



2014 Brock International  
Prize in Education Nominee

**Carol Hofmeyr**

*Nominated by Marié-Heleen Coetzee*

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Dear Dr Harris

**THE KEISKAMMA TRUST: NOMINEE FOR THE BROCK INTERNATIONAL PRIZE IN EDUCATION**

It is my pleasure to nominate Dr Carol Hofmeyr for this prestigious prize. I herewith present to you the portfolio collated for the Keiskamma Trust in Hamburg, South Africa, that she started. Dr Hofmeyr's relentless drive to develop the community that she lives in and to attempt to address the injustices of the past educational and political system that manifest in poverty, poor health, nutrition, education, infrastructure and employment opportunities in Hamburg. Her holistic and integrated approach to education (very often via the arts) has seen the Keiskamma Trust grow into an entity that expands choices around human capabilities and optimise functionalities within the context that the community finds itself in.

I trust that my nomination will be considered favourably.

Sincerely

A handwritten signature in black ink, appearing to read 'M. Coetzee', is written over a light blue rectangular background.

Dr Marié-Heleen Coetzee

Professor and Head of the Drama Department

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## VUSELELA: RESTORATION AND THE ART OF HOPE

*“Human beings make art to find and give meaning.  
To make sense of things.  
To heal themselves.  
To continue to wonder at and to be in awe of this one life and this one world.  
I need to go back to make art just for myself to regain my own wonder and  
worship.  
I too need this healing.”* (Carol Hofmeyr).

Hamburg in the Eastern Cape province of South Africa is a small rural town located between the cities of East London and Port Alfred in the Amathole district. Named after Hamburg in Germany, the town was established in the mid-1800s by the British colonial government. During a century of frontier wars, the British removed people from the area and settled German mercenaries and immigrants<sup>1</sup>, to act as a buffer between settler farms and the Xhosa people along the Keiskamma river. The German farming project was unsuccessful, but attracted black Africans (Mfengu and Xhosa) to move to Hamburg as farm labourers. As time passed, the Germans moved to nearby towns, but the worker-families remained. From the 1900s-1970's, Hamburg was a popular holiday resort for the white Peddie community and for white farmers in the area. The local inhabitants became domestic workers or assistants for fishermen. Apartheid's homeland policy saw to it that nearly all the white families were pressurised to sell their property towards the 1980s. Hamburg became part of the Bantustan of Ciskei. Despite the homeland situation, village life seemed to have been supported well by the Ciskei government, including employment opportunities, the continuation of rural traditions, schools and clinics. The ANC uprising against Ciskei as an Apartheid government 'puppet country' in the late 1980's saw faction fighting and a fracturing of traditional systems of authority and leadership in Hamburg. When Hamburg was re-integrated into South Africa after 1994, the integration simultaneously provided hope for a democratic and non-racial future,

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<sup>1</sup> The Local Economic Development Plan Hamburg, South Africa (2011) states that there were more formal businesses operating in Hamburg in 1905 than there were in 2001.

whilst having a detrimental effect for the people living along the Keiskamma river. The tourism industry had all but stopped, Ciskei government factories closed or moved, and more than 90% of people were without work and the community was without effective leadership. There was little intervention by the new government to uplift and develop the community<sup>2</sup>. This was also the case in a number of villages including the villages of Ntlini and Bodiam further along the Keiskamma river.



Mostly inhabited by black Africans, the population is estimated at around 3000 people. The legacy of the years of turmoil is manifested in the lack of infrastructure, resources, opportunities and a host of social problems. Local people generally live subsistence lifestyles based on small-scale farming and fishing with some now entering the re-established developing tourism sector. A lack of employment opportunities (not to mention sustainable employment opportunities) are still scarce, younger people move to urban centres in the hope of making a better living – often lacking the education and skills to make them competitive in those environments. The HIV/AIDS ante-natal infection rate is significantly above the national average (54% of pregnant women as opposed to 31%); unemployment is mainly around 78%

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<sup>2</sup> The Local Economic Development (LED) plan for Hamburg was only released in 2011 based on some interviews and a series of meetings with a variety of stakeholder groups. The Keiskamma Trust gave input into the (LED) planning process and is identified as a significant contributor to the development of Hamburg. Following Keiskamma, the local municipality started building an 'art colony' to regenerate and stimulate small town economies in the Amathole district. **There are other NGO projects in the area, but interviewees identified Keiskamma as the most active and productive initiative (2011:33).** Keiskamma has also already started implementing some of the action plans in the LED report before the intervention took place. the LED plan acknowledges that the Hamburg area is one of the last developed areas in South Africa (2011:17)

<sup>3</sup> LED. 2011. 16, 36.

- more than 20% above the Eastern Cape average. The majority of families are completely dependent on social grants and only a small percentage receive remittances from mainly male migrant labourers working in other parts of the country. Sixty six percent of households (average 4.5 persons) earn less than R1, 500 per month<sup>4</sup>. Such extreme poverty and high HIV/AIDS rates, little community cohesion, poor health care services, a lack of food security and material resources, challenges in access to land and coastal/marine resources, housing, lack of consistent electrical supply, substance abuse, delinquency, poaching, criminal activities, a lack of access to good education, a lack of training opportunities for youth and women, teenage pregnancies and a high drop-out rate in secondary education are tangible evidence of these socio-economic problems<sup>5</sup>. Negative peer-group influences, unstimulating environments, household chores and family responsibilities taking priority over educational 'chores', a lack of facilities to complete educational tasks, a lack of stability and regulation in community structures contribute to low levels of motivation and a negative academic self-concept (Maarman 2009: 323;236-237). Functional literacy for the Peddie district is 55%.

The levels of education are strongly linked to low household income and high unemployment rates (approximately 78%-90% of people of working age in the area are unemployed). In the context of an inadequate education system, geographical remoteness and lack of employment opportunities, the need for nurturing care, support and encouragement in a structured, creative and stimulating environment for children and young adults is critical. State agencies nationally are struggling to meet their development goals and service delivery obligations - and the rural areas are particularly neglected. Socio-economic segregation aggravates the problem as poorer areas have less amenable working conditions, fewer financial input from parents to change the situation for their children and is not a draw-card for well

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<sup>5</sup> See Soudien, Crain. 2011. The arhythmic pulse of transformation in South African Higher Education. *Alternation*, 18(2):15-35. for a discussion on poverty, HIV/AIDS, poor schooling and inequality to drop-out rates and access to higher education/achievement.

qualified teachers (De Kadt 2009:29)<sup>6</sup>. In addition, the extensive critique of the effectiveness of the South African educational system from various quarters exacerbates the problems (see for example Maarman 2009; Spaull, 2011, Spaull & Taylor 2012; Jansen & Taylor 2003)<sup>7</sup>. In these contexts, it is difficult for people to envision life or a future beyond their immediate and limiting circumstances.

Hoffman<sup>8</sup> (<http://ethique.perso.sfr.fr/AFDLife%20skills.htm>), Radja, Hoffman and Bakshi ([http://ethique.perso.sfr.fr/Hoffmann\\_Radja\\_Bakhshi.pdf](http://ethique.perso.sfr.fr/Hoffmann_Radja_Bakhshi.pdf)) for example, demonstrate that beyond curriculum knowledge which stresses cognitive development and reflective thinking, the importance of life-skills education is increasingly gaining recognition. Life-skills<sup>9</sup> can shape attitudes, goal-setting, the building and maintaining of productive relationships with other people, identity, behaviour, purpose, social ability, resilience, emotional health and agency – which impacts on educational abilities and achievement. Life-skills education can be a means to understand individual and community well-being and social operations to conceptualise and evaluate how to optimise human and communal resources in a particular context.

Life-skills education has made its way into educational policy and curricula. The South African educational dispensation includes life-orientation as part of the curriculum in order to optimise learner's functioning as responsible and balanced citizens, but seems to be mainly driven by HIV and AIDS agenda. At times, these ideals form part of a knowledge-gaining and awareness-raising project, rather than

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6 De Kadt, Julia. 2009. Education & Injustice in South Africa. *Focus: Images of Justice*. Houghton :Helen Suzman Foundation. 55:26-30.

7 Spaull, Nicholas. 2011. Primary school performance in Botswana, Mozambique, Namibia and South Africa. *SACMEQ* Working paper. [http://www.sacmeq.org/downloads/Working%20Papers/08\\_Comparison\\_Final\\_18Oct2011.pdf](http://www.sacmeq.org/downloads/Working%20Papers/08_Comparison_Final_18Oct2011.pdf). Spaull Nicolas & Taylor, Stephen. 2012. "Effective enrolment" - Creating a composite measure of educational access and educational quality to accurately describe education system performance in sub-Saharan Africa. *Stellenbosch Economic Working Papers*. [www.ekon.sun.ac.za/wpapers/2012/wp212012/wp-21-2012.pdf](http://www.ekon.sun.ac.za/wpapers/2012/wp212012/wp-21-2012.pdf). Maarman, Rouaan. 2009. Manifestations of 'capability poverty' with school leathers attending informal settlement schools. *SAJHE*, 29(3):317-331.

8 Hoffman, Radja and Bakshi are not South African and their work do not specifically refer to South Africa besides briefly referring to the context of life-skills education and HIV and AIDS in South African curricula.

9 It is argued that the term life-skills education has its roots in health promotion, advocating that can't achieve their full health potential and optimise health-seeking behaviour unless they can control that which determines their health (Hoffman <http://ethique.perso.sfr.fr/AFDLife%20skills.htm>).

actual skills-development which may in turn assist in building social cohesion and a vision for the future. Education and learning is contextual and has to be personalised to impact on, and make meaning of, daily experiences and cultural values.

(Hoffman <http://ethique.perso.sfr.fr/AFDLife%20skills.htm>). By recognising the inter-connection between education and human development, opportunities and human abilities/capabilities can be significantly enhanced. By acknowledging the importance of the well-being of the collective in the rural South African context, the above can be significantly strengthened. This not only ties in with economic or financial challenges, but also with how individuals and communities story themselves into narratives of exclusion/inclusion; opportunities/lack of opportunities; victimhood/agency etc.

Carol Hofmeyr, a fine artist and medical doctor, moved to Hamburg in 2000. At the time Hamburg was a tiny and remote rural village in the context described above. Although she lived in South Africa her whole life, she was shocked and overwhelmed by the poverty and hardships of the local people she came to know (see her acceptance address at Rhodes University when receiving her honorary doctorate attached). She decided to put energy into trying to alleviate some of these socio-economic problems based on a principle she gained from experience and research - making art builds self-esteem, agency, cohesion and offers skills training. Additionally, it could possibly allow local women to earn money for food and school fees. She started the Keiskamma Community Art Education Project in January 2001 teaching firstly embroidery and later arts skills to about 100 women and a few young men from 3 villages. She enlisted contributions in the form of teaching; administrative help; financial support from her friends and colleagues; and drew on local and international expertise (see the Art Project).

The Keiskamma Trust was officially set up in 2002- renovating two dilapidated buildings in Hamburg on the Keiskamma estuary. The Keiskamma Trust's mission statement poses that the Trust is:

*"a community organization, centred in Hamburg (Eastern Cape), which works to foster hope and offer support for the most vulnerable. We strive to address*



*the challenges of widespread poverty and disease through holistic and creative programmes and partnerships”.*

These aspirations saw to it that the art-programme proved effective beyond her hopes and the project expanded rapidly to a broader community programme. In 2004, she established a health programme (OVC) and started to practice as a doctor again – specifically to assist the many local people who were HIV positive (about one-third of the population was infected with HIV). In South Africa, as in many other parts of the world, HIV and AIDS is a major threat to social development <sup>10</sup>and specifically to young people’s development (Barnett & Whiteside 2006:208) as they often have to take care of ill parents or their siblings as parents are ill, running child-headed households, becoming the main breadwinners and living with elderly family members who are not always educated themselves or have the financial means to care for children and young people.

An education programme grew out of the health programmes - providing after school care centres for children in Hamburg which developed into further educational interventions (see Keiskamma education programmes). This investment in community development can have a significant snowball impact on increased participation in tertiary education, knowledge and understanding of vocational options, entrepreneurial activity, local skills availability, employment prospects and further community initiated development programmes. In 2007, a music academy was established. In 2009, the initial after-school care centre mentioned earlier expanded to three centres providing both early childhood development and primary school after care. These centres provide meals as well as educational and psycho-social support to over 500 children. Special attention is paid to orphans and vulnerable children (see Educational Programmes). In terms of community participation, much of the management of the Keiskamma Trust was transferred to

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<sup>10</sup> Human development is: “... first and foremost about allowing people to lead a life that they value and enabling them to realize their full potential as human beings” (United Nations Development Programme 2006:5). Development focuses on all aspects of an individual’s well-being, includes their health, access to and achievement in education, economic and political freedom (Soubbotina & Sheram 2000). The Millennium Development Goals encourage countries - the ‘developing countries’ – to accelerate development to be on par with ‘developed countries’ (Knutsson 1997:109). Though laudable, this places development in a paradigm of ‘deficit’.

the community in 2010 – making the community an active partner in their own development agenda's.

In 2011 the education programme extended again to include a youth resource centre (the Vulindlela Centre) in Hamburg – providing IT training, supplementary tuition, career guidance and life skills support to high school pupils, recent school leavers, school drop-outs and young adults in the community. This centre was established as a direct response to community concerns about increasing drop-out rates, learner pregnancies, poor life-skills, substance abuse and general social alienation of the youth in the area. This centre provides computer skills training, career counselling, sexual health and HIV/AIDS prevention programmes, electronic and physical educational resources and a venue for a wide range of sports, chess, social and other clubs.

More recently, an innovative creative development programme was added to the OVC activities to young children. Facilitated art therapy sessions to build self-awareness, self-esteem and a belief in the power to achieve success in the children participating in the program. Young adult volunteers from the three communities have been trained to facilitate these sessions.

**The rationale behind the educational programmes are that children and young adults need to see a future for themselves for any educational initiatives to succeed** – falling in the domain of life-skills education (although the Trust also supports formal schooling and curricula) and echoing some of the principles of Amartya Sen's (1992; 1999<sup>11</sup>) holistic Capability Approach<sup>12</sup>. Education, approached as integral to well-being and community upliftment and development, can enhance and build individual and communal capabilities towards human development. Sen's notion of capabilities broadly refers to what people are effectively able to do and to

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11 Sen, Amartya. 1999. *Development as freedom*. Oxford: Oxford University Press.

12 Although Sen focusses on the idea of 'freedom' in his theorisation of the Capability Approach, Maarman (2009:323), citing Adams and Waghid 2005, argues that poor South Africans have 'abstract freedom' as the range of choices that constitute freedom, choice and capability is so severely limited - they thus have a very limited capacity for self-determination due to the extreme living conditions. I thus focus on other principles.

be/become within their given circumstances – an ability to ‘achieve’ - so that a person can identify opportunities to lead the kind of life that they would like to live and become the person they would like to be. Education is seen as foundational to capability enhancement and for developing other capabilities (Hoffman

<http://ethique.perso.sfr.fr/AFDLife%20skills.htm>). However, Hoffmann and Van den berg (2008)<sup>13</sup> warns that education only aimed at academic achievement would be insufficient to advance sustainable development and fighting poverty in its full sense, *i.e.* addressing capability poverty”.

In the context of Hamburg outlines earlier, this warning rings true and Keiskamma programmes intervenes at this level. Further, the vision for these achievements and visions for life can necessarily be very limited as there is such a narrow contextual reference for many in the community. If the attitudinal relationality between Sen’s real opportunities for well-being and the contextual references of a people are not addressed, ‘interventions’ are likely to have limited impact. This is the gap that the Keiskamma Trust identified and aims to address.

Sen’s idea of functionings – what is achieved within the means provided by the given circumstances - are indeed related to living conditions. He describes it as “the actual living that people manage to achieve” (Sen 1992:52)<sup>14</sup>. It relates to what a person value doing or achieving. The approach is absolute in the domains of education, nutrition, shelter, human dignity, but relative in terms of income, commodities and resources. Poverty is simultaneously an agent of capability deprivation and enhancement (Maarman 2011:322). It is in this interstitial space that Keiskamma’s programmes operate - poverty and community development through holistic health and educational enhancement. The programmes aim to enhance not only capabilities, but also functionings - to give people a reason to *value* education, health, community cohesion and skills training to imagine a better life for themselves and their community whilst developing financial capacity.

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<sup>13</sup> Ven den berg, Servaas. 2008. Poverty and education. *Educational policy series*. UNESCO. Jointly published by IIEP: Paris and IAE: Belgium.

<sup>14</sup> Sen, Amartya. 1992. *Inequality re-imagined*. Oxford: Clarendon Press.

There are four programmes that make up the Keiskamma Trust—The Art Project, Health and Health Education Programme, the Education Programme *per se* and the Music Academy. There are currently centres offering these programmes: the four are the education programme in Hamburg; the community health programme that operates out of Umtha Welanga - formerly a treatment centre and hospice – but now the facility used for running the programme in 47 villages; Art has two studios, a shop in Hamburg and studios in Ntilini and Bodiam villages. The music academy is currently located in spare classes at the local high school – but a music academy building is in the process of being built with funds from the National Lotto and National government. There are currently four centres offering these programmes:

- Lovers Twist Village (Eva Centre) – pre-school and primary school aftercare. The centre is also used by the community for meetings and events.
- Mgababa Village (Bjorn Centre) – nursery and primary school aftercare.
- Hamburg Village – primary school aftercare. This is not a separate centre but is run in unused classrooms at the local primary school.
- Hamburg Village (Vulindlela Centre) – ICT resource centre and youth facility.

The Education programme started as after-care centres for particularly vulnerable children. It has grown into a large program which provides nourishing meals, early childhood development (ECD), education and psycho-social support and a creative development programme, operating out of established centres in 3 of the villages the Trust works in. Currently over 500 children attend the programmes provided at these centres.

The programme further supports both staff skills development and community skills development. Community skills development programmes include amongst others literacy programmes, maths tuition, music education, health education, computer literacy and use of Microsoft Word, e-mail and internet, educational research skills and parenting skills. Staff skills development programmes include: Accredited National Association of Child Care Workers (NACCW) child and youth care worker training, Accredited Centre for Social Development ECD training, Community Development Practitioner training, Memory Box workshop facilitation, square metre

gardening, training in assessment of development milestones, developmental and educational play training, basic first aid training, management skills, project management training and participation in leadership programmes. The Keiskamma Trust employs a network of 74 trained village health workers (VHWs) in the 47 villages in the area. There are sixteen child care workers who are all in the process of completing accredited ECD (Early Childhood Development) or Child and Youth Care worker training to NQA level 4.

Through their programmes, the Keiskamma Trust unearths and nurtures:

*“...the resilience and creativity of the communities they live in, in an effort to ensure a hope-filled future for every member”*

Empowerment, education, social upliftment and development through art-making are key to the Trust's work. For Carol, art connects people, improves health, provides motivation and purpose, provides income and raises self-esteem. The Keiskamma Trust provides a holistic and asset-based approach that engages with the interface between education, health and human development. This is what sets the Keiskamma Trust apart from so many other educational innovations and initiatives.

## **2. THE KEISKAMMA EDUCATION PROGRAMMES**

The information about the programmes contained in this section of the portfolio draws directly from writings by, and correspondence with, Keiskamma Trust members. Key objectives in the Education Programmes relate to the following and will be addressed again as part of the description of the programmes and under 'Impact Indicators':

- To nurture a better educated and supported community of vulnerable children, to encourage children and young adults to develop self-confidence and self-esteem, through facilitating access to a creative development programmes,

- healthy physical activities, cooperative social interaction, self-discipline and emotional competencies (see the Keiskamma Trust).
- To identify vulnerable children requiring assistance, to provide nutritional support, Identify individual children with particular physical, psychological or social problems and assist them to access assistance, to provide psycho-social support to the children through play, art, music, life skills, sexual health and HIV prevention education (see OVC programme).
  - Increasing community access to educational resources (Number of people accessing facilities, increased number of quality resources, number of reading clubs established, the number of books in resource centres/libraries). See the education programmes as a whole)
  - Providing vocationally focused education and training (Number of community members trained, number of teachers trained, ICT equipment acquired, number of IT courses provided, number of participants, number of people provided with career counselling, number of tertiary education and bursary applications submitted, number of electronic resources installed). See the Vulindlela Programme.
  - Advocating for improved education services and infrastructural resources in the community (number of parent meetings held, number of SGB training courses facilitated, observed improvement in resources). See OVC and Intlantsi programmes.
  - Advocating for and providing increased access to security, support and education for vulnerable children (number of stakeholder relationships, number of orphans and vulnerable children attending centres, number of facilities provided, number of staff members trained in ECD and Child and Youth Care Work, staff performance assessments, number of staff and volunteers trained as Community Development Practitioners, number of toy libraries established. See the education programmes as a whole.
  - Facilitation of programmes aimed at reducing HIV infection (number of Mother's Programme workshops held and number of participants, number of Sex and Gender workshops held and number of participants, number of Girl Talk Club meetings/events and number of participants, number of Boys Social Club meetings/events and number of participants, number of prevention

education workshops provided at high schools in the area, number of Vulindlela Centre based prevention education activities and number of participants). See OVC programme.

- To improve access to tertiary education, scholarships and employment opportunities. See education programmes as a whole.
- To educate the general public in the villages where health workers are employed in an effort to prevent HIV/AIDS, TB and other preventable diseases and conditions. See OVC programme.

These programmes are presented as separated entities for the purposes of this presentation. **It has to be noted that they interface with each other and that they are conceptually and pedagogically interwoven.** For example, the OVC programme is intertwined with health and education, often through art. It is an asset-based approach to education as a holistic socio-cultural project towards moving from capability deprivation towards capability enhancement and functionalities activation. The Keiskamma Trust **programmes engages with formal and 'non-formal' education** support for not only school learners, but also community members. The 'non-formal education' refers to integrated life-skills learning, community upliftment and personal and communal well-being and development as central to educational achievement (formal education).

## **2.1. Health: The Orphans & Vulnerable Children Project (OVC)**

Paul Maylam (2013) explains that Carol's medical care, took off in Hamburg in 2004. She had not practised as a doctor for many years, but went back to work as a primary care medical officer at a clinic in the Peddie district – at the same time witnessing the rising AIDS death toll in Hamburg and bemoaning the absence of medical facilities to tackle the epidemic.

“...she established an HIV/AIDS programme in the village – converting an old house into an AIDS treatment centre; sourcing anti-retroviral medication privately, securing funding for it, and administering it, initially to eight patients. As with the art project, this medical programme would grow significantly over

time, the centre disseminating treatment to more and more patients, as well as providing support and counselling to those living with HIV. Carol went on to train a team of village health workers to operate in the entire Peddie district – [a team operating alongside committed doctors, nurses, counsellors and volunteers], with a special focus on poor patients who cannot easily access government programmes” (Maylam 2013).

Here I present and at times align the Keiskamma reports on the establishment of the Centre.

The Keiskamma Trust’s 3 OVC sites were originally developed as ‘drop-in’ style centres providing nursery, ECD and after-care services with added attention to health monitoring, psycho-social care, food and educational support. The HIV/AIDS pandemic is a rapidly mounting disaster for the children of the area. Doctors, nurses and midwives are reporting the following trends:

- “Over the last 10 years many young adults in the district have died, leaving children in the care of relatives - most often grandmothers.
- In the past 2 years there has been a dramatic increase in the number of infants and very young children presenting with HIV in primary health clinics in the area due to the failure of prevention of mother to child transmission efforts – mainly due to non-disclosure by mothers due to the still prevalent stigma of HIV/AIDS.
- There has been a resurgence of teenage pregnancies correlating to the widespread failure of prevention education interventions, and consequently an estimated HIV infection rate in pregnant women of as much as 54% (estimation of midwives working in the Hamburg, Ntilini and Bodiam villages specifically)”.

In the three villages where the Trust is currently working with orphans and vulnerable children (Lovers Twist, Mgababa and Hamburg), the impact of HIV/AIDS is most profoundly reflected in the lives of children and young adults whose survival and future development are extremely precarious.



Of the 500 children now regularly attending the OVC centres run by the project in the identified villages, many are either living with HIV/AIDS or have lost one or both parents to AIDS. Some of these bereaved “affected” children are in a worse off position than those who are HIV-positive, as they do not have adults who can care for them or provide positive role models and security. The life-experience of these children is characterised by economic hardship, lack of love, withdrawal from school, psychological distress, loss of inheritance, increased abuse and HIV infection; malnutrition and stigma, discrimination and isolation which impacts negatively on their educational development, functionality and abilities.

The target group of the OVC programme is thus children affected by extreme poverty, HIV/AIDS, and physical, psychological and social pathologies in the villages of Hamburg, Lovers’ Twist, and Mgababa and the surrounding areas. In the course of the next calendar year we anticipate that the number of children benefiting from the project will increase from more than 500 to more than 700.

The indirect beneficiaries, in terms of family members (where relevant) are approximately four times this number (i.e. 2,800 vulnerable people). Numbers are growing steadily– particularly at the pre-school and nursery levels. The additional IT resource facilities and new programmes will add a large number of older beneficiaries to the programme (high school students and recent school leavers). 100% of the beneficiaries are African people.

### **Aims and Objectives of the project**

- Identify vulnerable children requiring assistance through the primary schools, the Trust’s network of 52 village health workers, the primary health care clinics with which the Trust works and the youth development programmes being implemented through the newly established Vulindlela Centre.
- Provide nutritional support to the children at the centres and through the Trust’s home based care programme;

- Provide these children with remedial and supplementary educational assistance at the three centres which the Trust runs.
- Monitor the physical health and development of the children.
- Run regular HIV/AIDS prevention workshops at schools in the area.
- Identify individual children with particular physical, psychological or social problems and assist them to access professional assessment and obtain assistance from appropriate agencies including providing assistance in accessing social grants;
- Provide psycho-social support to the children through play, art, life skills, sexual health and HIV prevention education.
- Encourage children to take an interest in and assist with community initiatives including food security and environmental protection programmes.
- Develop the knowledge and skills of the staff employed in the centres and the appointed OVC liaison carers in each of the Trust's team of village health workers/home based carers.

#### Project activities

- Provide nutritional support to the 538 children currently attending the Trust's centres (ongoing).
- Provide after care remedial and support facilities to vulnerable children.
- Provide nursery and crèche/pre-school facilities at two of the existing centres (established and on-going).
- Provide regular general health screenings and bi-monthly growth and development measuring and recording (bi-monthly).

**Keiskamma gets shown to the world**

The amazing documentary film screened after last night's dinner certainly moved many of us who stayed up to see it.

Dr Carol Baker, seen here with Paul Roux and Rachel Johnson (also from the Hamburg clinic), never figured her Eastern Cape clinic's story would be spread so far and wide – not only was the documentary 'Keiskamma: A Love Story' screened here at PATA 2007, but it was also screened at a film festival in Montreal, Canada earlier this month.

"I was very pleased that it documented how difficult it is to administer ARVs to children of that age, who are depressed and don't have a stable family and live in a poor community," says Dr Baker.

"Seeing that everyone makes mistakes, I think, can help others."



From: L'Equipe PATA: The Daily Journal of the Paediatric AIDS Treatment for Africa (PATA) Forum. 2007. 3.

The key to Carol's belief in health education and community upliftment remains seated in her belief that "to heal a community one needs to provide both medical care and care of the creative spirit" (Maylam 2013). This holistic approach to health and education saw the OVC pose more aims for volunteers, staff and learners:

- Provide electronic and physical resources and material to high school pupils and school leavers to assist them in accessing tertiary and other education, bursaries and employment opportunities through the establishment of a youth resource centre in Hamburg (See Vulindlela).
- Encourage children and young adults to develop self-confidence and acknowledge their self-worth, through facilitating access to a creative development programme, healthy physical activities, co-operative social interaction, self-discipline and emotional competencies (see Art Therapy).
- Provide training to after care teachers and carers in play as a developmental, educational and therapeutic tool as well as care and utilisation of toys and other equipment. (Completed at Mgababa, started at Lovers Twist in October 2012).
- Provide training to after care, crèche and nursery carers in early childhood education and development (started and continuing).
- Provide training for the carers at the Mgababa centre in the development and implementation of a supplementary education programme – particularly a reading programme (February 2012).

- Provide training to 5 volunteers in each centre so that they can implement the creative development programme (started and ongoing).
- Provide these volunteers with ECD and Community Development Worker training in return for their volunteer work, and to prepare them for possible future employment opportunities (2012 and ongoing in 2013).
- Provide sexual health and HIV prevention education to pupils at schools in the South Peddie area (ongoing).
- Expand the current Capoeira programme beyond Hamburg to the other centres run by the Trust. (Started in Lovers Twist).
- Conduct memory-box workshops dealing with mourning and loss for HIV/AIDS infected and affected children from the after care centres, treatment centre and broader community (ongoing - over the course of the year during school holidays).
- Furnish and equip the Vulindlela resource centre in Hamburg with IT, office automation, telecommunications and library resources (completed April 2011).
- Employ staff to run the resource centre, provide counselling and support services and teach IT skills (ongoing).
- Manage the centre and its programmes (April 2011 onwards).
- Fundraise for and implement a creative development programme through the OVC centres which will empower children and young people to recognised and develop their talents and build their self-esteem (volunteer training started – see ).

## Outputs

- Approximately 500 vulnerable children identified and benefiting from the education and support offered by the project's OVC centres.
- Approximately 500 children receiving a nutritious meal each week day at the after care, crèche and nursery facilities run by the Trust.
- Twelve OVC carers in the process of obtaining NACCW qualifications;
- Ten carers trained to use play as a developmental, educational and therapeutic tool.
- Six carers in ECD training.

- Two carers studying for and obtaining a Bachelor of Social Science degree
- Fifteen volunteers trained to conduct creative development/art therapy workshops with children attending the Trust's OVC centres.
- Three properly equipped and furnished centres which provide a holistic creative, educative, stimulating and supportive environment to the beneficiaries of the project.
- Six weekend camps for HIV/AIDS children either currently on ARV treatment or being prepared to start ARV treatment
- Outings for children attending the after-care programme (1 day outings) relating to environmental education
- "Madiba Day" events in each village where children from the centres assist with an identified community need.
- "World Play Day" events in each community where children are taught traditional games and parents learn about the importance of play in child development.
- A functioning Capoeira programme at the Lovers Twist centre.
- **Two school holiday Grade 9 and Grade 12 booster programmes in maths, science, English and life orientation** [my emphasis]. Taking place during both term time and holidays for grades 8, 9, some grade 10 and matric learners.
- One school HIV/AIDS prevention workshop each month in two of the eleven schools identified in the South Peddie area.
- Twelve children assisted with school uniforms every quarter.
- Eight food parcels per month provided to families of OVC's in particularly destitute circumstances – particularly pending finalisation of grant applications.
- A functioning after school sports programme at Hamburg schools.
- Forty young people able to operate a computer and access internet and other facilities for themselves and others.
- Better qualified teachers and care givers who are able to pass on their skills to others and empower children under their care to do the same.

An example of the last point is that ex-patients of Carol's became 'expert patients' and were given a stipend to be Community Health Workers, educating and mobilizing villages to prevent HIV and AIDS and TB in particular, but also other general public health issues. On-going training of these women and men is still provided, as well as mentoring and assistance with dealing with emergent health issues at village level.

A Keiskamma report on the establishment of the OVC centre states that during early conversations with OVC (see Keiskamma Educational Programmes) staff and volunteers, it was apparent that most Early Childhood Development (ECD) and personality development principles were alien to them. Several immediately told stories of their relationships with their own children at home, eager for advice on providing an environment conducive to raising children with good self-esteem. Their experience to date had been as passive victims of their circumstances with tendencies to get by day after day, unaware they could actively develop their children differently despite their hardships. They also identified a great need for their own self-esteem to be attended to, particularly as the demands of their jobs were causing them to numb themselves to keep going. There was also evidence that trained staff, having gained a certificate or diploma from some accredited institutions, were not confident in applying their class-room based modules in their jobs. It was clear that providing information through ECD & CDP courses would enhance community awareness about ECD needs in general, but equally clear that providers (whether home, voluntary or professional) required personal development in order to utilise that information in a meaningful way. The efficacy of therapeutic art techniques for personal development is well researched and documented, so it was assumed that combining ECD training with creative development input would increase the chances of positive long-term outcomes. This led to the Art Therapy educational programme, Intlantsi.

## **2.2. Intlantsi Creative Development Programme**

The programme is based on the idea that creative development is essential for community development. Community development is essential for the holistic

development and well-being of community members, which in turn enhances educational development. The information that follows is taken from a funding proposal (name withheld) for the project:

*“One of the biggest challenges over the decade that the Keiskamma Trust has been working on the area, the issue of the low esteem of its beneficiary communities has been overtly visible. Intlantsi, through therapeutic arts activities, aims to boost creative thinking and confidence in communities struggling to formulate their own solutions to their own local problems. Good self-esteem and personality capacity developed in early childhood better people’s chances of leading productive lives and of actively being part of the solution to the challenges of poverty and disease, rather than part of the statistics only”.*

As Keiskamma aims to nurture staff and volunteers as well, I will firstly reference their staff development, secondly their pedagogical basis and lastly the aims for the young children they serve. The 3 OVC centres, over time, allowed the Trust to gain a better understanding of health and child care-workers’ difficulties in implementing their training and taking ownership of their roles developed. These workers and volunteers have similar accounts of trauma, deprivation and disadvantage as the vulnerable families, neighbours and communities that Keiskamma are training the workers and volunteers to care for, uplift and develop. The need to invest in Keiskamma’s programme deliverers’ own healing and self-worth became evident.

In response, existing carers and new volunteers are being trained as therapeutic arts activity facilitators for the children. Currently, the training is largely experiential and focuses on their own exposure to the arts and a gradual development of their own use of the arts for confidence and creativity building”. However, basic training in ECD and Community Development is being provided by the Rhodes Centre for Social Development (CSD). Intlantsi has a defined and specific theory of change which aligns with an asset-based approach to education and development, as well as to the principles of the capability approach referred to earlier:

“The core theories of change informing Intlantsi are rooted in some of Art Therapy’s grounding psychoanalytic theories, most specifically those of Object Relations (Winnicott, Milner and more). In brief, the language of these theories revolves around

any individual person as the 'subject' (me), and any other people (or things) outside of them as 'objects' (not me). It is a similar philosophy to Ubuntu in which 'Umntu ngumntu ngabantu': a person is a person because of other people. A human being's sense of self can only develop through their relationship with their environment and the people in it. From as early as our conception, through the womb, birth and infancy, childhood and adolescence, our sense of self and our personality are shaped by the nature these relationships.

Before the cognitive and language areas of an infant's brain are developed, information about their relationship to their environment is received and stored through their senses in the sensory or 'primitive' part of the brain. Happy feelings generally become associated with warmth, cuddling, being well nourished, comfort, and pleasantly familiar smells, sounds, sights, tastes, touches and movements. Distressing, frightening feelings generally become associated with being too hot or too cold, too hungry or thirsty, being sick or in physical pain, being exposed to too many strange, unknown smells, sounds, sights, tastes, touches and movements at once, particularly if unpleasant. In the womb, an infant is already storing sensory memories. Researchers have monitored foetuses becoming relaxing or distressed when exposed to different sounds, voices, lights, and also to alcohol, nicotine and drugs. During the first 3 months of its life after birth, before it can even see properly, an infant defines its world through sensory experiences of its primary care-givers, usually a breast-feeding mother and a handful of significant others. Over time a 'blueprint' or 'template' for its relationship to the world and other people develops, the basis upon which all future intimate, social, school, work, authority and family relationships are formed. This is our personality, our sense of who we are in the world and how we respond to life challenges.

The extent to which our 'primitive', 'spontaneous', childish responses to sensory experiences are approved/disapproved of, encouraged, adjusted or forbidden by our care-givers in our early years is hugely influential on our personality development. By the time we have reached adulthood, most of us have 'civilised' or 'socialised' our external responses, we have gradually built complex filters that only allow culturally acceptable behaviour to show. Our more...spontaneous' responses remain



suppressed, sometimes to such an extent that we ourselves are even unaware of them. The result is that every person (to greater or lesser degrees) has an internal, private personality (the [supposed] 'true-self', which perhaps only people at home or closest to them know), and an external, socialised personality (the 'false-self', which they present in wider circles or more public situations)<sup>15</sup>. We internalise our capacity to cope with unpleasant, distressing sensory and emotional experiences from our primary care-givers. If our care-givers cannot contain their own distress and as a result are emotionally unavailable to us (withdrawn, abusive, distracted, substance dependent etc.) then we struggle to internalise an effective emotional container for ourselves. The word container is exactly what it says: imagine a large, strong internal pot in which our sensory and emotional responses can be held whilst we process them and develop an appropriate, constructive external response. Or imagine a broken, thin, small pot out of which our primitive responses leak before we have had time to process them. Even big strong pots can overflow or crack if there are too many external stimuli at any one time.

It is a care-giver's role to contain the child's primitive responses without reacting harshly, i.e. they need to contain their own reaction to the child's 'uncivilised' behaviour, to be non-judgmental yet clear about the boundaries. Over time, the child internalises this container and develops his/her own capacity to contain and process his/her own responses. If the care-giver's own pot is already leaking their own problems, they will be less likely to contain the child's emotions or their own responses to the child. In situations where infants and children have experienced extreme discomfort, pain, hunger, fear or neglect, it is usually where their primary care-givers have themselves been in the same situation, and often unable to contain their own emotional responses to life, let alone their children's. Lacking the capacity to contain ones emotions whilst processing an appropriate response, results in 'spilling over' or 'acting out' the emotions, normally witnessed as Inappropriate or destructive behaviour socially: substance abuse, crime, violence, rape, promiscuity, unsafe sex, sexual abuse, lack of self-care and risky behaviour, depression, rage

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<sup>15</sup> I acknowledge the debates on essentialist/social constructivist approaches to identity politics, however, I am presenting Keiskamma's views here.

attacks and so on. In areas where generations of people have lived in extreme poverty, suffering all the related health and psycho-social problems that accompany it, there tend to be higher rates of all the accompanying destructive behaviour, even within very loving and close families where there are healthy, supportive relationships, there may still be too much hunger, disease, many deaths etc. which cause the care-givers to be unavailable 'pots' at times. For example, a girl child who experienced repetitive loss of care-givers and had to form new attachments only to lose those again (through TB or HIV), became fearful of being emotionally attached to others. Despite being raised in a conservative and loving family, she began to display promiscuous behaviour as an adolescent, frequently 'poaching' her friends' boyfriends thereby terminating those friendships too. She was acting out her fear of losing people who get close to her by controlling when her relationships ended. She also feared she was 'unlovable' because her early 'blueprint' experience (her sensory brain memory) from infancy was of people she loved and depended on, leaving or abandoning her before her cognitive brain was developed enough to understand the concept of illness and death.

So how does all of this object relations theory link to art therapy?

- Art object as container: When we make art, whether it is a picture, a dance, a piece of music theatre, or a poem, we create something outside of ourselves, i.e. an object. However, the object came from within us (via our thoughts, ideas and decision making processes), and is thus a 'container' of aspects of our internal world, whether consciously or sub-consciously.
- Art materials as 'objects': In subject-object relations, as in all things in life, there are power dynamics. An infant is entirely vulnerable and dependent upon its care-givers for survival; the care-giver has all the power. The infant responds to its distress (hunger, cold etc.) primitively by crying and getting distressed. The care-giver 'tunes-in' to the infant's cry and responds by providing the food or warmth, and, importantly, does not get frustrated or angry with the infant for crying because it is an appropriate communication (in the absence of language) about its situation considering its physical helplessness. Over the months and years, as the infant learns to trust that its

needs will be provided for with love, its distress lessens and it learns to communicate its needs in a more sophisticated way, through actions, making more complex sounds, and eventually with language. The care-giver is first 'object' the infant has to negotiate its power relations with. If the experience of communicating a need and having it met with love, is positive, the infant develops a much needed sense of power in a world where in fact it is helpless. From these earliest interactions the infant's self-esteem begins to form, and impacts upon his/her confidence in the world later. As the child grows and trusts that the care-giver loves her and will always do their best to provide within their means, the child also realises the 'otherness' and the limitations of the care-givers, and starts to help and learn to do things for herself. Likewise, with material objects, the child learns about her 'power' and ability to change things, interact with things etc. through playing and exploring its physical environment. Touching, tasting, seeing, listening and smelling are passive sensory experiences that just happen without us controlling them. Objects in the world are what they are too, a hard floor, a soft toy, a sharp pencil, squishy mud, and infants discover these things through exploring them with their senses and storing the sensory information that enters their brain for future reference. However, they also gradually discover, as their ability to grasp things and to manipulate objects develops, that if they deliberately bang one object on another they can make a noise, and can control how loud and how often it occurs. If they pat their hands in the mud, they leave a mark, and can gradually deliberately make shapes. All of these experiences are subject (me) –object (not me) power relations. It all relates to the extent to which we can have our needs met through interacting with things and people outside ourselves. When we make art, we are in control of the marks we might make on the page with the paint, and to some degree we can control the quality of the paint by adding water or glue or sand for example, but paint is paint it still exists in its own right and has its own properties that cannot be altered. In dance we can try to create a certain movement or look, but our bodies are our bodies and there are limitations to what one can do with it. That's the reality of our physical bodies, the 'instrument' of that art form. So the whole process of making art, no matter what medium one works in, can be viewed as a process

of subject-object power relations, and therefore as having the potential for developing ones capacity to respond creatively to things outside of ones control by interacting confidently and by exploring where ones power lies and where ones limitations are, as opposed to feeling overwhelmed and powerless, which leads to self-and socially destructive behaviour.

- Art making processes as 'catch-up' activity for delayed or stunted development of personality capacity: Arts activities engage our senses: visual art, dance-movement, music, drama, creative writing and more, and whether creating or witnessing art, we tend to experience an emotional response of some kind too. These sensory and emotional experiences not only resonate with our 'early' or 'primitive' brain sensory memories, but because we are re-activating and consciously using of that part of our brain again, the experiences also have potential to develop our personality capacity, our capacity to contain and process our emotional experiences in life. If we did not internalise an adequate 'pot' during our infancy and childhood, having creative arts experiences in a safe and facilitated environment can assist a belated development of a stronger pot, one with a larger capacity contain our life experiences while we process them and come up with creative rather than destructive responses to them.

The question of how to successfully transform this theory of change into a deliverable programme to young children is what this learning brief is about. There are decades of research and evidence around arts therapies and their benefits, countless successful programmes and access to arts therapies through state services in many overseas countries. In South Africa we are still in our infancy stages of spreading public understanding around these professions and of forming culturally relevant training. Whilst there are a handful of organisations and individuals who are providing valuable services and making excellent headway with training, we are distant from each other which makes sharing and consolidation expensive and challenging. The Intlantsi programme is in a remote part of South Africa, and as with most NGO work, delivery consumes most of our resources and energy; essential networking is difficult to prioritise. It is also attempting to grow from within an existing

OVC service, a placement that presents a complex combination of benefits and challenges causing constant review and redesigning of the programme.

The recruitment and training of groups of unemployed young adult volunteers to develop and deliver a weekly programme of therapeutic arts activities at the Keiskamma Trust's 3 OVC centres, enables over 500 children growing in poverty stricken circumstances to access the potential to develop their personality capacity and self-esteem".

Whilst the report states that volunteer attendance was high during the introductory sessions, once more regular, general work experience was expected at the centres participation became sporadic and inconsistent due to a search for more secure employment and family responsibilities. Keiskamma intervened by pausing the volunteer programme for some months, whilst educating and consulting the full-time OVC centre staff more fully about the programme. Keiskamma offered to include such staff in training and delivery, which enabled them to take more ownership of Intlantsi:

"Developing their self-esteem through their own art processes during 'away-days', and on-site mentoring offered by the Intlantsi tutors, is assisting carers to utilise aspects of their NACCW and ECD training which they struggle to apply. Intlantsi tutors are familiarising themselves with the content of those courses and will assist staff to adjust it, contextualise it and apply it more flexibly and creatively. During the pause with the volunteers, staff received their own 6 week introductory Intlantsi training as a group. The newly designed volunteer training will take 5 terms, focusing on one art medium per term (art, dance, music, drama & creative writing). Each member of staff has selected one preferred medium, and in turn each will join the volunteer training for that term so as to minimise having large reductions in staff numbers at any one time. After that they will become responsible for managing all future activities in that medium, providing a 'Head of Art/Drama/Music' etc. status for each staff member. This way, the skills will remain in the permanent staff groups

ready to be shared with newcomers, rather than being lost as volunteers come and go.

The introductory training has focused on bonding all the volunteers as a team and forming a group identity and vision for Intlantsi, even though they will be delivering their programmes in 3 different, remote villages. This has been hugely effective as right at the outset they have attached to something far more internally nourishing than very small stipends. They have also been engaged in various art making processes so they are gradually experiencing art objects as potentially powerful 'containers', and have also received some exposure to the arts through day trips. Once weekly morning training and afternoon session delivery to children has just commenced in May 2013. ...

Each term, 20 children per centre will be identified to receive the weekly activity offered as part of the volunteers' experiential training. The sessions will adhere to consistent time boundaries, and gradually those children will realise that if they want to participate they need to attend within these boundaries. Meetings have been held in the community to explain to teachers, parents/guardians etc. why those children must be encouraged to leave school on time and not be kept for chores, why they may be late for chores at home on certain days, and so on, with information about the value of these activities. The OVC staff's personal experience through their creative away-days and training has aided this process enormously as they can advocate for the value of Intlantsi themselves amongst their own community. The following term, a further 20 children will be identified to receive sessions in the new medium, until by the end of the 5th term (June 2014 when the current funding ends) 100 children (5 groups of 20) per centre will be receiving arts activities in 5 different mediums. This gradual build-up of the programme as part of the experiential training for volunteers and staff, should allow adjustments in attendance culture to be made slowly, and in small groups".

### **2.3. The Vulindlela Centre**

Keiskamma describes the Vulindlela centre a resource and training centre for high school learners, recent school leavers/dropouts and young adults, a project through which Colette Tilly extended Carol's vision. As learners who receive poorer education and/or spend less time enrolled in a school will likely have fewer job opportunities, lower incomes and a poorer health status (De Kadt 2009:27), to remedy the injustices of past systems (such as Apartheid) becomes imperative in creating a just society. Keiskamma recognised this social imperative and identified a rural career guidance vacuum in the area.

Vulindlela is both a career guidance intervention and a connection with opportunities service/facility. Vulindlela includes individual and group career guidance sessions, assisted internet research on tertiary education and employment opportunities, assistance with applications to learning institutions and for financial assistance.

Keiskamma identified a number of specific factors negatively impacting on access to further education and/or skills development, training and employment – some of which are common to other organisations working in this area, but others are also particular to remote, extremely impoverished communities. They list these as:

- “Out of 51 matric students only 12 took up the opportunity for individual counselling. It seems that only those matric students who felt they had some chance of getting accepted at a university felt that career guidance would be useful. This seems to indicate that school leavers really do not understand other learning and training opportunities available or the wide range of careers to be considered.
- There is a tendency for young people from a particular high school or community to doggedly follow study or career paths that others in the community have previously pursued – whether successfully or not. This seems to indicate very low levels of self-knowledge as well as understanding of real future employment opportunities to prepare for.
- The costs involved in accessing tertiary education are often prohibitive for young people in remote rural areas.

- Non-institution based training and voluntary work experience are difficult for young people to complete in such poor and remote situations. If any paid short term work comes up in their local areas they feel obliged to drop training or work experience opportunities in favour of immediate income opportunities which will “put food on the table”. It is very hard for these young people to bank on future long term possibilities in the context of their current family poverty”.

All these factors impact negatively on educational achievement and throughput, as well as creating future vision for personal growth and future success.

Although the need for career guidance was always clear and prompted Keiskamma’s establishment of the centre, the void of knowledge and understanding of career options or possibilities in the remote rural communities they work with became increasingly apparent to them in the course of their engagement with beneficiaries. As there is no vocational guidance or education in schools at all and due to the over 80% unemployment rate - exposure to adults working in a variety of career fields to broaden their scope of employment options and envisioning themselves in a broader field of opportunities is severely limited.

Keiskamma articulates their vision for the development of the Vulindlela programme as follows:

- “With the start of the 2013 academic year we have begun incorporating vocational and career aspects in the programming in all levels of our education programme (ECD, Primary School aftercare, youth and young adults).
- We will continue with our creative development programme aimed at building self-esteem in children and young people attending our four centres through facilitated, non-judgemental creative activities.
- We have already begun a dialogue with the National Benchmarking Test (NBT) unit at the University of Cape Town with regard to extending the reach of their test programme.



- We are intensifying our search for non-academic study and career opportunities within the Eastern Cape and beyond”.



High school learners in counseling session and researching at Vulindlela Centre

## 2.4. The Art Project

Keiskamma Art Project has a long history of involvement in environmental issues and historical subject matter. They believe that they can “supplement the school system and identify talented artists among the children by having art lessons for first, the primary school, then later high school students. We believe an understanding of the fragility of our environment and an appreciation of it needs to be fostered in the children of the village in order to protect this unique place and to assist the people living here to have both an income and a protected unique environment. We have three artists with degrees in fine arts who can teach children and would like input from environmental educators in this process”. Hamburg has a relatively unspoiled environment which Keiskamma believes the community needs to start protecting and rehabilitating via an established community project which has concern or the environment and the people as part of its vision and mission. To do so, the Art Project was activated.

In 2006 they produced their Creation Altar Piece which was displayed at the National Arts Festival, the biggest arts festival in South Africa. This included interlinking

indigenous histories and into the work, whilst addressing the effects of HIV and AIDS on Hamburg. Four metres high and seven metres wide, it comprises a “triptych with hinged panels that open and close. The panels incorporate embroidery, beading and photographs, illustrating the pain and loss wrought by AIDS, but also offering a vision of hope and restoration. The story tells of the resolve of the women of Hamburg to persevere in the midst of HIV/AIDS – and the altarpiece itself is a manifestation of that resolve, its creation involving 130 women and four men in six months of full-time work” (Maylem 3013). The altarpiece simultaneously celebrated the unique and beautiful environment that people find themselves in in Hamburg. Fish, birds, trees were depicted people had to learn about, and look at, the environment, their communities and histories to create the work.

At the unveiling of the altar work, Keiskamma Music Academy performed an arrangement of Camille Saint-Saens’ Aquarium from his Carnival of the Animals. Incorporated into the work are bird calls from our environment and again formed part of environmental education.

In 2007, the Keiskamma Art Project exhibited the creation altarpiece at St. George’s cathedral in Cape Town to mark the adoption of the liturgy of creation in the Anglican Church. At this time we exhibited fabric works depicting trees of the Eastern Cape.

**Altarpiece draws splendid motif of hope**

**VERONICA C. MILANSON**

IN A WORLD where we are so close to each other, it is a shame that we are so far apart. But perhaps the message of hope and the human capacity to overcome adversity is the link that binds us all together.

Part of the international *Not Alone* exhibition, the altarpiece is a work created by David Carr (Principal of St. George’s Cathedral) and the Keiskamma Music Academy. It is a triptych with three panels that open and close. The altarpiece is a work of hope and restoration, its creation involving 130 women and four men in six months of full-time work.

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**NOT ALONE:** Zukiswa Pakama in front of her central panels and the profile of the Keiskamma altarpiece at the St. George’s Cathedral in Cape Town.

... (The rest of the article text is partially obscured and difficult to read due to the image quality and layout.)

Since then both the music academy and the art project have worked with environmental themes culminating in the 2013 festival production of the full score of Carnival of the Animals.

The art project has had several exhibitions related directly to the Hamburg environment, local histories and local stories to demonstrate how the community's immediate resources can be used for educational purposes and harnessed to create skills development. In 2007 it was exhibited at the Everaad Read Gallery with images of birds of the village.

In 2010 the Arts Project exhibited a series of botanical works, images of Eastern Cape flora, at the Oude Libertas gallery in Stellenbosch. In 2013, the same work was exhibited in Edmonton, Canada and also sent to Germany to decorate a hospital.

In 2013, they plan to overtly engage with the beauty and fragility of Hamburg's environment and also to combine the music and art departments in a production of Saen Sans at the National Arts Festival. The artists have been learning to do three-dimensional embroidering works depicting birds, fish and other animals. While doing this they spend time learning about the fauna and flora of the area, people learn to appreciate and protect natural resources in order to optimise them within the limitations of the area.

In 2013, as part of small town regeneration, Aspire and Amathole municipalities are building art studios in the town centre of Hamburg - including plus an Environmental Centre. Keiskamma art project plans to keep one of the old buildings as a children's art centre where they hope to train children to draw, paint do ceramics, using as the central theme exploring environmental issues.

Carol Hofmeyr worked in a project in Johannesburg called Paper Prayers where people were taught about HIV through making art works. The power of using art and physical activities like pottery and painting to understand and appreciate concepts is very evident to us. This is also related to health education.

## Exhibitions and public artwork from the Keiskamma Art Project

- 2002: July –Grahamstown Arts Festival with the Vuselela garments
- 2002: National Awards Exhibition in Newtown in Johannesburg.
- 2002: Exhibition in Cotswolds and Oxford, United Kingdom with hand-made dolls
- 2003: Finalist at the Brett Keble Awards for the Keiskamma Tapestry
- 2003: The Keiskamma Tapestry at Grahamstown festival, exhibited as part of Eastern Cape Arts and Culture
- 2004: F.N.B Craft Now Exhibition: overall Gold Price for the Keiskamma Tapestry
- 2004: The Keiskamma Tapestry on permanent show at the Houses of Parliament in Cape Town
- 2005: The Keiskamma Altar piece created for Grahamstown National Arts Festival
- 2005: The Keiskamma Altar piece at Constitutional Hill in Johannesburg.
- 2006: Game Auction Exhibition.
- 2006: The Cream Tapestry in East London Museum.
- 2006: The Keiskamma Altar piece and Icons at University of the Witwatersrand, Johannesburg.
- 2006-2008: The Keiskamma Altar piece is touring Canada and the United-States
- 2006: Tapestries about Johannesburg and Icons on show at Everard Read Gallery, Johannesburg
- 2007: Grahamstown National Arts Festival with Creation Altarpiece.
- 2007: First felt piece at the Fibreworks Ten Exhibition in Cape Town
- 2007: Embroidered patterns from Pakamani on exhibition in Barcelona, Spain.
- 2007: The Creation Altar piece and Bird friezes on show at Everard Read Gallery, Johannesburg
- 2008: Take me also for your child Altar piece on permanent show at the Nelson Mandela Metropolitan Art Museum, Port Elizabeth
- 2008: Saint George Cathedral in Cape Town with the Creation Altarpiece and Felt Tree Panels.
- 2008: The Creation Altar piece and Felt work in the SASOL hall in Johannesburg.
- 2008: The Keiskamma Altar piece in Southwark Cathedral in London, United Kingdom
- 2008-Brazil through the Department of Arts and Culture.
- 2008 – 2009: Set of 26 double-sided tapestries for Murray and Roberts Ltd
- 2009: Confection of the Trophies for BASA competition 2009.
- 2009: Finalist at the 12th Business and Arts South Africa (BASA) awards 2009 through the Murray & Roberts Women's Art Project in two categories: First Time Sponsor and Single Project
- 2009: The Creation Altarpiece at UNISA Art Gallery (Pretoria)

- 2009: 'Children playing games', triptych made of textile art, wire and bead work and photography is commissioned by Durban Municipality to be part of the decoration of Moses Mabhida Stadium, part of the venues for the 2010 Soccer World Cup.
- 2009 - 2010: Keiskamma Altar piece in Make Art/Stop AIDS exhibition starting on the 25th of February in Durban, co-curated by David Gere and Carol Brown: Durban Art Gallery, Museum Africa (Johannesburg), Iziko Slave Lodge (Cape Town).
- 2010: Grahamstown National Arts Festival with the Keiskamma Guernica installation
- 2010: Kirstenbosch Art Biennale with Botanical Artworks: Cycad, Aloes and Dune Walk
- 2010: Keiskamma Guernica at Wits (Johannesburg) for the Drama for Life Festival (21-28th August 2010)
- 2010: The Creation Altarpiece sold to UNISA Art Gallery (Pretoria)
- 2010: Keiskamma Guernica sold to Red Location Museum (Port Elizabeth)
- 2010: Joint exhibition with Kuru Project in Gaborone (Botswana)
- 2011: June-July "Etyatyambeni / In Flowers" exhibition at Oude Libertas Gallery (Stellenbosch), sponsored by the Arts and Culture Trust and the Kingdom of the Netherlands
- 2011: July The Dune Walk sold to the International Convention Centre (East London)
- 2011: August "Nguni exhibition" for the launch of Margaret Poland's book Recessional for Grace
- 2011: BASA Chairman's Premier Award
- 2011: 22m long tapestry about the history of Rhodes University, commissioned by Rhodes University
- 2011: Aware/Oware exhibition – Artworks about Women empowerment (Cape Town)
- 2011-2012: The A.R.T. show with a replica of the Keiskamma Guernica (curated by Carol Brown with Make Art Stop AIDS): Durban, Cape Town and Johannesburg
- 2012: Series of 3 Tapestries for Boughton Castle (UK)
- 2012: The Human Rights Tapestry at the Human Rights Arts and Film Festival in Melbourne (Australia)
- 2012: Amtsgericht (Kassel, Germany- during Documenta 13) with "Manifest0" and "Just us at work tapestries" - a collaboration between American Artist Deborah Doering and Keiskamma Artists Cebo Mvubu and Veronica Betani
- 2012: 27th June – 8th July: Keiskamma Guernica on display at the Smithsonian FOLKLIFE FESTIVAL in Washington DC
- 2012: 22nd August- 31st October: Creating Connections at Oude Libertas Gallery (Stellenbosch) with Botanical artworks and a collaboration with Kuru Project (Botswana)
- 2012: 8th-29th August: Pointure at University of Johannesburg (UJ) Art Gallery with the Children Altarpiece
- 2012: 29th Aug – 25th Nov: 13th Venice Biennale (Biennale Architettura 2012) with Keiskamma Guernica

- 2012: September: The Keiskamma Altarpiece at the Faculty of Theology (Stellenbosch)
- 2012: October: Photographs of the Keiskamma Altarpiece and the Keiskamma Guernica at Southbank Centre (London)
- 2013: Botanicals at Mc Mullen Gallery - Edmonton (Canada)
- 2013: The Keiskamma Altarpiece in Hamburg, Germany (28th April - 26th May at Christuskirche)
- 2013: Series of 4 Tapestries for Boughton Castle (UK)
- 2013: Carnival of the Animals at Grahamstown National Arts Festival
- 2013: The Difference Loom (temporary exhibition of Keiskamma Guernica) at the National Gallery (Cape Town)
- 2013: Kirstenbosch Biennale with Kuru Art Project.



The children in the Bjorn Centre Mgababa Centre's play about Nelson Mandela.

Keiskamma believes their strength is that they remain focused on fostering the resilience and creativity of the communities they live in, in an effort to encourage a hope-filled future for every person – including staff.

## **2.5. Keiskamma Music Academy**

The Keiskamma Music Academy was founded in 2007. In 2013, over 60 children are students at the Music Academy and its expansion project to neighbouring villages. Carol Hofmeyer states that: "...as an education intervention, Keiskamma Music has made an innovative and lasting contribution to the children who have been taught there and their families and to the pride of the community as a whole".

According to the mission and vision statement for the Keiskamma Music Academy, the aim is to uplift the quality of life of vulnerable rural children of Hamburg and surrounds, by creating opportunities through music education. Some are orphans and they are all vulnerable Xhosa children. Music education has been proved to have significant educational benefits. However, community music education projects in South Africa have tended to focus on disadvantaged youth from urban environments. Keiskamma decided to broaden the scope of this work to include rural areas. Their students have been entered for outside examinations, namely Trinity College of London.

According to a Keiskamma statement about the music programme, children frequently say “I like to come to Music because here I am safe”.

## KEISKAMMA MUSIC ACADEMY

HAMBURG, EASTERN CAPE, SOUTH AFRICA

**“I feel like I am flying!”**

– Simnikiwe Nkani, Keiskamma Music Academy Student, after her first experience conducting the Keiskamma Ensemble

### **Vision**

The vision for the Keiskamma Music Academy is to uplift the quality of life of vulnerable rural children of Hamburg and surrounds, by creating opportunities through music education.

### **Background of Keiskamma Music Academy**

Keiskamma Music Academy was founded in 2006 by Helen Vosloo [in consultation with Carol], one of South Africa’s leading classical musicians. In 2013, over 60 children are students at the Music Academy and its expansion project to neighbouring villages.

### **Value of Music Education**

*Music has to be recognized as an agent of social development in the highest sense, because it transmits the highest values – solidarity, harmony, mutual compassion. And it has the ability to unite an entire community.*

- José Antonio Abreu, Founder, El Sistema Music Outreach Project, Venezuela





For a small, rural Eastern Cape village where opportunities for growth and personal development are rare, this has been a life changing experience for children. Music and arts education are crucial in the holistic development of young people.

Keiskamma Music Academy is a programme of the Keiskamma Trust. Other programmes of the Trust include the internationally known Keiskamma Art Project, health supports, HIV/AIDS prevention and care, capoeira, education, gardening, and orphan and

vulnerable child programs. For more information on the Keiskamma Trust and its other programmes, please visit [www.keiskamma.org](http://www.keiskamma.org).

### ***Music at Keiskamma***

The unique sound of the Keiskamma Music Academy Ensemble incorporates recorders, orchestral instruments, and indigenous instruments including marimba, uhadi bow, and drums. Students strive for musical excellence by attending private instrumental lessons, theory classes and ensemble workshops each week, by entering examinations, and by taking part in regular performances.

Primary solo tuition is on recorder; all students learn the basis of classical and indigenous music through their recorder studies, in addition to ensemble work with indigenous African instruments. Senior students take up an orchestral instrument as well. Fifteen students now study a range of orchestral instruments including violin, flute, clarinet, saxophone, piano, and trumpet among others.



As students progress through their studies, senior students receive mentorship as junior teachers through the skills training and job creation objectives of our programme.

Keiskamma Music Academy placed forty-seven entries for UNISA exams in 2011, including both theory and instrumental exams. Students received top marks in their practical exams, averaging 3.8% higher than students in other exam centres within our region during the same exam session. In

2012, 25 students participated in UNISA examinations for a total of 23 theory entries and 30 instrumental examinations on recorder, flute, clarinet, saxophone, violin, classical guitar, and piano. Over 70 percent of our exam entries received Distinction or Merit in recognition of high marks, maintaining the high exam success rate of our programme in addition to our 100 percent pass rate.



Staff at Keiskamma Music Academy in 2013 include Helen Vosloo, founder and head; a Music Director; a part-time teaching and administrative support; part-time theory teacher; two international volunteer music teachers; and approximately six other part-time instrumental teachers, in addition to workshop teachers hired on a contract basis.



#### **Major Achievements**

2010 marked Keiskamma Music Academy's first appearance at Grahamstown National Arts Festival for three performances of Keiskamma Songbook, followed by a performance at WITS Great Hall in Johannesburg with the Guernica Tapestry of the Keiskamma Art Project

In 2011, the Keiskamma Ensemble toured to Cape Town and Stellenbosch where twelve advanced students performed as soloists with Camerata Tinta Barocca. This was

followed by a Christmas tour of the Garden Route with performances at exclusive resorts and game parks.

In 2012, our production *Children Playing* at the Grahamstown National Arts Festival was followed with a series of performances for the French Season in South Africa 2012. A short film about Keiskamma Music Academy by Cape Town's Plexus Films was featured on Euronews, bringing our music to a worldwide audience. The year wrapped up with an exciting collaboration with the Opera for Change pilot project, which looks ahead to further musical collaboration in 2014 (<http://www.operaforchange.com/>).

In 2013 we are excited to present *Keiskamma Carnival* in the Arena Programme of the Grahamstown National Arts Festival, incorporating original arrangements by Allan Stephenson and visual art from the Keiskamma Art Project.



Keiskamma Music Academy was proud recipient of a 2012 Standard Bank Ovation Award at Grahamstown National Arts Festival for excellence in music education. This follows a 2011 BASA Chairman's Premier Award "in recognition of sustained and extraordinary

commitment to the arts in South Africa" for Keiskamma Art Project and Keiskamma Music Academy together.

**Major Funders in 2012 – 2013 include** NLDTF, Desmond Leech Bequest, HCI, National Arts Council, Oppenheimer Memorial Trust Fund, Rupert Music Foundation

*For more information: [www.keiskamma.org](http://www.keiskamma.org) [music@keiskamma.org](mailto:music@keiskamma.org) +27 82 664 1190*





To summarise, since its inception well over 100 children have been trained at the music academy. Currently, there are 80 pupils - over 40 in Hamburg, and around 20 in each replication programme in the other villages. Some of the senior learners are teaching the younger ones. So far, 28 learners passed UNISA Music Exams (a national benchmark and music exam for music education and competencies) with a 100% exam pass rate. Most of these were distinctions and merits.

Besides classical instruments (violin, flute, clarinet, guitar, piano, saxophone, trumpet and trombone and recorder consort), indigenous instruments are taught, connecting the programme within the community's traditional Xhosa heritage. Two music students are now attending the Victoria Girls School in Grahamstown. Keiskamma feels that their students are growing in terms of discipline, performance level, and community support to such an extent that we have replicated the program to Bodium, a village 11km away. Keiskamma poses that their performances always touch the hearts of their audiences, whether in Hamburg or on national platforms. In the words of Carol Hofmeyer:

*"I have seen a close knit community grow beyond the formal teaching of music. I have seen children learn to take pride in their appearance, manage being on stage, talk publicly knowledgeably about music... I believe that this step towards holistic, disciplined music education is just the first step towards a new education system in Hamburg."*

### **3. THE CENTRES**

#### **3.1. Hamburg Aftercare**

They are currently hands on the Creative Development Programme which is done every Thursday. The sessions are started with the carers who then later plan a lesson around what they were taught and then implement with the children. It has opened a lot of opportunities for different activities which explore mainly the senses and feelings that are connected to whatever activity they are doing. Nalibali was the main focus for October where children were cutting and pasting the stories and sowing them into books, they also created new songs and activities. Creative Development is still continuing though the children were writing their exams the attendance was decreasing the programmes was still done with those that were available. The chess club is also growing strong and we have committed children at the club.

#### **3.2. The Bjorn Centre**

Different stakeholders including our Local Municipality, other NGO's, school principals, Woman's Support Groups, Council of Churches, went to Mgababa and there was an awareness day that was organised by the Education Programme for the children, parents, youth and community leaders at the Community Hall. It was appreciated by the community as a lot of issues were raised and solved. A visitor from DG Murray Trust also visited the centre and was welcomed by the children in after care that were doing Gumboot Dancing and the others performed a story about Mandela and the mines. A demonstration of Capoeira was also organised in the Hall by the Trust and one of the employees at the centre who also performed. The aim was to get as many children to join the sport for next year in an attempt to keep them occupied. The demonstrations went very well as about 16 Capoeira members from

the different villages including Hamburg took the Music Academy Mini Bus to Mgababa for demonstrations. The centre is being extended by adding a covered verandah, in an attempt to have a space for the aftercare so that even if it's raining they are not all cramped in the rooms with the children in the nursery. The harvest is also very well as we keep getting seedlings from Umtati and we use most of it on children's nutrition. We also managed to give food parcels to six people in this Quarter and also school uniforms. On the 12th of December we had a Christmas Party for the children who attend the centre. Staff attended a week of assignment work with NACCW where they were attempting to update their assessments in time for the graduation next year.

### **3.3. Eva Centre**

Food parcels were given to families that are facing difficulties with heads of the households and main bread winners lying in hospital, they also managed to give school uniforms including shoes to four children. There was also a case of a girl that stays with her grandmother who always isolated herself. Upon investigation the carer visited her home and was told that her father stays in a farm and her grant was being spent by a relative she used to stay with. This case was then referred to Psycho-Social as the child is an angry child who does not share very easy. This case was taken on with the involvement of Social Development. In order to get all the info about her she joined a group of girls who are the same age as her in Hamburg for a Girls Camp. The following month they were still dealing with the same issue and role plays were included as a way of trying to get as much information as possible. Progress is there with Social Development getting back her grant. On visits it was also discovered that she is not staying with her biological mother but a step mother. The case is still handled as it is an ongoing process. In December the kids had a graduation party and they all received their certificates. They enjoyed it a lot and when they were given their certificates they were each asked what they wished to become when they grow up. The ceremony was appreciated by both parents and the community members. The person that was asked to do the handover of the certificates was a Nurse from the nearest clinic which is about 6 or 7 km away who also gave a very inspiring speech to parents. There was a workshop that was run by PATH about HIV/AIDS management and we managed to send one of our carers who

had never received this formal training to East London. The centre will be closed for the holidays. They also had a great harvest and are continuing to sell from what they've grown. On ECD training the carers have been taught the importance of doing home visits, role plays to experience exactly how the people they visit feel. They were also taught about the needs of the community and building a community resources forum which will assist those in need in the community so that the Community Practitioners can be available to them should a need arise. In the ECD training they also learn about the principles of planning a programme and its applications including the different domains of developing a child.

#### **4. IMPACT INDICATORS**

##### **4.1. General**

By 2012, over 700 children have passed through the 3 after school care, crèche and nursery centres where they have been fed, supported and cared for as well as provided with educational support and creative and developmental outlets and activities. More than 200 food parcels have been provided to families of beneficiaries as well as personal and household cleaning materials. More than 100 children have been provided with partial or complete school uniforms. More than 70 children have benefited from classical music training and associated development of life-skills, resulting in a group of 38 committed students. Music pupils have achieved distinctions and merits in their external examinations and out-performed many of the private schools in the area - thus engendering real self-esteem and pride in the learners. National concert tours to audiences giving standing ovations, showcasing an unique sound voice, often in conjunction with the Art Project. 16 carers have or are being trained in child care, early childhood development, memory work, basic developmental assessment and therapies, HIV/AIDS and TB prevention education, developmental play and health (Height/Weight) monitoring. Children receiving educational support have improved their academic performance and confidence.

Please refer to the exhibition section above to demonstrate the audiences that the project reached and associated showcasing opportunities and income generation.

## 4.2. Educational impact

See programme explanations above and Appendix.

## 4.3. Support from local partners and beneficiaries

The Keiskamma Trust gave input into the (LED) planning process and is identified as a significant contributor to the development of Hamburg. There are other NGO projects in the area, but interviewees in the LED process identified Keiskamma as the most active and productive initiative and the report itself identified Keiskamma as a valuable contribution to the development of Hamburg (LED 2011: 18; 24, 33). Keiskamma has also already started implementing some of the action plans in the LED report before the LED intervention took place.

As a community project the Trust's programmes receive widespread support from community committees, ward councillors, schools, clinics, local and provincial government and churches. This support is seldom financial however and generally consists of formal and informal acknowledgement of the programmes' role in empowering the local community. Further, local government departments also support the project, although the support again is not often financial.

| Government department | Local, provincial, national | Directorate          | Nature of relationship     |
|-----------------------|-----------------------------|----------------------|----------------------------|
| Department of Health  | Local & Provincial          | HIV/AIDS             | Member of committees       |
| Department of Health  |                             | Nompumelelo Hospital | MOU re Step Down Unit      |
| Department of Health  |                             | Primary Health Care  | Trust Dr works in clinics  |
| Economic Development  | Provincial                  | E Cape Econ Dev Corp | Exhibitions, Expos, Festiv |
| Ngqushwa Municipality | Local                       | Hamburg Urban Regene | Member of Proj Sup Com     |

## 4.4. Staff capacity building

The Trust has a strong focus on staff development and training and the long term goal is to facilitate the existence of a strong group of local people with the necessary skills to carry on with the implementation of the project with government and community support.

For example: Capacity Development (Training/ Workshops) 2012

| Title of training course                 | Date of training                       | No. of staff trained | Service provider | Funded by                         | Accredited (Y/N) |
|------------------------------------------|----------------------------------------|----------------------|------------------|-----------------------------------|------------------|
| NACCW                                    | 19-23 Nov                              | 9                    | NACCW            | Peptar                            | Yes              |
| ECD Level 4                              | 01-05<br>Oct,05-09<br>Nov,03-06<br>Dec | 15                   | Rhodes<br>CSD    | Keiskamma<br>Trust; Rhodes<br>CSD | Yes              |
| Community Development Practitioner (CDP) | 01-05<br>Oct,05-09<br>Nov,03-06<br>Dec | 9                    | Rhodes<br>CSD    | Keiskamma<br>Trust; Rhodes<br>CSD | Yes              |

#### 4.5 Improvements to local social or economic infrastructure

All three ECD and after care - centres have limited libraries, art materials and play equipment. The intention is for the Lovers Twist and Mgababa centres to evolve into multi-purpose community development centres. The Vulindlela Centre is a funding built centre which provides copying, printing, scanning, faxing and internet facilities to the community in addition to its youth development activities. Due to the long distance to the nearest town, this has been a very significant benefit for the community as a whole. As a result of the establishment of the Vulindlela centre, Hamburg village now has access to inexpensive high-speed wireless internet connection. It is hoped that this access can be extended to other villages in which the Trust works.

#### 4.6 Support for the regional and sub-regional economic strategic plans

The programme supports the municipal integrated development plan goals of ensuring universal access to basic household, community and social services. On a provincial level, by building social and economic infrastructure, strengthening education, skills and human resource bases, improving the health profile of the province and building cohesive, caring and sustainable communities. On a national level, the trust's programmes improve the quality of basic education, improving health and health education.

#### 4.7. Economic diversification and capacity enhancement

Any educational or skills development input in the area can only improve economic diversification. Current economic activity is limited to a little small scale subsistence farming, operation of general dealer stores and taverns, fishing and provision of public transport services. The Trust's Art Project has already provided high level creative skills to a large group of women in Hamburg, Ntilini and Bodiam villages. The major art-works produced by the project have achieved international recognition and the smaller scale crafts production produces a small but important income for the community.

In 2012, the following employment opportunities were created:

|           | Total | Female | Male | Youth and young adults (16-35 years) | Adults (36-65 years) |
|-----------|-------|--------|------|--------------------------------------|----------------------|
| Full time | 35    | 28     | 7    | 14                                   | 21                   |
| Part time | 14    | 9      | 5    | 5                                    | 9                    |

In total, the employment spectrum is as follows:

|             | Total | Female | Male | African | Coloured | Indian / Asian | White | Other / Unknown | Disability | Youth (16-35) | Adults (36-65) |
|-------------|-------|--------|------|---------|----------|----------------|-------|-----------------|------------|---------------|----------------|
| Full time   | 63    | 49     | 14   | 57      | 0        | 0              | 6     | 0               | 0          | 23            | 40             |
| Part time   | 173   | 168    | 5    | 166     | 0        | 0              | 7     | 0               | 0          | 59            | 114            |
| Volunteers  | 16    | 14     | 2    | 15      | 0        | 0              | 1     | 0               | 0          | 16            | 0              |
| Total staff | 252   | 231    | 21   | 238     | 0        | 0              | 14    | 0               | 0          | 98            | 154            |

The HEALTH PROJECT employs 52 Village health workers who work in 47 villages in the South Peddie area. The programme focuses on home-based care, health

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education, treatment adherence monitoring and psycho-social support. The ART PROJECT: creates much needed opportunities for income generation for over 130 women and men and the chance to build self-esteem and self-reliance. The art project remains the back-bone of the Trust, showcasing the culture, heritage, daily experience and the environment of the community in award winning textile works, ceramics, bead and wire-works has spearheaded the fight against HIV/AIDS in our district. The first to offer ARVs to people infected with HIV, the Trust's health work has developed from hospice work and treatment programmes into a comprehensive community health programme. The VULINDLELA PROJECT saw staff salaries raised and suitable appointments made in the new Youth IT and Resource centre in Hamburg.

By May 2006 five talented young women and men whose studies were funded by the project, had graduated from Walter Sisulu University in Fine Arts and in Journalism.

## 5. NARRARIVES OF RESTORATION

LIHLE<sup>16</sup>:

"I was still a little boy when I came to Music Academy. I always made jokes and Helen didn't like them all the time. One day she said to me, "I don't like too much jokes, if you keep making noise you will go back to your house." And then I thought, I want to do music, so I stopped...and focused ... I always came to music because I want to know more about music. Most of the time I am here at the Music Academy. And I thank mostly all the teachers who have taught me everything that I know. I thank Helen mostly because she was the one who see that the kids of Hamburg need music. She thought it was impossible because she lives very far, she lives in Johannesburg, but she didn't give up. My dream for the Keiskamma Music Academy is to go big. And I thank my mother for being there for me because she is the one who encourages me more."

According to Keiskamma reports, he is now in grade 9, and one of three students who are considering taking music as subject for matric.

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<sup>16</sup> Full names withheld as participants are under 18.

## ZIMKITHA

“When I started it was 2006, when I came to lessons I knew nothing about recorder and as the time go by I learn more. At times my attendance wasn’t so good, but in time I improved. When I was with the other recorder kids, I feel more safe, because before I used to go in the streets and play. In the beginning my mother didn’t like the recorder but in time when my mother meet Helen she agreed for me to come. I also didn’t like recorder, but as the years went by I see that I learn something that I would never have learnt before. And also the recorder makes me to go to places that I would never have gone to before.”

According to Keiskamma reports, her mom is unemployed and she accompanied the group to their East London exams in November as the delegate from the parent committee. Zimkitha had now won a prize with four others for best attendance.

## LINDELWA MBAI<sup>17</sup>

(Village Health Worker)

Lindelwa Mbai, who is 34 lives at Lover’s Twist and has four girls born in ’92, ’95, ’98 and 2002. She got involved in health care work because she attended the HIV Awareness program held in 2003 and also because there were so many sick people in her community. She was studying ABET (Adult Basic Education and Training) where they were given many lessons on HIV/Aids and this increased her interest. Her younger sister was 29 when she tested positive in 2002. Her sister didn’t die – she has been on vitamins since 2007 and went onto ARVS this year. Other people she knows have died of HIV.

She met Carol in 2003 in Tuku and since then has been taking medication to patients, cooking or cleaning for them and counting out their pills. She finds it very difficult when her clients are very sick and demand a lot of her time because by the time she is done dealing with them she feels she has no energy for her family. She feels that inside she is not right because she takes on the pain of her client and gets tired. To cope with this she talks to other monitors and they share their problems. What makes her happiest is when clients get out of bed and are healthy. People are

<sup>17</sup> Information available in Keiskamma records. Participants consensually shared information.

welcoming when she comes to them these days but in the past they would not accept her when she came to visit them because of the stigma around HIV/Aids. Lindelwa says: It's important for me to do this work – I do it for this for the community to save their lives and for them to know that HIV/AIDS is not the end of life.

#### CAROLINE FUTSHANE

Tel: 073 429 2072

(Patient and Village Health Worker)

Caroline Futshane is 43 and lives in Gugqwala Location in King Williams Town. She takes three taxis to get to Hamburg. ...

#### IN HER WORDS

"When the results came back positive I began to ask 'why me?' But God helped me through it because all I could think about was how my kids would get along without me – if I died. At the time the only solution that I was presented with was to take vitamins until the time of my death. The message put out by the first hospital I went to – Grey Hospital - and according to the nurses there, was that you would die. But God helped me.

When I first tested positive, I went for a second visit to Grey Hospital and the nurse there told me not to come back to the hospital but to go to my local community clinic from then on and to carry on taking my vitamins. My clinic is within my community and I felt that what she was suggesting was actually going to force me to disclose my status to my community. I felt that she was forcing me to disclose though she was saying that a clinic had to refer a patient to the hospital and that a patient could therefore not come straight to a hospital. Though I was very angry with her I actually thank that nurse who turned me away because she made me so angry that she made me remember who I was and that I needed to fight for myself. I was terrified to tell my children. I was living like a horse in a race that can only see one thing –what my kids would do without me.

I went to a private doctor who double-checked the HIV test result and from there I went from Grey Hospital to Bisho Hospital. I walked up to the reception and was sent to ward 13 and when my turn came I met Sister Madikane at Bisho Hospital in 2003. She encouraged me to stay positive, and gave me hope that someday Bisho would be getting ARVS and I just had to wait. ... My conversation with Sister Madikane was the first counselling that I received. ...

Sister Madikane asked me all about my background and took a full family history, gave me her phone number and the hospital's number and encouraged me a lot. I didn't cry that day. In addition to the counselling she told me to eat well and have lots of veggies and protein and to start taking my vitamins. I had stopped taking them when I left Grey Hospital because I saw no reason to take little pills when I was going to die. I had heard people talking about a hospice and once I understood that it was a place where people went to die, I wanted to go there. Madikane gave me hope so in 2003 I started to take the vitamins again, and began to feel stronger. But I was also taking boosters. I thought they were natural and they were making me look fine and feel energetic while masking the fact that inside I was dying. This only became apparent later when I started on ARVS and my CD4 count was 4!

Sister Madikane also listened to my fears about telling my children and said that I should come in with the two older ones who were then 16 and 12. .... Then one day at school [her youngest child] heard some kids telling each other to make sure they ate all their food not to get thin and die like so and so's mother who had Aids and she came home crying - having finally understood. ... My 23 year old son had a long term girlfriend who broke up with him when she found out that I have HIV. ...

It didn't bother me so much what the community thought but I was very concerned about what my children would do without me. I prayed to God, knowing that the first symptoms that something was wrong with me dated back to 1999, and I counted the years up to 2003 and then asked God for another 7 years so that both of my older children would be finished with matric and be able to look after the younger one. I am now in the fifth of those 7 years and I hope that He gives me two more years.

It was Sister Matiwana who found out about Dr Baker and she in turn spoke to a man who lived in my community and they were told about Dr Baker. Noluvo, who was a care-giver at the clinic in my community came to my house with her husband and asked me why I was telling people that I wanted to go to the Hospice. She took me to Dr Baker who took blood and they did an analysis and found that my CD4 count was 4. That was on August 3rd 2005 and Dr Baker realised the situation was serious so she didn't wait for the results to come back but phoned to find out directly and immediately began to take care of me. ...

#### VILLAGE CARE WORKER

Initially when sick people would come my way I would start talking to them and tell them to be like me – strong and hopeful. I would tell them to ask themselves 'What do you want to live for?' and 'Why do you not want to die?' I also love children and working with HIV positive children. When I return to my community and people see that I am alive and looking well they want to find out more. I talk, I talk, I talk.

Today when I am at home with my community and attending a funeral or even in the line waiting for the taxi, if the conversation goes to the topic of HIV I stand up and I speak out to increase awareness around the truth about HIV. I want to do as many campaigns as I can. There is still so much ignorance – especially among teenagers. They learn about HIV/Aids in Life Orientation at School but sometimes they are afraid to tell each other and admit that they have HIV. I have come across situations where a boy will tell a girl that he thinks that they should have a child. He gets her pregnant because he knows that as a part of the pregnancy she will be tested for HIV and then he will know his own status that way without having to actually go for a test himself – because he is too afraid! It's crazy! But it happens. I used to sit in the staff room with other educators and we would talk with the teachers about HIV but the message is not getting through to the young people for some reason and I don't know why.

In the beginning I was involved with a support group that existed in my community and involved Sister Matiwane. But it no longer exists. Dr Baker came to me there and said she would give me a job doing what I was already doing [my emphasis]. I was surprised and full of joy because I didn't like the fact that I had so much time on my hands. I would also find that sitting around on a sunny day would make me feel fluish from the heat, and if I sat around on a windy day I would immediately get a blocked nose. So I preferred to keep busy and liked to have something to do.

Everyone in the community now knows about my status. After telling my children and my mom there was nothing left to lose by telling people in the community because they didn't really have any impact on my life. The only way that they affected me was the whispering that goes on when a person who has disclosed their HIV status approaches. This was in fact the reason why I left the taxi rank where I was selling fruit and vegetables as people were doing this to me. ...

I am driven by seeing myself healthy and I want other people to be like me. I think of younger people who are not yet affected and I really want them to stay that way. I just need to keep bringing a message of hope to those that are.”



Jeannette Naish:

“... Teddy Bear Hospital Safety Day, which is now an annual event the students hold in the Old Library of the medical school (Barts and the London School of Medicine and Dentistry). The dental students also take part. They do workshops on safety in the home. Primary School children (aged 4 to 6) come from three local schools, and we usually have 120-130 children. The police, ambulance and fire services also come and entertain the children in the car park. The police bring a vehicle with flashing lights, the police horse and sniffer dogs also come, and one of the policemen dress up in a "PC Stan" costume. The fire brigade bring a fire engine and let the children climb all over it. The ambulance people bring their neonatal ambulance so that the equipment is all child size, and let the kids play in the ambulance. Everybody has a great time, including the teachers (one teacher to 6 kids). “

j.c.naish@qmul.ac.uk 59 Ellington Street London N7 8PN UK Telephone 0207 607 7166 .

Letter from Nosipho Mtshonisi Chairman of the parent committee:

Hambing Location  
Pretoria  
5641  
15 November 2012

Sir/Maam

IMPACT OF KEISKAMMA Music Academies in Communities

As the Chairman of the Keiskamma Music Academy Committee and mother of two kids who are the members of the Academy, I'd like to say thank you to the founder of the Music Academy, all the teachers and all the Sponsors who made his music dream to come true. At the beginning we as parents we didn't understand the use of his music, our eyes were blank about that.

Music academy play big role in our Community. Our kids are always busy with music, they not involved in drugs and alcohol as their same age group kids are busy with alcohol and crime. I'd like to thank Keiskamma Trust for opening chances to our kids helping them with Mathematics Homework on Wednesdays, at least now they not benefiting on music only. Thank you for take care of our kids future, well done all of you. I know its difficult to help people without payment but what the Keiskamma did for our kids is appreciated.

When it comes the time to say Thank you to the  
Kirstanna as a whole I'm very speechless because  
I don't know where can I start and who must I  
leave aside because all of you deserve big  
Special Thank you from the Community by changing  
our kids lives. Some of them went to places  
we never been before as parents. I'd like to  
say we as parents we will keep on praying  
for you. MAY God Bless You.

Traci Chambers  
Nesimo Watson

#### FRCP citation for Carol Hofmeyer

"This is a most impressive contribution to health and wellbeing in a poor community. She has a lot to teach us about the dimensions of health. As an artistic physician she has recognized the creative resources in the community she serves and focused on encouraging those creative skills to improve the health and wellbeing of the community. Truly Carol Baker is a physician with a difference who is illustrating the breadth of the caring profession" (FRCP 2012).



# **CURRICULUM VITAE**

**DR C. W. HOFMEYR**

FULL NAME: Carol Wynne Baker (Hofmeyr)

NATIONALITY: South African

RESIDENTIAL ADDRESS: Plot 510 Hamburg, Peddie district, Eastern Cape. South Africa

POSTAL ADDRESS: Box13484 Vincent park East London 5217

TELEPHONE: 0833798396; Keiskamma Treatment Centre/ 040 678 1177

**PERSONAL DETAILS:**

Date of Birth: 8 August 1950. Place: South Africa.

Married with two sons born 1977 and 1978.

**SCHOOLING:**

Waverley Girls' High School. Matric 1967 (Distinctions in Latin, Biology, Mathematics and Physical Science).

**ACADEMIC QUALIFICATIONS:**

MB BCh (Witwatersrand) 1973.

Diploma in child health 1976.

BA Honours English and psychology (Unisa) 1986 and 88. Diploma in Fine art (Technikon Witwatersrand) 1993.

Higher diploma in Fine Art ( Technikon Witwatersrand ) 1996.

MTech Fine Arts (University of Johannesburg) 2001.

Two day course run by Continuing Medical education in management of tuberculosis.

Two day course in HIV and AIDS Management 2004 and 2005.

**AWARDS**

2007 Shoprite Checkers Woman of the Year for Art and Communication /Finalist for Health.

2006 Eastern Cape citizen of the year.  
2008 Finalist Business Women of the Year.  
2011 Ellen Kuzwayo Award University of Johannesburg.  
2012. Awarded Honorary fellowship Royal College of Physicians London.  
2013 Honorary Doctorate Rhodes University.

#### WORK EXPERIENCE

1974 House job in medicine and gynaecology and obstetrics Baragwanath hospital and McCord Zulu Hospital  
1975 Medical officer paediatrics Baragwanath Hospital  
1975 Medical Officer Anaesthetics Baragwanath Hospital.  
1977-1978 Medical Officer, Holy Cross Mission Hospital, Transkei.  
1978-1982 Medical Officer Alexandra Clinic.  
1982- 1988 Medical Officer Paediatric Developmental Assessment Coronation Hospital  
1995 - 2000 Department of Arts and Culture Aids awareness campaign, using art to educate.  
1998 National Co-ordinator for the Paper Prayer campaign – community involvement in HIV/AIDS through printmaking workshops in all provinces.  
2001- present: Setting up and running Keiskamma Community Art and Health project in Hamburg, Eastern Cape. Roll-out of the development of the project into Education.  
2003 – August 2012: Community medical officer, Hamburg, Tuku and Wesley rural clinics.  
2004 – August 2011: Setting up and running NPO to administer health care, namely Palliative care and HAART to Peddie South community.  
2005- January to December: Working in Peddie South district with IYDSA and PEPFAR to manage ARV roll-out program.  
2005 – Present: Establishing and managing in-patient step-down facility in Hamburg.

#### SOLO EXHIBITIONS

1996 Solo exhibition for higher Diploma 'Hope is the thing with Feathers', Dullstroom, SA  
1999 Solo Exhibition for Mtech 'Fragments, Fetishes and Relics', Groot Marico, SA

#### GROUP EXHIBITIONS

1997 "Printmakers of South Africa", Grahamstown festival  
1997 "We Are One" women's exhibition United Nations building, Pretoria  
1996 "Alternative relationships" Printmakers from Gauteng, Stellenbosch University, participant and co-curator  
1996 Prentenmaaksters Vrouwelijke Grafici uit Verwante Taalculturen, St Niklaas, Belgium  
1994 2003 Group exhibition, Port Elizabeth.

#### PRINT EXCHANGES

1995 Participant in the Boston Print exchange  
Participant in the South African Art institutions print exchange  
1997 Participant in Emandelo - recreation: an Artist Book collaboration curated by Robin Ami Silverberg and Kim Berman  
1998 Participant in the Belgium Print exchange "Playing Cards"

#### KEISKAMMA TRUST

Dr Hofmeyr initiated and set up the Trust. She sourced assistance from various quarters to help her develop and build her vision of a holistic approach to community education and well-being.

#### OTHER COMMUNITY WORK

She has initiated projects to keep the beaches tidy, to support early childhood education, experimented with the Teddy Bear hospital model, supported youth activities such as football and lifesaving. She has established an active capoeira group (the Brazilian martial art) with volunteer teachers from the UK.

## 6. SELECTED EXAMPLES OF WRITINGS ON KEISKAMMA PROJECTS

Artwork puts HIV across as Guernica-like. 2010. Plettenberg Bay. June 24.

<http://showme.co.za/plett/news/artwork-puts-hiv-across-as-guernica-like/>

Doctor proves art is good medicine. 2013. *Medical chronicle: the doctor's newspaper*. March 5.

<http://www.medicalchronicle.co.za/doctor-proves-art-is-good-medicine/>

Keiskamma photographs.

<https://www.dropbox.com/gallery/14313860/1/keiskamma?h=4614e1>

Mariott, Charlotte. 2013. Lamentations: Expression of Trauma in the works of Grunewald, Picasso and the Keiskamma Art Project. University of East Anglia Bachelor of Arts (B.A.), History of Art.

National Arts Festival. 2010. Picasso in Peddie. June 22.

<http://www.nationalartsfestival.co.za/show/picasso-in-peddie/>

Perspectives on HIV/AIDS and Healthcare in South Peddie. 2012. Draft scholarly article received to be published in AJAR.

Schmahmann, Brenda. 2010. A Framework for Recuperation: HIV/AIDS and the Keiskamma Altarpiece. *African Arts*. Autumn, 43(3): 34-51.

<http://www.mitpressjournals.org/doi/abs/10.1162/afar.2010.43.3.34>

Schmahmann B. 2011. After Bayeux: The Keiskamma Tapestry and the Making of South African History, *Textile* 2011; 9(2): 158-193.

Sinkins, Estelle. 2011. An exhibition that offers more than A.R.T. *The Witness* 29 Nov.

[http://www.witness.co.za/index.php?showcontent&global%5B\\_id%5D=72593](http://www.witness.co.za/index.php?showcontent&global%5B_id%5D=72593)

South African group calls on city to help out. 2010. *Edmonton Journal*.

October 11. <http://www.canada.com/story.html?id=8940826a-c72b-4598-8591-9b4254375615>

Stein, Kate, Trisk, Lauren & Warce, Dana. 2009. Bringing Teddy Bear Hospital to Africa. *Student Lancet*. Vol. 374, July 3.

<http://www.thelancetstudent.com/legacy/2009/07/30/bringing-teddy-bear-hospital-to-africa/>

Loyola, Mkentane. 2010. Artwork puts HIV across as Guernica-like. 24 June.

<http://www.weekendpost.co.za/article.aspx?id=577151>

## 7. ATTACHMENTS

1. Article on Keiskamma.
2. Confirmation of Dr Hofmeyr's honorary doctorate.
3. FRCP citation of Dr Hofmeyer.
4. Education programme monitoring, evaluation & reporting plan – 2013/14
5. Example of collection of OVC statistics.



# Planting a seed

## THE KEISKAMMA TRUST

What started out as a small embroidery project in a rural hamlet has blossomed into a dynamic non-profit organisation that has transformed the local community through initiatives in health, education, art and music.

All great journeys, they say, begin with a first step. When medical doctor and fine artist Carol Hofmeyr began teaching embroidery skills to a small group of women in the impoverished Eastern Cape village of Hamburg a little over a decade ago, she had no inkling that she was planting a seed that would grow into an internationally recognised, best-practice example of sustainable community development and upliftment.

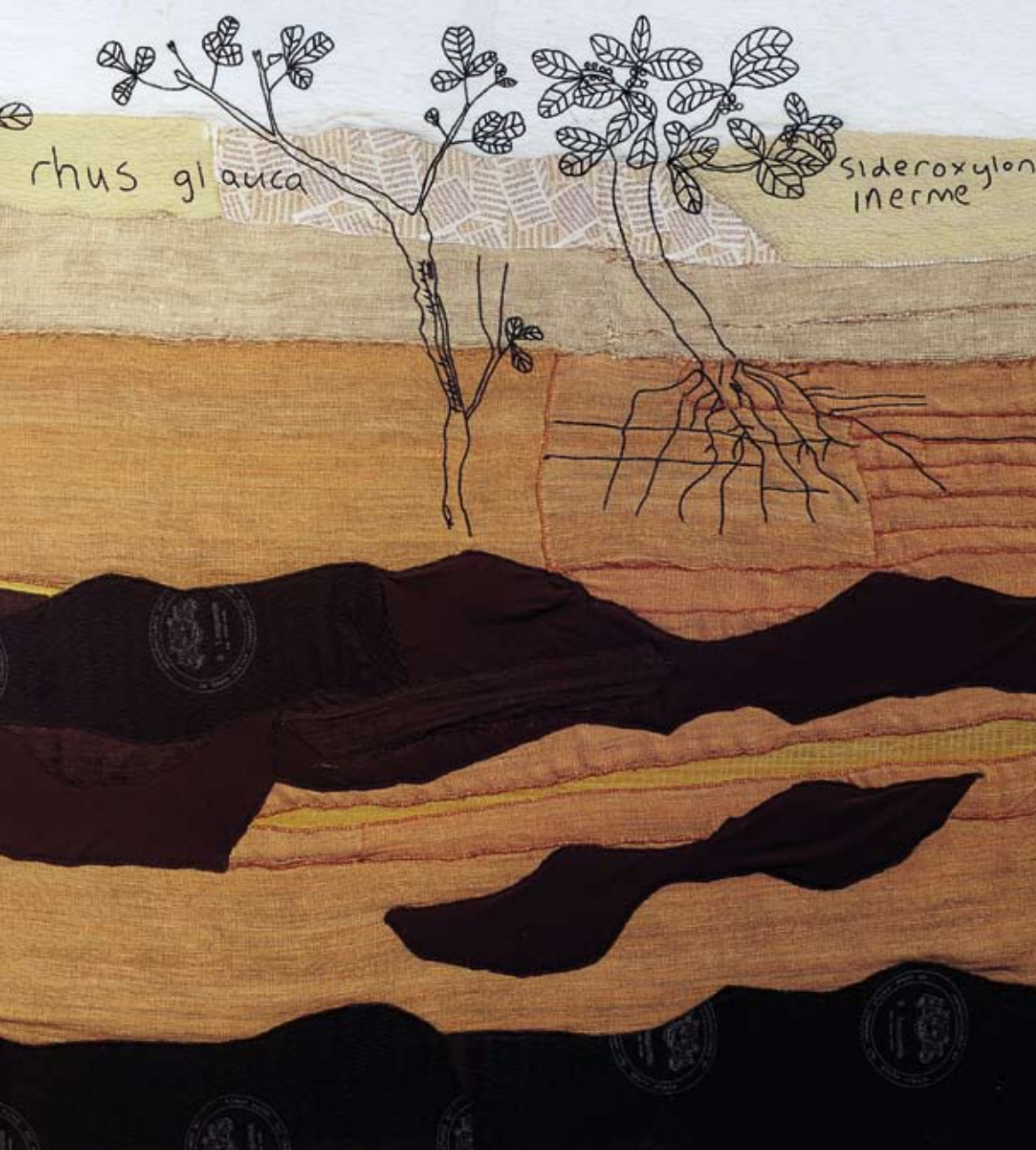
### Quite a journey

"My husband and I moved to the Eastern Cape in 2000. We were both doctors

but I was not then practising medicine – I was planning to make my own art work and live peacefully in Hamburg. I was confronted by the poverty in this community, and it became impossible to enjoy the beauty of the place without in some way addressing this. So I embarked on a journey that began as an insignificant embroidery project, teaching a handful of local women the skill as a means of helping them cope with the hardships they faced in their daily lives," she explains.

"I had no skills in finance, management or development and had to learn them on the run! The project





grew quickly. I had advice from people in development and we formed an NGO involving about 50 members from the local Xhosa community. Facing the high rate of infection with HIV/AIDS, we started a health initiative, which also grew fast and became, through necessity, an advocate for TB and HIV care in our village and soon also in surrounding villages. This is how the Keiskamma Trust came about. It has been quite a journey indeed!" she adds.

### **Empowerment through creative expression**

Having started out as a means of

encouraging and harnessing creativity through embroidery skills, artistic expression remains a key element of the Trust through their Keiskamma Art Project. Internationally renowned for their large tapestries, including the iconic Keiskamma Altarpiece, the Art Project currently provides employment to over 100 men and women from Hamburg and surrounding villages across a range of creative media including textiles, ceramics, wirework, beadwork and sewing.

The range is diverse and includes cushion covers, shopping bags, dolls, felt scarves, bowls, pots and of course their in-demand tapestries, which are

generally personalised according to client needs.

"We recently completed a set of three themed tapestries for the Duke of Buccleuch, based on Broughton Castle, while past commissions have included works for the Moses Mabhida Stadium in Durban, a 22 m long piece for Rhodes University and orders for several corporate clients. Our tapestries are on permanent display at the Houses of Parliament in Cape Town, UNISA Gallery in Pretoria, Dune Walk in East London and the Murray & Roberts head office in Johannesburg," explains Art Project Manager Florence Danais. ■■■



“Our work has also been exhibited in Canada, the USA and England, and this year we will feature at the Smithsonian Folklife Festival in Washington, the Venice Biennale and the Amtsgericht in Kassel, Germany. We also completed a large order of cushion covers and wall hangings for US-based retailer Anthropologie in 2008, which was very well received,” she adds proudly.

These are some major accomplishments for a group of crafters from one of the most rural areas of South Africa, one has to say.

### Holistic approach

The genesis of the Keiskamma Trust has evolved out of necessity and need in the community. They manage three after-care centres in the villages of Hamburg, Mgababa and Lovers Twist, which collectively address the educational and nutritional needs of over 400 orphaned, vulnerable and impoverished children.

Their health programme includes an Aids Treatment Centre in Hamburg, as well as an active outreach and antiretroviral management programme that employs 40 monitors and serves over 200 people living with HIV/Aids. A dynamic and growing music programme run through the Keiskamma Music Academy, several skills development programmes and the renowned art project complete the picture.

“Our vision is to create a healthy community in all respects. We strive to do this through our creative programmes, educational initiatives and through partnerships. We are fortunate to have a large network of friends, including Keiskamma Friends UK, support from Norway and Keiskamma Canada, but keeping our diverse programmes running is always a challenge and we are immensely grateful for support, whether orders for our products, donations of equipment or funding. The reality is that the need is great in our region, there is always more to be done,” explains author and General Manager of the Keiskamma Trust Annette Woudstra.



Gogo day in Hamburg, celebrating the resilience of Grandmothers.

.....

“Before this project we had nothing to do. We were struggling to feed our kids and education was just a dream. Through this project that dream has come true.” – Novuyani Peyi, Keiskamma Art Project Co-Manager and Trustee

.....

Challenges notwithstanding, it is clear that the various initiatives being run under the auspices of the Trust have had a massive impact in the area. While these efforts have led to numerous awards and accolades for the founder and her team, it is at a grassroots level where the real effects are felt.

“I have never studied art, but I am an artist by birth. I am sending messages about the fight against HIV and Aids to the world by changing words into pictures. I am employed by the Art Project, I have a good income and the people support me there,” says designer and artist Nozeti Makhubalo.

Clearly, the seed planted by the founder a little more than a decade ago has borne a bountiful harvest. 🌱

## THE KEISKAMMA MUSIC ACADEMY

The vision for the Keiskamma Music Academy is to create opportunities for rural children through musical education. “We measure our success not only in terms of exams, gold certificates or standing ovations. Our success is also measured in the personal growth of our students, their ability to express themselves, articulate choices, harness discipline and appreciate the joy of music-making.”

– Helen Vosloo, Founder

### Contact

Keiskamma Trust  
 PO Box 483, Peddie 5640  
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 Email: [enquiries@keiskamma.org](mailto:enquiries@keiskamma.org)  
[www.keiskamma.org](http://www.keiskamma.org)  
[www.keiskammatrust.blogspot.com](http://www.keiskammatrust.blogspot.com)  
[www.keiskammafriends.com](http://www.keiskammafriends.com)  
[www.keiskammacanada.com](http://www.keiskammacanada.com)  
[www.etsy.com/shop/Keiskamma](http://www.etsy.com/shop/Keiskamma)



**RHODES UNIVERSITY**  
Grahamstown • 6140 • South Africa

OFFICE OF THE VICE-CHANCELLOR • Tel: (046) 603 8148 • Fax: (046) 622 8444 • [vc@ru.ac.za](mailto:vc@ru.ac.za)

11 October 2012

Dr Carol Hofmeyr  
P O Box 13484  
Vincent Park  
EAST LONDON  
5217

Email: [carol@keiskamma.org](mailto:carol@keiskamma.org)  
Cell: 083 379 8396  
Phone: 040 678 1177

Dear Dr Hofmeyr

#### **AWARD OF AN HONORARY DOCTORATE BY RHODES UNIVERSITY**

It gives me great pleasure to inform you that at meetings held recently, the Honorary Degrees Committee and the Senate and Council of Rhodes University voted to confer on you the **degree of Doctor of Laws *honoris causa***.

I hope that you will be willing to accept the honour, and that you will also be able to attend the ceremony at which it is intended to confer the degree. An honorary degree is not conferred *in absentia*, save in the most exceptional circumstances.

Next year Rhodes University will hold its Graduation Ceremonies in Grahamstown on Thursday, Friday and Saturday, 4, 5 and 6 April 2012. The University wishes to confer the degree at the Graduation Ceremony to be held at **10:00 on Saturday, 6 April 2012**.

It will be our pleasure to host you and your partner for the period 4-6 April to enable you to participate in various Graduation celebrations should you wish to do so. For this purpose the University provides two economy class return air tickets and covers all accommodation and subsistence expenses. Final arrangements will be made in communication with you in due course.

I also invite you to **address the Graduation Ceremony** at which your degree will be conferred. The topic of your address is entirely up to you and should be no longer than 12 minutes (1 500 words) duration. The students graduating at this ceremony will be from the **Faculty of Commerce**.

I am delighted that Rhodes University has decided to honour your many and significant contributions by the award of an Honorary Doctorate and congratulate you on this notable achievement.

I look forward to hearing from you regarding the award, and please do not hesitate to contact me should you have any queries.

On acceptance of the award, and to help our Public Orator, Distinguished Professor Paul Maylam, in preparing his presentation of you to the graduation ceremony, I will be grateful if you could let us have a recent version of your curriculum vitae and any other documents that you consider appropriate.

Best wishes

A handwritten signature in black ink, appearing to read 'S. Badat', written in a cursive style.

**Dr Saleem Badat**  
**Vice-Chancellor**

I am honored and still somewhat bewildered that I have been chosen to receive this honorary doctorate.

Since Saleem Badat called me last year to inform me that I would graduate today and would have twenty minutes to say anything I liked, I have mulled over, planned talks, had nightmares, read old diaries and books but remained confused about what I have achieved and why and how it has changed me and what about all this, I can say in twenty minutes.

So I am not sure if what follows is just arbitrary thoughts from a seeming lifetime of experiences but based on my most recent ones, or thoughts valid and applicable for all the work of Keiskamma and development. On browsing through my writing over the last 13 years I see major changes and know I have forgotten who I was and why I did things. That which I have experienced has changed me and now all I know for certain is that I am certain of very little and could never do it all again.

So, I have decided to let you see this process .

I need to say at the outset that my life's work in hamburg is always and firstly, collaboration and it is impossible to consider my work without acknowledging the countless people in and out of Hamburg who have worked with me, most importantly justus my husband and my sons Graeme and Robert. In appreciation of all the help I have had from so many people, I want to dedicate this talk to my art teacher and then 12 year voluntary teacher of Keiskamma artists Marialda Marais, who died suddenly two weeks ago. We all miss her.

Early on in talks I gave and essays I wrote, I saw myself as a conduit bridging the gulf poverty causes. This is still true though the conduit is showing signs of wear and tear.

Within months of moving to Hamburg and the Eastern Cape with my husband Justus, I realized for the first time in my life, I loved a place and its people with passion. This happened to me. I did nothing just fell in love and then behaved irrationally and passionately as all lovers do. I had also never seen poverty close up. I had never been in homes where mothers wondered what they would find for four little children for supper.

So when I became aware that the dune forests and beaches and estuary were in danger due to people trying to eke out enough food and some shelter for destitute families, I thought to help them with income from other sources.

I had newly completed my masters in fine arts from UJ, awarded reluctantly by the then Wits Technikon, and had worked in embroidery projects in other parts of south Africa teaching about AIDS theoretically, so thought to teach embroidery.

Friends helped. A wife of one of Justus' colleagues, Jan Chalmers and her friend Jacky Jesewsky offered to teach embroidery and came from the UK twice a year for ten years to do this. To them I give the credit for the remarkable standard of our embroidery.

At this time I was driven by this overwhelming passion and did not listen to reason. I felt compelled to make a difference. I knew nothing of finance of budgeting of business plans of development in inverted commas, of sustainability or any of the catch phrases I was to hear over and over and I cared even less.

At the time I wrote an essay called *my life has changed*

*My life has changed radically in the past two years. I have lost touch with many of my close friends because I have become immersed in a life so completely different from my previous one. A life so demanding of my time and energy that I have been unable to keep up to date with my friends.*

*Some days I think I really am crazy and it is only a matter of time before this castle of sand is wiped away completely. I won't be sorry. It can be so scary sometimes. Other days I think to myself that I have finally come home; that I have found the place and purpose of my life. It all depends....*

*Yesterday was a bad day. Luckily a little part of my brain, like the dirt under the fingernails in the legend of Innanna, stays sane and curious and doesn't take life too seriously.*

*I want to tell you about yesterday. It was fairly typical of my life these days.*

*As I sit in my parked Isuzu bakkie outside the Peddie bank, hiding behind tinted windows from the local madman who had accosted me earlier and sorting one hundred and fifty twenty-rand notes and embroidery needles in army navy packages into blue envelopes, I feel a wrench of unreality. I am waiting for a taxi driver from Hamburg, whom I trust although I don't know him very well, to take all the money back to Hamburg to deliver to various women, payment for embroideries done in the past week. I feel more crazy than the poor schizophrenic drunkard outside the window. Like him I don't understand how I got there.*

*The day began early.*

*I had agreed to help a blind man in Ntilini, the village next to Hamburg, I arrive a little late but he is at the meeting place and ready, as I knew he would be in spite of the message having to go from person to person who walk everywhere. He is all dressed up, frail and thin and coughing. His ID says he was born in 1938. That makes him 64. He says that this is a misprint and he is much older, but he has no birth certificate to prove it and so cannot get a pension. His lung disease and his blindness incapacitate him so I am taking him to see the doctor in Nompelolelo hospital in Peddie. He has an appointment there, which I made last week when I was in Peddie paying back payments on noyena's funeral insurance to Chitabunga Funerals. I make the payments from her pension, which I now have to collect because she has alzheimers disease. None of her relatives will help her because she lives with her insane son who is home on leave from the Fort Beaufort mental hospital. He killed his father's brother's wife.*

*Are you lost?*

*This is all true and confusing and strange.*

*Back to the old man Fezile. His family has no income at all. His wife is not yet eligible for a pension. His son and daughter-in-law are dead. He lives with his wife and grandchildren, one of whom has come to me for help. They have tried to get the pension, but it is all too much backwards and forwards to Peddie, to the pension office in the caravan and from there 5 kms to the hospital and then back. They are told to come again another time. This is a family with no income so every taxi ride is less food.*

*After dropping him to wait for the doctor, I drive the forty kilometres back to Hamburg, the last fifteen on the atrocious dirt. I find the studio where we work buzzing as usual. I feel a mixture of happiness at giving all these women something to do and panic that I've done this back to front and now have no funding. We are running out of personal money and I have no time to write proposals etc.*

*I draw my money with an uneasy conscience. I always take the path of least resistance. It's easier to pay than to structure the situation and do things properly. But I have all these people waiting for their twenty rand to buy paraffin, mealie meal, sugar. I can't say no while living as affluently as I do. I deserve no more than they do and I'm so rich.*

We did get some funding and we were accepted in 2003 and 2005 for the National Arts Festival main program and assisted by them to make art works for the festival .

My dual fascination and horror with life in Hamburg and my need to tell its stories and the sheer numbers of women embroidering, led to my plan to make large even monumental art works.

We told the story of the 100 year frontier war as it affected Hamburg and surrounds and made the 120 meter tapestry which now hangs in parliament in cape town.

Then the aids epidemic hit us full on.

I have seen more people die than I ever imagined but I have also seen more resilience in human beings than I believed possible.

When I read what I wrote in these years at the height of the AIDS epidemic I feel I have lost something I once had, some way of perceiving the desperation in lives around me with open mind and eyes and heart

I wrote in 2004:

*Then, Hamburg and a child. A baby with new clothes, baby blanket, but wizened, marasmic loose skin on its legs and tummy. Wide black and white eyes.*

*Then a shack dark with fear, a small boy watching covered in sores, smelling bad, his mother stroked, unconscious, writhing, ugly.*

*Then the same child, clever, self-conscious and the beginning of ARVS.*

*Curled up with pneumonia for the third time. Feverish, no mother to wipe his brow. His young aunt caught up in an abusive relationship ending in another death, her husband. Still the child watches, waits.*

*Nomonde. She said she had been gang-raped. Another child clinging to beautiful model-thin mother. Not letting her out of her sight. These days, I still see the child running out of her grandmother's home as my car passes. For 2 years after her mother's death I brought her gifts as I passed.*

*What can we patch the holes with?*

*Holes in each home. Some so thread-bare one feels patching has no place. All must disintegrate and disappear and with it the pain of loss and helplessness and shame.*

*Mrs Mbiko I have watched, desperate 3 times as we tried to save her children and grandchildren. There have been several other deaths in her house. I only watched 2 closely and one peripherally.*

*Where are they all in that deserted homestead which used to buzz with life?*

Most dramatically in 2005 when we made the Keiskamma altarpiece, we had just received ARVS for our health program through PEPFAR and as we worked and stitched were privileged to watch the Lazarus effect of the medicines

I didn't think of this when we started that year. I too had been indoctrinated by the government into fearing ARVS.

I just knew about the Issenheim altarpiece and had used the concepts for my own comfort and meaning and offered them to the artists and embroiderers of Keiskamma to use to tell their story.

So we made the Keiskamma altarpiece, which, like the Keiskamma tapestry, was shown for the first time at National Arts Festival in 2005

We felt hopeful and triumphant.

But I have learned one cannot live and experience some things without risk of damage to oneself.

By 2010 I was angry and hurt by on going suffering of the poor, by an uncaring government and civil service, by nurses who abused patients and by all the unnecessary pain and loss

We made the Keiskamma Guernica again funded by the national arts festival and again shown for the first time here in grahamstown in july 2010

Someone in our visitors' book at the festival exhibition wrote

Where has all the hope from your previous works gone?

I wrote then another essay

### ***My personal Guernica***

*Ten years later...three pietas'*

*Elie Wiesel tells an old Jewish story of the prophet in Sodom standing on a street corner shouting to people to repent or be destroyed.*

*Many years later he was still there in the same place still shouting but nothing had changed.*

*A visitor asked him how he could keep shouting when obviously it made no difference to anyone and no retribution had happened.*

*He answered that when he had begun prophesying it was to save others but he kept doing it to save himself.*

*This morning I read the stories I wrote when I first came to live in Hamburg.*

*I was struck by the raw feeling, the shock of what I saw, the horror of it all, the constant struggle to make meaning.*

*But somehow the person who felt is gone. I had not saved myself. I had lost myself to a numbness that just keeps going, works and sees and makes no comment, seemingly remains unaffected.*

*So tonight I have written about today, just one day, impassively just recording, trying to pinch myself to see if I still feel*

*It is no worse than many other days and I almost forgot it all as soon as work was over.*

*I call the day three pieta's*



## ***First pieta***

*The first mother and child was the Bengu family*

*Baby Bengu is HiV positive, a twin a year old. She has retinoblastoma.*

*The baby presented some months ago with a new squint*

*Her story is when she got to eye clinic they found nothing and sent her home.*

*The eye-clinic doctors say they told her the diagnosis and wanted to remove the eye and she refused.*

*A month later the eye was protruding 5cms in the babies face*

*She went back and they removed much of the now inoperable tumour and sent the mother and the baby home with morphine syrup.*

*The baby initially did well and the eye socket healed*

*they live in a very remote village 40 kms from the local hospital and an hour's walk from her clinic.*

*She came back and forth to the clinic for dressings often carrying both twins herself, one in front and one behind.*

*Now this morning she was in the hospice.*

*We had heard the swelling in the eye socket was again enormous.*

*We wanted to help.*

*I talked to her through mrs Zita*

*Did she know the baby would die, that the tumour would grow and grow?*

*Yes they had told her.*

*Mrs zita interjected..she is talking you know...the baby that is.*

*All the while the mother held the baby with a huge bulging swelling of the eye socket*

*The baby looked constantly at her mothers face.*

*The mother cried silently.*

*How can we help?*

*Can we care for the child till she dies?*

*No she wants to care for her at home.*

*What does she need us to do?*

*Just make sure they have food for the whole family.*

*See if the oncologists will just remove the massive swelling for cosmetic purposes.*

*I promised and rushed out and forgot for some hours.*

### **Second pieta**

*This mother was older. Fat with a small beard, unattractive.*

*Her son lay in the side ward of the clinic. He looked 60 at least. He was 41. Emaciated, thrush on his lips, clubbing of his dirty long finger nails, breathless, coughing*

*She could not speak English. He told me all. She kept interjecting in isiXhosa which the nurse translated.*

*She remembered more than he did in spite of the fact that he was in Port Elizabeth when he was ill.*

*He was a policeman and had been on ARVS for three years in 2001 to 2003*

*Then stopped he was so well.*

*Then recently got TB for the third time and was admitted to hospital in port Elizabeth.*

*To clarify the medical history I ask when did he last work?*

*He stopped when he killed his wife.*

*He was discharged for hospital in October 2009 in Port Elizabeth.*

*Why had he allowed himself to become so ill?*

*Collecting treatment had been difficult at first because he was in jail then on bail then had numerous court cases in the high court in Port Elizabeth.*

*So he did not get better.*

*He says later he was bed-ridden and the health visitor did not bring treatment regularly .*

*Then his mother fetched him.*

*She lives 200 meters from this isolated rural clinic.*

*She kept coming to the clinic to beg them to visit him and then begging him to come to the clinic.*

*For a few weeks he refused.*

*Today he has agreed.*

*She suddenly became agitated. She held up her hand with four fingers. I have lost 4 sons she said in isiXhosa even I could understand. This is the last.*

*She cried.*

*I said to the man, look at your mother. How can you continue to refuse admission and proper treatment? She is always like this he said to dismiss her.*

*I persisted, of course she is, she fears losing her last son.*

*He agreed I call the ambulance.*

*He has a slim chance of survival.*

*Later we looked at his medical AID card.*

*He has three children, his mother had never heard of the third in PE.*

*Finally my professional demeanour broke down.*

*We asked, the nurses and I, of the mother, why did he kill her.*

*She was stealing his money, she poisoned him twice and he landed in hospital ICU.*

*She abused him.*

*Finally he came home and shot her point blank in the head with his police gun.*

*My last view of mother and son was her wiping his mouth tenderly and then stroking his hair.*

### ***Third Pieta***

*Again it is a young mother*

*She is pretty. HIV positive with a 9 month HIV positive baby.*

*Both look well.*

*We talk about the baby's treatment and hers.*

*The nurse interrupts my history taking.*

*She is Para1 gravida 3 she tells me.*

*The inaccurate medical classification tells another inadequate story.*

*One drowned, one died of meningitis at 3 years, and now this last one is HIV positive.*

*These communities, families, individuals keep on with work and daily life.*

*We all become mechanical.*

*We work and talk and slowly our soul and love of life and joy dies.*

*We hardly notice till we remember who we were before this slow plague*

So recently I have been wondering how to recover.

And I remember I know the answer, in fact I was so passionate and evangelical about this answer I thought I could change a whole village a whole community and whole town.

But I forgot it

It is simple.

Human beings make art to find and give meaning.

To make sense of things. To heal themselves.

To continue to wonder at and to be in awe of this one life and this one world.

I need to go back to make art just for myself to regain my own wonder and worship.

I too need this healing.

## **FRCP Citation for Dr Carol Hofmeyr Baker**

**11<sup>th</sup> July 2012 Royal College of Physicians**

Dr Carol Wynne Hofmeyr Baker is a medical graduate of Witwatersrand University in South Africa. She went on to obtain a Higher degree in Fine Arts at Wits and her subsequent career has been a synthesis between Medicine and Art.

Dr Baker founded the Keiskamma Health and Art Initiatives in 2001, as a response to the poor health care in the Eastern Cape. Both a doctor and an artist, Dr Baker realised that many of those engaged with this creative project were dying with HIV infection. Since there were no doctors available to look after her community, she re-certified her clinical skills and took on the HIV care in 19 clinics serving that district of South Africa.

To help address the problems of extreme poverty, helplessness, lack of self-esteem and lack of opportunity, Dr Baker began teaching art skills and embroidery to about 100 women and a few young men from 3 isolated villages, nurturing the innate artistic creativity of the community to engender a new sense of pride and hope for the future, as well as generating a small income for the members of the Project. By May 2006 five talented young women and men whose studies were funded by the project, had graduated from Walter Sisulu University in Fine Arts and in Journalism.

In 2003 Dr Baker secured funding to renovate and build village studios to start work on a monumental artwork, the 'Keiskamma Tapestry'. Based on the 11<sup>th</sup> century Bayeux Tapestry, this 120 metre embroidery depicts the history of the region from the time of the San inhabitants to the elections of 1994. This now hangs permanently in Parliament in Cape Town. In 2005 a second monumental work the Keiskamma Altar Piece was created. This has subsequently toured cathedrals in 6 cities in North America and Southwark Cathedral in London.

In 2010 the Keiskamma Trust produced a major work depicting the outrage at the slow management of HIV/AIDS in the Eastern Cape. In collaboration with Kirstenbosch gardens, Keiskamma artists have created tapestries on botanical themes. To date, six monumental works have been produced, most recently the Creation Altarpiece, the Keiskamma Guernica and in this country four tapestries on the theme of the 4 elements have been commissioned for Boughton House, the aptly described English Versailles in Northamptonshire.

In 2006 Dr Baker was made citizen of the year for the Eastern Cape and won the Premier's award in Eastern Cape for art and health. She has also received the award for Woman of the Year in Arts, Culture and Communication.

This is a most impressive contribution to health and wellbeing in a poor community. She has a lot to teach us about the dimensions of health. As an artistic physician she has recognized the creative resources in the community she serves and focused on encouraging those creative skills to improve the health and wellbeing of the community. Truly Carol Baker is a physician with a difference who is illustrating the breadth of the caring profession.

29 April 2013

**MONITORING, EVALUATION & REPORTING PLAN – 2013/14**

**EDUCATION PROGRAMME Q1 & Q2**

| Goals and Objectives                                                                                                                                          | Activities                                                            | Measure/Indicator        |                                                   | Reporting frequency | Annual Target 2013/4            | Quarterly Targets |    |    |    | Actual             | Variance           | Reason for variance/comments                                                  | Responsible                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|---------------------------------------------------|---------------------|---------------------------------|-------------------|----|----|----|--------------------|--------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
|                                                                                                                                                               |                                                                       | Quantity                 | Quality                                           |                     |                                 | Q1                | Q2 | Q3 | Q4 |                    |                    |                                                                               |                                                      |
| <b>Goal 1. Increase access to quality health care and services</b>                                                                                            |                                                                       |                          |                                                   |                     |                                 |                   |    |    |    |                    |                    |                                                                               |                                                      |
| <b>Objective i</b><br>To facilitate programmes aimed at reducing HIV & TB infection and increase community awareness and understanding of health and diseases | CWBSA Clowns without Borders Lithe'tha                                | No reached through shows | Easier access to info & more impact               | Annually            | 30 shows & w/shops 5,000 people | 30                |    |    |    | Q1 : 32<br>Q2:5283 | Q1: +2<br>+283     | 29 shows (1 school cancelled due to strike) and 3 workshops                   | Merran & Unathi<br>CWBSA                             |
|                                                                                                                                                               | Awareness Days                                                        |                          |                                                   |                     |                                 |                   |    |    |    |                    |                    | There was the Hamburg awareness day – not sure of the date – Vovo?            |                                                      |
|                                                                                                                                                               | CWBSA Sinovuyo teens project                                          | No of participants       | Improved family relationships protecting children | Annually            | 60                              |                   |    | 60 |    |                    |                    |                                                                               | Scheduled for Q3 – planning and preparation complete |
| <b>Goal 2. To empower community through education and skills development</b>                                                                                  |                                                                       |                          |                                                   |                     |                                 |                   |    |    |    |                    |                    |                                                                               |                                                      |
| <b>Objective i</b><br>To increase community access to educational resources                                                                                   | Continue to expand library resources at Aftercare/ ECD and Vulindlela | No of books obtained     | More young people reading and using resources     | Semi-annually       | 100                             | 25                | 25 | 25 | 25 | Q1:57<br>Q2: 158   | Q1:+32<br>Q2: +133 | More books donated<br>Bulk donation of Little Hands books for babies via DGMT | Nokhanyo & Colette                                   |

|                                                                                                                                                                                                |                                                                |                              |                      |               |      |      |      |      |      |                                                  |                    |                                                                                                                                                        |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------|----------------------|---------------|------|------|------|------|------|--------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
|                                                                                                                                                                                                | centres                                                        |                              |                      |               |      |      |      |      |      |                                                  |                    |                                                                                                                                                        |                    |
|                                                                                                                                                                                                | Distribute NaI'ibali reading supplements to OVC centres        | No of NaI'ibalis distributed |                      | Quarterly     | 4000 | 1000 | 1000 | 1000 | 1000 | Q1: 920<br>Q2: 930                               | Q1: -80<br>Q2: -70 | No of NaI'ibalis delivered was reduced they have started delivering 200 a week again.                                                                  | Nokhanyo & Colette |
|                                                                                                                                                                                                | Set up Learning Channel pilot programme                        | No of learner attending      | Improvement in marks | Quarterly     | 50   | 10   | 25   | 15   | 0    | Q1:17<br>Q2 : 59                                 | Q1:+7<br>Q2: + 34  | There were delays in receiving the materials All matrics and some Grade 10 and 11's have made use of the materials and continue to do so sporadically. | Colette            |
|                                                                                                                                                                                                | Provide IT training, library and electronic learning resources | No of people trained         |                      | Quarterly     | 75   | 25   | 25   | 25   |      | Q1: 44 trained<br>23 Resources<br>Q2: 16 trained | +10                | New electronic resources obtained and made use of Fewer trainees in Q2 due to early darkness                                                           | Colette            |
| <b>Objective ii</b><br>To provide school leavers, young adults and unemployed community members with assistance in accessing further and tertiary education and improved chances of employment | Provide Career Guidance information and counseling             | No of students assisted      |                      | Quarterly     | 88   | 43   | 45   |      |      | Q1:46<br>Q2: 30                                  | Q1:+3<br>Q2: -15   |                                                                                                                                                        | Colette            |
|                                                                                                                                                                                                | Assist learners to access further education and employment     | No of learner assisted       |                      | Semi-Annually | 27   | 4    | 7    | 9    | 7    | Q1:14<br>Q2: 21                                  | Q1:+3<br>Q2: + 14  |                                                                                                                                                        | Colette            |

|                                                                                                                    |                                                                          |                                           |  |               |   |   |   |   |   |              |       |                                                                                                           |                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|--|---------------|---|---|---|---|---|--------------|-------|-----------------------------------------------------------------------------------------------------------|--------------------|
| <b>Objective iii</b><br>To advocate for improved education services and infrastructural resources in the community | Meet with SGB's to discuss issues and co-operation                       | No of SGB's established relationship with |  | Quarterly     | 4 | 1 | 1 | 1 | 1 | Q1:1<br>Q2:1 |       | Met with Primary SGB in term 1 and High school SGB in term 2                                              | Nokhanyo & Colette |
|                                                                                                                    | Establish relationship with national advocacy groups in Education Sector | No of organisations with relationship     |  | Semi-annually | 2 |   | 1 | 1 |   | Q2 : 1       |       | Initial contact made with Equal Education. Attended Bisho court case. Plan to send scholars for training. | Colette & Merran   |
|                                                                                                                    | Establish relationship with District level Dept of Education             | No of meetings/contacts                   |  | Semi-annually | 6 | 1 | 2 | 1 | 2 | Q1: 1        | Q1:-2 | 1 <sup>st</sup> meeting held                                                                              | Unathi & Colette   |

**Goal 3. To instil self esteem and reliance through meaningful creative expression**

|                                                                                         |                            |                      |                                                                 |               |    |    |    |    |    |                |                  |                                                                                                 |        |
|-----------------------------------------------------------------------------------------|----------------------------|----------------------|-----------------------------------------------------------------|---------------|----|----|----|----|----|----------------|------------------|-------------------------------------------------------------------------------------------------|--------|
| <b>Objective 1</b><br>To increase opportunities for creative activities and development | Staff & Volunteer Training | No of people trained | Increased understanding of the link between art and self esteem | Semi-annually | 31 | 31 | 31 | 31 | 31 | Q1:37<br>Q2:18 | Q1:+6<br>Q2: -13 | Over-recruited to allow for possible drop-outs Numerous drop outs. Trying to draw them back in. | Merran |
|                                                                                         |                            |                      |                                                                 |               |    |    |    |    |    |                |                  |                                                                                                 |        |



|  |                                                                                         |                                             |                                                    |               |     |    |    |    |    |                  |        |                                                                                                                                                              |        |
|--|-----------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|---------------|-----|----|----|----|----|------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|  | Implementing Creative Development Sessions in OVC centres                               | No of children receiving weekly activities  | Improved punctuality and consistency of attendance | Semi-annually | 240 | 60 | 60 | 60 | 60 | Q1: 60<br>Q2: 60 |        | Mgababa & Lovers Twist reached full speed immediately. Hamburg behind by 4 sessions due to staff shortages. 24 sessions delivered to 20 children per session | Merran |
|  | Engagements with community through performance and workshops by programme beneficiaries | No of end of term performances and displays |                                                    | Quarterly     | 12  | 3  | 3  | 3  | 3  | Q1: 3<br>Q2: 8   | Q2: +5 | Carnival of Animals toured each centre. End of term concerts held in Q2 plus 5 Fireside Story telling sessions in Hamburg village.                           | Merran |

**Goal 4. To provide holistic support and care to vulnerable children**

|                                                                                                                            |                                                                                      |                                                   |                                      |         |     |     |     |     |     |                    |                  |                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------|---------|-----|-----|-----|-----|-----|--------------------|------------------|----------------------------------------------------------------------------------------------------------------------------|--|
| <b>Objective 1</b><br>Advocate for and provide increased access to security, support and education for vulnerable children | Provide nutritional, educational, and psychosocial support through the 3 OVC centres | No of children provided with services and support | Better supported vulnerable children | monthly | 540 | 540 | 540 | 540 | 540 | Q1: 538<br>Q2: 419 | Q1:-2<br>Q2:-121 | Basically on target – may have to lower targets. Major data clean-up task has provided more accurate attendance statistics |  |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------|---------|-----|-----|-----|-----|-----|--------------------|------------------|----------------------------------------------------------------------------------------------------------------------------|--|


|  |                                                                                                 |                                                        |  |           |   |   |   |   |   |               |        |                                                                                                                                                                                                                                      |  |
|--|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|-----------|---|---|---|---|---|---------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | run by the Trust                                                                                |                                                        |  |           |   |   |   |   |   |               |        |                                                                                                                                                                                                                                      |  |
|  | Assist with the Establishment of Child Care Forums in the villages in which we have OVC centres | No of meetings participated in with other stakeholders |  | Quarterly | 7 | 1 | 2 | 2 | 2 | Q1:1<br>Q2: 4 | Q2: +2 | Initial Mgababa meeting held, Two further meetings were scheduled (1 Mgababa and 1 L Twist) but postponed due to Nokhanyo's illness or other stakeholder non-availability. 1 Mgababa meeting and three initial Hamburg meetings held |  |

**Goal 5. To develop effective and efficient organisation**

|                                                                                             |                                           |                                            |                                                                              |               |                     |    |    |    |    |                            |            |                                                                                   |                    |
|---------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------|---------------|---------------------|----|----|----|----|----------------------------|------------|-----------------------------------------------------------------------------------|--------------------|
| <b>Objective 1</b><br>To provide staff development opportunities through training mentoring | Introduce staff performance review system | No of staff appraised                      | Improve d staff performance and clear information on staff development needs | Semi annually | 31 staff appraisals | 28 |    | 3  |    | Q1: 29                     | Q1: +1     | Vulindlela and management not yet done. Staff nos have increased since target set | Nokhanyo & Colette |
|                                                                                             | CSD                                       | No of Staff attending ECD and CDP training | Improve d quality of care provided                                           | Quarterly     | 19                  | 19 | 19 | 14 | 14 | Q1 & 2: 25 (9CDP) (16ECD ) | Q1 & 2: +6 | Attendance picked up again. Some drop outs were recovered with support            | Merran             |

|                                                           |                                 |               |                                  |               |            |          |          |          |          |                                        |                                          |                                                                                                                                                                                       |                    |
|-----------------------------------------------------------|---------------------------------|---------------|----------------------------------|---------------|------------|----------|----------|----------|----------|----------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
|                                                           | Short courses in management     | No of Courses | Better management of OVC centres | Semi-annually | 2          |          | 1        | 1        |          |                                        |                                          | None yet                                                                                                                                                                              | Colette & Nokhanyo |
| <b>Objective 2</b><br>Ensure adequate financial stability | Raise funding for OVC Programme | Amount Raised |                                  | Quarterly     | R1,250,000 | R500,000 | R250,000 | R250,000 | R250,000 | Q1: R345 thousand<br>Q2: R200 thousand | Q1: -R155 thousand<br>Q2: -R300 thousand | Prospects re Social Development poor – need to actively pursue other options<br>Decision made on OMT R200,000<br><b>FUNDING SITUATION CRITICAL</b>                                    | Colette & Nokhanyo |
|                                                           | Raise funding for Vulindlela    | Amount Raised |                                  | Quarterly     | R570,000   | R100,000 | R400,000 | R100,000 |          | Q1: 0<br>Q2: R30 thousand              | Q1: -R100 thousand<br>Q2: -R70 thousand  | Nothing confirmed yet. DGMT contract ended at end May. Small amt promised by Atlantic Philanthropies. Waiting for timing and amt from CSI applic<br><b>FUNDING SITUATION CRITICAL</b> | Colette            |
|                                                           | Raise funding for Creative Devt | Amount raised |                                  | Quarterly     | R650,000   |          | R350,000 | R200,000 | R100,000 | Q2: R350 thousand – not yet in bank    | Q1&2: -R200 thousand                     | DGMT budget submitted – awaiting transfer.<br>NAC application unsuccessful.<br><b>FURTHER SOURCES OF FUNDING NEED TO BE IDENTIFIED</b>                                                | Merran & Colette   |

**HBC DATA COLLECTION FORM**

|                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                     |                                        |                                           |                          |                                           |                                                                                |                                 |                                  |                                           |                                     |                                                     |                               |                                    |                                  |                                 |                                |                                        |                                                            |                                                      |                                       |                                 |                                          |                            |                            |                              |                                  |                                             |                              |                                      |                                    |                         |                         |                             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------|----------------------------------------|-------------------------------------------|--------------------------|-------------------------------------------|--------------------------------------------------------------------------------|---------------------------------|----------------------------------|-------------------------------------------|-------------------------------------|-----------------------------------------------------|-------------------------------|------------------------------------|----------------------------------|---------------------------------|--------------------------------|----------------------------------------|------------------------------------------------------------|------------------------------------------------------|---------------------------------------|---------------------------------|------------------------------------------|----------------------------|----------------------------|------------------------------|----------------------------------|---------------------------------------------|------------------------------|--------------------------------------|------------------------------------|-------------------------|-------------------------|-----------------------------|--|--|
| <b>A) Name of Organisation:</b> Keiskamma Trust                                                                                                                                                                                                                                                                                                                           |                                                             |                                     | 039-285                                |                                           |                          | <b>B) Physical Address:</b>               |                                                                                |                                 |                                  |                                           |                                     |                                                     |                               |                                    |                                  |                                 |                                |                                        |                                                            |                                                      |                                       |                                 |                                          |                            |                            |                              |                                  |                                             |                              |                                      |                                    |                         |                         |                             |  |  |
| <b>C) Reporting Month:</b> 31 May 2013                                                                                                                                                                                                                                                                                                                                    |                                                             |                                     |                                        |                                           |                          |                                           | <b>D) Project Physical Address: (if different from above)</b>                  |                                 |                                  |                                           |                                     |                                                     |                               |                                    |                                  |                                 |                                |                                        |                                                            |                                                      |                                       |                                 |                                          |                            |                            |                              |                                  |                                             |                              |                                      |                                    |                         |                         |                             |  |  |
|  <p><b>E) NAME AND SURNAME OF PATIENT</b> (if new this month, please enter "y" in the sixth column. Please continue listing patients that are no longer under your care by <del>initials</del> under "Surname" for a period of three months. Kindly type or write in block letters).</p> |                                                             |                                     |                                        |                                           |                          |                                           | <b>SERVICES RECEIVED BY PATIENTS THIS MONTH (please mark with a small "x")</b> |                                 |                                  |                                           |                                     |                                                     |                               |                                    |                                  |                                 |                                |                                        |                                                            |                                                      |                                       |                                 |                                          |                            |                            |                              |                                  |                                             |                              |                                      |                                    |                         |                         |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                           | <b>DATE OF BIRTH (Date Month Year)</b><br>e.g. 1 April 2001 | <b>Patient Gender (Male/Female)</b> | <b>New Patient This Month (Yes/No)</b> | <b>Patient Lost to follow up (Yes/No)</b> | <b>Deceased (Yes/No)</b> | <b>Clinical Nutritional Support (HBC)</b> | <b>Food Parcel (HBC)</b>                                                       | <b>Bully Meal Feeding (HBC)</b> | <b>Food Garden Started (HBC)</b> | <b>Transport to Clinic/Hospital (HBC)</b> | <b>On Site Health Support (HBC)</b> | <b>Careworker Accompany Patient to Clinic (HBC)</b> | <b>Known HIV Status (HBC)</b> | <b>HIV Tested this month (HBC)</b> | <b>Collect/Deliver ART (HBC)</b> | <b>Home Visit ARV DOT (HBC)</b> | <b>Home Visit TB DOT (HBC)</b> | <b>Transport to Home Affairs (HBC)</b> | <b>Application for Birth Certificate/D Submitted (HBC)</b> | <b>Birth Certificates /D issued this month (HBC)</b> | <b>Referral to Old Age home (HBC)</b> | <b>Transport to SASSA (HBC)</b> | <b>Grant Application Submitted (HBC)</b> | <b>Grant awarded (HBC)</b> | <b>Basic Nursing (HBC)</b> | <b>Domestic Chores (HBC)</b> | <b>General Counselling (HBC)</b> | <b>Prescribed medicine monitoring (HBC)</b> | <b>Spiritual Needs (HBC)</b> | <b>Clothing &amp; Blankets (HBC)</b> | <b>Household consumables (HBC)</b> | <b>Toiletries (HBC)</b> | <b>Household Number</b> | <b>Caregiver/Careworker</b> |  |  |
| <b>No</b>                                                                                                                                                                                                                                                                                                                                                                 | <b>First Name</b>                                           | <b>Surname</b>                      |                                        |                                           |                          |                                           |                                                                                |                                 |                                  |                                           |                                     |                                                     |                               |                                    |                                  |                                 |                                |                                        |                                                            |                                                      |                                       |                                 |                                          |                            |                            |                              |                                  |                                             |                              |                                      |                                    |                         |                         |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                     |                                        |                                           |                          |                                           |                                                                                |                                 |                                  |                                           |                                     |                                                     |                               |                                    |                                  |                                 |                                |                                        |                                                            |                                                      |                                       |                                 |                                          |                            |                            |                              |                                  |                                             |                              |                                      |                                    |                         |                         |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                     |                                        |                                           |                          |                                           |                                                                                |                                 |                                  |                                           |                                     |                                                     |                               |                                    |                                  |                                 |                                |                                        |                                                            |                                                      |                                       |                                 |                                          |                            |                            |                              |                                  |                                             |                              |                                      |                                    |                         |                         |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                     |                                        |                                           |                          |                                           |                                                                                |                                 |                                  |                                           |                                     |                                                     |                               |                                    |                                  |                                 |                                |                                        |                                                            |                                                      |                                       |                                 |                                          |                            |                            |                              |                                  |                                             |                              |                                      |                                    |                         |                         |                             |  |  |

**Data Tool Summary Sheet**

**Keiskamma Trust**

**31 May 2013**

**Service Rendered for the Month**

**OVC HBC**

|                       |                                         |     |   |
|-----------------------|-----------------------------------------|-----|---|
| <b>Nutrition</b>      | # of OVC Received Food Parcel           | 0   | 0 |
|                       | # of OVC Fed Daily Meals                | 378 | 0 |
| <b>Education</b>      | # of OVC Received School Uniforms       | 17  |   |
|                       | # of OVC Received School Fee Allowance  | 0   |   |
|                       | # of OVC Received School Fee Exemption  | 0   |   |
| <b>Health</b>         | # of OVC HIV Test this month            | 0   | 0 |
|                       | # of OVC Transported to Clinic/Hospital | 0   | 0 |
| <b>Social Service</b> | # of OVC Received Birth\Certificate     | 0   | 0 |
|                       | # of OVC Applied for Birth\Certificate  | 0   | 0 |
|                       | # of OVC Grant Application Submitted    | 0   | 0 |
|                       | # of OVC awarded with Social Grant      | 0   | 0 |

**HBC & OVC SIGNATURES**

**Data Summary:**

**Data compiled by:**

**Data verified by:**

|                                        |     |
|----------------------------------------|-----|
| <u>Total No of OVC Supported:</u>      | 381 |
| <u>Total No. Of new OVC:</u>           | 8   |
| <u>Total No of CHH OVC:</u>            | 0   |
| <u>Total No of Patients Supported:</u> | 0   |
| <u>Total No of New Patients:</u>       | 0   |

Ncedeka Beja  
 Name and Surname  


---

0717688861  
 Contact number  


---

 Signature  


---

 03 June 2013  
 Date Signed

Nokhanyo Nkani  
 Name and Surname  


---

0790676239  
 Contact number  


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 Signature  


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 04 June 2013  
 Date signed

| Measure                                      | Definition                                                                                           | Conditions                                                                                             | Includes                                                                                                                           | Excludes                                                                              | CBO Data Source                            |
|----------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Child Gender (M/F)</b>                    |                                                                                                      |                                                                                                        |                                                                                                                                    |                                                                                       |                                            |
| <b>New Child this month (Y/N)</b>            | This measures the number of new children enrolled into the CBO programme in the reporting month      | Please check this column every month.                                                                  | New children in the reporting month                                                                                                |                                                                                       |                                            |
| <b>Child Headed Household(Y/N)</b>           | Measures the number of children who are part of a household headed by an individual aged 0-18 yrs    | Please check this every 3 months.                                                                      |                                                                                                                                    | Children older than 18                                                                |                                            |
| <b>Child has a Road to Health Card (Y/N)</b> | This measures the number of children having a RTHC and accessing primary health care                 |                                                                                                        |                                                                                                                                    |                                                                                       | <b>Copy of RTHC in child's file</b>        |
| <b>Child lost to follow up(Y/N)</b>          | This measures the number of children that have not accessed a single service in the last 3 months.   | Child has not accessed any service in 3 consecutive months                                             |                                                                                                                                    |                                                                                       |                                            |
| <b>Deceased(Y/N)</b>                         | This measure the number of children deceased.                                                        |                                                                                                        |                                                                                                                                    |                                                                                       |                                            |
| <b>NUTRITION</b>                             |                                                                                                      |                                                                                                        |                                                                                                                                    |                                                                                       |                                            |
| <b>Clinical Nutritional Support</b>          | Measures the number of children identified as being <b>malnourished</b> that are now receiving care. | Services must be provided by a qualified Health Care worker. Child must be identified as malnourished. | 1.Nutritional assessments(using tape measure to measure child's development +dietary)<br>2.Food provided by rehabilitation centres | Food gardens;meal feeding;food parcels and nutritional supplements provided routinely | Careworker's notes in Child's file         |
| <b>Food Parcel</b>                           | Measures the number of children receiving food parcels                                               | Children aged 0-17yrs.                                                                                 | Food items&Household consumables                                                                                                   | Toiletries                                                                            | Signed food parcel register.               |
| <b>Daily Meal/ Feeding</b>                   | Measures the number of children receiving meals at the sites.                                        | Children aged 0-17yrs.                                                                                 |                                                                                                                                    | Food parcels.                                                                         | Signed Daily meal Register                 |
| <b>HEALTH</b>                                |                                                                                                      |                                                                                                        |                                                                                                                                    |                                                                                       |                                            |
| <b>Transport to Clinic/Hospital</b>          | Measures the number of children being transported to clinics to gain access to health care           | Children aged 0-17yrs.                                                                                 | Transport to any healthcare clinic/Hospital                                                                                        | Walking to Clinic                                                                     | Transport register/Trip Authorisation form |
| <b>On site Health support</b>                | Measures the number of children accessing health care at the CBO site.                               | Children aged 0-17yrs.                                                                                 |                                                                                                                                    | Healthcare services rendered at clinic/Hospitals                                      | Notes in child's file                      |
| <b>CW accompanies child to clinic</b>        | Measures the number of children that are escorted by a member of the CBO to the clinics              | Children aged 0-17yrs.                                                                                 | Careworkers taking children to Clinic/Hospital for Healthcare services                                                             | Parent/Guardian                                                                       |                                            |
| <b>Known HIV status</b>                      | Measures the number of children with known HIV status.                                               | Do not have to indicate the result.                                                                    |                                                                                                                                    |                                                                                       |                                            |
| <b>HIV tested this month</b>                 | Measures the number of children tested at the CBO for HIV                                            | Do not have to indicate the result.                                                                    |                                                                                                                                    |                                                                                       | Consent form                               |
| <b>Collect/Deliver ART</b>                   | Measures the number of HIV positive children assisted with accessing ARVS                            | Children aged 0-17yrs diagnosed HIV positive.                                                          | Collecting ARVs on behalf on client                                                                                                |                                                                                       | Careworker notes                           |
| <b>Home visit -ARV DOT</b>                   | Measures the number of HIV positive children visited to ensure adherence to ARV medication           | Children aged 0-17yrs diagnosed HIV positive.                                                          |                                                                                                                                    |                                                                                       | Careworker notes                           |
| <b>Home visit -TB DOT</b>                    | Measures the number of children visited to ensure adherence to TB medication                         | Children aged 0-17yrs diagnosed TB positive.                                                           |                                                                                                                                    |                                                                                       | Careworker notes                           |
| <b>SOCIAL SERVICES -Child protection</b>     |                                                                                                      |                                                                                                        |                                                                                                                                    |                                                                                       |                                            |

| Measure                                        | Definition                                                                                                                                       | Conditions                                                                                               | Includes                                                                                                                    | Excludes                                                                     | CBO Data Source                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|
| Transport to Home affairs                      | Measures the number of children transported to Home affairs to gain access to legal documents.                                                   | Children aged 0-17yr                                                                                     |                                                                                                                             |                                                                              | Transport register                           |
| Application for Birth certificate/ID Submitted | Measures the number of Patient identified as needing birth certificates and IDs and being referred by CBOs to Home Affairs                       | CBO must have helped complete the application form.                                                      |                                                                                                                             | Repeat applications                                                          | Copy of applic.Slip from Home Affairs        |
| Birth certificate/ID issued <u>this month</u>  | Measures the number of children <b>receiving</b> their Birth certificate/ID document through an application by the CBO                           | Children aged 0-17yr that received a Birth certificate /Identity document <b>in the reporting month.</b> |                                                                                                                             | Children that <u>already have</u> birth certificates and Identity documents. | Copy of Birth Certificate/ID in child;s file |
| Child Protection Community W/shop              | Measures the number of children attending child protection support groups to increase child protection awareness and access to related services. | Children aged 0-17yrs.Must be conducted by a professional e.g.Police /Social worker.Curriculum based.    | Teaching child rights.AIDs Awareness.Child forums.Social work intervention.Assisting with sucession and inheritance issues. |                                                                              | Curriculum based.                            |
| Home visit-Child Protection                    | Measures the number of children visited by careworkers to follow up on child protection issues raised.                                           | Children aged 0-17yrs.                                                                                   | Home visit to follow up on children being abused/neglected/stigmatized etc...                                               |                                                                              | Careworker notes                             |
| Temporary Place of safety                      | Measures the number of children temporarily housed by CBOs /placed in a home( <b>according to guidelines</b> )                                   | Children aged 0-17yrs.Temporary = less than 3 months.                                                    | Providing temporary shelter for children.Home visit to facilitate a safe environment                                        |                                                                              | Legal doc.Travel doc                         |
| <b>EDUCATION</b>                               |                                                                                                                                                  |                                                                                                          |                                                                                                                             |                                                                              |                                              |
| School fee allowance                           | Measures the number of children being assisted with school fee payment by CBOs.                                                                  | Children aged 0-17yrs.                                                                                   |                                                                                                                             |                                                                              | School fee receipt                           |
| School uniform issued                          | Measures the number of children issued with school uniform                                                                                       | Children aged 0-17yrs.Once off service.Should be reported only when uniform is <b>issued.</b>            | Should include 1 or more of the following items:Shoes/dress/shirt/pants                                                     |                                                                              | Register                                     |
| School Stationery issued                       | Measures the number of children issued with school stationery(grade appropriate)                                                                 |                                                                                                          | Calculator/geometry set, Books etc                                                                                          |                                                                              | Register                                     |
| Transport to school                            | Measures the number of children being transported to school by CBO or via arrangements made by CBO                                               | Children aged 0-17yrs.                                                                                   | School bus, taxi, train etc. cost incurred by CBO                                                                           |                                                                              | Transport register, Receipts etc.            |
| ECD attendance                                 | Measures the number of children aged 0-6 yrs attending an ECD programme                                                                          | Curriculum based. Crèche must be licenced. Children in the age group 0-6yrs.                             |                                                                                                                             | Children older than 6yrs.                                                    | Attendance Register                          |
| After School Care                              | Measures the number of children involved in extra curricular activities                                                                          | Children aged 0-17yrs.                                                                                   | Sporting/Cultural activities/Homework support                                                                               | Meals/feeding                                                                | Attendance Register                          |
| School fee exemption application submitted     | Measures the number of children being assisted with gaining a school fee exemption                                                               | There must a supporting document. Letter/copy of completed application.                                  | <b>Report Once off.</b> Only in the month of the application being submitted                                                | Repeat applications                                                          | Signed copy of applic.                       |
| School fee exemption granted                   | Measures the number of children being granted school fee exemption                                                                               |                                                                                                          |                                                                                                                             |                                                                              | Letter from school                           |
| HIV/AIDS Education workshop                    | Measures the number of children being made aware of HIV/AIDS                                                                                     | Children aged <b>12-17yrs.</b> 10hrs interactive workshop across a quarter(3months)                      | Curriculum based.Professional Health care worker                                                                            |                                                                              |                                              |
| <b>OLDER CHILD SUPPORT</b>                     |                                                                                                                                                  |                                                                                                          |                                                                                                                             |                                                                              |                                              |

| Measure                       | Definition                                                                                                              | Conditions                                                                                     | Includes                                                                                           | Excludes                                            | CBO Data Source                          |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|
| Bursary Application submitted | Measures the number of children being assisted with gaining access to bursaries to further their education.             |                                                                                                |                                                                                                    |                                                     | Copy of applic.                          |
| Skills development            |                                                                                                                         | Children aged 18-22. <b>Formal courses with certification.</b>                                 | Computer skills, Trade(e.g. brick laying) Typing. Household management(basic finance/housekeeping) |                                                     | Copy of Certificate in the Child's file. |
| Career Counselling            | Measures the number of children assisted with career planning                                                           | Children aged 18-22. Counselling by a qualified person.                                        |                                                                                                    |                                                     |                                          |
| Interpersonal skills          | Measures the number of children being assisted with developing their soft skills                                        | Formal.                                                                                        | <b>Interview preparation skills/Telephone etiquette/Communication skills</b>                       |                                                     | Attendance Register                      |
| <b>Psychosocial support</b>   |                                                                                                                         |                                                                                                |                                                                                                    |                                                     |                                          |
| HIV/AIDS Counselling          | Measures the number of children receiving HIV counselling                                                               | Children aged 0-17yrs.                                                                         | Children infected or affected by HIV/AIDS                                                          |                                                     | Careworker notes in child's file         |
| General Counselling           | Measures the number of children being counselled for issues other than HIV e.g Depression, abuse...                     | Children aged 0-17yrs.                                                                         |                                                                                                    | HIV Counselling                                     | Careworker notes in child's file         |
| Transport to SASSA            | Measures the number of children receiving assistance to accessing social benefits                                       | Children aged 0-17yrs.                                                                         | Children transported to SASSA for grants costs incurred by CBO                                     |                                                     | Transport register                       |
| Grant Application Submitted   | Measures the number of children that the CBO assisted with <b>completing&amp;submitting</b> a grant application         | Children aged 0-17yrs. Reported once off only in the mont                                      | Application for Child support/Foster care/care dependency grant                                    | Children's referred to SASSA for grants Application | Copy of application. Slip from SASSA     |
| Grant Awarded                 | Measures the number of children successfully accessing grants                                                           | Children aged 0-17yrs. Once off service. Should be reported only when grant has been approved. | Children receiving grants                                                                          |                                                     | Letter in file.                          |
| Clothing&blankets issued      | Measures the number of children receiving material support in the form of clothing and/blankets                         | Children aged 0-17yrs.                                                                         |                                                                                                    | School uniforms.                                    |                                          |
| Household consumables         | Measures the number of children receiving household consumables                                                         | Children aged 0-17yrs.                                                                         |                                                                                                    | Food parcels.                                       |                                          |
| Toiletries                    | Measures the number of children receiving toiletries.                                                                   | Children aged 0-17yrs.                                                                         |                                                                                                    | Food parcels.                                       |                                          |
| Household Number              | This is the household number allocated to the child. Children from the same household <b>must share the same number</b> | Children aged 0-17yrs.                                                                         |                                                                                                    |                                                     |                                          |
| Caregiver/Care worker         | This is the name of the Caregiver/Care worker that provided the service to the child.                                   |                                                                                                |                                                                                                    |                                                     |                                          |