Community ministries orphans and vulnerable children social work essay

INTRODUCTION

As a result of the poverty, violence and HIV/AIDS so common in our society, many children are growing up without the basic love, provision and protection that they need. Van Dyk (2005: 269) is of opinion that the extended family system, which traditionally would have provided support for orphans, is greatly overextended in those communities most affected by HIV/AIDS that it can often no longer take care of its orphaned children. As the number of adults dying of HIV/Aids, increasing numbers of orphans will grow up without parental care and love, and be deprived of their basic rights (Van Dyk, 2005: 269). Apart from the HIV/AIDS affected children, many other children live in extremely poor households or is neglected, resulting orphans and vulnerable children being denied or discouraged from accessing basic services, such as health care and welfare services. They need the step in of care-givers, the church or state to ensure their well-being. Vulnerable children in circumstances other than HIV/AIDS and poverty e. g. abusive households needs just as much support. The church has to be serious about their call to care for God's children. In this regard the Bible warns the church to take responsibilities for the welfare of orphans and widows as a basic element of living out our faith (James 1: 27). The church has also a vital role to play in helping to ensure that children without parents are cared for and where possible remain in their communities. This can be achieved by helping households, especially in poor communities to be able to take in orphans without becoming more impoverished themselves (Gennrich, 2004: 78). Orphaned and vulnerable children are in desperate need for physical, emotional and physiological help, as they carry the effects of being orphaned

for the rest of their lives. The impacts last for generations. Behind the statistics of orphaned and vulnerable children are real people: children who are often in urgent need of food, clothing and shelter. These children have a right to education and to dream about a better future (Chitando, 2007: 23).

IDENTIFYING OF ORPHANS AND VULNERABLE CHILDREN (OVC)

It is extremely important to identify orphans and vulnerable children in communities and provide appropriate support for them. Whiteside (2000: 144) states that amongst the most threatened groups identified were those children from " infected" households who are affected in a range of ways both before and after the deaths of their parents. The term ' parentification' refers to the process of creating a parent out of a child in order to care for a parent or siblings. Chitando (2007: 23) is of opinion that they have the burdensome responsibility of looking after their younger siblings and thus forced to abandon their youthful dreams, they have to face the hard realities of life at an early age. They are children who have become parents overnight because of AIDS. Uys & Cameron (2003: 176) also agree and says that the reality of HIV/AIDS in the family is that children are caring for the sick and assuming adult responsibilities before they are ready to do so. Children are leaving school earlier; they marry earlier, enter the labour force earlier and are frequently sexually exploited. Home-based care programmes can identify vulnerable children and launch orphan care in communities. Community caregivers must know what are the needs and rights of orphans and vulnerable children and how these needs and rights can be disrupted by HIV/AIDS. Suitable models of care and psychosocial support must be

implemented to satisfy the needs (Van Dyk, 2005: 270). Orphans could be absorbed into the extended family system. However with modernity and its vicious economic system, children fall away this safety net. As a result, often children are neglected and live on the streets (Chitando, 2007: 23). Before this happen, the orphans and vulnerable children need to be identified and supported.

THE NEEDS OF ORPHANS AND VULNERABLE CHILDREN

UNICEF (in Uys & Cameron, 2003: 176) put the problems and needs of the Orphan and Vulnerable Children into words as follows: " Neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents stigmatised by society through association with HIV/AIDS, plunged into economic crises and insecurity by their parent's death, and struggling without services or support systems in impoverished communities." Typically their needs include the need for food and security, housing, clothing and bedding, health care, education and income generations, parenting, friends and recreation and non-discrimination and legal protection. But the needs of orphans are multiple, extending far beyond physical and material needs. The increasing numbers of adults dying of AIDS result in numbers of orphans that grow up without care and love from their parents, and they are been withdrawn of their basic rights to shelter, food, health and education. Gennrich (2004: 108) emphasize the fact that most children affected by HIV/Aids come from homes where others are sick or dying, they often do not receive the love and care they need. Van Dyk, (2005: 270) stress that if these children have no longer access to education,

and because they lack work skills and family support of any kind, they often end up living on the streets with no money whatsoever, except what they can raise from begging. Gennrich (2004: 108) remarked that Aids orphans suffer more frequently from malnutrition (which lowers their resistance to sickness), illness, abuse and sexual exploitation than children who are orphaned by other causes. If they are also HIV+, their level of care and their need for proper nutrition, love and care is heightened even further. In most cases they live without basic human rights and dignity. They don't know how to protect themselves and they don't have access to doctors, nurses and other health care workers and facilities. Some studies have shown that death rates among Aids orphans are 2. 5 to 3. 5 times higher than those of children with a parent. Children that care for their parents are associated with social isolation. Younger children not only assume responsibility for more complex household responsibilities but are also robbed of the nurturing they previously received from their now ill parents. After their parents' death, children often lose their right to the family house. Relatives move in and often abuse and misuse the children by taking possession of their property but not providing support for them. Uys & Cameron (2003: 177) emphasize the future perspective of these children. Unless arrangements are made for children before their parents' deaths, the trauma, guilt, and grief so common among these children, is worsened by uncertainty regarding their future. When the extended family either does not exist or simply cannot cope, the only alternative is often for siblings to live together, frequently with no adult supervision. Child-headed households have their own unique problems which include: poverty, lack of supervision and care, educational failure, lack of adequate medical care, poor housing and child labour (Uys & Cameron,

2003: 177). These children have to be identified and supported. If they can't be taken up in the extended family, a care-parent has to take care of them or other arrangements need to be taken in consideration for the children. Whiteside & Sunter (2000: 140) emphasize the importance that particularly orphans are vulnerable to sexual molestation. Thus all children need to be brought up in a caring environment. Gennrich (2004: 128) again stress the fact that orphans and vulnerable children are at higher risk of child abuse. Orphans and affected children, especially young females, are extremely vulnerable to sexual abuse and exploitation. Thus care for orphans should be a priority if we want to secure the future of the next generation. Uys & Cameron (2003: 178) refer to the Children's rights that need special protection. The aim is to focus on the whole child and promote the effective realization of all his or her rights. This is a framework for working with children affected by HIV/AIDS, augmented by an understanding of the needs of the orphans, their guardians, and the communities in which they live. The Convention on the rights of the Child (CRC) sets out the political, civil, cultural, economic and social rights of children. The CRC guarantees the rights of children to: protection (from abuse, neglect and all forms of exploitation)provision (of food, health care, education, social security), andparticipation (in all matters concerning them)The above mentioned are in turn defined within the four principles of the CRC: non-discriminationthe best interest of the childthe right to life, survival and development, andRespect for the views of the child. Among the rights defined in the CRC are many that have particular relevance in the context of HIV/AIDS and the OVC problem (Uys & Cameron, 2003: 178). Apart from physical and material shortages the children also have to cope with the physiological aspects. They have to face

the possibility of stigma relating to their own status, if they are infected, as well as stigma flowing from their parent's or caregiver's status. The stigma often continues even after the death of their parents or caregiver, when they are rejected or treated with scorn by the extended family and the community. All children have physical, social, and intellectual needs that must be met if they are to enjoy life, develop their full potential, and develop into participating, contributing adults. If any one of these basic needs remains unmet – or is inadequately met – then development may become stunted or distorted (Uys & Cameron, 2003: 180).

STRATEGIES FOR CARE AND SUPPORT OF OVC

In the midst of the orphan crises churches became involved to make a difference. Even before the HIV epidemic, churches were always involved in programmes to enhance the welfare of children. The church can play a major role in identification of these vulnerable children. Chitando (2007: 29) calls the visiting of OVC in their homes as a key characteristic of churches ' with ears'. It is absolutely crucial for churches to ensure that children remain within their families as long as possible. Family care remains ideal. This is also in keeping with the church's emphasis on the family. Sutherland in Chitando (2007: 31) emphasise the family as " the most important source of love, attention, material sustenance and moral guidance in a child's life. Every child needs the nurturing support of family and the experience of community in order to thrive." Often grand-parents have to carry the burden of caring for OVC. Many orphans are cared for by their grandparents who normally would themselves be dependent on their adult children. Moreover the grandparents are exhausted from a long working life, and finally they

have been psychologically strained by the death of their own children from AIDS. The need for re-training in parenting skills of grandmothers, caring for orphaned or affected children is often overlooked. According to Uys & Cameron (2003: 176) for generations, the extended family system has met most of the basic needs of children and provided a protective social environment in which they could grow and develop. Kinship systems have dictated various social, economic and religious obligations towards the family lineage as well as the social and material rights of the individual within the lineage. However economic stress has threatened the support of the extended family, and has undermined its efficacy as a social support network. For the extended family, additional children increase the financial burden; it puts tension on relationships and weakening the capacity of the family to cope. The pressure to care for additional children, therefore, is hard on the capacity of the extended family to cope. The problem is that in HIV/AIDS threatening communities the extended family system, which usually would have provided support for orphans, is greatly overstretched that it can often no longer take care of its orphaned children. In this area the church can step in with an ' adopt an orphan' project where individuals can provide in the physical and financial need of a child. Another problem that arises at a time when the family is most needed as a support for orphans and affected children is the stigma associated with HIV/AIDS is further affecting the willingness of families to care for and support these children. This is resulting in increasing exploitation and neglect of children. When the extended family does not exist or simply cannot cope, the next alternative is often for children to live together, frequently with no adult supervision. Child-headed households have their own unique problems which include: poverty,

educational failure, lack of adequate medical care exploitation and psychological problems. In this case alternative care is an absolute necessity and I agree with the general consensus and Uys & Cameron (2003: 181) that interventions to assist orphans and affected children should not be to withdrawn but be based in and owned by, the affected communities themselves. Thus these OVC needs an adult like a care-giver who can see to the responsibilities of the household. Gennrich (2004: 129) whole-heartedly agree as she recommended that children remain in their communities of origin where they can be supported by a care-parent of caring adults who could visit and monitor their well-being two or three times a week. If no family or community care for a child can be found, residential care for up to six children living in small houses that are an integral part of the community can be used as a last option. The community itself needs help in coping. Caregivers should help to establish systems to identify and monitor orphans and vulnerable children and needy families and to supervise the care of children. Whiteside & Sunter (2000: 144) also support the care-parent solution for the orphans and vulnerable children problem. He makes the proposal to train care-parents, selected by communities and church groups in conjunction with local authorities. Orphans can then be housed with their care-parents who will be paid a small salary for supervision and be provided with sufficient funds to cover food, clothing and incidental expenses. One must never neglect the well-being of the care-givers. Uys & Cameron (2003: 181) emphasises the wide-ranging needs of care-givers. Not only may they need assistance with physical work, they may also have many material needs. In addition, these care-parents guardians will need counselling, education, and social support. Chitando (2007: 24) stresses that children

have seen their futures snatched from them by the HIV epidemic, in an abusive or in a neglected household. Often they have to run the household, do not have an adequate food supply and end up missing school. A vicious cycle of poverty has developed. Some children have been accommodated in institutions run by government and NGO's, but these are also under strain. Although institutions are helpful in some desperate situations it is one of the least options to consider. The building of orphanages, does not allow children to develop relevant social and emotional skills. It is NOT recommended that children be placed in orphanages, and churches should be discouraged from becoming associated with the development of orphanages. The best way to serve orphans and vulnerable children is to strengthen the capacity of families and communities to care for them.

EVALUATE THE CHURCH'S CURRENT PARADIGMS TO CARE FOR

THESE CHILDREN

Chitando (2007: 26) focus on the biblical imperative to look after orphans (Jer 22: 3. Ps 82: 3). Churches should make orphans and vulnerable children a priority in their programmes. Caring for OVC must come forward as an integral part of the primary activity of churches. Churches already play a leading role in the provision of care for orphans and vulnerable children. However the increase in the number of orphans means that churches have to move the issue of children right to the top of their agenda and have to extend their efforts. Resource mobilization has to become one of the major concerns for the churches. We need to find resources to ensure that churches are well positioned to look after orphans and vulnerable children.

Chitando (2007: 26) stipulates the Ecumenical Plan of Action, where churches made the following commitment: " we will support local congregations in caring for child-headed families and all vulnerable children, especially orphans. We will also help widows, widowers and care-givers who have responsibilities for children, especially those elderly people who are caring for grand-children or left destitute by the death or sickness of adult children." I agree with Gennrich (2004: 86) that churches are very different in terms of the types of people in their congregations. The kind of people in each church will affect how they respond to HIV/AIDS and other OVC. However suffering unites us and God has given us an opportunity through caring to bring social healing in our communities. The church is challenged to work in neighbour communities because there are important differences between your own and in neighbouring communities. Thus there will be different attempts by churches to respond to OVC especially to HIV/AIDS orphans, either in their own or neighbouring communities. However one must always remember the value of talking with people in the community itself (Gennrich, 2004: 86). Involvement from the church should improve long-term physical, emotional and spiritual well-being. The church has the opportunity to give a practical demonstration of God's love by His Spirit through Jesus Christ. In connection of HIV/AIDS the aim should be to help rebuild devastated communities by supporting the families in their own rebuilding process, and to develop a practical model of cost-effective rehabilitation of these families. The church of Jesus Christ is exceptionally equipped to assist people at physical, emotional and spiritual levels. The church has to look where to assist people to regain respect and confidence that they had lost in themselves. The church is there to give to those with

AIDS/HIV hope when facing death. Gennrich (2004: 104) is of opinion that while the community is suffering and experience enormous loss, still the church has this unique God-given opportunity to heal and restore the wounds by uniting people and to contribute towards building the Kingdom of God. Jesus calls us to action - His teachings on helping the poor, loving our neighbour and making disciples is clear. Many congregations are full of life and faith in Christ. But their work and ministry is crippled by the lack of basic need, e. g. caring for the vulnerable. HIV/AIDS is dreadful and tragic, thus poverty, abuse and violence in families. It kills the patient either physically or physiologically and leaves the family in bewildering tragedy. Motivated by love the church must seek to minister and bring the power of Christ to the sufferers and their survivors. The responsibility of the church does not end in proclaiming moral standards alone, but in a caring ministry. Christ would personally be deeply involved in ministry to those who suffer, providing physical, emotional, and spiritual support and care. He is present today through His church. This kind of work is the highest work of the church.

IMPLEMENTATION OF RECOMENDED STRATEGIES FOR CARE OF ORPHANS AND VULNERABLE CHILDREN

There are various policies and methods to engage community development from a faith-based organisation. Uys & Cameron (2003: 181) says that there is general consensus that interventions to assist orphans and affected children should be based in and owned by the affected communities themselves. Members of the community are in the best position to know which households are most severely affected and what sort of help is

appropriate. They know who is dying, who has died, who has been taken in by relatives, who is living alone and who has enough to eat. It is no longer a church project but belongs to the community. No church, organisation or community can have an impact in these children's lives without also working with their caregivers. Volunteers from within the community are more likely to visit households regularly and the help they offer is more likely to be practical and supportive. The role of outside organizations is to assist communities by capacity building. Gennrich (2004: 104) suggests and stress to follow a holistic, compassionate and sustainable programme that improves quality of life, aiming at giving the young people an understanding of their value and destiny. This allows them to make different choices about their futures, including about their sexuality.

EVALUATE EXISTING ORGANISATIONS AND/OR ASSEMBLY
PROGRAMS INVOLVED IN THE LIFES OF OVC

The church and other religious organisations should seriously consider their role in the HIV/AIDS, and OVC problem. In George, different churches, the private and business sector are involved in helping, rebuilding and equipping the community.

Bethesda

As an answer to this call BETHESDA, a faith-based organisation in George, is an excellent example of service, care, and help to those in need. BETHESDA is operating institutional facilities that provide professional and compassionate care to destitute and traumatized children. The organization was formed in 2000 with the vision of providing holistic care to destitute,

traumatised and HIV/AIDS infected and affected children. In the beginning the organisation's main aim was to help with relief in the ever-growing HIV/AIDS pandemic. BETHESDA is a Christian faith based multi-denominational section 21 company, registered as a non-profit organisation. The organisation provides comprehensive medical care, social work services, relief and pastoral care to destitute community members, irrespective of their race or creed, with the aim of assisting these communities to develop sustainable programs, to sufficiently take over the devastating socio-economic impact of the HIV/AIDS and poverty crises. BETHESDA provides care in the three ways of alternative caring for the orphans and vulnerable children: besides the Hospice and Home-care service, BETHESDA runs an equipped facility as the Child and Youth Care Centre where children are cared for by a multi-disciplinary team. Only children with no care, placed by the Children court as a result of neglect, abuse or the absence of parents are taken up in the Youth Centre. Two Houses of Grace is in the developing process, where eight children and a care-parent take care will be housed in a family atmosphere. BETHESDA was initially established to support children affected by HIV/AIDS but with the involvement of the local churches and other sources of support, the organisation has developed and is successfully managing several effective and recognised programmes. Support lead to expansion and currently seven divisions of the organisation is running. The divisions are: In-patient Unit, Community Based Care (these services focus on palliative care to adults and children with life-treating and life-limiting conditions), Child and Youth Care Centre, Auxiliary Services, Financial Division, Stores and Charity Shop, Psycho-social Care. The Child and Youth Care Centre are registered for 45 children who are cared for by a multi-

disciplinary team. Children are placed in the Centre by the children's court as a result of neglect, abuse or the absence of parents. The centre delivers development services the children legally placed in their care. This service focuses on care for orphaned and vulnerable children and the service includes: Independent Living program, Academic and Development programs, Psycho-social intervention and Holistic support. BETHESDA is currently developing two care-houses where in each house seven children with a care-parent will be housed. Contributions in the form of fundraising, goods, volunteer service, professional expertise and project support enable BETHESDA to provide the services regardless of the patients' ability to pay and the poor economic circumstances of the community they serve. The involvement of the local churches, private and business sector makes an enormous difference in fulfilling their vision to care for those in need. Initially the organization started off caring for 45 children and has since evolved into a multi-functional structure for children and adults and is managed by a CEO with 109 employees, and care for about 600 persons on a daily basis of which more than 200 of these persons are children. The institute was started as a faith-based organisation but with support through the years from churches, the public, and business, the department of Health and even funds from overseas expanded at present to the R7 million budgets, annually. An excellent example of the huge impact in die community of an effective organisation and support from different sources!

LIFE Community Service

Life Community Service was started in 1999 when Patria Church in George saw that some children coming in off the street could not concentrate during

services. This was apparently due to the lack of nutrition. The church enquired where these children come from and visited their community. Under the initiative of a woman and the pastor, the outreach started in Parkdene where they initially minister to 40 – 50 children on a regular basis. Currently they minister and serve approximately 2 000 unprivileged children and teenagers four times a week with love, the Gospel of Jesus Christ, skill-training, nutritional food and meaningful programmes. The kitchen is the heart of LIFE'S work. It is a building at the intersection of four roads leading to the most deprived townships and communities and in walking distance for most children. Food cooked at the kitchen is taken in containers to ten centres where the children are served a hot meal. Each year a centre is erected in an area where the greatest need is identified. LIFE aims to mobilise the local churches, businesses and individuals to give their time and resources to established services in the communities with the greatest needs. LIFE seek to provide community based services that strengthen the family, believing that everyone person is unique. They want to see the heart of the community changed through the gospel, treating all people with Love, Dignity and Respect. Life community is a response to the challenge to the church. It was established to confront the dilemmas and crises facing impoverished children today. Other churches in this area have caught the vision and are giving meaningful support. By reaching the next generation, they make a positive input on the community of George and surrounding area.

KIDSTOP

KIDSTOP is a project which reaches out to community street children and their families in the George Area. At the Drop-in centre the children receive two nutritious meals, clothes, life skills training, literacy classes, counselling spiritual input and loving care. The community workers visit the streets on a daily basis and mentor the movements of the children at risk in the community. They identify children who are leaving their homes and communities and then link them with the basic reading and writing program, mainstream schools, social worker and families. The community workers build relationships with the children on the street and invite them to the drop-in centre. KIDSTOP also run a Safe House that caters for 6 children. The children are referred to the Safe House from their daily programme run at KIDSTOP as well as through social services and the various welfare organisations or departments working with placements of at-risk children. After careful consideration of the many unique factors and needs in their individual lives a multi-professional team assist them through a rehabilitation programme to be integrated in their families and community life.

MôRESON CHILD AND YOUTH CENTRE

MôRESON is a sustainable institution as it operates since 1917. It functions on a 3, 8 ha area on the river-bank of the Cat River. It consists of 8 houses with 12 to 14 children, each house with an efficient care-parent who cares for them in a family atmosphere. Currently 100 children between the ages 3 – 18 is taken care of. Each house is ' adopted' by a church in George for support. The Centre is further supported by local business, organisations and individuals. A child living in MôRESON is not the ideal option because the

child is taken out of his family surroundings but in the case of these children it is better by far as there is no other alternative care or support for them. Their great desire is to take care of each child special needs and that each child to grow up in a family environment. BETHESDA, LIFE, KIDSTOP and MôRESON have made a remarkable difference in the communities and in the lives of many children in desperate need of love, care and support.

CHURCHES, ORGANISATIONS, ALREADY INVOLVED IN THIS WORK – FUTURE PARTNERSHIP

Chitando (2007: 28) highlight an important aspect of mobilizing local resources as he says that resource mobilization by churches to support orphans might, disturb some Christians who feel that embarking on financial activities takes the church away from its core activity: missions. Jonathan Bank (in Chitando, 2007: 28), has persuasively argued, as missions have always involve money, it goes hand in hand with resource mobilization, particularly in resource-constrained settings. This mobilisation requires creativity of the congregations. In our country we have a HIV/AIDS, Poverty, OVC problem and we have to deal with it. Whiteside (2000: 136) elaborates on the HIV/AIDS problem as he says that we need to consolidate our efforts. To be involved in this problem, there are things we can do individually and collectively and it calls for extensive networking. Gennrich (2004: 107) agrees as he suggests that it is important to link first with another church or Christian organisation in the area and form a partnership with, and then to respond to the needs in their community. In this way the church is supporting and strengthening the local Christian community in their outreach while developing new, strong relationships. In this regard BETHESDA linked

with the Eden Congregation that supports them in different projects. EDEN, a more privileged congregation than the community that BETHESDA serves, takes hands with the organisation and is part of their team. There is an open heartedness and their involvement is indescribable and highly appreciated. Some of the projects EDEN contributed are: Slippers for the children in the Child and Youth Care Centre" Back to school" schoolbags with stationaryGrade 12 farewell to the Grade 12 inhabitants of the CYCCEach month a Birthday Party and present to celebrate their BirthdaysWikkelwurms-créche upgrading of infrastructure. TLC Packs: Tender, Love and Care toiletries packs is an on-going project. Toiletries being one of the patients' daily needs. This need is fulfilled on aregular bases by the congregation in providing bags with soap, toothpaste, deodorant and a wash clothNot only did the children benefit from their involvement but they went the extra mile entertaining the staff. Monthly motivational staff group sessions which lifted the spirits of the devoted staff membersVolunteer tea to sincerely thank all the volunteers. Motivational group sessions with interesting inspirational messages. There is an urgent call for possible partnership and future networking to be effective. If not the consequences of neglecting the orphans and vulnerable children will be felt throughout society for many generations to come. To prevent this social disaster will call for an imaginative response from the public and private sectors working in partnership. In the George area BETHESDA is a good example of a community taking hands for the benefit of the community.

A PLAN OF ACTION TO MOBILISE THE LOCAL ASSEMBLY TO ENGAGE IN INITIATIVES TO ASSIST AND SUPPORT OVC

Firstly the local assembly have to identify, and strengthen existing community structures to help children remain in the community. The assembly have to consider different initiatives and take hands with those or organisations to avoid duplication of effort. Partnerships are required to provide comprehensive support and complementary services for larger numbers of households and children in need of support. The church can launch an awareness campaign where the local community can be informed about the needs of the OVC. People are more willing to be involved, support and to help if they are aware of the problems people face, their needs and their future initiatives. A staff member of an identified organisation can give a presentation of information and the needs where people can be involved. Likewise a group of interested people can visit the organisation, to be familiarized with the framework in which they operate and identify where to assist and support the Orphans and Vulnerable Children. Religious leaders can help to mobilize the assembly because communities and volunteers are often motivated by their religious beliefs. Mobilise and challenge the church and business community to be part of the solution to the HIV/AIDS, Poverty crises and support of Orphans and Vulnerable Children. The Church can initiate fundraising activities to help provide finance community initiatives. The whole assembly can be involved or initiate activities where groups or individuals can be involved. Provide training to care-parents, care-givers and grand-parents. To provide and encourage counselling and support to vulnerable children and victims of sexual abuse and support girls who have

been abused. It is important to identify poor households and provides economic support to strengthen their resources. It is important to target the vulnerable families and ensure their survival, whether they are affected by HIV and AIDS or not. It is important to help vulnerable families become as economically independent as possible. Vulnerable families often do better with some support in income-generating schemes rather than hand-outs. Provide psycho-social support because these needs are often neglected because physical needs are more obvious. Most families affected by HIV suffer great psychological stress. The local church has to work alongside volunteers paying home visits to families who are catering for orphans and vulnerable children. Such acts of love and concern are worth more than any amount of money. AIDS competent churches interact with the children and listen attentively to their needs. Churches must demonstrate genuine affection of the children by constantly checking on themChitando (2007: 31). The local church can do a commendable job in distributing food to orphans and vulnerable children. Some congregations have adopted the practice of doing so for specified periods, for example, every two weeks. Others have identified members with increased capacity and have made them responsible for the welfare of selected families. All these strategies have facilitated the provision of food to orphans and vulnerable children. The Eden Food Bank, a non-profit trust, is coordinating the sourcing and supplying of food to qualifying organisations that address hunger and poverty in the district. " The Food Bank actively approaches food manufacturers, distributors, wholesalers and retailers in the region to source food for the needy. This includes excess stock, food close to expiry date, production overruns and damaged goods." (Redelinghuys, 2013: 14) The food is

collected, sorted and stored at the warehouse where it is broken down into smaller amounts and baskets are made up for distribution to qualifying organisations and food programmes including shelters and day-care centres that serve those in need. The local assembly is encouraged to give in His name! And in doing this, you will save lives not only here on earth but grow the Kingdom of God, and that's what it's all about. The cost of implementing a plan of assistance and support may be high, but the cost of not doing it and thus producing a generation of neglected young men and women, will be even higher. Whiteside & Sunter (2000: 114) agrees as he says very clearly that the consequences of not caring for the affected children will be felt throughout society for many generations to come. To turn aside this social disaster calls for the response from the church, the public and private sectors working in partnership.

CONCLUSION

There are challenges to successful care and support for orphans and vulnerable children that need to be highlighted. Many key lessons about the care of orphans have been learnt over the past decade. These should be heeded if we want to secure the future of the next generation. Enormous contribution is made by many churches in the areas of prevention, care and support. Many innovative ideas including, support projects, orphan care programmes, garden and food schemes for poor communities, educational programmes to change harmful behaviour, outreach projects for the youth and more. These initiatives make a huge impact in the community, and every single project makes a difference to the lives HIV/AIDS affected and OVC. The church have to hear the on-going but urgent cry for help and

support and have to do their utmost best to soften the devastating blemish it leaves in the lives of the sufferers. The key message is the partnership of involvement from the government, the church, private and the business sector. Each institution or church has to dream up their own solutions and put them into practice. Some will make an enormous difference, some less but all help will further the cause. In the process we will be building strong and sustainable institutions which are independent of the state, but with a genuinely caring ethic. The HIV/AIDS, Poverty, OVC-challenge is enormous. But people do not have to feel powerless. There is hope. It is all about action on many different fronts. In the process of supporting we learn to care more for each other. As Whiteside & Sunter (2004: 145) said: " Perhaps we will learn the true meaning of being a rainbow nation and our efforts will result in creating that civil society we all yearn for." George is an example of an enormous drive to unite churches, businesses and private initiatives in partnership with the already existing organisations to support the orphans and vulnerable children. I believe that the partnership in what is happening in George can be duplicated around South Africa to make a difference and to change the current climate of despair and violence in the lives of children to one of hope.