



PHILANI

Nutrition Centres Trust

Annual Report 2005/6

PHILANI'S VISION...

Philani is committed to the promotion of good child health and nutrition, the prevention of child malnutrition and the rehabilitation of underweight children to normal nutritional status and good health, in a caring, supportive environment. It is also committed to limiting the suffering of families infected and affected by HIV and to preventing the spread of the virus through a comprehensive programme of education, care, support and treatment.

Philani's vision is of a South Africa where every child can grow up healthy and well nourished to fulfil his or her physical and mental potential.

Philani is also committed to the education and training of women in skills to generate income, in order to make previously destitute families economically independent and in that way prevent child malnutrition and contribute to the development of their communities. Philani's development programmes specifically target young women for education and skills training to give them independence and power to make decisions about their own lives. Women without education and economic independence become especially vulnerable to sexual and other abuse and, with that, to the spread of HIV/AIDS.



The Philani Nutrition Centres Trust is a registered Nonprofit Organisation
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Ms Nosintu Majija	<i>Educare Teacher, Mayibuye</i>
Ms Ntombikayise Magutywa	<i>Weaving Teacher, Mayibuye</i>

Introduction

Philani is a community-based child health and nutrition organisation, operating in the informal settlements of Khayelitsha, Crossroads, Brown's Farm, Mfuleni, Nyanga, KTC, Philippi and Mayibuye on the outskirts of Cape Town, 20-30km from the city centre. An estimated 750,000 people live in these areas in simple core houses or informal dwellings made of corrugated iron, wood and plastics, many overcrowded and without water and sanitation.

Unemployment, poverty, poor housing and lack of basic services result in malnutrition and poor health in Philani's target communities, where women and children are most vulnerable. Twenty per cent of the population in these areas is made up of children younger than six years of age, one in every ten children is underweight for age and one out of every four children is stunted.

Since 1979 Philani has been working to alleviate these problems, assisting thousands upon thousands of mothers and children. And we will continue to develop and extend our efforts for as long as they are needed. None of our work would be possible without the vital help of all our supporters, from our major funders to the many, many individuals who donate everything from money to food, clothes and furniture. For this we thank you, wholeheartedly.

Annette Seegers, Chairperson



PART 1

Executive Summary

Nutrition and Child Health

During 2005/6 Philani has continued to run its six nutrition rehabilitation centres with a weaving workshop and an educare programme at each centre. More and more HIV positive children are admitted to the centres and they receive continuous nutrition support, whether they are underweight for age or not. The number of social cases supported is also increasing, as more orphans looked after by grandmothers or other family members are coming to the centres in need of aid.

The emphasis of Philani's work during 2005/6, however, has continued to shift from centre-based towards home-based child health care and nutrition rehabilitation. This is due to a growing conviction that if we are to improve the nutrition status and health of children in disadvantaged communities we need to intervene at household level and we have seen the huge benefits of that approach. The aim of the Outreach Programme is to move child health, nutrition, protection and care beyond clinics and institutions into the community and homes.

During the past year the home-based part of Philani, the Outreach Programme, has significantly expanded to become Philani's biggest programme. The integration of the Integrated Management of Childhood Illnesses programme (IMCI), which was previously run by the government, has contributed to this growth. The Outreach Programme now operates in 10 informal settlements on the outskirts of Cape Town. Eighty outreach workers are participating in the programme, each responsible for identifying vulnerable children in need of support, and more than 3000 children and families are part of the programme at present. A family with a malnourished child is often a family with many problems, needing assistance in many areas. It is possible to change behaviour at home, which benefits the child if the mother is approached with respect and trust is built between an outreach worker and the mother.

The philosophy behind the Philani Outreach Programme is based on two international child health models, the "Positive Deviant Model", implemented in Vietnam by Jerry Sternin, and the nurse home-visiting programme in the USA, extensively documented and evaluated by David Olds. The positive deviant model focuses on creating independence and finding solutions within communities. It is built on the philosophy that, even in very poor communities, some women develop coping mechanisms, enabling them to raise healthy children. The Outreach Programme has identified such positive deviant mothers in the 10 informal settlements where it is operating and they are now sharing their coping skills with

other mothers in those communities. The positive deviant mothers fulfil the same role as the home visitors in David Olds' programme, which has had a remarkably positive effect on child health and development in poor communities in the USA, as well as on child health policy in that country.

The Outreach Programme was initiated with two aims: 1) to improve the health of children and 2) to influence child health policy. We feel we have partly reached our aims with 50% of children on the programme rehabilitated over 9 months (compared with 10% on the government's clinic-based nutrition rehabilitation programmes) and by the integration of the government's IMCI programme with our Outreach Programme in Khayelitsha. The government's IMCI programme in other areas now includes home-based growth monitoring and nutrition rehabilitation as initiated by Philani Outreach.

The Challenge of HIV/AIDS

As with the rest of the world, young women in South Africa have become the main target for the HIV virus and this overshadows all Philani's work. The organization finds itself involved in peoples lives in a significant way, often due to the impact of HIV on the mothers of the children participating in the programme. They are often too weak to get to the clinics to receive their antiretroviral therapy and many of our young mothers die before they get on to treatment. Many have no place to stay and, through the programme, we have built simple structures for destitute women with young children without a roof over their head. We struggle to get severely ill children treated in hospitals as the staff there seem overwhelmed. On home visits, outreach workers uncover unbelievable poverty and destitution, which is clearly resulting in child abuse, neglect and deprivation.

Mothers-to-be Programme

More than 50% of the malnourished children admitted to the Outreach Programme are born with a low birth weight and the intrauterine malnutrition continues into childhood. In order to improve birth outcomes and subsequent child nutrition status, health and development, the outreach workers have started to identify pregnant mothers on their home visits, inviting them to participate in an intervention programme. The interventions included in the Mothers-to-be Programme include nutrition education and monitoring of the mother, encouraging prenatal clinic attendance, blood pressure checks, HIV testing, breastfeeding support, and child care education that continues after birth. We expect this programme to grow and require more resources in the future. We hope to be able to assess also more long-term effects of the intervention programme on the development of children.

Philani Development Centre

The philosophy behind Philani's training and income-generating programmes has always been that protecting children starts with strengthening women's situation in the community. A woman who is financially independent has a greater chance of having a say over her and her children's lives and can better negotiate balanced protective relationships, an important issue in preventing the spread of HIV.

The skilled weavers at the Philani Development Centre took on individual weaving trainees during the year, increasing the number of weavers in the Site C workshop considerably. Large-scale wall hanging orders were completed for the Universities of Princeton and Cape Town, as well as for many other clients.

The skilled printers at the Development Centre have trained a group of 13 printers during the year in all aspects of silkscreen printing: drawing and design, making of screens, techniques of printing, mixing of colours, etc. At present 23 printers are sharing the small printing workshop.

Products are sold at the Philani craft shop at the Development Centre. 75% of the income from products sold in the shop goes straight to the mothers. The remaining income pays for the mothers' materials, with a small percentage ploughed back into the nutrition project.

Training

All outreach and nutrition workers meet for a workshop once a month where different subjects relating to their work are discussed. Both groups during the year received training in specific areas like HIV/AIDS counselling, child abuse, alcohol abuse, child nutrition and development. The Educare workers meet weekly for workshops. The printing group has been trained in basic business principles, pricing and marketing.

Welcoming Visitors

Philani Development Centre continues to receive and welcome many visitors from South Africa and overseas. They are particularly welcome to spend time and money in the craft shop. The organisation has good relationships with Cape Town's tour guides, who are very supportive in bringing tour groups to the Development Centre. One of many high-profile visitors this year was the First Lady of the USA, Mrs Bush, who spent a morning walking around the Development Centre chatting to mothers and children and being presented with a printed apron by the mothers. She commented that, unfortunately, she did not spend a lot of time in the kitchen these days!

Funding

Philani has received South African government funding since 1992, which covers about a third of our budget. The rest of the funding comes from international and domestic donors, including the Church of Sweden, World Childhood Foundation, National Development Agency, World in Harmony, Rondebosch United Church, Christ Church, Constantia and many others.

Donor and government funding will always be needed for the medical, nutrition and HIV aspects of Philani's work. Philani's target groups are the most destitute mothers and children in poor communities, who are not able to cover the cost of the programme.

The Educare programme is partly self-sufficient through fees and we are attempting to register for a government subsidy. The craft centre is slowly becoming independent of outside funding, as salaries of women working within the programme are paid from sales of

the products they create. Philani is still dependent on funding for the skills training programmes, as the women in our target groups are unable to pay for training.

Future Plans

The Philani Development Centre in Khayelitsha, Site C, with its weaving and printing workshops, craft shop, women's health clinic and Educare is overcrowded. Plans have been drawn up to expand the Educare building to create space for each of the three different age groups. The woman's health clinic will be expanded to make room for a dental clinic, which will be equipped and supported by Rotary Clubs in Sweden and South Africa. The plans also include a new printing production and training studio and an expanded weaving workshop, craft shop and coffee shop.

Ingrid Le Roux, Medical Doctor



PART 2

Philani Centres

Town Two

Nutrition

Last year I admitted 39 underweight for age children, some of them referred by clinics and hospitals to Philani, but we have got outreach workers who also refer children. They especially refer the severe cases and the bad social cases because they assess the home problems as they do door to door visits. I admitted about 25 social cases, of whom about 20 came daily with their mothers because their mothers are weavers, 5 of them stayed at home with their grandmothers, their mothers are lost, they left them, some of them are school children.

We also got a Bead Project, which is doing very well. The mothers get income from the beading and the weaving, which is helpful.

We work hand to hand with the community; if there is a problem we solve it together.

Primrose Nyoka, Nutrition Advisor

Educare

Last year I started with the number of 37 children. I did activities with the children indoors and outdoors. I did the daily programme. Children develop physically, emotionally, mentally, eye-hand coordination, small and long muscles.

I attend workshops at the Development Centre fortnightly on Wednesdays with other Educare workers where we plan our daily work together with our co-coordinator, Mrs Masterson. Our planning is helpful in the direction of our work.

School fees for last year were successful. At the end of the year we had a great party and a graduation for our Educare children.

Nomthunzi Ndiki, Educare Teacher

Weaving

Last year we had 23 mothers in the Philani Weaving project. They have been attending the project regularly. They were cooperating well and showed interest in what they did and they got income from mats they weaved. The weaving project is really helping mothers, as they could buy Christmas clothes and other things they need for their families.

Sindelo Noyakaza, Weaving Teacher

Site B

Nutrition

Our centre is running smoothly. We had many new cases during the year. Some of them are HIV positive and are on TB treatment, and some are on ARVs, together with their mothers. We have put them on special care and are watching them closely because those children have no appetite. We are giving them good food and extra calories. Weights are hard to boost. We support children with milk and Pronutro.

We have developed a new product for the mothers to sell. Since some of them have no energy due to being ill, we thought we must do something easier for them to make than weaving mats, that is beadwork. They are now able to buy food for their children at home. They are earning better.

We had student social workers that helped us a lot to follow the mothers' identification documents and children's support grants. Those mothers that are on ARVs were stuck to get their disability grant because they had no identification documents and the students helped us a lot. Philani is helping the sick and destitute mothers while they are waiting for their social grant. Philani is giving them relief money for them to buy food, because when on ARVs and TB treatment they must eat.

We are still waiting for the new site to be cleared so that we can build a new centre.

There is an outreach programme that encourages managing at home. When they pick up severely malnourished children they refer them to us to come and eat daily. They help us to trace the defaulters.

Nontobeko Mekuto, Nutrition Advisor

Educare

This year we are doing well with children. I have 18 children at the Educare. Our space is still small to perform all our activities. We are waiting for the site to be cleared for a

new centre. On Wednesdays we attend workshops to plan and to improve our work.

Nyameka Zangashe, Educare Teacher

Weaving

In weaving we do better with mothers. I have seven mothers but they are not attending very well because of different reasons, but they are willing to do better.

Sales are encouraging, although they are not as fast as I wish. We manage to improve the standard of product because I go to workshops every second week of the month.

Noxolile Ngqoyiyana, Weaving Teacher

Brown's Farm

Nutrition

The area that we are working in is very destitute. There is a lot of unemployment and alcohol abuse. HIV is a challenge in this area. Almost every week in our admissions there is one child who is HIV positive and malnourished.

We support the children with milk and Pronutro and nutritional advice. Every week the nutrition advisor weigh them and plot their weights in their folders to see if the child is gaining or not. The doctor or nursing sister examine them and refer them to the hospital if necessary.

We also give support to their mothers and encourage them to take care of their health and the children's health. We also encourage them to go for their ARV treatments. We want them to come to the centre everyday for those who are severe cases, but because of the distance most of them cannot come.

The outreach workers referred most of the cases that I have in the centre. They do house-to-house visits and get the severely malnourished cases from the community. I had 70 new cases in 2005, of which the outreach workers have referred most.

The working relationship with my colleagues was very good in our centre. We are looking forward to a hardworking and good working relationship next year as a team with the mothers.

Nomzekeliso Pita, Nutrition Advisor

Educare

I have worked very well in 2005. The numbers were big at the beginning of the year, but as the year went the number reduced.

The problem is, there is no space. It is only one room which we use as a kitchen, Educare and weaving. It makes us not performing well. We are still in need of our own building so that we can have a big space for the children. I am working very well with the parents of the children. I am still attending the workshops.

Nomzamo Ngqakavu, Educare Teacher

Weaving

In 2005 I worked in a difficult situation because of not having enough space. The work that I am doing needs space. I have tried to work in that situation until 2006. My wish is to get enough space. I attend the workshops to stocktaking. Sales were not good. I am working well with the mothers. I hope this year will get the plot for us, so that we can work in a big space.

Nonzwakazi Manoko, Weaving Teacher

Mayibuye

Nutrition

Although there is no nutrition worker at Mayibuye, we admitted 23 new cases during 2005 and 6 of them are HIV positive. We also look after vulnerable at risk children so called social cases and their mothers have been joining the weaving project.

Mayenzeke community clinic was having TB support group meetings and workshops in our centre on Mondays, fortnightly. Masibambane soup kitchen project was providing nutritional meals on Mondays, Wednesdays and Fridays for the TB support group and mothers in the centre. Outreach workers were holding workshop fortnightly Wednesdays for HIV and AIDS awareness programme. Philani outreach workers, with co-coordinators, also were holding workshops once a month to encourage mothers to breastfeed and feed a well balanced diet to their kids. They were also taught about diarrhea and vomiting and immunization. Planned Parenthood trained mothers on child abuse and sexually transmitted diseases.

Nosintu Majija

Educare

There were 26 kids in the Educare during 2005 and 10 of them were underweight for age, 16 were socials and siblings, 2 of them were HIV positive.

Nosintu Majija, Educare Teacher

Weaving

There were 39 weaving mothers admitted during 2005 and 28 of them left mid-year because there were weaving opportunities in Spier and Waterfront, others got some jobs, others left because of health.

This was a good year for sales, mothers were earning.

Ntombikayise Magutywa, Weaving Teacher

Site C

Nutrition

Nutrition rehabilitation has been going well. By working hand in hand with the outreach programme we have managed to admit 71 children on our programme. There has been improvement of the lives of these children, many have been fully rehabilitated and health education has been vital for these families. We have seen some significant changes of behaviour regarding nutrition. We had some children who died, it has been painful to lose those children through HIV and AIDS.

Nombulelo Matomela, Nutrition Advisor

Educare

Teaching children has been going very well, especially when doing activities from our workshops. Although some of our children defaulted, and I did not feel well, educating small children and playing with them, loving them and caring for them and working hand in hand with their parents is going very well.

Nomveliso Dlwati, Educare Teacher

Weaving

Training of weavers has been going well. Selling has improved, mothers earned an income, although it has not met all their needs. But comparing to other years it has improved.

Nolwandle Mdingi, Weaving Teacher

Crossroads

Nutrition

On the nutrition programme we are doing very well. Children have done so well with their weight. They are growing well. We are still operating with our special feeding programme. We have a problem since last year, people are moving to other places. We are still dealing with HIV children.

The community mothers are still happy to do the garden on Philani premises. They are still selling the vegetables and are earning money. We have a bore hole for watering our garden. We are still working together with community structures.

Priscila Zibi, Nutrition Advisor

Educare

My children are doing well, also with the parents. There are 35 at different ages. Some of them are underweight and some are normal. These children learn about the daily programme when they come to Educare.

When they come to Educare in the morning we welcome them and their parents to our Educare. I work with different areas so that they develop their small muscles as well as their large. In these areas when they play, they develop physically, emotionally and socially. I teach them, so that when they go to school they know how to write their names, to identify their names and to count numbers.

The outside parents are doing well with fees. The community love to have their children at Philani, because they say they like nutritious food and their children get checked by a doctor when they are ill. We as teachers attend courses every fortnight by Jenny Masterson. It helps me because I learn a lot from her and my children are doing well at Educare.

If I have got a problem at Educare we sort it out with the parents. I communicate well with the parents of my Educare.

Priscila Likhwili, Educare Teacher

Weaving

At the employment project I had 15 mothers in 2005. They are attending every day. They are selling and earn money from their mats. I am also helping them.

Nozukile Kewuti, Weaving Teacher

Development Educare

Educare

We opened in mid January 2005; we had few children because it was the beginning of the year. We used to have a waiting list of the children for the next year. We had expected 105 children from one to six years, some from the outreach programme and some from the weaving project and some from the community, together with three teachers.

By February we had the number that we expected. Of the 105 children, some dropped out and 29 had gone to primary school because they were ready to go. We worked well with children, but there were ups and downs.

Mothers that are weaving at the Development centre helped us to cook food for the children, but in the mid year they had to stop cooking because they needed to weave. We as the teachers then took turns cooking, but it was difficult as we had to leave the children. We reported this matter to the Management Committee and to the parents of the children and the problem is now solved.

Many visitors coming from overseas and around South Africa donated money, toys, books, clothes and scooter bikes. Some visitors did a big party for all the seven centres and gave the children presents. We did appreciate that, because some of the money helped us to buy things that we did not have in the Educare. We have Jenny Masterson who coordinates the Educare teachers and does workshops every fortnight. She also makes sure we have the materials we need.

We enjoy our work!

Siphokazi Rasmeni, Nomfundo Yaso and Noluntu Gali, Educare Teachers



PART 3

OUTREACH

Nyanga/KTC/Khayelitsha

Overview

I am coordinating and supporting 16 outreach workers in different areas, such as Nyanga and Khayelitsha. We are focusing on education, as our most serious cases involve HIV, TB and child malnutrition. Alcohol abuse is a problem which often leads to domestic violence and neglect of children. There are many social problems we have to attend to as coordinators.

We had 732 cases.

Training

In-service training is taking place within the organization and it is also sometimes done by people from outside, e.g. ATTIC.

Challenges

HIV and AIDS is a big problem. We are looking for ways of helping and supporting the people living with HIV, even at the workplace, making sure those who need treatment are getting it. One problem, for example, is husbands not disclosing to their wives and sometimes the other way around. Some children default from TB treatment. Many of our areas are being upgraded, which makes it difficult for us to follow the children as they move to new areas.

Recruitment is also a challenge, as it is important to engage the right outreach worker who is committed and passionate about this difficult job. We are motivating those that are with us by finding career paths, e.g. promoting them to be assistant coordinators, senior outreach workers and lay counsellors.

The coordinators must deal with many social problems and get very little support from social workers.

Many of my children who were admitted between 2002-2003 are fully rehabilitated and at school, which is very good.

Solutions to Problems

Networking with other organizations is very important, in order to know and understand exactly what each resource is doing. As is continuous training of outreach workers so that they are up to date with child health and nutrition issues. And attending community meetings.

Ncedisa Paul, Outreach Coordinator

Brown's Farm/Philippi

Overview

There are 9 outreach workers in the Brown's Farm/Philippi areas; Pollar Park, Lower Crossroads, Samora, Kosovo.

More than 150 malnourished children were admitted to the Outreach Programme in these areas in 2005 and +/- 70 of the cases were severely underweight and referred to Philani Brown's Farm clinic. About 50% of the 150 children are now fully rehabilitated. Most of these children were under the 60th percentile when they entered, sick, some of them HIV positive, but some were rehabilitated within +/- six months. Today they are strong, healthy and full of life. Outreach workers are working very hard and are showing a great determination about their work and are worrying about the bad cases. We are working very well with the entire Brown's Farm community.

Student doctors from Sweden and the USA working as volunteers were very helpful in seeing sick children at home, especially those who are far away from the clinic. Even the mothers appreciated this. On 5 December we had a crew from the World Childhood Foundation visiting with us. They witnessed for themselves the poor living circumstances that our children are living under. They also felt very safe. We work well with the community.

Challenges

Most of the children on our programme are HIV positive; sometimes it is not easy for the mothers to open up about their status until you find out that the child is not growing or gaining weight. This delays the child's chances of getting the right treatment.

In Brown's Farm we reach out to serious cases; in fact, we rush sick children to the Red Cross Hospital more than once a week after they have been seen by Dr Ingrid Le Roux (or

any doctor available). We had an incident of a child who died in the car when we rushed him to be seen at the Nolungile clinic.

One of the problems that also affect Brown's Farm is families misusing alcohol. This takes us nowhere with some of our mothers, as they get drunk early in the morning.

Workshops to address some of the problems that lead to malnutrition are also taking place. Mothers that are living nearby the clinics are referred for weaving as unemployment is one of the big problems, but the problem with the weaving now is the space.

Some mothers are cooperative so much that they are able to identify malnourished children and bring them to our attention, abused children as well.

Every Monday we meet as a group, discuss our problems, joys and concerns, as well as strengthening our team. Of course, severe children are our priority.

In areas like Kossovo and Vlei, the clinic is far away and yet 50% of our severe children are coming from these areas. Outreach workers are all excellent in reaching out to serious cases.

Mothers-to-be Cases

This programme has started slowly. Those who are getting most of the children are also getting most of the mothers-to-be. The report is that some of the mothers are refusing to cooperate, saying, 'What are you going to do? Are you going to help me on delivery?'. Maybe they need to introduce this programme differently from the children's programme. Training is still needed to perform better.

Zeki, the nutrition worker at Brown's Farm Philani Centre, supports mothers with underweight children that we refer to her and keeps good track of them. It is always good to work with her. On Wednesdays the clinic gets very busy. I think things will be better now that she has an assistant for four hours every Wednesday. She also helps us during nutrition workshops that we have. Of course, she always loads us with bundles of defaulters to trace every second month. I really like to work in the community of Brown's Farm and Philippi and with the outreach workers I am with.

Crossroads

There were three outreach workers in Crossroads in 2005. About 25 cases were admitted to the clinic severely underweight. About 65 cases have been entered on the Outreach Programme. We know that the social-economic conditions and HIV/AIDS that our children are exposed to, breed sick and malnourished children in all disadvantaged communities. There were many problems that affected the outreach workers in Crossroads, e.g. relocations (people were and are still moving to other communities), politics and election campaigns.

Recruitment and replacement took place the whole year. Because Philippi has been very demanding, we are thankful that we now have an assistant in Crossroads.

Thabo Mbeki is a part of Crossroads where we have recruited and interviewed some outreach workers who will start training soon. Recruitments are also done for Lower Crossroads areas and for some parts of Philippi.

We pray that God Almighty will be with us and with the children and their families, those we have reached this year and those we will reach next year.

Baselwa Lostile, Outreach Coordinator

Mfuleni/Site C/Site B/Delft

Overview

Together with my three assistant coordinators I supervise 36 IMCI (Integrated Management of Childhood Illnesses) and Philani outreach workers in Khayelitsha, Site C and B, Mfuleni and Delft. The housing development has affected the number of outreach workers in Site C and three have had to move to Kuyasa. One outreach worker resigned due to health related issues and another one absconded. We have managed to recruit 12 health workers in this community and they completed their initial 4 week training in April.

We also lost some outreach workers in Site B due to resignations for better opportunities. Statistics from government clinics reflect the high rate of malnutrition in this area. There are areas that are not covered by any health worker, especially in Site B, therefore we managed to recruit 15 outreach workers who completed their initial training in April 2006. We also trained another 10 outreach workers for Mfuleni last year who seem to be interested and are showing commitment in their community. We also managed to get two health workers for areas that we were worried about previously, Driftsands and Green Park. They are also promising. These new health workers require a lot of support from the coordinator.

We are still experiencing problems in Site B, in the areas where we terminated some contracts of health workers due to poor performance, because the current health workers have been threatened by their former colleagues not to dare operate in their areas. Our vision is not only focused on malnutrition but on abuse, neglect, HIV and all other factors influencing child mortality. We have managed to build a relationship with Site B and Site C clinics and will continue to approach other clinics around Khayelitsha to do re-introduction of our programme and strengthen the referral system and working together. Philani nutrition clinics and staff are very cooperative and supportive.

We come across families that are not coping due to serious poverty and health related problems. We end up fundraising for these families and building simple houses and making them our projects although they do not have malnourished children. The University of Cape Town's international volunteers have been helpful in these projects.

In Delft we are doing fine and we have 5 outreach workers and they have more than 390 children in their caseload.

Nokwanele Mbewu, Outreach Coordinator

PART 4

DEVELOPMENT CENTRE

Overview

Nutrition support and skills training is still on going at all six nutrition centres, including the Development Centre at Site C. More than 10 women at each centre are attending the weaving training. Weaving and beading products produced by the women have improved compared to the production that was produced between January and June 2005. Then, because of the winter season, we experienced a drop in sales. The main reason for the drop in sales is that the tourist market is seasonal and Philani is highly dependant on this type of market. We saw a lot of improvement by October.

Development Centre

Extra facilities are still needed, at present it is difficult to house all activities at this venue because of lack of space. The number of mothers attending daily is 54, both printing and weaving.

Printing

A group of 15 new printers started training from the 18 July with a training contract of about six months. Our training objective this time is to use the existing group of old printers to train the new group. We are confident that this is a wise decision to make: we choose to let the old women share the skills to learners. We hope that they will provide a greater encouragement to other printers to keep building their own foundations as crafters.

Marketing

Another group of crafters called Sibanye from Khayelitsha has approached us, requesting that Philani join them in a marketing cooperative partnership. We think this suggestion will be useful to improve our sales in the future. However, by doing so, Philani has to become a member of Sibanye, by paying a fee per year.

Income is generated through on-site sales from Philani Nutrition Centre Site C Development outlet, festivals and craft markets and orders from businesses, NGOs and community groups, such as church choirs. 25% of income from sales contributes towards raw materials and production costs. The remaining 75% goes direct to producers or it is divided equally among women in the production groups.

Raw Materials

We still have a constant supply of raw material, which are off-cuts of cotton and polyester from textile industries in Bellville, Cape Town.

Tours

Philani Development Centre at Site C is becoming one of the popular Cape Town tourist destinations. Tour operators and tour guides have been very instrumental in bringing many foreign and South African tourists out to visit the centre.

Philani has been awarded a certificate of recognition as one of the Craft ICONS at the Western Cape Craft Design Institute this year. While Philani is getting more popular we still need to do product development to improve the quality of products, both the weaving and printing.

Pathekile Gocini, Production Manager



THANK YOU!





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