIV infected mothers at the Coronation Women and Children's Hospital in Johannesburg.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

- **The HIV testing rate for children in institutions was also improved through a successful application made to the High Court of the country on behalf of the Wits Paediatric HIV Working group by the Wits Aids Law Project .The court ruling allows members of the group (who are registered doctors) to obtain consent for HIV testing from primary caregivers even if they are not the legal guardians of the children in their care, provided the testing is done on the best interest of the child.**

CHALLENGES:

- **Several children in the homes require more in depth investigation for adoption purposes either because of their own inherent medical conditions (eg: prematurity) or because of conditions related to institutionalization. Also many conditions where one would ordinarily adopt a "watch and wait" approach in the resource restrained state services need to be more fully investigated for adoption purposes (eg: functional murmurs, developmental delay etc).**

- **Often the waiting times to get these investigations done in the state hospital services (that are already overburdened) are prohibitively long and the older a child gets, the less adoptable he becomes.**

FUTURE PLANS:

- **CHOMP would like to start a "special needs adoption clinic" where the numerous investigations required for more "high risk adoptions" could be performed in the same clinic. Examples of these investigations include: hearing tests, opthalmology consults, vision screening, cranial ultrasounds, cardiac echography, neurodevelopmental assessments etc.**

- **CHOMP has already identified professionals that are willing to assist in this regard. Amongst them are an audiologist, a neonatologist and a cardiologist. Occupational therapists from Thusanani are already assisting with neurodevelopmental assessments.**

- **The special needs adoption clinic would be run initially on a monthly basis (on a Saturday morning) and an ex-prem for example would be able to have a cranial sonar, a hearing test and an OT assessment on the same day.**





pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

ANTI- RETROVIRAL TREATMENT (ART) IN THE HOMES:

THE NEED:

In a survey done by CHOMP's director, 20% of children in children's homes were found to be HIV infected. Prior to the rollout of ART in the state sector, some of the children's homes were already accessing ART through private funding.

Since the rollout of ART in the state sector in April 2004, several more children in homes are now able to access treatment. As the rollout has occurred predominantly in academic hospitals and is slow in secondary level hospitals there are still several children in homes and community based projects who are not yet able to access this treatment.

AIMS:

- **CHOMP facilitates access to and management of anti-retroviral treatment programmes in the children's homes by:**
  - **Early diagnosis and referral to government rollout sites of HIV infected children in the homes.**
  - **Assisting the state run clinics by performing "pre-HAART investigations" for children from homes prior to referral to their clinics.**
  - **Educating children's homes staff on the administration of anti-retroviral treatment in the homes.**
  - **Managing children in one home who are receiving ART through a "stopgap programme" run by the South African Catholic Bishops Council (PEPFAR funded) in an area where the government rollout programme is not yet operational.**

ACHIEVEMENTS:

- **Several homes have attended practical workshops on anti-retroviral treatment.**

- **A total of 32 children at the St. Francis Care Centre in Boxburg are on anti-retroviral treatment that is being initiated and supervised directly by the project.**

- **As the St Francis children are now living into the school-going age group and are well enough to attend school, 7 have been transferred to Epworth Children's Village, 3 have been fostered out and two returned to extended families on treatment.**



CHALLENGES:

- **There is an urgent need to address the growing number of well children on ART who are growing up in institutions. Alternative placement arrangements need to be actively pursued in order for these children to grow up in more normal environments.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

HEALTH AND IMMUNISATION AUDITS IN THE HOMES:

THE NEED:

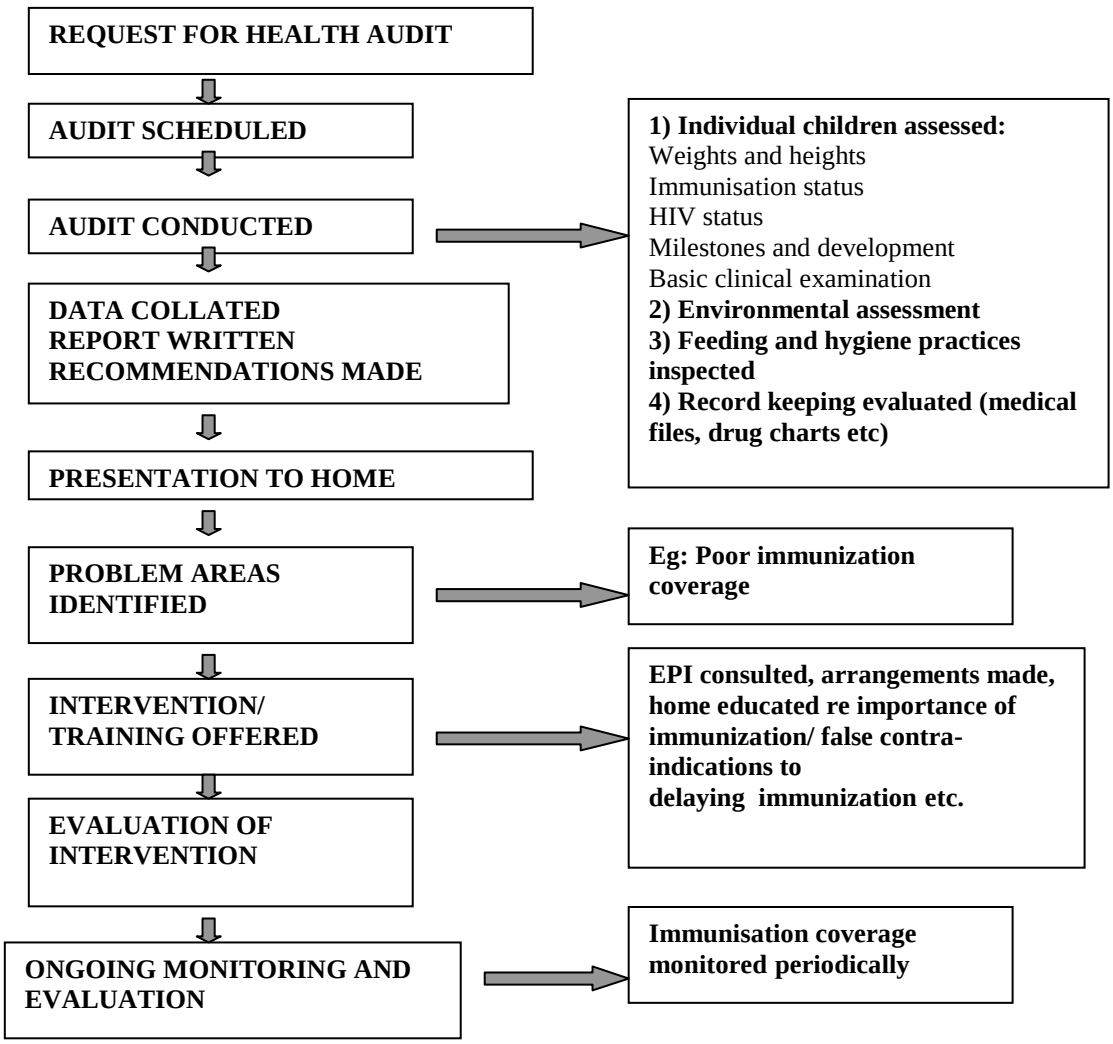
The idea for a health audit was actually sparked by an experience CHOMP had with a large registered children's home. The project's director was asked by several concerned colleagues within the academic hospital complex why the children they admitted to their hospitals from this institution were malnourished and had recurrent episodes of dehydrating diarrhoea.

Following several visits to this institution by the project, the Paediatrician found reason to be concerned about the health of children in this home. On expressing these concerns to the manager of the section where these children were accommodated, the manager suggested that an audit be performed in order to decide whether the problem was isolated to a few children or the home at large.

Although environmental health inspections do occur in the children's homes these are infrequent and concentrate mainly on the environmental aspects of child health. There is as yet, little attention being paid to the actual physical health of children in the homes.

AIMS:

- **The aim of a health audit as well as the process involved is set out in the diagram below:**



pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

ACHIEVEMENTS:

- **Three children's homes have had "full audits" where a total of 128 children were examined in these homes.**
- **Six homes have undergone an audit of their immunisation coverage only, and 2 of these homes have been assisted through collaboration with local clinics and the Department of Health's Expanded Programme of Immunisations (EPI) Directorate to address problems related to this.**

CHALLENGES:

- **Health audits in large homes require a significant amount of time and staff to perform, and our capacity at present to do audits is limited.**
- **CHOMP has not received any funding dedicated specifically to this component as yet. We also feel that funding in this regard should be sourced from state coffers.**
- **Although the project collaborates well with the Department of Environmental Health and the EPI and CDC (Communicable Disease Control) Directorates we have not yet succeeded in engaging with the persons in the Child Health directorate responsible for the health of children in institutions.**

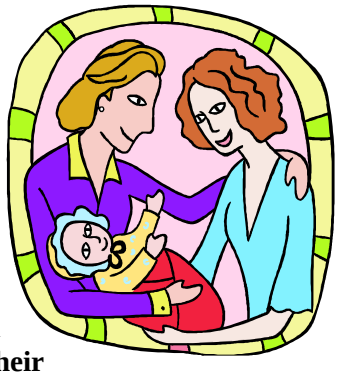
FUTURE PLANS:

- **We plan to continue with the immunisation audits at present and have received ethical clearance from the University of the Witwatersrand's ethics committee for research on human subjects in this regard. These short narrowly focused audits can assist us to get a rough idea of health in several homes over a relatively short period of time.**
- **We would like to expand the current audit team (that consists at present of one dedicated nurse only) depending on response to our funding proposal in this regard.**
- **We plan to eventually do these audits alongside environmental health officers and social workers from the Department of Social Development.**
- **We will continue to advocate for improved health in the children's homes by assisting in the drafting of new legislation in this regard and by lobbying with government departments tasked with the care of children in institutions (see section on advocacy further).**

Sr Deliwe Luthuli doing an audit in a childrens home



pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!



PAEDIATRIC PALLIATIVE CARE (PPC):

THE NEED:

Several of the Johannesburg children's homes have been faced with the need to care for terminally or chronically ill HIV infected children within their homes. Homes have found themselves in this situation when children have been turned away from overburdened hospitals. Some homes were dissatisfied at the management of children in these hospitals and have wanted to be with their dying children at the end of life.

Notwithstanding the homes good intentions, the medical care of children in these "hospices" within the children's homes was not always ideal.

AIMS:

- **To advocate for the practice of proper palliative care for children suffering from incurable diseases in all settings.**
- **To assist Hospice Wits in the running of a Paediatric In-Patient Unit.**
- **To provide training for staff and caregivers from Hospice, Children's Homes and the community in the practice of paediatric palliative care.**

ACHIEVEMENTS:

- **In July 2003 CHOMP and Hospice Wits partnered together to open a Paediatric Palliative Care In-Patient Unit at their adult based Hospice in Houghton.**

- **Over 90 children have been care for in this unit to date.**

- **Children have been admitted to the unit from children's homes, hospitals and community based programmes.**

- **The Unit has not only cared for children suffering from HIV but also children with other chronic conditions such as malignancies, liver and renal failure, neuro-degenerative conditions etc.**

- **CHOMP has also been active in both the promotion and training of paediatric palliative care philosophies in that it:**

  - **Assisted the Hospice and Palliative Care Association of South Africa in the design of a short course for professionals in paediatric palliative care.**
  - **Joined a task team with other adult clinicians to get palliative care recognised as a specialty in the Department of Family Medicine at the University of the Witwatersrand.**
  - **Represents the Paediatric Discipline on a national task team lead to establish the Palliative Care Society of South Africa.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!



Sister Iglet from Hospice Wits looking after a baby in the Houghton based Paediatric Palliative Care Unit

CHALLENGES:

- **To dispel the myths that exist about what palliative care really is all about.**
- **There are no Palliative Care Trained Paediatricians in South Africa and no accredited training courses for Paediatric Palliative Care in South Africa.**

FUTURE PLANS:

- **To assist the Centre for Palliative Learning at Hospice Wits in the running of a short course for professionals in Paediatric Palliative Care.**
- **To start a mobile multi-disciplinary palliative care team consisting of a Paediatrician, a social worker and a nurse that will provide consultation on aspects of Paediatric Palliative Care in three settings: Hospitals, Hospice and Children's Homes.**
- **CHOMP's director plans to specialize in Paediatric Palliative Care by studying towards a Masters Degree in Paediatric Palliative Care through the University of Cardiff (Wales).**

Paediatric palliative care (PPC) is defined by World Health Organisation as "an active and total approach to care, embracing physical, emotional, social and spiritual elements. It focuses on quality of life for the child and support for the family and includes the management of distressing symptoms, provision of respite and care through death and bereavement. It is provided for children for whom curative treatment is no longer the main focus of care and may extend over many years".

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!



CHOMP's TRAINING COMPONENT:

THE NEED:

The HIV epidemic has changed the face of the Johannesburg Children's homes. Where previously these homes were occupied by predominantly well children with social and behavioural problems, they are now occupied by a much sicker population of children. Caregivers from predominantly psycho-social backgrounds are increasingly finding themselves in the situation where they need access to information concerning children's health.

There is an increasing awareness among other organizations in the child care arena that their programmes, while efficiently addressing psycho-social needs of the children in their care, are lacking in the basic medical training to care for these same children. Most medical training for care-givers is adult based, the reality, however, is that children are not little adults and require medical attention specific to their needs. A number of these community based organizations have approached CHOMP for assistance in this regard.

Because the need for training is so great and CHOMP has limited capacity to train, we are happy to make our training material available to any organisation that would benefit from it. Our only requirement is that we "train the trainers" of these organisations - to ensure both the quality of the training and accuracy of the content.

AIM:

The training component aims to empower both lay and professional caregivers with the necessary knowledge to manage common paediatric conditions in their own settings (whether residential or community based). We hope to achieve this by the development of a curriculum and set of training materials that will address the various needs of both lay careworkers and professionals.

ACHIEVEMENTS:

- **Training of care givers in the children's homes:**
  - **One of the earliest components of CHOMP began with the monthly educational sessions for caregivers from the children's homes. These caregivers are educated about common paediatric problems that may be encountered in the children's homes. These include amongst others: the management of diarrhoea and vomiting, feeding of children, HIV testing, ART etc. Our average attendance at these meetings is 58 and can sometimes be as high as 100 depending on the topic that is being covered.**



Careworkers from the home during a "making toys from waste" workshop.

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

- **We have enlisted the aid of several professionals to assist with the training. Dieticians have helped to design meal-plans for the homes, occupational therapists have run workshops on child development, child psychologists have addressed the psychosocial issues and the Wits AIDS Law Project has helped to address the legal issues.**

- **Two ring-bound books have been produced that contain the handouts for the presentations that have been made to the homes. Some of the homes have used the materials to further train caregivers in the homes that have not been able to personally attend the training sessions. In this manner the training has been cascaded down. Some of the materials have been copied and hung up in the children's homes to give caregivers readily available management guidelines.**

- **Training of Care Givers in the Community**

  - **CHOMP is in the process of adapting the material developed for caregives in the children's homes, to train home-based care workers faced with similar problems in the community.**
  - **To date we have been involved with training and developing material for the following organizations:**
    - The National Association of Childcare Workers (NACCW)**: In April 2005 we trained 26 master trainers in Durban. These trainers have subsequently rolled our material out to a further 300 care workers.**
    - Heartbeat: **We have been piloting training material for their careworkers in the Katlehong area. So far we have developed 12 modules and are in the process of finalizing a curriculum.**
    - Save the Children-UK**: One of their master trainers attended the NACCW workshop and they have requested further input from CHOMP to training their caregivers in Qwa-Qwa.**
    - **Social workers from both the** Johannesburg Child Welfare Society **and** Child Welfare South Africa **have been trained on "aspects of childhood HIV for social workers".**



One of the delgates is put through their paces during the NACCW training held in Durban this year.

- **CHOMP is in the process of developing comprehensive "Train the Trainer" manuals with training kits that include "visual aids" as part of our commitment to making the material we develop easy to use and readily available to as many other organizations as possible.**

.

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

CHALLENGES

- **To meet the needs of our often resource poor communities and homes, our material must be able to travel from "the bush to the boardroom." In South Africa there is a huge discrepancy of resources available to various communities. Often training needs to be conducted in rural area's where basic access to electricity is not always available. To this end we have developed a training package that largely relies on flipcharts which are easy to reproduce and require no fancy technology.**



- **Accessibility in the context of South Africa must also include a discussion about language. Unfortunately although English may not be the first language of many of those we hope to assist with this programme, it is currently the main medium for our materials. In order to address this issue, we have, wherever possible, made use of visual aids (a picture tells a 1000 words). We are also looking into the feasibility of translating some of the materials.**

- **Medical information is subject to change over time. We recognize that while much of the core information will not change any time soon, there are medical developments in certain area's such as antiretroviral treatment, will require us to review and update the information from time to time. Having contact will all who have accessed our materials will allow us to send them this updated information.**

FUTURE PLANS:

- **To develop a manual for child care workers in children's homes.**
- **To develop and run a formal training course for care-workers in the homes.**
- **To obtain Seta accreditation of our training curriculum's**
- **To finalize the material developed for Heartbeat and to role out the training nationally to all heartbeat sites.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

KATLEHONG PROJECT



THE NEED:

KATHORUS Community (Katlehong, Thokoza, Vosloorus) is a community heavily affected by HIV/AIDS where 76% of the community live in absolute poverty.

CHOMP was introduced to the Katlehong community by a children's home (Lambano Baby Sanctuary) who, through the skills they had acquired managing ill children in their Johannesburg home, conduct weekly home visits to ill children in the community and have trained over 200 foster mothers and grannies in the community.

CHOMP was also drawn into this area by Heartbeat: a non-governmental organization addressing the needs of orphaned and vulnerable children (OVC's) in communities around South Africa. They have developed an accredited curriculum that teaches caregivers the necessary skills to address the material and social needs of these children and asked CHOMP to provide input into their curriculum to address meeting the healthcare needs of OVC.

AIMS:

The Katlehong project aims to:

- **Train childcare workers from Heartbeat on aspects of child health and HIV.**
- **Explore the role of the community based organisations (CBO's) in improving child health in the HIV era**
- **Assist in building capacity amongst professionals in the area to manage HIV infected children through knowledge and skills empowerment.**
- **Pilot a referral system between CBO's and PHC clinics to ensure that the most vulnerable children including those in granny and child headed households access basic medical care as well as Anti-retroviral treatment if necessary.**



Heartbeat Care Workers in Katlehong with Dr Meiring

ACHIEVEMENTS:

- **Drs Jones and Meiring assisted the Natalspruit Hospital in the Katlehong area to develop the capacity of their Paediatric HIV clinic to "rollout" anti-retroviral treatment in the area.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

- **The project has piloted a curriculum for community based child care workers that addresses basic child health and aspects of childhood HIV. As the curriculum was piloted with a group of Heartbeat's caregivers from Katlehong, the group was able to assist CHOMP to ensure that the contents of the curriculum were relevant to their resource-constrained setting.**

- **Sr Catherine More has succeeded in getting a "back-referral from" designed by herself accepted as a pilot tool to improve communication between community based organisations (CBO's) and primary health care (PHC) clinics.**

- **Sr More has decided to submit her research into "the role community based organisations in improving child health in the HIV era" for a PhD degree from the Faculty of Nursing Sciences at the University of the Witwatersrand. Ethics approval for this research from the ethics committee for research on human subjects has been granted.**

CHALLENGES:

- **Determining the structure of health care delivery systems within the area (local vs provincial structures) and getting permission from the relevant authorities to work in the primary health care clinics in the area.**

FUTURE PLANS:

- **To "roll-out" the curriculum for community based child care workers into Heartbeat's 13 other national sites.**

- **Save the Children (UK) has asked CHOMP to share their lessons learned in this project with them and also to use the curriculum for community based childcare workers for their group of careworkers in the Qua-Qua district.**

- **It is hoped that this pilot will be able to assist CBO's nationally to improve child health in a world of HIV.**



Sr Catherine More assisting during a CHOMP clinic

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

FUNDERS AND SPONSORS:

- **Anglo American Chairman's Fund**
- **Rockefeller Brothers Fund**
- **Rockefeller Philanthropy Fund**
- **De Beers**
- **First Rand/ Momentum**
- **Dept of Health**
- **Naledi Adoptions**
- **Investec**
- **Deloitte / Nedbank**
- **Others : private donations**
  - **Hazel Gordon**
  - **Craig and Susan Oosthuizen**

WISH LIST:

- **To find funding to expand the adoption clinic, health audits and multi-disciplinary paediatric palliative care team.**
- **To source funding to pilot the alternative model of care in Katlehong.**
- **To get "CHOMP Durban" up and running.**
- **Funding for Dr Meiring to gain the necessary expertise from the University of Cardiff in the UK to train as a specialist in Paediatric Palliative Care.**
- **To renovate a "larger space" within the TMI building to accommodate the expanding project**
- **A Website**
- **Assistance with developing a "new name" and with branding and marketing of such.**
- **Clinical Equipment: such as wall mounted ENT sets, a second sats monitor and a screening tool for hearing assessments.**
- **IT support to develop a clinic management and data management system.**
- **Volunteers to help in the office with administration, filing and patient flow during clinics.**

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

CONTACT DETAILS FOR THE PROJECT:

Physical Address:	Ground Floor The Memorial Institute for Child Health Corner of Empire and Joubert Street Extention Gate 13
Postal Address:	Postnet Suite 381 Private Bag X30500 Houghton 2041
Tel:	+27 (0)11 484-0793
Fax	+27 (0)11 484-7499
Email:	chomp@paedshiv.wits.ac.za



pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

APPENDIX 2:

RAPID TELEPHONIC APPRAISIL QUESTIONNAIRE:

Name of Home/Institution: _____

Classification:

Type of facility	**tick**
Children's Home	
Place of Safety	
Shelter for street children	
Youth Development Facility (correctional services)	
Special needs children's home	

Physical Address: _____

_____

_____

Contact Person: _____

Telephone: _____ Fax: _____

Cell Phone: _____ e-mail: _____

Date home was founded: _____

Mission statement/ Purpose of home: _____

_____

_____

_____

Total number of children currently accommodated in the home: _____

Registered with the Department of Social Services? YES ☐ NO ☐

Additional notes:

_____

_____

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

APPENDIX 3:

QUESTIONNAIRE USED FOR THE IN-DEPTH ANALYSIS OF THE 24 STUDY HOMES

SECTION 1: DEMOGRAPHICS AND HISTORY OF THE HOME:

Name of Home/Institution: _____

Physical Address: _____

_____

_____

Postal Address: _____

_____

_____

Contact Person: _____

Telephone: _____ Fax: _____

Cell Phone: _____ e-mail: _____

HISTORY AND ORGANISATIONAL COMPONENT

Date home was founded: _____

Mission statement/ Purpose of home: _____

_____

_____

Funding: State ☐ NGO ☐ - Religious institution ☐

- Non-religious institution ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

SECTION 2: TURNOVER OF THE HOME:

1) No. of children admitted to the home over the past 6 months : ☐

2) No. of children fostered or adopted out in the past 6 months :

Total Number ☐ Adopted: ☐

Fostered: ☐

Characteristics of children being placed out:

CHARACTERISTIC:	*ADOPTED OUT:*	*FOSTERED OUT:*
SEX : MALE:		
FEMALE:		
AGE : YOUNGEST:		
OLDEST:		
MODE:		
HIV STATUS : POS:		
NEG:		
DESTINATION: LOCAL:		
INTERNATIONAL:		

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

3) No. of deaths in the past 6 months:

CHARACTERISTIC:	***HIV POSITIVE:***	**HIV NEGATIVE:**
AGE : YOUNGEST:		
OLDEST:		
MODE:		
PLACE OF DEATH : **HOME:**		
HOSPITAL:		
CAUSES OF DEATH:		

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

TURNOVER FOR THE HOME: (Jan – June 2003)

*** Placement:**
Adopted out: AD
Fostered out: FO
Returned to family: RF

1) CHILDREN PLACED OUT:

	NAME	AGE	*SEX*	HIV STATUS	*PLACE* MENT *	*LOCAL*	INTER NAT.

2) DEATHS:

	NAME	*AGE*	*SEX*	HIV STATUS	*PLACE* OF DEATH	*CAUSE*

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

SECTION 3: AVAILABLE FACILITIES AND RESOURCES IN THE HOME

3.1) SLEEPING FACILITIES:

Total number of rooms ☐

Smallest number of children / room ☐

Largest number of children / room ☐

Isolation facilities available (e.g. for chicken pox) Yes ☐ No ☐

3.2) HYGIENE FACILITIES: (INFECTIOUS DISEASE CONTROL)

No. of toilets ☐

No. of baths/showers ☐

Separate areas for nappy changing: Yes ☐ No ☐

Nappies: Towelling ☐

Disposable ☐

Disposable gloves used for changing: Yes ☐ No ☐

Accessible hand washing facilities after changes: Yes ☐ No ☐

Hands washed after each nappy change: Yes ☐ No ☐

Soaps used Toilet Soap : ☐ Antiseptic Soap: ☐

Antiseptic spray: ☐

Hand drying : Washable Towels: ☐ Disposable Paper Towels: ☐

Documentation of stooling: Yes ☐ No ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

3.3) FEEDING PRACTICES:

Available formulas: Nan/S26 ☐

☐ Nan 2

Lactogen 1 ☐

Lactogen 2 ☐

SMA ☐

Isomil/Infasoy ☐

AL110 ☐

Alfare ☐

Pelargon ☐

Other _____

Method of sterilisation of bottles:

Boiling ☐

Sterilisation Solution: ☐

Other ☐ _____

Feeding charts kept: Yes ☐ No ☐

Vomiting documented: Yes ☐ No ☐

Method used to determine volume of feed/ child:

_____

Hand washing with bottle preparation : Always ☐

Mostly ☐

Sometimes ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

Weaning foods: Purity: ☐ Home cooked: ☐

Combination: ☐

3.4) **FIRST AID KIT:**

Basic constituents: _____

_____

_____

_____

_____

3.5) **AVAILABLE DRUGS**: (Home "stock" / not prescribed for individual children)

_____

_____

_____

_____

Who gives the medication? _____

Medicine charts kept: Yes: ☐ No: ☐

No of children on chronic medication: ☐ on ART ☐ anti-TB ☐

% of children that should receive Bactrim prophylaxis that are : ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

3.6) OTHER MEDICAL EQUIPMENT:

Thermometers: Yes ☐ No ☐

Scale: Yes ☐ No ☐

Oxygen: Yes ☐ No ☐

Nebuliser: Yes ☐ No ☐

Nasogastric Tubes: Yes ☐ No ☐

IV Therapy**:** Yes ☐ No ☐

Other: _____

Hospice Facility: Yes ☐ No ☐

3.7) DEVELOPMENTAL STIMULATION:

Toys available: _____

_____

_____

Do caregivers have time to play with the children? _____

_____

Do volunteers play with the children? _____

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

Are there any Physiotherapists or Occupational Therapists involved in the home? If so, how often do they visit?

_____

_____

Signs of "institutionalisation" observed by primary investigator (eg. clinging, rocking)?

Yes ☐ No ☐

Average age at which most children in the home walk: ☐

Educational activities in the home:

_____

_____

Schooling: Creche facility : Inside home: ☐

Outside home: ☐

Schools attended: Government: ☐

Private: ☐

Home schooling: ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

3.8) MONTHLY EXPENDITURE FOR THE HOME:

ITEM	COST PER MONTH
1) Staff Salaries (including IOD and UIF)	
2) Water and Lights	
3) Rates and Taxes	
4) Telephone account	
5) Groceries (excluding formula)	
6) Formula feeds	
7) Nappies	
8) Medical costs	
8.1) Private consultations 8.2) Children > 6 yrs: state	
8.3) Medicines	
8.4) Equipment/ other	
9) Transport (petrol/ taxi fares)	
10) Maintenance work	
11) Other:	
TOTAL	

INCOME FOR 2002:

STATE FUNDING:	
DONOR FUNDING:	
OWN FUNDS:	
TOTAL	

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

SECTION 4: STAFFING

4.1) CURRENT STAFFING OF THE HOME:

Salaried caregivers: Total no: ☐

Salary per month/shift: _____ (/ month) _____ (/ shift)

No. of hours per week: _____

Maximum duration of shift (hours): _____

Volunteers : Total no: ☐

No. of hours per week - Maximum: _____

- Minimum :_____

No. of caregivers per day shift:

Minimum ☐ ------ Paid ☐

----- Volunteer ☐

Average ☐ ----- Paid ☐

----- Volunteer ☐

Maximum ☐ ----- Paid ☐

----- Volunteer ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

No. of caregivers per night shift:

Minimum ☐ --- Paid ☐

Average ☐ ----- Volunteer ☐

----- Paid ☐

-----Volunteer ☐

Maximum ☐ ------Paid ☐

----- Volunteer ☐

Average staff: children ratio**:** ☐

4.2) STAFF TURNOVER:

No. of new staff members in last 3 months: Paid ☐

Volunteer ☐

No. of staff leaving in last 3 months: Paid ☐

Volunteer ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

4.3) EDUCATION OF STAFF:

Informal Teaching in the home:

Given by: _____

How often? _____

Topics addressed: _____

_____

_____

_____

_____

Formal Teaching:

Courses to be completed by caregivers: _____

_____

Educational material/ manuals used: _____

_____

_____

Psychological support available for caregivers:

Debriefing esp. after death or other traumatic event in home: _____

_____

_____

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

4.4) DEMOGRAPHICS OF CARE GIVERS:

CARE- GIVER	PAID	VOLUNTEER
TOTAL NO :		
SEX : Male		
Female		
RACE : Black		
White		
Coloured		
Indian		
AGE : 16 – 20 yrs		
21 – 25 yrs		
26 – 30 yrs		
31 – 40 yrs		
41 – 50 yrs		
51 – 60 yrs		
> 60 yrs		
EDUCATION : Std 5		
Std 8		
Matric		
Diploma		
Degree		
First Aid Course		
LENGTH OF EMPLOYMENT: Shortest Duration:		
Longest Duration:		
Mean Duration:		

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

SECTION 5: MEDICAL NEEDS OF CHILDREN IN HOME:

5.1) Main health care facilities utilised:

*Local clinic ☐ _____

*Local hospital ☐ _____

*If not utilised state why: _____

Visiting doctor ☐ _____

Doctor's rooms ☐ _____

5.2) Visiting health professionals: (To be done prospectively)

Visiting health professionals	Average no. of visits per month	Average no. of telephonic consultations per month	Cost to home:
Doctors: GP			
Paediatrician			
Nursing Sister			
Occupational Therapist			
Physiotherapist			

5.3) Immunisations and weighing:

Local clinic ☐ Growth monitoring done by home themselves: ☐

Visiting Sister ☐ Plotted: ☐

5.4) HIV Testing:

State Hospital / Lab: ☐

Private Labs: ☐ Cost/ month to home: ☐

Cost covered by adoption agency: ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

5.5) ACCESIBILITY AND AVAILABILITY OF HEALTH CARE FACILITIES:

5.5.1) Means of transport to health facility:

Private vehicle (staff's own) ☐

Vehicle owned by home ☐

Driver - specially assigned ☐

- caregiver ☐

Public transport/ taxi ☐

5.5.2) Escorting children to health facility:

Who usually escorts the child? _____

If the escort is a caregiver on that shift, is he/ she replaced by another during the period of absence? Yes ☐

No ☐

What information does the escort take to the health care facility?

--Road to health card ☐

-- Medication chart/ list ☐

-- Letter from home manager ☐

5.5.3) What is the predominant experience of caregivers with respect to the attitudes of staff in health care facilities ?

Hospital outpatients/ casualties: _____

_____

_____

Local clinics: _____

_____

_____

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

Private facilities: _____

_____

_____

5.5.4) Most common medical problems for which medical advice is sought:

_____

_____

_____

5.6) REQUIREMENTS FOR IN_PATIENT MANAGEMENT:

Frequency of hospital admissions:

How often are the children admitted?

Often ☐

Sometimes ☐

Hardly ever ☐

No. of admissions in the last 3 months: ☐ HIV POS: ☐

HIV NEG: ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

5 .7) COMMUNICATION FROM THE HEALTH CARE FACILITY:

Information supplied by referring institution on admission of child to home :

None: ☐

Inadequate: ☐ Adequate: ☐

Does the home have it's own form that it requests the referring institution to complete? Yes ☐ No ☐

Information received from health care facility following consultation.

None ☐

Inadequate ☐ Adequate ☐

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

5.8) MEDICAL AND OTHER RECORDS KEPT AT THE HOME:

1) Form 4: ☐

2) Social workers report: ☐

3) Road to Health Card: ☐

4) Admission form: ☐

5) Discharge Summary from hospital: ☐

6) Patient held hospital record: ☐

7) Notes made by visiting professional :

- Doctor ☐
- Nurse ☐
- Physio/ OT ☐

8) Laboratory Reports: (esp. HIV results) ☐

9) Other: ☐

Who is allowed access to these records? _____

_____

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

APPENDIX 4:
DEMOGRAPHIC DATA COLLECTION SHEET FOR CHILDREN ADMITTED TO THE HOMES

Name (for tracking purposes only)	Date of birth	Current age	Age on admission	Sex	Reason for admission	Parents whereabouts	Parents HIV status if known	Child's HIV status	Method of testing (if known)	Health status

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

APPENDIX 5:

CAREGIVERS QUESTIONNAIRE /DATA COLLECTION FORM

Demographic details of caregiver

1. Age ☐
2. Sex ☐
3. Race B ☐ W ☐ C ☐ I ☐
4. Education:

   School - standard ☐

   Nursing degree/ diploma ☐

   Other degree/ diploma ☐

   First aid training: Yes ☐ No ☐

   Other skills/ training: _____

   _____

   _____

5. Previous job: _____

   _____

6. Length of current employment: _____

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

APPENDIX 6:

POP QUIZ ADMINISTERED TO 50 RCCW:

1) Name 3 ways in which children may get HIV:

_____

_____

_____(3)

2) What percentage of babies born to HIV positive mothers will contract the virus from their mothers at birth (without the use of Nevirapine)?

_____ (1)

3) Is there any way you as a healthcare worker may contract HIV from the infected children in the home. If so, How?

_____

_____(2)

4) Name 2 important illnesses that may affect children with AIDS:

_____

_____(2)

5) Why do we use daily bactrim in HIV positive children?

_____

_____(1)

6a) How much panado would you give to a 6-month-old baby who weighs 8 kg?

_____(1)

b) How often could you repeat this dose?

_____(1)

c) How else could you bring a baby's temperature down?

_____(1)

d) What is the danger of a very high temperature?

_____(1)

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

7) Name 2 ways in which you could tell that a baby was becoming dehydrated.

_____

_____ (2)

8) How you prepare homemade oral rehydration solution?

_____

_____

_____(3)

9) Name 2 signs that would worry you in a child with pneumonia/ chest infection?

_____

_____(2)

10a) What would you do if a small baby were choking on something?

_____

_____(2)

b) What would you do if a child were choking on something?

_____

_____ (2)

11) What infection could an infant have if they were crying continuously, had a high fever and a bulging fontanelle (soft spot) ?

_____ (1)

Total: 25

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

QUESTIONS FOR CAREGIVERS (NOT TO BE SCORED)

1) What do you enjoy the most about working in a children's home?

_____

_____

_____

_____

2) What do you find the most difficult about working in a children's home?

_____

_____

_____

_____

3) What do you think could be done to optimise conditions and improve the management of children in children's homes in Johannesburg?

_____

_____

_____

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

APPENDIX 7:

HIV TESTING POLICY OF THE JOHANNESBURG CHILDWELFARE SOCIETY:

The policy document on HIV testing of the Johannesburg Child Welfare Society at the time stated that: "There can be no routine HIV testing for children entering JCWS services or facilities. HIV testing should however be arranged when it is essential to:

1) Facilitate permanency planning for a child's care and treatment
2) To enable prospective adoptive and foster parents to make informed decisions as regards taking in children who may become terminally ill and to
3) Provide appropriate preparation, education and support for such caregivers.

The document further recommended that certain categories of children be tested for HIV: that is:

1) Children before entering substitute family care or residential care and
2) At such times thereafter as may be indicated by:
    i) babies who are released for adoption
    ii) abandoned children under three years of age
    iii) children under 3 years of age for whom long term adoptive or foster parents are being saught.
    iv) Sexually abused children, where there is a significant likelihood of exposure to the virus, and where long term foster or adoptive parents are being saught.
    v) Children presenting with symptoms that appear indicative of HIV/AIDS.

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

With respect to consent for HIV testing of children in institutions:

1) Children over the age of 14 are permitted to give their own consent in terms of an amendment to Section 39 of the Child Care Act (passed in June 1991) after adequate pre-test counselling.

2) Children under the age of 14 can only legally be tested for HIV after consent has been obtained from the parent or legal guardian of the child. The head of a children's home or institution becomes the legal guardian of an abandoned or removed child once the child is committed to the home by an order of the Court (form 8).

3) The current Child Care Act states that where the parent or legal guardian are unavailable or the child has not yet been dealt with in terms of the Child Care Act (i.e: legal guardianship has not yet been conferred), the Minister's permission must be obtained to test the child.

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

APPENDIX 8:

LIST OF REGISTERS AND DOCUMENTS TO BE KEPT IN A CHILDREN'S HOMES CONTAINED IN THE REGULATIONS UNDER THE CHILD CARE ACT.

Regulation 33B under section 28 of the Child Care Act # 74 of 1983

1) In addition to the behaviour management intervention register referred to in regulation 32 (9)(a) a register or registers shall be kept in a children's home in which the foillowing particulars of each child shall be entered:

a) His or her full name, sex, date of birth, identity number

b) names, addresses and telephone numbers of parent or parents, guardian or guardians or next of kin:

c) date of admission;

d) date on which the court order or extension thereof expires in terms of when a child is detained

e) for each leave of absence, the address where the leave of absence was spent;

f) for each leave of absence, a report of whether the leave served the best interests of and was conducive to the welfare of the child

g) the assessment programme for the child and any evaluation reports in regard thereto; and

h) any other documents or correspondence relating to the child

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!

2) A separate file shall be kept in a children's home in respect of each pupil in that children's home in which the following documents shall be filled:

a) All documents relating to the child received at the time of his or her admission;

b) All reports received from the school which the pupil attends or attended;

c) All reports on any physical, psychiatric or clinical-psychological examination of the child and may report on the results of any treatment given;

d) Reports and notes from social workers and the staff of the children's home on the pupil;

e) addresses where vacation leave was spent and how that leave turned out;

f) the treatment programme for the pupil and any evaluation reports in regard thereto; and

g) Any other documents or correspondence relating to the pupil.

pdfMachine
A pdf writer that produces quality PDF files with ease!
Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.
Get yours now!